

REPORT OF

THE STEERING COMMITTEE ON

WOMEN'S AGENCY AND CHILD RIGHTS

FOR

THE TWELFTH FIVE YEAR PLAN
(2012-2017)

PLANNING COMMISSION
GOVERNMENT OF INDIA



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Foreword

The XII Five Year Plan Steering Committee Report on 'Women's Agency and Child Rights' is our tribute to India's Women and Children - who constitute over 70 % of India's citizens. This Report brings to people their voices and aspirations and our commitment to translate this vision into a reality during the Twelfth Plan period.

The Steering Committee recommendations for the Twelfth Plan strategy signify the recognition that more inclusive growth must begin with children and women, to break an intergenerational cycle of inequity and multiple deprivations – impacting upon present and future generations of India's citizens. The paradigm in the Twelfth Plan has evolved from "welfare" to "development" in earlier plans towards a "rights based" approach- with equality of opportunities and entitlements. This Report highlights that the fulfilment of the civil, social, economic and political rights of women and children's rights to survival, development, protection and participation is a critical development imperative that provides the very foundation for faster, more inclusive and sustainable growth. Women are recognised as equal partners in social, economic, development and political processes and as prime movers of social change and agents of economic change.

It is significant that this Report moves beyond defining inclusion as redistributive justice to share the benefits of economic growth- to envisaging inclusion in the very engine of economic growth and integral to growth. The recommended strategy envisages the engendering of development planning processes and making these more child centric. Structural transformation is envisaged - not only in the Women and Child related direct policy and programme interventions, but also in the policies and programmes of different sectors that impact upon women and children –especially the most vulnerable. The Report reaffirms that the highest priority must be accorded to Children and Women- especially the most vulnerable - including those subjected to violence, exploitation, children in need of care and protection, those in difficult circumstances, living with disabilities, living without family support and those living in conditions of poverty and deprived of basic services. Special efforts must be made to ensure the inclusion of women and children from the most deprived socio religious communities, such as Scheduled Castes, Scheduled Tribes, particularly vulnerable tribal communities, denotified and nomadic groups, religious minorities, other backward classes, migrants, those living in inaccessible or scattered hamlets, those living in insecure environments and also unrecognised urban poor community groups, among others.

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This implies that monitorable outcomes related to women and children must be embedded in the Twelfth Plan sectoral strategy of different sectors such as Health, Human Resource Development, Rural, Urban and Tribal Development Social Justice, Minorities, Drinking Water and Sanitation, Water Resources, Agriculture, Forests and Environment, Employment, Livelihoods, Food Security, Industry and Infrastructure among others. It is recommended that these be reflected in the upcoming Policies, Results Frameworks and Five Year Strategic Plans of different Ministries/Sectors and Implementation Plans for related National Flagship Programmes. The Report also recommends that these outcomes should be anchored in empowered panchayati raj institutions, urban local bodies and communities- towards creating ‘Women and Child Friendly Panchayats’ and urban local bodies, complemented by Baal Panchayats, with child participation taking on a new dimension. With progressive devolution of powers to panchayati raj institutions and an increasing number of states now having 50% reservation for women in panchayati raj institutions, new opportunities are emerging for making development planning processes more gender sensitive and child friendly at the grass roots level in the Twelfth Plan. Strengthened community processes, effective participation of Women’s SHGs/ community volunteers and vibrant partnerships with civil society are envisaged, so that action for children and women is rooted in the community. The Report also recommends that gender related multisectoral interventions must be strengthened through the recently set up National Mission for Empowerment of Women, which should be empowered as an institutional mechanism, that effectively convenes and links different aspects of women’s agency and gender equality across sectors.

For fulfilling Children’s Rights, the Steering Committee Report emphasises Legislative and Policy Reform, the strengthening of child sensitive jurisprudence and the formulation of a comprehensive Children’s Code. It recommends the updation of the National Policy for Children and formulation of new National /State/District Plans of Action for Children, building on the Twelfth Plan strategy and monitorable targets, with strengthened institutional mechanisms and capacities at decentralised levels. Recognising the indivisibility of child rights, convergence will be strengthened across different sectors, ensuring children their right to childhood. The Report also reconceptualises and seeks to institutionalize child budgeting- to move from budgeting, to resource utilisation - to focus on outcomes for children at panchayat/ block / district / state / national levels.

Complementing the accelerated implementation of the Right To Education Act, the formulation of a National Policy on Early Childhood Care and Education (ECCE), has also been highlighted. Notably the Steering Committee recommends that the Child Labour (Prohibition and Regulation) Act be amended in line with the Right To Education Act.

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Prioritising the need to create a protective environment for all children, and addressing child rights violations effectively, the Steering Committee has also recommended that the National Commission for Protection of Child Rights (NCPCR) and State Commissions for Protection of Child Rights (SCPCRs) be empowered, mandating normative standards. The consolidation and enrichment of the Integrated Child Protection Services is also proposed, with capacity development at different levels, especially to respond effectively to children in need of care and protection and to those needing special protection measures. Girl Child Specific District Plans of Action are recommended, led by State/ District Multisectoral Task Forces for Care and Protection of the Girl Child, which bring together different departments of government and civil society. This is envisaged especially in States where the child sex ratio is very adverse and/or the decline has been steep.

The Steering Committee Report builds on and reinforces the recommendations of the Inter Ministerial Group on the Restructuring of Integrated Child Development Services (ICDS), which was mandated by the Prime Minister's Office to evolve a comprehensive approach to the ICDS Restructuring. Systemic reforms are recommended through ICDS Restructuring, to enhance early child care and development outcomes, in a life cycle continuum, repositioning Anganwadis as "vibrant Early Child Development (ECD) centres" to be ultimately owned by women in the community. Priority is accorded to early preventive action- reaching pregnant and breastfeeding mothers and children under three years of age, for enhanced child development and nutrition outcomes, along with a strengthened early learning continuum that enables school transition. Anganwadis are seen as the first village outpost for health, nutrition and early learning- a critical link between women, children and their communities with both the primary health care and the elementary education systems.

The strategy recommendations also provide the foundation for a more comprehensive life cycle approach (that includes adolescent girls) with a continuum of care across the life cycle and from the family/community, to the anganwadi, to health centres and facilities. This links ICDS with the Indira Gandhi Matritva Sahyog Yojana and the Rajiv Gandhi Scheme for Empowerment of Adolescent Girls. Recognising the distinct identity and needs of young people – both girls and boys – a new intervention for adolescent boys – SAKSHAM- has also been proposed. These recommendations also call for a manifold enhancement in resources for children, reaffirming the critical priority that must be accorded to our children.

In this perspective, the Report also acknowledges that Nutrition is crucial for the fulfilment of human rights- especially those of the most vulnerable children, girls and

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women, locked in an intergenerational cycle of multiple deprivation. Nutrition constitutes the foundation for human development, by reducing susceptibility to infections, reducing related morbidity, disability and mortality, enhancing cumulative lifelong learning capacities, and adult productivity. The Report highlights that it is critical to prevent undernutrition, as early as possible, across the life cycle, to avert irreversible cumulative growth and development deficits that compromise maternal, child and adolescent health and survival, achievement of optimal learning outcomes in education and gender equality.

The Steering Committee recommendations build on and take forward the decisions of the Prime Minister's National Council on India's Nutrition Challenges. The Reports strongly recommends Multisectoral interventions in 200 high burden districts (linked to National Rural Health Mission high focus districts) to accelerate reductions in maternal, neonatal, infant and young child undernutrition and mortality synerstically. This would comprehensively address the different determinants of undernutrition, with complementary aspects related to ensuring food security to be addressed by the upcoming Draft National Food Security Bill. The upscaling of innovative state/district models/pilots for prevention and reduction in undernutrition, including panchayat led models is also envisaged. A strong focus on promoting early and exclusive breastfeeding for the first six months of life is recommended, complemented by maternity protection, skilled counselling support and child care services. The progressive expansion of the Rajiv Gandhi Scheme for Empowerment of Adolescent Girls (RGSEAG) and universalisation of the Indira Gandhi Matritva Sahyog Yojana (IGMSY-Conditional Maternity Benefit Scheme) are recommended to address adolescent and maternal undernutrition and anaemia more comprehensively, in addition to strengthening ongoing health programmes that address micronutrient malnutrition. The setting up of a National Nutritional Surveillance System and instituting assessment, analysis and action, based on child growth, using WHO Child Growth and Development Standards and the Mother Child Protection Card is another major recommendation of this Report. The dual burden of malnutrition is also seen as an emerging issue.

I take this opportunity to extend my appreciation to all of those who contributed to this Report- the many voices we heard from the field and civil society, the Chairperson-Secretary Women and Child Development, Convenors and members of the three Working Groups on Women's Agency, Child Rights and Nutrition; the Chairpersons, Coordinators and members of the different Sub Groups and the members of the Steering Committee. I would especially like to recognise the significant contribution made by members of the Drafting Committee, which brought together and synthesised the different perspectives that emerged from these reports and enriching consultations- including Senior Adviser

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There are many faces of vulnerability and deprivation, which this Report brings out and addresses. One of the most poignant faces is the face of the unseen girl child. She haunts our consciousness as the girl child struggling to be born- and she also comes to us as Baby Falak and as Baby Afreen, struggling and losing her life soon after birth. The intergenerational cycle of multiple deprivations faced by girls and women is epitomised by this adverse child sex ratio in children under 6 years of age, denying the girl child her right to be born and her right to life - excluding her from life itself. The Child Sex Ratio touched an all time low at 914 girls for every 1000 boys in 2011 (Census 2011). Discrimination against the girl child is also evident in other forms of gross neglect and gender based violence after birth - in infancy, early childhood and adolescence, reflected in the lack of equal access to health, nutrition, care and education, often compounded by persistent exploitation. Early marriage, early and frequent pregnancies also deny the adolescent girl child her right to her childhood – her very right to be a child.

The Steering Committee Report calls for the ending of such gender based inequities, discrimination and violence faced by girls and women as a high priority in the Twelfth Plan. Most importantly, it calls for urgent improvement in the adverse and steeply declining child sex ratio, to be positioned as an overarching Monitorable Target of the Twelfth Plan, with a National Strategy for Care and Protection of the Girl Child.

I conclude with a quotation from translated verses written by the renowned author Zehra Nigah- “Unborn Girl to Mother “

*Before you sang to make me sleep
Myself I sank in sleep so deep
I had come to you from land unknown
In land unknown I sink myself
I was saved O Mother, O Mother, I was saved.*

This Steering Committee Report is dedicated to our Girl Child – and embodies our collective resolve for urgent action. It anchors our commitment to progressively fulfil the rights of India’s children, adolescents and women to survival, development, protection and participation, towards more inclusive growth and sustainable development.


(SYEDA HAMEED)

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Background

Recognising that inclusive growth begins with children and women, the Planning Commission constituted a Steering Committee on 'Women's Agency and Child Rights' under the Chairpersonship of Dr. Syeda Hameed, Member, Planning Commission. A copy of the Office Order constituting the Steering Committee is placed at **Annexure-I**. A copy each of the office orders regarding co-opting of members is provided in **Annexures-II to V**.

The Terms of Reference of the Steering Committee were as follows:

- i. To **review the existing approach, strategies and priorities**, on-going policies and programmes of empowering women and development of children in the Eleventh Five Year Plan. To suggest, if necessary, a new conceptual framework, alternative strategies, priorities, policies and programmes to accelerate the empowerment and development process for women and children, in a rights based perspective.
- ii. To **assess** the effectiveness of the implementation of **gender budgeting** and **suggest** specific measures and mechanisms to ensure that the funds/benefits flow to women from relevant sectors.
- iii. To **examine** the possibility of child budgeting along the lines of gender budgeting. To identify linkages with the ongoing **Results Framework Document** strategy planning processes underway in relevant sectors and recommend how these can be made more gender and child friendly.
- iv. To **review** the existing strategies, policies, programmes for child development and protection and **suggest** if necessary, viable alternatives/strategies, especially for the most vulnerable and, marginalized children, including children in difficult circumstances, children in conflict with law, children affected by abuse/exploitation or violence/crime/offence, children with disabilities etc.
- v. To **assess** the impact of economic reforms and progressive globalization/ liberalization of economy on the conditions of women and children and **suggest** effective strategies to cope up with the situation.
- vi. To **review** the effectiveness of the existing women & child-specific and women & child-related legislations, including implementation of the Domestic Violence Act and their enforcement and suggest corrective measures.
- vii. To **review** the effectiveness of the existing Institutional Arrangements for the implementation of policies and programmes relating to women and children at national, state, district and local (Panchayati Raj Institutions and Urban local Bodies) levels and suggest improvements, as needed.
- viii. To **suggest** an approach and viable strategies, priorities, policies and programmes along with physical and financial targets, and assessment of their concomitant funding requirements in pursuing the commitment of Empowering Women and Development of Children during the Twelfth Five Year Plan (2012 to 2017).

- ix. To suggest how development policies, planning, resource allocations, programme implementation different levels can be made more gender sensitive and child friendly, **institutionalizing the ‘gender lens’** and enabling women’s social and economic empowerment.
- x. To **highlight emerging issues**, challenges, amongst the **most vulnerable and deprived women and child groups** and communities with equity, and with special focus on the girl child and ending violence against girls and women, **including addressing the adverse Child Sex Ratio**.
- xi. To recommend how **Women’s Participation in Governance** and leadership, including local self governance, can be strengthened, with enhanced engagement of women in public policy, institutions and different aspects of peace and security processes.

The Planning Commission vide its order no. PC/SW/1-23(1)/2010 dated 25th May, 2011 constituted three Working Groups on “Women’s Agency and Empowerment”, “Child Rights” and “Nutrition” for the Twelfth Five Year Plan (2012-2017) under the Chairpersonship of Secretary, Ministry of Women & Child Development. The main objective of the Working Groups was to review, analyse and evaluate all existing provisions/programmes for women and children and make strategy recommendations for the Twelfth Five Year Plan, through consultative and participatory processes.

The first meeting of the Working Group on “Women’s Agency and Empowerment” was held on 10th June 2011. To address the ToRs in detail, five Sub-Groups were constituted on (i) Contextualizing ‘Empowerment’: Emerging Issues and Challenges, (ii) Legal Framework for Women, (iii) Engendering Schemes and Programmes & Skill Development amongst women, (iv) Women as prime movers in Governance and (v) Gender Mainstreaming and effective Accountability Mechanisms. The Sub Group Reports were discussed in the second meeting of the Working Group held on 27th September 2011. The Report of the Working Group is based on consolidated recommendations of the Sub groups Reports and deliberations of the Working Group.

Similarly, the first meeting of the Working Group on Child Rights was held on 23rd June, 2011. Five thematic sub-groups were set up viz. (i) Child Survival and Development, ICDS; (ii) Early Childhood Care and Education; (iii) Child Rights and Protection; (iv) The Girl Child; and (v) Adolescents. The report of the Working group on Child Rights was also formulated, synthesising the reports of different sub groups and was based on the subsequent deliberations of the Working Group.

The first meeting of the Working Group on Nutrition was held on 24th June, 2011 and five Sub-Groups on (i) Review of Extent of Nutrition Problems, Trend Analysis and Strategies,(ii) Intervention & Institutional Mechanism for Care and Support of Maternal & Child under Nutrition and Support Action Plan, (iii) Behaviour Change & Communication Including Promotion of IYCF & IMS ACT, (iv) Micro-nutrient & Malnutrition & Obesity and (v) Nutrition Surveillance, Mapping, Training and Capacity Building were constituted. The report of the Working Group on Nutrition was prepared, synthesising the reports of different sub groups and based on the subsequent deliberations of the Working Group.

The Steering Committee in its two meetings held on 18.7.2011 and 1.12.2011, discussed the Mid Term Appraisal of the 11th Plan, outlined the women’s agency, child rights and nutrition related priority issues for the 12th Plan and reviewed the recommendations of the three Working Group Reports. The issues relating to

women, children and nutrition were also discussed separately in the meetings of the Steering Committee Sub-groups, constituted vide its order no. PC/SW/1-23(1)/2010 dated 17.8.2011 viz.

- (i) **Engendering** the XIIth Plan and Reviewing the Impact of Macro Policies on Women.
- (ii) **Inclusive Development** including Single Women, Women in Conflict Zones, Women Victims of Human Trafficking, Women Affected by HIV/AIDS, Women Branded as Witches, Widows of Insurgency Prone Areas, Women Belonging to Marginal Sections of Society (Dalits, tribal women and women belonging to minority community), etc.
- (iii) **Economic Empowerment of Women with Focus on Land Rights, Property Rights and Inheritance Laws.**
- (iv) **Inter-sectoral Convergence of Schemes Relating to Women, Children & Nutrition.**

The office order regarding constitution of the Sub –groups is placed at **Annexure-VI** and co-opting of **Members to the Sub groups is at Annexure-VII**. Based upon the consolidated Reports of the three Working Groups, the discussions and the recommendations made by members of the Working Groups and Sub-groups, the Steering Committee finalized its report in three parts. The first Part ‘A’ is on Women’s Agency and Empowerment, the second Part ‘B’ is on Child Rights, and the third Part ‘C’ is on Nutrition. A Drafting Committee was constituted to facilitate the process of finalisation of the Steering Committee Report. **A copy of the order No. PC/SW/1-23(1)/2010 dated 14-12-2011 constituting the Drafting Committee is placed at Annexure VIII.**

PART A: WOMEN'S AGENCY AND EMPOWERMENT

1. INTRODUCTION

Over the years and particularly in the XI Plan period, numerous initiatives have been undertaken towards women's agency and empowerment. Significant progress has been made over the last Plan period in various development indicators. For example, Maternal Mortality Rate (MMR) has come down to 212 per 100,000 live births in 2009 from 301 in 2003, Infant Mortality Rates have reduced and are now 47 per 1000 (2011), fertility rates have lowered, there is an increase in school enrolment rates and the gender parity index at the primary level has improved. Institutional delivery has risen from 39 percent in 2006 to 78 percent in 2009¹, availability of HIV/AIDS treatment has been enhanced, gender gaps in wage rates are narrowing and women's participation in local governance has improved. With respect to strategic shifts in policy, the XI plan recognized women as a heterogeneous category for planned intervention, identifying diversity in castes, classes, communities, economic groups, geographic and development zones. It affirmed that mapping and acknowledging the specific deprivations which arise from these multiple situations/ locations, can alone determine the success of planned interventions. The groups of women include, but are not restricted to the Dalits, tribals, minorities, women with disability, migrant, displaced and trafficked women, women in the unorganized workforce, single women, especially widows, women subjected to exploitation, abuse and affected by violence, women infected and affected by HIV/AIDS, women in prisons and women in disturbed areas.

However, despite the achievements in the Eleventh Plan Period, a lot remains to be done in order to break the persisting vicious cycle of multiple deprivations faced by girls and women. Dedicated as well as cross-sectoral policy measures and schemes are necessary to halt gender discrimination and enable women to access their rights. The institutions of society, economics, politics and law have to be analysed in terms of how they relate to each other and how they play out across different arenas where gender discrimination occurs; and gender assessments have to be undertaken continuously to reveal gaps and monitor progress towards gender equality. Gender equality and empowerment should thus be a core development goal in order to achieve the growth planned in the XII plan in a sustainable and inclusive manner.

In the above context, the XII Five Year Plan Steering Committee on 'Women's Agency and Child Rights' views the term 'women's agency' as a socio-political ideal, encompassing an abiding commitment to dignity and equality, envisioned in relation to the wider framework of women's rights. It is a process of gaining control over oneself, over resources and over existing societal perceptions and attitudes and can be achieved only when an improvement in the 'condition' of women is accompanied by an advancement in their 'position' through enhancement of the economic, social and political freedoms, opportunities and choices available to them. This understanding is in continuation of the National Policy for the Empowerment of Women, 2001 which viewed

¹ All figures from the India Human Development Report – 2011 Institute of Applied Manpower Research

empowerment as an enabling process that must lead to women's economic as well as social transformation. The Government has sought to operationalise this approach through legislative and programmatic interventions as well as by mainstreaming gender into the development planning process. Numerous such initiatives were introduced in the XI Plan period. These initiatives need to be consolidated and built upon during the Twelfth Five Year Plan. Focused efforts through development programmes, both multi-sectoral as well as targeted, along with governance reforms should be a pre-requisite. Women, especially the vulnerable and marginalized, should be provided a level playing field to access social, economic, political and legal entitlements as a right.

1.1 Gender Equality and Constitutional Commitments

India has pledged itself to gender equality through several Articles of the Constitution. The Constitution guarantees equality and equal protection in law for men and women (Article 14), prohibits discrimination on the grounds of religion, race, caste and sex or place of birth (Article 15) and discrimination at work place (Article 16). Article 15(3) empowers the State to adopt special measures for women and children; Article 16 (4) empowers the State to make provisions/reservation in employment for any backward class citizens who are not adequately represented in the services. It also provides for special measures to achieve equality. Article 39(a) articulates the duty to provide adequate means of livelihood equally for men and women. Article 39(d) mandates a policy providing equal pay for equal work for both men and women. Article 39(e) mandates that the policy of the State should be geared to protect the health of men, women and child workers. Article 39A directs the State to secure a legal system promoting justice on the basis of equal opportunity and to provide free legal aid for securing justice for its citizens. Article 41 ensures right to work, to education and to public assistance in cases of unemployment, old age and sickness, and in other cases of under-served needs. Article 42 provides for just and humane conditions of work and maternity relief. Article 43 mandates that the state shall secure to all workers a living wage, conditions of work ensuring a decent standard of life and full enjoyment of leisure and social and cultural opportunities. Article 51A (e) casts a duty on the State to renounce practices that are derogatory to the dignity and status of women. Article 51 (A) (k) casts an obligation on the parent/guardian to provide opportunities for education to his child/ward between the age of 6-14.

At the beginning of the XII Five Year Plan and 63 years after women's rights were enshrined in the Constitution of India, there are several challenges remaining in fulfilling our constitutional commitments. Indian women continue to face discrimination in education, in jobs and in the remuneration they receive; their representation in public institutions is lower than that of men and violence against women in both public and the private spheres continues to be an area of concern. The XII Plan seeks to improve this situation by aligning its goal of achieving faster, more inclusive and sustainable growth to making women from all sections of society equal partners in the development process, thereby fulfilling their rights and meeting aspirations. In doing so, the XII Plan should make a strategic shift by making fulfillment of women's rights a condition to achievement of rapid and sustainable economic growth and according the highest priority to ending gender based inequities, discrimination and violence faced by girls and women.

2. THE XI PLAN PERIOD- A REVIEW OF ACHIEVEMENTS AND REMAINING CHALLENGES

The Eleventh Five Year Plan aimed at inclusive development. Its vision was that every woman in the country should be able to develop to her full potential and share the benefits of economic growth and prosperity. It recognized the differential needs of women and children as a heterogeneous category. It also acknowledged the need for inter-sectoral convergence as well as the need for focused measures by the Ministry of Women and Child Development (MoWCD) for the development of women and children. It recognized the need for partnership with civil society to create permanent institutional mechanisms that incorporate the experiences, capacities, and knowledge of Voluntary Organisations and women's groups in development, planning, and implementation. Towards this end, the approach adopted was to empower women and recognize their Agency, thereby seeking to make them partners in their own development. This it sought to do by mainstreaming gender in all sectors as well as by undertaking targeted interventions. **The Working Group on Feminist Economists, constituted in the Eleventh Plan to review gender equality across sectors, suggested many of the strategic recommendations of the Plan and has been reconstituted to provide recommendations for the Twelfth Plan.**

The Plan period saw the introduction of many new schemes and programmes targeted at particular groups or aimed at addressing specific issues. These included SABLA, for empowering adolescent girls, Indira Gandhi Matritva Sahyog Yojana (IGMSY) for maternity benefits, Mahila Kisan Sashaktikaran Pariyojana for women farmers, a scheme for leadership training of Minority women, Ujjawala for combating trafficking and Dhanalakshmi to tackle the issue of declining child sex ratio. Existing schemes were also modified to make them more effective and to plug identified gaps. Implementation of Legislations enacted just prior to the XI Plan like the Prohibition of Child Marriage Act, 2006, Protection of Women from Domestic Violence Act, 2005, and Hindu Succession (Amendment) Act, 2005 was followed up with the States and a new legislation aimed at providing women a safe working environment, Protection Against Sexual Harassment at the Workplace Bill was introduced in Parliament.

Several other policy decisions were made in the sector of women and children. The most important amongst these was the launch of the National Mission for Empowerment of Women (NMEW) on March 8, 2010. The Mission will work for strengthening inter-sectoral convergence at the Central, State, District and field levels of governance making it possible for women to know about and access all Government schemes and programmes. The National Mission Authority, supporting Committees and the National Resource Centre for Women have been established and have started functioning. The first pilot convergence project was launched in Pali district of Rajasthan in September, 2011 and similar pilots are planned in other States/UTs. The State Governments are also establishing parallel structures at the State level. 16 States/UTs have already established State Mission Authorities and 11 States are in the process of setting up of State Resource Centres for Women. The Mission stands testimony to the commitment of the Government to the empowerment of women in the country.

A landmark decision on which work has been initiated is the restructuring of the Rashtriya Mahila Kosh (RMK) into a systemically important Non-Banking Finance Company with an enhanced corpus of Rs 500 crores. The restructured RMK will have a pan-India office network and in its new and expanded form, it would facilitate

the financial inclusion of more than 2 lakh women from the disadvantaged sections of society on an annual basis towards the fifth year of its working.

The XI Plan document and its Mid Term Appraisal also emphasized the need for capacity building and enablement of the Panchayat for effective delivery of policy and programmes. Further, it enunciated the measures to accelerate the process of women's political empowerment and participation in PRIs; like increased resource allocation for capacity building of all PRI members (men and women); greater effort to include poor and other excluded women; funds for time-series evaluations of the impact of women on PRIs, and acceleration of the State Governments' process of devolution and decentralization of powers. Inclusion and mainstreaming of women also received special attention under programmes such as the MGNREGA, the Right to Free & Compulsory Education, National Rural Health Mission, National Rural Livelihood Mission and National Skill Development Mission. Gender Budgeting initiatives led to development of new schemes in supposedly gender neutral sectors like Department of Telecommunications and Ministry of Petroleum and Natural Gas.

Further, the Eleventh Plan affirmed that "Gender Budgeting and Gender Outcome assessment would be encouraged in all Ministries/ Departments at Central and State levels as Gender Budgeting helps assess the gender differential impact of the budget and takes forward the translation of gender commitments to budgetary allocations." Gender Responsive Budgeting is well recognized as an important tool for enabling gender mainstreaming. It seeks to view each activity that uses public resources through a gender lens in order to ensure that budgeting reduces existing gender disparities.

The Eleventh Five Year Plan also underlined the importance of Gender Audits of public expenditure, programmes and policies at national, state and district levels. In 2004-05, the Ministry of Finance mandated the setting up of Gender Budgeting Cells (GBCs) in all Ministries/ Departments as focal points for mainstreaming gender. So far 56 Ministries/ Department have set up the Gender Budgeting Cells. One of the key tasks of the GBCs is to undertake a gender scan of all existing policies, programmes and schemes of their respective Ministries/Departments. Furthering the process, the Ministry of Finance issued a Gender Budgeting Charter on 8th March 2007, which specifies the composition of Gender Budgeting Cells and their functions. However, the implementation of the charter remains a challenge. To build the capacities of functionaries and stakeholders at all levels, a Gender Budgeting Scheme was launched by MWCD in the XI Plan, through which more than 1000 persons have been trained.

Another major initiative was the introduction of the Gender Budget Statement in the Union Budget in 2005-06, which serves as an important tool for reflecting budgetary allocations for programmes/ schemes that substantially benefit women. The magnitude of the gender budget reflected in the Gender Budgeting Statement increased from 2.79 percent of the total union budgetary allocations in 2005-06 to 6.22 percent in 2011-12.

2.1 Review of the Programmes/ Schemes of the Ministry of Women and Child Development

Schemes for strengthening women's agency and empowerment have evolved over successive plan periods. These broadly aimed at fortifying women's agency and economic empowerment; providing social support to women in difficult circumstances and encouraging their social empowerment and schemes for advocacy and capacity building on gender issues. The existing schemes of the Ministry are proposed to be continued with increased reach and revamp wherever required. Scheme wise details are given below:-

2.1.1 Schemes related to Economic Empowerment of Women

2.1.1.1 Support to Training and Employment Program (STEP)

The Support to Training and Employment Programme for Women (STEP) is implemented as a Central Sector Scheme mostly through NGOs. The scheme has been in existence since 1986-87 and aims at sustainable employment and income generation for marginalized and assetless rural and urban women. The guidelines of the scheme were revised in 2009 and the Programme Implementation Manual has been issued. The key strategies for achieving the goal of livelihood opportunities for women, especially those in SC/ST households and families below poverty line, include training for skill upgradation, facilitating organization of women into viable cooperative groups, strengthening backward and forward linkages and providing access to credit. The ten traditional sectors identified for project funding under STEP include agriculture, animal husbandry, dairying, fisheries, handlooms, handicrafts, Khadi and Village Industries, sericulture, waste land development and social forestry. The scope and coverage of the scheme have been broadened with introduction of locally appropriate sectors identified and incorporated in consultation with State/UT Governments. In the XI Plan, 1,60,560 beneficiaries were covered under the STEP scheme.

Based on the evaluation conducted in 2007, the scheme has been revised in 2009 to include training in accordance with market demand, enhancement of beneficiary norms and establishment of credit linkages with the RMK, NABARD, CAPART and other financial institutions. It is proposed to link the STEP Scheme with vocational courses under National Skill Development Programme in order to increase employability of the trained SHG members under STEP. This would be a gradual process and the same would depend upon availability of vocational courses and facilities in the STEP project areas and the sectors covered under STEP.

2.1.1.2 Working Women Hostels

The Government of India introduced the Central Sector scheme of Working Women's Hostels in 1972-73 where grant-in-aid for construction of new or for expansion of existing buildings to provide hostel facilities to working women in cities, smaller towns and also in rural areas is provided to eligible categories. So far, 891 hostels have been sanctioned under the scheme since its inception with a sanctioned capacity of about 66,299 women and 8532 children in 323 Day Care Centres.

Based on an evaluation of the existing scheme and suggestions received from the Parliamentary Standing Committee on Empowerment of Women, the scheme has been revised. Under the revised scheme, apart from

the provision of extending financial assistance for the construction of hostel building on public land, new components of grants-in-aid for maintenance, furnishing of hostel and cost of rent of the hostels running in rented buildings have also been envisaged. Financial assistance can be availed by the State Government agencies including Women Development Corporations, Women Finance Corporation etc., Urban Municipal Bodies, Panchayati Raj Institutions, Self Help Groups etc.

2.1.1.3 Priyadarshini

The Ministry is administering the IFAD assisted pilot project since December 2009 as a central sector scheme namely Women's Empowerment and Livelihoods Programme in Mid Gangetic Plains 'Priyadarshini' in 13 Blocks spread over 5 Districts in Uttar Pradesh and 2 Districts in Bihar. The programme aims at holistic empowerment of vulnerable groups of women and adolescent girls in the project area through formation of women's Self Help Groups and promotion of improved livelihood opportunities. Over 1,00,000 households are to be covered under the project and 7,200 SHGs would be formed during the project period ending 2016-17. The project has been rolled out in the field from April, 2011.

