

Karnataka State Plan of Action for Children 2011-2020 (DRAFT)

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List of commonly used Acronyms in the SPAC

CRC - Convention on the Rights of the Children
SPAC - State Action Plan for Children
DWCD - Department of Women and Child Development
ICDS - Integrated Child Development Scheme
AWC - Anganwadi Centre
AWW - Anganwadi Worker
ANM - Auxiliary mid Nurse or LHV - Lady Health Visitor
MO - Medical officer
PHC - Primary Health Centre
CDPO - child development project officer
JSY - Janani Suraksha Yojana
NRHM - National Rural Health Mission
VHSC – village health Services centre
VRW - Village Rehabilitation Worker
KSQAO - Karnataka School Quality Assessment Organization (KSQAO)
SSA - Sarva Shiksha Abhiyan (SSA)
SDMC - School Development and Monitoring Committees
WHO - World Health Organization
NIEPA - National Institute of Public Education (NIEPA)
CRC – Community Resource Center
BRC – Bloc Resource Center
IERT - Inclusive Education Resource Teachers
ICMR - Indian Council of Medical Researchers
DIET - District Institute of Education And Training
DDRC - District Disability Rehabilitation Centers
MES - modular employability skill training
ITI – Industrial Training Institutes
PCPNDT - Pre Conception and Pre Natal Detection Technology (PCPNDT)
NPEGEL – National Program for Education Of Girls at Elementary Level
SCERT - State Council Educational Research and Training
UNCRPD - United Nations Convention on the Rights of Persons with Disabilities
IEDC - Integrated Education of Disabled Children
PIED - Project Integrated Education for the Disabled
IEDSS - Inclusive Education for the Disabled at a Secondary Stage
DSERT - Department of State Educational Research and Training
JJB - Juvenile Justice Board
CWC - Child Welfare Committees
KSCPCR - Karnataka State Commission for Protection of Child Rights
CARA - Central Adoption Resource Authority
SARA - State Adoption Resource Authority
PWD - Public Works Department
NCLP – National Child Labor Project
SCLP – State Child Labor Project
CWO – Child Welfare Officer
NIPCCD – National Institute of Public Cooperation and Child Development
CWC – Child Welfare Center
KPA - Karnataka Police Academy
KJA – Karnataka Judicial Academy
KSLSA - Karnataka State Legal Services Authority
SJPU – State Juvenile Police Unit
KSICPS – Karnataka State Integrated Child Protection Scheme

Background

Background

A commitment to children as the citizens of India can be found in the Constitution of India. The central and the state governments have come out with several policies, plans and programmes for the welfare and development of the children. After ratifying and accepting the Convention on the Rights of the Children (CRC), several steps have been taken by the Government of Karnataka for child development and well being of children. However, there are still a number of problems facing children in the state. The State Action Plan for Children (SPAC) seeks to address what needs to be done to ensure children's survival, development, protection and participation.

Articles addressing Children in the Constitution of India

Article 1: The State shall not deny to any person equality before law or the equal protection of laws within the territory of India

Article 15: The State shall not discriminate against any citizen on grounds of religion, race, caste, sex or place of birth

Article 39 F: The States shall, in particular, direct its policy towards securing that children are given opportunities and facilities to develop in a healthy manner and in conditions of freedom and dignity and that childhood and youth are protected against exploitation and against moral and material abandonment

Article 21: No person shall be deprived of his life or personal liberty except according to procedure established by law

Article 45: The State shall endeavour to provide early childhood care and education for all children until they reach six years of age

Article 21 A: The State shall provide free and compulsory education to all children aged 6-14 years in such manner as the State may, by law, determine

Article 47: The State shall have the duty to raise the level of nutrition and the standard of living and to improve public health

Article 23: Prohibition of traffic in human beings and forced labour and any contravention of this provision shall be an offence punishable in accordance with the law

Article 243G read with schedule 11: To provide for institutionalization of child care by seeking to entrust programmes of Women and Child Development to panchayat (item 25 of Schedule

11), apart from education (item 17), family welfare (item 25), health and sanitation (item 23) and other items with a bearing on the welfare of children

Article 24: No child below the age of 14 years shall be employed to work in any factory or mine or engaged in any other hazardous employment

The Karnataka State Plan of Action for Children has been developed in the context of the UN Millennium Development Goals. It covers all children¹ under the age of 18 in Karnataka, including those yet to be born. The goals and strategies outlined here will be incorporated in the planning and implementation of all government programmes related to children.

The plan also provides the guiding framework for all development agencies and international organizations working on children's issues in Karnataka. This should guide their programme interventions and ensure coordination of programme activities and resources with state government departments. It is important that government departments work together so as to achieve the goals in the timeframes set out. There is also a need to strengthen public-private partnerships with organisations working to improve children's lives, including NGOs and the private sector.

Preparation of the State Action Plan:

The preparation of the SPAC has taken place in two phases. In Phase I individual meetings were held with all the relevant departments and with NGOs². The aim was to arrive at a State Plan of Action for the 2011 to 2020 period by reviewing existing plans and undertaking a visioning exercise with the departments. The list of documents consulted for developing the SPAC has been attached.

In Phase II, detailed consultative meetings were held with the State Action Plan prepared in Phase I with a) the key officials in the respective line departments and b) with civil society organisations and eminent individuals identified by the line departments. This phase ensured that key stakeholders in both the responsible line departments and civil society organisations spent time to articulate their vision and goal for the children of this State. During this exercise,

¹ The Government of Karnataka accepts the definition of the child as given in Article 1 of the UNCRC, which states: "a child means every human being below the age of 18 years unless under the law applicable to the child, majority is attained earlier". This definition clearly specifies the upper age limit of 18 years but recognizes that the majority may be obtained at an earlier age under laws applicable to the child. As a consequence there is co-existence of various legislations with different age definition of child as accepted under the particular law. For example, the Indian Constitution confers the "right to life" to the child in the womb and acknowledges their right to survival and protection.

² Detailed list is attached.

they were also encouraged to delineate the strategies and activities that they would take up to reach the agreed upon goals.

Structure of the State Action Plan:

The SPAC is divided into two parts. The first part contains the vision of the Government for achieving the holistic development of the child. This part is divided into sections based on the age group of the beneficiaries; Infant and Early Childhood (0-6 years), Children (6-14 years) and Adolescents (14-17 years). In addition, there are three specific focus groups in the first section of the SPAC; Girl Child, Children with Disability and Orphan and Vulnerable Children. This is to ensure that the specific challenges faced by these children are addressed in the Government's vision.

In the second part of the SPAC, the vision is translated into an actionable plan which contains the government's objectives, goals and timelines for the goals under each theme. This section is divided into four themes (Education, Health, Protection and Holistic Development) which are further divided into sub-themes.

Child Related Policies and Action Plans

1974	National Policy for Children
1983	National Health Policy (2002)
1986	National Policy on Education
1987	National Policy on Child Labour
1991-2000	National Plan of Action for SAARC Decade of the Girl Child
1992	National Plan of Action for Children
1993	National Nutritional Policy
1995	National Plan of Action on Nutrition
2000	National Initiative for Child Protection
2007	Action Plan to Combat Trafficking of Women and Children in Karnataka
2010	March Towards Child Labour Free State (MATCH)- Action Plan: 2010-2017

Legislations Related to Children

- The Children(Pledging of Labour) Act, 1993
- Hindu Adoption and Maintenance Act 1956
- Bonded Labour System (Abolition) Act 1976
- Child Labour (Prevention and Regulation) Act 1986
- Infant Milk Substitutes, Feeding Bottles and Infant Foods (regulation of Production, Supply and Distribution) Act, 1992
- Offences Against Children Bill, 2006
- Right to Education Act, 2009
- The Hindu Minority and Guardianship Act, 1956
- The Family Court Acts, 1984
- The Guardian and Ward Act, 1890
- Juvenile Justice (Care and Protection of Children) Act 2000
- The Commission for Protection of Child Rights Act, 2005
- Immoral Trafficking (Prevention) Act, 1956 and Amendment Bill, 2008
- Commission for Protection of Child Rights (Amendment) Act, 2006
- Pre Conception and Pre-natal Diagnostics Techniques (Regulation and Prevention of Misuse) Act 1994
- Prohibition of Child Marriage Act, 2006
- Persons with Disabilities (Equal opportunities, Protection of Rights and Full Participation) Act 2000

Children and the Millennium Development Goals:

The Karnataka State Plan of Action is targeted at achieving the Millennium Development Goals (MDGs). Though the MDGs are for all humankind, they are primarily about children³, since children are most vulnerable when people lack essentials like food, water, sanitation and healthcare. Child Rights can be significantly realised if the MDGs are met.

Goal 1: Eradicate extreme poverty and hunger	Goal 5: Improve maternal health
<ul style="list-style-type: none"> • Reduce by half the proportion of people living on less than a dollar a day • Reduce by half the proportion of people who suffer from hunger 	<ul style="list-style-type: none"> • Reduce by three-quarters the maternal mortality rate
Goal 2: Achieve universal primary education	Goal 6: Combat HIV/AIDS, malaria and other diseases
<ul style="list-style-type: none"> • Ensure that all boys and girls complete a full course of primary schooling 	<ul style="list-style-type: none"> • Halt and begin to reverse the spread of HIV/AIDS • Halt and begin to reverse the incidence of malaria and other major diseases

³ http://www.unicef.org/mdg/28184_28230.htm

Goal 3: Promote gender equality and empower women	Goal 7: Ensure environmental sustainability
<ul style="list-style-type: none"> • Eliminate gender disparity in primary and secondary education 	<ul style="list-style-type: none"> • Integrate the principles of sustainable development into country policies and programmes; reverse loss of environmental resources • Reduce by half the proportion of people without sustainable access to safe drinking water • Achieve improvement in lives of at least 100 million slum dwellers by 2020
Goal 4: Reduce child mortality	Goal 8: Develop a global partnership for development
<ul style="list-style-type: none"> • Reduce by two-thirds the mortality rate among children under five 	<ul style="list-style-type: none"> • Develop further an open trading and financial system that is rule-based, predictable and non-discriminatory, includes a commitment to good governance, development and poverty reduction-nationally and internationally • Address the least developed countries' special needs. This includes tariff- and quota-free access for their exports; enhanced debt relief for heavily indebted poor countries; cancellation of official bilateral debt; and more generous official development assistance for countries committed to poverty reduction • Address the special needs of landlocked and small island of developing states • Deal comprehensively with developing countries' debt problems through national and international measures to make debt sustainable in the long term • In cooperation with the developing countries develop decent and productive work for youth • In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries • In cooperation with private sector, make available the benefits of new technologies- especially information and communications technologies

Overview and Vision

Early childhood [0 – 6 years]

Infants and Early childhood [0-6 years]

Vision of the state

Every infant represents the promise and potential for a better tomorrow. The early years of the child are crucial since the nutrition and immunization that is provided to the child between the ages of 0 to 6 determines the long-term wellbeing of the child. In addition, the child's ability to learn and understand is highest during this phase. Hence, it is of utmost importance that early childcare ensures the holistic development of the child.

Keeping this in mind, it is envisioned that every child, irrespective of his/her social and economic condition,

- Is provided all the support to ensure its survival and overall wellbeing
- Has access to wholesome and timely nutritious food
- Has access to the essential healthcare services in its neighbourhood
- Has the right opportunities and environment to ensure its holistic development
- Is provided a safe and conducive environment
- Is safeguarded from risks such as child trafficking, child pornography and sexual abuse crimes; and can reach out to a trusted entity for rehabilitation and care.

In achieving this vision, Government of Karnataka acknowledges that the family or the guardian of the child is best positioned to ensure the wellbeing of the child. It recognises that the child and the mother are not individual beneficiaries but one unit. The wellbeing of one is closely intertwined with the wellbeing of the other. All strategies that are implemented as part of the early child care will be cognizant of this reality and will enable and support the family or the legal guardian to best take care of the child.

Existing schemes and policies

The state government's focus addresses children in the age group of 0 to 6, pregnant women and nursing mothers.

Today, the following are the primary departments involved in addressing their needs

- Department of Women and Child Development (DWCD)
- Department of Health and Family Welfare Services

In addition, for vulnerable children, the Department of Social Welfare, Education and Labour and Department of Disabled Welfare provide crèches and early care support.

The Government of Karnataka has made birth registration mandatory and is ensuring this by making registration a requirement for eligibility under various schemes.

One of the key schemes implemented to address the health and wellbeing of both the mothers and the children is the **Integrated Child Development Scheme (ICDS)**. ICDS is the world's largest integrated childhood programme. The objectives of ICDS are to

- Improve the nutritional and health status of pre-school children in the age group of 0-6 years
- Lay the foundation of proper psychological development of the child
- Reduce the incidence of mortality, morbidity, malnutrition and school drop-outs
- Achieve effective coordination of policy and implementation amongst various departments to promote child development and
- Enhance the capability of the mother to look after the normal health and nutritional needs of the child through proper nutrition and health education

Schemes for children between 0 – 6 months

Integrated Child Development Scheme: Under ICDS, a package of 6 services is provided to children: Access to supplementary nutrition, immunisation, health check-ups and referrals, health check-ups and referrals, nutritional and health education services and non-formal pre-school education, early detection of disability and provision of assistance to malnourished children.

a. Children are weighed once a month, and the new WHO growth chart⁴ is updated in the Mother- Child health card. A separate book kept for this purpose at the Anganwadi (Maguina Belavanegge Melucharne Chart - *growth chart for child*). The child is weighed at the Anganwadi centre every month and this information is updated in the growth chart record with a view to keep an eye on the physical growth and development of the child.

b. Children are immunised as per schedule at the AWC/ Sub centre by the ANM.

⁴ New WHO growth charts, with a grading of malnutrition of severe moderate and mild replace the previous growth charts which graded malnutrition between 1 and 4.

- c. The AWW/ANM visit the house of the child at least twice within the first ten days of delivery, for general health check-up and to advise the mother to feed the baby only mother's milk for the first six months.
- d. The Medical Officer is responsible for the check-up done to detect any type of disability and monitor development of the child. The check-up is routinely conducted at an AWC once in a quarter. Children who are severely affected should be referred to the PHC by the Anganwadi Worker.
- e. For severely malnourished children, financial assistance of Rs. 750 per annum is provided to ensure that their nutrition and medical expenses are met.

Bal Sanjeevni - This scheme aims at arresting the rate of severe malnutrition and seeks to bring about reduction in malnutrition among all children. All children identified as suffering from malnutrition under each round of Bal Sanjeevni Campaign are provided requisite medical treatment and parents/guardians of the identified malnourished children are provided counseling regarding the significance of nutritional diet. Children who need super speciality services are referred to recognised medical colleges. Going forward the scheme should be extended to include more hospitals and medical colleges

Crèches for children of working mothers: Children between 0 and 3 years whose mothers are engaged in agriculture and allied occupations are covered under this scheme of the Department of Women and Child Development. Day care services are set up where children are provided health care, supplementary nutrition, facilities for children to sleep, immunization and recreation. The Department assists NGOs to set up these centres through Zilla Panchayats.

Schemes for children between 6 months- 3 years

Eligible children are provided services under ICDS as a package of 6 services including access to supplementary nutrition, immunisation, health check-up and referral services, nutrition and health education and non-formal pre-school education. The details of the supplementary nutrition provided are as follows:

- a. Rs. 4 per beneficiary per day and Rs. 6 for severely malnourished is provided in order to meet the requirement of 500 calories and 12-15 grams of proteins respectively for a normal child and 800 calories and 20-25 grams for a malnourished child.
- b. Take home ration (Amylase Energy Rich Food) distributed twice a month for all 6 months to 3 year olds

Schemes for children between 3- 6 years

Integrated Child Development Scheme Supplementary nutrition, financial assistance to malnourished children, referral services and immunization, are provided to children of this age group, eligible for ICDS coverage. The

growth of the child is monitored by weighing of the child in the Anganwadi centre every month. There is a greater focus on pre-school education for children in this age group

Pre-school education is to be conducted every working day for about 2 hours. The education is provided by the AWW in line with the syllabus of *chilli pilli* booklets and *Vishaya Pradhana Samagrha Shala Poorva Shikshayan*. Pre-school education is very important to introduce the children to the basics and pave the way for a smooth transition for the child from Anganwadis to schools. In pursuance of this objective, forty two subjects have been selected and each week one of these subjects is taught to children. Subjects are taught using the “chilli pilli” books which are in the forms of stories and songs.

Every Anganwadi centre has been provided with Rs. 1000 worth of preschool kit. Preschool kits are provided to the Anganwadis so that the children may learn through play⁵. The State intends to follow an integrated thematic approach towards preschool education.

Crèches run by the Labour Department: Under various labour legislations such as Plantations Labour Act, 1951, the Factories Act, 1948 and the Karnataka Factories Rules, 1969 and regulations of the Construction and Other Workers Welfare Board, National Rural Employment Guarantee Act it is mandated that employer provides crèches for children in the 0-6 age group.

Early Child Care and Education: Strengthening Government Initiative through Cross Learning

The Akshara Foundation runs the Balwadi⁶ programme for children between the ages of 4-6. Balwadis provide pre-school education to children that are established and run by volunteers from within the community. This ensures the involvement of the community in pre-school education. Balwadis also work along with anganwadis; balwadi volunteers visit two anganwadis each and spend time teaching the kids. This ensures that the anganwadi children also benefit from the combination of education and play that balwadi programmes contain, while providing balwadi children access to immunization, nutrition and healthcare programmes through the anganwadis.

Schemes addressing pregnant women

Integrated Child Development Scheme: Under this scheme run by the Department of Women and Child Development, pregnant women are provided the following services at the Anganwadi Centre (AWC). The AWW

For children between the ages of 3-5, energy rich food is provided such as nutri corn, nutri-pop. Also micronutrients are added to traditional foods such as kesari baths and bisi bele baths to make them more palatable to children.

⁶ <http://www.aksharafoundation.org/balwadi.html>

(Anganwadi Worker), Auxiliary mid Nurse (ANM) or LHV (Lady Health Visitor) are responsible for implementation of services under the scheme.

- a. *Nutrition:* As per the norms, lactating mothers are to be provided supplementary nutrition and take home rations twice a month. The state needs to ensure that the lactating mother receives 600 calories per day and 18-20 grams of protein.
- b. *Immunisation:* Tetanus Toxoid is given to pregnant women. The first dose is given as early as possible after pregnancy and the second dose 1 month after the 1st dose. The booster dose is given in a subsequent pregnancy, if TT vaccine has been taken with the last 3 years. ANM, LHV and Medical officer (MO) are responsible.
- c. *Health check-up:* Ante natal check-up is done by the Auxiliary mid Nurse (ANM) at the pregnant woman's house/anganwadi. 3 antenatal check-ups are done during pregnancy. Mother-Child Health card is given to the beneficiary to record ante-natal care.
- d. *Nutrition and Health Education:* Two mothers' meetings are to be conducted in a month by the AWW. A minimum of 1 health education camp in coordination with the Department of Health and Family Welfare is held per month. Apart from these duties, the AWW is to make home visits to impart education.
- e. *Health and referral services:* Referral slips are provided in each AWC to the PHC (Primary Health Centre) or CHC (Central Health Centre). Beneficiaries with referral slips are to be attended to on a priority basis at the health centres.

Schemes for Nursing Women

Integrated Child Development Schemes: Under ICDS, nursing women are provided the following services:

- a. *Nutrition:* As per the norms, lactating mothers are to be provided supplementary nutrition and take home rations twice a month i.e. the state needs to ensure that the lactating mother receives 600 calories per day and 18-20 grams of protein.
- b. *Immunisation:* Tetanus Toxoid is given to pregnant women. The first dose is given as early as possible after pregnancy and the second dose 1 month after the 1st dose. The booster dose is given in a subsequent pregnancy, if TT vaccine has been taken with the last 3 years. ANM, LHV and Medical officer (MO) are responsible.
- c. *Health check-up:* Post natal check-up is done by the Auxiliary mid Nurse (ANM) at the mother's house/anganwadi home. Each lactating mother is visited at least twice by health staff within first 10 days of

delivery at the home. A record is kept of the birth date and weight of the child on the growth chart. The lactating mother is provided information on family planning methods.

d. Nutrition and Health Education: Two mothers' meetings are to be conducted in a month by the AWW. A minimum of 1 health education camp in coordination with the Department of Health and Family Welfare is held per month. Apart from these duties, the AWW is to make home visits to impart education. Through mothers' meetings, health education camps and home visits, education is provided by the AWW, Supervisor and CDPO.

e. Health and referral services: To provide health services to nursing mothers in need of special medical care, referral slips are provided in each AWC to a PHC or CHC. Follow up action is done by the AWW.

Thayi Bhagya is an integrated scheme of the Department of Health and Family Welfare. The scheme encompasses four programmes: Janani Suraksha Yojana (JSY), Prasooti Araiike, Madilu and Thaiy Bhagya. Thaiy Bhagya aims at maximising institutional deliveries for better maternal and child care and reduction of mortality. The objectives of this programme are reducing maternal and infant mortality rate, providing health care to all pregnant women, especially those living in tribal, mountainous and inaccessible regions, encouraging pregnant women to have regular natal check-ups, and to fund caesarean section whenever required. Promotion of the participation of private institutions in health care and encouragement for small family norms are also part of the vision of the scheme.

Janani Suraksha Yojana: is part of the Thaiy Bhagya scheme of the Department of Health. The objective is to give financial assistance to the poor pregnant women during delivery. Under this scheme, pregnant women belonging to Below Poverty Line (BPL) families and SC, ST families will get an assistance of Rs. 500 if baby is delivered at home, Rs. 600 for urban institutional delivery, Rs. 700 for delivery in health centres in rural areas, and Rs. 1500 for caesarean delivery. This benefit is available if the delivery takes place in recognized private health institutions also. To be eligible, the woman must be above 19 years of age and must have got ANC check-up at least 3 times. SC/ST Women not belonging to BPL families are also entitled for this benefit if they are admitted to general ward of Government or Registered Private Hospital.

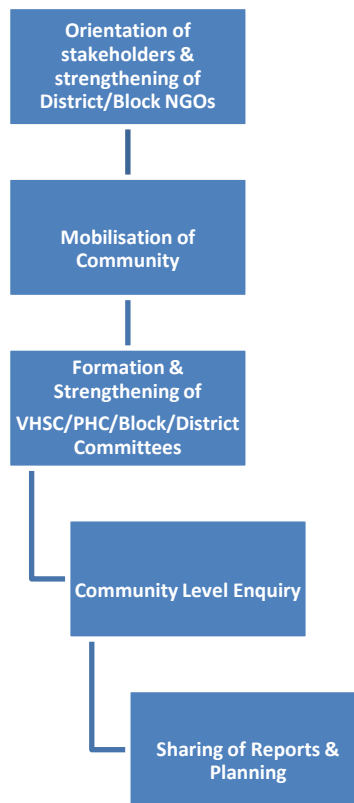
Madilu was a scheme started by the health department to provide post natal care to the mother and the child. The objective of this scheme is to encourage poor pregnant women to deliver in health centres and hospitals in order to considerably reduce maternal and infant mortality in the state. Under this scheme a kit containing various items of essential requirement for the mother and the child such as mosquito net, bed sheets, warm blanket, sanitary napkins etc. are provided. To be eligible for the Madilu kit, a woman must belong to a BPL family, and the delivery must have taken place in a Government hospital. The benefit is limited to two live deliveries.

Community monitoring under the NRHM⁷: Community-based Monitoring of health services is a key strategy of National Rural Health Mission (NRHM) to ensure that the services reach those for whom they are meant, especially for those residing in rural areas, the poor, women and children. Community Monitoring is also seen as an important aspect of promoting community led action in the field of health.

The provision for Monitoring and Planning Committees has been made at Primary Health Centre (PHC), Block, District and State levels. The adoption of a comprehensive framework for community-based monitoring and planning at various levels under NRHM, places people at the centre of the process of regularly assessing whether the health needs and rights of the community are being fulfilled.

Community monitoring is to review the progress to ensure that the work is moving towards the decided purpose, and the purpose has neither shifted, nor has the work got derailed in any way. Such a review can help identify obstacles in the work, so that appropriate changes can be made to cross the obstacles.

Community Monitoring Process



⁷

The implementation framework includes:

Orientation of stakeholders & Strengthening of District /Block NGOs: Orientation of Stakeholders is done by means of State Workshop, District Workshop, Block Providers Orientation Workshop and Media Orientation Workshop, where a shared understanding of the community monitoring process under NRHM is developed and a resolve to work together is taken.

Strengthening of District/Block NGOs: There is capacity building by way of State Managers Workshop & Block Facilitator's Training, for the district and block NGOs to understand the administrative and financial set-up of this program and also the various activities envisaged under this program.

Mobilization of community: The block facilitator will be familiarised with the village health services. It will aid in the compilation of baseline information to compare after the community monitoring process. The objectives of community mobilisation are

- To make the communities aware of their health related entitlement within NRHM.
- To have a shared understanding of the health issues of the community.
- To facilitate the formation or expansion of the Village Health and Sanitation Committee.
- Building ownership about public health service.
- Developing awareness about determinants of health.

Village Health Services Profile is an outcome of the mobilisation process. It should be used by the block facilitators and the VHSC members to familiarise themselves before they start with the monitoring process and helps in comparing the changes that will be brought about after the community monitoring process.

Formation & Strengthening of VHSC/PHC/Block/District Committees: There is formation or expansion of committees at village, PHC, block and district levels. Once the committees are formed there are trainings at each level for the monitoring exercise that the members will undertake.

Community Level Enquiry: The monitoring committee members conduct the first round of monitoring by conducting beneficiary interviews, provider interviews, exit interviews, focus group discussions and observations. At the end of the first round of community monitoring, a report card and a cumulative report card is generated at each level. The village report card consists of the issue and their status by means of traffic lights. Green suggests good performing village, yellow suggests there is a cause for concern and red suggests poor performance.

After the village report cards have been formed for each village, they are aggregated by the PHC, block, district and state level monitoring and planning committees. According to the colour code for each issue in each of the village health report card, the greens, yellows and reds are added at each level.

The facility score card is a snapshot of the status of the health facility in the village/block/district. Like the village score card, the colour codes in the facility score card display the facility's level of performance. After the facility score cards have been formed for each facility, they are collated by the PHC, block, district and state level monitoring and planning committees.

2) **Sharing of Reports & Planning**

Village Sharing Meeting :

- Village Score Card and key findings of the Community Monitoring exercise
- Adverse experiences and adverse outcome
- To improve service delivery & not fault finding with health care service providers
- To discuss key problems & suggest action points

Jan Samvad (Public Dialogue):

- Presentation of Cumulative Village Report Card & Facility Report Card
- Presentation of Denial of Care / Adverse Outcomes
- Discussion on implementation of outreach services, improving Facility level service utilization & support to denial of care/adverse outcome cases

Going forward: Key areas of focus

Over the last few years, ICDS has made substantial progress addressing concerns related to health and overall development of both the mother and the child. The government today runs an impressive network of 60046 AWCs and 3331 mini Anganwadis covering all 175 taluks & 10 urban areas. At the heart of the operations of the AWCs are the Anganwadi workers, who play an integral role in implementing activities that are delivered as part of the ICDS. The Anganwadi worker is part of the community and hence can play a more proactive role in ensuring that the mother and the child receive the required attention with respect to nutrition, and overall wellbeing.

However, further improvement in certain key areas can help improve the delivery on ground. Following are the aspects which will be focussed on in this plan:

- To ensure that the **family is prepared** to offer the right environment for the well-being of the child, there is a need to raise awareness about family planning, use of contraceptives and planned pregnancies. In order to ensure eradication of malnutrition, there is a need to ensure effective delivery of nutrients to either

moderately or severely malnourished children. This requires the Department of Health and Family Welfare and the Department of Women and Child Development to work in close coordination, in order to ensure the identification of such children by the Anganwadi workers and the subsequent treatment by the ASHA's and the ANM's.

- In order to ensure effective delivery of services available to pregnant women under ICDS, it is important to **register their pregnancies as early as possible**. Here, the role of the ANM and ASHA workers in conjunction with the Anganwadi Workers is extremely important since they can help identify and reach out to the pregnant women. They could also serve as a recognizable point of contact for the pregnant women to reach out to.
- With **infants who are HIV+**, the first 18 months require constant monitoring and medical intervention. Hence the Government of Karnataka will focus its efforts on identifying such cases and do a continuous follow up with the pregnant women so that the infant and the mother can be tracked from the moment of birth.
- Institutional deliveries ensure safer delivery, access to medical services and personnel. In addition, it provides an opportunity to register births and share best practices such as breast feeding and neonatal care. While the **percentage of institutional deliveries** has increased over the years, specific awareness campaigns will be run to address cultural issues that prohibit institutional deliveries.
- There is a need for greater awareness and actionable recommendations for families to ensure better sanitation in houses and neighbourhoods. Specifically, **availability of safe and clean drinking water and efficient waste management practices will be ensured**.
- While there has been a strong focus on providing nutritious diet, there is still a strong incidence of anaemia⁸ and goitre (due to iodine). This could be addressed **through iron supplements and use of iodized salt** respectively. In addition, there will be a thrust to improve delivery of **micronutrients** to all age groups.