2.1.1.4 Swayamsidha

The Ministry launched the Swayamsidha scheme in 650 blocks across the country in 2000-2001 as an integrated scheme for women's empowerment through the formation of Self Help Groups (SHGs). The programme was implemented through the State Governments. 69,803 SHGs were formed against a target of 65000 with 10.02 lakh beneficiaries. 56% SHGs have availed of bank loans and 85% are involved in income generating activities. The Swayamsidha programme proved to be very successful in building the capacity of women SHGs and this forms the basis for the evolving approach in the Twelfth Plan.

2.1.1.5 National Mission for Empowerment of Women (NMEW)

The Ministry launched the **National Mission for Empowerment of Women** on March 8, 2010 with the specific objective of ensuring convergence and better coordination among the schemes/programmes of various Ministries/Departments. The role of the National Mission for Empowerment of Women is to provide a strong impetus for reform by catalyzing the existing system and ensuring better coordination and convergence of all development programmes that impact women. The mission will work to achieve convergence at all levels of governance and, in close collaboration with grassroots structures, enable participatory approaches and processes. Among the various initiatives that have been planned, a new model of delivery i.e. the 'Convergence Model' has been launched in District Pali, Rajasthan and is proposed to be started in another 31 districts of the country. Recommendations to bridge the gap between demand and supply of services include scientifically estimating demand, bringing greater awareness about women based schemes and programmes, augmenting demand for various services/schemes for women and connecting women with service providers (existing Government departments/ministries). The model will include introduction of convergence cum facilitation centers for women at the district, ward, tehsil/block and village levels. The approved outlay for the convergence model for the mission for 2 years was Rs. 141 cr. On the completion of 2 years, continuation and expansion of the activities of the Mission in the XII Plan would be decided after an evaluation is conducted.

2.1.2 Schemes related to Social Security of Women

2.1.2.1 Ujjawala- A Comprehensive Scheme for Prevention of Trafficking and Rescue, Rehabilitation and Re-Integration of Victims of Trafficking for Commercial Sexual Exploitation

MWCD is implementing Ujjawala, a comprehensive scheme to prevent and combat trafficking. The scheme has five components viz. Prevention, Rescue, Rehabilitation, Re-Integration and Repatriation. Implementation of the Scheme started in December 2007. Till now 160 Projects with 79 Protective and Rehabilitation Homes have been sanctioned. The issue of trafficking for commercial sexual exploitation is a continuing concern and further initiatives are required to address the problem. The scheme is, therefore, proposed to be continued.

2.1.2.2 Swadhar Greh Scheme

Swadhar – A Scheme for Women in Difficult Circumstances was launched by the Department of Women and Child Development in 2001-02. Under the Scheme, temporary accommodation, maintenance and rehabilitative services are provided to women and girls rendered homeless due to family discord, crime, violence, mental stress, social ostracism or those who are forced into sex work. Another scheme with a similar objectives/target group namely Short Stay Home (SSH) is also being implemented by Central Social Welfare Board.

To assess the performance of both the schemes - Swadhar and Short Stay Home, an evaluation study was conducted by Centre for Market Research and Social Development, New Delhi in the year 2007. The evaluation report, while commenting positively on the effectiveness and positive impact of the schemes, observed that the profile of inmates, admission procedure, components of the scheme (counselling, vocational training, rehabilitation) and follow up procedure are almost similar in both schemes. The evaluation study recommended merger of both the schemes for better functioning and reduced administrative burden. The Department Related Parliamentary Standing Committee also recommended the same. Therefore the two existing schemes i.e. Swadhar and Short Stay Home are proposed to be merged into a new scheme “Swadhar Greh” with revised financial norms. The proposed scheme is expected to cover all districts of the country.

2.1.3 Autonomous Bodies under MWCD

2.1.3.1 Central Social Welfare Board (CSWB)

Central Social Welfare Board (CSWB) was set up in 1953 with the objective of promoting social welfare activities and implementing welfare programmes for women, children and the differently abled through voluntary organizations. It is a fully funded autonomous organisation of the Ministry. The fund requirement for General Grants-in-aid to meet the establishment costs of the CSWB, 33 State Boards and Field Office Establishments is proposed during the XII Plan period.

CSWB implements various schemes providing assistance to the needy, destitute and disadvantaged women and children. CSWB’s financial assistance to various voluntary organisations is provided on the recommendations from the State Boards. Following are the schemes of CSWB.

(a) Integrated Scheme for Women's Empowerment for North East Region (CSWB)

The Integrated Scheme for Women's Empowerment for North East has been designed to address the socio-economic needs of the region for empowerment of women and the development of children.

(b) Condensed Courses of Education for Women (CSWB)

The scheme was initiated for providing education to adolescent girls/women who are school drop outs, who did not have opportunity of joining a formal system of education (primary/middle/matric level) or those who did not receive skill development training. The scheme of Condensed Courses of Education implemented by the CSWB complements the programmes of Ministry of Human Resource Development in imparting literacy to women and girls. The scheme provides certification for the primary/middle/metric level courses, thereby increasing the employability of beneficiaries. Under the current guidelines the budgetary requirement for the XII Plan would be Rs. 45 crore. However, it is proposed to revise the norms under the scheme to be realistic and effective in the current context.

(c) Awareness Generation Projects for Rural and Poor Women (CSWB)

The scheme has been formulated for awareness generation and advocacy on issues and concerns of rural and poor women. Under the scheme, camps are organized in the community to generate awareness on issues relating to status, legal rights, problems of women and other social issues; to create an enabling environment for effective participation of women in decision making processes; and for asserting their social, economic and political rights. An evaluation of the scheme is proposed to be undertaken, and based on the recommendations, the scheme would be revised.

(d) Family Counselling Centres (CSWB)

The scheme of Family Counselling Centres (FCC) was introduced in 1983 with a view to provide counselling, referral and rehabilitative services to women and children who are victims of atrocities, family maladjustment, social ostracism, natural disasters, etc.

Family Counselling Centres have been recognised as service providers under the Protection of Women against Domestic Violence Act in several States. Moreover, in some States, Counsellors have been designated as Protection Officers. In view of its continuing relevance, the scheme is proposed to be continued in the XII Plan. The scheme, which has 787 FCCs at present, is yet to cover all districts. The honorarium of the Counsellors is also proposed to be reviewed.

2.1.3.2 Rashtriya Mahila Kosh (RMK)

Rashtriya Mahila Kosh an autonomous organization under the Ministry of Women and Child Development was set up as a Society in 1993 as the National Credit Fund for Women to extend micro-credit to poor and marginalized women on easy terms. The initial corpus of Rs 31 crore was increased with additional allocation of Rs.10 crore in 2006-07, Rs.12 crore in 2007-08, Rs.31 crore in 2008-09 and Rs.16 crore in 2009-10, taking the principal corpus to Rs.100 crore.

The Governing Board of RMK has taken a decision to restructure and strengthen RMK and convert RMK from the existing society mode to a Government owned, Non-Banking Finance Company (NBFC-ND-SI) u/s 617 of the Companies Act, with a Pan-India office network backed by need based capital. The process for restructuring and expansion of RMK has been initiated, and this should be carried forward in the XII Plan.

2.1.3.3 National Commission for Women

The National Commission for Women was set up in the year 1992 as a statutory body at the national level to protect and safeguard the rights of women. The mandate of the National Commission for Women, among other things, includes reviewing from time to time, the existing provisions of the Constitution and other laws that affect women and recommend amendments accordingly so as to suggest remedial legislative measures, taking up cases of violations of the provisions of the Constitution and of the other laws relating to women with appropriate authorities, looking into complaints and undertaking suo moto notice in matters related to deprivation of rights of women. The Commission also calls for special studies or investigations into specific problems arising out of discrimination and atrocities against women and also undertakes promotional and educational research. One of the important functions of the Commission is to participate and advise on the planning process for socio-economic development of women. The State Women's Commissions are constituted by the States under their respective State legislations.

2.1.4 Advocacy and Capacity Building for Gender Mainstreaming

2.1.4.1 Support for Gender Training

In spite of the progress made over the years, sensitivity towards gender issues and capacities of the planners and implementers on Gender issues is still limited. It is important that Gender training is made a mandatory part of the regular training programme for officials at all levels of Government. NIPCCD, with its five regional centres, is an arm of MWCD which has been undertaking training programmes on issues related to women and children. However, the focus in the women's area has been more on health, nutrition and legislative aspects. It is proposed that a short duration training module on gender sensitization and gender mainstreaming should be run for Government Officers during the XII Plan. Services of National level training institutes should be enlisted for the purpose.

2.1.4.2 Gender Budgeting Scheme

Gender Budgeting has been adopted by Government as a tool for ensuring that adequate budgetary commitments are made for women. To build capacities of functionaries and stakeholders at all levels, a Gender Budget Scheme was launched in the XI Plan. As part of this Scheme, the Ministry sponsored training programmes and workshops at the Centre and in the States, developed training material, undertook direct interactive sessions with identified Ministries and provided technical support on GB in Training courses conducted by other organisations. The Scheme also had a component for setting up a Gender Budgeting Cell (GBC) in the MWCD. In view of the growing GB awareness in both the Central Ministries as well as State Governments, the demand for capacity building and technical support has been rising. Gender Audit is another emerging area which needs to be focused upon. To start with, appropriate training modules /manuals are

required to be developed and capacities built in gender auditing. The GBC of the Ministry needs to be set up fully to provide support to the growing GB activities. The Scheme would be continued in the XII Plan.

2.1.4.3 Media Initiatives

The Media Division of the MWCD looks after media and publicity affairs through other Departments of the Government namely DAVP, Song and Drama Division, Prasar Bharati, Doordarshan, etc. It looks after print advertisements, broadcasting of audio spots, telecasting of video spots, scroll messages on important themes, organization of an annual event called Vatsalya Mela etc. In the coming years new schemes are likely to be launched and existing schemes likely to be expanded leading to increased media activities both in print and audio visual fields. A comprehensive multi-sectoral communication strategy for gender would be introduced in the XII Plan.

2.1.4.4 Grant -in-Aid Scheme for Research, Monitoring and Publication

Ensuring efficient implementation of policies and programs is the most important aspect of any intervention. The tools and strategies to assess these aspects are Research, Monitoring and Evaluation. One of the core priorities of the XII Plan should be to commission qualitative and quantitative research and impact evaluation studies and establish reliable sex-disaggregated data collection processes. The Planning, Research, Evaluation and Monitoring (PREM) Division of the Ministry of Women and Child Development is operating a GIA (Grant-in-Aid) Scheme for research and evaluation works since 1986-87 under which it provides financial support to eligible academic institutions/research organisations and NGOs for research and evaluation on subjects relating to women and children. It is proposed to include a number of areas as priorities for research/evaluation on women related issues during the XII Plan.

2.2 Challenges at the End of the XI Plan: Situation Analysis and Barriers to Gender Equality

The barriers to women's empowerment manifest themselves in various ways. Deep-rooted ideologies of gender bias and discrimination - the confinement of women to the private domestic realm, restrictions on their mobility, poor access to health services, nutrition, education and employment, and exclusion from the public political sphere continue to daunt many. Other parameters that reflect the status and position of women in society are work participation rates, sex ratio in the age group of 0-6 years and gender based violence which remain heavily skewed against women (Table 1). New challenges such as increased intra-country migration, changing labour markets requiring new skill sets and rapidly changing technology have also emerged.

Table 1: Selected Indicators on Status of Women

Sl. No.	Indicators	Women	Men	Total	Women	Men	Total
Demography							
2	Sex Ratio	-	-	933 (2001)	-	-	940 (2011)
3	Juvenile sex ratio	-	-	945 (2001)	-	-	927 (2011)
4	Child sex ratio	-	-	927 (2001)	-	-	914 (2011)
5.	Life expectancy at birth	63.0 (1997-01)	61.3 (1997-01)	62.2 (1997-01)	64.2 (2002-06)	62.6 (2002-06)	63.4 (2002-06)
6.	Mean age at marriage	20.2 (2005)	-	-	20.7 (2009)	-	-
Health							
8.	Crude Death Rate			9.8 (1991)	7.3 (2009)	7.8 (2009)	7.3 (2009)
9	IMR	59 (2006)	56 (2006)	57 (2006)	52 (2009)	49 (2009)	50 (2009)
10	Under five mortality rate	105.2 (1998-99)	97.9 (1998-99)	94.9 (1998-99)	70.2 (2005-06)	69.7 (2005-06)	74.3 (2005-06)
11	MMR	254 (2004-06)	-	-	212 (2007-09)	-	-
Literacy and Education							
12	Literacy rates	53.67	75.26	64.83	65.46	82.14	74.04

		(2001)	(2001)	(2001)	(2011)	(2011)	(2011)
13	Literacy rate among SCs	23.76 (1991)	49.91 (1991)	37.41 (1991)	41.90 (2001)	66.64 (2001)	54.69 (2001)
14	Literacy Rates among STs	18.19 (1991)	40.65 (1991)	29.60 (1991)	34.76 (2001)	59.17 (2001)	47.10 (2001)
15	Gross Enrolment Ratio (1990-91 & 2007-08)						
	Class I-V(6-11yr)	85.50	113.90	100.1	112.6	115.3	114.0
	Class VI-VIII	47.00	76.60	62.10	74.4	81.5	78.1
	Classes-IX- XII (2006-07)	10.30	33.90	19.30	36.41	44.42	40.62
16.	Dropout Rate (1991-92 & 2007-08 (P) in %						
	Class I-V	46.0	40.10	42.6	24.82	26.19	25.55
	Class VI-VIII	65.13	59.12	60.9	41.43	44.29	43.03
	Class IX-X (2004-05)	76.96	67.50	71.3	56.43	57.29	56.81
	SC Classes I-X	83.4	74.3	77.7	68.90	68.05	68.42
	ST Classes I-X	87.7	83.3	85.0	77.97	76.02	76.85
Work and Employment							
17	Work participation Rate- Rural & Urban	28.7 R 14 U (2000-01)	54.4 R 53.1 U (2000-01)	-	28.9 R 13.8 U (2007-08)	54.8 R 55.4 (2007-08)	-
18	Organized sector (No. in millions)	3.89 14.4% (1992)	23.16 (1992)	27.05 (1992)	5.31 19.5% (2007)	21.97 (2007)	27.28 (2007)
19	Public sector (No. in millions)	2.47 (1992)	16.74 (1992)	19.21 (1992)	3.02 (2007)	14.98 (2007)	18.00 (2007)
20	Government (No. in millions)	0.28 7.51% (1990)	3.49 (1990)	3.77 (1990)	0.24 7.53% (2007)	2.56 (2007)	2.8 (2007)
Decision making (administrative & political)							
21.	Administration (IAS)	608 7.6% (1997)	7347 (1997)	7955 (1997)	645 (7.6%) (2007)	7860 (2007)	8505 (2007)
22.	PRIs (in million)				1.03 (36.87 %) (2008)	1.78 (2008)	2.81 (2008)
23	Parliament	77 (9.7%) (2001)	712 (2001)	789 (2001)	84 (10.71%) (2012)	700 (2012)	784 (2012)

24.	Central Council of Ministers	4 (10.0%) (1985)	36 (1985)	40 (1985)	8 (10.12%) (2012)	71 (2012)	79 (2012)
Judiciary							
25.	Supreme Court (as on 01.12.2011)				02	27	29
26.	High Court (as on 01.12.2011)				55	565	20

2.2.1 Women in Policy

Faster, more inclusive and sustainable growth requires that all sections of its society, especially women become partners in the process of development. It is therefore critical to ensure that all National policies and programmes reflect the needs and aspirations of women and are adequately engendered. In addition, accurately accounting for women’s contribution to India’s economy, which is a key step in the process of engendering the country’s macro-economic policy framework, remains a challenge. Gender sensitivities in public finance and monetary, trade and fiscal policies also need to be enhanced.

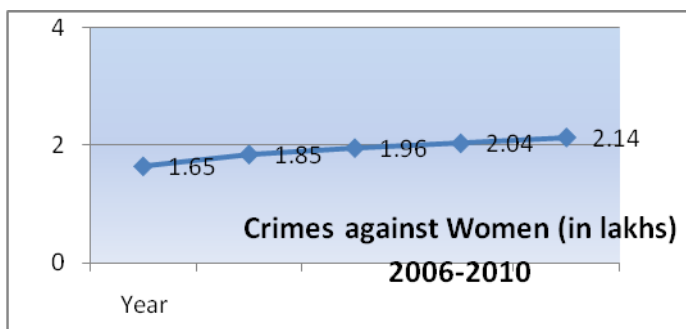
2.2.2 Women in Indian Laws

It is necessary that laws should be made more gender just and gender sensitive and be amended accordingly and, wherever necessary, new legislations be enacted. Equally important is that the existing laws be implemented and enforced. There are reports of denial of registration of cases by the police, inadequate investigations, as well as lack of prosecution of these cases in court. Further, court procedures often lead to delays of several years before women get justice. This, coupled with the prevailing gender bias, often within the implementing agencies, acts as a barrier for women to access justice. These issues highlight the need for extensive reforms in the police and judicial systems to make them more responsive, sensitive and accountable and to see that the existing laws get implemented fully in letter and spirit.

2.2.3 Violence against Women

There are many social and structural barriers that impede women’s empowerment. The most debilitating amongst these is violence against women- inside and outside the home. The 2005-06 National Family Health Survey (NFHS- III) reported that one-third of women aged 15 to 49 years had experienced physical violence, and approximately one in ten had been a victim of sexual violence. A study of the data from National Crime Records Bureau (NCRB) shows that the total number of crimes against women increased by 29.6 per cent between 2006 and 2010. The actual numbers may give even greater cause for concern.

Chart-1



What is more disturbing is that conviction rates remained low, reflecting, inter alia, the challenges in ensuring prosecution, and of inadequate proof being tendered before the courts.

Early marriage makes women more vulnerable to domestic violence. According to the NFHS III data, the median age of marriage for women in the 20-49 years age group, ranges between 16.5 years to 18.3 years. The

data shows that more than one-quarter (27%) of the women in this age group got married before their 15th birthday and more than half (58%) got married before the legal minimum marriage age of 18. Data reflects wide disparities across States, with the proportion marrying that early being as high as 60-61% in the States of Jharkhand and Bihar, and as low as 12% in Himachal Pradesh and Goa. There is evidence that marriage before the age of 18 constrains adolescent girls' opportunities to obtain higher education, and severely restricts their autonomy.

2.2.4 Adverse Child Sex Ratio

Another manifestation of the social barriers to women's empowerment is the declining child sex ratio, a silent demographic disaster in the making. Alarming trends from states, which have adverse child sex ratios, are already emerging, e.g. trafficking for sexual exploitation, reported "honour" killings, 'bought' brides, rapes, etc. It is also clear that this problem is becoming more widespread – with decline being seen in 22 states and 5 UTs. The absolute levels of the child sex ratio still continue to be very low, even in some of the states where improvement is seen between Census 2001 and Census 2011(Provisional Population Totals). The States of Himachal Pradesh (906), Punjab (846), Chandigarh (867), Haryana (830), Mizoram (971), Tamil Nadu (946), Gujarat (886) and Andaman & Nicobar Islands (966) have recorded some improvement while the rest of the 22 states and 5 UTs have shown a decline.

2.2.5 Trafficking of Women

Trafficked women and children, as also those vulnerable to trafficking are subjected to multiple conditions of exploitation such as commercial sexual exploitation and bonded labour. They are also vulnerable to coercion and deception in the name of marriage, adoption, or employment. They have marginalized access to justice and other resources for redress. Trafficking is often hidden in the veil of migration and so the abuse of rights is very difficult to identify in time. In the current scenario, the age of trafficked victims is going down. A study by the Ministry of Women and Child Development commissioned in 2004 had estimated that around 2.8 million women and girls are victims of trafficking, out of which 36% are girls. Lack of regular generation of data on trafficking also remains an impediment and must be addressed.

2.2.6 Economic Barriers

The opening up of the economy and rapid economic growth in the last five years have led to increase in the existing structural barriers faced by women, furthermore new challenges to ensuring women's rights have emerged. Economic development creates more jobs in the industrial and service sectors and attracts workers from the traditional agricultural sector. It results in more men moving away from the less remunerative agricultural sector leaving behind women who are compelled to become the prime agriculturists without basic benefits. These include land titles, severely limited resources and access to credit, seeds, fertilizers, extension services, etc. They often suffer from debt burdens left behind by men. This highly vulnerable pool of women is gradually expanding. The challenge in the 12th Plan is to adopt a rights based approach to empower them through ensured access to services, skill development and control over entitlements.

2.2.6.1 Labour Force Participation

Women's labour force participation has decreased substantially from 1990 to 2005 as indicated by the NSSO data. The share of women workers declined from 28.7% to 22.8%. In rural areas this has declined from 32.7%

to 26.1% and in urban areas from 16.6% to 13.8%. Though the decline in women's workforce participation rate is partly attributable to positive factors such as better retention in educational institutions, it is a matter of concern and has implications for their overall economic empowerment.

2.2.6.2 Distribution of Employed Women

As per the NSSO key indicators of employment and unemployment in India 2009-10, nearly 79 per cent of the women workers were engaged in the agricultural sector as against about 63 per cent male workers. (Female hourly wage rates in agriculture vary from 50% to 75% of male rates, and are too low to overcome absolute poverty) The secondary and tertiary sectors had only 13 per cent and 8 per cent female workers respectively. Going by the rate of change of the share of women in wage employment in the non-agricultural sector, some sources project that the share of women in wage employment can at best reach a level of about 24% by 2015. The India Country Report 2009 on the Millennium Development Goals also indicates that the rate of change over time in India with respect to the share of women in industry and service sectors expressed as a percentage of total employment in the sector is rather slow.

Table 4: Distribution (per 1000) of usually employed women (principal status) by broad industry division

Sr. No.	Year	Agriculture		Manufacturing		Construction		Others*	
		Rural	Urban	Rural	Urban	Rural	Urban	Rural	Urban
1	2004-05*	814	147	87	254	17	45	30	147
2	2007-08**	816	129	76	252	23	48	28	150
3	2009-10^	789	118	76	258	42	51	34	139

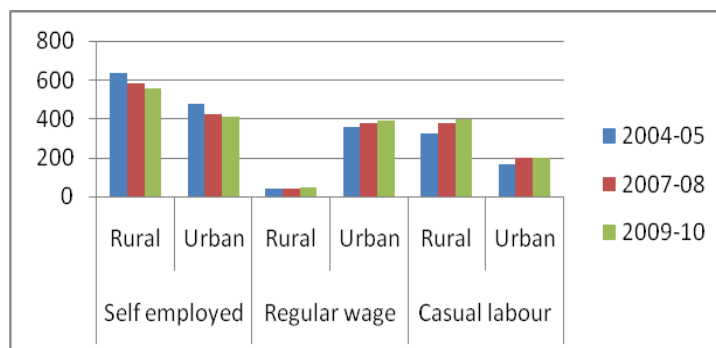
* *Trade, hotel and restaurant, transport, storage and communications*

Source: * 61st, **64th and ^66th rounds of NSSO Surveys

2.2.6.3 Protection for and Recognition for Women's Labour

Over 90 percent of women are in informal employment where they are poorly paid, have unsatisfactory conditions of work, do not enjoy the protection of labour laws, have no control on the terms and conditions of their employment and are subject to great insecurity of employment.

Chart 2: Trends in Employment Status



Many activities in which women are engaged are not taken into account in the workforce as well as GDP estimates e.g. activities like processing of primary products (eg dehusking of paddy, preparation of jaggery, making of baskets and mats, preparation of cow dung cake, etc) undertaken mostly by women are not classified as economic activities in India². Women's role in the care economy is also often underestimated.

2.2.6.4 Labour Literacy

One of the major concerns is the gender gap in educational level of the labour force. Whereas in 2004-05, 60% of the females in employment were illiterate and 3.7% were graduates, the figures for the male labour force were about 28% and nearly 8%, respectively.

2.2.6.5 Financial Inclusion

Women remain inadequately covered by the banking system as they own only 20.8 percent of the total deposit accounts in scheduled commercial banks and 11.3 percent of the total deposits. The situation is equally dismal when one looks at the credit scenario. Women had access to only 19.8 percent of the small borrowal accounts of scheduled banks with an outstanding credit share of 16.8 percent (RBI, Basic Statistical Returns, 2010). The dependency on informal credit being high, it is also recognised that the burden of indebtedness is doubled if one is a woman or belongs to certain caste groups³.

An important strategy for financial inclusion in India, particularly for women, has been Microfinance. By the end of March 2010, 69.53 lakh SHGs had been covered under NABARD's SHG-Bank linkage programme including those formed under SGSY. Of these 76% are exclusively women SHGs, accounting for 72.5 % of the savings and 82% of the outstanding loans (NABARD, 2009- 2010). However, microfinance remains a

² These activities are a part of production of goods for own consumption to be included as part of economic activity as per United Nations System of National accounts (UNSNA). G. Raveendran, Contribution of Women to the National Economy, ILO Asia Pacific Working Paper Series, 2010.

³ P Sainath, The Hindu, March 1, 2011 and Swati V, The Hindu, February 11, 2012

minuscule proportion of total bank credit in the country. In 2010, outstanding loan to women's SHGs constituted less than one per cent of the total outstanding credit from scheduled commercial banks. Further, the expansion has not been uniform across States with the Southern States having a much larger presence of the SHG movement in terms of absolute numbers of SHGs, the bank credit extended to them as well as coverage of poor persons.

The micro-credit and SHG movement sometimes perceived as the sole panacea for addressing poverty and women's empowerment is increasingly coming under critical review. The challenge in the micro credit movement is to reach out to the poorest and most vulnerable and marginalized populations like SC/STs, single women and other socially excluded communities. Many of the SHG groups have low levels of credit absorption, low skill base and low asset base, and find it hard to create economic enterprise. At the heart of the problem lies the need for appropriate institutional mechanisms to address inadequate access to education, lack of investment, poor credit worthiness, poor mobilization, and other structural exclusions. These should be addressed to realise the vision of financial inclusion in the XII Plan.

2.2.7 Women in Governance

The number of women in the upper echelons of power continues to be very low and despite the reservation at PRI levels, women's political power has not been fully harnessed. They continue to face social, economic and other forms of institutional barriers to entering PRIs and while performing as elected representatives. Access to training and capacity building which is instrumental in helping elected women representatives (EWR) understand their roles and responsibilities and develop administrative, technical and financial knowledge for more effective functioning- remains limited. According to a Study commissioned by the Ministry of Panchayati Raj (2008), 50 percent of the EWRs in the country had not received any training after being elected and 45 percent of former women Pradhans did not contest elections the second time partly because they did not feel competent in executing their responsibilities. The situation, however, differs from State to State.

2.2.8 Women and Inclusive Development

The XI Plan recognized women as a heterogeneous category, laying special emphasis on the development needs of women from the more marginalized and vulnerable socio-religious groups. Yet, the development and growth story of the last five years has resulted in different outcomes for different social segments. Engendering National Policies and Plans with special emphasis on the aspirations of the particularly vulnerable women- which include the scheduled castes, scheduled tribes, religious minorities, single women, and the elderly, women affected by HIV / AIDS, migrant labour, women in disturbed areas, and women with different abilities, among others, remains a challenge in the XII Plan.

2.2.9 Infrastructural Barriers

At the end of the XI Plan, access of women from across the social spectrum to food security, sufficient and safe drinking water, women-friendly toilets, child care support services and safe shelters, enforcement, protection and legal services as well as the agency to enable them to reach out to all basic services that meet women's daily needs remains unmet. There are also considerable gender differences in the transport sector which need to be addressed. These include intensity of transport usage; trip purpose; trip patterns; distance of travel; frequency of

travel; mode of transport; lighting and mobility constraints. Women-specific needs include: transportation of especially primary products as head-load; inter- and intra-village roads/paths; non-motorised transport; pedestrian sidewalk use.

2.2.10 Women and Education

The Sarva Siksha Abhiyan with targeted interventions for girls' education has led to an increase in the Gender Parity Index (GPI) in primary (0.94) as well as upper primary (0.92) education. Enrolment of girls at primary level increased by 8.67 percent (86.91 percent in 2001-02 to 104.7 percent in 2009-10) and at upper primary level by 13 percent (52.1 percent in 2001-02 to 65.1 percent in 2004-05)⁴.

The challenge, however remains that the high enrolment rate has not translated into high attendance rates and optimal learning outcomes. According to the India Human Development Report, 2011, the national attendance rates during the year 2007-2008 at primary and upper primary levels were 82% and 60% respectively⁵. Therefore despite attaining high enrolment rates of 96% at the primary level, the attendance rates remain low. The Annual Status of Education Report 2009⁶, a comprehensive survey of government and private schools in 575 of the 583 rural districts in India has highlighted the various physical barriers girls face in accessing education. There is need to increase retention of girls in schools, improve the quality of education and provide for proper facilities such as the provision of separate toilets for girls, child care support for sibling care, etc. Infrastructural strengthening with more female teachers and other protection and enforcement measures are needed.

The National Literacy Mission or Saakshar Bharat Mission, with its objective of extending educational options to those adults who have no access to formal education, targeted female literacy as a critical instrument for women's empowerment. This has led to an increase in literacy, amongst women, from 53.67% (Census 2001) to 65.46% (Census 2011). It is also for the first time that of the total 217.70 million literates added during the decade, women (110.07million) outnumbered men (107.63million). The challenge however remains in bridging the gender gap which still stands at 16.68%⁷.

2.2.11 Women and Health

Gender discrimination is visibly manifested in issues pertaining to under-nutrition, malnutrition and poor access to health services- which are highly prevalent among Indian women and girl children. The percentage of Institutional Deliveries has increased as a result of the National Rural Health Mission (NRHM) and Janani Suraksha Yojana. However, the challenges in improving access of Scheduled Caste, Scheduled Tribe and Muslim women to Institutional Deliveries remain. Furthermore, Common Review Missions of NRHM show that after delivery, mothers remain in institutions for less than half a day and therefore do not avail of critical healthcare services needed at that time. Poor health is a bigger concern among women from vulnerable

⁴ DISE 2010

⁵ India Human Development Report – 2011, Institute of Applied Manpower Research

⁶ Statistics of Higher technical education (2008-09), Ministry of HRD, Government of India

⁷ Census 2011

communities and the lack of adequate disaggregated data on caste, religious and ethnic identities of service users makes it further difficult to assess and bridge existing gaps.

Additionally, states such as Bihar, Madhya Pradesh, Odisha and Uttar Pradesh record higher life expectancy for men than women. According to the India Human Development Report 2011, one of the reasons for this is high rates of discrimination against the girl child in terms of nutrition and health care right from infancy. Efforts towards attitudinal changes that reduce son preference need to be accelerated⁸.

2.2.12 Women and Climate Change

Climate change is increasing extremities in weather conditions and global temperatures. It is also adversely affecting agricultural production and inducing natural disasters. With women typically responsible for providing their families with food, nourishment, fuel, fetching water and fodder, there are an increasing number of challenges that they are now faced with. Engendering India's climate change policy by introducing cross sectoral mitigation and adaptation strategies that reduce women's drudgery is yet to be achieved.

⁸ India Human Development Report – 2011, Institute of Applied Manpower Research

3. AGENDA FOR WOMEN’S AGENCY AND EMPOWERMENT IN THE XII PLAN

Keeping in view the deliberations in its meetings, recommendations of the Working Group and subgroups of the Steering Committee and the Approach to the 12th Plan, the Steering Committee has outlined its Vision and Goals for Women’s Agency and Empowerment in the XII Plan as follows:

3.1 Vision for the XII Plan

The Vision for Women’s Agency and Empowerment in the XII Plan is to ensure dignity and equality of all women, in a manner that enables them to gain control over their choices, resources and existing societal perceptions and attitudes through enhancement of their economic, social and political freedoms, by engendering all National Policies, Schemes and Programmes and by creating the necessary structural and institutional mechanisms, using a Rights based approach. In order to achieve the above-mentioned vision, the 12th Five Year Plan should focus on following key goals:

3.2 Goals for the XII Plan

1. Creating greater ‘freedom’ and ‘choice’ for women by generating awareness and creating institutional mechanisms to help women and men question prevalent “patriarchal” beliefs that are detrimental to women’s empowerment.
2. Improving health and education indicators for women like maternal mortality, infant mortality, nutrition levels, enrolment and retention in primary, secondary and higher education.
3. Ending the incidence of violence against girls and women and providing quality care services to the victims.
4. Improving employability of women, work participation rates especially in the organised sector and increased ownership of assets and control over resources.
5. Increasing women’s access to public services and programmes through establishing and strengthening convergence mechanisms at multiple levels, creation of physical infrastructure for women and improving the capacity of women’s organizations and collectives.
6. Ensuring that the specific concerns of disadvantaged women including single women are addressed.
7. Developing strategies for dealing with the impact of economic reforms and progressive globalization/liberalization of economy on the conditions of women and children.

Flowing from the above, **the key elements for Gender Equality in the XII Plan** are outlined as follows:

- *Policy Suggestions for the XII Plan with focus on economic, monetary and trade policy questions*
- *Enabling Legislations for gender equality*
- *Mainstreaming gender through outcome oriented Gender Budgeting*
- *Strengthening Institutional Capacity for promoting Gender Equality*
- *Engendering National Policies/ Programmes with focus on Economic Empowerment, Social Empowerment, Infrastructure development, Participation in Governance and Inclusion of Vulnerable Women with specific Inter- Ministerial scheme- wise suggestions*
- *Scheme/ Programme oriented suggestions*

3.3 Overarching Recommendations for Policy, Legislative and Institutional Changes in the XII Plan

3.3.1 Policy Suggestions for the XII Plan

The National Policy on Empowerment of Women was formulated in 2001. Since then a number of initiatives have been undertaken in line with the policy. The challenge today is to carry the policy framework beyond an instrumentalist perspective. This should entail conducting a comprehensive review of actions taken thus far to examine what has worked and what has not and accordingly make recommendations for the way forward in strengthening women's agency and enabling them to access their rights in the XII Plan. This analysis along with the changing macro-economic perspective of the country should provide for a broader, more holistic and comprehensive action plan. The analysis should also refer to changes that are required in sectoral policy provisions that relate to women and girls. This would entail a cross- sectoral analysis of all policies from a gender perspective.

3.3.1.1 Engendering Macro Economic Policies

India is amongst the fastest growing countries in the world today, with a GDP growth rate of more than 8% during the XI plan period. The sustenance of this high level of growth calls for women to become equal partners in the development process. Macroeconomic policies have diverse implications and create different opportunities for women and men. Focusing on gender equality—in opportunity, inputs, and outcomes—has yielded important insights for the growth and development of an economy. Greater gender equality can help reduce poverty and promote growth—directly by boosting women's participation in the labor force and increasing both productivity and earnings, and indirectly through the beneficial effects of women's empowerment on family and community, on human development and well-being. To this end, the Steering Committee strongly endorses review and consequent engendering of all relevant national policies as well as schemes and programmes.

3.3.1.2 Accurately capturing women's contribution to the economy

In incorporating gender in a macro framework the first important area is to ensure that women's work is recognized and their contribution to the economy is computed. Since much of women's work is outside the market, the challenge is to devise statistical systems to capture the 'work' of women both in SNA and non-SNA sectors⁹. The policy regime should also be suitably attuned to systematically assess the impact of specific policy measures on women and men and undertake remedial measures as necessary in the interests of promoting inclusive growth. Building capacity of national statistical institutions in collection, analysis and utilization of gender-disaggregated data should become a top priority. Further, a framework should be created for integrating 'Care Work' into National Accounts and the National Budget.

3.3.1.3 Ensuring Gender Sensitive Public Finance

It is critical to recognize the gendered implications of India's tax structure. For example, within the direct taxes, the most explicit form of gender bias exists in the Personal Income Tax (PIT).

Under joint taxation, the greater the difference between the spouses' incomes, the higher would the woman's earned income be taxed, and the less beneficial it would be for her to participate in 'gainful' employment in the labour market. Women in India have the choice of filing returns either individually or jointly. The joint option is applicable primarily under the Hindu Undivided Family (HUF), which is given several exemptions that are not available to other religious communities including Muslims and Christians who constitute a significant proportion of India's population. In addition, a gender-differentiated Property Tax could create the basis of economically empowering women, especially in cases where separation is sought, wherein the problem of alternate accommodation would not prove to be a major issue.

Further, reduction in Corporate Tax does not benefit women in large companies, as few are either owners or even shareholders. Women in medium and small companies gain only to the extent to which they are employers, which very few are. Analysis of the gendered impact of Corporate Tax indicates its close relationship with the 'propertylessness' of women.

It is recommended that there should be increase in Personal Income Tax exemption limits for female-headed households. Personal Income Tax exemption limits should be increased for women with dependents other than children (e.g. aged family members). Child-care exemptions should be introduced under Personal Income Tax. Tax Exemptions should also be provided to Self Help Groups and Women's Cooperatives.

It is well recognized that indirect taxes are more regressive. Gender biases in VAT – as in all consumption taxes – manifest themselves in several ways, including through the choice of commodities and services covered, as well as the different consumption and maintenance patterns of men and women. For example, a rise in taxes on

⁹ The System of National Accounts (SNA) is the internationally agreed standard set of recommendations on how to compile measures of economic activity. SNA defines the range of activities to be recorded in the production accounts. Non-SNA activities include care work like cooking, washing, cleaning, etc. which are associated more with women's work.

kerosene combined with reduced subsidies, directly affects the time use pattern of women. Additionally, the array of deficit-financed “stimulus” packages that support employment and infrastructure projects need to be examined for their relevance to women’s needs and should be oriented towards enabling the better use of such infrastructure by women. The issue of Medical Deductions and their applications are not regulated by a uniform policy. Different insurance companies and even different branches of the same company within the same city impose their own rules such as not permitting single men and women to include their parents in family schemes. There should be Regulation of Medical Insurance policies which incorporates the issues of single women in particular.

The Policies on Pensions and Post-retirement benefits need to be revisited. The present policy on Pensions is currently severely biased against single-headed households, whether male or female. Pensions and other recurring post-retirement benefits cannot be transferred upon death to a non-spouse, not even to dependent parents. The attitude of viewing the girl child as a burden and the preference for boys for old age support has continued to drive gender biased sex selection. The Government of India can look for experience from other countries for instance, under Beijing’s “care for girls” policy, parents of lone females may receive up to \$140 a month in old-age pension payments.

3.3.1.4 Engendering India’s Monetary Policy

Monetary policy plays a vital role in facilitating access to credit. Availability of credit is an essential condition for encouraging entrepreneurship and growth. Even though rural credit has been planned for women, in reality very few women have demanded such loans. This is due to complicated procedures for giving loans which women with lower levels of education are unable to understand. In addition, the need to have some material base to procure a loan is also a deterrent. Surveys on Small Borrowal Accounts (SBA) conducted by the Reserve Bank of India reveal quite an amazing scenario of gendered exclusion – Dalit women today receive an average of only Rs. 8 of bank credit per SBA for every Rs.100 received by non-Dalit women, down from Rs.23 in 1997. Further, as compared to men, their share is shockingly low at Re.1. Financial reforms have tended to systematically lower interest rates for small savers. This impacts primarily the middle and lower income groups in urban and peri-urban areas especially those sections that are negatively affected by rising inflation, the declining real wage rates, and falling formal employment. Recent economic processes have had a gendered effect in some instances where feminisation of indebtedness has emerged such as in urban areas.

3.3.1.5 Enabling the Trade Policy to be Women Friendly

Trade liberalization has opened up new employment opportunities for women, particularly in export based industries such as textiles and garments, food processing and handicrafts. However women have been employed mainly as informal workers and as home-based workers. When producers of export-based industries enter the global market, they need, along with technological up-gradation and large size, flexibility in production in the highly competitive global market. As a result, they tend to segment the labour market for women and employ them at the lowest possible wages and at poorest terms of employment. Thus, trade liberalization raises the rate of growth of the economy, but without giving due share of this growth to women. Measures need to be taken to correct this.

3.3.2 Legal Provisions and Suggested Interventions in the XII Plan

There is need for the State Governments to improve the enforcement of laws and ensure their effective implementation by putting adequate infrastructure in place. It has also been seen that even when rights are mandated to women through specific legislations such as the right to residence under the Protection of Women from Domestic Violence Act (DVA) or inheritance rights in ancestral property, women have not been able to access these rights for a variety of reasons. Action has to be taken to address this. First, widespread dissemination of these laws is necessary. Second, the required infrastructure has to be put in place to enable women to access laws like the DVA. Absence of dedicated personnel as provided under the laws has restricted women's access severely. Support services like shelter homes, medical facilities, counselling, etc also need to be further strengthened. Prohibitive costs of using the system; lack of affordable legal representation and long delays in courts continue to hamper women's access to justice. Third, loopholes in related laws need to be plugged. For instance, laws like the Hindu Succession Act would have limited success unless the Right to Will is restricted and relinquishment of property in favour of male siblings is also curtailed. An enabling environment is therefore necessary for women to be able to access these laws.

3.3.2.1 Laws relating to Rape and Sexual Assault

The Indian Penal Code does not address certain crimes that are being increasingly committed against women and children. In view of the limited definition of rape, women's groups have been suggesting a review of the provisions relating to rape and sexual assault in the Indian Penal Code. Similarly, concerns have been raised about the definition for sexual harassment (commonly known as eve-teasing) in Section 509 of the IPC and this may require changes. Stalking is another offence against women which is not recognized as a specific offence in the IPC.

While some procedural amendments relating to police investigation, medical examination of the victim, video recording of the statement of a young person, and separation of the child victim and the accused in the Courtroom have been introduced in the Code of Criminal Procedure (Amendment) Act, 2008, further procedural amendments need to be introduced. Certain procedures like children being made to give statements repeatedly to the police, magistrate, Court, etc; heighten the trauma for victims of sexual abuse. These have to be made more victim-sensitive and friendly. As children are often not able to describe the exact nature of sexual abuse, the law should also allow expert witnesses like child psychologists, doctors to depose on their behalf about the abuse suffered by them. The law should provide for immediate medical attention and counselling for victims of sexual abuse, particularly children.

3.3.2.2 Trafficking in Women and Children

Although legal provisions have existed for long, the crime of human trafficking continues to exist. The implementation of the ITPA remains a challenge. Given the clandestine nature of the activity there is no reliable estimate of the numbers trafficked into bonded labour, servitude or commercial sexual exploitation. Since the forms, patterns and trends of trafficking differ across States, the States, Districts, Panchayats and communities would need to play a more pro-active role by undertaking relevant studies including vulnerability mapping of victims and survivors.

The Steering Committee also recommends a review of ITPA with reference to the definition of trafficking, age of child, etc. Provisions for claim and compensation enforceable against the trafficker/ employer on the lines of tort law may also be provided along with the provisions of legal aid and legal representation. Further, the aspect of whistleblower and witness protection needs to be taken care of. Victim protection is another area, which has to be dealt with carefully, keeping in mind the trauma the child/ woman may have gone through. Rescue and effective rehabilitation must be provided for in a gender sensitive way. The victim should be consulted to gather what she desires. States must allocate funds for more and better schemes for rehabilitating victims.

3.3.2.3 The Dowry Prohibition Act

Twenty- eight years after the law relating to dowry was extensively amended, the incidence of dowry deaths continues to grow. Though the practice of dowry is propelled by multiple factors viz. market forces, the subordinate status of women, prevailing socio-cultural practices etc; review of and amendments to the Dowry Prohibition Act are needed to bring clarity in the law's interpretation, account for changing social norms as well as to prevent non-application of the various provisions of the Act. The required infrastructure for enforcing and implementing provisions of the Act also needs immediate attention as very few Dowry Prohibition Officers have been appointed thus far.

3.3.2.4 Protection of Women from Domestic Violence Act

The State Governments should be encouraged to set up the infrastructure for Independent Protection Officers and Dowry Prohibition Officers with supporting staff at district level as well as Assistant Protection Officers (competent to register DIRs) and Counsellors at block level. Appointment of Independent Protection Officers for implementation of Protection of Women from Domestic Violence Act (PWDVA) and other Acts under WCD should be mandatory. Under the Scheme provision of funds may be made for Service Providers. Financial assistance may be provided by the Central Government on a sharing basis with the State Governments.

Domestic violence needs to be recognized as a public health issue. The medical curriculum should include sensitization of professionals on the issues of domestic violence and the role of medical service providers under PWDVA.

3.3.2.5 Sexual Harassment at the Workplace

The Protection of Women against Sexual Harassment at Work Place Bill, 2010 has been introduced in the Lok Sabha. The proposed Bill should address the widespread problem of sexual harassment of women at the workplace. When enacted, it would provide protection against sexual harassment to women at work place both in the public and private sector, whether organised or unorganised. It would improve women's participation in work resulting in their economic empowerment and inclusive growth.

3.3.2.6 The PC-PNDT ACT

According to the provisional figures of Census 2011, the child sex ratio for girls (0-6 years) has decreased from 927 in 2001 to 914 in 2011. In the XII Plan, the provisions of the PC-PNDT Act should be strengthened to make sex selection practices, a high -risk business. Penalties for offences should be made more stringent. Crackdown on advertisements promoting sex-detection and sex-selection should also be ensured. The Steering

Committee recommends that NCW, NCPCR and SWCs, SCPCRs must be represented at the appropriate levels in the advisory and the monitoring committees and the appropriate authorities and advisory committee may also be given the power for periodic inspection of centres and clinics. The mandatory regular submission of Form F by all clinics to the appropriate authority must be ensured so that sex selective practices conducted after 12 weeks of pregnancy can be detected. A team for regularly auditing these documents to help the appropriate authority may be formed. It should be mandatory for all registered centres to maintain all records, charts, forms, reports and consent letters for a period of two years or until permitted by the concerned authority. If records are not properly maintained this may lead to suspension of registration.

There is need to regulate indiscriminate supply/sale of ultrasound machines and suitable provisions for this need to be made in the Act. Regular monitoring of the ultrasound centres/ medical centres, etc. should be carried out and the State and Central authorities should meet regularly. Composition of the appropriate authority under the Act should be examined to see that there is no conflict of interest.

3.3.2.7 Maternity Benefit Act

During the XI Plan period, the Government has taken steps to ensure safe and secure motherhood through various schemes like the Janini Suraksha Yojana to encourage institutional delivery and the Indira Gandhi Matritva Sahyog Yojana for conditional cash transfers to mothers during pregnancy. The Maternity Benefits Act also extends support to working women. A review of some clauses of the Act is now needed to prevent employers from terminating the services of pregnant employees to avoid granting maternity benefits.

3.3.2.8 Equal Remuneration Act, 1976 (ERA)

Discrimination against women workers in payment of wages, etc. exists in spite of the provisions of the Equal Remuneration Act, 1976 (ERA). It is necessary to strengthen the provisions of the Act and improve its implementation and monitoring.

3.3.2.9 Crimes and killings –reportedly in the name of ‘Honour’

A number of crimes, including murders, in the name of “honour” are being reported, particularly from different states in Northern and Western India. These crimes include a range of violent and abusive acts initiated by the family of the girl who has chosen to exercise her choice to get married or have a relationship outside her caste, community or religion. The current provisions in the Indian Penal Code are inadequate in dealing with these acts of crime, which seriously distort societal norms, undermining the rights of girls and women. The Steering Committee is of the view that there is need for a comprehensive stand-alone law to deal with such killings and crimes, reportedly in the name of ‘honour’ which not only punishes the guilty but also provides the couple protection from being charged with false cases of kidnapping and abduction. To ensure this, safe homes should be provided to the couple. Further, publicly glorifying any harassment and killing reportedly in the name of honour should be made a punishable offence.

3.3.2.10 Family Laws

Apart from some reforms in the 1950s in Hindu law and some struggles around the issue of maintenance rights for Muslim women, family law reform has been neglected. The law needs to recognize women as equal partners

to their husbands. A woman's contribution to the household or the productive nature of work that she does should be given recognition.

The Steering Committee recommends a comprehensive "Right to Marital Property Act" made applicable to all communities. Further, maintenance laws may need to be reviewed to place the onus on the husband to prove his income, removing all discriminatory provisions that connect maintenance money with the conduct of a wife and providing that the quantum of maintenance awarded should enable the wife and children to live at their earlier standard of living. There is need to review all family laws to make mothers equal guardians of their children and to recognize that since normally it is the mother who primarily looks after the children she should be listed as the first guardian. The Steering Committee also recommends a review of all regulations and rules to ensure that the mother's signature as a guardian of her children is accepted in all offices, institutions etc.

3.3.2.11 Property Laws

Land access can reduce a household's risk of poverty. However when land continues to be owned solely by men, women's social and economic standing is undermined and gender inequalities increase. Direct land transfers to women are likely to benefit not just women but also children. Women with assets such as land have greater bargaining power in households. Women without independent resources are highly vulnerable to poverty and destitution in case of desertion, divorce, or widowhood.

According to the Hindu Personal Law, sons and daughters are entitled to equal shares in the deceased man's "notional" share in Mitaksara joint family property. But sons, as coparceners in the joint family property additionally have a direct birth right to an independent share; while female heirs (e.g. daughter, widow, and mother) have claims only in the deceased's "notional" portion. This means that if a man had four acres of land and a son is born, he is left only with two acres and the rest has notionally gone to the new born son. But if a daughter is born she gets nothing unless her father dies, that too from the remaining two acres of land of which the son would get his share in addition to the two acres that were his since birth. Also, sons could demand partition; daughters could not. In actual practice, daughters get nothing, as mutation of land is generally done in favour of male heirs. In some cases they are asked to give a letter in favour of the brothers.

A challenge that remains even after the 2005 amendments in Hindu Succession Act is the discriminatory manner of devolution of woman's property upon her heirs compared to devolution of a man's property. Unlike the male whose Class-I heirs are his wife, mother and children or their representatives in their absence, the woman's property devolves in the absence of her children and husband in a very discriminatory manner. Firstly, if she inherits the property from her father or mother the property devolves upon her father's heirs. Secondly, if she inherits the property from her husband/father-in-law the property devolves upon her husband's heirs. Thirdly, even her self-acquired property, in the absence of her husband and children, devolves upon her husband's heirs and only in their absence devolves upon her mother and father.

The HSA Act thus stops short of giving complete equality and the amendments are not comprehensive enough. The introduction of the Right to Will in the 1956 HSA has reportedly been used for disinheriting daughters. The Right to Will should therefore be restricted and should not be allowed for disinheriting wives and daughters. Even though the legal framework has been amended in favour of women as recently as 2005 with the deletion of the gender discriminatory clause on agricultural land, women often forgo their claims in anticipation of

support from their natal family in case of marital discord, even though such support may not actually materialize. Women also face impediments in operationalizing the statutory codes and getting their names included in the records. Also, ownership does not always translate into control, as is the experience of some matrilineal societies, where control is exercised by the maternal uncle.

The Steering Committee recommends that the Department of Land Resources in the Ministry of Rural Development (MORD) should launch a campaign to correct revenue records and ensure that women's land ownership rights are properly recorded by the states with intimation to them. It is also recommended that an awareness campaign on women's land rights particularly in view of the HSA amendment be undertaken in the XII Plan, along with legal support for single women both as widows and daughters to assert their right to land.

3.3.3 Recommendations for Strengthening Institutional Arrangements

Strengthening of National Women's Machineries is vital to achieving women's empowerment. The role of MWCD is to facilitate mainstreaming of gender concerns in policies, programmes and schemes of all Ministries and Departments, to implement special legislations and welfare programmes and Schemes for women as well as to undertake advocacy. To enable the Ministry to play this role effectively, its women's wing should be strengthened in the XII Plan.

3.3.3.1 National Mission for Empowerment of Women

Gender being a cross cutting issue, various Ministries/Departments have been undertaking measures for the empowerment of women. Convergence of these programmes and schemes is essential to ensure that their benefits are effectively accessed by women. With the specific objective of ensuring convergence and better coordination among the schemes/programmes of various Ministries/Departments, the Ministry launched the National Mission for Empowerment of Women. The Mission is being fully operationalised. Its role should be to provide a strong impetus for reform by catalyzing the existing system, ensuring better coordination and convergence of all development programmes impacting women in close collaboration with grassroots structures and enabling participatory approaches and processes.

The Mission would aim to strengthen the processes that promote all round development of women by focusing on a coordinated approach to implementation of schemes of participating Ministries/ Departments. This would, inter alia, include generating awareness; building strategies to question prevalent "patriarchal" beliefs; establishing a convergence mechanism at multiple levels; creation of gender resource centres, formation of women's collectives and improving their capacity to access the benefits of government schemes, programmes, laws and policies; and developing empowerment indicators relating to the survival, visibility, freedom and equality of women. The NMEW will also look at the inclusive development of women, including mapping vulnerabilities of women living in difficult circumstances- taking age, caste, different abilities, women headed households, ethnicity, education, income, minority status, religion, marital status, region, etc. as parameters. Collection of data on mortality of women, especially maternal mortality, deaths related to diseases, different abilities and violence based on the different socio-economic parameters is recommended. Health and nutrition needs and expectations of women belonging to different socio religious communities should also be mapped to enable effective and evidence based planning for women. This should be done on priority; both by collecting existing knowledge available and collating it or by commissioning fresh research.

The National Mission for Empowerment of Women will develop empowerment indicators across different schemes, programmes and services of different ministries/ departments that have an impact on women. The mission would provide technical knowledge regarding gender analysis and gender audit to the various stakeholders involved in policy making. In keeping with the principles of accountability and effectiveness, all outputs and outcomes would be measured and monitored through indicators for women's survival, visibility, freedom and equality.

On the basis of the above mentioned mandate of the National Mission for Empowerment of Women, the Steering Committee strongly recommends its continuation in the XII Plan.

3.3.3.2 Engendering Institutions and Establishing Gender Focal Points

To enable all institutions to identify and respond to gender issues, Gender Focal Points within the Ministries/Departments of the Central Government and Urban and Rural Local Bodies should be established. Adequate resources have to be allocated for creation of such gender focal points and the people placed in such positions should be equipped with adequate authority and capacities. The Gender Resource Centres (GRC) of Government of Delhi (WCD) are envisaged as instruments of social, economic and legal empowerment of women particularly those belonging to the under privileged sections of society. The Steering Committee recommends establishment of Gender Resource Centres in all districts to enable women to access critical knowledge and information. The XI Plan has recommended that the Rashtriya Mahila Kosh (RMK) as the credit extending arm of the MWCD needs to be strengthened. In line with this, the restructuring of the RMK as a non-banking finance company of systemic importance with an enlarged corpus of Rs. 500 crores is in process. The Steering Committee emphasizes the need to expedite the restructuring of Rashtriya Mahila Kosh in the XII Plan. This would enable it to reach out to a larger number of poor, assetless and marginalised women for income generating, production, skill development and housing activities.

3.4 Gender Budgeting

3.4.1 Institutionalizing Outcome Oriented Gender Budgeting (GB) with greater visibility

Gender Budgeting should be strengthened further in the XII Plan and reoriented to focus on outcomes, extending from ensuring adequate resource allocation, to effective utilisation, contributing to improved outcomes. Its reach should be extended to all Ministries, Departments and State Governments through engendering sectoral performance indicators in related sectoral Results Framework Documents/ Strategy Plans/Programme Implementation Plans. Steps should be taken to institutionalize all GB processes. The focus should be to strengthen and empower the Gender Budget Cells (GBCs) to enable them to undertake the envisaged role. The effort should be to institutionalize the training programmes through National and State level Institutes of repute. It is further proposed that the outlined/suggested area of work in the Charter for GBC should be included in the quarterly / half yearly/ annual plan of action. There should also be a section in the Annual reports outlining the achievements, the constraints and future scope of action.

3.4.2 Improving the Gender Budget Statement

The GB Statement has emerged as an important advocacy tool which reflects on the flow of funds for women as well as encourages debate and discussions on Gender Budgeting. The scope of the GB Statement should be expanded to cover all Union Ministries and Departments by making it mandatory for all to report under the same. Those Ministries and Departments, which do not have any scheme/ intervention with funds earmarked for women, should report a nil statement to the Finance Ministry. Additionally, to ensure better analysis and further inform such debates, it is but important that a review of the format and the methodology of the Gender Budget Statement be undertaken in the XII Plan. To further engender the union budget making process, pre-budget consultations should be undertaken by Ministry of Finance with women's groups as is the practice in several countries.

3.4.3 GB at the Design Stage for new PPS

It is also noted that although several Union Government schemes are being reported in the Gender Budget Statement, not all of them are designed taking into account the gender-based differentials of women in our country. The major concern is to move from environment building and reporting to actual engendering of Policies/Programmes/Schemes (PPS). Hence, there is a pressing need to make the objectives, operational guidelines, financial norms and unit costs of the existing schemes across various Ministries/Departments more gender responsive. Further, planning and budget approval systems should also need to be modified to make gender clearance and specific approvals of Gender Budget Cells mandatory to ensure that PPS are engendered from the design stage itself. The Expenditure Finance Committee (EFC) formats should include a column to confirm that the scheme has been examined by the GBC of the Ministry. The Steering Committee recommends that all proposals submitted at the Union Level and to the State Planning Boards at the State level by Ministries/Departments for any new policy, legislation, programme or scheme should include an assessment of gender concerns/impacts along the same lines as is mandated for environment clearance.

3.4.4 Outcome oriented Gender Analysis and Audit

Gender Audit as an integral part of Gender Budgeting should be promoted in the XII Plan. Ministries/Departments should be encouraged to undertake gender audits of major programmes, schemes and policies. At the State level, mandatory gender audit of all Centrally Sponsored Schemes and Central Schemes should be undertaken. **A quantum leap in this direction can be achieved if gender perspective is incorporated within the Expenditure and Performance audits conducted by CAG.** This should be taken up during the XII Plan. Undertaking gender audits, however, requires greater technical expertise. Building up such expertise needs to be integrated as part of the GB training programmes. National level gender outcome assessments through spatial mapping of gender gaps and resource gaps should be initiated

3.4.5 Gender Appraisals, Monitoring and Evaluation

Evaluation and impact assessment of schemes by an external agency is a mandatory requirement for the continuation of existing schemes beyond the plan period. The Steering Committee recommends that it should be mandatory for all such impact assessment and evaluation of schemes to include gender assessment / status of gender mainstreaming.

3.4.6 Generation of Sex Disaggregated Data

Effective Gender Budgeting requires data. Hence, it is necessary to put mechanisms in place for mandatory collection of sex disaggregated data. For this all Ministries/Departments should ensure that all MIS data generated on number of users/beneficiaries is classified by sex. The Steering Committee recommends that a directive in this regard may be issued by the appropriate authority to ensure mandatory reporting of disaggregated beneficiary data in annual plan and outcome budget documents. It is also recommended that the Ministry of Statistics and Programme Implementation be strengthened on the technicalities of gender statistics and be enabled to provide technical inputs along with the Statistical Division of MWCD to all Ministries/Departments for generation of sex disaggregated data.

3.4.7 Continued Emphasis on Capacity Building

The current efforts of capacity building of policy makers, programme planners, budgeting and implementing officials on the tools and techniques of Gender Budgeting should be continued and expanded. Orientation and sensitization at the highest level should be pursued along with capacity building of GBCs. Further at the district level, capacity development of District Collectors, Chief Executive Officers of Zila Parishads, DDOs, Commissioners, BDOs, District Social Welfare Officers, line department officials, District Local Fund Auditor (DLFAs) and ULB/ Panchayat functionaries, must be enabled for enhancing gender sensitivity in development planning processes.

3.4.8 Technical Support for GB

To provide technical backstopping to this process, it is also proposed that officers dedicated to Gender Mainstreaming and Gender Responsive Budgeting must be placed within the Ministry of Women and Child Development.. This should be operationalised. It is also proposed that the GBCs be supported by a gender expert or gender resource centre.

3.4.9 Increasing Accountability on GB

Over the years, there have been major strides towards strengthening the accountability mechanisms within the Government, especially Performance Auditing and Results Framework Document. An important strategy in taking forward Gender Budgeting should be to mainstream gender into these existing accountability mechanisms of the Government. The Results Framework Document (RFD) is an accountability mechanism that must be gender mainstreamed by making gender outcomes a mandatory part of the RFD.

Moreover to oversee the progress of the GB efforts, the MWCD should constitute a Gender Task Force with representation from the, NMEW, Ministry of Finance as well as the Planning Commission to review the functioning of Gender Budget Cells. This Task Force should ensure that all new laws, policies and programmes are scanned for gender inclusiveness. Similar mechanisms must be created at the state and district levels as well.

3.5 Sectoral Recommendations for Women's Agency and Empowerment

3.5.1 Women and Economic Empowerment

The Steering Committee recommends that the XII Plan should endeavor to increase women's employability as well as their asset base. For this, focus should be laid on increasing women's workforce participation rate particularly in secondary and tertiary sectors; ensuring decent work for them; reaching out to women in agriculture; financial inclusion; land and property rights to women.

3.5.1.1 Skill Development

The Steering Committee recognizes that one of the major impediments affecting women's participation in workforce particularly in secondary and tertiary sectors is the lack of skill development. Skill development must be seen as a vehicle to improve lives not just livelihoods of women and the curriculum should include inputs that help women assert individually and collectively. The XII Plan should focus on promoting skill development initiatives beyond traditional skills to emerging skills, which would help women break gender stereotypes and also help them move into higher skilled tasks. Training of women as auto drivers, taxi drivers, women masons, etc. should be incorporated in the skill development programmes. Emphasis should also be laid on encouraging skill development of women to train as ASHAs, ANMs, AWWs, etc. The National Skill Development Programme (NSDP) has already identified 231 modular courses for women. Efforts should be made to link skill development programmes to NSDP to ensure relevance and enhance employability. Entrepreneurship development should also be included as an integral part of skill training. Access of women from marginalised and vulnerable communities within these programmes should be ensured. Women's Industrial Training Institutes and Polytechnics should be strengthened.

The needs of the neo-literates should also be targeted to enable them to move to skilled jobs. This would require imparting life-skills like "thinking and "behaviour" skills; computer and language skills. The focus of the XII Plan should also be on providing highly paid job opportunities to post graduates and professionally qualified women.

Gender disaggregated data should be maintained by the National Skills Development Corporation on the number of women that receive training to assess whether the minimum reservation of 33% of seats for women is being utilised and if women are getting employment.