In order to ensure eradication of malnutrition, there is a need to ensure effective delivery of nutrients to affected children. This requires the Department of Health and Family Welfare Services and the Department of Women and Child Development to work in close coordination, in order to ensure the identification of such children by the Anganwadi workers, and the subsequent treatment by the ASHA's and the ANM's. Children in this age group should be able to use **stimulating and engaging physical spaces** that will help them learn. This phase of the child

⁸ incidence of anaemia in pregnant women acc to Dept of Health and Family Welfare is 59.9%. Check MYRADA study

(between 0 – 6 years) is the foundation for primary education, and so, a seamless transition from Anganwadis to the schools will be ensured.

While specific objectives, strategies and monitoring mechanisms have been detailed in subsequent sections, realizing these goals require a strong institutional model to ensure delivery. In order to do so, the following factors have to be considered.

Enable Anganwadi workers to be effective

The role of the Anganwadi worker is essential for the success of early child care schemes.

Today, the AWW is tasked with both taking care of the needs of the child at the AWC as well as to ensure that schemes targeting pregnant and lactating mothers, girl child (Bhagyalakshmi) adolescents (Sabala) women empowerment (Stree Shakti) are effectively delivered. In order to meet the ICDS's primary goals a) of ensuring lower rates of malnutrition for children and b) preschool education. Government of Karnataka proposes to ensure that it augments the staffing pattern. There shall be a concerted effort to engage the community in the running of the Anganwadi Centres. In the event that the Anganwadi Worker finds herself over taxed, mothers of children in the Anganwadi centres shall be asked to lend a helping hand.

The Results Framework Document (RFD) prepared by the Department of Women and Child Development will be used as the performance measurement framework for the AWWs and AWCs.

Augment physical infrastructure at Anganwadis

At this time less than half of all Anganwadi buildings are located on land owned by the government. It is essential that all Anganwadi centres have their own buildings as then the state will be able to ensure that Anganwadis are run as per norms i.e. with playgrounds, safe kitchens, toilets, safe drinking water etc.

Recreation spaces for young children

Department of Women and Child Development will also work closely with Infrastructure departments such as Department of Municipal Administration, Department of Urban Development and Department of Rural Development and Panchayati Raj to ensure that playgrounds close to Anganwadis and schools are child friendly and outfitted with equipment such as slides and seesaws. Efforts will be made to ensure that parks are accessible to all children including differently-abled children.

Scale Anganwadis as centres for holistic development

While there have been Anganwadis setup across the state, there is a need to make these Anganwadis learning centres that create a child friendly environment. NGOs and private organizations have successfully adopted select

Anganwadi centres to set up child friendly toilets, provide clean drinking water and safe play areas, as well as “child proofed cooking areas”, and put up child friendly paintings. Such initiatives will be scaled to all Anganwadis.

To create the right learning opportunities in the Anganwadi centres, linkages will be established between the Anganwadis and the primary schools on learning objectives

Build a suitable infrastructure for early child care for children of working parents

In order to satisfy the demands of the working labour population, the state intends to convert one Anganwadi centre per community into a crèche cum Anganwadi centre. This conversion will be on a need basis and should be run not by department set norms but by the demands of the community, in order to provide the greatest assistance to the parents. The key purpose here would be to ensure that children of poor working parents are provided a) nutrition b) care c) access to healthcare and d) pre-school education.

Improving the local health services infrastructure

To improve health care infrastructure, primary health centres and community health centres will be strengthened. At the PHC, provision will be made for new born corners. Essential institutional support and trained personnel to handle concerns of the new born will be made available at all PHCs. Efforts will also be made in this decade to provide specialised health care personnel at CHC/PHC level to facilitate and enable early detection of disability amongst 0-6 year children.

NRHM, Department of health, Department of Women and Child Development and Department of Disabled Welfare will work together to strengthen the community monitoring component of the NRHM. The main objective of the NRHM vis-a-vis maternal and child health and nutrition will be achieved through this mechanism.

Coordination between Department of Women and Child Development Services (ICDS) Department of Health and Family Welfare (RCH) and Department of Disabled Welfare

Coordination between AWW, ANM and ASHA and VRW (Village Rehabilitation Worker) will be strengthened. Administrative guidelines will be issued to clearly delineate the roles and activities of the Accredited Social Health Activist (ASHA), Anganwadi workers and Auxiliary mid Nurse (ANM) and VRWs to ensure that there’s sufficient coordination and synergies across their individual responsibilities.

At the district and state level, a monthly meeting will be held jointly between Director, Reproductive & Child Health (RCH) and Director, DWCD and Director, Disabled Welfare. The agenda at these monthly meetings will be monitoring activities and strategies listed to achieve the key performance indicators and goals jointly established in the State Action Plan, 2011-2020 by the above three departments.

Early detection of Disability

Early detection of disability is extremely important as it facilitates early care and rehabilitation of the child. Screening of all newborns will be made mandatory in a phased manner for all institutional deliveries. Department of Health and Family Welfare Services will in conjunction with the Department of Disabled Welfare issue norms and guidelines to ensure screening and early identification of disabilities. Anganwadi workers (AWWs) will be trained on a periodic basis to detect both developmental delays and physical development.

In the event of a child being identified as potentially having a disability by either the VRW, ANM, AWW or PHC doctors, it will be the primary responsibility of the VRW to be the lead and refer the child for specialised attention to the developmental paediatrician.

In addition, Village Rehabilitation workers (VRWs) appointed by the Department of Disabled Welfare will be trained to liaise with the ANMs, ASHAs and AWWs to enable registration of all disabled children. AWWs at Anganwadis will be trained to detect in the 0-6 age group signs of physical or mental disability and immediately flag those for referral. To the existing reporting format presented at the monthly meetings held at the block level (AWWs, ANMs and PHC doctor are present) an additional column will be included to ensure that children with difficulties are identified. VRWs will also be encouraged to create awareness amongst families of differently-abled children to bring them to Anganwadis for regular check-ups.

Early intervention for children identified with disability

Early intervention and support is essential for the child to lead a full life. Government of Karnataka will adopt the following strategy to ensure early intervention.

- a) Department of Health and Family Welfare Services will develop a comprehensive checklist of symptoms and signs, which shall be used to identify disabilities ranging from sight, speech, auditory to developmental delays.
- b) Department of Health and Family Welfare Services will develop training modules in close cooperation with Department of Health and Family Welfare to train i) AWWs ii) ANMs iii) PHC doctors iv) private practice paediatricians v) VRWs – to enable early detection and early intervention
- c) Department of Disabled Welfare will create a resource directory containing the contact numbers and addresses of agencies for the purpose of referral. Given that the number of specialised referral service provider network is sparse at the district level, the State will also establish a help line which can provide support to village level functionaries (VRWs, AWWs, ANMs, PHC doctors) and to parents
- d) Government of Karnataka shall also endeavour to set up early intervention centres/cells at the Taluk Level. These cells shall be established at Taluk level hospitals. These cells will be staffed with personnel who are trained by physiotherapists, occupational therapists and speech therapists to help children with disabilities.

- e) Children with disabilities should be subject to periodic health checkups. This should be facilitated by the VRW's and ASHA's at a village level along with the family members or the care takers of the child with disability.

Recognising that disability treatment is a vast area, which cannot be encompassed by a single practitioner, the Department of Disabled Welfare shall also establish links with different voluntary organisations and NGOs having expertise in the treatment, rehabilitation and care of children with special needs to develop training modules, checklists to enable village level functionaries to identify and provide support to the child and to conduct training programmes.

Standards and norms for balwadis and crèches

ICDS and DWCD will develop and issue standard norms which will be adopted by Department of Labour to conduct inspections of crèches run at factories, construction sites and other work places mandated by the law; and other State departments (Municipal Corporations, Rural and Panchayat) running crèches and child care centres.

The Department of labour will submit a quarterly report to the Department of Women and Child Development which will include indicators such as inspections undertaken, play material available, learning material available, nutrition given etc..

Overview and Vision

Children [6 – 14 years]

Children [6 – 14 years]

Vision of the state

In addressing the needs of the children in the age group of 6 - 14, the state will continue to keep its focus on providing quality and accessible primary and secondary education for all children. To ensure universal education, education must become the preferred alternative for the child. And in order to ensure the same, the government has to address all influencing factors in order to enable the child to choose education.

Government of Karnataka's education policy aims to:

- Empower a child to grow into a socially responsible citizen, who is able to leverage livelihood opportunities available to her/him.
- Provide education which is in keeping with the socio-cultural milieu of the child

To meet these broad principles it envisions providing every child, in the state

- Easy Access to quality and holistic education in his / her neighbourhood, in schools equipped with essential infrastructure
- An inclusive model of education that keeps in mind the special needs and challenges of children, while providing quality education.
- Access to essential healthcare services in his / her neighbourhood.
- A social infrastructure that provides the child access to creative, sports and recreational spaces both in the school and in the community.
- Proactive support for children living in difficult circumstances through financial and other relevant assistance to his / her family and appropriate engagement with the child.
- Safeguards from risks such as child pornography, child trafficking and sexual abuse crimes; and can reach out to a trusted entity in the local community for rehabilitation and care.

Specifically, the state will focus its efforts in ensuring retention and reducing drop outs for all children, with a specific focus on children from families belonging to socially disadvantaged caste groups such as Scheduled caste, Scheduled Tribes and Minorities and economically weaker sections.

Mentoring Schools: An initiative to enable public involvement

School Nurturing Programme introduced by the Department of Public Instruction is an attempt by the government to actively involve the community in bettering the quality of education in the state. The programme allows ‘nurturers’ to adopt a school from a comprehensive list and engage with the school through various activities, such as training teachers and students, developing facilities such as libraries and labs, undertaking construction activities in schools etc. The programme aims to achieve the goal of providing quality education to all children in the state while tackling challenges faced by the government in implementing this goal.

Existing schemes and policies

The Department of Public instruction aims to equip children of the State with specific knowledge, skills and values to enable them to become good human beings, productive and socially responsible citizens and to achieve excellence in whatever they do. The policies of the department work towards universal enrolment, improvement of infrastructure, making the learning process more child centric, and involving the local community in school management.

Sarva Shiksha Abhiyan

The SSA is a programme that envisions universal access to education from I to VIII standards for all children up to 14 years, provision of education of a satisfactory quality with emphasis on life skills and meaningful schooling, with due concerns for equity and regional parity. The programme also aims to involve the community up to the village level, especially local government institutions in management of schools.

In order to ensure that all **out of school children** are brought into the purview of formal schooling, the following strategies are adopted:

1. 12 months Non-Residential Bridge Courses:

- a. Feeder schools are run in habitations where children have to walk more than 1 K.M to attend school where a regular school cannot be opened because of fewer children (less than 10 children in a habitation), feeder schools were opened in habitations where the community opted for a centre rather than transportation.
- b. Transport facilities to children who do not have lower primary schooling facilities within a radius of 1 km and upper primary schooling facilities within 3 K.M have been provided.
- c. 12 months NRBC are opened for OOSC who need longer duration of bridge course.
- d. Madrasas: Children who are studying in Madrasas are covered under this sub-strategy.

2. 12 months Residential Bridge Schools: Under this, 2 programmes are conducted

- a. 12 months RBC- provides residential facility for out of school children who are in acute poverty.

- b. Ashakirana centers are residential in nature, with an aim to reduce drop-outs for various reasons. Hostel facility is provided to children at schools/community halls/public buildings. It is mostly run by NGOs with the co-operation of Head Master and SDMC (School Development and Monitoring Committees) Educational Volunteers.

To address concerns related to children dropping out due to **migration** of parents, the following strategies are adopted under SSA:

1. **Tent schools** are opened for children who have migrated along with their parents. In places where parents stay in makeshift shelters near their places of work, tent schools are opened. These schools have been opened all over the state to provide bridge courses. After successful completion of the bridge course, students are admitted to nearby schools in the standards appropriate to their age and attainment levels. In case a child moves during the academic year, she would be provided with migration cards. The Head Teacher of the school of the out migrating school uses these cards to declare the results. These cards can also be used to get admission in new tent schools.
2. **6 months seasonal residential bridge course** is provided for the potential drop out children due to their parent's migration. The school serves as a hostel for such children. These children attend formal school.

Other strategies adopted by SSA in Karnataka to ensure universal access to education include:

1. **Special enrolment drives** held to pursue the parents of the out of school children, the non-enrolled drop outs to enrol them into schools. The parents are made aware of the importance of education at these drives.
2. **Mobile schools:** is a programme undertaken especially for children living in slums of Bangalore City- in convergence with Karnataka State Road Transport Corporation. At present, there are 8 buses which are modified as classrooms. Free text books/slates/notebooks/uniforms/midday meals and play materials are provided to children in these mobile schools.

In order to ensure the education provided is of **good quality**, the following schemes are relevant:

1. SSA has been supporting the initiative **Karnataka School Quality Assessment Organization (KSQAO)**. KSQAO is part of the state department of school education. Under this initiative, the quality of education in schools across the state is assessed through a programme of competency based testing of students in government and aided schools throughout the state.
2. **Teacher training:** The state guidelines for training have been prepared and issued by the Directorate of State Educational Research and Training, in consultation with SSA, keeping in mind the DIETs.

To understand the complex dynamic of **community participation** and its impact on quality education, SSA has implemented a pilot project **Namma Shale** with financial support from Azim Premji foundation and administrative support from the Government of Karnataka.

Provision of Quality Medical Services: Suvarna Arogya Chaitanya is a scheme to provide free medical services to school children. This is a comprehensive health check-up campaign for all school children studying in the 1st to 10th standards. It has been piloted for the first time in the country to conduct annual medical examinations of nearly one crore public and private school children followed by medical care at both government and private hospitals. In case of severe complications in health, surgical care is also provided. Health check-up cards have been printed by the Sarva Shiksha Abhiyan and Transportation charges are being provided by Akshara Deora. For the years 2008-11, 5769 surgeries have been carried out at the cost of 23 crores, which is provided for by the NHRM fund.

Provision of Emergency Ambulance Services: Arogya Kavacha

GVK Emergency Management and Research Institute is a not for profit organisation formed to run Emergency Management Services under Public Private Partnership framework.

The commencement of GVK EMRI Karnataka happened with signing of an MOU with the Government of Karnataka on the 14th of August 2008 and the “108 Service” was launched on the 1st Nov 2008 in Bangalore. It was launched under the Arogya Kavacha Scheme in partnership with the Department of Health and Family Welfare Services. In the 2 years since the commencement of the scheme, 517 ambulances have been deployed and are operational, which cover all 30 districts. Almost 20 lakh calls have been attended, out of which there have been 10 lakh medical emergencies and 4 lakh pregnancy related cases. This initiative has significantly contributed to reducing maternal and infant mortality rate.

Scholarships and financial assistance for education

Incentive Scholarships from I to IV standard students

The main aim of this scheme is to minimize the dropout rate among SC students at the primary education level. Each child is given an incentive of Rs. 75 per annum. All SC students studying in Government/recognized/aided schools are eligible for the scholarship. A list of SC children is prepared by the concerned school master/headmistress and submitted to the Taluk Social Welfare Officer for sanction. The cheque will be sent to concerned schools for disbursement. After start of the academic year, the application for scholarship can be made through the school.

Pre-matric Scholarships

These are provided by the Department of Social Welfare to students who study from 6th to 10th standards. There is no income limit for the award of the scholarships. Rs. 75 per annum is awarded to students up to 7th standard, and Rs. 100 per annum is given to high school students. Applications for the award of pre-matric scholarships are obtained from Taluk Social Welfare officer and distributed to SC students by the head master/mistress at school. The duly filled scholarship forms are collected from students and submitted for sanction to the Taluk Social Welfare

Officer. After the scrutiny, the scholarships are sanctioned and the cheque along with the list is sent to the school, where the scholarships are disbursed in the presence of the parents of the students. In order to be eligible for this scholarship, SC students from 5th to 10th standard need to fulfil the following conditions:

- a. Students should not reside in any Government or Government aided hostel.
- b. They must not be recipients of any other scholarship other than the merit scholarship.
- c. The scholarship applications must be filled in the required format.

Merit scholarships

In order to inculcate a competitive spirit among SC children for scoring better marks in exams, Merit scholarships are given in addition to pre-matric scholarship. The students have to fulfil the following conditions to be eligible:

- a. Obtained not less than 60% marks in the annual examination of the previous class.
- b. The annual income of parents is not considered for merit scholarship. In middle school, the amount given is Rs. 75 p.a. From 8th to 10th standard, Rs. 100 per annum is given. The amount given is in addition to the pre-matric scholarship.
- c. The student with good merit in annual exams must be recommended by the headmaster/headmistress of the concerned school for the scholarship.

After the commencement of a new Academic year, the merit scholarship for the previous year will be sanctioned based on the performance in the exams, of the concerned student.

Pre-matric Scholarships to the children of those parents who are engaged in unclean occupation

This is a centrally sponsored scheme where 50% grants come from the GOI and 50% is borne by the State Govt. All students whose parents are engaged in unclean occupations are eligible for scholarships under this scheme. The selection of the children whose parents are engaged in unclean occupation is made separately by the school headmaster and sent to the Taluk Social Welfare Officer for sanction. Children who reside in the government or aided hostels are also eligible for scholarship. The following are the details of the scholarships:

Day scholars:

1. Class I to V - Rs. 40.00 per month for 10 months.
2. Class VI to VIII - Rs. 60.00 per month for 10 months.
3. Class IX to X - Rs. 75.00 per month for 10 months.

Hostellers:

1. Class III to VIII - Rs. 300. per month for 10 months per student.
2. Class IX to X - Rs. 300.00 per month for 10 months per student.

An ad hoc grant of Rs. 550/ is given to day scholars and Rs. 600/- to hostellers.

Schemes for encouraging holistic development

Hoysala and Keladi Chennama Award is provided by the Department of Women and Child Development to two boys and two girls from every district in the age group of 6- 14, who display extraordinary courage in saving lives of others. Cash prize of Rs. 10,000 and citation to each awardee and a scholarship of Rs. 2,000 till the completion of school education are provided.

Going forward: Key areas of focus

Access to quality and holistic education

The state government is committed to ensure that every child has access to education. Due to efforts over the last few years, today majority of the children have access to schools within 1-3 km in their neighbourhood. In addition, schemes that provide free uniforms, books and other accessories have made education more affordable and provided an incentive for parents to send their children to school. The State will continue to constantly endeavour to improve quality of education and infrastructure.

Focus on reading, writing and arithmetic

As a minimum prerequisite of education, it is important that the children have strong capabilities in reading, writing and arithmetic since they act as a foundation for further learning. Studies on the ground highlight that children who have not acquired basic competencies in these skills face challenges in pursuing further education or gaining employment.

Efforts by key NGOs aim to highlight and address this gap in the education among children of all age groups. The state is committed to providing a scalable solution, in collaboration with local civil society groups, private sector and NGOs, to address this problem across all districts. In line with this, Government of Karnataka is working towards institutionalizing appropriate metrics to constantly monitor the quality of educational attainment of children on key skills KSQA is an effort in this direction. The next decade will see a greater emphasis on quality education.

Improving the existing school infrastructure

Supportive infrastructure is required for imparting quality education. Sufficient physical spaces such as classrooms are required for children to be comfortable, and engage with each other. Recognising this, efforts will be strengthened to provide classrooms, access to books through libraries, access to computers so that children can broaden their horizons beyond the confines of the prescribed syllabus.

Improving Quality of Education: A NGO-Government partnership

Karnataka Learning Partnership⁹ brings together the various stakeholders involved in primary education to improve the quality of schools and education in Karnataka. The Partnership intends to achieve this by teaming up with NGOs working in relevant fields such as education, health, nutrition, using the data generated by these NGOs to assess the current status of education in Karnataka and use this assessment to galvanize the community and ultimately the government, to bring about changes in the existing system. Improving the existing school infrastructure

Focus on Life skills

World Health Organization (WHO) defines Life Skills as "abilities for adaptive and positive behaviour that enable individuals to deal effectively with the demands and challenges of everyday life." Education has a role to play in not just improving the child's aptitude but also ensuring that the child grows up as a responsible adult who is able to face and overcome life's challenges.

Today, various NGOs have adopted and partnered with government schools to complement the existing curriculum with life skills covering value education, character building through sports and language skills for better communication and clarity of thought. These organizations also emphasize the importance of work ethic, taking responsibilities at home and within the community and how experiential learning is equally important.

It is essential that such skills are institutionalized so that it is scalable and is delivered across schools in the state. The state will sensitize its teachers and explore partnerships with local non-governmental organizations that can support in complementing the teachers and aid in delivery of this education.

Focus on capacity building of teachers

Achieving improvements in quality of education is not possible without focusing on the teachers who impart the education today. The state will focus on providing trainings and sensitization programmes to teachers to ensure that they are able to identify specific needs of individual children and address the same. The teachers will also be trained in the use of computers and other multimedia technologies so that they could use the same in enhancing the quality of delivery. While the role of NGOs and other civil society organizations in complementing the education delivery in schools is welcome, the state shall formulate a clear engagement model so that both the teachers and the organizations can work together in order to improve the overall quality of education.

⁹ <http://www.klp.org.in/text/aboutus>

Support inclusivity in education

Addressing school dropouts and lateral entries

As part of state's efforts to end child labour and ensure universal education, there's special attention to on-board children who have dropped out of school or have not been part of the schooling system. These children are at a disadvantage since they have missed out on valuable years of school education. The state is committed to ensuring that the children are enrolled in age appropriate levels of the school education.

In order to be able to do so, special attention will be taken to make sure that the children are provided extra support and care in the mainstreaming process that will help adapt to the needs of the school education. The state also acknowledges that the challenges are not purely academic. Care also will be taken to ensure that the child is able to adapt to the system both emotionally and psychologically. Systematic joint-departmental reviews will be conducted to monitor retention of children, particularly children belonging to disadvantaged groups such as Scheduled Castes, Scheduled Tribes and Minorities. Government of Karnataka will use the findings of key research studies conducted by V.V. Giri National Labour Institute, National Institute of Public Education (NIEPA), State Council of Education, Research and Training to inform its policy and formulate strategies to help reduce drop outs and in mainstreaming of children in school. These studies have pointed to a) the need for mentors and counsellors in schools to help children adapt to the learning environment b) the need for career counselling in schools to help children from especially disadvantaged communities find their feet in the educational system. The process has already been institutionalised, and will be scaled up in the next decade.

In addition, efforts will be made to ensure that such children are able to use alternative accreditation models (such as NIOS) to formalize their learning. The state shall facilitate and simplify access to such accreditation models to the children.

Child Labour Rescue and Rehabilitation: Research informing Policy

The report, “Rescuing Child Labourers: An Analysis of the Operation Undertaken to Rescue Children Trafficked to Labour in the Jewellery Units of Karnataka”¹⁰, prepared by two NGOs APSA and EQUATIONS contains a detailed analysis of a child labour rescue operation involving a situation of inter-state trafficking. The report breaks down the rescue operation into seven stages (planning, rescue operation, immediate post-rescue, short term care, legal Intervention, the journey home and post-return situation) and analyses the planning that went into each of these stages and the manner in which the operation and rescue and rehabilitation was conducted. Interviews with the rescued children and families are used to construct a comprehensive picture of the socio-economic context that contributes to child labour and the psychological states of the children and the families. Importantly, the report analyses the various lacunae in each stage of the rescue operation and gives suggestions for rectifying each of these thus, constructing a picture of what a thorough and effective rescue operation would involve. This is now being considered for adoption by the Department of Labour, Government of Karnataka.

Ensuring inclusion of children with disabilities in mainstream schools:

The Government of Karnataka acknowledges that it is essential to facilitate integration of children with disabilities into mainstream education in order to prevent segregation of the child. The state will ensure that resources are targeted at existing mainstream educational facilities in order to develop their capacity to include disabled students. Mainstream education shall be adapted to meet the requirements of each child, so that persons with disability may avail of inclusive education in their own neighbourhood. The state will follow the strategies detailed below in order to bring about structural changes in the educational system to facilitate this objective:

1. Efforts will be made to integrate children with motor handicaps and other mild handicaps into the mainstream classroom education, so as to provide the child with an inclusive holistic experience. A team of specialised doctors shall be designated in order to conduct an in-depth evaluation of each child. This team, in conjunction with the parents shall decide whether the child is to be integrated into mainstream classroom, or whether he/she should be the recipient of specialised education.
2. The Department of Education in conjunction with experts such as speech and therapy experts, clinical psychologists and other experts, shall make efforts to design, modify and adapt curriculum and teaching-learning material (e.g. provide large print material) according to a set of standardised norms.
3. Systems of examinations will be implemented that help the child overcome the disadvantage due to the nature and extent of disability including permitting use of technology and adaptations (E.g. calculators)

¹⁰ <http://www.equitabletourism.org/stage/readfull.php?AID=1016>

and to provide for flexibility in qualifying marks and pass percentages for children with severe learning difficulties, mental retardation etc.

4. Residential facilities shall be provided at all special schools, using grant in aid provided by the Government of Karnataka.
5. Each college shall provide a resource cell for the disabled which shall contain aids such as Braille books, and sound library for the blind.
6. The State will promote total communication including augmentative & alternative communication methods in different environments with the use of individualized way of speaking and listening, using nonverbal or metaphorical forms for communication, especially in case of people with autism, deaf blindness, cerebral-palsy, mental illness etc.
7. Use of technology targeted towards the needs of children with disabilities will be encouraged to complement and aid the existing teaching methods.
8. Efforts will be made to see that schools provide an environment to the child that is disability friendly. As a first step, barrier free environments (ramps in schools, appropriate toilets, and furniture and sports facilities) will be created in schools, particularly in new schools.
9. Access to the school will be facilitated through appropriate means of transport.
10. Courses shall be developed for the visually and hearing impaired in conjunction with industry to provide vocational training. These courses shall be used in ITI's to provide training in such specialised tasks such carpentry and plumbing.

Providing specialised educational support to children with disabilities:

The state recognises that it is not ideal to place all children with disabilities in a regular education classroom. The state will therefore attempt to institute a system by which children with major disabilities will be afforded the opportunity to study in specialised schools where programs will be developed in order to support their specific educational needs, and allow him/her to learn to the best of her ability. These schools will have a team of multidisciplinary experts, such as a physiotherapist, a child development expert, an occupational expert, and a speech and language expert among others. These schools will provide transportation and developmental, corrective and other support services that the child needs to benefit from education.

Training of Resource Persons and Teachers:

There are 3 lakh children suffering from disabilities in the state of Karnataka. The state acknowledges that there is a large gap in the number of trained personnel currently required to effectively carry out inclusive education and staff

the special schools and the number of educators being currently trained The Government of Karnataka shall increase the number of special educators, rehabilitation experts and support staff in the schools in order to ensure that the children are given good care and education. Efforts shall be made to ensure that the teacher student ratio shall remain between 1:2 and 1:6 so that each child receives specialised attention.

In order to bridge this huge gap in man power, the state shall open new training institutes to augment the existing institutes. The state shall open two institutes each to train special educators for the visually impaired and the hearing impaired. In addition to this, two institutes shall be set up for special educator and support staff for children with mental retardation and one institute for children suffering from cerebral palsy

The state shall provide trained and motivated teachers for the implementation of effective inclusion. Translating policy into practice will depend on the continued development of skills and confidence of teachers and support staff in meeting the diverse range of children's needs. The state shall support professional development of teachers and other support staff in pre-service and in service training programs. Special orientation for resource personnel and managing staff (CRC/BRC/ IERTs) shall be organized for capacity building. These resource personnel should be trained to teach and train students with speech and hearing impediments and also the visually impaired. These resource personnel should make a special effort to include the children in sports and other extracurricular activities. There is a special need for rehabilitation experts, specifically, physiotherapists, occupational therapists, audiologist's and speech therapists and clinical psychologists. ICMR/RCI shall be made responsible to undertake the necessary initiatives, to introduce physical medicine and rehabilitation studies into all medical colleges.

Adequate provisions shall be made through DIET at district level, through BRC at block level, through CRC at cluster level and through IERT at school level to provide resource support in terms of trained personnel, educational materials, equipment's (aids and appliances) and therapeutic support. Apart from IERT's who act as consultants and visit schools on a weekly basis, provision shall be made for two full time resource teachers at every school to look after the special needs of the children.

There is a high incidence of dropping out of school among disabled children. In such cases, the SDMC along with other BRC and VRC's will be responsible for these children and take the next immediate action to facilitate provision of education for them. The District Disability Rehabilitation Center's (DDRC) will track the progress of the children during their schooling and assume the responsibility of planning and providing technical education as per the requirement of the child when the child is studying in 10th standard.

Information cells shall be set up at a CRC and a BRC level, which shall provide a comprehensive database of the needs and requirements for every type of disability, for the resource personnel to draw upon. In periodic trainings the resource personnel shall be made aware of the schemes available for children with disabilities and the methods by which they can disseminate this information to the parents and caretakers of the children.