3.5.1.2 Special Promotion to Enterprises of Home-based Workers / Small Producers

The Steering Committee recommends that XII Plan should focus on promotion of enterprises of home based workers and small producers. Such a strategy would focus on, to start with, identifying household units or female home-based workers interested in developing enterprises. The strategy should be to support such enterprises through the setting up of common facility centres so that all important services including technology and skill training, entrepreneurship training, market information, credit, power and other infrastructure and related facilities are readily provided. The setting up of exclusive apparel / textile parks may also be considered.

3.5.1.3 Decent Working Conditions

The Steering Committee emphasises that the XII Plan should ensure that health, safety, maternity benefits and other social protection measures are fully met for all workers involved directly and indirectly in public activities. All contractors of outsourced public activities should meet minimum labour standards, including in construction, infrastructure maintenance and repair, etc. The Steering Committee advocates for active labour market policies to provide incentives for employers to hire women workers with decent working conditions. In order to ensure that issues of gender discrimination are addressed, the XII Plan should focus on strengthening of the implementation of Equal Remuneration Act and Maternity Benefit Act. The Steering Committee also reaffirms the need to pass the Protection of Women from Sexual Harassment at Work Place Bill.

3.5.1.4 Financial Inclusion

Another extremely important aspect that needs to be urgently addressed by the XII Plan in order to engender monetary policy is the balance between financial and physical targets. This is especially important in the context of the fact that women generally take small loans; thus, while physical targets may be filled, the financial disbursements constitute an insignificant amount.

Notwithstanding the progress made by the microfinance movement, efforts for financial inclusion of women in the mainstream credit system should be focused on in the XII Plan. To achieve this, the Steering Committee recommends that women particularly women SHGs should be classified under priority sector and be given loan at concessional rates. For this necessary directives by NABARD and RBI would be necessary. The Steering Committee also recommends an innovative strategy of setting up credit counselling centres for women at the district level.

Enhanced access to institutional credit, not just microfinance, to small producers of goods and services, especially women who are normally excluded must be facilitated. The outreach of the formal credit system has to expand to reach the really poor and needy women. There is an urgent need for a paradigm shift from micro-finance to livelihood finance, comprising a comprehensive package of support services including financial services through SHGs, water user associations, forest protection committees, credit and commodity cooperatives, and empowering them through capacity development and knowledge centres. Kisan Credit Cards should be issued to women farmers, with joint pattas as collateral. Women entrepreneurs should be further mainstreamed in the development process by provision of refinance loan for women entrepreneurs to extend their involvement in economic activities as well as Government loan guarantees to substitute for collateral to facilitate women's access to credit.

An important addition to expanding the scope of financial inclusion should be through the ubiquitous and 'friendly' post offices which are generally not so alien to the experience of women, while progressively newer communication mediums take root. In certain situations particularly where geographical isolation is an issue, these post offices could make use of mobile vans, visiting areas on a fixed day in the week, timings being in tune with the realities of rural life where a large proportion of women work in the fields from early morning to late night and also out-migrate during specific seasons.

3.5.2 Women in Agriculture

Women's role as agricultural workers, especially their work on family farms is not being reported correctly, thus denying them access to extension and credit that they truly deserve in the context of increasing male migration out of agriculture. The Steering Committee recognises the need to increase awareness about the increasing feminisation of agriculture to ensure that policy makers and implementing agencies are gender sensitive in their approach. Existing formal institutions must take the initiative to recognize women's roles and needs in various fields of agricultural activity. For this they must ensure participation of women farmers in designing programmes for technical training and research. The methodologies, time duration, location and other factors of programme design must be appropriate to the needs of women. The Steering Committee also recognises the fact that women and men may have different priorities, problems and needs. Rejuvenating agriculture through significant increase in public investment would further help women if such investment recognizes the gender-specific needs of women as also the constraints that women face in tackling their expanding responsibilities. Women often tend to prioritise food crops, and therefore the Committee advocates giving higher priority to food production on small farms in rain fed and eastern regions.

Women's access to agricultural technology should be improved through designing women friendly agricultural technology. More drudgery-reducing technology for women must be introduced for reduction in women's work load, leading to better health. Technology transfer to women should be prioritized in all aspects of farming and farm management. As drylands are more dependent on groundwater, which means heavy dependence on tube well technology, women should be given training in the use of bore wells and the repairs required with special focus on promoting low cost irrigation and women friendly technologies. Grassroots women farmers must be trained in various fields, including dry land farming technologies, animal husbandry, forestry, sustainable natural resource management, enterprise development, financial management, and leadership development. They should be provided training in pre and post-harvest technologies; storage, preservation, packaging and processing and marketing. Developing Special Resource Centres for women is recommended in order to train women farmers in new technologies and crop practices and enable access to information on schemes & subsidies.

The Steering Committee also recognises the need to ensure that women have access to the various agriculture schemes being implemented by the Government. It recommends incorporation of a quota for women in all schemes (eg RKVY). Further involvement of women can be ensured by providing financial and infrastructural support to SHGs for seed production, storage, preservation, distribution, as a group activity.

Livestock and dairying are important sources of livelihood even for landless farmers, and of special interest to women. Development of indigenous livestock varieties and the encouragement of fodder cultivation should be focused on. The Plan should earmark funds to encourage women to take up income generating activities such as poultry, milch animals, sheep and goats, fish production, seed production of crop varieties, hybrid seed production and micropropagation. Greater attention should be paid to the problem of acute shortage of green fodder and water during summer months, lack of grazing space, and lack of local veterinary health care facilities.

Women's co-operatives and other forms of group effort should be promoted for the spread of agricultural technology and other inputs, as well as for marketing of produce. Wherever possible a group approach for

investment and production among small scale women farmers, particularly in cases of leasing lands, by groups such as self-help groups, mahila samakhyas and women's cooperatives should be promoted. Efforts should be made to improve access to all uncultivated arable land with the Government and give women's groups long term usufruct rights to it for group cultivation. The Plan should also encourage incentives to women farmers/SHGs, for group farming on leased or owned land: e.g. by financial support for group formation; tying credit subsidy, technology access, etc. to group farming. Integration of MNREGS where possible should be explored.

The XII Plan approach paper has recognised the need to accelerate the pace of creation of alternative rural non-farm livelihood opportunities such as in agro-processing, supply chains, maintenance of equipment, rural infrastructure development, etc. It is important that women either as individual farmers or as women's groups are specifically included under all such programmes. Further to promote women's role in marketing, it is important to allot storage space and stalls for women farmers in mandis; create rest rooms in market yards; and provide special support for transport, price information, etc. Institutional and funding support for the formation of women producers associations and existing women's federations/cooperatives to process, store, transport and market farm produce, milk, fish, crops etc. should be provided.

3.5.3 Women and Access to Land Ownership

There are three main sources of land for women: direct government transfers, market (by purchase or lease), and inheritance. To enhance women's land access from all three sources, a range of initiatives are needed, including land titles to women in all government land transfers, credit support to poor women to purchase or lease land from the market, raising legal awareness and legal support about women's inheritance rights, supportive government schemes, recording women's inheritance shares, etc.

Encouragement should be given to a "group approach" in land cultivation and investment in productive assets. It is now well recognized that the poor are best empowered if they function as a group rather than as individuals. This lesson should be incorporated in the creation of all productive assets in women's hands. Where new land is being distributed or regularized, individual titles or group titles rather than joint titles with husbands should be provided. This would need a change in the state tenancy laws to allow leasing of land to women's groups as well as recognize such groups as a valid category of landowners. The group leasing rights should be recognized under government programmes for agricultural promotion to allow women to avail benefits of schemes such as agricultural extension services and crop insurance to mitigate risks.

As many states have already given joint pattas on government land in the past (and this trend may continue), such pattas may be made partitionable, so that the wives, if they so desire, can get half the share of land in their single names. At present, it is seen that even after divorce or abandonment, wives are left without any share in such land.

3.5.4 Women and Transportation

The Steering Committee recognises that women-specific transport needs should be included in any transport policy or plan. These include transportation of primary products as head-load; inter- and intra-village roads/paths; non-motorised transport; pedestrian sidewalk, better route planning, provision of special buses, increased off-peak hours services, services on less-travelled routes, etc. Further, design improvements necessary to meet these specific mobility needs (lower height of entry steps, straps, etc. in buses, trains; installation of handrails, ramps, etc.) and demarcated exclusive services such as ladies special buses/trains should be undertaken. Personal security risks at parking lots, buses, bus stops, airports, highways, etc. affect women's travel patterns. The Steering Committee also recommends night shelters and toilets for women at bus stations to facilitate travel. A Gender Audit of all transport terminals should be undertaken and safety measures for women introduced. Also a national level assessment of the transport requirements of women particularly those in informal sector should be undertaken.

3.5.5 Women and Energy

The Steering Committee advocates the need for a comprehensive policy for domestic energy to create a portfolio of energy options. Apart from electricity and biomass sources, non-biomass sources of energy, including solar energy, for small production units should be promoted. Women's groups should be encouraged to set up small power production units. Energy-based enterprises such as charcoal and briquette making, gassifiers, etc. can be considered. Capacity building and seed- capital assistance to women to manage energy programs should be provided. Special trainings and fellowships should be provided for developing women's expertise in the renewable energy sector.

3.5.6 Women and Climate Change

One of the most urgent issues of our time, climate change is already impacting populations and ecosystems around the globe, threatening to set back development efforts by decades. But these impacts are not being felt equally. According to the Intergovernmental Panel on Climate Change (IPCC) in its 2007 Assessment Report the impacts of climate change will vary depending on gender, age and class, with the poor most likely to suffer the most. Women and girls are particularly vulnerable as they are more often responsible for household food production, family health and nutrition, and management of natural resources—sectors that are sensitive to climate change.

There are thus, important gender perspectives in all aspects of climate change. Adaptation efforts should systematically and effectively address gender-specific impacts of climate change in the areas of energy, water, food security, agriculture and fisheries, biodiversity and ecosystem services, health, industry, human settlements, disaster management, law and order and security. Gender inequalities in access to resources, including credit, extension services, information and technology, must be taken into account in developing mitigation activities. Further, women's key role in energy consumption, deforestation, burning of vegetation, population growth and economic growth also highlights the need to view them as agents for mitigating climate change.

While the National and State level Action Plans on Climate Change are being formulated, it is essential to have a gender assessment of these plans. These must include gender specific objectives, indicators, monitoring and evaluation dimensions, capacity building, auditing, and communication strategies, etc. in order to make climate change mitigation and adaptation plans more responsive to women's concerns and needs. The MWCD and MoEF would need to partner and collaborate towards engendering these plans. Gender and climate change adaptation strategies should also be made a part of all ongoing poverty reduction and development policies.

More research is needed into the adaptation strategies of women in the face of existing Climate Change impacts on agricultural productivity and food security especially focusing on their involvement in decision-making processes and access to extension services. A detailed vulnerability assessment of women in the context of Climate Change may also be conducted. The Steering Committee also recommends the need to invest in building capacities of women on Climate Change adaptation.

In the areas of Mitigation, it is essential to acknowledge the contribution of women to forest preservation and empower them to participate in planning and decision-making in community forestry programmes. The Steering Committee recommends provisions of specific financial and technical assistance for sustainable forest management to women's groups with special reference to REDD. Further consideration should be given to how to best support NGO involvement in developing capacity-building processes.

Women should also be supported to benefit from projects under the Clean Development Mechanism (CDM). This includes mitigating carbon emissions by using fuel-efficient cook stoves and solar water heaters for domestic purposes, and the installation of compact fluorescent light bulbs in public sector offices.

3.5.7 Women in Governance

3.5.7.1 Women in Panchayats

The Steering Committee advocates the mobilisation of Elected Women Representatives (EWRs) as change agents for better governance and social change. For this, it is recommended that they should be equipped to ensure the efficient delivery of public services under ICDS, NRHM, SSA, MGNREGA, etc by overseeing the functioning of grassroots workers like AWW, ASHA, school teachers, etc. Further, a village level committee should be institutionalized (alternatively, it can be in the Mahila Sabha) in which members of Panchayats, SHGs and women workers at grassroots level i.e. , AWWs, ASHAs, primary school teachers can collectively discuss and formulate work plans to address issues arising in the implementation of different programmes and take up campaigns. A system may be instituted whereby the recommendations/decisions of Mahila Sabhas must mandatorily be sent to Gram Sabhas (GS) which, in turn, would take these into consideration while recommending the proposals to Panchayats and ensuring that at least half of the number of women voters serves as the quorum for a given Gram Sabha. Some States such as Maharashtra have a provision that Mahila Sabha meetings must precede the meetings of the Gram Sabha and that the latter must consider the recommendations of the former. This arrangement can help in the effective implementation of women's programmes by bringing them in focus in the GS. Other states should be encouraged to study and adopt this approach.

The Steering Committee also recommends increasing the role of Panchayat in enforcing registration of births and deaths, marriages and migration so as to make an impact on issues of trafficking and child marriage and to equip EWRs to enable their Panchayats to focus on elimination of violence against women and girls and achieve universal education. For achieving the above, the XII Plan should undertake (a) capacity building and training modules on women's programmes for government functionaries and officers, (b) pre-election preparation of women candidates and voters, intensive training of EWRs and (c) gender budgeting and gender auditing in rural and urban local bodies. Other important measures that need to be undertaken include facilitating the substantial and effective representation of EWRs in all the Standing Committees of PRIs.

Convergence and coordination of programmes and schemes being implemented by different Ministries for gender equality is imperative for the effectiveness of the participation of women in PRIs. For example, the Ministry of Panchayati Raj has been implementing Panchayat Mahila Evam Yuva Shakti Abhiyan (PMEYSA), the objective of which is to knit the EWRs in a network and empower them through group action in order to improve their representation as well as participation in local governance. The Ministry of Rural Development should also introduce the Rajiv Gandhi Panchayat Sashaktikaran Abhiyan in the XII Plan- a scheme aimed at capacity building and e- training of PRIs, with a focus on EWRs.

3.5.7.2 Women in Urban Bodies

Similarly in urban local bodies it is recommended to have (a) a gender focal point in each body, (b) gender budget and gender audit, citizen report cards with focus on meeting women's needs in urban services such as water and sanitation, widow pensions, etc. The Plan should also lay more focus on capacity building and networking of women elected representatives in urban local bodies. This is important for enhanced involvement of women Councilors in the initiatives for social change and delivery of services as well as for improving their participation in urban infrastructure planning. This would include training in planning, budgeting and resource mobilization, ICT and networking, etc with special attention to gendered infrastructure planning.

For improving gender effectiveness of Urban Local Bodies, the two initiatives adopted in Delhi and Mumbai, may be considered for replication. Savitribai Phule Gender Resource Centre (SPGRC) is an initiative of Municipal Corporation of Greater Mumbai (MCGM) to make Mumbai a gender friendly city. Its mission is to empower women and work towards violence free, safe and gender friendly city through active participation of men and women. It is a platform for agencies working in the field of women's empowerment. The Gender Resource Centres (GRC) of Government of Delhi (WCD) may also be considered for replication in urban local bodies. These initiatives are significant as they meet the felt needs of women in institutions of local governance for information on legal, social and economic issues and thus enable them to perform their duties better. These centers also provide a platform to women for networking.

3.5.8 Engendering the Media

The visual and audio media, including the television, films and radio shows are an important channel of information dissemination. If used well, they can also become powerful agencies for sensitization and empowerment. On the other hand, their misuse can lead to strengthening of stereotypes, social disharmony and

discontent. The Steering Committee therefore recommends that strong measures should be undertaken to engender all channels of the media. The Information and Broadcasting Ministry should form an expert committee to screen programmes using a gender lens and certify the same prior to release. The Censor Board should also be encouraged to take into account the concerns of women and children while giving clearance to films.

3.5.9 Inclusive Development with Women

3.5.9.1 Scheduled Caste (SC) Women

SCs constitute about 16.2% of India's total population and 80% of them live in rural areas. However, in 2004–05, 36.80% of SC persons in rural areas were in BPL category as compared to only 16.10% for non-SC categories; in urban areas, this ratio was 39.9% SCs below the poverty line compared to 16% non-SCs. The empowerment of the SC community, particularly SC women is therefore essential for the development of the nation as a whole. The XII Plan should seek to promote a rights-based approach to education, health, employment, housing and living conditions. For this, SC women should be provided good and adequate house-sites in the joint names of themselves and their spouses and their living conditions should be improved through access to healthcare services, provision of satisfactory drainage, water supply, roads, and electricity. In programmes of supply of subsidized food grains etc., outlets should be opened in SC bastis and these should be operated, as far as possible, by local SC women. The SC women should be provided assistance and infrastructure to carry out fishing operations, storage, transport and marketing so as to optimize operations and maximize returns. In view of the particular vulnerability faced by migrant labour SC women and children, the need for special programmes and interventions for them, particularly in the fields of education and health, is essential. Further, orientation of health care staff and service providers should be carried out for behavioural change to eliminate the discrimination that many SC women and children continue to face, especially with regard to sharing of common spaces in healthcare centers and accessing services that require physical proximity between patients and service providers.

3.5.9.2 Scheduled Tribe (ST) Women

The Steering Committee recommends that XII Plan should provide greater focus on awareness building among tribal women about policies, programmes, schemes and legislations meant for them by using various print and electronic media. For this, Doordarshan and All India Radio should carry programmes in local languages. Also a compendium of schemes related to STs being implemented by all Ministries should be prepared and disseminated. District level "Knowledge Centres" which provide information in local languages should be promoted and these should be linked up with village level e-sanchalak yojana.

Representation of tribals on Committees formed for fixation of Minimum Support Prices for Minor Forest Produce (MFP) may need to be considered. Uniform regulations with regard to MFP collection and cultivation should also be formed. Also mapping of MFP availability should be undertaken to promote scientific processing and MFP based processing zones may need to be created on the lines of Food Processing Zones. Separate guidelines should be issued for demarcating collected MFP from cultivated MFPs. Necessary technology, design and market support to the tribal women for value addition to MFP for sale in non-traditional

and urban markets should be provided. The XII Plan should also focus on the implementation of the Scheduled Tribes and Other Traditional Forest Dwellers Act and on the provision of adequate land development facilities and credit facilities on priority basis to all land allottees under FRA, 2006 should be ensured. Banks may also need to consider honouring the Pattas issued under FRA, 2006 for giving credit.

To expand the access to credit and banking facilities to tribal women, it should be ensured that banking correspondent model reaches out to ST women as correspondents and as beneficiaries. Convergence among various subsidy and loan schemes of central and state governments for STs should also be ensured, so that both subsidy and low interest loans are available to the women.

Effective implementation of MGNREGA in tribal blocks should be ensured to prevent distress migration and trafficking. Effective monitoring of MGNREGA through regular social audits should be undertaken to see that ST women are getting job cards and employment.

Schools with residential facilities for tribal students should be encouraged with provision of basic infrastructure as per RTE guidelines as well as security measures for girls. For residential schools, KGBV norms of hygiene, safety, infrastructure, and other provisions should be followed.

3.5.9.3 Single Women and Widows

The XI Plan had highlighted the need to focus on single women. However, there has been inadequate progress in this direction. The Steering Committee places high importance to the issues of single women and recommends that the XII Plan should look into issues related to making procedures more women friendly (such as “proof” of separation) so that pensions, health benefits, school support for children, housing benefits, property rights, employment opportunities, and other government entitlements can be availed by single women. It is also recommended that separate forum of single women at block level may be promoted as the issues faced by them are very different from general women and require specific attention and discourse. This should be promoted as a new scheme and not limited under the National Rural Livelihood Mission which is focused on BPL women.

Further, there is need to lower the age for grant of pension as also enhance the quantum of pension. The widow’s pension scheme would need to be extended to a larger pool of beneficiaries by reworking the age eligibility criteria as some State have done. Indexing of the pension to the consumer price index should also be considered. Rehabilitation, compensation as well as economic packages should be introduced for widows. A separate quota under IAY and RAY for single women may be considered as also efforts should be made to ensure single women’s access to employment and equal wages through special job cards under MGNREGA. Separate entrepreneurship and leadership development schemes for these women should be promoted along with preference in grant to credit with flexible payment modalities and lower interest. Single women should be made aware of their rights and entitlements within their maternal and matrimonial households. For this, special focus on legal aid to single women as well as promotion of separate federations of single women at block and district level should be considered.

3.5.9.4 Elderly Women

The Steering Committee recommends that the XII Plan should give specific attention to older women to address their health, nutrition and pension issues. Focus should be laid on creating awareness on various diseases specific to older women like osteoporosis, breast cancer and cervical cancer. Mental health issues among older women and nutritional needs should be other areas of focus. The cost of medical procedures for single /poor senior citizens may need to be subsidized. Waiver of the income criteria for old age pensions to women above the age of 75 years in rural areas/urban slums/JJ colonies may need to be considered.

3.5.9.5 Women affected by HIV/AIDS

The Steering Committee also emphasizes that the XII Plan should reach out to women living with HIV and AIDS who have been deserted by their family or have lost their husbands due to HIV and AIDS and are without any social /economic support especially under various livelihood programmes. It should also be ensured that women, men, girls and boys involved in caring for People Living with HIV and AIDS receive appropriate training regarding the care of such persons, and ensure their emotional, psychological and physical well being and safety. Legal services should be made a part of the process of rehabilitation to ensure empowerment of women living with HIV. HIV and AIDS awareness should be integrated in the training programmes for Government personnel. Positive/affected women should be empowered by imparting vocational training to them, including training on conducting HIV and AIDS awareness programmes.

The ICDS guidelines may integrate information on nutritional support to women and children on ARTs. Training programmes for crèche personnel should include information about the needs of children infected and affected with HIV. Transport and nutritional support should be extended to PLHIV and to children with HIV.

3.5.9.6 Migrant Labour

As per the 1991 census, nearly 20 million people migrated to other states seeking livelihoods. Within a decade, the number of inter state migration doubled to 41,166,265 persons (Census 2001). A large number of these are women many of whom are either in domestic work or in the construction industry. The XII Plan should make efforts to put in place appropriate mechanisms for implementation of the Inter State Migrant Workmen Act, 1979, in order to address issues arising from increased migration. Registration of migrant domestic workers under the Unorganized Sector Social Security Act 2008, should be ensured and they should be provided with identity cards. To protect migrant domestic workers from exploitation at the hands of placement agencies, it should be necessary to consider introducing a system of registration, monitoring and accountability of placement agencies for domestic workers. To prevent marginalization of migrant labour, especially women migrants at their place of destination, efforts should be made to ensure portability of entitlements such as ration cards and identity papers based on the experience of the RSBY Card. Further, registration of tribal migrants by Panchayats should be ensured and nodal officers from tribal states may be appointed at migrant destinations for protection of their rights.

3.5.9.7 Women in Disturbed Areas

Women in disturbed areas face special issues like continuous army presence, suspended civil rights and lack of normal access to facilities/services, vulnerability to sexual violence, restrictions on mobility, etc. due to

continuous violence. They are most vulnerable to atrocities and need special attention in areas like health care measures, schools, free legal aid etc. Gender sensitization programs should be held for the authorities who implement specific legislations applicable to disturbed areas such as the Armed Forces Special Powers Act (AFSPA). The provisions of the AFSPA should be reviewed, as they are often allegedly misused against women.

3.5.9.8 Women with Different Abilities

The Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation Act), 1995 mandates (i) prevention and early detection of disability among children through surveys, screening and awareness campaigns; (ii) access to free education, vocational training and integration of students with different abilities in regular schools (iii) reservation of employment posts (iv) creation of differently abled- friendly infrastructure (vi) rehabilitation, etc. In line with the Act, the XI Plan recommended strengthening of institutional mechanisms, provision of educational and employment support and creation of a barrier free environment to support differently abled persons.

The Steering Committee strongly advocates engendering of all programmes aimed at the differently- abled. Under Sarva Shiksha Abhiyan (SSA) and Integrated Education for Disabled Children (IEDC) Scheme there is already a focus on education of children with different abilities. It is essential to review the coverage of girls under these. The Steering Committee further recommends that residential schools for girls, especially KGBVs should be designed to cater to the needs of girls with special needs. It recommends screening for early detection of children with different abilities in Anganwadi centres and schools, provision of enabling infrastructure amenities in schools, Polytechnics and AWCs, sensitization and training of school teachers and AWWs, vocational training and assured employment for women with different abilities, and special rehabilitation services along with care provisions in existing MWCD run short stay homes. Working Women's Hostels should also be redesigned with additional support to ensure accessibility to employed women with special needs.

The Steering Committee also recommends that National programmes like NSDM, NRLM and STEP develop specific modular programmes designed to provide employable skills to women with special needs. Provisions for light work and separate calculation of wage rate for rural women with special needs who seek work under MGNREGA should be made.

Women with different abilities also require specific health focus. For this, under RSBY a special health card should be given to such women to facilitate regular medical check ups. The Steering Committee also recommends that 100% subsidy under TSC be provided for construction of toilets in households which have differently abled women. Sensitization of Government officials including policy makers, implementing agencies and PRIs will enable translation of the above recommendations into reality.

3.5.9.9 Minority women

The Ministry for Minority Affairs (MoMA) had launched a new scheme for Leadership Development of Minority Women. This scheme has now been revised. Implementation of the scheme needs to be undertaken in the XII Five Year Plan. The XII Plan should also introduce measures to enhance the secular character of all mainstream schools . This can be done through training and sensitization of teachers on secularism and diverse

cultures and enhanced participation of girls from different communities in mainstream education. The Steering Committee also recommends that Muslim girls be given an additional support for education. There are experiences which show that provision of collective transportation facilities (not limited to cycles) can largely improve the enrollment and attendance of Muslim girls. This should be made a part of the SSA and also linked with KGBV Schools. Along with STs and SC, OBCs from Religious Minorities should be included as a target group. For improving accessibility to health services, coverage of Minority dominated blocks under NRHM should be specifically reviewed. Provision of Sanitation and health facilities along with social education should be provided for in religious educational institutions.

Members of artisan and service-providing communities from religious minorities who desire occupational diversification, especially women and those belonging to the younger generation, should be given alternative training. Additional financial and technical support needs to be provided for artisans from religious minorities. There may be specific targets for them under the National Skill Development Mission.

The Steering Committee also recommends the coverage of women artisans from Backward Classes of religious minorities in the unorganized sectors under the Rashtriya Swasthya Bhima Yojana (RSBY). For improving accessibility to health services, coverage of Minority dominated blocks under NRHM should be specifically reviewed.

3.6 Engendering National Flagship Schemes

The Government of India is implementing a number of programmes and schemes for improving access to employment, education, health, infrastructure development, urban development, etc. Many of these programmes, especially the infrastructure delivery programmes, although seemingly gender neutral, often have a differential impact on women in view of their different life experiences, requirements, socio-cultural drivers and priorities. These constraints need to be identified and addressed. A gender analysis of all flagship programmes should be undertaken at the design stage. This would include an activity profile of what women do as also an access and control profile which can be used to build gender considerations into a project. Systems should be put in place to ensure that women are consulted at the time of designing the project- its location, objective etc.

The Steering Committee recommends that the Mid Term Appraisal of the XII Five Year Plan should conduct an independent Gender Assessment of all Flagship Programmes. Further, a National Level Database for monitoring the coverage of women under Flagship programmes should be developed in the XII Plan. There should be provisions put in place to undertake social and gender audit of flagship programmes.

3.6.1 Bharat Nirman Programme

The Bharat Nirman Programme aims at creating rural infrastructure by setting time-bound goals under various schemes which form part of the Programme. The programme has 6 key sectors: irrigation, roads, electricity, housing, drinking water and telephone connectivity. In the XII Plan, a gender analysis of all projects of Bharat Nirman should be undertaken at the design stage. This would include an activity profile of what women do and also their access and control profile which can be used to build gender considerations into the project. Women should be consulted at the time of designing the project- its location, objective etc; they should also be involved

in the social audit of these programmes. In irrigation projects, any new land arrangements (i.e. compensatory land given to displaced persons) must be in the joint names of the man and the woman or exclusively in the name of the woman where she is the main economic provider, to increase women's equity in property. Women's participation in site selection should be ensured. In particular, women should be trained in operation and maintenance work of drinking water projects.

3.6.2 National Rural Livelihood Mission (NRLM)

Under NRLM, the Government is extending an interest subsidy so that the SHG beneficiaries pay only 7% interest on their loans. This needs to be extended to SHGs under other schemes also. The NRLM should also promote more clusters and federations of women SHGs to enable women to operate on a larger scale and avail benefits of aggregation. Further, mechanisms should be introduced to enhance women's access to credit for entrepreneurship activities, exposure to training on running a business including pricing and budgeting and access to pension and insurance products. NRLM should also provide women with information on marketing and business skills. Women must have all the necessary skills – from production to marketing – and must be aware of the costing and pricing of products. In order to enable them to develop their enterprises, the focus of SHG trainings should shift to “market strategy” instead of “market linkages” as the latter just replaces traditional middlemen with another set of “benevolent” traders.

3.6.3 The Mahatma Gandhi National Rural Employment Guarantee Scheme (MNREGS)

The Mahatma Gandhi National Rural Employment Guarantee Scheme (MNREGS) heralded a new beginning in addressing the unemployment crisis. This nationwide employment programme guarantees 100 days of unskilled work for every household in rural areas, ensuring that at least one-third of the beneficiaries are women. The Act is sensitive to working conditions of women workers as it advocates providing accessible worksite (within 5 kms of workers' residence), crèches for women with children below six years and, above all, gender parity in wages. Being a nation wide programme it can be further engendered to pay large dividends towards empowerment of women. The Steering Committee recommends that, a day per month should be allocated as sensitisation day, devoted to sessions on raising awareness about the various components and rights under MNREGS and on socially relevant legislations like Domestic Violence Act, PC-PNDT Act, and Dowry Prohibition Act, etc. Wages should be paid as on normal work days to those present in order to encourage attendance.

The list of permissible work under MGNREGA should be expanded to allow for greater diversity of activities. The provision for crèche at the worksite should be implemented. The possibility of setting up crèches in collaboration with ICDS Anganwadis should be explored. Women's Groups should be included as implementing agencies of MNREGS works. The wages under MNREGS should not be calculated on a piece-rate basis which often works to the detriment of women.

3.6.4 National Rural Health Mission

As reported morbidity (NSS) is higher among women than men, the Steering Committee emphasises the need to generate sex disaggregated data on disease burden and access to treatment. A targeted approach should be adopted to address spatial disparities as well as reach out to women from the more vulnerable communities,

especially the scheduled castes, scheduled tribes, de-notified and primitive tribal groups, minorities, LGBT groups and the more vulnerable regions such as border areas, left wing extremism affected districts, minority concentration districts, North East Region, etc. An impact assessment and gender audit of 'Janani Suraksha Yojana' 'Jansankhya Sthirata Kosh' and equity implications of health insurance and user fees and other activities under the **National Rural Health Mission** may be undertaken.

In view of the consistently higher female IMR figures, along with the increasingly disturbing dynamics of the child sex ratio, there is need for a separate target for lowering female IMR. Attention must be given to low female-male sex ratio; decline in 0-6 sex ratio from 927 to 914; high anaemia; unrecognised care burden; differentials in morbidity, mortality and access to care. There is need to plan for women's survival and health throughout the life cycle not just for reproductive health. The focus of health interventions should be extended to address ailments which women are especially prone to, such as post menopausal problems, osteoporosis, breast and cervical cancer, etc. Special measures should also be undertaken so as to take into account issues of older women and those affected by HIV/AIDS.

Dovetailing of NRHM with IGMSY (a pilot conditional maternity benefit scheme) and National Food Security Bill (NFSB) needs to be undertaken for effective convergence of programmes relating to pregnant and lactating mothers. Convergence with State Schemes also needs to be ensured. State level schemes/initiatives for reducing MMR should be considered for replication.

3.6.5 Integrated Childhood Development Scheme

The scheme covers 8.63 crore children and pregnant and lactating women and is the world's largest programme for early childhood development and care. While the scheme's impact and reach is laudable, for more effective impact, the Steering Committee recommends that the XII Plan should encourage the Anganwadi and ASHA workers to be trained on issues relating to nutrition, counselling, child rights and gender discrimination. Women SHGs and cooperatives should be trained on the preparation of meals. Food production aspects of food security need to be highlighted. Area-based strategies of production/consumption based on local procurement for PDS should be adopted. In the longer term there needs to be consideration for ensuring greater recognition for the work of ASHAs/AWWs. The issue of unmet needs of working women for child care/day care support also need to be responded to.

3.6.6 Sarva Shiksha Abhiyan (SSA), Kasturba Gandhi Balika Vidyalaya and the Right to Free and Compulsory Education Act

Under the scheme, the number of women teachers, especially in rural schools and difficult areas should be increased by providing enabling work conditions for women teachers including transportation facilities and housing. Education infrastructure should be upgraded by providing hostel facilities and scholarships for girls as well as by including non traditional vocational training as part of the overall education curriculum. An assessment must be undertaken on how safe schools are for young girls and necessary security arrangements should be put in to restore confidence of households and girls in schools and ensure enrolment as well as retention in schools. School teachers should be trained on issues relating to gender equality. Kasturba Gandhi Balika Vidyalayas should be upgraded upto secondary school level. In the wake of the Right to Free and Compulsory Education Act, child tracking system should be adopted to achieve full inclusion and address the

issue of school drop-outs. The Steering Committee recommends that the XII Plan should focus on ensuring that the standards of quality of education are adhered to at all levels. This should include focusing on availability of teachers, proper class room environment and infrastructure, standardization of learning levels and adequate monitoring. Creating a gender-sensitive educational system is another priority. This would entail addressing sexual stereotyping, changing the attitudes and perceptions of school teachers, providing a safe and secure environment for the girl child, provision of schools within easy reach, child care support to release girls from the burden of sibling care, transport and separate girl's toilets. These measures should go a long way in enhancing enrolment and retention of girls at primary and secondary levels.

3.6.7 The Saakshar Bharat Mission

The Mission should integrate with all programmes promoting SHGs to ensure 100% literacy of women members. Women must be consulted in the location of the Lok Shiksha Kendra and the timing of the classes should be such that women are able to complete all their other responsibilities. The Mission should also address the literacy needs of women members of Panchayati Raj institutions.

3.6.8 The Mid Day Meal Scheme (MDM)

MDM is the biggest programme of its kind that provides cooked mid-day meals to school children. A gender impact assessment should be undertaken focusing on the working conditions of cooks who are mostly women and also on the management challenges faced by women's groups in implementing the programme.

3.6.9 Indira Awas Yojana and Rajiv Awas Yojana

While in rural areas programmes like Indira Awas Yojana (IAY) have increased women's access to housing, this issue has not been adequately addressed in the urban areas. It is essential that women's perspectives are included in housing policies, planning of housing colonies and provision of shelter in urban areas. The Steering Committee recommends that special attention should be given for engendering schemes like the Rajiv Awas Yojana in the XII Plan. As a part of promoting economic opportunities for women in slum areas, particularly if the settlements are away from the city, space and building needs to be allotted for creation of workshed for women in RAY settlements. This initiative can also be part funded under JNNURM.

3.6.10 National Rural Drinking Water Programme and Total Sanitation Campaign

In the XI Plan, special attention was given to improve the provision of safe drinking water and sanitation within accessible reach of households, especially in rural areas, through national programmes like **National Rural Drinking Water Programme** (NRDWP) and **Total Sanitation Campaign** (TSC). The Steering Committee recommends that the XII Plan should emphasise on ensuring women's participation in the planning, delivery and maintenance of such services. A gender impact assessment of the TSC is recommended to assess whether it has reduced women's workload, provided security, improved hygiene and reproductive health of women, decreased school dropout rates for girls, etc. This assessment should be undertaken by engaging local women's group along with other people's organisations which are gender sensitive. Women must be actively involved in determining the location of sanitation facilities. A target should be set for providing toilets with water in all schools and anganwadi centres. This should be supported by IEC campaigns. Further, difficulties in the usage of toilets should be addressed (eg. need for lighting, inappropriate location, etc).

3.6.11 Rajiv Gandhi Grameen Vidyutikaran Yojana (RGGVY)

RGGVY is a scheme on rural electricity infrastructure and household electrification and was launched in the X Five Year Plan. Under this scheme, there should be provision for free of cost connections to all women headed and single women households in rural areas, irrespective of their BPL status. SHGs may be assigned as franchisees for management of rural distribution of electricity. Some States have adopted policies for bifurcation of feeders for farms and homesteads. This allows regular flow of electricity to homesteads thereby facilitating women in accessing drinking water, studies of children and other household requirements. Other States should adopt this model.

3.6.12 Jawaharlal Nehru National Urban Renewal Mission (JNNURM)

The scheme was launched to upgrade the quality of life in Indian cities in a sustainable and inclusive manner. The Steering Committee recommends a gender impact assessment of JNNURM especially on issues related to the safety and security of women living in urban areas. This should be done with the active engagement of women's organisations, networks of single women and women SHGs. Based on such assessments, new provisions for creating infrastructure, for example, market spaces for women hawkers, etc. should be introduced. Special provisions for housing for vulnerable women, especially single women and female headed households should be framed.

JNNURM should have a special component on safe city planning and adequate resources should be allocated for undertaking safety audit and infrastructure creation for the same. Efforts should be made to include women water users groups, women councillors, women friendly procedures, a mohalla committee with women members. Skill and capacity building amongst women must be undertaken to increase their employability in JNNURM projects.

3.7 Suggested Outlays for Schemes in the XII Plan

The following schemes are proposed to be continued in the 12th Plan.

3.7.1 Support to Training and Employment Program (STEP)

The scope and coverage of the scheme have been broadened with introduction of locally appropriate sectors identified and incorporated in consultation with State/UT Governments. As the per capita cost has been raised to Rs 16,000/- from Rs 8000/- per beneficiary, a sum of Rs. 260 crore is proposed for the scheme in the XII Five Year Plan.

3.7.2 Working Women Hostels

It is expected that the demand of working women hostels in the country should increase and so should the proposals received under the scheme. The budgetary requirement proposed for the XII Five Year Plan is Rs. 100 crore

3.7.3 Priyadarshini

An outlay of Rs. 140.00 Crore is required for the project for the period 2012 -16.

3.7.4 National Mission for Empowerment of Women (NMEW)

The proposed outlay for NMEW for the XII Plan is Rs 655 crore.

3.7.5 Strengthening the Implementation of the Laws

3.7.5.1 Implementation of Protection of Women from Domestic Violence Act

The proposed outlay for the new scheme in the XII Plan is Rs.450 Crore.

3.7.5.2 Ujjawala- A Comprehensive Scheme for Prevention of Trafficking and Rescue, Rehabilitation and Re-Integration of Victims of Trafficking for Commercial Sexual Exploitation.

For continuing the Scheme in the XII Plan within the existing Schematic norms, an outlay of Rs. 50 Crore is required.

3.7.5.3 Swadhar Greh Scheme- A provision of Rs.675 crore is proposed in the XII Plan for the scheme in view of the expansion of the scheme across all districts in the country and the revised financial norms for the scheme.

3.7.6 Autonomous Bodies under MWCD

3.7.6.1 Schemes of CSWB

a) Integrated Scheme for Women Empowerment for North East Region (CSWB)

The proposed financial requirement for the scheme in the XII Five Year Plan is Rs. 50 crore.

b) Condensed Courses of Education for Women (CSWB)

Taking into account the proposed revision of the norms under the scheme, the budget requirement is projected at Rs.200 crore.

c) Awareness Generation Projects for Rural and Poor Women

Taking into account the proposed revision of the norms under the scheme, the financial requirement for the XII Five Year Plan would be Rs. 200.00 crore.

d) Family Counselling Centres (CSWB)

The projected requirement for the scheme is Rs.300 crore for the XII Plan.

3.7.6.2 Rashtriya Mahila Kosh (RMK)

The corpus of RMK, which at present is Rs.100 crore, would be raised to Rs.500 crore over the next five years.

3.7.6.3 National Commission for Women

The requirement of funds for the XI Plan for the activities of the Commission is estimated as Rs.90.22 crore.

3.7.7 Advocacy and Capacity Building for Gender Mainstreaming

3.7.7.1 Support for Gender Training

An outlay of Rs. 5 Crore would be required during the plan period for this purpose.

3.7.7.2 Gender Budgeting Scheme

The Scheme needs to be continued in the XII Plan. An outlay of Rs. 5 Crore would be required during the plan period for this purpose.

3.7.8 Grant -in-Aid Scheme for Research, Monitoring and Publication:

To undertake the Research, Evaluation, Monitoring and Publication activities during the XII plan, an outlay of rupees 20.00 crore is proposed.

3.7.9 General Grant-in-Aid scheme for Innovative Projects

To support innovative projects that are not covered by any other schemes, an outlay of Rs. 20 crore is proposed.

3.7.10 Swayamsidha

With an evolving, redesigned outcome oriented approach, the Swayamsidha scheme is recommended for extension to all blocks in the country. An outlay of rupees 1700 crore is therefore proposed.

3.8 Recommendations for New Schemes in the XII Plan

3.8.1 Implementation of Protection of Women from Domestic Violence Act

The Protection of Women from Domestic Violence Act came into force on 26th October 2006. Under the provisions of the Act, the State Governments are required to appoint Protection Officers, register Service Providers and notify medical facilities. The Magistrate may direct the respondent or the aggrieved person to undergo counselling with any member of a service provider who possesses prescribed qualifications and experience in counselling. There is no provision in the Act for providing financial assistance to the State Governments/UT Administration for its implementation. Most of the States/UTs have given additional charge to their existing officers to perform the duties of Protection Officer which is said to be adversely affecting implementation of the Act. For assisting State Governments/UT administrations in the effective implementation of the Act, it is proposed to launch a new scheme in the XII Plan. Under this scheme the Central Government would support States in the appointment of independent Protection Officers by sharing their salary with the State Governments on a 50-50 basis. The Scheme would also provide support for establishing Counselling Facilities/Family Counselling Centres as well as for capacity building of officials and infrastructural support to Protection Officers.

The proposed outlay for the new scheme in the XII Plan is Rs.450 Crore.

3.8.2 One Stop Crisis centre

In order to curtail the worsening situation of violence, women require support at various levels that should address their multiple needs. Recognising this, the Ministry would develop a pilot of “One Stop Crisis Centre” for women which should serve as an integrated facility where various needs of victims of violence, such as medical aid, legal assistance, assistance in filing a police case, counselling and emotional support, temporary shelter for herself and her children and basic necessities for the period of stay can be met, at a single place.

Since the public health system in India caters to a large number of women and is very often their first point of contact, linking hospitals and health care centres with law enforcement and support services would aid in early detection and prevention of further violence against women. Existing models of hospital based crisis intervention programmes may provide a good blueprint in this endeavour.

Victims of Rape and Sexual assault would also be able to benefit from these centers where treatment would be provided for their physical and psychological healing. The centers would also act as a safe place for recording of statements.

The proposed scheme should be implemented as a Centrally Sponsored Scheme in the XII Plan at an estimated cost of Rs.150 Crore.

3.8.3 Women’s Help Line

Women in distress and difficult circumstances require immediate access to assistance and often do not have recourse to or information about the availability of such support services. In the XII plan, it is proposed to set up a 24 hour Woman’s Helpline, preferably on an All India basis, with a toll free single number and with an effective back office social-legal support system whereby assistance to victims of domestic violence, rape and other atrocities would be available just a phone call away. Existing help lines being operated under Swadhar Scheme and by Police, NGOs and other organisations would be integrated with the proposed All India Help Line. Implementation of the Scheme would be done through a national level organisation working for the welfare of women or National Commission for Women. The option to integrate this helpline with the existing Child Line would also be explored.

It is estimated that Rs.60 crore would be required during the XII Plan for setting up of All India Help Line with adequate support system.

3.8.4 Scheme for Financial Assistance and Support Services to Victims of Rape

In the Delhi Domestic Working Women’s Forum vs. Union of India and others writ petition (CRL) No.362/93, the Hon’ble Supreme Court of India had directed the National Commission for Women to support victims of rape. The Supreme Court observed that with regard to the Directive principles contained in the Article 38(1) of the Constitution, it was necessary to set up Criminal Injuries Compensation Board, as rape victims besides the

mental anguish, frequently incur substantial financial loss and in some cases are too traumatized to continue in employment. With this background, a Scheme for providing restorative justice to victims of rape through financial assistance as well as support services was finalised and is awaiting approval.

The requirement of funds for the scheme in the XII Plan is estimated at Rs.1300 crore.

3.8.5 Scheme for coaching classes for women appearing in Civil Services and other Examinations

Women constitute almost half the total population, but their representation in employment in the Central Government is only 7.53% of the total employment. The National Policy for Employment of Women 2001 lays emphasis on the adoption of measures to increase representation of women in Central Government jobs. To facilitate this, it is necessary to provide coaching facilities to women for Civil Service Examinations and other competitive examinations for Central and State Government jobs. It is proposed to launch a new scheme for coaching classes for women in the XII Plan.

An outlay of Rs. 15 crore is required for the Scheme in the Plan period.

3.8.6 Distance Learning Programme on Rights of Women

Awareness about their rights and entitlements is essential for women to realize their full potential. Initiatives by the Government for generating awareness through media and curriculum do not sufficiently meet this requirement. There is therefore, a need to develop a pool of volunteers or activists with adequate knowledge of the rights of women who can help in spreading awareness about women's rights. To meet this need, it is proposed that a distance learning programme on Women's Rights through an open university may be sponsored to develop human resource in the field. An outlay of Rs.0.50 crore is required for the purpose in the XII Plan.

3.8.7 Support for Gender Training

In spite of the progress made over the years, sensitivity towards gender issues and capacities of the planners and implementers on Gender issues is still limited. It is important that Gender training is made a mandatory part of the regular training programme for officials at all levels of Government. It is proposed that a short duration training module on gender sensitization and gender mainstreaming should be run for Government Officers during XII Plan. Services of National level training institutes will be enlisted for the purpose.

An outlay of Rs. 5 Crore will be required during the plan period for this purpose.

3.8.8 Awards to Government Agencies for the most Gender Sensitive Programmes

The Steering Committee recommends that MWCD may initiate an award for recognising and encouraging initiatives in the direction of Women's Empowerment by Government agencies. This could include categories like:

- **Best/Innovative practices by State Governments in the field of Women's Empowerment:**

This award will seek to recognise the State Government Departments and Local Government (District Panchayat and Municipal Bodies) that have undertaken innovative projects whose qualitative and/or quantitative outcomes/results are of a very high order. Three awards may be given for each category every year with a cash prize of Rs. 50 Lakhs per award for State Governments and Rs. 5 Lakhs for Local Government.

- **Most engendered CSS/Central Sector/State Government programme/project of mainstream Departments:**

This award will seek to recognise initiatives of officials at the Union and State Government levels, as a team or organisation, whose qualitative and/or quantitative outcomes/results in mainstreaming Gender in a non-social sector initiative is very high. Two awards may be given every year, one each for Central and State with a cash prize of Rs. 5 Lakhs per award, subject to a maximum of Rs. 1 Lakh per member in case the award is allotted to a team.

The total fund requirement for the XII Plan for this would be around Rupees 3.50 crore.

Requirement of funds during the XII Plan

For the activities detailed above, the requirement of funds for the XII Plan is estimated as Rs. 7699.22 crore. Scheme-wise/organisation wise break-up of the requirement is given in the table below.

Sl No	Name of the Scheme /Organisation	Amount (Rs crores)
1.	Support for Training and Employment Programme	260.00
2.	Working Women Hostel	100.00
3.	Priyadarshini	140.00
4.	General Grant in Aid Scheme for Innovative Projects	20.00
5.	National Mission for Empowerment of Women	655.00
6.	Strengthening of implementation of laws	450.00
7.	Scheme to setup One Stop Crisis Centres	150.00
8.	Women's Help line	60.00
9.	Ujjawala	50.00
10.	Swadhar Greh	675.00
11.	Compensation to Rape victims	1300.00
12.	Central Social Welfare Board (Schemes and Establishment)	1000.00
13.	Support for Gender Training (New)	5.00
14.	Gender Budgeting scheme	5.00
15.	Distance Learning Programme on Rights of women (New)	0.50
16.	Scheme for coaching classes to increase representation of women in Central Government jobs etc (New)	15.00
17.	National Commission for Women	90.22
18.	Rashtriya Mahila Kosh	500.00
19.	Media Plan	500.00
20.	Grant in Aid Scheme for Research, Monitoring and Publication	20.00
21.	Swayamsidha	1700.00
22.	Awards to Government Agencies for the most Gender Sensitive Programmes	3.50
	Total	7699.22

PART B: CHILD RIGHTS

1. INTRODUCTION

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

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

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

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

Early childhood, which refers to the first six years of life, is the most crucial period, when the foundations are laid for cumulative lifelong learning and human development. Research evidence from neuro-science and other disciplines confirms that some 'critical periods' for development of cognitive, linguistic and psycho-social competencies are embedded in these early years. The first six years of a child's life form the foundation for all

later development. The next stage of the formative year's calls for care and protection, with formal learning and opportunities for play, recreation, creative expression and participation as the child grows to become an adolescent.

Individuals aged 10-19 years are referred as adolescents. Adolescents who are marginalized or poor are less likely to transition to secondary education and are more likely to experience violence, abuse and exploitation. While adolescents are often referred to as the 'future generation' of adults, they are also part of the present generation – living, contributing to households, communities, societies and economies. Hence, it is imperative that they receive recognition, protection and care, essential services, and opportunities in their own right today.

According to the Constitution of India, all persons, including those below the age of 18, are entitled to certain inherent and inalienable rights. This underlies India's commitment to ensuring the fulfilment of the rights of every child to survival, development, protection and participation, reaffirmed and reflected in the child related and child specific legislations, regulatory frameworks, policies and programmes being implemented. This is synergistically linked to protecting the rights of women and girls and addressing concerns for ensuring gender equality across the life cycle.

India has demonstrated vibrant economic growth rates in spite of a changing external environment. However, the progress on social indicators has been uneven across and within states /districts and different socio religious communities, sectors and socio economic strata. India faces major nutrition challenges, with 42.5 percent of under five children being underweight, 20 per cent wasted, and 48 per cent stunted (NFHS-3);and 56% women (15-49 yrs) and 79% of under 3 children being anaemic, eroding human development potential and undermining their survival. Although between 1990 to 2008, the decline in U5MR was 56% and that of IMR 41%, the decline in Neo- natal mortality rate was 34% only and in early neonatal mortality rate was 27%. More alarming is the steep and unabated decline in the Child Sex Ratio in the age group of 0-6 years from 927 girls per thousand boys in 2001 to 914 girls per thousand boys in 2011, despite improvements in literacy rates amongst women and enhanced participation of women in local governance.

CHILDREN IN INDIA: STATUS AT A GLANCE	
Child sex ratio (2011 Census)	914
IMR	47 (SRS Dec 2011)
Anaemia (NFHS-3, 2005-06)	69.5% children (6-59 months) 55.8% in girls (15-19 years) 55.3% women (15-49 years)
Underweight (NFHS-3, 2005-06)	42.5% children under 5 years 35.6% of women in the age group of 15-49 years with Chronic Energy Deficits (*measured as Body Mass Index [Wt (Kg)/Ht (m ²)]
Low Birth Weight (NFHS-3, 2005-06)	Nearly 22% newly born children have Low Birth Weight (LBW) i.e. below 2.5 kg.
Child Immunization, (DLHS Survey-3, 2007-08)	54 % children received full immunization. 86.7 % of Children received BCG. 63.4 % of Children received 3 doses of DPT. 65.6 % of Children received Oral Polio vaccine 3. 69.1 % of Children received Measles vaccine.
Vitamin A (DLHS Survey-3, 2007-08)	54.5 % of Children (9 months & above) received at least 1 dose of Vitamin-A supplement.
Initiation of breast feeding (DLHS Survey-3, 2007-08)	40.5 % Children Breast fed with in 1 hour of birth.

Overall sex ratio has improved from 933 to 940. However, Census 2011 has shown a sharp decline in the sex ratio of children in the age-group of 0-6 years, with the decline continuing unabated since 1961. Gender based differentials are evident from the following-

- Child sex ratio (0-6 years) – 914 girls for 1000 boys, as per census 2011, with a steep and unabated decline over the last few decades. The decline is seen now in 22 states and 5 UTs with the highest decline in Jammu and Kashmir by 82 points.
- Child Mortality (under 5 mortality rate) – 69. For boys this is 64 per 1000 births, while the same for girls is 73 (SRS, RGI, 2009). Even sharper gender differentials are seen in some states and districts, for instance, 16 points in Rajasthan.
- Anaemia among Adolescents (15-19 years) – While only 30% of boys in age-group of 15-19 years are anaemic, 56% of girls in the age-group of 15-19 years are anaemic.
- The survey shows that more than one third (35.6%) of women having Body Mass Index (BMI) less than 18.5 kg/m. are undernourished. With this proportion, it is estimated that undernourished Adolescent girls (11 to 18 years) would number about 2.95 crore (35.6% of 8.3 crore).
- Immunization (12-23 months) - While 55 % of total boys are fully immunized in the age of 12-23 months, only 52% of girls are fully immunized.

In spite of ample research and evidence on the significance of early years, investment and attention to the Early Childhood Development (ECD) is low in terms of prioritization at policy level, programmes and its implementation. There is a considerable gap between policy, programmes and practice. This requires child centric planning with a comprehensive and holistic approach towards the full spectrum of child rights and development across all stages. This would also imply encompassing all aspects of stimulation and development, early child education, nutrition and home and institution based care as appropriate, enablement at all stages of childhood and empowered adolescence.

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

To negate the root causes of exclusion and exploitation of children, it is necessary to facilitate mind-set changes and address deep rooted social norms and traditions that violate the rights of children. To ensure that the highest quality of services are provided to children, it is important to focus on setting rigorous norms and standards for programme delivery and securing purposeful and functional convergence and coordination through establishment of inter-ministerial/ departmental linkages at national, state, district and village levels. Strategies also need to include strengthening of institutions and delivery mechanisms, analysing budgets and advocating for an enhanced budget share for improving child related outcomes in concerned sectors. The aim of the upcoming 12th Five Year Plan therefore is to fulfill the rights of all children by designing and implementing policies, legislations, programmes and interventions, which are both child-centred and child-sensitive.

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

- Adopting age appropriate responses for rapidly growing and dynamic growth phases and in different socio-economic and cultural contexts.
- Building a holistic perspective on the Child and prioritising issues related to Child Survival, Development, Protection and Participation within child related and child specific policies and programmes.
- Mainstreaming the rights based approach in all Policies and Programmes with concomitant focus on duties and responsibilities of caregivers.
- Identifying gaps of entitlement, protection, rights and development and adopting an appropriate legal framework for the above issues.
- Preventing and reducing maternal, neonatal, infant and young child mortality and malnutrition through synergistic interventions—especially for the most vulnerable and marginalised.
- Ensuring survival - with dignity for fulfilling the right to achieve full development potential-including the one in ten differently abled child.
- Establishing convergence and coordination between all stakeholders across sectors impacting the lives of children.
- Addressing the limitations within systems and programmes related to children:
 - Child legislation limited in coverage of offences against children, definition of child in need of care and protection, measures to ensure accountability of care providers.
 - Weak monitoring mechanisms and accountability of implementing agencies.
 - Implementation marked by poor infrastructure, inadequate financial / human resources and negligible community ownership / participation.
- Ensuring universal access with inclusiveness, and respect for the unique needs of “Every Child”.
- Strengthening the protective environment for all children - with a focus on prevention of vulnerability to abuse and exploitation, including addressing challenges in conflict and disturbed areas.
- Institutionalising Child Participation through incorporation of children’s views into mainstream policy and programme formulation processes.
- Building a cadre of professionals for care, protection of children, with a focus on vulnerable child groups.
- Creating enabling environment and building capacities from family and community to caregivers, institutions and institutional mechanisms.
- Establishing convergence and coordination between all stakeholders across sectors impacting the lives of children.
- Creating a comprehensive and disaggregated database related to all aspects of children.
- Assessing and ensuring child centric allocation in budgets across sectors and ensuring child related outcomes.

In this context, this Draft Steering Committee Report has been prepared by synthesizing the Report of the Working Group and various Sub Groups, as endorsed by the Steering Committee at its meeting on 1 December 2011, building on recommendations from various consultative processes and harmonized with other emerging perspectives on children.

2. SITUATION ANALYSIS OF CHILDREN

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

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

2.1 Health and Nutrition

The need for ensuring an inclusive approach is evident with wide disparities being seen across and within states and districts, between rural-urban areas, and between different socio economic and vulnerable groups, reflected in maternal and infant mortality, under-nutrition and anaemia. A downward trend is observed in Infant Mortality Rate (IMR), from 57 to 53 (SRS 2006/2008) and further to 47 (SRS 2010/2011), but with around 51% deaths taking place within the first week and 35% in the first month, concerted efforts are needed for promoting neonatal care, encouraging early and exclusive breast feeding for the first six months of life and ensuring optimal health care, infant and young child feeding practices. Under-5 mortality rate also remains high at 64 for the country, with the same being 73 for girls as against 64 for boys in 2008 (SRS, RGI, 2009), indicating a clear bias against the girl child in care giving and nurturing at family level. This gender differential after birth highlights the need for complementary strategies to address gross neglect of the girl child in infancy and early childhood, linked to longer term interventions for creating value for the girl child and gender equality.

As mentioned earlier, the high prevalence of anaemia and undernutrition amongst women, adolescent girls and children remains a source of great concern. NFHS-3 (2005-06) indicates that about 55% of women in the age group 15-49 years suffer from anaemia whereas, about 79% of children in 6-35 months age group are found to be anaemic. About 42.5 % children in 0-5 year's age-group are underweight. Stunting levels in children under 3 years declined between NFHS 2 (1998-99) and NFHS 3 (2005-06) from 51 % to 45 % (using WHO CGS) which signaled that improvement is possible, with acceleration of efforts. About one-third of currently married women in the age-group 15-49 years have low Body Mass Index (BMI) (less than 18.5 kg/m²) and about 47 percent girls in the age-group 15-19 years have low BMI. These factors, along with factors such as early marriage and early childbearing are manifest in unfavourable outcomes for the mother and the neonate, including low birth weight. This is clearly indicated from the fact that the percentage of low birth weight babies remains high at 22%. Amongst adolescent girls, 2.75 crore are found to be undernourished. 42.9 % of girls get married and 30% give birth to their first child before they complete 18 years of age.

Common childhood illnesses such as respiratory infections, diarrhoeal diseases, other infectious and parasitic diseases and malaria, account for about half of under-5 deaths in India. Respiratory infections and diarrhoeal

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

2.1.1 Infant and Child Mortality Rate (IMR and U5MR)

According to SRS 2009, infant mortality in India has declined from 80 per 1,000 live births in 1990) to 68 in 2000 to 47 in 2009. This implies an average decline of 30 points over a period of twenty years. Child mortality also shows declining trends though at a slower rate. However States like Kerala, Tamil Nadu, Maharashtra, Delhi and West Bengal have already achieved the MDG target (42 by 2010).

2.1.2 Maternal Mortality Rate (MMR)

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

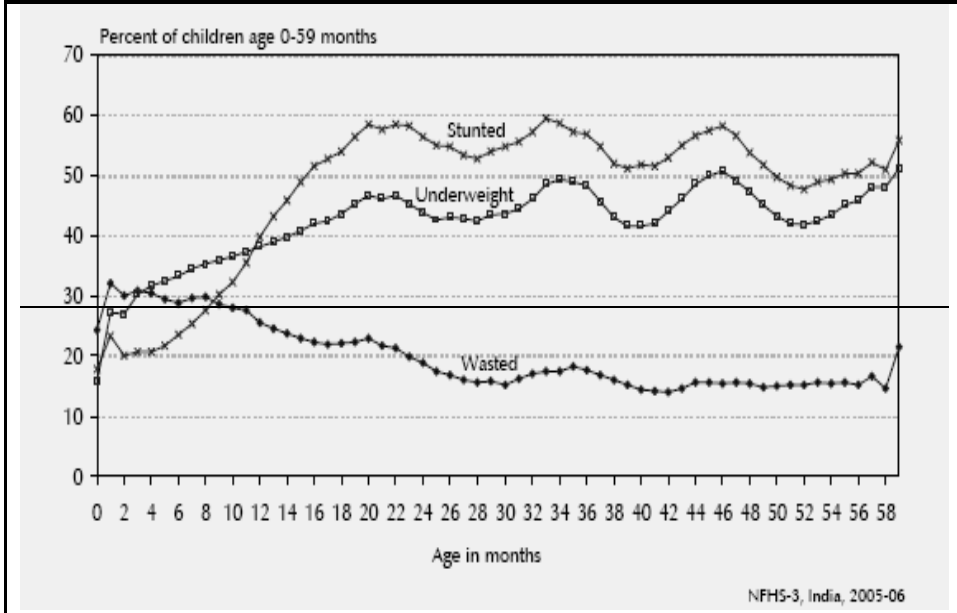
2.1.3 Neonatal Mortality a Major Concern:

Reduction in early neonatal mortality is the key for ensuring child survival, however the progress in India is slow and the rate of decline since 1990 has been 27 percentage points. Neonatal mortality in India is 35 per 1000 live births (SRS 2008) contributing around 55% of under five deaths. Three quarters of these deaths occur in the first week of life, 20% take place within the first 24 hours of birth. Thus the provisions of maternal and newborn care with a continuum of care during the critical period - antenatal, delivery, and postnatal is essential. Most of the neonatal deaths occur due to infections 19% (including sepsis, 7% pneumonia 9%, diarrhea 2% and tetanus 1%), prematurity 13%, birth asphyxia 10% are three major causes of death. The remaining 45% of deaths occur during 1 – 59 months and the major causes are pneumonia 11% and diarrhoea 11% (Black and Colleagues, Lancet 2010).

2.1.4 Under Nutrition – Early Prevention is Critical

High levels of under nutrition in children and women constitute a major threat to their survival and development. Globally, one third of child deaths are attributable to underlying maternal and child under

PREVALENCE OF STUNTING, UNDERWEIGHT AND WASTING IN CHILDREN (AGE < 5 YEARS)



nutrition, suggesting that the relationship between nutrition and infection is bi-directional. Through precipitating disease and speeding its progression, malnutrition is a key underlying contributor to infant, child and maternal morbidity and mortality. Some major common childhood illnesses like diarrhoea, pneumonia, as well as measles are also the cause of death in children under five years. Frequent episodes of diarrhoea are also often responsible for malnutrition among children. Similarly malaria contributes to increased anemia among children.