Addressing children with learning difficulties

The state acknowledges that children with learning difficulties need special attention care. Today, most of these children are part of the system unidentified and often targeted for poor performance. Hence, it is important to identify the children with learning difficulties as soon as possible and provide them the required care to help them cope with the difficulties.

While doing so, the state will ensure that the system – including the teachers – is sensitized to address the needs of such children and involve the right psychological expert in order to ensure that the right measures are taken.

Proactive support to children in difficult circumstances

Opportunities for families to prevent child labour

Existing studies have highlighted that the key reasons for children being pulled out of school are financial constraints and the need for elder siblings to take care of younger ones in the family. Hence in order to address this problem proactively, the state will provide incentives to families in the form of financial assistance to encourage them to send children to school beyond class V. In case of elder siblings in the house who are eligible to work, appropriate vocational training will be provided that will help the siblings gain employment and support the financial needs of the family.

In case of younger siblings, the schools will be equipped with crèches so that the children can leave their younger siblings in the crèches while they attend school.

Opportunities for children from socially and culturally disadvantaged groups

Studies and data point to the fact that more than 60% of children belonging to scheduled caste, scheduled tribe and minority groups drop out of schools. The State will address this problem proactively. It will provide tuition support, financial incentives and counselling support to ensure retention of children in schools. It will also provide soft skill and language support to these children to enable them achieve success in their lives.

Ensure Child rights

The rights of the child must be ensured not just in the family but in the community at large. The physical and psychological safety of the child will be ensured. Civil society groups in Karnataka are amongst the pioneers who have demonstrated that child representation in policy making i.e. taking into account children's views – results in better articulation and formulation of programmes. Government of Karnataka also acknowledges the need to involve children in the planning process. Public hearings with children have been effective in creating awareness and reducing child labour; and in making known the existing state of juvenile and care homes. The state will as a policy in the next decade facilitate and encourage such forms of child participation.

Support for Sports and Arts

The state recognizes the role of sports and recreation in the overall development of the child. As defined in the Article 31 of the UN Convention on the Rights of the Child, all children have the right to play. The freedom and space to indulge in creative arts and sport are major components of the definition of play. The state is committed to provide the same to the child.

The Department of Youth Service and Sports, Department of Public Instruction, Municipalities and district administration will provide the required infrastructure and physical spaces both in the school, as playgrounds, and in the community, as parks, for sports and recreation activities. It will ascertain that these spaces are lively, child-friendly and are equipped with the essential facilities to engage the child. In addition, it will encourage the pursuit of creative arts in schools and ensure that the students are provided opportunities to appreciate and learn the local forms of art.

The state government has mandated sports and arts as an integral part of the school curriculum so that it is treated as an essential part of pedagogical activities. In addition, the state will increase the number of qualified teachers who can help children hone their skills in arts and sports. The state acknowledges that the sports and arts are not purely limited to recreation, provide the required support, financially and through central infrastructure, to aspiring artists, sportsmen and sportswomen. Appropriate channels and events will be organized to identify and foster talent, irrespective of the socio-economic background of the child.

Access to healthcare services

Improving nutritional and health status of children: The early years of schooling are crucial for the physical and psychological growth of the child. Without adequate nutrition, the child will not be able to learn well, and make the most of these crucial years. Provision of hot mid-day meals in schools help address this need, while also providing an incentive to children to enrol in, and continue to attend school.

The state will ensure that the mid-day meals of good quality are provided regularly in all schools. For overall well being of the child, good health is of vital importance. For the achievement of this objective, focus will be on promoting awareness on aspects such as cleanliness, nutrition and sanitation. In terms of nutritional supplements, iron supplements are being provided along with mid-day meals to Anganwadi children every alternate day and Vitamin A and deworming tablets are given every 6 months. These benefits should be extended to high school students. There will also be a thrust on improved access to health care services. In line with this, provision of clean drinking water, clean toilets and effective waste management will be strengthened in schools and in communities.

Provision of Quality Mid-Day Meals : A Public-Private Partnership

Akshayapatra¹¹, the mid-day meal scheme run by the Akshayapatra Foundation uses technology and awareness of the regional food habits to make mid-day meals healthy, nutritious and enjoyable. The food sent to schools is freshly cooked in Akshayapatra kitchens every morning and transported in specially insulated vans which ensure that the food is at least 60 deg C when it reaches the school. Further, the Foundation frequently collects feedback about the food from the children and incorporates changes in the menu. The menu also changes every week, hence ensuring the food does not get repetitive and boring. It also ensures that the food prepared is in keeping with the food habits in the region.

Intervention in schools

School also acts as an effective channel to address the overall health of the child. Hence, in addition to the regular meals, children will also be provided the required supplementary nutrition to ensure children receive the necessary vitamins and minerals. Regular medical camps will be conducted in schools to constantly monitor the health of the children. In addition, there will be a strong focus on physical development as part of the school curriculum.

¹¹ <http://thealternative.in/docs/offbeat/SattvaJulySeptember2010.pdf>

Overview and Vision

Elder Adolescents [14 – 18 years]

Adolescents [14 – 18 Years]

Vision of the state

Adolescence is a crucial period as it marks the transition from childhood to adulthood. There are several physical, psychological and emotional challenges that are faced by an adolescent. At this age, adolescents are exposed to various risks such as the risk of early pregnancy and childbearing, gender discrimination, sexual abuse and exploitation, STI's/HIV/AIDs. It is also at this stage that several children make the choice between education and employment. Ill informed choices at this stage may lead to weak job creation and eventual socio-economic exclusion. In addition, while adolescents have bypassed the age of the highest mortality, their continued physical well-being depends on the availability of adequate nutrition, micro nutrients in diet and access to health services.

So, the Karnataka Government envisions providing an environment in which they can make informed choices to all adolescents in Karnataka. The following are the areas of focus to ensure the overall well-being of the adolescent:

- Improved access to quality post-matric education.
- Access to relevant vocational education that ensures employability.
- Awareness of potential health risks such as substance abuse and HIV/AIDS.
- Awareness about sexual behaviour and reproductive health.
- Access to safe drinking water, sanitation and health facilities
- Access to life skills training to build needed competencies for social development.
- Increased participation of children from especially disadvantaged communities such as Scheduled Caste, Scheduled Tribe and Minorities in post matriculation education and formal vocational education.

Existing schemes and policies

Pre-vocational education: Department of Higher Education provides pre-vocational education in over 900 schools in Karnataka. Adolescents are allowed to choose a vocation based subject for their XII standard exams.

Industrial Training Institutions: ITIs run by the Department of Employment and Training now recognise that there is a need to provide vocational education to adolescents. Many pilots using the modular employability skill training (MES) curricula are in operation. ITIs are now also mandated to provide post-training job placements. Craftsman training is also implemented through the ITI's, wherein skill training is provided in various vocational

trades. Training is provided in 43 engineering and 24 non engineering trades. Successful trainees are awarded the national trade certificate and are classified as semi-skilled craftsmen.

Community polytechnic: Department of Technical Education has set up community polytechnics, to benefit the poorer sections in rural and urban areas. These Polytechnics have been set up at taluk level wherein adolescents are provided locally relevant vocational training opportunities such as mobile repair, electronic goods repair. These diploma programmes are available for adolescents who have passed X and XII students.

Vocational education scholarships for minorities, SC/ST Modular Employability Skill training: Government of Karnataka has recently instituted schemes through which adolescents from excluded and minority communities can access training and certification through the MES. Training cost as well as scholarships is provided to trainees.

National Institute of Open Schooling (NIOS): This is the only system that provides Open Basic Education and Pre-Vocational Courses and Vocational courses. Around 60 vocational education courses in agriculture, business, commerce, engineering, technology, para-medical, health, applied sciences and social service sectors have been introduced

Finishing Schools: Finishing schools are run by specific departments of the Government and NGO's to provide training in language, communication and general life skills to adolescents. Soft skills training of this nature is essential for employability today.

Special Coaching classes: Department of Social Welfare conducts special coaching classes for SC, ST and OBC children to enable them to compete on an equal footing in grade XII.

Sabala: A recent scheme of the scheme of the GOI, Department of Women and Child Development, Sabala aims to address the multi-dimensional concerns of adolescent girl (AG) children in the age group of 11-18 years. The project, which has been implemented through the platform of ICDS, is functioning on a pilot basis in 9 districts of Karnataka. The girls would be empowered by improvement in their nutritional and health status and upgrading home, life and vocational skills. It also aims at equipping the girls on family welfare, health, hygiene and information and guidance on existing public services, along with mainstreaming out of school girls into formal or non-formal education. The main objectives of the scheme are

- 1) Enable self-development and empowerment of AG's
- 2) Improve their nutrition and health status. Spread awareness among them about health, hygiene, nutrition, adolescent reproductive and sexual health, family and child care.
- 3) Upgrade their home based skills, life skills and vocational skills.
- 4) Mainstream out of schools AG's into formal/non formal education.

- 5) Inform and guide them about existing public school services.

Kishori Shakti Yojana (KSY) is another scheme under ICDS is another scheme that focuses particularly on the needs of the adolescent girl child. In 9 districts in Karnataka the KSY scheme and NSAG have been merged into one scheme, whereas in the rest of the districts the KSY scheme is solely operational. (Details have been provided in the girl child section)

Integrated Child Protection Scheme is a comprehensive scheme which brings under its umbrella the existing child protection schemes of the GOI in order to provide a holistic approach to the care and protection of children.

This scheme proposes to safeguard children by strengthening families and preventing children becoming homeless through provision of family services and counseling. They also provide support to children already outside the mainstream by creating a safety net for them, beginning from emergency outreach services to final rehabilitation and reunion with their families thereby preventing avoidable institutionalization.

Under the scheme specialized programs provide services to the more vulnerable categories of children by capacity building of families, community, NGOs, local bodies, police, judiciary and other concerned departments of State Government and undertaking research, advocacy and spreading awareness about child related issues. They also initiate any other need based specialized innovative services including child guidance and counseling especially to combat drug abuse, HIV/AIDS and sexual abuse.

Scheme for Prevention of Alcoholism and Substance Abuse: Grants are provided by the Government of India to run de-addiction centres where counselling, treatment and rehabilitation facilities are provided. To create awareness about the ill effects of drugs and alcohol dependence, awareness camps are organised for the general public.

Voluntary organisations having experience in the field, good basic infrastructure and financial background are eligible for financial assistance. The GOI has sanctioned 31 de-addiction rehabilitation centres out of which 30 are functioning in the state.

Targeting Adolescents: Vasantha Agaman and Sneha Clinics

A large number of the female adolescent population are at risk through early sexual activity, pregnancies, STI's etc. Various issues related to the maternal health of the adolescent were also analysed and it was found that overall access and utilisation of services in terms of ante natal check-ups, MTP, spacing of Pregnancies, STI/RTI, and information about HIV/AIDs deserved attention in the adolescent group.

Hence GOK launched the ARSH programme last year, in which 12 districts were selected for implementation in the state. In the first phase, Medical officer and Junior Health Assistant and Senior Health Assistant training has been provided. Programmes for creating awareness for the community at large was conducted through All India Radio, every week on Saturday morning at 7.15 AM where 15 minute radio lessons (in drama form) are broadcasted throughout Karnataka as a part of the Vasantha Agaman Program.

Services are provided regularly in the OPD at all PHC/CHC/TH. In addition on every Thursday between 3 and 5 PM, Special Adolescent Clinics are conducted under the SNEHA Clinic program in all PHC's, Taluks, District Hospitals. Counselling services are also provided at this time.

Going forward: Key areas of focus

Improve quality of high school education

The Government of Karnataka has constantly endeavoured to provide quality education to children at all levels. Increasing access to and quality of high school education has been of great importance to the Government. Through various departmental initiatives, efforts to improve access and quality of the education provided at the high school level will be continued. Good infrastructure will be ensured in all high schools, keeping in mind particularly the needs of girls and differently-abled children.

The State recognises the need for physical recreation to ensure the holistic development of the adolescent. Therefore, the state undertakes that adequate provisions shall be made for games, sports and recreation in schools and other institutions. Open spaces shall be provided in the vicinity of schools to serve as playgrounds and shall be equipped with the appropriate infrastructure and equipment to enable the children to be able to learn and participate in sports. Curriculum shall be developed for physical education and trainers will be present in order to ensure effective implementation of the same. There shall also be access to facilities relating to cultural activities and arts.

The State will also ensure that all children – girls and boys - from Scheduled Caste, Scheduled Tribe and Minority families will be provided additional support and soft skill training with a view to ensuring that these children are able to complete high school education and aspire to achieve their best in society.

Ensure focus on vocational education

The Government of Karnataka acknowledges that vocational education is of great importance in order to enhance individual employability and reduce the mismatch between demand and supply of skilled manpower. Effective vocational training programs will go a long way towards skilling adolescents and ensure that they become responsible adults.

Vocational Training is especially suited for adolescents who either a) because of inclination towards vocational education or b) for financial reasons may want to take up employment at the earliest and may provide an alternative to those pursuing higher education without particular interest or purpose

Currently, the need for pre-vocational and vocational education is being addressed through high schools, polytechnics and ITI's. The Government will upgrade facilities and equipment, attract new staff and develop new curricula and materials in order to cater to the needs of the industry. The greatest need of the hour is to establish a policy framework that will ensure standardisation of education, institute a competency based skill testing, and maintain the quality of the institution. In the next decade, in line with the Government of India's policy on vocational education and skill training, the Government of Karnataka will undertake the following steps:

School Level

- a) Integrate pre-vocational education from VIII Std in schools
- b) Equip schools with sufficient infrastructure and personnel (teachers, counsellors) to provide pre-vocational education
- c) Coordinate with polytechnics and ITIs to streamline curriculum with a view to creating a strong foundation
- d) Create awareness amongst parents and students on the availability of this stream and increase social acceptance of vocational education amongst the community

Polytechnic and ITIs

- a) Increase the number of courses being provided
- b) Implement multi skill competency based trainings.
- c) Implement special programs for adolescents with disabilities
- d) Equip adolescents with the project planning and designing skills which will enable them to start micro enterprises.
- e) Improve the access to vocational education

- f) Link vocational education to jobs in the market
- g) Provide residential hostel accommodation for adolescents who move from the villages to urban areas for vocational training.

Institutional level

- a) Work closely with market and industry bodies to ensure marketable vocational education courses are available in schools, polytechnics and ITIs.

Finishing schools

Apart from technical knowledge, ability to communicate effectively and people skills are necessary to be successful in any professional field. Finishing schools set up by various NGO's and specific departments of the Government are addressing this need today.

In the subsequent years, greater support will be provided to NGO's running finishing schools, to ensure all adolescents are provided the required soft skills. The target group here would be all children – girls and boys - from Scheduled Caste, Scheduled Tribe and Minority families.

Value and Life Education

Many children who are out of school have to enter work force and become productive by earning. Girls suffer the burden of sharing household work and are confronted with matrimony and child bearing while still in their teens. There is a real need for imparting life skills i.e. inculcating in adolescents the ability for adaptive and positive behaviour to enable them to deal with the challenges of everyday life. The state recognises this and shall provide the reliable and appropriate information, guidance and counselling on issues of concern.

Government of Karnataka shall institute life skills modules into the curriculums of schools and vocational training institutes in order to inculcate within adolescents the skills of creative and critical thinking, effective communication, interpersonal skills, problem solving abilities, and the ability to handle stress and tension. These shall be communicated through experiential learning, games and debates.

Create awareness against HIV/AIDS

Government of Karnataka recognises that HIV/AIDS is a matter of serious concern in the adolescent age group, as crucial behavioural choices are undertaken in this period. Awareness programmes on these aspects have been held through the departments of health and education, in collaboration with other non-governmental organisations. Along with strengthening of these campaigns, the Government will leverage the mass media, to reach out to all sections of adolescents, to spread awareness among them on safe sexual practices and HIV/AIDS.

Disseminate Safe Menstrual Hygiene Practices

Menstrual Hygiene is an often overlooked and neglected aspect of women's development. The gender unfriendly school structure, as well as lack of adequate menstrual protection leads to large numbers of drop outs among adolescent girls. The Government of Karnataka recognizes that there is a need to improve the reproductive health of girls and women by increasing the accessibility, availability, affordability and acceptability of sanitary napkins and other protection materials for menstrual hygiene.

A pilot program has been established to distribute sanitary napkins to adolescent girls (10-18 years) and women in BPL families in 9 districts currently. Plans have been made to scale it up to all 30 districts. Under this program, sanitary napkins are supplied directly to the districts, post which they are distributed through the Female Health Workers and ASHAs to the girls/women at a nominal fee. The Government will also leverage the Self Help Groups, both as manufacturers and as distributors.

Create awareness against substance abuse

Substance abuse is a matter of serious concern in the adolescent age group. Peer pressure can have a negative effect on many adolescents leading to substance abuse, which can have a negative effect on their health and overall well-being in the long run. Karnataka has been conducting various awareness programs, in collaboration with NGO's and civil society organisations throughout the state to educate adolescents about the harmful effects of tobacco, alcohol and drugs. However, this is an area where constant and on-going campaigns are necessary in order to ensure that all adolescents are aware of the harmful effects substance abuse can have on their health, finances, family and overall well-being. Recognising this, campaigns will be held on a continuous basis, both through street plays and using the mass media, in all districts of the state to educate adolescents about problems caused by substance abuse.

Focussed intervention will be planned for at risk adolescents

- Working adolescents
- Adolescents living on the streets
- Adolescents in High school, polytechnics and ITI's

Sex Education:

Government of Karnataka mandates the need for sex education for adolescents (10-18 years). It will create awareness and build adolescents capabilities to handle the onset of puberty. The objective of integrating sex education in school education as well as having focussed programmes for girls (SABALA), adolescents (SNEHA clinics) is to reduce unintended pregnancies, child marriages, transmission of STD's. In addition to this, early sex education delays the start of sexual activity, encourages those already sexually active to have safe sex, and establishes the link between lack of effective use of contraceptives and the incidence of AIDS. Information provided

to pre-teens can also help them to recognise abuse and embolden them to be able to speak about it. This is critical to meet the objectives of the ICPS (Integrated Child Protection Scheme) programme.

Overview and Vision

Girl Child [0 – 18 years]

Girl child

Vision of the state

There is a bias against women across all age groups in the society today. Statistics such as the sex ratio highlight the discrimination against a girl child that starts from the moment of birth, and sometimes even before the child is born.

The state is unequivocally committed to the rights of the girl child. Every child, irrespective of gender, has the right to equal opportunity and the state is committed to ensure the same. In addition, it acknowledges the special needs of a girl throughout her lifecycle and is committed to address the same through focused initiatives. Hence, the state envisions providing every girl child, irrespective of her social and economic conditions,

- the right to life and overall well being
- equal rights to education for all children
- awareness and empowerment to plan her marriage and motherhood at the right age
- essential services to ensure healthy pregnancy and safe delivery as an adult
- Safeguards against social elements responsible for child pornography, child trafficking, prostitution and sexual abuse crimes; and can reach out to a trusted entity in the local community for rehabilitation and care.

A State Initiative to Rehabilitate Girl Children

Mahila Sikhshana Kendras run by Mahila Samakhya work towards enabling girl children who are school dropouts to complete their school education. The girls are enrolled in different batches in the Kendras depending on their age and learning levels. These Kendras also concentrate on social awareness programs and extracurricular activities. The focus is on overall development of the girls along with dealing with the problem of out of school children. These Kendras are run in the child marriage prone areas of North Karnataka.

Existing schemes and policies

Bhagyalakshmi

The objective of this scheme of the Department of Women and Child Welfare Development is to improve attitudes towards girl children. This scheme is applicable to 2 girl children from below poverty line families, born after 31.03.2006. On fulfilling certain requirements, INR 19, 300 is deposited in a financial institution in the name of the first child, and Rs. 18, 350 is deposited for the second child. On the attainment of 18 years, the first child gets Rs. 1, 00,097 and the second child INR 100,052.

If a girl wishes to continue her education post SSLC, she can pledge the bond and avail a loan up to a maximum of Rs. 50,000. The father/mother/guardian of the Bhagyalakshmi beneficiary is eligible of avail benefits under Janashree Bhima Yojana, the insurance scheme of LIC.

The eligibility conditions are as follows:

1. Either one of the parents of the girl child must have undergone terminal family planning. The total number of children in the family must not exceed 3.
2. Compulsory registration at birth.
3. The child must be immunized as per the programme of the Health Department.
4. Enrolment in an Anganwadi centre
5. Admission in a school recognized by the Education department
6. The child should not be a child labourer and must not marry till the age of 18.

Reduction of female foeticide through Pre Conception and Pre Natal Detection Technology: The PCNPNDT Act of 1994 prescribes a program which is currently being implemented and monitored. Under this act there are three state level committees. These include a state level supervisory Board, headed by health minister, a state level appropriatory authority (multi member body) and an Advisory committee. Through these committees the state is monitored. At a district level there is a District appropriate authority headed by DHO (District Health Officer), and an advisory committee.

Child Tracking System (Banagaladatta Bale): The implementation of the child track system would ensure protection of children in the 0-18 years. The system aims to monitor the key development indicators from birth registration to access to immunisation, healthcare, nutrition, access to schooling, and simultaneously ensure no drop out due to labour or marriage. The Department of Women and Child Welfare Development has initiated the launch of the Child tracking system in Karnataka with the assistance of NIC. The software developed enables the Departments concerned to know the status of the children with regard to education, migration from one place to another and benefits availed from other departments in different schemes and also the status of payments to beneficiaries from time to time. Children up to age of 18 years are tracked under this system.

National Programme for education of girls at elementary level, a component of the Sarva Shiksha Abhiyan programme, launched during 2003-04, is a focused intervention to reach the hardest to reach girls, especially those who not in school while continuing the efforts to retain the girls who are already in schools. Mahila Samakhya Karnataka has appointed Cluster coordinators to take stock of the situation in the particular cluster related to education of girls. They mobilize the community, particularly mothers and women groups to identify the out of

school girls and enrol them to school. Remedial teaching to girls is also provided to girls under the scheme, to ensure girls who are not performing well don't drop out. SDMC is the implementing agency for all the activities of SSA at the school level.

Teacher training aspects of the scheme: Under NPEGEL, teachers of the cluster/block have been oriented to the roles and responsibilities of the teachers in educating the girls and sustaining them in the schooling system. The program also focuses on training the teachers about the social and adolescence-related problems of the girl child. The training modules are developed at cluster level under the guidance of block resource or cluster resource persons.

Kasturba Gandhi Balika Vidyalaya: Government of India has launched a scheme for girls called "Kasturba Gandhi Balika Vidyalaya". Under this scheme, residential schools with boarding facilities are provided at elementary level for out of school girls belonging predominantly to the SC, ST, OBC and minorities in difficult areas. The objective is to ensure access and quality education to girls of disadvantaged groups. The scheme is part of the initiative of the GOI to promote education for the girl child, under the Sarva Shikshana Abhiyan programme. Mahila Samakhya Karnataka runs KGBV schools in 27 blocks of 7 districts of North Eastern Karnataka. NGOs and Self Help Groups are involved in areas like providing food, security, medical care, imparting vocational education, community mobilization etc. in implementing KGBV scheme in the remaining 31 blocks.

National Programme for Education of Girls at Elementary Level: The National Programme for Education of Girls at Elementary Level (NPEGEL) is a focussed intervention of Government of India, to reach the "Hardest to Reach" girls, especially those not in school. Launched in July 2003, it is an important component of SSA, which provides additional support for enhancing girl's education over and above the investments for girl's education through normal SSA interventions. The programme provides for development of a "model school" in every cluster with more intense community mobilization and supervision of girls enrolment in schools. Gender sensitisation of teachers, development of gender-sensitive learning materials, and provision of need-based incentives like escorts, stationery, workbooks and uniforms are some of the endeavours under the programme.

Incentive scholarships to high school going girls: These scholarships are given by the Department of Social Welfare to encourage the school going habit among SC girl students. All high school going girls except those residing in Govt. / aided hostels are eligible for the scholarship. There is no income limit for these scholarships. If a candidate fails repeatedly, she loses eligibility for the scholarship. Girls are eligible to receive Rs. 600/- per annum totally as scholarship. The Taluk Social Welfare Officer is responsible for disbursement of the scholarships under this scheme.

Attendance scholarship for girls from rural areas: These scholarships are provided by the Department of Women and Child Development to reduce dropout rate at primary and secondary school levels, and encourage rural girls to

improve their education. To be eligible for the scholarship, family income of the girl must be less than Rs. 10,000 and the girl must be a resident of a village with a population of less than 2,000. Rs. 25 per month is given to girls between 5th to 7th standards for 10 months and Rs. 50 per month is given to girls from 8th to 10th standards. The scheme is implemented in the educationally backward districts through the Zilla Panchayats.

Financial assistance to run hostels for girls from rural areas: Admissions to hostels are available to students residing in rural areas whose family income is less than Rs. 10, 000 per annum and are studying in pre-matric and post-matric classes. Maintenance grant of Rs. 500 per month per girl student is provided. The deputy director is responsible for the implementation of this scheme in the district.

MEENA Program: State-owned radio and television channels in India are airing spots promoting girls' education featuring Meena, an animated character developed by UNICEF. The highly motivational spots addressing parents, teachers and local leaders have been dubbed in 14 major languages of the country. The barriers that prevent girls going to school – household chores, the lack of basic facilities in schools and the poor quality of teaching by demotivated teachers - are addressed through these spots.

Kishori Shakti Yojana: Under this scheme of the Department of Women and Child Development, services are provided to improve nutritional, educational and health status of adolescent girls. All the adolescent girls enrolled in the AWC are eligible under the scheme. The AWW is responsible for implementation.

Menstrual Hygiene Program: MHM programme worked towards building the capacity of family, school, and teachers to promote appropriate menstrual perceptions and enable proper hygiene practices amongst adolescent girls.

Specific objectives include:

- Establishment of baseline on status of school sanitation and knowledge/attitude/ practice on MHM
- Create a cadre of resources persons to support and promote MHM at the block/ state level;
- Orient adolescent girls and teachers on MHM across 961 Model Cluster Schools and 64 Kasturba Gandhi Balika Vidyalaya (KGBV).
- Identify and orient peer counsellors for upper primary grades across 961 Model Cluster Schools and 64 Kasturba Gandhi Balika Vidyalaya (KGBV).
- To inculcate better hygiene habits and hand washing practices among students
- To motivate students on usage & maintenance of toilets at school
- To improve the surrounding environment in the school

- Visit schools to ensure quality in delivery of training

Adolescent education program: DSERT conducts training programs for teachers to enable them to provide education to children in health, life skills and related issues. This training is particularly crucial for adolescent girls, to cope with their changing bodies.

Implementation of Prohibition of Child Marriage Act, 2006: The DDs at the district level/CDPOs at the Taluk level are notified as Child Marriage Prohibition Officer is responsible for the implementation of this act at the taluk level. The Act was brought into force in 2007, and the State rules were notified in 2008. The responsibility of the officer in charge is to create awareness among the general public on harmful effects of child marriage, provisions under the act and the punishments stipulated, through folk art, street plays, songs etc.

Implementation of Karnataka Marriage (Regulation and Miscellaneous Provisions) Act, 1976: The DD/CDPO is responsible for the implementation of the registration of marriages as per the act at the taluk level. Inspector General of Registration and Commissioner of stamps is notified as Chief Marriage Registration officer. The Sub-Registrars of the Stamps and Registration Department and Village Accountants of the Revenue Departments have been notified as Marriage Registration officers in their respective jurisdictions. The Registrars should ensure that no girl child below the age of 18 years and boy below the age of 21 years is given a registration certificate. It is the duty of the Registrar to bring such cases to the notice of DWCD.

Scheme for prevention of trafficking of women and children: The objective of the scheme is to create awareness at the district, taluk and village levels regarding trafficking of women and children in the state. Anti-trafficking committees have been constituted at the district, taluk and gram panchayat level. The committees are responsible for prevention, rescue, care, protection and rehabilitation to the victims of trafficking. In addition, awareness programs are organized at the taluk level for the general public. The DD/CDPO is responsible for implementation of this scheme at the district level.

In addition, there is a State Level advisory committee which reviews the implementation of the schemes and legislations.

Way forward: Key areas of focus

Creating awareness on sanitation and nutrition

In the next decade, i.e. 2010-2020, there will be specific focus in schools and in communities to develop locally relevant best practices with and for the girl children on cleanliness and sanitation. Awareness campaigns will be run in schools and in communities on menstruation and related sanitary best practices. In addition, the health centres will also address the specific nutrition and food supplement needs, such as Iron, that the girl needs during this phase.

Preventing female infanticide

The state will continue the ongoing campaign against female infanticide including the abortion of the unborn girl child over the years. Legislations have been passed that ban the practice of ascertaining the sex of the child prior to its birth and any injustice to the girl child after it is born. However, sex selective abortions and female infanticide continue to prevail. Government of Karnataka will ensure stronger enforcement of the provisions of Pre-natal Diagnostics techniques (PNDT) Act. In addition, the state will strengthen the process of tracking the girl child, and monitoring her overall well being. This will be done through Anganwadi workers, ANMS and ASHA in the communities and at the relevant health centres. In order to ensure transparency, the government will continue to encourage institutional deliveries and make registration of births mandatory.