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

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

2.1.5 Low Birth Weight

22% of babies born are low birth weight (NFHS-3), children with low birth weight are much more likely than other children to be undernourished, almost half of children with low birth weight are currently stunted compared with about one third of children who weighed 2.5 kg or more. The lasting adverse effect of low birth weight makes it imperative to avoid the situation through proper care and nutrition of mothers across the life cycle- in early childhood, adolescence, pre pregnancy and during pregnancy. 33% of married women aged 15-49 years are too undernourished while 58.7 % of pregnant women are anaemic (NFHS 3).Low birth weight

has been associated with maternal age, mothers less than 20 years are at 50% excess risk. Delayed age at first pregnancy and birth spacing are interventions which can improve child survival.

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

2.1.6 Micronutrient Deficiencies

Micronutrient deficiencies need to be prevented across the life cycle—especially during pregnancy as adverse consequences occur due to iron and iodine deficiencies, which include still births, abortions, congenital malformations preterm and low birth weight babies etc. Currently, 79 % of the children are anemic, putting children at risk to survive and compromising the potential to learn.

2.1.7 Prevention by Providing a Continuum of Care

Ensuring children's right to life requires early preventive action, recognizing that most of child deaths are preventable. A continuum of care is needed, both across the life cycle and also linking the family, community, anganwadis, health centres and facilities, converging health and child care services. Continuum of care requires enhanced maternal and early child care, nutrition; safe water, sanitation and hygiene facilities and practices; disease prevention, early detection and intervention, treatment and follow-up; quality reproductive health services – including adequate antenatal and postnatal care, skilled assistance at delivery, and comprehensive emergency obstetric and newborn care and Integrated Management of Neonatal and Childhood Illnesses. Establishing effective continuum of care will involve taking practical steps to strengthen primary health care systems.

2.2 Education

The universalisation of ICDS has been a major step forward in bringing early childhood care and education as an integrated package to all the children. The process of universalisation has, however also witnessed deficiencies of access, quality and attention to care and its implementation has been uneven. Therefore the proposed strengthening and restructuring of ICDS would reposition ICDS as a vibrant child development centre with repackaged services for children under 3 years as well as focus on ECCE. Further, the enactment of the Right of Children to free and Compulsory Education Act, 2009 has been a major milestone in ensuring universal access to elementary education. However, the high drop-out rate of children at elementary level requires intensification of efforts, including the need to strengthen the early learning foundation. Overall literacy levels have risen, but the gender gap in literacy continues, though it has reduced by 5 points in the last decade, despite efforts to increase enrolment and retention of girls in school. An important need is to provide effective child care support that releases girls from the burden of sibling care, to participate effectively in elementary education. The dropout rate amongst adolescent girls remains high at 63.5%. The learning achievements amongst class V students have been consistently low as shown by the two rounds of the NCERT National surveys carried out in 2002-03 and 2006-07. This highlights the need for a focus on quality education and enable the education system to be more responsive to the needs of girl children (e.g., separate toilets, child care support etc). Inclusive approaches need to be prioritized to address the low educational attainment amongst marginalised groups, scheduled castes, scheduled tribes, minority groups and urban deprived groups living in difficult circumstances.

2.3 Children in Conflict with Law

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

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

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

The situation of Children in conflict with law is further aggravated by insensitive police dealing, long delays in judicial processes including pendency of cases before the Juvenile Justice Boards (JJBs), an inadequate rehabilitation mechanism and hardly any initiatives of after care and follow up, even though mandated by law. There is need to develop effective rehabilitation plans especially for children in conflict with law, as these children return to their homes to face the same pressures, with no new skills and increased police harassment.

2.4 Children in Need of Care and Protection

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

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

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

b) **Children living on Streets:** An earlier Sub Group report on Child Protection had stated “Street children or children living and working on the streets are a common sight in urban India. In spite of the relative high visibility of street children, there is very little information available on their exact numbers.” A constant rural-urban movement (urbanization) combined with unsafe migration render many children homeless and working / living on the streets. A study “Surviving the Streets” (2011) on children living on the streets in all nine districts in Delhi, was conducted by Save The Children. The major findings are a clear indicator of inadequacy of the ‘restore to family’ rehabilitation strategy, for all children in need of care and protection and also the pressing need for more community based initiatives that focus on strengthening families at risk so as to enable them to take care of their children. While the study is confined to Delhi, it provides an indication the problems faced by children living in similar urban areas of this country and is a cause for concern.

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

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

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

d) **Victims of Child Abuse:** The Study on Child Abuse conducted by MWCD in 2007 in thirteen states, also reported high incidence of sexual abuse of children. Sexual offences against children are inadequately addressed by extant legislation. A large number of sexual offences are neither specifically provided for nor are they penalized, as a result of which offenders are tried under more lax and non-specific provisions of the Indian Penal Code (IPC). There are no specific provisions or laws for dealing with sexual abuse of male children. Also, the criminal justice delivery system is more geared to dealing with crime against adults. A comprehensive legislation was attempted in the past to address all offences against children. However, no consensus could be reached on this and it was decided to focus, as a first step, on a special legislation to address all forms of sexual offences against children. Formulation of the Protection of Children from Sexual Offences Bill to address the issue of child sexual abuse including pornography, is a significant step taken during the Eleventh Plan. The Bill was introduced in the Rajya Sabha on 23rd March, 2011 after extensive consultations with all stakeholders. The Bill is expected to strengthen the enforcement of the right of every child to safety, security and protection from sexual abuse and exploitation. With its child-friendly procedures for reporting, recording of evidence, investigation and trial, the Bill is a step towards strengthening child jurisprudence in the country.

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

STATE-WISE PERCENTAGE OF CHILDREN REPORTING ABUSE					
States/UTs	Physical abuse in one or more situations	One or more forms of severe sexual abuse	One or more forms of other sexual abuse	One or more forms of emotional abuse	Girl Children facing one or more forms of neglect
Andhra Pradesh	63.74	33.87	72.83	47.15	51.50
Assam	84.65	57.27	86.26	71.31	70.19
Bihar	74.65	33.27	67.64	53.81	67.30
Delhi	83.12	40.90	72.26	62.01	76.76
Goa	53.07	2.38	34.06	33.66	36.09

STATE-WISE PERCENTAGE OF CHILDREN REPORTING ABUSE					
States/UTs	Physical abuse in one or more situations	One or more forms of severe sexual abuse	One or more forms of other sexual abuse	One or more forms of emotional abuse	Girl Children facing one or more forms of neglect
Gujarat	68.51	7.34	47.99	46.88	79.92
Kerala	56.10	17.70	44.80	40.70	61.64
Madhya Pradesh	63.41	9.87	33.30	60.22	79.04
Maharashtra	68.13	9.79	40.66	50.85	72.84
Mizoram	84.64	16.20	54.75	33.23	78.87
Rajasthan	51.20	10.82	29.36	32.36	87.22
Uttar Pradesh	82.77	5.98	35.76	47.21	85.91
West Bengal	55.63	17.20	32.29	41.55	52.41
Total	68.99	20.90	50.76	48.37	70.57

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

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

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

g) **Children with disabilities:** There are a multitude of challenges faced in the context of children with disabilities which include the exclusion of certain types of disabilities, lack of awareness regarding issues of children with disabilities including those with learning difficulties such as slow learners and lack of information about the law and its specific entitlements. The canvas of disability has remained partially addressed as very many dimensions such as children with different kinds of learning disabilities requiring focussed attention and support to families to enable children to fulfil optimal developmental potential, have hardly been worked upon.

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

55,000 to 1,15,000 children are living with and about seven million children are affected by AIDS (CABA) in India
Source: UNGASS Report of 2010

2.5 Factors affecting safety and protection of children

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

a) **Inadequate Implementation of Legislation for Protection of Children:** To ensure that children in difficult circumstances are well cared for and given full opportunity to grow and develop, the Government enacted the Juvenile Justice (Care and Protection of Children) Act (JJ Act), in 2000. This is the primary law in the country relating to children in difficult circumstances and lays the responsibility of their rehabilitation and social reintegration on the Government. The Act defines the structures and procedures that require to be

established for ensuring the well-being of such children. Thus, on the one hand it provides for specialized bodies such as Child Welfare Committees and Juvenile Justice Boards for handling cases of children in need of care and protection and children in conflict with law respectively in a child friendly manner, and on the other it mandates the Government to undertake rehabilitation measures for such children to ensure their holistic growth and development. Such measures include Homes of various types where in addition to providing for their daily needs, the children are afforded full facilities for their development including education, counseling, vocational training etc. In keeping with international best practices, the Act lays emphasis on family-based care through adoption, sponsorship and foster care.

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

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

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

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

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

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

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

- c) **Harmful Traditional Mindsets:** Long standing / entrenched value systems combined with the low socio-economic status of women and children are a source of much social malpractice and gender violence and these manifest in female foeticide; domestic violence, child marriage, dowry, etc. Furthermore, as the child is often viewed as a mere extension of the family and not a separate entity with rights and entitlements, it creates an environment where the voice of the child is not heard, which in turn results in vulnerability to abuse of multiple kinds, ranging from sexual exploitation to children in forced labour.
- d) **Discrimination Against the Girl Child:** Multiple discriminations are still faced by women and girls denying them their right to equal opportunities, both within and outside the home. A major challenge is dealing with a patriarchal mindset, which results in denial of equal opportunities for women in education, health and nutrition, the course of employment and violence against girls and women. Women's vulnerability is affected by lack of ownership of land, denial of equal wages, detrimental working conditions, lack of educational and skill development opportunities, leading to economic deprivation. Further, women who are part of the unorganized sector, continue to remain outside the existing social protection net, despite the constitutional guarantees of equal wages and conditions of work and special measures such as maternity benefits. The unpaid "care" work continues to go unrecognised and undervalued.

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

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

Child marriage is a violation of children's rights and a violation of dignity of the girl child, undermining her entire prospects of development. Not only it is a form of sexual abuse and exploitation, but it also limits the child's freedom of decision, access to education and therefore to better life opportunities in the future. In India, 42.9% of all women aged 20-24 were married before the age of 18. The figures vary significantly from one state to the other, with percentages as high as 68.2% in Bihar 57.6% in Rajasthan and 54.7% in West Bengal (DLHS 3).

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

The problem of the declining child sex ratio is not an isolated phenomenon but has to be seen in the context of the low status of women and the girl child as a whole, within the home and outside. The underlying issue is the value of the girl child in which she is not looked upon as an asset and is viewed as a burden in a patriarchal society because of deeply entrenched societal norms and attitudes.

- e) **Impact of Globalisation:** While globalisation has opened up trade and knowledge exchange; it has also resulted in an increase in inter country trafficking, smuggling and illegal/unsafe migration on the other, organized crimes whereby children are victimized and may also be brought in conflict with law. The current scenario also promotes patterns of development which may reinforce children's vulnerabilities and result in exploitation of children for commercial sex work, pornography and others -linked to expanding markets and tourism. Vulnerabilities increase as traditional community and family support systems may get displaced or eroded.
- f) **Migration and Urbanisation:** Internal rural to urban migration and migration of vulnerable groups after natural and political disasters or civil unrest, for livelihood opportunities, without requisite skills and knowledge, leave many children without access to basic services and protection and result in coercive migration (i.e. trafficking) and other forms of exploitation.
- g) **Inadequacy of Day-care services for children:** The Government's sustained initiative on education and employment of women has resulted in increased opportunities for their employment, and more and more women are now in gainful employment, working within or outside their homes. There has been an increase in nuclear families. Thus the children of these women, who were earlier getting support from relatives and friends while their mothers were at work, are now in need of day care services which provide quality care and protection for the children. About a seventh of the female population of the country is in the category of main workers. 49.34 lakh women work in the organized sector and can avail day care facilities for their children, which their employers are obliged to provide under various legislations, (Factories Act 1948, Mines Act 1952, Plantation Act, 1951, Inter-State Migrant Workmen Act, 1979 and MGNREGA 2005 make provision of day care mandatory). However, the needs of the children of the women working in the unorganised sector is, however, largely unaddressed.

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

- h) **Birth Registration:** Knowing how many children government programming is catering to at any given point of time, enables better planning of services and interventions. These numbers can be more easily

obtained and protection provided for children if the mother- child is tracked right from early registration of pregnancy and from birth itself, which makes registration of births essential. Not having a birth certificate affects children's access to many basic services, entitlements and justice.

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

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

From the foregoing analysis it is evident that although a number of interventions for children were initiated in the Eleventh Five Year Plan period, the agenda remains unfinished and the care, development and protection of children calls for urgent action.

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

3.1 Review of Eleventh Five Year Plan

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

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

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

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

The Plan aimed to restructure and universalise ICDS, inter alia establish State Commissions for Protection of Child Rights (SCPCR) in every State, review and restructure the Rajiv Gandhi Crèche Scheme, combat trafficking, address the needs of adolescent girls, launch new schemes for catering to the needs of children orphaned due to HIV/AIDS and ensure that State Governments frame rules and appoint Child Marriage Prohibition Officers, under the Prohibition of Child Marriage Act 2006.

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

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

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

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

- Establish child impact as a core indicator of Eleventh Plan interventions, with special emphasis on the status of the girl child.
- Ensure a balanced sex ratio by strengthening implementation of PC & PNDT Act through capacity building of State teams.
- Form community vigilance groups at village level under Sarva Shiksha Abhiyan (SSA) to ensure every girl child in the village is enrolled and retained in the school.

- Introduction of Conditional Cash Transfers (CCT) for the girl child with insurance cover in the backward States and Districts.
- Implementation of the Integrated Child Protection Scheme and a bringing about a bill for tackling offences against children.
- Prevent girls from being trafficked. Focus on reforms in law, preventive measures, rescue and rehabilitation, awareness generation and sensitization.
- Stringent implementation of the PCMA 2006 to prevent child marriage. Partnership with civil society organizations, NGOs, PRIs, CBOs, self-help groups, religious leaders to mobilize, develop and promote community based initiatives to restrain child marriages.
- Initiate new interventions recognizing that crèches and day care are important for child development, empowerment of women, and retention of girls in schools.
- Ensure survival of the girl child and her right to be born. Shift to ‘lifecycle and capability approach’ where the girl child’s contribution in economic and social terms is recognized.
- Strengthen capacity of families and communities, police, judiciary, teachers, PRI representatives, civil servants and different implementation agencies.

3.1.1 Initiatives and achievements during the 11th plan

Early childhood is a crucial period of life, when the foundations for physical, cognitive, psychological, social and linguistic development are laid. The Integrated Child Development Services (ICDS) Scheme is one of the major flagship programmes of the Government of India that aims at improving the nutritional and health status of children in the age-group 0-6 years as well as laying the foundation for proper physical, cognitive and psychosocial development of such children. ICDS operates through a network of about 6779 operational projects and about 12.96 lakh operational Anganwadis /Mini Anganwadis. The programme benefits 1.8 crore pregnant and lactating mothers and 7.6 crore children 6 months - 6 years of age, through supplementary nutritional support. The early learning component of the programme benefits 3.5 crore children in the age group of 3-6 years (MWCD GOI on 12.01.2012).

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

Further two new schemes have been introduced from the platform of ICDS- Indira Gandhi Matritava Sahiyog Yojana (IGMSY), and Rajiv Gandhi Scheme for Empowerment of Adolescent Girls -SABLA. They address the needs of the pregnant and lactating mothers and adolescent girls respectively. Under the Indira Gandhi Matritva Sahiyog Yojana (IGMSY) (Conditional Maternity Benefit Scheme) a cash incentive of Rs. 4000 is provided directly to women 19 years and above for the first two live births, subject to the woman fulfilling specific conditions relating to maternal child care, health and nutrition. SABLA aims at all-round development of

adolescent girls of 11-18 years (with a focus on all out-of-school AGs) by making them self reliant by improving their health and nutrition status, promoting awareness about health, hygiene, nutrition, Adolescent Reproductive and Sexual Health, family and child care. It also facilitates access to learning about public services through various interventions such as guidance and counselling as well as Vocational Training. It aims towards mainstreaming out of school AGs into formal/non formal education.

The Prime Minister's National Council on India's Nutrition Challenges gave new policy directions¹⁰ which provide the road map for the Twelfth Plan, as has been detailed in the last part C of this Report on Nutrition. Primary among them has been the decision to strengthen and restructure ICDS. ICDS restructuring would imply taking forward the programme in a flexible and Mission Mode. This will be linked to the Rights Based Approach, as envisaged under the current Draft National Food Security Bill, which seeks to make food, child and maternity benefits as justiciable entitlements. The restructured ICDS would include transformation to the Annual Programme Implementation Plans (APIPs) for all the States / UTs and would be linked to performance and financial allocation, which will be signed between the Ministry and the States/ UTs. This would include quality enhancement measures such as child-friendly AWCs with good infrastructure and facilities; supportive community actions like participation of women and availability of adequate skilled human resources. In order to strengthen the existing service delivery mechanisms, there would be ICDS missions at National, State and District levels. These will have the required human and financial resources and will be empowered for action.

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

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

The Right of Children to Free and Compulsory Education Act, 2009, specifies under its Section 11 that, "with a view to prepare children above the age of three years for elementary education and to provide ECCE, appropriate Government may make necessary arrangements for providing free pre -school education for such children". This is being done both under ICDS and pre-school arrangements wherever existing under the SSA. With regard to the status of children's participation in ECCE programmes, the progress is distinctly evident,

¹⁰ It needs to provide flexibility for local action and empower mothers in particular and the community in general to have a stake in the programme; (ii) A multi-sectoral programme to address the maternal and child malnutrition in selected 200 high-burden districts would be prepared. This programme will bring together various national programmes evel. It needs to provide flexibility for local action and empower mothers in particular and the community in general to have a stake in the programme; (ii) A multi-sectoral programme to address the maternal and child malnutrition in selected 200 high-burden districts would be prepared. This programme will bring together various national programmes through strong institutional and programmatic convergence at the State, District, Block and Village levels; (iii) A nation-wide information, education and communication campaign would be launched against malnutrition; and (iv) The Ministries that deal with Health, Drinking Water Supply and Sanitation, School Education, Agriculture and Food & Public Distribution will bring strong nutrition focus to their programme.

particularly with the rapid expansion of the ICDS and its universalization, where the number of pre-school beneficiaries has increased from 300.81 lakh at the end of 10th Five Year Plan to 380.00 lakh till 30th September 2011, recording an increase of 26 %.

Another key decision of Prime Minister's Council on India's Nutrition challenges has been to launch a nationwide information, education and communication (IEC) campaign against malnutrition to address issues of status of women, care of pregnant mothers and children under two years of age, breastfeeding and the importance of balanced nutrition, health, hygiene and sanitation.

Different models of multi-sectoral convergence for addressing maternal and child undernutrition have been adopted by different states. It is proposed to pilot programmatic convergence in 200 districts of the country. This requires detailing out and convergence of a team of AWWs, ASHAs, ANMs working at the grass roots level, devising sub district and district level convergence mechanisms. Mobilising Community Participation and ownership is a theme which needs to be defined and deliberated upon.

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

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

The National Policy for Children (NPC) was adopted by the Government of India on 22nd August, 1974. This policy describes children as supremely important asset and makes the State responsible to provide basic services to children, both before and after their birth, and also during their growing years and different stages of development. Review of the National Policy for Children, 1974, to align it with current and projected needs of all children in India, was initiated in 2008. For review of the Policy, the Ministry of Women and Child Development adopted a participatory process by involving State Governments, sectoral Ministries and civil society. The process to review the National Plan of Action for Children, 2005 was also initiated during the Eleventh Plan to facilitate an assessment of initiatives taken by all ministries and departments against the objectives, goals and targets set out in the Plan.

3.1.2 Policies, Legislations and Plans of Action

A number of policies, legislations and plans of actions for upholding and ensuring the survival and development rights of children have been implemented during the Eleventh Five Year Plan Period. With the aim to

strengthen the policy initiatives and implementation of existing legal instruments, various initiatives and actions were taken during this period, including initiating revision of the National Policy for Children, Offences against Children Bill, actions relating to activating / re-activating the institutional arrangements laid down under the National Nutrition Policy and Plan of Action on Nutrition, among others. Some of the major policies, legislations and plans of action relating to child survival and development include:

- a) **National Policy for Children (NPC) 1974:** As indicated above, the National Policy for Children 1974 is being revised to align it with current and projected needs of all children taking into account existing and emerging challenges faced by children in a rapidly changing environment. The revised policy would reflect a paradigm shift from a 'needs-based' to a 'rights-based' approach, the strategy directions of the Twelfth Plan and will be an overarching document for every Ministry/Department that impacts the lives of children. Thereafter, all policies and programmes of sectoral Ministries would be studied to identify gaps and to align these to meet the overall goals and objectives of the revised National Policy for Children. This process would continue through the 12th Plan period.
- b) **National Plan of Action for Children (NPAC) 2005:** The Ministry is in the process of reviewing and developing a new NPAC, based on the new policy in the Twelfth Plan, with the aim to transform it into a plan of action with better resource allocation, achievable targets, monitorable outcomes, indicators and deadlines.
- c) **Protection of Children from Sexual Offences Bill 2011:** The Bill has been drafted to protect children from sexual offences. The Bill regards the best interests and well being of the child as of prime importance at every stage of the judicial process, and incorporates child friendly procedures for reporting of cases, recording of evidence, investigation and trial of offences. The Bill is a step towards creating child-sensitive jurisprudence, and this process will be further strengthened during the 12th Plan period.
- d) **Amendment of the Juvenile Justice Act and Central Model Rules under the Act:** The Juvenile Justice (Care and Protection of Children) Act 2000 which is the primary legislation for children in difficult circumstances was amended in 2006. To help the State Governments in implementation of the Act, Central Model Rules were framed and notified in October 2007 detailing the procedures and provisions for guidance. The Act was further amended in 2011 to remove discriminatory provisions against children affected by leprosy, Hep B, Tuberculosis etc.
- e) **National Policy on Education (as modified in 1992)¹¹:** The National Policy on Education of 1968 was revised in 1992, laying greater emphasis on the reorganization of the educational system. It includes taking measures towards a Common School System, reiterating what has been given in the 1968 policy. However policy development needs to be examined in the context of RTE Act, enabling Adolescents to realize full learning rights.
- f) **National Nutrition Policy 1993:** National Nutrition Policy identifies nutrition as a multi-sectoral issue and highlights that it is important to tackle the problem of nutrition both through direct and in-direct nutrition interventions. It also provides for various institutional mechanisms at all levels for addressing the problem of

¹¹National Policy on Education (as revised in 1992, published in 1998)

undernutrition in terms of a National Nutrition Council, State and District Nutrition Councils among others. PM's National Council on India's Nutrition Challenges was constituted and its first meeting held in November 2010. Initiatives have also been taken to facilitate setting up and / or reactivating mechanisms such as State and District Nutrition Councils across the country.

- g) National Plan of Action on Nutrition (NPAN) 1995:** The National Plan of Action on Nutrition 1995 is a multi-sectoral plan with the objectives and tasks of 14 different sectors. There is a need to review the NPAN to update the monitorable targets, strategies and interventions using the WHO child growth and development standards for assessing progress and review of the role of 14 (now 12) sectors, possible contributions of these and other sectors, in the new programme environment. The work on clearly articulating sectoral roles and responsibilities has already been initiated and a matrix in this regard has been developed jointly by the Ministry of Women and Child Development and the Planning Commission, through periodic multisectoral reviews.
- h) Pre-Conception and Pre-Natal Diagnostic Techniques (Prohibition of Sex Selection) Act 1994 (Amended 2003)** is a legislation to curb the abhorrent practice of sex determination and sex selection. The Act is a powerful regulatory mechanism which needs to be enforced effectively and supported by a societal campaign against gender based sex selection, to address the adverse and steeply declining child sex ratio.
- i) Prohibition of Child Marriage Act, 2006 (PCMA)** has been in force since November 2007. The Act declares that every child marriage shall be voidable at the option of the contracting party who was a child at the time of marriage, within a period of two years of attaining adulthood. Child marriages are also void in certain circumstances like a minor being sold for the purpose of marriage, minor after being married, is sold or trafficked or used for immoral purposes, etc. The Act enjoins upon States to appoint Child Marriage Prohibition Officers whose duties include prevention of solemnization of child marriage, collection of evidence for effective prosecution, creation of awareness and sensitization of the community. The effect of the provisions of the Act would be known after results of 2011 census are fully analyzed.

3.1.3 Programmes / Schemes

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

ICDS is a unique early childhood development programme aimed at addressing health, nutrition and the development needs of young children, pregnant and nursing mothers. Over 35 years of its operation, ICDS

has expanded from 33 community development blocks selected in 1975 to cover almost all habitations (14 lakh) across the country in the final phase of universalization in 2008-09, with 7076 approved projects. However, the larger part of expansion (more than 50%) has taken place post 2005. The scheme was universalized in 2008-09. However, the universalisation of the scheme was not matched with resources as a result of which programmatic, management and other gaps have emerged.

The need for quality enhancement and universalised coverage of ICDS was recognized considering the various indicators of mother and child undernutrition and the need to ensure improved early child care and development outcomes. The National Family Health Survey (NFHS-III) reported that during the year 2005-06, the underweight prevalence in children under three years was 40.4 per cent thus registering a reduction of only 3% in seven years between 1998-99 and 2005-06. Preventing maternal and child under nutrition is crucial as it is the underlying cause of one third of under 5 child mortality, limiting development potential, learning abilities, productivity and ultimately impacting the economic development of the country. Urgent action was thus considered necessary to address this important issue by investing in additional financial and human resources.

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

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

- b) **National Rural Health Mission (NRHM):** Given the particular challenges, risks and opportunities associated with pregnancy, childbirth and early childhood - the promotion of maternal and child health has been one of the most important objectives of the Health and Family Welfare Programme in India. The National Rural Health Mission (2005-2012) and the Reproductive and Child Health (RCH) Programme Phase-II (2005-10) is actively pursuing the goals of reduction in maternal, neonatal and child mortality rates by focusing on the major strategies/ Interventions, including: (i) Provision of quality Antenatal care; (ii) Ensuring access to skilled birth attendant; (iii) Promotion of Institutional delivery; (iv) Janani Shishu Suraksha Yojana; (v) Provision of Emergency Obstetric and Neonatal Care at First Referral Units (FRUs); (vi) Facility based newborn care and Facility Based Integrated Management of Neonatal and Childhood Illnesses (F-IMNCI); (vii) Home based Newborn Care; (viii) Immunization and Micronutrient

supplementation; (ix) Integrated Management of neonatal and Childhood illnesses like diarrhoea and ARI; (x) Management of Severe Under nutrition, setting up nutrition rehabilitation centres (NRC); (xi) Referral Linkages and transport– Janani Suraksha Yojana; (xii) intervention of care at birth through NSSK and free and cashless services to Pregnant women and sick new borns through JSSK.

For those children who are denied survival, expanding coverage of health and child care services will be critical to fulfilling their rights. This involves a complex range of actions, including expanding the availability, access, utilisation and quality of health services, improving key family and community health care behaviours and strengthening, institutional capacity to support effective service delivery. Effective scale-up also requires enhanced collaboration between stakeholders. Initiatives and partnerships directed towards meeting children’s rights to survival and development are numerous and continue to proliferate, but without greater coherence, harmonization and safeguards, especially against conflict of interest and commercial interference in the arena of child nutrition, these efforts risk falling short of their intended targets.

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

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

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

Pregnant Women of 19 years of age and above are entitled for benefits for first two live births under the scheme. All Government/PSUs (Central & State) employees are excluded from the scheme as they are entitled for maternity benefits under their service rules. The beneficiaries are paid a total of Rs 4000 in three instalments to be disbursed from the second trimester till the child attains the age of 6 months subject to fulfilling the specific conditions related to maternal and child care and health. 52 districts in all States/ UTs are covered under the scheme. Nearly 12.5 lakh P&L women are expected to be benefitted under IGMSY in the selected districts every year.

- e) **National Institute for Public Cooperation and Child Development (NIPCCD):** NIPCCD serves as the premium centre for providing intensive training to the Anganwadi workers, supervisors and Child Development Project Officers. NIPCCD also promotes research on child and women development issues on regional basis. Currently, the Institute has its headquarters at Delhi, with four regional centres at Lucknow, Guwahati, Bangalore and Indore. The Institute will be opening two more regional offices, one each in the State of Punjab and Bihar during the 12th plan. During the Plan period, it has organized 470 training programmes for ICDS functionaries and 1400 programmes for NGOs and government officials in the areas of women and child development in addition to 1132 outsourced short term training programmes for the functionaries of ICPS.
- f) **Introduction of Integrated Child Protection Scheme to comprehensively address child protection issues:** To give a fillip to the implementation of the JJ Act, and facilitate the States/UTs, the centrally sponsored umbrella scheme 'Integrated Child Protection Scheme' (ICPS) was introduced in 2009-10, by merging three Schemes of the Ministry - with substantially enhanced infrastructural, staffing and financial norms - and introducing a slew of new measures.

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

To facilitate the process of transition for children from their sheltered life in the Homes to living in the mainstream the Scheme supports their Aftercare as well and provides for their housing, food, shelter, education etc. for a maximum period of three years. Above all, the Scheme aimed at setting up a dedicated structure manned by close to 9000 personnel throughout the country who would be working exclusively on ensuring a safe and secure environment for children.

Status of Implementation

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

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

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

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

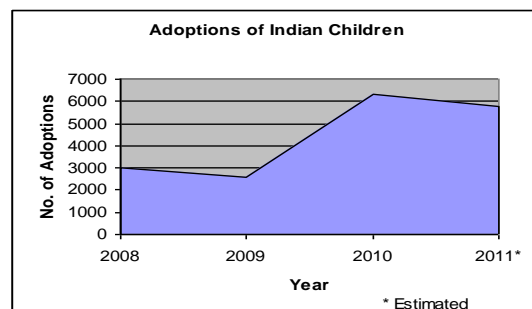
- The numbers of statutory bodies has doubled - Child Welfare Committees (CWCs) and Juvenile Justice Boards (JJBs).
- 23 State Child Protection Societies (SCPS), 18 State Adoption Resource Agencies, 438 District Child Protection Societies (DCPS,) in 16 States, have also been established.
- With the aim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

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

- ***Review of Guidelines for Adoption of Children:*** Adoption procedures in the country are governed by Guidelines notified by the Government of India. The Guidelines have been revised from time to time, from 1989 to 2011, to streamline the adoption procedures and processes and to clearly define the roles and responsibilities of those involved. To incorporate and give cognisance to the amended JJ Act, 2006 and Model Rules, 2007; Directions from different courts in India with regard to adoption procedures in the country; and further stipulations for inter-country adoptions laid down by the Special Commission of the Hague Convention, held in 2010, Guidelines Governing Adoption of Children have been revised and notified by the Government in June, 2011. The Guidelines detail, inter-alia, procedures and principles governing the adoption process, eligibility criteria of Prospective Adoptive Parents (PAPs) as well as roles and functions of agencies implementing and monitoring the adoption programme. The aim is to ensure the best interests of the child, provide adequate safeguards to the child placed in adoption and ensure that priority is given to domestic adoption.

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

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



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

The impact on RTE on the lives of children, with respect to ensuring their safety and protection is expected to be significant. With compulsory quality education being made available to all children 6- 14 years of age, it is hoped that the number of working children would reduce as ‘children at school’ are not ‘children at work’. Children in homes under the JJ Act would be linked to RTE through SSA and provided age appropriate education. Furthermore, those children who are on the streets would also get access to better employment opportunities in the future and reduce their vulnerability to exploitation.

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

3.2 Challenges of the Eleventh Five Year Plan

3.2.1 Child Survival and Development

An ambitious and well articulated agenda had been set in the area of child rights and protection in the 11th Plan. A process of systemic transformation towards attainment of the goal of inclusive growth has been initiated and there has been considerable progress made. However, there is need to strengthen the institutional framework and administrative system for programme / scheme implementation along with clear norms, standards and guidelines for safeguarding the interests and rights of children. Unmet targets of the Eleventh Plan in areas of law and scheme implementation related to child protection, malnutrition, child sex ratio, school drop-out rates and maternal mortality indicate that there is still a long distance to cover, to bridge the gap between what was envisioned and what exists as of now.

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

Efforts are required to ensure that resources are rigorously utilized towards implementing new schemes and that preparations are made to fill the gaps. It might be feasible to convert some of the schemes as centrally sponsored and explore the option of transferring responsibility of implementation to the States. There is a need for efforts to provide flexibility of norms to address critical needs at the community level by creating a flexi-pool of resources and there is need for funding schemes with realistic cost norms. Policy formulation / strengthening programme execution, enforcement of laws, plan implementation, capacity building and scheme monitoring, are some of the areas that need immediate attention and strengthening. Convergence between various sectoral policies and programmes that impact the lives of children and inter-sectoral coordination are vital for bridging the shortfalls in achievements.

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

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

ICDS UNIVERSALISATION AND THIRD PHASE OF EXPANSION: CURRENT CHALLENGES

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

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

(ii) **Programmatic and Operational Gaps:** Based on the learning from various studies and inputs received from States through a series of consultations as well as from Annual Programme Implementation Plans (APIPs) key gaps in the implementation, management, supervision and monitoring of present ICDS programme have been identified, categorised as follows:

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

b) **Adolescents**

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

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

3.2.2 *Child Rights and Protection*

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

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

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

- d) **Lack of adequate personnel sensitised to children's issues:** Child Protection being a neglected area so far, the availability of persons trained and sensitized regarding children's issues in general, and protection in particular, is limited both in the Government and voluntary sector. Though ICPS seeks to fill this gap through the service delivery structures under the Scheme at State and district levels and training of other protection personnel through them, procedural delays in States have resulted in these not being set up in several States as well as in appointment of requisite staff needed for proper planning and implementation. The existing personnel, who are in any case appointed only on an additional charge basis, are not sensitive towards children's issues. The State Child Protection Societies have not yet been set up by Kerala, Maharashtra, Himachal Pradesh, Goa, Arunachal Pradesh, Meghalaya, Uttarakhand, Andaman and Nicobar Islands, Dadra and Nagar Haveli, Daman and Diu, and Puducherry. Staff has been recruited by 5 States only, out of which 2 States have recruited staff partially. Further, Members of many CWCs and JJBs are

also not adequately trained and sensitised, thus resulting in lack of understanding of issues and procedures and undue delays in decision-making.

- e) **Preference for Institutional care over non-institutional and community based care:** Although it is well accepted that the child is best cared for in a family, institutional care has remained, so far, the most preferred option for many disadvantaged children in India. A large number of Child Care Institutions have mushroomed all over the country and children are separated from their families in the name of better education and development. Many such Homes are not registered under the JJ Act and, thus, are not bound to observe and maintain the standards and quality of care mandated under the Act and its Rules. Often, children are exploited and abused in such Homes as they are not subject to the monitoring and inspections mandatory for Homes under the JJ Act. There is, thus, a need to strengthen families through employment Schemes like MGNREGA or through financial support – e.g. sponsorship under ICPS so that the families are encouraged keep their children within their safe environment.

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

f) **Implementation issues of ICPS**

- ***Delay in submission of Financial Proposals under the Scheme and low utilisation of funds:***Low priority given by the States/ UTs to child protection has resulted in lack of willingness to commit funds for ICPS. This is compounded by non-availability of adequate staff and thus, there are delays in submission of financial proposals by the States. Furthermore, the State Governments are taking from 4 months to a year to release funds to State Child Protection Societies even after release of grants from the Centre.
- ***Low financial norms:*** ICPS was first conceived in 2007 but received approval only in 2009. During the course of implementation of the Scheme it has emerged that the financial norms for maintenance of children, staff salaries, construction etc. under all components are too low. This has also hampered improvement in quality of services and in appointment of qualified personnel. The norms, therefore, require immediate revision to enable better implementation.

4. STRATEGY RECOMMENDATIONS FOR THE 12TH FIVE YEAR PLAN

4.1 Vision & Monitorable Targets

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

forward the vision of the Eleventh Plan - which positioned the development of children at the centre of the Plan. The vision is envisaged as:

Ensuring survival, holistic (physical, psychosocial, cognitive and emotional) development, protection and participation of children belonging to all castes, religions, language groups, communities, socio-economic status and geographical locations, in a life cycle approach.

Fulfilling children's development potential, in nurturing, protective, child friendly and gender sensitive family, community, programme and policy environments.

The monitorable targets as suggested by the Steering Committee are-

a) Child Survival and Development:

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

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

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

b) Child Protection:

- **State level and District level Child Protection structures in place and functioning, as stipulated under the Juvenile Justice (Care and Protection of Children) Act, 2000 and the Integrated Child Protection Scheme**
- **Statutory Structures (Child Welfare Committees and Juvenile Justice Boards) in place and functioning, as stipulated under the Juvenile Justice (Care and Protection of Children) Act, 2000**
- **State and District child protection plans developed and under implementation**
- **Care and Rehabilitation Services, as stipulated under the Juvenile Justice (Care and Protection of Children) Act, 2000 and the Integrated Child Protection Scheme in place and functioning all over the country**
 - All child care institutions registered under the Juvenile Justice (Care and Protection of Children) Act 2000
 - Shelter homes, children's homes, observation homes and special homes, established in a district or group of districts
 - Specialised Adoption Agencies set up in all districts and linked to CARINGS

- Minimum standards of care for all child care institutions and service providers developed and implemented
- Emergency Outreach services - Childline established for all districts
- Open shelters for children in need, in urban and semi urban areas
- Family based, non-institutional care services such as Adoption, Sponsorship, Foster Care mainstreamed.
- After care programme established for children leaving institutional care and in need of such services
- **Child tracking system, including a website to match found with missing children developed and functional with an MIS on Child Protection**
- **Monitoring system in place at district, State and Central level**
- **Capacity building plan formulated and implemented for ICPS functionaries and service providers.**

c) Girl Child:

- **Raise the sex ratio for age group 0-6 years from 914 in 2011 to 935 by 2016-17.**

4.2 Key Priorities

In order to achieve the above mentioned targets, the Steering Committee recommends that the Twelfth Five Year Plan should focus on the following key priorities:

a) Policy level priorities

- Harmonisation of different child related legislative provisions and ensuring child-sensitive jurisprudence.
- Updation of the National Policy For Children.
- Development and implementation of National/State Plans of Action for Children, with monitorable outcomes, based on the updated policy.
- Focused interventions to improve the Child Sex Ratio, within an overall National Strategy for Care and Protection of the Girl Child.
- Designing a strategic approach to respond holistically to the emerging needs of children of excluded socio religious community groups such as SC, ST, particularly vulnerable tribal groups, Minorities, other disadvantaged communities, including urban poor communities.
- Development of National ECCE Policy, curricular framework and standards.

b) Programme level priorities

- Design of new child participation interventions including “Baal Panchayats” which complement child friendly panchayats.
- ICDS strengthening and restructuring, in mission mode, with flexibility in implementation.
- Design and implementation of multi-sectoral initiatives to address maternal and child undernutrition (as detailed in the Nutrition Report).
- Repositioning AWCs as vibrant child friendly ECD centres, owned by women and communities and with piloting of AWCs cum crèches, linked to ICDS restructuring. Models of MGNREGA/ICDS AWC cum crèche convergence are also envisaged.
- Redesign of the Rajiv Gandhi National Creche Scheme, with different models.
- Consolidation and enrichment of ICPS with strengthening of institutional capacity through a National Resource Centre.

- Strengthening the protective and nurturing environment for children in the family, community and in service institutions like crèches, Anganwadi centres, schools, health centres, child care homes etc
- Expansion of Childline and replication of this kind of partnership model to other thematic areas, such as IYCF, IMS act and areas for attention to specific and concerted action such as learning disability in early childhood in convergence with MSJE.
- Strengthening and progressive expansion of SABLA and IGMSY.
- Harmonisation, design and coordination of interventions for adolescents- (girls and boys).

c) Operational priorities

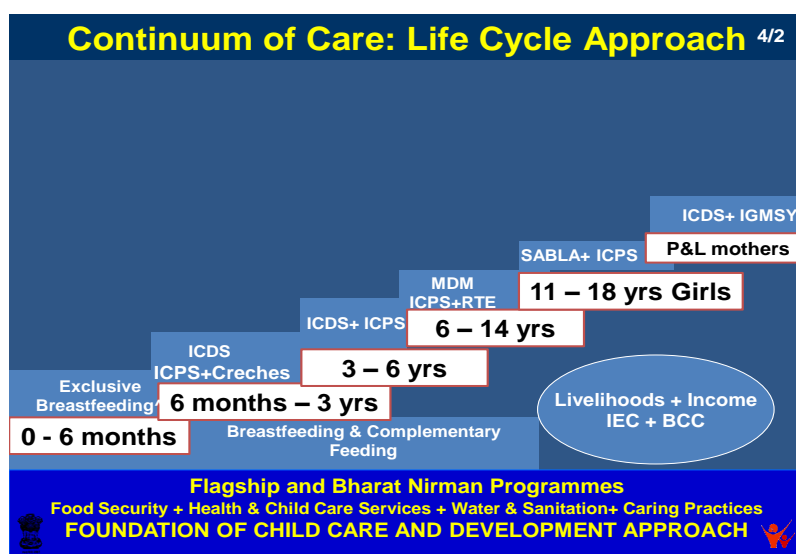
- Strengthening of institutional mechanisms and capacities at National, State and district levels for converging multi-sectoral action for children with reference to child specific and child related sectors.
- Strengthening of institutional mechanisms and capacities at National and State levels for the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

4.3 Approach

It is recommended that the above mentioned vision and priorities should be achieved through following core approaches:

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

Focus and attention from the prenatal period to adulthood, with age appropriate interventions, adequate resource investment and optimal implementation. Interventions to ensure young child survival and development need to be



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

- **Providing comprehensive child development services:** Services for child care, protection and development should include infant stimulation, parent education and early learning in families and Anganwadi Centres (AWCs), health and nutrition education and care, sanitation, and a protective environment that prevents children from being exposed to abuse, exploitation and violence. In communities, each service should be seamlessly reinforced and supported by the others. It is also necessary to ensure the provision of services of equivalent quality, based on a normative framework in other settings where there are other service providers such as in nursery / pre-primary schools etc. However, such services and their providers should be closely monitored on the basis of defined quality standards and operational guidelines. Strong convergence with all relevant programmes and service providers at the grassroots levels like Anganwadi Workers of ICDS, Auxiliary Nurse Midwife (ANMs) and Accredited Social Health Activists (ASHAs) of National Rural Health Mission (NRHM) and, primary school teachers, among others is essential, with stronger partnerships with Panchayati Raj Institutions, Village Health Sanitation and Nutrition Committees, parents/mothers' committees etc.
- **Ensuring parent and caregiver education and community ownership:** Programmes for providing parent and caregiver education and support including behavioural skills development are required. They should involve mothers, fathers, caregivers and families as partners in child focused development. Community members should be engaged in the design, planning, implementation, monitoring and evaluation of all relevant policies and programmes leading to strong community ownership.
- **Ensuring Outcomes for Children:** The upcoming Twelfth Five Year Plan (2012-2017) needs to ensure specific commitments, adequate resources, detailed programmatic interventions, community involvement, accountability and monitoring to improve child related outcomes in child specific and child related sectors. The outlays/budgets need to translate into effective implementation/utilisation for achieving defined child related outcomes. The Steering Committee recommends that the Twelfth Plan should suggest new approaches to Child Budgeting –extending to monitoring Child related outcomes with accountability, supported by participatory methodologies, rooted in community action.
- **Rights Based Approach:** It is critical to work towards mainstreaming the rights based approach in all policies and programmes for children with concomitant focus on duties and responsibilities.
- **Affirmative Action for the Girl Child:** The 12th Five Year Plan should break the stereotypical image of the girl child. All sectors should work in a harmonised manner to ensure that the girl child's rights are fulfilled-she achieves optimal development potential, is nurtured and valued, completes her education and participates equally in development processes. An entire lifecycle approach should be adopted focussing on an inclusive approach. The goal of holistic empowerment of girl and women cannot however, be achieved

without transformation in the mindsets and societal perceptions relating to women, their roles within the family, community and the nation. To realise this goal, the approach towards awareness generation and sensitization of all actors must include women's voices and their participation.

- **Mainstreaming of adolescents in the policy-framework:** While developing the approach for adolescents in the Twelfth Plan, it is important to adopt a mainstreaming strategy. As will be seen adolescents' issues have remained on the sidelines in the various national policies, programmes and plans. They have been grouped either with the youth or with children. Adolescents as a group should be addressed separately as distinct entities. Mainstreaming should recognise adolescents as individuals in their own right having rights, aspirations and concerns.
- **Inter-sectoral convergence:** Given the complexities and the inter-sectoral nature of requirements of children and adolescents, it has to be recognised that a single sector cannot intervene to influence the entire gamut of issues. Convergence is a major gap in implementation of programmes/ schemes. At the national level, inter-sectoral convergence should be strengthened by the involvement of relevant sectoral Ministries in the programme design and review processes.
- **Resources:** The Twelfth five Year Plan as an approach is committed to faster sustainable and more inclusive growth and more inclusive growth begins with children. The Approach Paper also reaffirms that "The Twelfth Plan must make Children an urgent priority". Therefore adequate resources and budgetary provisions should be made to back the paradigm shift and mandate of the 12th Plan for making growth more inclusive and sustainable.

4.4 Steering Committee Recommendations for 12th Five Year Plan

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

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

In the 12th Five Year Plan, the MWCD should continue to play a pivotal role, and expand the mandate for children by influencing other ministries to focus on child specific and child related programmes and schemes. MWCD along with Planning Commission may consider national level child outcome assessments, supported by participatory community based methodologies at field level. These should ensure the analysis of standardised, disaggregated data (by gender, caste, by different socio religious community groups, spatial location etc)

relating to reaching out to the most vulnerable and deprived children and communities at national, state, district and local levels- to catalyse action at different levels.

The Recommendations of the Steering Committee as related to Child Rights are grouped into two parts- the overarching recommendations that relate to promoting child rights to survival, development, protection and participation and specific recommendations which relate to particular thematic aspects of child rights and programmes that address them. The recommendations of the Steering Committee are detailed below.

4.4.1 Overarching Recommendations

a) **Strengthening Policies and Legislations:** The vision for children would not only aim at completing the unfinished agenda of the past plan but would also envisage transformational change to strengthen existing legislation, policies and restructure programmes, while at the same time addressing some of the critical gaps in identified areas. This transformational change would also progressively incorporate emerging recommendations of the Committee headed by Member Planning Commission Mr. B. K. Chaturvedi for the Restructuring of Centrally Sponsored Schemes.

Review of the National Policy for Children, initiated during the 11th plan period, should be completed early on in the 12th Plan period. The Steering Committee recommends that this revised Policy, set in the context of the Twelfth Plan Monitorable Targets and strategy should provide an overarching framework to which concerned ministries /departments that impact the lives of children, will be committed. Policies of concerned child specific and child related sectoral ministries would be studied to identify gaps and align them to meet the overall goals and objectives of the revised National Policy for Children. These commitments would also be embodied in the Results Framework Documents and Five year Strategic Plans of concerned ministries and reviewed. Specifically, the focus should be on strengthening the following policies and legislations:

- ***Develop a comprehensive Children's Code***, harmonising and updating different legal provisions for children, with uniformity in the definition of “children”, strengthen and create more effective mechanisms for Child sensitive and child friendly Jurisprudence.
- ***Child Labour (Prohibition and Regulation) Act*** to be amended in line with the RTE as it makes a distinction between hazardous and non-hazardous categories of work for children under 14 years. It should be amended to abolish all forms of child labour for children under 18 years of age, as children cannot be both working and in school (elementary, secondary) at the same time. Transition measures and support for families, enhanced opportunities for skill development, vocational training and rehabilitation for children should also be envisaged.
- ***Review the CPCRA Act, 2005*** and consider setting up of State Commissions for Protection of Child Rights (SCPCRs) to be made mandatory for all State Governments. Expand the mentoring role of NCPCR and mandate SCPCRs to adopt normative guidelines for their constitution and functioning.
- ***Amend the Immoral Trafficking Prevention Act (ITPA)***, to clearly define trafficking and sexual exploitation, recognising different aspects of the same.

- **Ensure that the draft National Food Security Bill** protects children's rights and does not dilute earlier provisions for all six services of ICDS, mandated by earlier Supreme Court directives and also provides support for maternity protection.
 - **Review of the National Policy for Children 1974** to fulfil children's rights and harmonisation of State policy interventions with the same.
 - **Development of new State Plans of Action For Children** under the NPAC in the Twelfth Plan. The Ministry is reviewing the NPAC to develop a new NPAC, so that it corresponds with the changes being made in the National Policy for Children. The aim would be to develop a Plan of Action aligned to the Twelfth Plan Monitorable targets and strategies, with defined multi-sectoral commitments, monitorable outcomes, measurable indicators enhanced resource allocation and specified time frames. The Steering Committee recommends that the 12th Plan should also specifically highlight how concerns for the care and protection of the girl child are being addressed, reaffirming the priority accorded to this in the Approach Paper.
 - **The Bill on 'The Protection of Children from Sexual Offences' 2011** introduced in the Rajya Sabha in March 2011, regards the best interests and well-being of the child as of prime importance at every stage of the judicial process. The Bill is a step towards creating child sensitive jurisprudence. Steering Committee recommends that this process should be strengthened in the Twelfth Plan period by making further amendments in the Juvenile Justice Act 2000.
- b) **Integrating Child Related Outcomes: The Steering Committee recommends that the Program Implementation Plans of different flagship programs should reflect child related outcomes and concomitant resources. The Results Framework Document and the Five year Strategic Plans of related sectors and Ministries should incorporate Twelfth Plan Monitorable Targets and child related outcomes.**
- c) **Strengthening of Institutional Arrangements** for improved formulation, regulation, implementation and monitoring of child rights policies, plans, legislations and interventions:
- Strengthen/constitution of National /State/District Coordination mechanisms for monitoring multi-sectoral National/State Plans of Action for Children. The National Coordination Group should be revisited and redefined.
 - Increase investment in children, based on these plans, with accountability for achieving child related outcomes, recognising that children constitute 42 % of India's population.
 - Encourage the states to set up separate departments of WCD, distinct from Social Welfare, and, clearly bifurcate responsibilities for Women and for Children so that each group receives high priority. This would also dispel the perception that women's reproductive roles receive more attention than other gender related aspects.
 - Strengthen NCPCR and facilitating the setting up of SCPCRs.
 - Strengthen CARA and Childline India Foundation
 - Strengthen Food and Nutrition Board (FNB) and NIPCCD.

- Introduce Additional Central Assistance to incentivise States for addressing priority concerns such as improving the adverse child sex ratio.
- Develop and finalise the National ECCE Policy and set up National and State Early Child Development Councils, linked to the ECCE policy.
- Strengthen the National Breastfeeding Committee and constitute State Breastfeeding Committees as mandated by the IMS Act.
- Establish new institutional arrangements for ICDS in mission mode, including Mission Steering Group, Empowered Programme Committee and mission directorate (MSG would also serve the coordination function for Nutrition).
- IGMSY and SABLA may continue to use the ICDS platform, in a life cycle approach, thereby also possibly rationalising centrally sponsored schemes.
- Consider rationalising smaller schemes for child protection by clustering them as “sub sectoral schemes”, linked to the ICPS umbrella.
- Link suggested new initiatives for addressing the child sex ratio through ACA to the National Mission for Empowerment of Women.

d) Human Resource /Capacity Development:

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

e) Strengthening Programmes: Strategies for strengthening programmes for upholding and ensuring rights of children are detailed in the next section. It is also recommended that a clear allocation be provided for external third party programme evaluation in the second half of the Twelfth Plan.

f) Strengthening NIPCCD: NIPCCD has been functioning as premier institution devoted to promotion of voluntary action, research, training and documentation in the overall domain of women and child development through its four Regional Centres and its headquarters. It is the apex body for training of functionaries of ICDS. During 12th Five Year Plan, it is recommended that additional Regional Centres be set up- for instance in uncovered states such as Bihar, Punjab, etc besides undertaking the following expansion of the activities and new initiatives:

- Substantial Increase in number of ICDS & ICPS functionaries to be trained.
- Training of Trainers on SABLE and IGMSY.
- Setting up of Child Guidance Centre at NIPCCD Regional Centre, Indore as well as Adoption of AWCs – Field Practice Area;
- Initiating training courses: (i) One Year diploma in Child Rights and Child Protection (ii) One month certificate course on Public Health and Nutrition; (iii) Certificate Course on Child and Adolescent Counselling.
- Setting up National Nutrition Resource Centre and Child Development Resource Centre;
- Setting up of Gender Budgeting / Training Cell;
- Collaboration with Breastfeeding Promotion Network of India of MWCD / NIPCCD on the lines of CIF.
- International collaboration to evolve and sustain faculty knowledge exchanges.

It is also recommended that in view of the ICDS Restructuring recommendation that 10 % ICDS projects be taken up with NGO partnership, NIPCCD and its regional and state centres need to redesign and strengthen their support for Voluntary Action as related to Women and Child Development. National and State NGO Forums for Children may be enabled, through networking, dialogue and a resource inventory created so that NGOs are able to access information and resources related to child care. Orientation programmes for NGOs interested in taking up ICDS projects may also be a part of this initiative, with subsequent mentoring support and sharing of best practices.

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

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

i) Advocacy and IEC: A comprehensive advocacy and awareness generation policy and plan of action need to be developed that would ensure awareness generation and public education of existing policies and programmes for children at all levels. In addition, there is a need to develop and launch a national communication campaign to build awareness and sensitise the public on the rights of the child. A communication strategy should work towards generating awareness and knowledge on child rights, while adopting different mediums. Content should be appropriately sensitive to local traditions, practices and needs. The strategy should include use of print materials, inter personal communication, mass media - print and electronic media as well as traditional forms of communication.

- j) Monitoring of Outcomes For Children – with Accountability:** Reformed monitoring and evaluation systems including transaction based MIS should be put in place for monitoring outcomes for children- especially the girl child. Accordingly, it is proposed to strengthen ICDS MIS and nutrition surveillance systems as well as monitoring and evaluation of other programmes and schemes.
- k) Building a Knowledge Base For Children:** Lack of credible data in areas concerning children makes it difficult to draw an accurate picture of the multi-dimensional vulnerabilities experienced by them. In the next five years, the research agenda for children should be defined through a consultative process. Qualitative and quantitative research, social audits and impact evaluation studies should be commissioned on key thematic areas. Reliable data collection and analysis processes should be established. The focus area of these interventions should be to assess the overall impact of all interventions carried out for children, and their regular monitoring and evaluation.

A technical support unit should be set up within the Ministry of WCD, on a sustained basis from government resources, with sectoral knowledge related to child rights to provide technical know-how for smooth running of existing programmes and schemes related to child rights. This technical support unit would provide technical inputs for policy formulation and review including assessment of budgets for children; and monitor and evaluate plans, policies, and programmes related to child rights. This technical support unit may also undertake development of indicators for measuring the impact of initiatives for children by both the centre as well as the states. Resources may need to be suitably enhanced to support the above referred activities.

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

4.4.2 Specific Recommendations

4.4.2.1 Child Survival and Development

a) An Invigorated ICDS for Child Survival and Development

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

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

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

In view of the above and deliberation of various others consultations a comprehensive proposal on ICDS Strengthening and Restructuring was evolved, informed by the recommendations of the Inter Ministerial Group on ICDS Restructuring, chaired by Member, Planning Commission.

The strengthening and restructuring of ICDS involves a series of programmatic, management and institutional reforms, substantively taking into account the recommendations of the National Advisory Council (NAC). Strengthening and restructuring of ICDS Scheme is aimed at accelerating improvement in nutrition and child development outcomes through a genuinely integrated life cycle approach to early childhood care and development.

The Steering Committee on Women's Agency and Child Rights strongly reaffirms and endorses the recommendations of the Inter Ministerial Group on ICDS Restructuring. A summary of the recommended reforms is as follows:

I. Programmatic Reforms

(i) **Repositioning the AWC as a "vibrant ECD centre" to become the first village outpost for health, nutrition and early learning.** AWCs are proposed to be equipped as a child friendly centres with adequate infrastructure, facilities (kitchen, safe drinking water and child-friendly toilets), wall painting, play space and a joyful early learning environment. The activities of AWC should be expanded to include ***extended hours (6 hours)*** and provide flexibility to States while implementing the scheme to run it as a day care centre such as in Tamil Nadu.

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

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

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

(v) **Improving Supplementary Nutrition Programme:** Anganwadi Centres are proposed to continue to provide morning snacks, hot-cooked meal and Take Home Rations (THR) to children and pregnant and lactating women as per the revised feeding and nutrition norms and in harmony with the Supreme Court and other policy directives. To meet the challenge of increases in prices of food items and fuel, the SNP financial norms are proposed to be revised based on the Consumer Price Index for Rural Labourers (CPI-RL) with the base year 1986-87. Requisite safeguards will be ensured so that there is no commercial interference with infant and young child feeding practices.

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

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

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

II. Management Reforms

(i) **Decentralized planning, management and flexible architecture:** The focus would be on identification of specific needs at the State, District, Project and local levels through Annual Programme Implementation Plans

(APIPs) prepared after carrying out needs assessment and local mapping and panchayat led models. Flexibility would be given to the State Governments to develop innovative models for effectively delivering core ICDS services in their states.

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

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

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

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

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

III. Institutional Reforms

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

WHY ICDS IN MISSION MODE

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

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

(iii) **Capacity Development** will include setting up of National/State ICDS Mission Resource Centres, technical and management support at different levels, linking service delivery and training resources through the mission. Inter state and inter district sharing of innovative models/ best practices and learning are envisaged with a network of training resources and inter sectoral teams. Civil society partnership is envisaged for content and process enrichment and mentoring support at field level for decentralised planning.

4.4.2.2 Early Childhood Education and Care (ECCE)

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

To realise this vision, the Steering Committee recommends the following strategies and actions for implementation in the 12th Five Year Plan:

a) National Policy on ECCE

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

(i) **Universal Access with Inclusion:** Access to ECCE should be defined as setting up of an AWC of acceptable space and quality for a group of not more than 25 children in the 3-6 years age group, which should be within easily reachable distance from the homes of the children. It should have at least one adult facilitator/mentor trained in ECCE to transact the programme with the children for a daily duration of four hours. For children below 3 years, the focus would be on home based early childhood development, and

wherever surrogate care is needed, crèches should be provided with a ratio of 1 caregiver to 10 children. This will be to ensure care and early stimulation along with health and nutrition interventions.

Universalization of access with inclusion will imply that each and every child in the relevant age group from all social and economic categories is reached with ECCE of acceptable quality. This will call for greater flexibility in approach and a move away from the current centralized, standard design towards more decentralized, habitation based and contextualized planning and interventions. Some strategies proposed include: (a) Restructuring of ICDS with flexibility and decentralization; (b) Involvement of NGOs; (c) Community based models; (d) Demand driven models; (e) Innovations grant for New Schemes; (f) Promoting Public Private Partnerships; (g) Urban strategy; and (h) Convergence.

- (ii) **Quality with Inclusion:** At the implementation level, quality remains highly varied and uneven. This applies to programmes across all sectors- public, private and voluntary. Strategies for ensuring quality with inclusion include: (a) National Curriculum Framework for ECCE; (b) Quality Standards and a system of Accreditation; (c) Developmentally appropriate Curriculum; (d) Ensuring a child friendly joyful early learning environment; (e) Professionalization of ECCE; (f) Training Framework; and (g) Advocacy and Communication:
- (iii) **Institutional Capacity:** strategies recommended for strengthening institutional capacity for improved ECCE during the 12th Five Year Plan include: (i) Establishing a reliable and efficient Management Information System; (ii) Research; and (iii) Capacity Strengthening.
- (iv) **A National / State ECD Council:** National / State Early Childhood Development (ECD) Councils would be established to take forward the Policy, curricular framework and standards regarding ECCE. The National Council would be the advisory and oversight body for ECCE programmes and provisions and would take support of Technical Support Groups/ Institutes to focus on strengthening ECCE and advance evidence-based practices. It is envisaged to have wider representations from all converging departments/ ministries including MHRD, institutions, representatives of NGOs, corporate houses, civil society organizations, professionals, practitioners, academicians, parents' organisations and child rights activists.
- (v) **Indira Gandhi Matritva Sahyog Yojana: Indira Gandhi Matritva Sahyog Yojana (IGMSY)** – a Conditional Maternity Benefit Scheme, introduced on a pilot basis for providing cash directly to women during pregnancy and lactation has been taken up by states and is demonstrating good community response. The Draft National Food Security Bill recommends that maternity benefit of Rs. 1000 per month for 6 months be provided to all pregnant and lactating mothers. This is intended to promote appropriate practices, care and service utilisation during pregnancy, safe delivery and lactation and encourage women to follow optimum infant and young child feeding practices- especially early and exclusive breastfeeding for the first six months of life. It is recommended that preparatory action such as district assessments, training and orientation be planned in view of the quantum expansion expected. Resource requirements have also been projected accordingly.

4.4.2.3 Child Rights and Protection

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

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

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

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

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

The Steering Committee recommends that an adoption system be created in the country wherein every district would have a Specialised Adoption Agency in keeping with the provisions of the JJ Act. Structures set up under the JJ Act and funded under ICPS would function in tandem to identify children in need of care and protection specially those who are orphaned, abandoned and surrendered and assign

them to adoption agencies for their rehabilitation. Necessary linkages would be created between adoption agencies, SARA at the State level and CARA at the centre to facilitate expeditious matching between waiting parents and adoptable children.

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

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

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

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

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

- ***Improving day-care services to protect children from neglect, abuse and malnutrition:*** As brought out earlier in this report, the Rajiv Gandhi National Creche Scheme (RGNCS) has so far fallen short of its target of providing quality day-care services for children. Further, with the universalisation of ICDS, which aims to cater to a similar target group of children, and provides a larger gamut of services, the design of RGNCS needs a relook, to effectively reap the demographic dividend in the context of increasing needs of younger working women, patterns of migration and urbanisation, changing family support structures etc. Upgrading AWCs to AWC-cum-crèches and/or revision of norms, option of different flexible models, and procedures of RGNCS would therefore be the options that may be examined and taken forward in the next Plan period so that children can be provided community based safe and nurturing spaces for their growth and development.

- ***Deinstitutionalising children through convergence with SSA:*** Structures set up under SSA should be effectively utilized, not only to provide education for children in the Homes and shelters, but also to deinstitutionalize those who are in Homes only to avail of the educational opportunities by linking them with appropriate schools set up under SSA.