Ensuring education for the girl child

Studies conducted by UNIFEM, UNICEF, and SCERT have consistently highlighted the key reasons that disadvantage girl children from enrolling and pursuing education. These include inherent bias of the parents against the girl child, lack of schools nearby coupled with the parents' unwillingness to let their daughters travel, the need to take care of the younger sibling and child marriage.

In order to address the bias against the girl child and the attitude of the parents to look at the child as a cost, the state will continue its awareness campaigns locally and through mass media to sensitize the parents. In addition, the government would provide conditional cash transfer to the parents of girl children to encourage them to send their daughters to school.

Although the state government has made efforts to ensure that schools are easily accessible to all children, special effort will be made to ascertain that the needs of the girl child are kept in mind while planning for school locations. All schools will be equipped with toilets and other sanitary facilities to ensure that lack of such facilities do not discourage the girl child. Government will scale up its initiative to provide zero grade schools within schools so that the girls can have their younger siblings in the school campuses while they attend school.

Addressing child marriage

One of the key challenges today in addressing child marriages is the lack of transparency in marriages since the registration of marriages is not strongly enforced. Parents continue to see the girl as a social and financial liability and hence would like to get her married as soon as possible. Mass marriages make this event an open and accepted social activity and hence difficult to control. Due to state intervention in the last few years, child marriages taking place during mass marriages have been controlled to a large extent. The need now is to keep the focus on completely stopping a) mass marriages and b) individual instances of child marriage.

The state will adopt a multi-pronged approach to address the issue of child marriage. Firstly, the government will continue to raise awareness among parents and the community on the adverse effects of child marriage. Secondly, enforcement drives will be held regularly. Thirdly, the government is looking to form a policy that enforces the registration of marriages by making the marriage certificate essential for a host of other services. The registrar will be required to validate the age of the girl during registration of marriage.

In addition to preventing child marriages, the government also acknowledges the need to rehabilitate girls who were married at an early age. Sufficient rehabilitation and counselling will be provided to the girls to ensure that they are able to resume a normal life.

The need now is to implement the Action Plan for Prevention of Child Marriage being prepared by a Core Committee in the year 2011.

Overview and Vision

Differently-abled children

[0 – 18 years]

Differently-abled Children

Vision of the state

According to the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD)¹², “Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others¹³.” The UNCRPD outlined its purpose as “to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity” and outlined a vision on the essential rights of persons with disability.

Specifically, the Convention emphasizes its focus on children with disability in Article 7¹⁴

1. States Parties shall take all necessary measures to ensure the full enjoyment by children with disabilities of all human rights and fundamental freedoms on an equal basis with other children.
2. In all actions concerning children with disabilities, the best interests of the child shall be a primary consideration.
3. States Parties shall ensure that children with disabilities have the right to express their views freely on all matters affecting them, their views being given due weight in accordance with their age and maturity, on an equal basis with other children, and to be provided with disability and age-appropriate assistance to realize that right.

In keeping with our agreement with the Convention without any reservation, the state outlines a vision that will further harmonize and strengthen the implementation of the Convention towards ensuring the essential rights of the child. Hence, the state envisions for every child with disability, irrespective of the social and economic conditions,

- Is provided reasonable accommodation to be able to exercise their right to equal opportunities in education, health, employment, cultural life, recreation, leisure, sport and participation in public and private life.
- Is able to enjoy the freedom, liberty and security that are rightfully hers/his through equal recognition before law and the ability to exercise her/his rights without any discrimination on the basis of disability.

¹² United Nations Rights and Dignity of Persons with Disabilities; <http://www.un.org/disabilities/index.asp>

¹³ UNCRPD, Article 1 – Purpose; <http://www.un.org/disabilities/default.asp?id=261>

¹⁴ UNCRPD, Article 7 – Children with Disability; <http://www.un.org/disabilities/default.asp?id=267>

- Is able to live independently and participate fully in all aspects of life by ensuring accessibility in all public physical spaces including physical infrastructure, transformation, information and communication technologies in both rural and urban areas
- Is part of a community that is aware of and sensitive to the capabilities of children with disability

Existing schemes and policies

At the national level the following schemes have been enacted

Integrated Education of Disabled Children (I.E.D.C.): This scheme provides educational opportunities for children with disability in common schools, to facilitate their retention in the school system and also to place in common schools, such children already placed in special schools after they acquire the communication and daily living skills at the functional level. The scheme provides for the following:

- Actual expense on books and stationery up to Rs 400 per annum.
- Actual expenses on uniforms up to Rs 200 per annum; transport allowance up to Rs 50 per month.
- Reader allowance of Rs 50 per month in case of blind children up to Class V.
- Escort allowance for severely disabled children with lower extremity disability at a rate of Rs 75 p.m.
- Actual cost of equipment subject to a maximum of Rs 2,000 per month for five years.

Besides these, it also provides for teachers' salaries, facilities to students in terms of board and lodging allowance, readers allowance, transport allowance, escort allowance, cost of equipment, cost of uniform, cost of removal of architectural barriers, and provision of resource room, etc.

Project Integrated Education for the Disabled (P.I.E.D.): This was the first pilot project on integrated education in India. Launched in 1987, P.I.E.D. was a joint venture of the Ministry of Human Resource Development and UNICEF. Under this, 6,000 children with special needs were integrated in regular schools.

Inclusive Education for the Disabled at a Secondary Stage (I.E.D.S.S): This scheme was launched in 2009 -2010 and provides 100 per cent Central assistance for disabled children towards secondary education. The scheme provides for the personal requirements of the children in the form of assistive devices, helpers, transport, hostel and learning materials etc.

Under the **Inclusive Education Component of Sarva Shiksha Abhiyan**, the following services are provided to children who are differently-abled:

1. 3 Inclusive Education Resource Teachers (IERTs) function in each block for the education and provision of supportive services of children with special needs.
2. Medical camps/ Functional assessment camps conducted in collaboration with the Department of Health, Department of Women and Child Development and NGO's working in the field.
3. Required aids and appliances are supplied to these children after functional assessment.
4. Short term training courses for general teachers are also conducted.
5. Awareness programmes are held at district, block and cluster levels. "Namagu ide Saamarthya" Naavu samartharu Naavu kaliaballevu" (We too have ability, we are capable, and we are educable) is an awareness programme in which children, including those with special needs participate.
6. Parental training is also conducted as part of the inclusive education programs of SSA.
7. Creation of barrier free environments through the construction of ramps in all schools.
8. Resource centres are setup in all blocks for teacher training, and teacher empowerment programs.
9. Home based education: To enable children who cannot attend school acquire education and to achieve universal enrolment, children with such conditions are enrolled in nearby schools, and access is provided at their homes.

The following schemes have been formulated by the Department of Disabled Welfare

- **School for the Hearing Impaired:** The Department runs four residential schools for hearing impaired children at Gulbarga, Mysore, Bellary and Belgaum. In these schools free food, shelter and education is provided to the students. Belgaum school for the hearing impaired is run exclusively for girls.
- **School for the Visually Impaired:** The Department runs four residential schools for visually impaired children at Gulbarga, Mysore, Davangare and Hubli. In these schools free food, shelter and education is provided to the students. Davangare school for the visually impaired is run exclusively for girls.
- About 151 organisations are running special schools for the hearing impaired, orthopedically challenged, visually handicapped and mentally challenged children all over the State. The Government Of Karnataka give Grant in Aid upto 100% towards the salaries of the teaching staff and 50% towards the salaries of the non teaching staff and for the maintainance of the special schools.
- **Scholarships to the physically disabled:** The disabled children in primary and secondary school receive scholarships under this scheme.

- **Braille Printing Press:** Braille books required for visually challenged students are printed and supplied by the Govt Printing Press at Mysore and are supplied throughout the state.

Udisha Portage: Early childhood intervention

Early intervention is a critical area in disability sector. Early intervention makes optimum use of the residual potential of each child and prevents all secondary disabilities which occurs due to lack of planned stimulation and medical interventions. In Karnataka (the first state in India) under the World Bank supported program Udisha Portage early childhood intervention was introduced in all the 43000 Anganwadi centres in collaboration with Department for Women and Child Development and CBR network. The CBR network has trained Anganwadi workers, supervisors and program officers in using portage, the early childhood intervention method. Kannada materials with virtual lectures are distributed to all AWCs. Each AWC has about 2-4 children with developmental delays and other childhood disabilities each year. This is an extremely cost effective method & Nepal is also using similar model. Portage and village disability registers are an integral part of CBR

Way forward: Key focus areas

Provide effective inclusive education

The State shall ensure effective inclusive education for children with disabilities based on the following three fundamental tenets

1. The State acknowledges the right of the child to equal opportunities to education in her/his neighbourhood. Through the Right to Education Act, the state will ensure that the child is provided equal opportunity to enrol in a school within 5 KM of radius and will not be rejected on the basis of disabilities.
2. The State shall provide reasonable accommodation to ensure inclusive education for the children with disability by effecting structural changes in the education system (including teaching methodology, examinations, use of technology), ensuring universal design of physical infrastructure (including facilities within the schools, access to the schools, transportation), training the teachers and the appropriate educators and raising awareness about disability.
3. The State shall create a decentralized execution model through Inclusion cells at various levels of administration including one at the school levels. The Inclusion cells will provide the necessary expertise in defining and implementation disability-friendly strategies based on the local needs of the children.

Right to equal opportunities in the neighbourhood

- a) Through the Right to Education (RTE) act, the schools will be mandated to provide admissions to all children in the neighbourhood without any discrimination on the basis of the child's disability.
- b) The School Development and Monitoring Committees (SDMC) in conjunction with VRW's and Anganwadi workers will be responsible to ensure that the children with disability are enrolled and retained in the school. The SDMCs will continuously monitor the enrolment and dropout rates of children with disability and act in case of any exceptions.
- c) Parents of children with disability will be included in SDMCs to ensure effective representation and informed perspective towards issues around children with disability.
- d) Also, in cases where children with severe disabilities have restrictions on movement, arrangements to provide home based education will be strengthened.

Structural changes in the education system

- a) Efforts will be made to integrate children with motor handicaps and other mild handicaps into the mainstream classroom education, so as to provide the child with an inclusive holistic experience.
- b) Efforts will be made to design, modify and adapt curriculum and teaching-learning material (e.g. provide large print material) according to a set of standardised norms.
- c) Systems of examinations will be implemented that help the child overcome the disadvantage due to the nature and extent of disability including permitting use of technology and adaptations (E.g. calculators) and to provide for flexibility in qualifying marks and pass percentages for children with severe learning difficulties, mental retardation etc.
- d) The State will promote total communication including augmentative & alternative communication methods in different environments with the use of individualized way of speaking and listening, using nonverbal or metaphorical forms for communication, especially in case of people with autism, deaf blindness, cerebral-palsy, mental illness etc.
- e) Arrangements will be made in ITIs and other vocational training centres to provide vocational training to children, according to their disabilities. Efforts will be made to develop courses and curriculum to cater to specific disabilities
- f) Use of technology targeted towards the needs of children with disabilities will be encouraged to complement and aid the existing teaching methods.

Accessibility of physical infrastructure

- a) Efforts will be made to see that schools provide an environment to the child that is disability friendly. As a first step, barrier free environments (ramps in schools, appropriate toilets, furniture and sports facilities, computers with required software) will be created in schools, particularly in new schools.
- b) Access to the school will be facilitated through appropriate means of transport.

Training of educators

- a) Existing institutions and teacher training centres shall focus and implement specific training courses focused on teaching to children with disability. Such training shall include focus on alternate forms of communication, behaviour management and counselling to identify and foster capabilities among children with disability.
- b) Additional teachers trained in teaching children with disabilities or special educators will be recruited as per the needs of children with disabilities enrolled in the school.
- c) An effective teacher-student ratio will be maintained in the schools in order to provide the requisite attention to the students. Wherever it is required, shadow teachers and additional staff will be involved.
- d) In addition to the teachers, there will be dedicated personnel in the school who have the expertise to handle special children.

Sensitization and Awareness building

- a) Teachers, other children and the community as a whole must be made sensitive about issues concerning disability, so that children with disability are treated with the required dignity and concern.
- b) Create awareness about the rights of children with disabilities, by using mass media and by conducting campaigns targeting specific communities.

Decentralized education model through Inclusion cells

- a) Inclusion cells will be setup at different levels – including state, district, block, circle and school levels in order to provide the required expertise and to address the local needs of the children with disability.
- b) The Inclusion Cell that would be staffed by trained teachers/ special educators/ para teachers/ shadows/ aides and have visiting professionals/consultants on an on-going basis, for observation & training purposes.
- c) The Inclusion cells will also be equipped with a Resource room together with special educators, Occupational therapists & speech therapists, to pull out children in need & work with them in a 1:1 or a small group setting with the aim of inclusion.

In order to achieve these objectives, a set of dedicated personnel in the form of IERT's have been functioning. IERT' and volunteers work towards providing life skills training and education to severely disabled children through home based education.

Specific training programs for regular teachers have also been set up, in order to sensitize teachers to the needs of the children with disabilities. In the subsequent years, these programmes will be strengthened, and awareness sessions will be held for all children in schools, to provide a sensitized environment to children with disabilities. Awareness programs in the community will also be held on a regular basis in all districts.

Providing Physical Education

The State recognises that education is not limited to the classroom. Sports and recreation are as crucial for the overall development of the child, and this applies equally to children with disabilities. The State will involve the local community to create and maintain recreational spaces for these children. The effort to provide financial and other assistance to children with disabilities to pursue education will be continued. Adequate facilities and opportunities for training will also be made available for children inclined towards sports and cultural activities. The physical education teacher will be trained in physiotherapy and occupational therapy so that it enables them to conduct the physiotherapy for needy children as required.

Provide access to effective Healthcare

The state will have two key priorities in ensuring effective healthcare to children with disability

- The State will focus on ensuring early detection of disabilities in order to provide optimal medical care and support to the children with disabilities.
- The State is committed to provide the children with disabilities access to healthcare in their own neighbourhood both in rural and urban areas.

Early detection of disabilities

- a) The state shall focus more on preventive measures over curative measures to increase effectiveness. Efforts will be made to ensure early identification and certification of disabilities, so as to ensure treatment and rehabilitation for the child from a young age.
- b) The Anganwadi workers and the Auxiliary Mid Nurse (ANM) will include early identification tests as part of their regular engagement with the local families to monitor the height and weight of the children.

- c) In order to ensure transparency on these activities, specific monthly reporting will be setup at the block level to monitor the progress of early identification activities.
- d) There will be increased focus towards increasing the number of institutional deliveries so that the newborns are provided required care and attention from the time of birth.
- e) In case of delayed development and mental disabilities where detection becomes difficult, training programs shall be instituted on the ANM's. In addition, awareness programmes will be conducted for the families so that they could constantly monitor the child's behaviour and identify any exceptions proactively.
- f) The State shall train AWWs and medical doctors to increase efficiency in detection

Access to healthcare in local communities

- a) 'Door to door accesses' to healthcare facilities will be made a priority, ranging from accessible transport and physical access to the hospitals. Hospitals must be made barrier free, with access to ramps and disability friendly elevators, and toilets which cater to the disabled.
- b) Effective Neo-natal units will be setup in the local areas that can provide expertise and care to children with disabilities. These units will also help identify and provide preventive care to children with the risk of disability.
- c) The State will strengthen the network of Disabled Multiple Rehabilitation Workers (MRW) and Village Rehabilitation Workers (VRW) who are trained on rehabilitation and care of persons with disability. The State will invest in these workers by providing them more trainings and revising their remuneration.
- d) The VRWs, together with the Anganwadi workers, will conduct regular checks and identify children with the risk of disability. These children will receive special attention from the doctors during the periodic visit to the areas. The state will enforce two hours of dedicated time spent by the doctors on monitoring children with risk of disability as part of the Swarna Arogya Chaitanya scheme.
- e) Efforts will be made to improve the referral system which exists today. Currently there is a need to improve the supply chain system between the CHC's and the district and national level hospitals. Health care professionals shall be trained to identify children with disabilities and at risk of developing a disability, so as to be able to refer them for intervention.

Protecting the children with disability from discrimination

The State recognizes that children with disability deserve equal rights without any discrimination on the basis of disability. In order to ensure that the children's rights are protected, the State will

- Focus on sensitizing the local community and the government officials so that they are aware and sensitive to the needs and capabilities of the children with disabilities.
- Provide an accessible and actionable recourse to the children with disabilities in case they are faced with any discrimination. This will be an independent body to ensure effective monitoring.
- The State will involve the children with disabilities and relevant organizations working with them in formulating policies that will impact the children so that their rights and interests are safeguarded.

Sensitizing the local community

- a) The state will focus on raising awareness throughout society, including at the family level, regarding persons with disabilities, and to foster respect for the rights and dignity of persons with disabilities
- b) The State will leverage all forms of mass and digital media to reach out to the broader community and spread awareness on disability.
- c) Specific focus will be laid on students and teachers who are an integral part of the child's ecosystem to ensure they are sensitive to the needs of children with disability.
- d) The State will also focus on the government officials across all functions that engage and impact the lives of the children with disability to ensure that they are sensitive to the needs of the children.
- e) Schemes will be put in place to promote recognition of the skills, merits and abilities of children with disabilities, and of their contributions in all walks of life.
- f) The State will enforce guidelines to ensure sensitive reporting on topics related to children with disability in mass media channels.

Including the interests of children with disability in policy formulation

- a) The State will involve children with the disability in policy formulation that impact their rights and interests in order to ensure that the children have the right to be heard and influence decisions that impact them.
- b) The State will engage with organizations working with the children with disability to ensure their expertise is leveraged.

Ensure accessibility and Universal design of public spaces

Accessibility is a key requirement to ensure that the children with disability are able to live independently.

- The State shall enforce that all key public institutions such schools and hospitals comply to clear guidelines to ensure that they are disability-friendly. This will be drafted as a compliance requirement on the same lines as emergency and safety guidelines.
- The State shall ensure that the physical transport that is provided is accessibility friendly and can be used by all children with disability with essential external support. In addition, the State will sensitize relevant government officials to assist and address the needs of children with disability during transportation.
- The State shall endeavour to provide information in a form that is accessible to children with disability. The State shall endeavour to complement the same with live assistance and intermediaries, and with effective use of information and communication technologies to improve effectiveness.
- The State shall focus on public spaces such as parks, which are essential for the physical development and recreation of the children, to ensure that they are disability friendly. The State will establish a decentralized execution and monitoring mechanism to ensure effective compliance.
- The State shall define a clear set of guidelines for private buildings (E.g. Housing) to ensure that they are disability friendly.

Creating Spaces for Recreation for Children with Disability

Kili Kili, an organization that works with children with disabilities, develops disability friendly play spaces with “specially designed equipment that is developmentally appropriate for all children” . Examples of such equipment include the wheelchair merry-go-round that caters to children with orthopaedic difficulties, cerebral palsy or multiple disabilities, inclusive sandpit that is designed in such a way that it is accessible to children on wheelchairs, sensory integration track etc. The organization currently works closely with BBMP(Bruhat Bengaluru Mahanagara Palike) and the Department of Education. It has prepared a set of disabled friendly architectural designs for homes and public places.

Universal Infrastructure Requirements

Following are some of the universal infrastructure requirements based on Universal Best Practices in Design

- **Access Routes:** Access routes should be made accessible according to the application of the building code or area having jurisdiction. Any rise above 13 mm should be treated as a ramp but if there is a rise between 6 - 13 mm, it should be bevelled. Thresholds at washroom entrances and at other doors should be avoided.

- **Entrances and Doors:** As far as possible automatic sliding doors should be made mandatory with guidelines to indicate the width of the doorway to accommodate people in wheelchairs.
- **Ramps:** The ramp surface should be non-slip and required to be of a contrasting colour. Tactile cuing similar to that used to warn of an upcoming change in grade at stairs should be provided one step back from the change in slope. Handrails are required on both sides of ramps. Interior ramps should be preferred to stairs as they accommodate a wider range of building users, including people who use wheelchairs.
- **Stairs:** It is important that people who are blind know what floor is the exit floor so that they do not continue down stairs into the lower levels of. Some building owners must use methods such as installing gates to prevent people from descending too far.
- **Elevators:** A minimal gap should be given between the elevator and the foyer. Audible signals should signal the arrival of the elevator and the direction of travel. Another practice to make elevators more accessible is the inclusion of a mirror at the top of the back wall of the elevator. This will assist people who use wheelchairs to see behind them as they back out as well as assist them to see the floor indicators that illuminate as the elevator moves.
- **Individual accessible washrooms** should be provided that can be used by both men and women and provide adequate room for an attendant or family member of the opposite sex is a best practice.

Overview and Vision

Child Protection

Child Protection

Vision

Child Protection is a commitment of the state of Karnataka to prevent violence, abuse, neglect and exploitation of children and respond with appropriate mechanism, policies and enforcement/implementation of legislations that will promote protective environment and uphold their rights. The programs for protection shall focus and prioritise the most vulnerable and at risk communities/families and children and address key protection issues such as forced labour, various forms of trafficking, child abuse including commercial sexual exploitation, harmful traditional practices such as child marriage, devadasi system, and issue of missing children.

Towards this Mission the State shall strive for:

- Commitment to strengthen the institutions and systems by capacity building and providing of adequate budgets and resources for programs and set in place institutional mechanisms for implementation and monitoring
- Strengthen law enforcement bodies with adequate powers to enable enforcement of legislations prevention and prohibition of heinous practices and crimes against children
- Putting in place institutional monitoring mechanisms for review and reporting to cover all from village/slum unit to Panchayath/ward, Taluk, district and state level
- Awareness building in the community about practices, customs, and beliefs that are detrimental to the safety of children or that facilitate child abuse.
- Promoting children's participation, by disseminating knowledge and by empowering children to be active decision makers.

Existing Legislations being enforced for Child Protection

Child Protection entails enforcement of specific legislations - Central, State and special laws to impact social and behavioral change that ensures protection of children from abuse and exploitation as well as facilitates access to services and facilities that are essential for the overall healthy development of the child. Child related laws have also influenced policies and programs of the state. Some of the legislations primarily address the status of the girl child and impacting behavioral change.

Participation of civil society, activist groups, academia, elected representatives in the process has also led to amendments to the legislations that have progressively improved the effective implementation of the legislations.

Some of the child related laws enforced in the state are:

1. Juvenile Justice (Care and Protection of Children) Act, 2000 and Amendment Act, 2006
2. Prohibition of child marriage Act, 2006
3. PNDT (details available in Health 0-6 section)
4. Child Labor (Prohibition and Regulation) Act 1986
5. Abolishment of Bonded Labor Act
6. Immoral Traffick Prevention Act, 1956
7. Right to Education Act.

Juvenile Justice Act

This is a central Act for the care and protection of all children based on the principles of the United Nations Convention on the Rights of the Child (UNCRC). This act defines the age of the child as any person upto the age of 18 years.

Key principles are –

- a. The state recognizes two categories of children – Children in Conflict with Law and Children in Need of Care and Protection and set up Statutory Bodies in all districts - Juvenile Justice Board (JJB) and Child Welfare Committees (CWC) respectively.
- b. The state recognizes the role of the family as primary care giver and intends to take a non-institutional approach – adoption, sponsorship and foster care. The state will acts as primary care provider in the last resort, for children who do not have parental/guardian’s care.
- c. There will be a setting up of SJPU in all districts and Child Welfare Officer in every Police Station. Systems for Speedy disposal of cases in courts of law will be put into place so that children can be restored to families at the earliest.

Prohibition of Child Marriage Act 2006

While this act focuses on prohibition of child marriage, the core emphasis is on prevention of occurrences thereby preventing abuse and violation of child rights.

Salient features of the Act:

- a. The act fixes the age of marriage for boys and girls at 21 and 18 respectively
- b. Punitive measures shall be taken against violators – parents or guardians, adult marrying a child, organizers of the marriage.
- c. Specific provisions for right to residence, maintenance and property for the girl as well as for children born of child marriage shall be made.
- d. Child born of child marriage will be regarded as legitimate with all legal rights as are children born of legitimate marriages.
- e. Role of child marriage prohibition officers for prevention and rehabilitation is defined.
- f. Defined role of community and civil society organizations in prevention and prohibition of child marriages
- g. Child marriage can be annulled on the child attaining majority within a period of two years

Immoral Traffic Prevention Act

This act discusses trafficking in relation to prostitution. It outlines the illegality of prostitution and lays down the punishment for owning a brothel or a similar establishment. It details the punishment for persons, procuring, inducing or taking a child for the purpose of prostitution. Any child found in a brothel or being abused for the purpose of prostitution can be placed in an institution for their safety by a magistrate.

Abolishment of Bonded Labour Act

This act renders all bonded labour systems (agreements, pacts, tradition, custom, etc..) to be null and void and hence frees all bonded labours from their debt to the creditors. Under the auspices of the Act, no person shall pursue or compel a child to enter into forced labour or a bonded labour system. The act allows for the state to appoint a district magistrate and officers authorised by him to oversee the legal implementation of the act. It also requires that the state set up vigilance committees in every district or sub-section which ensuring the full rehabilitation and recovery of all bonded child labourers

Existing schemes and policies

Enforcement of legislation requires specific policies and programs that are aimed at service delivery. The existing programs for children in need of special care and attention are as follows:

Plan of Action for Combating Trafficking in Women and Children

The objective of this Action Plan is to ensure protection and timely intervention to women and children being trafficked and sold, within the state and outside, for various commercial purposes.

The Action Plan envisages a five-fold strategy that includes Prevention, Rescue, Rehabilitation, Victim protection, Repatriation and Restoration. The Act also spells out a detailed institutional mechanism for the implementation of the various programs and activities. It mandates the setting up of anti-trafficking vigilance committees at the three tiers of the Panchayat Raj. Anti-trafficking committees are tasked with taking necessary measures for prevention, rescue, care protection and rehabilitation of the victims. In order to sensitize the committees regarding the issue of trafficking at the grass root level, regularly training programs are conducted. Community awareness programs through jathras, rallies, street plays, audio and visual media etc form an important component of the action plan.

The Deputy Director at the district level and CDPO at the taluk level are responsible for implementation of the scheme. Through a government order, anti trafficking committees have been set up at the three tiers of the panchayats for prevention, protection rehabilitation and restoration of children and women.

The rescue and rehabilitation of the children will be in coordination with the child welfare committees, Childline and the Juvenile Justice homes.

Ujjwala: is a Scheme of the Ministry of Women and Child Development, Government of India for Prevention of Trafficking and Rescue, Rehabilitation and Re-integration of victims of trafficking and Commercial Sexual Exploitation in partnership with NGOs across the state, specifically in high incidence district

ICPS – The Integrated Child Protection Scheme, Program of the ministry of women and child development, Government of India, was launched as of March 2009, with Karnataka State signing the MOU in March 2010.

An Integrated approach to Child Protection at the district level that focuses on convergent action by key departments on all critical aspects of child protection for the 0-18 age group. This would include issues of birth registration, immunization, school enrolment; addressing child labour, child marriage and child trafficking; access to safe drinking water and sanitation, safety standards in schools and child care institutions, adolescent issues etc.

Implementing and monitoring systems and structures will be put in place at state, district and institutional levels. The Karnataka State Integrated Child Protection Society has been set up as of Jan 2011 by the state and DWCD which will be the nodal agency for the overall implementation of the scheme.

The State Child Protection Unit as part of the operational and implementing structure at the state level and the District Child Protection Unit at the district level shall be the nodal for all programs and activities related to children at district and sub-district level. Key functions include

- Ensuring improved access to services through appropriate structures at all levels
- Capacity enhancement of personnel and other functionaries in collaboration with National, State and Regional Training Institutions and other competent agencies
- Improved accountability through creating database of children through tracking initiatives – Bhagyalakshmi, Juvenile Justice Automation and Missing Children

District Child Protection Units (DCPUs) will be set up in a phased manner to cover all the 30 districts of the state by 2013.

Committees as per JJ Act 2000 and Amendment 2006 to facilitate Children's participation and forum for expression of their decisions, as individuals and collective in their lives will also be set up.

Programs being implemented under the auspices of ICPS:

- Integrated program for street children
- Program for Juvenile Justice Scheme of assistance to Homes (Shishu Grehas)
- Promote In-country adoption
- Alternate non institutional care

a. Program of Juvenile Justice: A long standing government of India program, this has now been brought under the auspices of the ICPS.. *Statutory mechanisms for children in need of care and protection under the JJ act*

- a) Child Welfare Committees comprising of five members including chairperson forms the bench of the magistrate for addressing the issues of children in need of care and protection.
- b) JJ Board: These boards have been set up in all the thirty districts of the state and comprise of principal magistrate and two social workers, one of whom is a woman. Children in conflict with law and children alleged to have committed an offence are produced before JJ board for inquiry and further procedures including rehabilitation.
- c) Special Juvenile Police Unit: These are set up by the Karnataka state police. Presently there are thirty eight SJPUs covering all districts, 7 city zones, and two commissionerates. The SJPUs are set up under the supervision of SP/commissioner with the Senior Child Welfare Officers of the rank of Police Inspector as the operational officer in charge.

The members of the three statutory bodies along with child line, NGO's and personnel of JJ institutions are the key Juvenile Justice functionaries working in coordination towards the care and protection of children.

Juvenile Justice Institutions: The Juvenile Justice institutions provide alternate Care to promote non institutional Family based care for children such as adoption, sponsorship and foster care. They have a comprehensive missing children database through the setting up of the Missing Children Bureau and Child Protection Unit. In conjunction with the Karnataka Health Promotion Trust, they reach out to children infected and affected by HIV and AIDs through a sponsorship program.

Observation homes: Children in conflict with law who have been produced before the juvenile justice board and who have been committed to custodial care are placed in these homes

Special Homes: For children in conflict with law committed to custodial care for serious offences: In addition, in cases where the child has been found in conflict of the law, the institutions will involve the local community to understand the context of the case and the background of the child and also devise community services activities as a reformatory approach to modify the child's behaviour. NGO experience and expertise will be tapped.

Children homes are meant for children in need of care and protection, including during the pendency of any inquiry. The Homes provide accommodation, Food, clothing and bedding and facilities for education, recreation, training and rehabilitation

Fit institutions: Voluntary organizations have been recognized as fit institutions by the Department of Women and Children for providing care and protection to deserving children. Fit institutions are provided Rs. 500 per month per child for maintenance.

Reception Centres have been started under Immoral Traffic (Prevention) Act 1956. These centres receive women and girls who are in need of care and shelter, as voluntary cases, rescued during raids and those sent by the courts under the Immoral Traffic (Prevention) Act for training and rehabilitation. There are 4 Reception Centres and 8 State homes in the State.

Crisis Intervention Centre: To provide specialised services for children who have been victims of trafficking, prostitution, child marriage, sexual abuse.

Scheme of assistance to homes (Shishugrehas) for children to promote in-country Adoption (GOI): Under the scheme, infants and children up to six years of age who are either abandoned/orphaned or destitute are covered. The scheme seeks to promote adoption of these children within the country.

Sponsorship programme for placing children in families is a scheme that provides non institutional support to children of families below poverty line. To enable parents to bring up children in family environment, the resources

of the child coming under the purview of the act are supplemented. His/her vocational, educational and health care needs are financed. Supplementary support is provided to the family. DD/WWO Superintendent of institutions is responsible for implementation.

Devadasi Rehabilitation project

It is run by the Karnataka State Women's Development Corporation to eradicate the 'Devadasi' system in collaboration with the NGO Myrada. This project also targets children of Devadasis and children who live in areas where this practice is rampant.

Innovative Programs for Child Protection

1. Community Based Rehabilitation and Care: Department of Women and Child Development and Karnataka Health Promotion Trust (KHPT) have initiated a community based rehabilitation program for reaching out to children infected and affected by HIV and AIDs. Based on district assessment children are identified for the sponsorship program to support them for the purpose of treatment, transportation ,nutrition and education. The Department of Women and Child Development has allocated a sum of Rs. 1 Crore to enable integration of OVC children, particularly HIV+ children in the community. ** recap As of 2010, 3360 children are benefiting to the tune of 83 lakhs
2. Bhagyalakshmi: Details have been given in the girl child section
3. Juvenile Justice Automation in collaboration with UNICEF for data management and review of children's cases under the juvenile justice system. The automation will allow tracking of children from entry to exit with emphasis on speedy disposal of cases, timely intervention and coordinated action between the various Juvenile Justice functionaries
4. Comprehensive Missing Children Database through the setting up of the Missing Children Bureau by the department of DWCD. The bureau is facilitated by BOSCO (NGO) as a nodal agency. The Child Protection Unit set up under ICPS facilitates coordination between the DWCD, police and BOSCO on this issue.

Way forward: Key focus areas

The Karnataka State Government shall focus on the following which have been identified as the most important elements of the for child protection are as follows:

- 1) Identification and Assessment: Children who are vulnerable to abuse, trafficking and labor or who are already in the system will be identified by the village level functionaries.

- 2) Referral: If children are found to be at risk and identified as requiring protection, efforts will be made to remove them from the risky situation and they should be referred to services appropriate to their needs.
- 3) Protection and Prevention: Active mobilization of community through strengthening of community based organisations such as Stree Shakthi Sanghas, Bal Vikas Samitis, SDMCs etc and by sensitizing them on child protection issues.

Building Capacities in Institutions:

Government of Karnataka will focus its efforts on building capacities in all institutions relating to child protection including law enforcement institutions, halfway houses, rehabilitation homes etc. As a first step the State shall ensure the setting up of the District Child Protection Units (DCPU's) across the state to act as the nodal agencies for the coordination of all programs and services for children to ensure their protection. The state and the district units will coordinate with key departments, civil society organisations, and other institutions in the process. They will also be responsible for creating awareness and sensitising the public at large on the various protection issues including forced labor, trafficking, child marriage child abuse, missing children etc.

The state and district mechanisms will also be the hub for all collection of data pertaining to children including that of missing children. Capacity building of all functionaries through development of appropriate modules and materials, and development of IEC on child protection issues are also key tasks of the society and units

- 1) **Strengthening Law Enforcement Bodies:** State Juvenile Protection Units are the first line of offence when it comes to combating crimes against children and the State shall make every effort to empower these bodies to be able to take action as required. The following steps shall be taken to ensure this:
 - 2) Institutionalisation of training of SJPU : The state will ensure that every police station has a minimum of 3 police officers trained on issues related to children specifically the enforcement of child related legislations. This is 3 fold increase in the trained personnel. These trained police officers will be designated as Child Welfare Officers.
 - 3) Convergent periodic reviews (quarterly) will be undertaken. At these quarterly reviews representatives of SJPU, CWC, Juvenile Justice Board, Childline, NGO's and Institutions housing children need to be present. The objective of the review meeting will be to address the issues faced in Juvenile Justice implementation and resolving the same.
 - 4) The Police department will build internal capacities and create a team of resource persons as master trainers. These trainers will be responsible for conducting trainings of police personnel.
 - 5) Contingency fund shall be established at every police station and SJPU level for meeting the needs of children and women approaching the police as well as for transportation/escort of children to CWC/ Juvenile Justice Boards/rehabilitation institutions/ residence of the children

Institutions for Child care and Rehabilitation

Registration of all child care institutions

The state will ensure registration of all child care institutions as mandated by the **Juvenile Justice Act**. DWCD will be responsible for registration. This is to ensure transparency and accountability in child care. The registration process will involve review by the department officials and subsequent monitoring to ensure quality standards of care. The government shall implement policies to bring the private run institutions under the ambit of government monitoring to ensure standards of care and prevention of abuse.

Ensuring Quality Standards in Institutional Care

The state has developed the guidelines and norms for ensuring quality standards of care in institutions to ensure overall safety and protection of children. The implementation of the norms will require regular visits and reviews by the department officials to all the institutions.

The quality standards will also be recommended for implementation by other departments that have residential child care programs like SSA, Labor, Social welfare etc.

Viable Rehabilitation for children in child care institutions including Observation Homes and Special Homes

The process of justice to children is not complete without appropriate vocational and life skill training to children in the rehabilitation homes. Based on need assessment of children, gender, age and educational background of the child, effort will be made to introduce life skill training and vocational training.

Improving Infrastructure in the Juvenile Justice homes

Increase the number of rehabilitation homes

Based on district assessment of the children in need of care and protection vis-a-vis the institutional support available the Government of Karnataka will take steps to address the gaps in coverage at district and taluk level.

Capacitate personnel to deal with socially and psychologically challenged children

There is a need to build capacity in the juvenile homes to address social and psychological needs of children.

These homes will also be staffed with personnel capable of dealing with children who have migrated from other states and have to be repatriated. Social, educational and psychological issues plague these children, hence with the support of local experts, childline and police, it is essential that these children are repatriated at the earliest. Towards this end, the state will organise capacity building programmes for the personnel to deal with such situations and be able to be with these children.

Ensure greater transparency in rehabilitation

While the state ensures that there is a clear record of all children who are admitted to a Juvenile Justice home, there have been instances reported when children have been made to stay in the home for a prolonged duration. This has resulted in psychological and social problems for the children sometimes resulting in deviant behaviour. Through the rollout of the juvenile justice automation, regular follow up, speedy disposal of cases, review and rehabilitation will be ensured. The management committees for the various homes will be set up and participation of members enlisted to improve quality of services and monitoring.

Provision of qualified counsellors

Care and rehabilitation of children in institutions as well as a non-institutional programs such as sponsorship require the services of professional counsellors. The number of counsellors has to be in a reasonable ratio to that of the children, not exceeding 1:50. Only this can ensure qualitative care with regular follow ups. Refresher courses for counsellors to update them on legislations, services, convergence, will also be made part of the capacity building process.

Rehabilitation of victims of abuse

Based on the convergent model of intervention by the Delhi State Police to deal with victims of child abuse, the government of Karnataka in coordination with the KSCPCR(Karnataka State Commission for Protection of Child Rights) will implement such a crisis intervention center in the city of Bangalore as a pilot project. There will be five to seven centers in the city based on the police zones and will bring in the SJPU, local government hospital(paediatrician), Childline and NGOs, DWCD and lawyers to collectively deal with the cases of abuse in coordination with the commission. This initiative addresses all forms of child abuse, including corporal punishment and sexual abuse.

Implementation and Monitoring Mechanism:

To ensure that children of every age group are provided protection adequate implementation and monitoring mechanisms should be put in place. The child can be truly safeguarded only when the various departments specifically the key department s work with each other and jointly implement schemes. This will ensure no duplication of effort and optimal utilisation of resources. .

Laws for child protection (as mentioned above) are implemented by various departments but require coordination from the planning, implementation to the monitoring stage if the child has to benefit from enforcement. Likewise, parallel monitoring mechanisms should be avoided as it dilutes focus and defeats the purpose of monitoring. It is therefore recommended that the Panchayat be vested with the power for monitoring of child protection as mandated by the 73rd amendment.

Other existing committees such as the anti-Trafficking committees that are a functional at a taluk and a gram panchayat level The Village Health and Sanitation Committee should report in into the panchayat, taluk, district and state level.

The State Child Protection Unit set up under the ICPS and the KSICPS will be the apex body coordinating and monitoring within the DWCD as well as with all external agencies and civil society, This unit will monitor and supervise all activities and plan convergence with the other Departments associated with child protection, such as the Department Of Police, Department Of Labor, Department Of Education, Department Of Health, Department Of Social Welfare, Rural Development and Panchayati Raj, Department of Municipal Administration etc

At a district level, a District Child Protection Unit will be set up. This unit will be responsible for all measures taken to safeguard the rights of the child. The proposed District Child Protection Units should ensure convergence with various district committees that look into children's issues such as District Child Labour Project Society, District Aids Prevention Control Unit etc. It is suggested that these committees/units be established under single roof at the district level. The revised action plan for the elimination of child labour is also recommending the same. The Deputy Commissioner and Deputy Director, DWCD of the respective districts are responsible for ensuring convergence

Streamlining adoption of children

Government of Karnataka, since the mid nineties, has been implementing the adoption program both in the country and on a inter country basis. In adherence to the Hague Convention on Inter-country Adoption-1993,the state has, over the last decade, adopted safeguards and ethical practices as stipulated, as well as adhered to the CARA(Central Adoption Resource Authority) The implementation of the Juvenile Justice system has also enabled streamlining of the adoption process, making it more accountable and transparent.

However there have been instances of malpractice and trafficking in the guise of adoption. Hence this will be an area of specific focus under ICPS. The setting up of SARA (State Adoption Resource Authority) is a mechanism under the KSICPS, to ensure an open and transparent process through streamlining inter country adoption, promoting domestic adoption, building capacities of adoption agencies and other functionaries and data management.

Addressing the stigma and discrimination related to HIV/AIDS

While there has been a strong focus in addressing the problem of children who are both infected and affected by HIV+, the current situation is still bogged down by the stigma around the disease. The identities of the affected children are withheld to avoid ostracism. This creates many challenges in delivering benefits to the children and in increasing awareness among the community. There is a need to dispel fears and demystify the disease and treat it just as any other physical illness. In order to achieve this, the state will empower the local administration to address the challenge through ANMs, ASHA and the Anganwadi workers. The local panchayat will be responsible for

identifying the children through a community process and disbursing the required funds. The state will take up awareness programs in convergence with the Department of Health and NRHM.

Overview and Vision

Crosscutting themes

Cross-cutting themes

Decentralized execution

Addressing the needs of the child is a responsibility that is divided across multiple departments within the government. While the state action plan ensures that the planning across various departments is harmonized, it is also important that the execution on the ground is harmonized and is not limited to individual departments.

Keeping this goal in mind, the state government will move the responsibilities of execution closer to the local administration. The district administration and the Panchayat will be responsible for ensuring the strategies are implemented keeping in mind the holistic needs of the child and local issues are identified and addressed effectively. (include the 73rd amendment)

The local administration particularly the gram panchayats will be gradually made responsible for dispensing the funds for the schemes. The Karnataka government has consistently strived to ensure people participation to enable better implementation and monitoring of the schemes.

To name a few key such initiatives, the State has set up and operationalised School Development and Management Committee (SDMC), Bal Vikas Samitis and Community monitoring under the NRHM, anti trafficking committees, child labour monitoring committees. All these initiatives are meant to ensure proper participation of parents and citizens in school activities, anganwadi activities and functioning of PHCs.

The State of Karnataka will endeavour to increase the effectiveness of the existing SDMC's. There will also be an effort made to scale up such co-ordination with all players involved in the education and well being of the child, beyond the school level to block, taluk and district levels.

The State shall integrate the Bal Vikas Samiti and the Village Health and Sanitation Committee, so as to facilitate convergence. This will ensure that the problems of the children receive adequate attention and that these problems can be addressed by means of the funds that are allocated to the VHSC.

The State shall take extra measures to review and monitor protection issues of children in the 14-18 age group. The Rashtriya Madhyama Shikshana Abhiyan of the Education department and the Sabala program of the MWCD have been specifically designed to address the requirements of adolescents in this group, especially those who have dropped out of school. However, both the schemes have still not delineated the monitoring structure across the state and hence this should also form part of the convergent monitoring mechanism under ICPS.

Role of the community

The role of the community in the success of the state action plan is paramount. The community plays three key roles in ensuring the realization of the state action plan.

Firstly, the community acts as a local watchdog to ensure the schemes and the plans are implemented. The community as part of the monitoring committees holds the local administration accountable for implementation of various programmes and projects of the government.. The School Development Monitoring Committees, Bal vikas samitis are good examples of such an intention. In addition, under the NRHM monitoring framework, committees have been set up at the village, PHC, block and district level. These committees conduct the monitoring process by means of beneficiary interviews, provider interviews, focus group discussions and observations. Monitoring report cards are created at a village level and then rolled up at a block and district level so as to present an overall picture of the situation. In addition, at village meetings there is in-depth discussion on implementation of outreach services and improving facility level service utilization. In order to make them more effective, the state conducts capacity building programmes and further empowers them to function.

Secondly, the community acts as a collective consciousness that defines what is ethically acceptable to the child. For change in behaviour to occur, it is important for the community to agree that a certain practice is not ethically acceptable for any laws or schemes to take effect. For instance, until the community acknowledges the ill-effects of child marriage or agrees that child prostitution is unacceptable, it is impossible for the state to effect any change to address these issues. It is with this in mind that Child protection committees are now being set up at the field level. In order to achieve this, the state will continue to organize effective awareness campaigns and community drives to mobilize community opinion.

Finally, community organizations such as civil society organizations have constantly been able to address local problems, implement local innovations and help improve the quality of life of the child. It is important for the government to adopt some of the innovative best practices and scale them across the state. Also the government will define a clear engagement model between the community and the institutions so that they can leverage each other's strengths and together impact the child's life. Models have been created through several pilots that demonstrate that involvement of dedicated functionaries from with the community helps promote the overall well –being of the child.

Major Issues:

- 1) The effectiveness of the various committees that have been set up at the village level is limited. Most of the members are unaware of their responsibilities or have not received adequate training before being made members of the committee. In addition, there is a multiplicity of committees with often overlapping responsibilities and the same people, by virtue of hierarchal/social position in the village/taluk/district are in all the committees.

There is a need to integrate the various committees at the village level and build the capacities of the village level functionaries around their roles and responsibilities. The members should be educated about the importance of the various committees, the reason behind the formulation of the committees and their roles. The state shall ensure that this knowledge gets translated into affirmative action by members at the village level. Accountability of the Committee towards the community will be established by conducting awareness generating activities in the villages about the roles, responsibilities and objective/long term goals of the committees.

- 2) Different schemes, projects and programmes of the government have appointed village level functionaries. While in theory the village level functionaries/volunteers i.e. ASHA, AWW, VRW have clearly defined roles and trainings/capacity building programmes have been held for them, in practice and on the ground, there is evidence that they are not functioning as was envisaged in programme design. Apart from the above, the low honorarium that they receive do not seem to act as an incentive for the carrying out of their duties. There is thus a need to take a fresh look at the functioning of these village level volunteers and the incentive structures that is currently in place.
- 3) Delivery mechanism: Due to limited infrastructure and accessibility problems, the delivery mechanisms for the schemes has to be streamlined in order to ensure effective implementation. There is a dire need to establish efficient and effective delivery structures for the different schemes and programmes and to improve the capacity of all actors involved right from the stage of planning to the point of delivery.

Streamlining the delivery of services

The child and the family live as part of the overall social fabric and their wellbeing is contingent on the availability of a robust infrastructure. Hence, it is essential that the state is able to ensure efficient and accessible delivery of essential services which include food, water, education and health services.

In addition to nutritious food in schools and Anganwadis, delivery of food materials through the Public Delivery System (PDS) must be streamlined to ensure that families below the poverty line have access to the essential quota of food. Similarly, there is strong need for an efficient waste management infrastructure to ensure the overall health and wellbeing of the child. Clean drinking water should be made available for all and essential best practices (such as boiling water before consumption) should be shared through awareness programmes.

A robust health infrastructure must be available in every village. Infrastructure in Primary healthcare centres will be improved with equipment required to address common ailments, emergencies and be able to diagnose serious illnesses accurately and as early as possible. Specialist medical professionals will be made available on a regular basis across villages in a district.

Within the school, essential services such as toilets and provision of clean drinking will be universally provided. The state will adopt this strategy to help better enrolment and retention in schools of especially vulnerable groups such as girl children.

Child-friendly policies

Children are ubiquitous in the social landscape. Every policy that is put in place has a direct or indirect effect on children. Hence it is important to ensure that all policies that are put into place in the various departments, such as that of Labour, Social Welfare, Disabled Welfare keep in mind the impact that these policies may have. Efforts should be made to minimise the negative effect that these policies may have, and wherever possible, create safety nets to safeguard the child and include provisions to ensure that the child's development is considered as part of the policy formulation.

It is only through involvement and coordination of the various departments that the strategies that have been outlined in this document can be implemented.

Government of Karnataka will make a concerted effort in the coming decade to pass legislations and bye-laws to ensure the successful achievement of the listed targets. It will also establish monitoring cells in each department and open a budgetary line specifically for the State Action Plan to ensure implementation of the various strategies. Efforts will also be made to integrate the monitoring cells established in each department, and bring them under the purview of a single committee or authority. This will improve coordination amongst departments through the existing monitoring cells, reduce duplication of efforts, and increase efficiency.

The various monitoring cells will include among their responsibilities, setting up of infrastructure to ensure smooth delivery of services, continuous monitoring of the targets, and assessment of the roadblocks. They shall also generate reports which can be used for tracking purposes.

Primary Departments:

Department Of Women and Child Development: The DWCD will provide overall guidance in the implementation of the State Action Plan and serve as the nodal agency to ensure coordination between the various departments for the effective implementation of Action Plan. In addition, it shall improve the implementation of ICDS with a view to the reduction of malnutrition among children and the spread of pre-school education; ICPS to ensure all children are (Goal)..., Bhagyalakshmi (write Goal), Sabala (goal).

Department Of Health: The Department Of Health and Family Welfare services shall work in close conjunction with the Department of Women and Child Development, to safeguard the health of children in the 0-6 age groups, adolescent girls, and pregnant and lactating mothers. The ASHA's and the ANM's trained by the department of Health shall institute safe practices to be followed during pregnancy, ensure adequate nutrition provided to the mother and facilitate institutional delivery of the child. Post delivery the health workers will work in coordination

with the AWWs to assess the physical and mental development of the child and ensure that he/she is receiving adequate levels of nutrition. The AWWs, ASHA's, ANM's and the doctors at the PHC's shall have a monthly meeting at the block level for reporting and monitoring purposes.

Department Of Education: The Department of Education shall be instrumental in ensuring universal education and retention up to 8 years of schooling for all children and ensuring universal access to secondary education. The state government shall focus on providing pre-primary educational facilities to every child in the age group of 3-6. The state shall also improve the existing school infrastructure and ensure that every school is a barrier free environment to enable them to cater to disabled children.

The Department of Education shall continue to supervise the implementation of the Sarva Shiksha Abhiyan program and shall introduce new strategies and goals to be fulfilled under the auspices of this program. It shall also strive to put in place strategies to improve the quality/reach of high school education and ensure that vocational education is integrated into schools.

Secondary Departments:

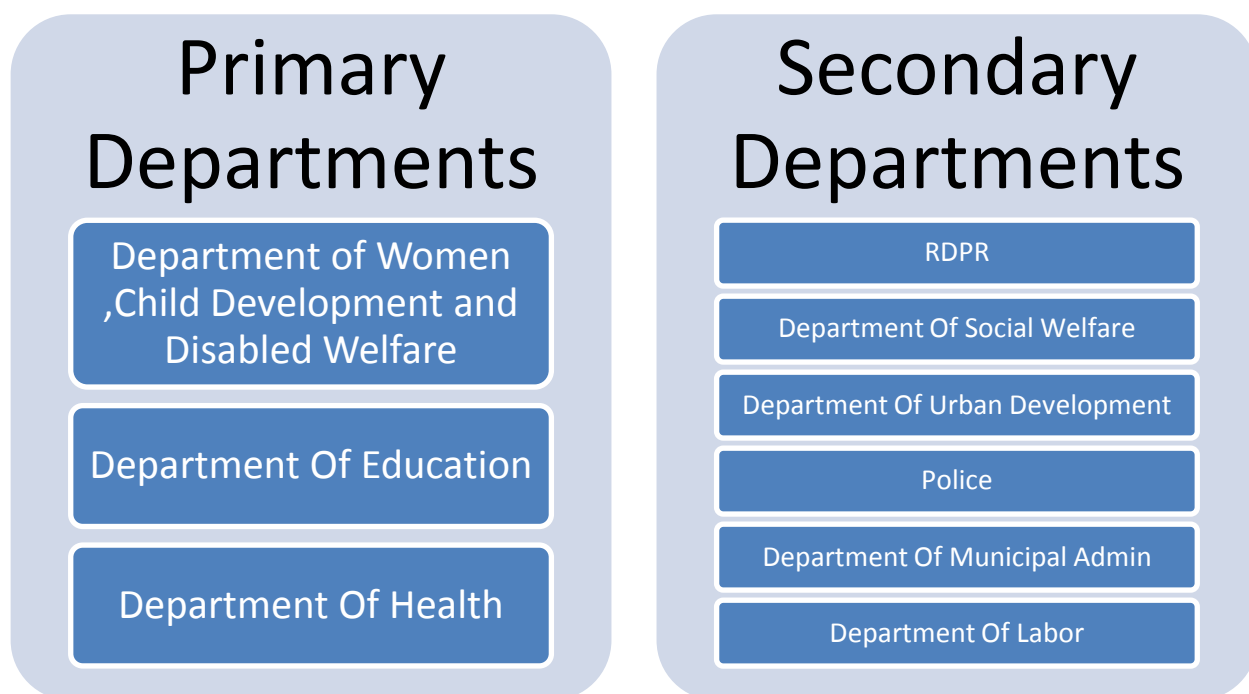
Department Of Social Welfare: Recognising that children from socially disadvantaged communities such as Scheduled Castes/Scheduled Tribes/ Other Backward Castes and Minorities need special attention, particularly in accessing education, the Department of Social Welfare shall work in conjunction with the Department of Education to put in place strategies to ensure enrolment, and retention of the above mentioned children. In addition, it will provide financial assistance to talented students and students who come from low income families and perform well academically, in order to provide incentives for them to continue their education.. They will continue to play a critical role in setting up schools, residential schools and hostels for children from disadvantaged sections of society.

Department of Labour: The Department of Labour shall focus on eliminating all forms of child labour and ensuring all children rescued from child labour have access to proper education and rehabilitation facilities. The department shall prevent the incidence of child labour through intensive awareness and capacity building measures, which shall focus on the family, society and employers. It will also ensure that every child, in the age group 6-14 years, already in child labour is released and provided a viable and sustainable alternative and plan for a stricter enforcement of the child labour legislation.

The Department of Labour shall also monitor construction sites and industries and will aim to submit a quarterly report to the Department of Women and Child Development which will include indicators such as inspections undertaken, play material available, learning material available, nutrition given etc. The aim in this decade will be to improve enforcement of legislation which specifically affect children with a view to improving lives of all children.

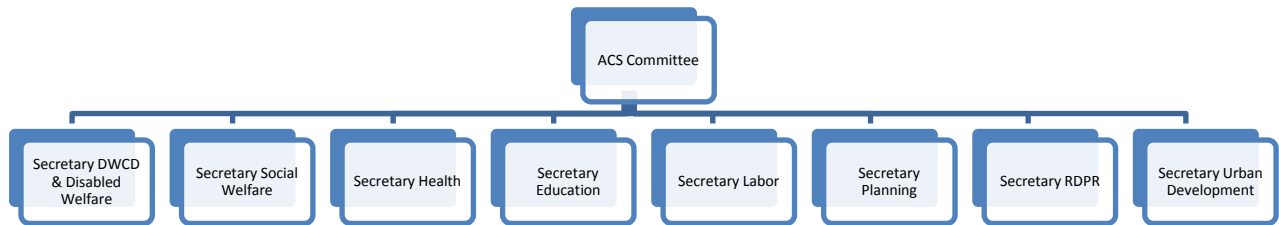
The Department of Rural Development and Panchayati Raj: is actively involved in ensuring the education, health, social welfare, and protection of children at a village level. This the department that is responsible for ensuring that all schools in rural areas are provided with adequate infrastructure (i.e. water and toilets)in order to provide children with a safe and holisitc education.

Police: The Police have an extremely critical role to play in child protection and it is essential to strengthen police coordination with DWCD for child protection. The police shall ensure prevention of trafficking , child abuse and pornography, fast and effective rescue of children who have been trafficked and initiate legal action against offenders. In order to achieve this, the state will ensure that every police station has a minimum number of Child Welfare Officers trained in the enforcement of child related legislations. The state shall also ensure provision of adequate funds for implementation of said legislations.



Monitoring of the Implementation of the State Action Plan

The monitoring and supervision of the state action plan shall be carried out on a half yearly level by a committee headed by the Additional Chief Secretary. This committee will meet and take stock of the progress towards achievement of the targets set out in the strategies. They will also be appraised of the impediments in the implementation of the various schemes and strategies and suggest modifications that will be required to improve implementation. The constitution of the committee will be as given below:



For the monitoring and reporting requirements of the state action plan a monitoring cell shall be set up. This cell will serve as the Secretariat for the above committee. This monitoring cell shall consist of a Joint Director (JD), an Assistant Director and clerk. This cell will collate information from various departments with a view to ensure implementation of the various strategies proposed in the State Action Plan. The JD will also liaise with the various associated departments in order to ensure fulfilment of the various targets set down in the state action plan, by ensuring that the infrastructure, personnel and the budgetary requirements are being met.

Strategies and Timeline

Health

Health

Maternal Health

Recap of the 2003-10 SPAC

The 2003-10 SPAC focused on reducing maternal mortality rate from 213 per lakh live births (acc to SRS conducted in 2004-06) to 100 per lakh in 2012. It aimed to increase the percentage of institutional deliveries from 51.1% in 2001 to 75% in 2010 and achieve 100% of deliveries by trained persons. In line with this, the State has achieved 93% institutional deliveries in 2010. Some important strategies employed to achieve these figures were increasing the coverage of the Reproductive and Health Care programme and spreading awareness about contraceptive methods and the need for spacing of pregnancies.

According to available statistics, the maternal mortality rate has reduced from 228 per lakh live births in 2001-03 to 213 (as per SRS 2004-06). In 2002-2004 (as per DLHS 2) institutional delivery was 57.9% (as per DLHS 2) and it increased to 65.1% in 2007-08 (as per DLHS3). Institutional delivery is 86.4% (CES 2009). Ante Natal registration is 91.9% (CES 2009) and three Ante Natal check-ups are 91.3% (CES 2009). The percentage of safe deliveries is 88.4%.

Way forward: Strategies

Following are the state government's key objectives towards maternal health and the strategies to achieve the same.

Objective: Raise awareness on the right age for pregnancy and the need for family planning.

Strategy	Responsible departments
Conduct campaigns to reduce incidences of early marriages and thus delay first pregnancy	DWCD
Disseminate information to young couples about contraceptives and make them accessible to buy.	Department of Health and Family Welfare, DWCD
Engage the local community organizations such as SHGs and NGOs to increase awareness about the need to delay the first pregnancy and space pregnancies.	DWCD, Mahila Samakhya

Objective: To increase the number of women who have access to institutional health care before, during and after delivery.

Strategy	Responsible department
Ensure early identification and prompt registration of expectant mothers with complications	DWCD, Department of Health and Family Welfare
Train Anganwadi workers to monitor the health status of expectant mothers and to provide information on necessary care to be taken during pregnancy namely nutrition, immunization, and health check-up for the mother as well as child.	DWCD
Ensure availability of well-equipped health care centres, with obstetric facilities within a comfortable distance	Department of Health and Family Welfare
Ensure that emergency obstetric care is available around the clock in all taluk level hospitals and all CHC's.	Department of Health and Family Welfare
Work on developing transportation facilities to reach health care centres, particularly for communities located in remote areas	Department of Health and Family Welfare, Department of Transport (Bus pass)
In case of remote locations, ensure availability of specialized services and experts on a regular basis. Doctors and Nurses will be given a difficult area allowance to ensure achievement of this goal/strategy	Department of Health and Family Welfare
Ensure broader adoption of schemes such as Janani Surakhsha Yojana and Thaiy Bhagya Yojana which are designed to promote institutional deliveries	Department Of Health and Family Welfare

Objective: To improve the health and nutrition status among women of reproductive age and expectant and nursing mothers

Strategy	Responsible department
Ensure access to supplementary nutrition programmes to a larger number of women and adolescent girls	DWCD, Department Of Health and Family Welfare

Run awareness programmes and community engagements to emphasize need for nutritional requirements of pregnant women and nursing mothers.	DWCD, Department Of Health and Family Welfare
Address the nutritional status of adolescent girls through focused engagement to reduce instances of malnourishment which could later affect their reproductive health	DWCD, Department Of Health and Family Welfare
Prioritize treatment of serious diseases such as tuberculosis etc in pregnant women	Department Of Health and Family Welfare
Continuously monitor the intake of the essential nutrients and micro-nutrients through regular visits by the Anganwadi workers and ANM and ASHA workers	DWCD, Department Of Health and Family Welfare
Enrol all pregnant women and lactating mothers in Anganwadi centres and provide them with regular immunization	DWCD, Department Of Health and Family Welfare
Address high incidence of Anaemia by providing iron supplements.	DWCD, Department Of Health and Family Welfare
Leverage Mobile technology to provide reminders and updates to expectant mothers based on their date of pregnancy on nutrition, immunization and best practices	Department Of Health and Family Welfare

Way forward: Timeline

	2011-2013	2013-16	2017-2020
Overall goals	<ul style="list-style-type: none"> • Reduce MMR to 100 • Ensure 99% institutional deliveries 	<ul style="list-style-type: none"> • Reduce MMR to 90 • Ensure 99% institutional deliveries 	<ul style="list-style-type: none"> • Reduce MMR to 70 • Sustain 99% institutional deliveries
Access to institutional health care	<ul style="list-style-type: none"> • Well-equipped health care centres at PHC levels • Improved transportation and infrastructure in case 	<ul style="list-style-type: none"> • Continuous upgrade of facilities to address emergencies and other complications • Increased number of local 	<ul style="list-style-type: none"> • Continuous upgrade of facilities to address emergencies and other complications • Increased number of local

	<ul style="list-style-type: none"> of remote locations • Ensure 100 % registration of expectant mothers in the first 3 months of pregnancy 	<ul style="list-style-type: none"> experts in villages • Sustain 100% registration of expectant mothers in the first 3 months of pregnancy 	<ul style="list-style-type: none"> experts in villages • Sustain 100% registration of expectant mothers in the first 3 months of pregnancy
Improvement in Health and nutrition	<ul style="list-style-type: none"> • Ensure 100% coverage of expectant mothers through ASHA and ANM's workers • Reduce % of women with Anaemia to 10% currently the level of anemia is 55.9%(<ul style="list-style-type: none"> • Ensure 100% coverage of expectant mothers • Reduce % of women with Anaemia to 5% • 	<ul style="list-style-type: none"> • Sustain 100% coverage of expectant mothers • Reduce % women with Anaemia to 0%
Awareness generation	<ul style="list-style-type: none"> • Multi-channel campaigns on the need for delayed pregnancy , use of contraceptives • Awareness programmes on the need for nutrition and other supplements • Engagement with local NGOs and SHGs 		

Neo-natal care

Recap of the 2003-10 SPAC

The 2003-10 SPAC dealt with neo natal care under Child Health and the Early Childhood Care, Development and Birth Registration sub-theme. Under the first sub theme, the objectives were to reduce IMR from 55 (per 1000 live births) in 2002 to less than 30 in 2010. The Plan intended to reduce NMR from 37.1 in 2002 to less than 15 in 2010. The focus under Early Childhood Care, Development and Birth Registration was to develop programmes that aimed at the holistic development of children in the 0-3 years age group and ensure that 80% of children in this age group were covered by these programmes by 2010.

According to the available statistics, the IMR in Karnataka is 41 (As per SRS 2009) and the Neo-mortality rate is 24(SRS 2007). Only 38.2%(CES 2009) of children are breastfed within one hour of birth and 38.2% (CES 2009)of children less than 6 months were exclusively breastfed.

Way forward: Strategies

Following are the state government's key objectives towards neonatal care and the strategies to achieve the same.

Objective: Provide access to medical facilities and expertise to Neonates

Strategy	Responsible department
Provide neo natal health care facilities in hospitals and family health units across all PHC's.	Department of Health and Family Welfare
Ensure that at least one hospital within reasonable distance of backward areas has a functioning neo natal intensive care unit	Department of Health and Family Welfare
Train Female Health Workers (HW-F), and ASHAs to handle common neo natal health problems. Anganawadi workers (AWW) to be trained to detect and inform parents and health workers about these problems.	DWCD, Department of Health and Family Welfare
Provide information to expectant mothers on common health problems of neonates and information on where and how to access health care services	DWCD, Department of Health and Family Welfare

Objective: Ensure child has access to breast milk and adequate nutrition

Strategy	Responsible department
Ensure mothers breastfeed the child with 1 hour of birth during institutional and assisted deliveries	Department of Health and Family Welfare, DWCD
Encourage mothers to have a feeding timetable which the Anganwadi workers can use to monitor the frequency of feeding	DWCD, Department of Health and Family Welfare
Ensure that AWW and ASHA's and ANM's monitor the nutrition status of the new born during their regular visits to homes and take necessary steps to deal with any instances of improper nutrition	DWCD, Department of Health and Family Welfare

Way forward: Timeline

	2011-2013	2013-16	2017-2020
Overall goal	<ul style="list-style-type: none"> • Reduce IMR to 30 • Reduce NMR to 22 	<ul style="list-style-type: none"> • Reduce IMR to 25 • Reduce NMR to 20 	<ul style="list-style-type: none"> • Reduce IMR to 20 • Reduce NMR to 15
Ensure breastfeeding of child	<ul style="list-style-type: none"> • Provide breastfeeding timetable to all mothers immediately after delivery • Ensure 70% children breastfed immediately after birth 	<ul style="list-style-type: none"> • Ensure 75% children breastfed immediately after birth • Ensure 80% children breastfed immediately after birth 	<ul style="list-style-type: none"> • Ensure 90% children breastfed immediately after birth • Ensure 90% children breastfed immediately after birth
Access to institutional health care	<ul style="list-style-type: none"> • Well-equipped health care centres in all PHCs and CHCs • Improved transportation and infrastructure in case of remote locations 	<ul style="list-style-type: none"> • Continuous upgrade of facilities to address emergencies and other complications • Increased number of local experts in villages 	<ul style="list-style-type: none"> • Continuous upgrade of facilities to address emergencies and other complications • Increased number of local experts in villages
Awareness generation	<ul style="list-style-type: none"> • Capacity building of ANM, ASHA AWW on Neonatal care • Awareness programmes on the challenges of neonatal care to mothers • Continuous awareness about immunization to the mothers 		

Objective: To put in place systems to facilitate early detection of disabilities and provision of appropriate healthcare to children with disabilities.

Strategy	Responsible department
Development of a checklist that can be used by village level functionaries particularly AWW's, ANM's and VRW's to enable them to flag children who are potentially disabled.	Department of Health and Family Welfare
For all institutional deliveries collect and send blood samples to NIMHANS or any organization which is able to conduct new born screening to detect inborn metabolic disorders	Department of Health and Family Welfare

Develop training modules to train AWWs, ANMs, VRWs, and doctors (particularly pediatricians)	Department of Health and Family Welfare, ICDS ,reporting on completion to Department of Disabled Welfare
Develop and annually update a resource directory of referral service providers	Department of Disabled Welfare
Conduct training programs for village level functionaries. The training programs can be conducted at governmental and non-governmental service provider institutions	Department of Disabled Welfare, ICDS-DWCD, RCH-Department of Health and Family Welfare
Develop a mass media plan to increase awareness on benefits of early detection of disability	Department of Disabled Welfare, Department of Health and Family Welfare

Objective: To ensure early detection of disabilities and to ensure appropriate healthcare to children with disabilities.

Strategy	Responsible department
Train doctors to screen new born babies	Department of Health and Family Welfare
Screen all newborns (institutional delivery cases) with a view to identifying disabilities	Department of Health and Family Welfare
Extend Suvarna Arogya Chaitanya to Anganwadis. Ensure that the following specialists are included in the above health camps : developmental pediatrician, ophthalmologist, ENT, orthopedic	Department of Health and Family Welfare
Ensure that each child has a growth chart. A copy of the growth chart can be give to the parent. The primary responsibility for maintaining the growth chart will lie with the AWW and ANM. The doctors who come as part of Suvarna Arogya Chaitanya will also make their remarks on this chart.	Department of Health and Family Welfare, Department of Women and Child Development
Review growth charts at monthly /quarterly block district and state level	Department of Health and Family

meetings	Welfare, Department of Women and Child development, Department of Disabled Welfare
Conduct mass media based awareness campaigns	Department of Disabled Welfare
Using the VRW conduct parental awareness camps to enable parents to detect potential disabilities	Department of Disabled Welfare

Objective: To establish structures that ensure early intervention for children identified with disabilities

Establishment of Early intervention centers at District level for support and treatment of children who have been referred from the Anganwadis Funds for these centers can be allocated from NRHM and by the Department of Disabled Welfare	Department Of Health and Family Welfare
Train required personnel in areas such as Physiotherapy, occupational therapy, speech and auditoria therapy	Department of Health and Family Welfare
Provide cash/kind incentives to parents to bring their children for treatment in the early intervention centers eg. Subsidized bus pass, coupons for meals	Department of Disabled Welfare
Provide simple but effective aids at the early intervention centres	Department Of Health and Family Welfare and Department of Disabled Welfare
Develop appropriate technology, suitable for differently abled children	Department Of Disabled Welfare and Department of Science and Technology
Ensure regular Checkups of children identified with disability. This will be ensured by the ANM's and VRW's.	Department Of Health, Department of Disabled Welfare
Ensure all newly constructed hospital buildings are equipped with infrastructure that makes them accessible to children with disabilities.	Department Of Health and Family Welfare, Indian Medical Council
Run Awareness campaigns within communities in order to sensitise the	Department Of Disabled Welfare

community towards the needs of differently abled children	
Continued efforts to ensure that prevention of disabilities through immunization and other preventive measures is strengthened	Department Of Health and Family Welfare

Way forward: Timeline

Overall goal	2011-2013	2013-16	2017-2020
Ensure Systems in place to enable early detection	<ul style="list-style-type: none"> Develop a comprehensive checklist to identify potential disabilities in children. Introduce the checklist to the anganwadis and train AWWs in its use. Ensure effective usage. Develop training modules to train village level functionaries Create a resource directory for referral service providers Develop a mass media plan to be used for conducting awareness 	<ul style="list-style-type: none"> Ensure that the checklist is used to identify disabilities Train AWWs, ANM's and ASHA's in the care and rehabilitation of children with special needs. Update the resource directory on an annual basis Conduct awareness campaigns to sensitise communities 	<ul style="list-style-type: none"> Evaluation and study of reports measuring impact Train AWWs, ANM's and ASHA's in the care and rehabilitation of children with special needs. Update the resource directory on an annual basis Conduct awareness campaigns to sensitise communities

<p>Access to institutional health care</p>	<ul style="list-style-type: none"> • Neo natal screening of 50% of all institutional deliveries • Expand coverage of Suvarna Arogya Chaitanya to include all Anganwadis • Increase the number of doctors in health camps, to include experts in disability detection, rehabilitation and care. • Ensure provision of growth chart to every child in the Anganwadi Centre 	<ul style="list-style-type: none"> • Neo natal screening of 70% all institutional deliveries • Ensure effective dispensation of medical services • Increase the number of experts based on requirement • Ensure appropriate usage of growth chart to measure the development of child. 	<ul style="list-style-type: none"> • Neonatal screening of 90% all institutional deliveries • Ensure effective dispensation of medical services. Increase the number of experts based on requirement <p>Ensure appropriate usage of growth chart to measure the development of child</p>
<p>Access to rehabilitation and care.</p>	<ul style="list-style-type: none"> • Early intervention centres should be set up at a Taluk level • Train personnel in areas relating to disability management • Development and provision of low cost appropriate assistive devices 	<ul style="list-style-type: none"> • Continuous augmentation of facilities and addition of experts • Deploy personnel in intervention centers. Ensure yearly training modules to augment skills. • Development and provision of low cost appropriate assistive devices 	<ul style="list-style-type: none"> • Continuous augmentation of facilities and addition of experts • Deploy personnel in intervention centers. Ensure yearly training modules to augment skills • Development and provision of low cost appropriate assistive deices
<p>Awareness generation</p>	<ul style="list-style-type: none"> • Capacity building of ANM, ASHA AWW, VRW on disabled welfare • Awareness programmes on the challenges of disabled welfare for parents 		

Early childcare

Recap of the 2003-10 SPAC

The 2003-10 SPAC focused on developing holistic programmes for children in the age group of 0 to 3 years and ensuring that 100% of children in this age group have access to ICDS by 2010. ICDS were meant to cover all relevant areas, including health, nutrition, immunization, education etc. The focus was on strengthening the ICDS network to ensure that its services reach a sizeable population, with a focus on reaching communities situated in remote areas.

With respect to nutrition, the focus was on reducing moderate malnutrition in children and severe malnutrition in children to one third of the present level (severe malnutrition was at 6.2% in 2001). The plan intended to achieve this through promoting awareness of breastfeeding, providing children with regular doses of vitamins (Vitamin A) and micronutrients (iodine, iron), improving food distribution to BPL families through PDS to tackle food insecurity and including nutrition as an important component in programmes for pre-primary students and in GO and NGO programmes.

The number of beneficiaries through Anganwadis has increased from 12,12,000 children aged 0-3 years and 12,22,000 children aged 3-6 years in 2001 to 17,75,881 and 16,03,856 children respectively in 2010. This covers 74.70% of children in the 0-3 age group and 67.90% of the 3-6 age group. The number of Anganwadi centres has gone up from 40,301 in 2001 to 63,377 in 2010.

While severe malnutrition levels in Karnataka have fallen to 0.3% in 2009 (according to ICDS data), there is still scope for improvement. According to NFHS (3), the percentage of underweight children (under 3 years) is 41.1; stunted children (under 3 years) is 38% and wasted children (under 3 years) is 18.9; 17.6% children have moderate anaemia, and 1.9% have severe anaemia, Given these figures, it is important to ensure the effective implementation of nutrition programmes and work towards strategies which would effectively tackle problems related to nutrition.

Way forward: Strategies

Following are the state government's key objectives towards early childcare and the strategies to achieve the same.

Objective: Ensure betterment in the nutritional status of children

Strategy	Responsible department
Ensure universal reach of the Supplementary Nutrition Programme	DWCD

Provide information to parents and care givers about the nutritional requirement of children	DWCD
Establish special centres in district hospitals, medical colleges and child health institutions to deal specifically with instances of child malnourishment	DWCD, Department of Health and Family Welfare
AWW's should conduct regular weighing and constant growth monitoring of children. The AWW's should educate the parents about nutritional needs of the child.	DWCD
Establish tertiary care unit centres for acutely sick and malnourished children in child health institutions, district hospitals and medical colleges	Department of Health and Family Welfare

Objective: Ensure child has access to breast milk

Strategy	Responsible department
Urge mothers to adopt exclusive breastfeeding for their infants for the first 6 months during mothers meetings	DWCD, Department of Health and Family Welfare
During mothers meetings, educate mothers to compulsorily provide solid or semi-solid food, in addition to breast milk for infants in the 6-24 months age group,. At 24 months breast feeding should be stopped.	DWCD, Department of Health and Family Welfare
Encourage mothers to have a feeding timetable which the Anganwadi workers and ASHA workers can use to monitor the frequency of feeding	DWCD, Department of Health and Family Welfare
Ensure that AWW and ASHA workers monitor the nutrition status of the new born during their regular visits to homes and take necessary steps to deal with any instances of improper nutrition	DWCD, Department of Health and Family Welfare

Objective: Ensure child receives all essential immunization

Strategy	Responsible department

Conduct awareness programmes to ensure that the parents are informed about all the essential immunization	Department of Health and Family Welfare, DWCD
Conduct immunization camps on fixed days in the villages to address specific issues ; Ensure there is wide publicity given in villages to any upcoming immunization programmes	Department of Health and Family Welfare, DWCD
Provide an immunization checklists to all the parents that are then checked by Anganwadi workers and ANM during their regular visits to the mothers	Department of Health and Family Welfare, DWCD
Leverage mobile technology to provide regular reminders based on the immunization schedule of the child	DWCD, Department of Health and Family Welfare
Disseminate information about immunization through mass media	DWCD

Objective: To reduce incidences of anaemia and vitamin and micronutrient deficiencies in children

Strategy	Responsible department
Ensure that all children under 5 years receive oral regular doses of vitamin A	DWCD, Department of Health and Family Welfare
Increase the use of iodised salt, especially in areas which are prone to goitre	Department of Food and Civil Supplies, DWCD, Department of Health and Family Welfare
Ensure consumption of iron and folic acid tablets by expectant mothers and adolescent girls	Department of Health and Family Welfare, DWCD, Department Of Education
Promote consumption of green leafy vegetables and fruits by generating awareness about their benefits and including them in meals provided at anganwadis	DWCD, Department of Health and Family Welfare

Objective: Ensure early childcare for all children between 0-6 years

Strategy	Responsible department
Scale Anganwadis to ensure coverage among all communities with population more than 150	DWCD
Work with local panchayats to provide alternate forms of child care in hamlets with population less than 300.	DWCD
Expand crèche services under programmes like Rajiv Gandhi National crèche scheme and NREGA to support institutional care.	Department of Panchayati Raj and Rural Development, Department of Labour, Municipalities
Work with the local panchayats to ensure sufficient infrastructure for the Anganwadis in all villages	DWCD, Department of Panchayati Raj
Ensure that the Anganwadis have access to safe clean drinking water, clean toilets and efficient waste management infrastructure	DWCD, Department of Panchayati Raj, Public Works Department

Objective: Ensure holistic child development as part of early childcare

Strategy	Responsible department
Ensure that all anganwadi centres have own buildings funded by the state.	
Ensure that the Anganwadis are child-friendly and provide spaces for physical recreation and creative arts	DWCD
Prioritize preschool education by adopting initiatives such as providing teaching and learning tools, scheduling separate time slots for teaching and training of workers	DWCD

Engage SDMC in monitoring the Anganwadis to ensure that the children can be enrolled in the schools	DWCD
Engage the community, especially the mothers, in monitoring the effective functioning of the Anganwadis	DWCD, Bal Vikas Samithi

Objective: Ensure early identification of severe or persistent health problems

Strategy	Responsible department
Conduct quality health check-up at AWC once in every 3 months by involving private doctors and medical officers	DWCD, Department of Health and Family Welfare
Include Anganwadi children in Suvarna Arogya Chaitanya; a programme for yearly check-up of school children	DWCD
Ensure ANM's regularly conduct health check-up of children.	Department Of Health and Family Welfare
Ensure availability of trained doctors and medical facilities at PHCs	Department of Health and Family Welfare

Way forward: Timeline

	2011-2013	2013-16	2017-2020
Overall goal	<ul style="list-style-type: none"> • Reduce U5MR to 45 • Reduce, under 5, severe malnutrition to 0.2% (post april 10th) • Reduce moderate under nutrition to 10% • Ensure 80% of children 	<ul style="list-style-type: none"> • Reduce U5MR to 35 • Reduce, under 5, severe malnutrition to 0.15% • Reduce moderate under nutrition to 5% • Ensure 90% of children access to early childcare 	<ul style="list-style-type: none"> • Reduce U5MR to 25 • Reduce, under 5, severe malnutrition to 0% • Reduce moderate under nutrition to 0% • Ensure 100% of children access to early childcare

	access to early childcare		
Ensure breastfeeding of child	<ul style="list-style-type: none"> • Ensure 70% children breastfed exclusively for first 6 months 	<ul style="list-style-type: none"> • Ensure 80% children breastfed exclusively for first 6 months 	<ul style="list-style-type: none"> • Ensure 90% children breastfed exclusively for first 6 months
Immunization	<ul style="list-style-type: none"> • Ensure 70% of the infants receive all essential immunization cross check and Lakshmi Narayan 	<ul style="list-style-type: none"> • Ensure 90% of the infants receive all essential immunization • Leverage mobile technology to share reminders, best practice 	<ul style="list-style-type: none"> • Ensure 100% of the infants receive all essential immunization
Access to institutional health care	<ul style="list-style-type: none"> • Well-equipped health care centres in all taluks (get numbers) • Improved transportation and infrastructure in case of remote locations(ask how many buses required and on what basis?) 	<ul style="list-style-type: none"> • Continuous upgrade of facilities to address emergencies and other complications • Increased number of local experts in CHC's 	<ul style="list-style-type: none"> • Continuous upgrade of facilities to address emergencies and other complications • Increased number of local experts in CHC's
Nutrition	<ul style="list-style-type: none"> • Reduce % of children with Anaemia to 50% 	<ul style="list-style-type: none"> • Reduce % of children with Anaemia to 40% 	<ul style="list-style-type: none"> • Reduce % of children with Anaemia to 20%
Early childcare for all	<ul style="list-style-type: none"> • Ensure Anganwadis in all communities for population of 150 • Provide childcare services in all crèches • Provide clean toilet and drinking water in all 	<ul style="list-style-type: none"> • Provide alternate welfare centres in small/ dispersed communities(lesser than 300) • 	<ul style="list-style-type: none"> • Provide universal access of early childcare across the state • Ensure all Anganwadis are child-friendly and complete with the right infrastructure

	Anganwadis		
Holistic Development	<ul style="list-style-type: none"> • Strengthen Bal vikas Samitis - monitoring committees comprising mothers to monitor the Anganwadis • Further improve the existing preschool curriculum to ensure synergies with primary education • Conduct capacity building trainings to the Anganwadi workers to teach the children <p>Achieve 100% transition from Anganwadis to schools.</p>	<ul style="list-style-type: none"> • Ensure adoption of comprehensive learning curriculum across all Anganwadis • Engage the SDMCs across all Anganwadis need to work in coordination with Bala Vikas Samithi to ensure the delivery of pre-school education so transition to primary school • Achieve 100% transition from Anganwadis to schools. 	<ul style="list-style-type: none"> • Ensure adoption of comprehensive learning curriculum across all Anganwadis and other childcare centres • Achieve 100% conversion from all childcare centres to school

Adolescent Health

Recap of the 2003-10 SPAC

The Draft National Policy of Children (June 2001) recognizes adolescents as a vulnerable age group because of the variety of pressures they face (to become economically productive, family pressures due to child marriage, health risks due to unsafe sexual practices and increased risk of HIV/AIDS) and lack of programmes that specifically target this age group. Taking this as a point of reference, the 2003-10 SPAC focused on creating concrete programmes that would address the various issues adolescents faced and provide them with training and support to help them deal with the same. The aim was to introduce these programmes during the beginning of the plan period and extend the coverage of these programmes to 100% of adolescents by the end of the plan period (2010). It also aimed at increasing the literacy rate (in adults) from 67.04% in 2001 to more than 85% by 2010.

Way forward: Strategies

Following are the state government's key objectives towards adolescent health and the strategies to achieve the same.

Objective: Improve the nutritional and health status of adolescent girls Reduce the incidence of early marriages to control deterioration of girl's health due to early marriage and early pregnancies	DWCD, , Department of Health and Family Welfare
Monitor nutritional status of girls and provide provisions for supplementing available nutrition	DWCD, Department of Health and Family Welfare

Objective: To regularly monitor the health of adolescents and enable access to basic health care services

Strategy	Responsible department
Conduct awareness programmes about health and nutrition for the benefit of adolescents	Department of Health and Family Welfare. DWCD, Department of Education
Provide regular health check-up at schools to monitor the health and nutritional status of adolescents	Department of Health and Family Welfare, Department of Education
Conduct awareness programmes about HIV/AIDS and sexually transmitted diseases for adolescents to promote safe sexual practices and reduce the occurrence of these diseases in adolescents	Department of Health and Family Welfare

Way forward: Timeline

	2011-2013	2013-16	2017-2020
Overall goal	•Ensure access to essential healthcare services to 70% of all adolescents	•Ensure access to essential healthcare services to 80% of all adolescents	• Ensure access to essential healthcare services to 90% of all adolescents

Access to institutional health care	<ul style="list-style-type: none"> • Conduct specific health programmes addressing the holistic needs of youth 	<ul style="list-style-type: none"> • Achieve 60% adoption of the health programmes 	<ul style="list-style-type: none"> • Achieve 80% adoption of the health programmes
Awareness generation	<ul style="list-style-type: none"> • Awareness programmes on the ill-effects of child marriages, early pregnancy • Awareness programmes on HIV/AIDS and the measures to prevent the disease • Awareness programmes on service availability of MTP services and Sneha clinic 		

Water and sanitation

Recap of the 2003-10 SPAC

The 2003-10 SPAC focused on ensuring universal access to water supply, especially drinking water supply. Attention was paid to regions where access to water was particularly difficult, for instance, rural and semi-rural communities, tribal communities and habitations where scheduled caste communities reside. One important goal was to provide 55 litres of water per capita per day for every person and sustain this level of water supply once it was achieved.

Way forward: Strategies

Following are the state government's key objectives towards water and sanitation and the strategies to achieve the same.

Objective: To ensure universal access to the minimum per capita water supply of 40 litres per capita per person.

Strategy	Responsible department
Undertake construction of water reservoirs in areas which do not have easy access to water	Department of Water Resources
Invest in technology to purify water and make it potable, especially in areas where available water is not potable	Department of Water Resources

Encourage methods of water conservation such as rain water harvesting	Department of Water Resources, Department of panchayati Raj and Rural Development, Department of School Education
Reduce contamination of drinking water sources by enforcing strict legislation on situating industries away from such sources and encouraging them to adopt water purification methods	Revenue department, Department of Industries

Objective: To ensure all households and neighbourhoods have access to clean and usable sanitation facilities

Strategy	Responsible department
Provide financial assistance for construction of toilets in houses for BPL families.	Department of Panchayati Raj, Rural Water Supply and <i>Sanitation</i> Agency
Undertake construction of shared latrines for the community in areas where the percentage of households with access to sanitation is very low	Department of Panchayati Raj, Rural Water Supply and <i>Sanitation</i> Agency
Ensure proper maintenance of existing community toilets	Department of Panchayati Raj, Rural Water Supply and <i>Sanitation</i> Agency, Municipal bodies, Department of Urban Development
Involve Panchayats in the management and maintenance of local water sources in the village	Department of Panchayati Raj, Rural Water Supply and <i>Sanitation</i> Agency
Involve Panchayats in ensuring effective sanitation and waste management infrastructure in the village	Department of Panchayati Raj, Rural Water Supply and <i>Sanitation</i> Agency

Objective: To ensure schools and anganwadi centres are equipped with water and sanitation facilities:

Strategy	Responsible department
Undertake construction of toilets in anganwadi centres and schools as per the norms laid down in The Manual of Preventive and Social Medicine. Ensure separate toilets for girls.	DWCD, Department of Panchayati Raj, Rural Water Supply and Sanitation Agency
Ensure availability of drinking water in schools and AWCs and separate water facilities for toilets (24 hours availability of water)	DWCD, Department of Panchayati Raj, Rural Water Supply and Sanitation Agency
Undertake proper maintenance of existing toilets and ensure availability of water and maintain the cleanliness of toilets	DWCD, Department of Panchayati Raj, Rural Water Supply and Sanitation Agency, Department Of Education.

Way forward: Timeline

	2011-2013	2013-16	2017-2020
Overall goal	<ul style="list-style-type: none"> • 90% homes have access to safe drinking water • 70% schools and anganwadis have access to safe drinking water • 60% villages have efficient water and waste mgmt. infrastructure 	<ul style="list-style-type: none"> • 95% homes have access to safe drinking water • 80% schools and anganwadis have access to safe drinking water • 70% villages have efficient water and waste mgmt. infrastructure 	<ul style="list-style-type: none"> • 100% homes have access to safe drinking water • 90% schools and anganwadis have access to safe drinking water • 80% villages have efficient water and waste mgmt. infrastructure
Water and sanitation in homes	<ul style="list-style-type: none"> • Financial assistance to build toilets in the homes • Implementation of local purification techniques to clean water 	<ul style="list-style-type: none"> • Implementation of local rainwater harvesting and other practices to conserve water 	<ul style="list-style-type: none"> • Sustain availability and conservation of water and sanitation

Water and sanitation in schools and anganwadis	<ul style="list-style-type: none"> • Availability of safe drinking water and toilets in all schools and Anganwadis 	<ul style="list-style-type: none"> • Implementation of local purification techniques to clean and conserve water 	<ul style="list-style-type: none"> • Sustain availability and conservation of water and sanitation
Water and sanitation in community	<ul style="list-style-type: none"> • Efficient water distribution infrastructure to the local community • Setup and maintenance of community toilets 	<ul style="list-style-type: none"> • Setup of large scale rain water harvesting facilities 	<ul style="list-style-type: none"> • Sustain availability and conservation of water and sanitation
Awareness generation	<ul style="list-style-type: none"> • Disseminate information on common water borne diseases in children such as diarrhoea and steps to prevent them • Ensure water sources are kept clean and water is not left stagnant 		

Strategies and Timeline Education



Education

Primary Education

Recap of the 2003-10 SPAC

The goals in the 2003-10 SPAC for education focused on ensuring universal education. In order to achieve this, the state government focused on providing pre-primary educational facilities to every child in the age group of 3-6 and implementing Right to Education Act to achieve universal enrolment and retention up to 8 years of schooling for all children. The state government aimed to reduce the dropout rate at primary and secondary school levels and ensure that all children complete minimum years of schooling.

In 2008-09, the access ratio for primary school level was 99.53 and 99.14 for upper primary. Enrolment at the Elementary stage (1st to 8th standard) was at 85.34 per cent. The number of out of school children has decreased from 10.22 lakhs in 2001 (6-14 years age group) to 0.72 lakhs in 2008 (7-14 years age group). The retention rate for Elementary education stands at 88.22 and the dropout rate was at 11.78.

Way forward: Strategies

Following are the state government's key objectives towards primary education and the strategies to achieve the same.

Objective: Ensure all children complete minimum of 8 years of elementary education

Strategy	Responsible department
Ensure access to schools within a reasonable distance (within 1 km for primary schools and within 3 kms for upper primary schools)	Sarva Siksha Abhiyan
Provide proper water and sanitation facilities in schools	Sarva Siksha Abhiyan, CPI, PWD, Department of Panchayati Raj and Rural Development
Extend access to schemes meant to reduce dropout rate and improve retention, such as mid-day meal schemes, scholarship and concessional fees for students from disadvantaged backgrounds and girl students etc	Sarva Siksha Abhiyan, Department of Social Welfare

Provide access to bridge schools for children who have been out of the formal schooling system for a long time	Sarva Siksha Abhiyan, NCLP, SCLP
Ensure that schools monitor the attendance of children and reach out to the family/community in cases of non-attendance for a sustained period	Sarva Siksha Abhiyan, SCERT

Objective: To strengthen existing systems of education by focusing on quality

Strategy	Responsible department
Regularly monitor quality at the school level	Sarva Siksha Abhiyan, KSQA, SCERT
Conduct regular training sessions for teachers to keep them updated about recent developments in the field	Sarva Siksha Abhiyan, SCERT, CPI
Monitor educational policy and schemes to ensure systems required to develop core competencies in children are in place	Sarva Siksha Abhiyan, SCERT, NIEPA, KSQA
Ensure the availability of proper infrastructure in schools	CPI, Sarva Siksha Abhiyan,
Ensure the availability of one teacher per class in primary schools	CPI, Sarva Siksha Abhiyan
Enhance the quality of teaching by innovating on and upgrading both learning material and teaching practices	SCERT, Sarva Siksha Abhiyan
Conduct special programmes for schools which achieved less than 40% in the previous year's assessment by KSQOA and for Urdu and Marathi medium schools	Sarva Siksha Abhiyan
Regularly check the competencies of students to help evaluate the quality of education provided in schools	Sarva Siksha Abhiyan, SCERT

Way forward: Timeline

	2011-2013	2013-16	2017-2020
Overall goal	<ul style="list-style-type: none"> • Universalise access to primary school education • Increase retention rate to 95% • Reduce drop out rates to less than 10% • Strengthen existing metrics for evaluating quality of education, and ensure 70% of schools meet the required quality standards. 	<ul style="list-style-type: none"> • Ensure universal access to primary school education. • Ensure 99% retention rate in primary schools. • Prevent drop outs at the primary level. • Ensure 90% of schools are able to meet the quality standards prescribed. 	<ul style="list-style-type: none"> • Ensure universal access to primary school education. • Ensure 99% retention rate in primary schools. • Prevent drop outs at the primary level. • Ensure 99% schools are able to meet the quality standards prescribed
Easy access to schools	Ensure availability of lower primary schools within a 1 KM radius and upper primary schools within 3 KM radius. Additionally, establish and strengthen feeder schools.	Monitor the availability of schooling facilities in all districts, and continue to ensure schooling is physically accessible for all children.	Monitor the availability of schooling facilities in all districts, and continue to ensure schooling is physically accessible for all children.
Strengthen infrastructure	Ensure clean drinking water, toilets and barrier free environments, including appropriate ramps in all schools.	Ensure clean drinking water, toilets and barrier free environments, including appropriate ramps in all schools.	Ensure clean drinking water, toilets and barrier free environments, including appropriate ramps in all schools.
Incentive schemes	Ensure effective delivery of existing incentive schemes, and universalise incentives such as free school bags and stationary.	Monitor the delivery of incentive schemes to ensure all children are provided uniforms, books, scholarships etc.	Monitor the delivery of incentive schemes to ensure all children are provided uniforms, books, scholarships etc.

Quality improvement	Strengthen teacher training programs conducted presently. Increase mid-level training programs. Institutionalize standards to measure teaching quality.	Ensure all teachers meet the required standards of quality, through the standards established. Continue with the training sessions, to ensure constant improvement.	Ensure all teachers meet the required standards of quality, through the standards established. Continue with the training sessions, to ensure constant improvement.
Ensure competency acquisition by children	Strengthen the existing KSQAO to measure competencies of children. Conduct special programs for schools that achieved less than 40% in last year's KSQAO assessment.	Administer the competency measurement tests on a regular basis, to ensure quality of education is appropriate. Continue with remedial measures for schools that achieve less than 40% in assessments.	Administer the competency measurement tests on a regular basis, to ensure quality of education is appropriate. Continue with remedial measures, for schools that achieve less than 40% in assessments.

Secondary education

Recap of the 2003-10 SPAC

The 2003-10 SPAC did not have a separate section on secondary education, instead, all objectives and programmes relevant to education were grouped under the sub-themes- Education and Education and Skill Development of Adolescents. Objectives from these two sub-themes which are relevant to secondary education were:

- Bridging all gender and social category gaps by 2010
- Making special provisions for meeting the needs of children with disabilities to ensure they have access to education
- Providing facilities such as hostels, residential schools and fee concessions to girl children and children belonging to SC/ST communities
- Bridging the gap between formal and non-formal education while continuing to reach out to older children who have never been a part of mainstream education
- Ensuring the maintenance of quality in education

Way forward: Strategies

Following are the state government's key objectives towards secondary education and the strategies to achieve the same.

Objective: Ensure universal access to secondary education

Strategy	Responsible department
Upgrade upper primary schools into high schools	Department of Education, Sarva Siksha Abhiyan
Create Model Schools to ensure access to secondary education in backward blocks	Department of Education, Sarva Siksha Abhiyan
Create Model Residential schools to ensure retention of children belonging to SC, ST and Minority families	Department of Social Welfare and Department of Education
Ensure that children belonging to vulnerable sections who stay at long distances away from school are extended schemes such as the free bicycle scheme which makes access to school easier	Department of Education, Sarva Siksha Abhiyan

Objective: Ensure that schools are equipped with basic facilities

Strategy	Responsible department
Ensure availability of basic infrastructure in schools by constructing new buildings and maintaining existing ones	Department of Education, Sarva Siksha Abhiyan, Department of Rural Development and Panchayati Raj
Provide adequate water and sanitation facilities to all schools	Department of Education, Sarva Siksha Abhiyan, Department of Rural Development and Panchayati Raj
Provide hostels for girls and students from SC/ST/OBC communities	Department of Social Welfare,

	Sarva Siksha Abhiyan
Provide furniture and equipment to schools	Department of Education, Sarva Siksha Abhiyan
Ensure the availability of play grounds in school located in backward taluks	Department of Education, Department of Rural Development and Panchayati Raj, PWD, Sarva Siksha Abhiyan

Objective: Achieve universal retention

Strategy	Responsible department
Minimize expenses on education for the parents by providing free notebooks and uniforms	CPI, Sarva Siksha Abhiyan
Provide reimbursements of non-govt. and examination fees to girl students and SC/ST students	Department of Social Welfare, Sarva Siksha Abhiyan
Ensure availability of basic facilities such as water and sanitation in schools	Department of Rural Development and Panchayati Raj, Water and Sanitation agency, Sarva Siksha Abhiyan, PWD
Provide financial assistance to talented students and students who come from low income families and perform well academically	Department of Social Welfare, Department of Rural Development and Panchayati Raj, Sarva Siksha Abhiyan
Generate awareness about the necessity for completing school education by highlighting benefits such as better opportunities for earning one's livelihood	Department of Rural Development and Panchayati Raj Sarva Siksha Abhiyan, Department of Social Welfare
Provide crèche facilities for working mothers in BPL families to facilitate older siblings to stay in school for a longer duration to complete their schooling	Sarva Siksha Abhiyan

Life skills

Recap of the 2003-10 SPAC

The 2003-10 SPAC covered life skills under two sections; these were, Adolescent Health and Education and Skill Development of Adolescents. Under Adolescent Health, the focus was on developing concrete programmes that would improve life skills, health awareness and vocational skills of adolescents and ensuring that these programmes reached 100% of the adolescent population by 2010. The focus under Education and Skill Development of Adolescents was on achieving a literacy rate of more than 85% by 2010. It also aimed to create opportunities for adolescents to participate in educational/vocational training.

Even though programmes meant to impart awareness about sexual health, nutrition etc have been put in place, it is difficult to evaluate the achievements under the last plan as data on the number of adolescents covered under these programmes is not available. Also, recent data on literacy rates is not yet available.

Way forward: Strategies

Following are the state government's key objectives towards life skills and the strategies to achieve the same.

Objective: Ensure all children have access to spaces where they can engage and learn about life skills.

Strategy	Responsible department
Create Life Skills units in schools which can serve as a nodal point for imparting life skills to children and young adults	Sarva Siksha Abhiyan
Use sports and creative arts as forms of imparting life skills to children and young adults	Department of Youth and Sports, Department of Art and Culture, Sarva Siksha Abhiyan, Department of Education
Provide the required infrastructure in schools to support the teaching life skills.	Department of Education, Sarva Siksha Abhiyan

Objective: Ensure adolescents are given support to help them deal with pressures they are prone to and prevent the occurrence of sexual or economic exploitation:

Strategy	Responsible department
Conduct programmes to generate awareness about challenges that are	SCERT, Sarva Siksha Abhiyan,

specific to adolescents- educational, nutritional, economic and sexual. Medical officers should be utilized to provide training on health related issues.	Department Of Health and Family Welfare, Department Of Education
Ensure that school authorities and law enforcement agencies respond quickly and effectively to any complaints by students about harassment or exploitation of any kind	Police, Sarva Siksha Abhiyan, Child Protection Committee
Conduct awareness programmes about sexual and reproductive health and sexual harassment	Sarva Siksha Abhiyan
Sensitize teachers, school administrators, parents and health care providers to the needs of adolescents and challenges faced during adolescent years (for instance, being prone to economic and sexual exploitation).	SCERT, Sarva Siksha Abhiyan, Department Of Health and Family Welfare

Inclusive Education

Recap of the 2003-10 SPAC

A major part of the sub-theme Children with e- Prevention, Protection, Mainstreaming and Development in the previous SAP focused on education. Within education, the focus was on:

- Providing access to educational institutions for children with disabilities, by making institutions disabled friendly
- Providing special education to children who have special needs
- Providing access to vocational education
- Decreasing discrimination in educational institutions and
- Training educational personnel on inclusive education

Way forward: Strategies

Following are the state government's key objectives towards differently-abled children and the strategies to achieve the same.

Objective: To create infrastructure to support the inclusion of children with special needs in mainstream schools.

Strategy	Responsible department
Set up infrastructure in schools to facilitate access and greater mobility for children with disabilities.	Department of Education, Department of Panchayati Raj and Rural Development, Municipalities, Sarva Siksha Abhiyan, Department of Transportation
For smaller habitations where opening/upgrading of a school is not possible, adequate arrangements for free transportation shall be made	Department of Education, Sarva Siksha Abhiyan, Department of Transportation
Ensure all newly constructed school buildings are equipped with infrastructure that make them accessible to children with disabilities	Sarva Siksha Abhiyan
Ensure provision in school buildings and other facilities open to differently abled children signs in in Braille and in easy to read and understand forms. Computers with screen readers should be provided for children with visual impairments.	Department of Education monitoring by Department Of Disabled Welfare
Include special teaching aids for the children with learning disability and the Cerebral Palsy.	Department of Education monitoring by Department Of Disabled Welfare
Provide forms of live assistance and intermediaries, including guides, readers and professional sign language interpreters, to facilitate accessibility.	Department of Education , monitoring by Department Of Disabled Welfare
Ensure that trained special personnel are available to cater to the educational needs of children with disabilities, especially in the case of children with severe disabilities	Department of Education, Sarva Siksha Abhiyan
Provision of training for teachers focused on teaching to children with disabilities. Periodic reviews of the training in order to keep it up to date.	Department Of Education

Objective: To provide training to get professional and resource support

Resource teachers (IERT) shall be provided who have been trained in Inclusive Education <ul style="list-style-type: none"> • 5 IERTs shall be provided per block with 1:50 schools. • Capacity building to deal with disabilities. 	Department of Education, Sarva Siksha Abhiyan
Annual training camps for teachers focused specifically on teaching to children with disabilities.	Department Of Education
To include Inclusive Education in the different modules of the programmes atleast for 5 days at D.Ed / B.Ed level; and at training programmes	Department of Education, Sarva Siksha Abhiyan
One year training program for teachers in schools catering specifically to children with special needs.	Department of Education
Institute a team of specialists to examine each child to assess his/her suitability for inclusive education	Department Of Health and Family Welfare

Objective: To ensure enrolment of children with special needs in mainstream as well as special schools

Strategy	Responsible department
Ensure 0% rejection rate in schools for differently abled children under the Right To Education	Department of Education, Sarva Siksha Abhiyan
Identify school drop outs and conduct a study on the same. A plan will be generated for each child taking into account the needs or the requirements of the child in order to facilitate provision of education.	Department of Education, Sarva Siksha Abhiyan
For smaller habitations where opening/upgrading of a school is not possible, adequate arrangements for free transportation shall be made	Department of Education, Sarva Siksha Abhiyan, Department of Transportation
Residential facilities shall be provided at all special schools	Department of Disabled Welfare
In respect of children with disabilities, which prevent them from accessing the neighbourhood school, adequate and appropriate arrangements for their education shall be made	Department of Education, Sarva Siksha Abhiyan
Promotion of access for children with disabilities to new information and	Department Of Disabled Welfare, Department Of

communications technologies and systems, including the Internet;	Education
Maintain an effective teacher student ratio in the schools	Department Of Education
Arrange for home schooling and open schooling in cases of severe disability	Department of Education, Sarva Siksha Abhiyan
Dual learning options should be provided in integrated classrooms, with extra tutorials, resource rooms for specialised attention.	
Distance learning should be provided through National Open University and through Websites and/or Television	Department Of Education
Courses shall be developed for the visually and hearing impaired in conjunction with industry to provide them with adequate pre-vocational training,	Department Of Education

Objective: To impart quality education and increase retention ratio of children with disability.

Strategy	Responsible department
High quality education shall be provided uniformly in all schools and to this end norms and standards shall be specified in respect of all activities involving quality	Sarva Siksha Abhiyan, Department Of Education
The state shall define the learning outcomes of children at the end of each grade and for every subject and bring out textbooks, learning material and teacher training material based on these outcomes. A team of special educators shall be instituted to develop curriculum for differently abled children.	Sarva Siksha Abhiyan, Department Of Education
Introduce a scribe facility for the children suffering from Cerebral Palsy, who are not in a position to write the public exams by themselves and/or slow in their writing.	Sarva Siksha Abhiyan, Department Of Education
Basic life-skills shall be imparted to children, through an age and disability appropriate syllabus, books and other learning materials	Sarva Siksha Abhiyan, Department Of Education
In order to ensure inclusive education in every school, the state shall	Sarva Siksha Abhiyan, Department

devise a continuous system of measurement of achievement for all classes, maintenance of portfolios for each child, devise remedial programmes and devise a system where the school and teachers are made accountable for the low performance of children	Of Education
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Objective: To ensure sensitisation of the community and government towards the needs of differently abled children.

Strategy	Responsible department
Conduct Programmes to generate awareness in teachers and the community about issues concerning disability.	Sarva Siksha Abhiyan, , Department of Elementary Education
Conduct awareness campaigns to sensitize government officials so that they are aware of the needs and capabilities of the children with disabilities and can be applied to as a recourse in cases of discrimination	Department Of Disabled Welfare
Introduction of Schemes that to promote recognition of the skills and merits of children with disabilities, in the form of scholarships and grants in aid	Sarva Siksha Abhiyan

Way forward: Timeline

Overall goal	2011-2013	2013-16	2017-2020
Development of infrastructure in order to support of inclusion of children with special needs in mainstream	<ul style="list-style-type: none"> Make newly constructed school buildings and older buildings barrier free through construction of ramps. Provide disability specific assistance in forms of live assistance 	Ensure infrastructure in all schools is disability friendly. Upgrade facilities to reflect advances in technology Annual training camps in for	Ensure infrastructure in all schools is disability friendly. Upgrade facilities to reflect advances in technology

<p>classrooms</p>	<p>and other methods. Provide the required appliances, and viable means of transport to children with special needs.</p> <ul style="list-style-type: none"> • Provide training to teachers to allow them to be able to provide specialised education • Open two teacher training institutes each for special educators catering to visually impaired, hearing impaired and mentally challenged children. One teacher training institute shall be instituted for children suffering from cerebral palsy 	<p>teachers to upgrade their skills.</p> <p>Ensure trained resource personnel provided at each school, for children with severe disabilities</p> <p>Upgrade and maintain the institutes. Ensure that the curriculum is revised regularly to keep it up to date</p>	<p>Annual training camps in for teachers to upgrade their skills.</p> <p>Ensure trained resource personnel provided at each school, for children with severe disabilities</p> <p>Upgrade and maintain the institutes. Ensure that the curriculum is revised regularly to keep it up to date</p>
<p>Ensure Enrolment</p>	<ul style="list-style-type: none"> • Ensure zero per cent rejection rate of children Under RTE • Adequate arrangements for home schooling, open and distance schooling shall be provided • Specialised schools catering to children with severe disabilities shall be set at a district level. • Resource centres shall be set up at a district level to form 	<ul style="list-style-type: none"> • Sustain zero per cent rejection rate of children. • Adequate arrangements for home schooling, open and distance schooling shall be provided • Continuous evaluation and updating of the special facilities and the skills of the personnel 	<ul style="list-style-type: none"> • Sustain zero per cent rejection rate of children • Adequate arrangements for home schooling, open and distance schooling shall be provided • Continuous evaluation and updating of the special facilities and the skills of the personnel

	a one stop information portal for schools on the subject of disability management.		
Improve Quality and increase retention	<ul style="list-style-type: none"> • Develop norms and standards to ensure quality of education • Develop curricula which caters to the needs of special children with dual learning options, resource rooms and extra tutorials • Provision of reimbursements of non-govt. and examination fees, as well as merit based scholarships to children with special needs 	<ul style="list-style-type: none"> • Ensure that all institutions keep to these standards • Continuous monitoring to ensure that the teachers and school are held accountable for performance of students • Constant monitoring to ensure benefits available under incentive schemes are made available to children. 	<ul style="list-style-type: none"> • Ensure that all institutions keep to these standards • Continuous monitoring to ensure that the teachers and school are held accountable for performance of students • Constant monitoring to ensure benefits available under incentive schemes are made available to children.

Capacity building of teachers

Recap of the 2003-10 SPAC

The previous SAP did not have specific plans for capacity building among teachers. It did recognize the need to train teachers and ensure that they have satisfactory work conditions (good salaries for instance) in order to maintain quality in education. It recognized the importance of teachers as a resource for imparting knowledge on and the realization of Child Rights. Keeping this in mind, it was decided to integrate Child Rights within the curriculum of teacher training (B.Ed and M.Ed courses). Further, it recognized the importance of equipping teachers for inclusive education.

Way forward: Strategies

Following are the state government's key objectives towards teachers capacity building and the strategies to achieve the same.

Objective: To ensure that the quality of education imparted to students is of a good standard

Strategy	Responsible department
Regularly monitor the quality of teaching in schools	SCERT, Sarva Siksha Abhiyan
Conduct training programmes to familiarize teachers about interesting pedagogic methods, such as activity based learning	SCERT, Sarva Siksha Abhiyan
Reduce the non-teaching work load on teachers to enable them to invest time and effort on teaching	Department of Education, Sarva Siksha Abhiyan
Ensure that schools are supportive towards teachers and facilitate the resolution of any problems/challenges they face	Department of Education

Objective: Ensure that teachers are capable of catering to children who might have special needs or are unable to keep up with the regular pace in the classroom

Strategy	Responsible department
Conduct programmes to create awareness in teachers about problems faced by children from vulnerable sections- girl children, children from SC/ST/OBC communities, children with disabilities etc	Department of social Welfare, Sarva Siksha Abhiyan, SCERT
Impart training to teachers to enhance their capacity to deal with problems faced by such children	Department of social Welfare, Sarva Siksha Abhiyan, SCERT
Integrate a component on Inclusive Education in B.Ed and M.Ed courses	Department of higher education and technical training
Make provisions for remedial teaching in schools	Sarva Siksha Abhiyan

Way forward: Timeline

	2011-2013	2013-16	2017-2020
Overall goal	<ul style="list-style-type: none"> • Universalise access to high school education by bridging 	<ul style="list-style-type: none"> • . • Ensure continued access to 	<ul style="list-style-type: none"> • Ensure continued access to high school education for all

	<p>all gender and social category gaps.</p> <ul style="list-style-type: none"> • Universalise retention. • Improve quality of higher education • Provide life skills related education to all children. 	<p>high school education for all children.</p> <ul style="list-style-type: none"> • Ensure all children are retained in school. • . • Constantly endeavour to improve quality of education. • Provide life skills related education to all children. 	<p>children.</p> <ul style="list-style-type: none"> • Ensure all children are retained in school. • Constantly endeavour to improve quality of education. • Provide life skills related education to all children.
Easy access to schools	Upgrade primary schools to high schools. In case students have to travel long distances, provide means of transport such as bicycles.	Ensure the upgraded schools are functioning effectively, and delivery of services such as provision of bicycles is effective.	Monitor the availability of schooling facilities in all districts, and continue to ensure schooling is physically accessible for all children.
Strengthen infrastructure	Ensure clean drinking water, toilets and barrier free environments in all schools. Provide hostels to girl students.	Ensure clean drinking water, toilets and barrier free environments in all schools. Ensure proper maintenance of hostels for girl students.	Ensure clean drinking water, toilets and barrier free environments in all schools. Ensure proper maintenance of hostels for girl students.
Incentive schemes	Minimize expenditure on education by providing free uniforms and notebooks, and providing reimbursements of non-govt. and examination fees to girl students and SC/ST students.	Constant monitoring to ensure benefits available under incentive schemes are made available to children.	Constant monitoring to ensure benefits available under incentive schemes are made available to children.
Financial assistance	Provide financial assistance in the form of scholarships to children who come from low income families, and children who perform well academically	Monitor effectively to ensure children are aware of, and avail the scholarships available to them.	Monitor effectively to ensure children are aware of, and avail the scholarships available to them.

Quality improvement	Strengthen teacher training programs to introduce teachers to new pedagogical methods such as activity based learning. Increase mid-level training programs. Ensure teachers are provided supportive environments in schools.	Ensure all teachers meet the required standards of quality. Continue with the training sessions, to ensure constant improvement.	Ensure all teachers meet the required standards of quality. Continue with the training sessions, to ensure constant improvement.
Sensitized environment	Ensure teachers are sensitized to special needs of children from vulnerable backgrounds, and differently abled children through awareness programs. Make provisions for remedial teaching for these children.	Ensure that the sensitivity of teachers is maintained, in all schools. Also ensure vulnerable children are provided a sensitized environment in schools.	Ensure that the sensitivity of teachers is maintained, in all schools. Also ensure vulnerable children are provided a sensitized environment in schools.
Life skills	<ul style="list-style-type: none"> ○ Create and maintain life skill units in schools to provide training to adolescents in life skills. ○ Conduct awareness programs on challenges specific to adolescents- educational, nutritional, economic and sexual. 		

Strategy and Timelines

Child Protection

Child Protection

The State has witnessed significant development since 2003-04 in the enforcement of the Juvenile Justice Act 2000 and subsequently the Amendment Act 2006. The first step has been that of putting structures and mechanisms in place for addressing child protection issues such as Child Welfare Committees, Juvenile Justice Board and the SJPU in all the districts.

The CWCs handle a range of cases, including children rescued from trafficking, forced labor child marriage, abuse, begging, affected and infected by HIV AIDs etc.

Another milestone in child protection in Karnataka is the setting up of the Karnataka State Commission for protection of Child Rights as of 2008 with a competent 6 member team that monitors implementation, enforcement of specific legislations like RTE, implementation of policies and action plan and the entire range of violation of rights of children.

Child trafficking

Recap of the 2003-10 SPAC

The 2003-10 SPAC highlighted the lack of data on the number of children in trafficking incidents and in difficult circumstances and the non-availability of replicable models of protection and rehabilitation as major problems besetting efforts to control child trafficking. The plan focussed on developing effective legislations and programmes that would protect children subjected to trafficking and ensure that they are taken care of properly and are given enough opportunity for development and overall growth. It also aimed at implementing a comprehensive strategy for the prevention, rescue, rehabilitation and repatriation of children who have been trafficked or have undergone any kind of exploitation. By 2007, the plan aimed at ensuring that all children in difficult circumstances were protected by comprehensive policies and programmes.

The state also intends to set up 7 new Observational Homes.

Way forward: Strategies

Following are the state government's key objectives towards combatting child-trafficking and the strategies to achieve the same.

Objective: Prevent of trafficking of children

Strategy	Responsible department
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Activate anti-trafficking committees constituted at district, taluk and gram panchayat level to monitor the implementation of the Action Plan on trafficking	DWCD, Department of Rural Development and Panchayati Raj, Police, ULB, NGOs
Map at risk/vulnerable communities and source, transit and destination areas in the state, in coordination with NGOs	DWCD, Police, District Administration, CEO
Work along with local community bodies such as youth and women's groups, corporations, educational institutions, municipalities, panchayat leaders etc to generate awareness about child trafficking	DWCD, Department of Rural Development and Panchayati Raj
Strictly enforce the compulsory registration of marriages as per the provisions of the Karnataka Marriage Act, 1976 and the Prohibition of Child Marriage Act, 2006	DWCD, Department of Revenue, Police, Municipalities, Inspector General of Stamps and Revenue
Sensitize specific groups of people who deal with or come in contact with children to be sensitive and alert to problems/needs of children, like police personnel, teachers, anganwadi workers, railway and road transportation authorities and staff of all children's care institutions.	SCERT, NIPCED, Police Training Academy, ATI, Mysore, DWCD
Set up norms and minimum standards in hostels and all child care institutions. These norms are also to be applicable to child care institutions falling under the purview of the Social Welfare Dept, Minorities Commission and any other Departments.	DWCD
Set up norms and child protection standards in the hospitality and tourism industry to ensure tourism does not promote child exploitation * These norms will be implemented by the Tourism Department and Police	DWCD, Departments of Tourism, Hotel Industry and Transportation
Prioritize vulnerable communities for development programs	DWCD, NIPCED

Objective: Ensure fast and effective rescue of children who have been trafficked

Strategy	Responsible department
Establish and functionalize the anti-trafficking cell at CID and Anti-trafficking Units in select districts	Police & DWCD

Customise the protocols for raid and rescue operations enveloped by MHRD and UNODC, in consultation with Police and NGOs	Police and DWCD
Make it mandatory to register FIR and strengthen a central data base on missing children. Convergent Missing Children Database with Police, WCD and NGO (BOSCO) * SHG's and Youth groups can be asked to volunteer information	Police, DWCD, NGOs, Child Line, CWC
Data base on issues of trafficking – Separate registers in police station on issues related to crime against women and children, data from CWC, Child line, Santhwana and Swadhar	Police, DWCD
Network with key departments in raid and rescue operations	Police
Promote inter-district and inter-state coordination in rescue and rehabilitation	Police
Organize community outreach programmes as per SO920 on the issue relating to trafficking emphasizing area specific issues, Open house program to reach out to school and college children,	DWCD, Police, Department of Rural Development and Panchayati raj, Railways, KSRTC, Municipalities
Undertake joint review and monitoring of cases at unit level – including CWC, Childline, NGOs	PI, Circle Inspector, Sr. CWO of SJPU, SP/DCP
Focus on capacity building of active players in rescue and rehabilitation- law enforcement personnel, police, members of Child Welfare Committees and Juvenile Justice boards, customs and immigration officials, public prosecutors and judges and other officials and NGO's on the issue	DWCD, Police, ATI, Police Training Academy, NIPCCD, Karnataka Judicial Academy, SJPU

Objective: Ensure legal action is taken against offenders

Strategy	Responsible department
Train all police personnel especially those at the CCB and DCIB on the issue of trafficking and related laws with focus on the Immoral Trafficking Prevention Act, PCMA, CLRPA, JJA, and specifically on procedures	KPA, PTC, PTS, drawing expertise from across the country, DWCD, NIPCCD
Special Training to Judiciary and Public Prosecutors on handling cases relating	KJA, KSLSA, DWCD, Police,

to trafficking to ensure effective prosecution leading to conviction.	NGO
Update training modules developed.	
Direct local officers nominated to the anti-trafficking vigilance committees to participate actively	District Collectors and CEO, of ZPs office
Make provisions for video or in-camera recording of child survivor's statement to support prosecution and minimize victim trauma * NGO's can be requested to provide counsellors	Police, Judiciary, CWC
Provide a witness protection system that will operate during preliminary investigation, trial and post trial periods to protect witnesses from inducements and threats	Police, SJPU

Child Abuse including pornography

Recap of the 2003-10 SPAC

The earlier SAP did not have a separate section on Child Pornography and instead tackled this issue under the sub-theme Sexual Abuse and Exploitation. Within this sub-theme, child pornography featured as one of the manifestations of the sexual abuse and exploitation of children. The only specific strategy outlined to tackle child pornography (and related concerns such as trafficking of children on the internet) was taking necessary measures to combat the criminal use of information technology.

Way forward: Strategies

Following are the state government's key objectives towards the issue of child-trafficking and the strategies to achieve the same.

Objective: Create legal and technical safeguards against child pornography

Strategy	Responsible department
Generate awareness amongst parents and caretakers, in schools and cybercafés about laws which deal with child pornography, such as the Information Technology Bill	Department of Education, SCERT, Police
Create a coalition between internet service providers (ISPs) and Cyber Crime Cells to monitor occurrences of production or consumption of child	Police – Cyber Crime

pornography and ensure that effective action is taken against the perpetrators	
Team up with ISPs, NGOs working with technology and the private sector to conduct workshops for educators and parents about creating a safe online environment for children	Police
Sensitisation of children about the consequences of such crimes through appropriate media.	
Monitor the Ban sale of materials – CDs, books, magazines etc	

Objective: Ensure legal action is taken against perpetrators of child pornography

Strategy	Responsible department
Ensure that Cyber Crime Cells pay special attention to child pornography	Police
Train police personnel to respond effectively to complaints about child pornography by ensuring proper legal procedures are followed while dealing with such complaints	Police
Ensure online and offline tracking of perpetrators	Police

Objective: Ensure children who have been affected by child pornography are given care and support

Strategy	Responsible department
Sensitize legal institutions about dealing with children who have been victims of child pornography	Police, DWCD (CWC, Childline)
Ensure a child friendly atmosphere in police stations and JJBs/courts /	Police, Department of Law Prosecution
Provide access to psychologists and counsellors either at school or through CWC /JJ Institutions for children	Police, Department of Education (CPI)
Set up systems, especially in schools, institutions for providing long term support for children to deal with the trauma	SSA, CPI, DWCD

Child Marriage

Recap of the 2003-10 SPAC

The earlier SAP considered the problem of child marriages under two sub-themes: Sexual Abuse and Exploitation and Girl Child (cross-cutting theme). In both these sections, the plan recognized the problems caused by the prevalence of child marriages. These range from adverse effects on health, education, psychological development of children to exploitation and abuse of children as child marriage serves as a pretext for free sexual and domestic labour. The measures prescribed to tackle the problem were ensuring all marriages are registered and taking preventive and punitive action to ensure that girls marry after completion of 18 and boys after completion of 21 yrs.

Way forward: Strategies

The state government's key objectives towards the issue of child-marriage and the strategies to achieve the same are documented in the State Action Plan for Prevention Of Child Marriage being submitted by the Core Committee for Prevention of Child Marriage headed by Hon'ble Justice Dr. Shivraj V. Patil.

As per the direction of the Karnataka High Court, in response to a PIL on the prevalence of child marriage in the state, the government set up the Core Committee in December 2010 with the objective of evolving a state plan of action to prevent and prohibit child marriage in the state. The Action Plan that would be submitted to the High Court and the government by end June 2011, would spell out specific strategies for implementation such as –

- ❖ Prevention through wide spread awareness using various mediums, on the causes and consequences of child marriage for various sections of the community like parents, children, elected leaders, religious leaders, women and youth groups etc
- ❖ Sensitisation and capacity building of enforcement officers and all other concerned functionaries including Child Marriage Prohibition officers, Child Welfare Committee members etc for effective implementation of the action plan
- ❖ Strengthening enforcement of legislations for children specifically the Prohibition of Child Marriage Act, Juvenile Justice (Care & Protection of Children) Act 2000 and Amendment Act 2006 etc and implementation for appropriate legal action and support.
- ❖ Strengthen rehabilitation and alternatives for children needing support, victims of child marriage, children born of child marriage. Appropriate rehabilitation will include legal, medical, counselling, educational, vocational training and job placement, restoration to family etc.

The Action Plan will elucidate the roles and responsibilities of not only the Prohibition Officers but also of the key departments of WCD, Education, Police, Revenue, Health, RDPR, Social Welfare, BCM, Endowment and Wakf Board in implementation of the strategies mentioned above.

Objective: Generate awareness about the consequences of child marriage and processes and procedures to be followed when handling cases of child marriage

Strategy	Responsible department
Use folk, electronic and print media to generate awareness about the causes and adverse effects of child marriage on the children's health and overall healthy/normal development	DWCD, Department of Rural Development and Panchayati Raj, Municipalities in coordination with NGO's and the Department Of Health.
Ensure that communities are made aware of the law against child marriages, especially the punitive measures	DWCD, Information, Karnataka State and District Legal Services and Authorities, Mahila Samakhya, SSA, DOE/Collegiate Education
Work with communities where there is a high prevalence of child marriages to change societal attitudes about girl children and raise their status	DWCD, Mahila Samakhya, Self Help Groups, and Department Of Education, NGOs
Sensitise and train the Child Marriage Prohibition Officers, police officers and officials of Registrar of Marriages, Judiciary, to effectively and quickly respond to cases of child marriage	Police, DWCD, Revenue Department, Karnataka Judicial academy and KSLSA
Conduct awareness programs to educate the Police in dealing with the victims of child marriage in ways that restricts the trauma to a minimum	Police, DWCD
Ensure that communities, educators, anganwadi workers etc are aware of the procedures to be followed when they come across instances of child marriage (how to report, whom to report to, NGOs or people within the community and in the police they can seek help from etc)	DSERT, NIPCCD, DWCD through Anganwadi Training Centers
Awareness to children in schools and out of schools on the issue and the response mechanisms at all levels such that they become ambassadors for themselves and other children – Meena Thanda, Legal Clubs in school by	DSERT, SSA, WCD, Health, NGOs, KSCPCR, NIPCCD,

KSLSA, Kishore sanghas etc	ATI, DIETs
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Objective: Take cognizance of an occurrence of child marriage- either as an individual case or as part of mass marriage

Strategy	Responsible department
Direct Child Welfare Officers at the police stations to coordinate with ‘Child Marriage Prohibition Officers’ as per the Prohibition of Child Marriage Act 2006, to take steps to prevent child marriage	DWCD, Police, CMPO
Direct Station House Officers to take suo moto action in instances of child marriages during mass marriages or individual marriage and lodge FIRs against the contracting parties/person or persons involved	Police/SJPU
Scrutinize documents and registers maintained by institutions/individuals organising mass marriages to prevent cases of child marriages	Revenue Department, DWCD, CDPOs. Department Of Health
Get DWCD and local NGOs to prevent incidents of child marriage and propose legal action where necessary	DWCD, NGO's
Ensure adequate follow up of a case by the Child Welfare Officers until those convicted of conducting and agreeing to child marriages are punished according to law	DWCD, CWC or CWO, CMPO, DWCD, RDPR
Follow-up and rehabilitation through active participation of Child Welfare Committees	DWCD, CMPOs, CWCs, Childline

Child Labour

Recap of the 2003-10 SPAC

The previous SAP focused on eliminating all forms of child labour and ensuring all children rescued from child labour had access to proper education and rehabilitation facilities. The Plan also decided to withdraw the distinction between hazardous and non-hazardous labour by deeming all labour which interferes with the education and physical and psychological development of a child as child labour.

Way forward: Strategies

Following are the state government's key objectives towards the issue of child labour and the strategies to achieve the same.

Objective: Prevent the incidence of child labour by focusing on the family with intensive awareness and capacity building measures

Strategy	Responsible department
Generate awareness about the adverse effects of child labour on the development of the child and highlight the importance of education for a child's growth and career prospects in the future	Department of Labour, Department Of Education/SSA, DWCD, RDPR, Information
Conduct regular checks of establishments which have a history of employing children, especially in fields where child labour is rampant; Ensure that legal action is taken against establishments found flouting the law banning child labour bring to the first objective	Department of Labour
Ensure access to schools – specifically High school and language schools-Urdu medium, functional toilets etc	Department Of Education /SSA
Ensure skill development, income generation and livelihood opportunities for the child labour affected families (with a thrust to female-headed households) for facilitating augmentation of family income especially for mothers, elder siblings and released child labourers in adolescent age group (16 to 18 years).	Department of Labour and Employment, DWCD, Department of Social Welfare, Department for Rural Development and Panchayati Raj
Develop adequate crèche facilities for working mothers belonging to BPL families to ensure older siblings are not made to stay back from school to look	DWCD, Department of Labour

after younger siblings	
Ensure benefits of government programmes for BPL families, SC/ST families etc reach families affected by child labour on a priority basis	DWCD, department of Social Welfare

Objective: To ensure that every child, in the age group 6-14 years, already in child labour is released, rehabilitated and provided a viable and sustainable alternative.

Strategy	Responsible department
Mapping of areas, sectors and communities and magnitude of the problem that have high incidence of child labour. Maintain a database of complaints about child labour and ensure every case is recorded in the database.	Department of Labour, NGOs, DMA, District Administration
Ensure an effective tracking and monitoring mechanism that monitors children who have been rescued from child labour	Department of Labour
Ensure effective legal action is taken against employers who violate laws against child labour	Department of Labour, Prosecution
Ensure sufficient residential and non residential transit centres/schools with appropriate curriculum, TLMS, and assessment process in place, and linked to mainstreaming.	NCLP, SCLP, SSA, CPI, Commissionarate of Employment and Training
Provide vocational training to older siblings and ensure parents in BPL families have access to employment opportunities	Commissionarate of Employment and Training
Ensure children who have been released from employment and do not have caretakers are sent to child care homes which are equipped to provide for the development and successful rehabilitation of these children	DWCD

Objective: To provide an opportunity to every child, in the age group 6-14 years to access free, compulsory, equitable and quality education.

Strategy	Responsible department
Run bridge schools for school dropouts and mainstream formal education	CPI, NCLP, SCLP

Ensure children in government and aided schools get benefits such as mid-day meals, free books and uniforms and transportation support for girl children and children from BPL families, SC/ST communities	CPI, SSA,SDMC
Impart vocational training to older children who are out of school	Commissionerate of Employment and Training, NGOs
Ensure children of migrant labourers and children whose parents work in occupations such as tanning, scavenging etc are given priority access to education	CPI, SSA, Department of Labour
Provide incentives for school children based on their attendance, such as fee concessions for children with over 90% attendance	CPI, SSA
Ensure School Development Monitoring Committees monitor the attendance and retention of students.	Department of Rural Development and Panchayati Raj, SSA
Ensure children of migrant workers have access to education, either by enrolling them in the nearest school or through tent and mobile schools	Department of Rural Development and Panchayati Raj, SSA, Municipalities

Objective: Create community awareness and movement so as to ensure that no child is employed.

Strategy	Responsible department
Sensitize the community as a whole to the adverse effects of child labour of any kind or in any sector	Department of Labour
Ensure problems within the community, such as lack of access to employment opportunities for parents, financial insecurities caused by poverty etc are addressed adequately	Department of Labour, Department of Rural development and Panchayati Raj, ULB
Make the community central to planning programmes at the local level to prevent child labour and in rehabilitation programmes for rescued child labourers	Department of Labour, Department of Rural development and Panchayati Raj, ULB

Child Abuse

Recap of the 2003-10 SPAC

The previous SAP in its section on Sexual Abuse and Exploitation of children recognized the various forms of abuse that children face. These include being forced into prostitution because of the Devdasi system and because of child trafficking, facing incestual sexual abuse, abuse by , neighbours, caregivers and others, being exploited through child pornography, child sexual tourism etc. The Plan aimed at protecting all children from all such forms of sexual exploitation by developing inter-district and inter-state networks and involving local self-governments and community groups.

Way forward: Strategies

Following are the state government's key objectives towards the issue of child abuse and the strategies to achieve the same.

Objective: To prevent the occurrence of child abuse and exploitation

Strategy	Responsible department
Undertake a state wide information gathering to map the occurrence of child abuse and analyse manner of occurrence of child abuse, vulnerable groups of children and any indicators about the causes of such abuse. This can be done through micro action research initiatives, analysis of data from child welfare committees and child line and case registered in police stations.	DWCD, Childline, CWC, NGOs
Ensure that these results feed into a comprehensive programme that works with children in their specific socio-economic and geographic settings to prevent the occurrence of child abuse	DWCD
Sensitize caregivers, student and youth groups to child abuse and familiarize them with legal mechanisms available for redressing of any instances of abuse	DWCD, CWC, Childline, NGOs, KSCPCR
Set up children's committees within schools and institutions with complaint redressal mechanisms which children can approach with any complaints of abuse and ensure that the purpose of these committees is known to children and caretakers	DWCD, Department Of Education
Inclusion of issue of child abuse in school textbooks/curriculum from class 5	SDMC, DWCD, DSERT/SSA

to pre university that is age appropriate, and for children out of school through Kishori groups, and information on the mechanism for reporting.	
Ensure all police stations have trained Child Welfare Officers and separate registers maintained n crimes against children and reporting to the senior child welfare officer of the SJPU at the District level.	Police, CWC, DWCD, DCPUs
Create awareness on the issue of child abuse at district, taluk and gram panchayat level	RDPR, DWCD

Objective: Ensure effective mechanisms are available to redress child abuse

Strategy	Responsible department
Ensure that CWOs are trained to adopt a child sensitive approach while dealing with cases of child abuse	Police, DWCD, SJPU
Work with legal organizations and NGOs to ensure caregivers and children are aware of what constitutes child abuse and where redressal for the same can be sought	DWCD, District Legal Services Authorities
Take strict legal action against perpetrators of child abuse	Police, Judiciary
Establish adequate number of crisis intervention centers with counselling and rehabilitation facilities to the victims of child sexual abuse and child prostitution	DWCD, , Childline, CWC
Creation of awareness among children so that they are able to communicate to the proper authorities about the abuse they may face, whether on the domestic front, or in their educational institutions through School Development monitoring Committees, Child Rights Clubs etc	Childline, CWC, CRC and PCR, Bal Vikas Academy

Rehabilitation and Care

Recap of the 2003-10 SPAC

In the earlier SAP, rehabilitation and care formed an integral part of the theme; Protecting (Children) against Neglect, Abuse, Exploitation and Violence. Though there was recognition of the importance of providing proper rehabilitation facilities for children who needed them (such as children rescued from trafficking or from child labour), there were no specific goals that related to rehabilitation and care. However with the launch of the ICPS and the emphasis on strengthening of the Juvenile Justice System in Karnataka by the government i.e DWCD, the rehabilitation and support services have received a fillip. The number of institutions under the JJ system have increased to meet the growing demand - specialized adoption agencies are functioning in 24 Districts (3 Government and 27 NGOs), NGO run Shelter Homes are functioning in 6 Districts , In addition, 56 Children Homes have been set up by the Govt for Care and Protection of Children, 16 Observation Homes have been set up by the Govt for Children in conflict with law. Out of sixteen, 2 Observation Homes are also recognized as Special Homes for rehabilitation of children committed to custodial care for serious offence..

Way forward: Strategies

Following are the state government's key objectives towards rehabilitation and care and the strategies to achieve the same.

Objective: Ensure that every child entering the JJ system is provided appropriate and holistic rehabilitation services.

Strategy	Responsible department
Ensure that every child brought before the child welfare committee has a detailed individual care plan developed focusing on counselling, legal, education, medical, vocational service and repatriation/restoration.	DWCD- CWC
Ensure implementation of the Juvenile Justice Automation so as to assign clear timeline and speedy disposal of cases, and record experiences to ensure that there are no cases where the child is a part of the home and has been forgotten	DWCD
Ensure that all homes have in house counsellors who work towards the psychological well being of the child	DWCD
Ensure the child has access to further educational opportunities or to	DWCD, CPI, SSA, Commissionerate of

vocational training after completing school education	Employment and Training
Conduct periodic medical check-ups and maintain a medical record for all children	Department of Health and Family Welfare, DWCD
Provide access to Life Skills education and extracurricular and recreational activities for balanced growth.. In the case of children in conflict with law this would ensure prevention of repeating the offence.	DWCD, NIPCCD, NIMHANS
Ensure that the personnel in these homes are adequately trained and have the necessary language and cultural and counselling skills to deal with children who come from other states and other countries	DWCD, NIMHANS
Sensitize the personnel to the challenges faced by children who have undergone traumatic experiences (psychological, inter-personal skills, educational etc) and ensure the personnel are capable of addressing these challenges	DWCD, NIMHANS

Objective: Streamline the functioning of the child care institutions.

Strategy	Responsible department
Ensure that standards of care in JJ homes are properly followed	DWCD
Ensure that the management committee regularly monitors the functioning of these homes to inspect the quality of care	DWCD
Ensure that children in these homes have direct access to the external management committee and commission , so that any complaints of neglect or abuse within the homes are brought to notice and dealt with adequately	DWCD, KSPCR
Strengthen registration of all childcare institutions as per the JJ institutions and run regular checks of privately run homes to ensure they follow basic guidelines on providing rehabilitation and care to children	DWCD, Police
Ensure the government has records of all the children in privately run homes so that necessary benefits can be provided to the children and their development can be monitored	DWCD
Ensure the personnel in these homes involve the local community, so that the child transitions into the society seamlessly and to ensure that they have the required local context to understand the situation of the child	DWCD

Objective: Promotion of alternate care for rehabilitation of children so as to provide familial environment

Strategy	Responsible department
Ensure that children especially those below the age of 6yrs who are abandoned or surrendered by parent/parents are placed in adoption with priority being domestic adoption,	KSICPS, SARA, Specialised Adoption Agencies, CWC
Streamline both inter-country adoption and domestic adoption and a strengthened systems and procedures in place to prevent abuse such as trafficking of children	KSICPS, SARA, CARA, Scrutinising Agency, Specialised Adoption Agencies
Strengthen sponsorship programs across the state by providing adequate resources for children in need of care and protection based on the guidelines developed by the state – enhancing monthly budget for the child that is need based, system of group sponsorship, and monitoring at field level	KSICPS, SARA, DCPUs, CWC
Initiate and strengthening foster care programs across the state by providing adequate resources for children in need of care and protection based on the guidelines developed by the state – enhancing monthly budget for the child that is need based, system of group foster care and monitoring at field level	KSICPS, SARA, DCPUs, CWC
Intense awareness programs in the state to popularise the alternate care programs so as to encourage more families extend support to children	KSICPS, SARA, DCPUs, CWC
Training to all JJ functionaries including NGOs on proper implementation of the alternate care programs and skills for a coordinated approach	KSICPS, SARA, CARA, NIPCCD
Mobilise community participation especially CBOs such as Stree shakthi Groups/SHGs/SDMCs in the process of selection of children, families and importantly in follow-up and monitoring	KSICPS, SARA, DCPUs, CWC

Objective: Set up a convergent approach to repatriation and restoration process such that children from other states and countries are properly rehabilitated

Strategy	Responsible department
Ensure coordination between key departments such that there is timely and hassle free repatriation and restoration to minimise trauma for children,	KSICPS, CWC, Police/SJPU, Railways, Ministry of External

including defined protocol in place	Affairs, Embassies, State Governments
Set up Inter-State Task Force especially on issues related to trafficking so as prevent child trafficking as well as for timely and hassle free repatriation and restoration to minimise trauma for children	KSICPS, CWC, Police/SJPU, Railways, Road Transportation, NGOs
Capacity building of personnel across departments for efficient and prompt action	KSICPS,Police/SJPU, NGOs, Railways, Road Transportation,
Budgetary provision in all concerned departments with procedures in place to facilitate	KSICPS, CWC, Police/SJPU, Railways, Ministry of External Affairs, Embassies, State Governments

Way forward: Timeline

	2011-2013	2013-16	2017-2020
Overall goal	<ul style="list-style-type: none"> • Systems in place to combat trafficking in women and children in the state • Ensure fast and effective rescue of children who have been trafficked. • Create legal and technical safeguards against child all forms of child abuse including corporal punishment, sexual abuse such as pornography etc. • Ensure child labour is eliminated completely, and children withdrawn from work are enrolled in schools. • Systems in place to prevent 	<ul style="list-style-type: none"> • Ensure that child trafficking does not occur, through sustained effort and work towards putting an end to it • Ensure children in rehabilitation are provided adequate care and support. • Implement the safeguards created against child pornography, to ensure cases do not occur. • Monitor effectively to ensure the practice of child labour is not found in the state. • Ensure effective implementation of the Right 	<ul style="list-style-type: none"> • Ensure that child trafficking does not occur, through sustained effort. • Ensure children in rehabilitation are provided adequate care and support. • Implement the safeguards created against child pornography, to ensure cases do not occur. • Monitor effectively to ensure the practice of child labour is not found in the state. • Monitor effectively to ensure no stray cases of child marriage occur. • Ensure effective

	<p>child marriages from occurring in the state, through implementation of the Action Plan, targeted interventions in areas of high prevalence, and incidence reduced by at least 75% .</p> <ul style="list-style-type: none"> • Ensure effective implementation of the Right to Education Act and key legislations for children like the JJA, PCMA, ITPA, PCPNDT etc • Set up community based and convergent monitoring system from village, Gram Panchayath/ULB, Taluk, district and state level for prevention 	<p>to Education Act and key legislations for children like the JJA, PCMA, ITPA, PCPNDT etc</p> <ul style="list-style-type: none"> • Implement the Action Plan for prohibition and prevention of child marriage – near 100% and monitor effectively to ensure no individual cases of child marriage occur. • Effective community based and convergent monitoring system from village, Gram Panchayath/ULB, Taluk, district and state level for prevention functional 	<p>implementation of the Right to Education Act and key legislations for children like the JJA, PCMA, ITPA, PCPNDT etc</p> <ul style="list-style-type: none"> • Effective community based and convergent monitoring system from village, Gram Panchayath/ULB, Taluk, district and ensuring no slippage
Prevent child labour	<ul style="list-style-type: none"> • Rescue and withdraw every child in the age group of 6-14 who is presently working in any sector of employment rehabilitate appropriately and provide viable alternatives to the family. • Ensure all children in the age group of 6- 14 are in school, and stop child labour completely by adopting a family based approach. 	<p>Ensure all children in the age group of 6- 14 are in school, and stop child labour completely by adopting a family based approach.</p>	<p>.</p> <ul style="list-style-type: none"> • Monitor the situation effectively to ensure no child is denied an education up to class 10 • Effective community based and convergent monitoring system from village, Gram Panchayath/ULB, Taluk, district and ensuring no slippage

<p>Prevention and rehabilitation of victims of trafficking</p>	<p>Prevent trafficking of children through effective enforcement of legal provisions. Ensure offenders are punished Provide adequate rehabilitation and support to children rescued from trafficking. Set up community based monitoring system at all levels</p>	<p>Continue to track rescued children, to ensure they are provided adequate care and protection. Effective community based monitoring system functional at all levels</p>	<p>Monitor effectively to ensure no stray cases of trafficking are registered Continue to track rescued children, to ensure they are provided adequate care and protection. . Ensure all children have access to education up to class 10</p>
<p>Prevent child marriages</p>	<p>Conduct awareness programs in areas where high incidence of child marriage prevails, to improve attitudes towards the girl child. Implement legal stipulations about child marriage strictly, to stop child marriage completely. Set up community based monitoring system at all levels</p>	<p>Monitor closely and continue awareness programs, particularly in high prevalence areas, to ensure stray cases of child marriage do not occur.</p>	<p>Monitor closely and continue awareness programs, particularly in high prevalence areas, to ensure stray cases of child marriage do not occur. Ensure all children have access to education, vocational training up to age of 18yrs</p>

Annexure

Annexure

Annexure 1: List of documents consulted for developing SPAC 2011-20

1. Action Plan for the Elimination of Child Labour in Karnataka: 2010-2017
2. Action Plan to Combat Trafficking of Women and Children in Karnataka, 2007
3. Annual Report, Department of Births and Deaths Registration, 2006-2007
4. Annual Report, Department of Women and Child Development, 2009-2010
5. Annual Report, Sarva Shiksha Abhyan, 2008-2009
6. Annual Report, Welfare Department, 2009-2010
7. Ensuring Child Well-being- Andhra Pradesh State Plan of Action for Children, 2007-2010
8. Karnataka State Plan of Action for Children: 2003-2010
9. Karnataka State Strategic Statistical Plan (KSSSP), Directorate of Economics and Statistics, 2009
10. Performance Budget, Education Department 2009-2010
11. Revised Scheme for Street Children: An Integrated Programme for Street Children, Ministry of Social Justice and Empowerment (year)
12. Special Bulletin on Maternal Mortality in India 2004-06, Sample Registration System, Office of Registrar General, India, 2009
13. State Level Workshop on Universalization of ICDS with Quality: Report, 2009
14. Ujjawala: A Comprehensive Scheme for Prevention of Trafficking and Rescue, Rehabilitation and Re-integration of Victims of Trafficking for Commercial Sexual Exploitation, Ministry of Women and Child Development, GOI, 2007

Annexure 2: List of persons and departments consulted for developing SPAC: 2011-2010

- Bangalore District Administration (Assistant Collector, Bangalore South and Anekal)
- Chief Health Officer, Bruhut Bengaluru Mahanagara Palike (BBMP)
- Welfare Commissioner, Bruhut Bengaluru Mahanagara Palike (BBMP)
- Additional Commissioner, Bruhut Bengaluru Mahanagara Palike (BBMP)
- District Education Officer, Bangalore District
- Deputy Commissioner, Bangalore District
- Department of Births and Deaths Registration
- State Health Resource Centre

- Department of Health
- Department of Labour- Karnataka State Resource Centre on Child Labour
- Training Cell, Department of Police
- Commissionarate of Public Instruction
 - Sarva Shiksha Abhyan (SSA)
- Department of Social Welfare
- Department of Women and Child Development
- Department of Rural Development and Panchayati Raj

Annexure 3: List of NGOs consulted for developing First Draft of SPAC

- Akshara Foundation
- Akshaya Patra
- Ananya
- Concerned for Working Children (CWC)
- Dream A Dream
- Equitable Tourism Options (EQUATIONS)
- Karnataka Health Promotion Trust (KHPT)
- Kilikili
- Makkala Jagriti
- Unnati
- Killi Killi
- Association of People with Disability(APD)
- Spastics Society of Karnataka
- CBR Network
- Mathru Educational Trust for the Blind
- Enable Now
- Seva in Action
- Samartham Trust for the Disabled