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

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

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

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

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

coordinating the services, should also be restructured and strengthened to enable more effective delivery of services.

- e) ***Professionalisation of Child Protection:*** Recognising that engaging proper quality of personnel is most important for ensuring the success of any venture, there should be focus on not only training and capacity building of existing staff directly engaged in protection of children, but it is also strongly recommended that the 12th Plan should also endeavour to create a cadre of qualified child protection personnel in the country. This should be done through NIPCCD and its Regional Centres – which should have exclusive Divisions for ‘Child Rights and Protection’ - State Training Institutes and linkages with Academic Institutions who would be urged to introduce courses specific on this subject.
- f) ***Putting in place training and sensitized Police personnel:*** More often than not, the police is the first point of contact for an abused/exploited child, lost child as well as a child alleged to have committed a crime. The sensitivity of the police personnel dealing with such a child is an important factor in ensuring that the child feels protected and well-cared for. This would, in many cases also determine the child’s amenability to the rehabilitation measures chosen for him/her. The JJ Act provides for a child welfare officer in every police station who is attuned to and aware of the needs and rights of children and this should thus, be a focus area.
- g) ***Building Convergence between various departments:*** To provide appropriate quality of services to all children, especially those who are most disadvantaged, the Ministry should pursue with all State Governments/UT Administrations to develop convergence mechanisms with other departments such as Health, Education, Police etc. Strengthening of families through other Schemes such as MGNREGA etc. should also be encouraged so that the children are not exploited or abused due to financial difficulties being faced by the parents.
- h) ***Creating a database of Children availing child protection services and a system for matching ‘missing’ and ‘found’ children:*** Follow-up of the progress of children accessing services under ICPS is often hampered due lack of systems for monitoring. Further, some of these children could be run-away or lost or children rescued from trafficking, labour etc., who have been reported as missing by their parents. The Ministry has entrusted National Informatics Centre(NIC) to develop a ICT based system for follow-up of children in the system and for matching the ‘found’ with ‘missing’ children to enable their restoration to their families. States/UTs should be actively pursued to quickly adopt/adapt this system so that the benefits could flow to the children as early as possible.
- i) ***Establishing monitoring systems at all levels:*** ICPS provides for a five tier monitoring system through specifically constituted Committees at Centre, State, District, Block and Village levels. Early establishment of these Committees, through the State Governments/ UT Administrations should be a thrust area for the Ministry.
- j) ***Promoting Social Audits, as a tool for standards and impact assessment:*** The Steering Committee recommends that the XII Plan should measure and evaluate the impact of existing protection interventions in creating a protective environment, using already mandated methods such as Social Audits. These Social Audits, in partnership with experts on child rights, care and protection, should establish precedents of good

practice, which would in turn, act as learning models reports of which, would be made available in the public domain and facilitate more effective care and protection. Dedicated structures to train on Social audits, Manuals, training, use of information technology, incentivising posting and good work within the JJ system; all this would facilitate an understanding of the usefulness of the process and encourage transparency. Reviews undertaken should take cognisance of whether the resources spent have reached those they were allocated for and whether they have made a meaningful difference to the lives of children or not.

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

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

l) ***Effective Implementation of Integrated Child Protection Scheme:*** ICPS, as a vehicle for implementation of the JJ Act, needs to be pursued actively to ensure that all the above activities are undertaken effectively. Though it has been an effective catalyst in generating interest on child protection issues in both the Government and the voluntary sectors, and the required structures and systems as defined under the JJ Act and the Scheme itself are being gradually established, the implementation of ICPS is still at a nascent stage. Further, although ICPS is a comprehensive scheme on child care and protection, it does not adequately focus on restoration of children back to the families and rehabilitation. It requires consolidation as well as focussed efforts of all the stake-holders so that all the identified issues could be taken up systematically and the children could benefit from a safe and secure environment which is necessary for their optimal growth and development. Emphasis should, therefore be placed on speedier and better implementation of the Scheme by:

- ***Facilitating implementation by States/UTs:*** ICPS being a new Scheme, the functionaries of both, the State/UT Governments, as well as the voluntary sector, require continuous hand-holding to understand various facets of the Scheme and implement them. During the last 2 years of implementation of ICPS, the Ministry has attempted to facilitate implementation of the Scheme through regular interactions with them. An inter-ministerial Project Approval Board has been set up under the Chairmanship of Secretary,

Ministry of Women and Child Development, to review the implementation so far, appraise the financial proposals of the States/UTs and guide the States/ UTs for improving the services. Tools for facilitating the work of functionaries, such as templates for preparation of District Child Protection Plans, online facility for submission of financial proposals and monitoring data, guidelines for new components such as sponsorship, foster care and aftercare, have also been developed. Technical support should continue to be provided to the State functionaries and further facilitate cross learning and documentation of best practices to enable better understanding of the Scheme and its requirements.

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

m) **Strengthening of NCPCR and SCPCRs:** The National Commission for Protection of Child Rights (NCPCR) has been set up as an independent statutory Commission to protect, promote and defend child rights in the country. Apart from the mandate and role of NCPCR, the Commissions for the Protection of Child Rights Act (CPCR Act), 2005 proposes the establishment of State Commissions for Protection of Child Rights (SCPCRs).

The Steering Committee strongly recommends that during the 12th Plan period, the NCPCR should be strengthened in its role an independent statutory Commission, with enabling provisions to expand its mentoring support to SCPCRs and with enhanced human and financial resources. As State Commissions have not been set up in all states, NCPCR could also consider setting up representative offices in some states, to cover all regions of the country, to ensure access to services to children across the country and to address cases of child rights violation. To encourage each State/UT to set-up the SCPCR with adequate infrastructure and human resources as envisaged under the Commissions for Protection of Child Rights Act, 2005, funding through the Additional Central Assistance is also recommended. This would help ensure that a State Commission is set up in every state/UT and each SCPCR can effectively carry out its functions as per the mandate of the Act.

The scope of the functioning of NCPCR should also increase in order to further the agenda for child rights in the country, with NCPCR playing a critical role in the development of legislations and policies to fulfil children's rights. Emerging priority areas for the coming five years include-

- Design of a larger perspective and vision for child protection that goes beyond the current mandate of the JJ Act.
- Formulating policy recommendations to streamline and harmonize all national legislation for children, including the Child labour (Prohibition and Regulation) Act and Right to Education Act in consonance with the Constitution of India.
- Recommending how the RTE Act can be accessed by all children between the ages of 6-14 years, without discrimination of any kind and strengthening linkages with Early Childhood Care and Education.
- Formulating policy recommendations for addressing the adverse child sex ratio, in the context of ensuring care and protection of the girl child.
- Policy recommendations for providing a protective environment for children, with child tracking mechanisms, especially in areas affected by conflict (such as Integrated Action Plan districts), building on learnings from the Baal Bandhu pilot programme.

The Steering Committee recommends the enhancement of budgetary allocations for strengthening NCPCR and for setting-up regional offices with an indicative budget of Rs. 75 crore. Funding for SCPCRs, to support them in their initial years, should also be provided for.

4.4.2.4 Child Participation

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

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

The NCPCR should support pilot projects based on the existing and envisaged models of child participation in few districts during the 12th plan period. This experience should be used to develop a more concretised plan for Child Participation.

4.4.2.5 Child Budgeting

Child budgeting is a tool to examine a government's commitment to child welfare, development and protection programmes for any given fiscal year and to assess if these adequately reflect the rights and needs of children. It is an instrument to oversee the utilization of allocated provisions, through fiscal decentralization, participation, transparency and accountability in accordance with national commitments.

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

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

To institutionalise child budgeting procedures during the 12th plan, the Steering Committee recommends that there should be focus on building capacities to analyse the central and state budgets and their impact on the outcomes for children. This assessment should then inform policy and programme formulation for children across ministries /departments. To carry out the above referred activities on a sustained and regular basis a technical support unit should be placed within the Ministry.

4.4.2.6 The Girl Child

Women and children need to be considered as distinct categories since grouping them together reduces women and children to exclusive reproductive and dependent roles. As a result, productive or social potential of either of the two groups is not realized. Advancing the rights of the girl child and ensuring gender equality is a critical development challenge. While studies and analyses raise key themes and produce important insights, formulating recommendations requires understanding of perspectives of women and young people, girls in particular. The recommendations for the 12th Five Year Plan centre around four main conceptual issues intended at addressing the underlying and root causes. These are: (i) Protection and advancement of rights of the Girl Child; (ii) Gender equality; (iii) Empowerment and enhancement of Self Esteem; and (iv) Institutional arrangements.

- a) ***Girl Child Specific District Plan of Action:*** An integrated approach focusing on the girl child is needed, led by State multisectoral Task Forces for Care and Protection of the Girl Child, which bring together different departments of government and civil society, especially in States where the child sex ratio is very adverse and/or the decline has been steep. Entry point should be through focus on low Child Sex Ratio (CSR) and high Child Marriage Districts/ Blocks through launch of Girl Child Specific District Plan of Action as a Pilot in about 100 non-SABLA Districts. From the perspective of advancing rights of the Girl Child, the action plan envisages monitorable outcomes such as an increased Child Sex Ratio and age at marriage. The plan would be developed through decentralised planning processes, involvement of panchayati raj institutions, partnership between civil society organizations and the local district administrative system. An

amount of Rs.1 crore per district per annum is proposed for the pilot. It comes to Rs 100 crore per annum and Rs.500 crore for the 12th FYP period. Effective enforcement of the Child Marriage Prohibition Act needs to be encouraged through several actions including the development of State Rules across the country and the establishment and capacity building of Child Marriage Prohibition Officers at the district level. The Government of India run pilot scheme on conditional cash transfer with insurance benefit, titled, 'Dhanalakshmi' needs to be revisited to remove the bottlenecks. This package would also link with the proposed pilot interventions planned by the Ministry of Panchayati Raj to award /recognise panchayats that improve the child sex ratio and enhance care and protection of the girl child.

- b) ***Girl Child's Years in School:*** Studies have indicated that increasing girls' access to and motivation for additional schooling can be a key intervention strategy. Deficiencies of government run schools in providing accessible and high quality education must be addressed. All out effort is needed to ensure that girls can continue beyond the fifth year of school in those places where middle and secondary schools are located at a significant distance outside the village. Residential education camps (shivirs) offer a promising solution to this problem. The shivirs can encourage former school drop outs to come back into the school system, and to give them sufficient education for re-enrolment in regular classrooms. Programmes for promoting more years of schooling for girls should also be explored, which can include financial support to low income families, providing or subsidising girls' transportation to school and increased parent-teacher communication. Educating, protecting and empowering young girls through life skills education is a proven strategy and should be adopted. More model schools focusing on the girl child, as a benchmark of excellence in Educationally Backward Blocks (EBBs), should be set up through State Governments. Residential hostels for girls to facilitate better access to these model schools should be set up. These hostels may also be set up and run by the Civil Society Organizations. This may involve an amount of Rs.1000 crore for 500 Girls hostels during the 12th FYP period.
- c) ***Dowry and marriage:*** While recognizing the need for proper implementation of the Dowry Prohibition Act, 1961, the whole issue of dowry needs to be looked into. Key messages about saying no to dowry, sharing of marriage expenses by bridegroom's family, keeping marriages simple, not marrying off girls before they are eighteen, supporting girls who raise their voice against abuse etc should be communicated through an integrated strategy that would depend on developing effective advocacy and information dissemination campaigns at the village, district and state levels to encourage changes in individual behaviour and societal norms. Positive role models should be showcased. The existing budget for IEC could be utilised for this purpose.
- d) ***Son-preference:*** The issue of son preference can be addressed by ensuring that gender equality is mainstreamed in policy interventions across sectors and in relevant laws. For instance, enforcement of the Hindu Succession (Amendment) Act and the Maintenance and Welfare of Parents Act (2007) should be promoted, thus ensuring female inheritance of properties and maintenance of elderly women. Strategies need to be devised for providing preferential access to parents of girls to resources such as bank loan, health insurance, house allotment etc.
- e) ***Child Sex Ratio:*** Multi pronged approach to improve child sex ratio (CSR) has to involve men, youth, adolescents, PRIs, society leaders, religious bodies, judiciary and media for achieving behaviour change.

Stringent implementation of the Pre-Conception and Pre-Natal Diagnostic Technique (Prohibition of Sex Selection) Act 1994 is necessary. Since it is an issue of traditional attitudes, awareness generation and advocacy would continue to be the major planks of the strategy in addition to the stricter implementation of PCPNDT Act. However, some targeted interventions would also be required to make an impact. Capacity enhancement of PRI members should be built on the Prevention of Child Marriages Act 2006 as well as on the importance of girl child. Special incentive schemes should be designed for Panchayats showing a positive CSR. Awareness generation through an integrated strategy is a pre-requisite as much as having a re-look at PCMA and its enforcement. Compulsory registration of marriages should be aimed at. A new scheme to give support to and to improve livelihood of the widow due to untimely death of her spouse and her children needs to be put in place as pilot in 100 Blocks out of the Districts which have shown alarming downward trend in CSR. An amount of Rs.500 crore for the 12 FYP period is recommended for multi pronged action and the new scheme.

- f) **Prevention:** Investing in the promotion of preventive efforts at all levels should become a key priority. Prevention should rely on existing social protection schemes, based on early detection of vulnerabilities. Awareness raising, information campaigns and mobilization efforts should be fostered. Community protection models such as vigilance groups should be strengthened through capacity building and monitored at the district and Panchayat levels. Connection with existing programs on life skills and empowerment for girls (such as SABLA) should also be promoted to ensure girls have the capacity to detect risk and have the possibility of choosing alternatives.
- g) **Interventions for improving Self Esteem of Women:** For enabling girls to challenge the norms of a patriarchal and male-dominated society, they have to be empowered with high self-esteem. The ways to do this is to treat her as an equal, to educate her equally, to give her equal opportunities, to encourage her assume responsibilities that are normally considered to be in the male domain while ensuring that she will get equal share in inheritance. In addition to adoption of comprehensive awareness generation strategies with the objective of improving the self esteem of women and girls, formalizing gender and girl child impact analysis based on disaggregated data based on gender, caste, minority status and geographic location, in benchmarking, designing, implementation and monitoring policies and programmes is recommended. (These are also detailed in the section of the Report related to Women's Agency}. A Child Development Index may be developed on the lines of 'Women Development Index.' Concerns of the girl child, which are unique, and which need special attention and provisions, should be addressed within the framework of existing and new interventions. It is recommended that efforts should be made to ensure that sponsorship, foster-care, and other models of community-based care programmes being implemented under existing schemes will cater to victims (survivors) of trafficking and sexual exploitation, child marriage, child labour, violent conflict and other situations.
- h) **Social Accountability:** The country wide infrastructure and human resources of Nehru Yuvak Kendras, and of good NGOs/CBOs working under SSA can be utilised for social audit. National Level Monitors can be appointed or coordinate with these monitors appointed by the Ministry of Rural Development for monitoring and evaluation of schemes for children.

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

4.4.2.7 Adolescents

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

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

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

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

The scheme for vocationalisation of Higher Secondary Education needs to be considerably strengthened and expanded during the Twelfth Plan. Vocational education needs to be mainstreamed effectively into normal education and, for this, the initiative taken by the MHRD of drawing up a National Vocational Qualification

Framework to enable multiple points of entry and exist between mainstream and vocational education programmes / institutions requires finalisation and implementation with urgency.

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

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

- e) **Life Skills:** Any existing network and program for out of school adolescents needs to have strong component of life skills education which provides a comprehensive learning package with a fine balance among the following components: i) Understanding their own self and their external environment; ii) Technical knowledge related to reproductive and sexual health; iii) Knowing their rights and entitlements; iv) Developing life skills and understanding their relevance with their reproductive and sexual life and v) Career counselling. It is required to accord a strong focus on providing life skills to the adolescents. Similarly, the vocational training for adolescents needs attention.
- f) **Gender dimension in policy and institutional frame-work:** The 2011 census data has highlighted the extensive and significant decline in the child sex ratio, which has underscored the need to act with urgency and effectiveness on the issues of gender discrimination and empowerment of women and the girl child. Gender dimensions should therefore form an integral part of the policies to deal with age old discrimination. The Steering Committee strongly recommends that the 12th Plan should ensure that:
- Every girl child and adolescent girl, young woman has access to education and equal participation in development processes. Adolescent girl, women have access to adequate health services (including reproductive health programmes) and will have full say in defining the size of the family.
 - Young men, particularly the male adolescents shall be properly oriented, through education and counseling to respect the status and rights of women for attitudinal and behavioural changes.
 - Action to be pursued to eliminate all forms of discrimination in respect of the girl child, negative cultural attitudes and practices against girls, discrimination against girls in education, skill development and training, and the socio-economic exploitation of women, particularly young women.
- g) **Extension of Right of Children to Free and Compulsory Education Act, 2009 (RTE Act) upto Senior Secondary:** The extension of RTE upto senior secondary level is strongly recommended for expanding the

possibilities of the adolescents to realize their full learning rights and to curb early marriages of girls, teenage pregnancy and juvenile delinquency.

There is a need to set up a strong convergence mechanism at the field level to ensure that all out of school girls covered under SABLA are mainstreamed into the formal education system within the time frame stipulated in the RTE Act. Major initiatives have been taken in securing the Fundamental Right to free and compulsory education for all children through Sarv Shiksha Abhiyan, Rashtriya Madhyamik Shiksha Abhiyan, Kasturba Gandhi Balika Vidyalayas and the Right to Education Act. Successes already achieved in the elementary education segment need to be built upon in the secondary education segment. For this, opportunities like in extending the successful Kasturba Gandhi Balika Vidyalayas initiative beyond class VIII to the secondary education level to prevent drop outs of these girls. Scholarship schemes, community study units and residential education opportunities for girls and other disadvantaged sections of society need to be expanded.

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

cost escalation over the period of time, this needs to be revised upwards. 50% cost of nutrition should be shared by the GOI. For some states, the pattern of cost sharing of nutrition between Centre and State should be 90:10 as being practiced under ICDS.

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

universal, the option of obtaining certified training by the SABLA beneficiaries through recognised State institutions / trainers other than NSDI also needs to be considered.

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

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

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

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

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

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

4.5 Projected Financial Requirements

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

PART C: NUTRITION

1. INTRODUCTION

Nutrition for Faster, More Inclusive and Sustainable Growth:

The rationale for investing in Nutrition is globally recognized – both as a critical development imperative, and as central to the fulfilment of human rights, especially those of the most vulnerable children, girls and women. It constitutes the foundation for human development, by reducing susceptibility to infections, reducing the related morbidity, disability and mortality burden, enhancing cumulative lifelong learning capacities, and adult productivity.

Nutrition status of the most vulnerable age group of children is a sensitive proxy indicator of human development and is also a measure of the effectiveness of national socio economic development strategies.

Linking Nutrition & Development enhances the effectiveness and efficiency of social development investments. This is through inclusion of the most vulnerable and those most at risk, through synergy of multi sectoral action, by catalyzing reforms in health and child care and through strengthening of participatory processes and capacities for assessment, analysis and informed action, that also improve governance processes and mechanisms.

Recognizing the importance of addressing the widespread problem of undernutrition through various health interventions the Steering Committee Report on Women's Agency and Child Rights includes this chapter on Nutrition. This Report draws and builds on the Report of the Working Group on Nutrition (constituted by the Planning Commission under the Chairpersonship of Secretary, Ministry of Women & Child Development) presented and endorsed at the meeting of the Steering Committee, held on 1 December 2011. This Report also draws upon various sub group reports and recommendations for convergence, emerging from the Steering Committee Report on Health and Family Welfare and emerging perspectives from various consultations, including the Multistakeholder Retreat on addressing India's Nutrition Challenges organised by the Planning Commission.

The Rationale for Action

Nutrition is essential for human development and is acknowledged as one of the most effective entry points for human development, poverty reduction and economic development. It includes both undernutrition as well as over-nutrition and refers to deficiencies, excesses or imbalances in the intake of energy, protein and / or other nutrients. Undernutrition affects survival, development, health, productivity, and economic growth. It is a complex and multi-dimensional issue, affected by a generic factors including poverty, inadequate food consumption, inequitable food distribution, improper infant and child feeding and care practices, inequity and gender imbalances, poor sanitary and environmental conditions; and restricted access to quality health, education and social care services. A number of other factors including economic, environmental, geographical, agricultural, cultural, health and governance, political and administrative factors complement these general factors in causing undernutrition of children.

The intergenerational cycle, manifests as low birth weight and is compounded further by gender discrimination and exclusion.

Undernutrition in pregnant women, infants and young children leads to growth failure, increased rates of morbidity, increased risks to survival, impaired cognitive development, reduced learning capacity, poor school performance in children, sub-optimal productivity in adults, and reduced economic growth for nations. It is critical to prevent undernutrition, as early as possible, across the life cycle, to avert irreversible cumulative growth and development deficits that compromise maternal and child health and survival, achievement of optimal learning outcomes in primary education and gender equality.

As discussed earlier, undernutrition is a complex and multi-dimensional issue, affected

by poverty, inadequate food consumption, inequitable food distribution, improper infant and child feeding and care practices, equity and gender imbalances, poor sanitary and environmental conditions and restricted access to quality health, education and social care services. A number of other factors tend to complement these general factors in causing undernutrition of children.

Nutritional outcomes are determined by a complex interaction of factors including caring and feeding practices of children, culturally accepted food baskets, purchasing power at the household level, and macro level food and agricultural policies. For example, practices such as organic farming and kitchen gardens are aimed at addressing nutritional security at the household level. At the same time, a shift from food crops to cash crops can adversely impact access to food both at the household level as well as the national level. Some of the major determinants of undernutrition can be grouped as:

- **Economic:** Poor purchasing power, poverty, livelihood insecurity, major inequities in asset distribution and control, including gender inequities.
- **Environmental:** Lack of safe drinking water, poor sanitation, poor hygiene practices.
- **Agricultural:** Failure to include nutrition concerns in major cropping and farming systems, leading to limited availability of nutrient rich foods, seasonal food shortages, inequities in food distribution, conversion to cash crops, and decreases in home gardening.
- **Cultural:** Inadequate knowledge of nutrition, cultural beliefs and practices that lead to poor nutrition (e.g., expelling colostrums, restricting food consumption during pregnancy or sickness), cultural shifts to prefer less micronutrient rich foods, discriminatory intra-familial food distribution, high workload for women, inadequate time available for infant and young child feeding and care, early marriage, discrimination against girls and women, other forms of discrimination.

Table-1: FACTORS CONTRIBUTING TO UNDERNUTRITION IN DIFFERENT STAGES OF THE LIFE CYCLE

During Infancy and Childhood	<ul style="list-style-type: none"> • Low birth weight • Poor Breastfeeding (Delayed initiation, not exclusive for 0-6m) • Delayed introduction and inadequacy of complementary feeding • Frequent infections • Weak child care services and the vulnerability of children under 3 years of age
During Adolescence	<ul style="list-style-type: none"> • Low calorie intake / consumption • Gender Discrimination • Resultant prevalence of Anemia
Young Women and Pregnant Women	<ul style="list-style-type: none"> • Inadequate calorie intake • Lack of consumption of protein and iron rich foods • Micronutrient Deficiencies • Early Marriage and child birth • Inadequate birth spacing
Old Age	<ul style="list-style-type: none"> • Decreased purchasing power. • Poor absorption and frequent infections and other illnesses • Neglect

- **Health:** Weak health service systems, inadequate human resources, especially in public health nutrition, weak health and nutrition educational systems, poor utilisation of services, recurrent infections, low immunisation rates, lack of awareness of nutrition issues (such as which foods are the most nutritious, or proper infant and young child feeding practices), and many of the poor and vulnerable left “unreached”.
- **Political and Administrative:** There are many vertical programmes that are not well coordinated. Lack of a central coordinating mechanism for nutrition extending from the local to national level, lack of a nutrition surveillance system focused on nutritional outcomes, decision making that is not based on data or evidence, diffusion of effort, weak implementation and monitoring systems, lack of accountability, poor governance.

Therefore, nutrition security in itself is a wide ranging plethora of factors that need to be addressed in a well-coordinated manner. It includes physical, economic and social access to a balanced diet and a clean and healthy environment. It includes fulfilment of the dietary and nutritional needs of a person that supports a healthy and productive life at the national (macro), household and individual levels (micro).

Poor nutrition starts before birth, and generally continues into adolescence and adult life and can span generations. **The intergenerational cycle of under nutrition** ensures that an undernourished and anemic mother gives birth to a low birth weight baby, more susceptible to infections, and more likely to experience growth failure, who goes on to become an undernourished and anemic child, experiencing cumulative growth and development deficits, which are largely irreversible. And then the cycle is perpetuated, with undernourished and anemic adolescent girls and women, facing gender discrimination, early marriage, early and frequent child bearing, being locked in a cycle of multiple deprivations- gender discrimination, social exclusion and poverty.

Nutrition challenges continue throughout the life cycle, particularly for girls and women. A woman with poor nutritional status, as indicated by a low body mass index (BMI), short stature, anaemia, or other micronutrient deficiencies, has a greater risk of obstructed labour, having a baby with a low birth weight, having adverse pregnancy outcomes, adversely affecting lactation, death due to postpartum haemorrhage, and illness for herself and her baby.

In India, maternal and child undernutrition levels remain persistently and unacceptably high. 35.6 % women have low BMI, more than 22 % babies are born with low birth weight, 42.5 % children under five years are underweight, 48 % are stunted, 19.8 % are wasted (NFHS 3 -2005-06) and 69.5 % children (6-59 m) are anaemic. It is important to recognise that underweight prevalence increases sharply from 0 to 6 months, to more than 40% at 18 months. The prenatal under two years period is critical for preventing undernutrition as early as possible across the life cycle- for achieving large scale reductions in current levels. Infant and Young Child Feeding practices remain sub optimal- early initiation of breastfeeding within 1 hour is only 25 % (NFHS 3), and 40.6 % as per DLHS 3. Reported improvements have been linked to JSY, increased institutional deliveries and skilled attendance at birth. Only 46 percent of infants younger than six months are exclusively breastfed, and at completion of 6 months only 28% are exclusively breastfed (NFHS 3 -2005-06). There has been an increase in introduction of complementary feeding in children 6-9 months from 33% to 55% between NFHS 2 and 3, which can be used to build further improvements in young child feeding. In this context, early preventive action is crucial for accelerating reductions in maternal, neonatal, infant and young child undernutrition and related mortality, on a large scale. According to the Registrar General of India (2001), adolescent girls (11-18

years) constitute nearly 16.75 % of the total female population of 49.65 crores which is approximately 8.3 crores and levels of undernourishment and anemia remain high.

Table-2: NUTRITION CHALLENGES IN INDIA: SOME FACTS

Children	Women	Adolescent Girls
<ul style="list-style-type: none"> • Every fifth child in the world lives in India • 22 % babies are born with low birth weight • 50 out of 1000 live births do not complete their first year of life • 42.5% of children 0-5 years are underweight • 79% children (6-35 months) are anaemic • Prevalance of Bitot Spots in 0.6% preschool children 	<ul style="list-style-type: none"> • More than a third (36%) of women have a BMI below 18.5 ; among women who are thin, 44% are moderately or severely thin • 36.0% women suffer with Chronic Energy Deficiencies • 56.2% women are anaemic • Women suffer from a dual burden of malnutrition with nearly half of them being either too thin or overweight • The percentage of ever-married women age 15-49 who are overweight or obese increased from 11 percent in NFHS-2 to 15 percent in NFHS-3 • As undernutrition decreases, overnutrition increases by about the same amount • Undernutrition declines and overnutrition increases with age of women 	<ul style="list-style-type: none"> • 11-18 years Adolescent Girls (AGs): Approx. 8.32 cr. - (16.75 % of female population) • Undernourished AGs: Approx. 2.75 cr. (33% of 8.32 cr.) • Anaemic : 56 % • 42.9 % women married and 30% gave first birth before age of 18 years contributing to High MMR and anaemia • Dropout rate (I-X): 63.5% [Mass Education, MDM] • Malnutrition levels are higher among young girls. Almost half of the girls in age 15-19 are undernourished

2. SITUATION ANALYSIS OF NUTRITION & EMERGING TRENDS

As discussed, undernutrition in infants, young children and adolescents leads to growth failure, lowered resistance to infections, thereby increased rates of morbidity, increased risks to survival, impaired growth and cognitive development, reduced learning capacity and poor school performance. In adult women, it may contribute to adverse out-come of pregnancy and poor lactational performance. It is critical to detect and prevent undernutrition, as early as possible, across the life cycle, to avert irreversible cumulative growth and development deficits that compromise maternal and child health and survival, ultimately impacts on productivity at work and at home, and thereby has adverse consequences for income and economic growth.

While assessing the present nutrition situation, a limitation is faced is that there has been no nationwide survey on under nutrition, the prime concern, since the National Family Health Survey in 2005-06.

2.1 Nutritional Status of Children:

In India, under nutrition levels remain persistently and unacceptably high – especially in utero and in the first two years of life, in adolescent girls and in women across the life cycle, in disadvantaged /excluded community groups and those living in poverty and in areas or conditions of high nutritional vulnerability and where disease load is high. According to NFHS-3, about 42.5% of children 0-5 years were underweight and 48% were stunted and 20% were wasted. In children 0-3 years, 40.4 % were underweight as may be seen in the graph (Fig. 3). Twenty two percent babies were born with low birth weight, 47 out

of 1000 live births did not complete their first year of life. The figures were relatively higher in rural communities than in the urban communities. There were also large inter-state variations in the patterns and trends in underweight prevalence. Studying the extent of undernutrition amongst states it is found that underweight prevalence amongst children was highest in Madhya Pradesh (60%), followed by Jharkhand (57%) and Bihar (56%) and least in Mizoram, Sikkim, Manipur, and Kerala. However, even in these states, however, levels of undernutrition are unacceptably high. Prevalence of stunting is also substantially higher than average (for stunting) in Meghalaya (55%) and Uttar Pradesh (57%). Analysis of regional disparities shows overtime the economically less developed regions of India are becoming concentrated pockets of undernutrition. However recent surveys and studies carried out by individual states like MP is showing a significant declining trend.

Wide disparities in nutrition status exist not only across states, but across and within districts and different community groups. For instance, underweight prevalence in children under 5 years from Scheduled tribe communities was as high as 54.5%, compared to the national average of 42.5%, and 33.7 % in other communities (NFHS 3-2005-06).

2.2 Infant & Young Child Feeding Practices:

Appropriate feeding practices in children under 2 years are crucial for their survival, healthy growth, intellectual and physical development. According to The Lancet, 2008 if breastfeeding (including exclusive breastfeeding for the first six months and continued breastfeeding for the next six months) was universalized it will reduce deaths at 36 months of age by 9.1%.

NFHS-3 data show that the initiation of breastfeeding within one hour is only 24.5% while the exclusive breastfeeding rate in children under six months is only 46.4%. Data from NFHS-3 show that during the first few months Indian children are exclusively breastfed and are relatively free from infections. DLHS 3 shows improvement in children initiated breastfeeding within one hour of birth from 27.8% in DLHS 2 to 40.5% in DLHS 3. Further analysis of data from DLHS shows that underweight rates remain unaltered between birth and three months when most of the infants are exclusively breast fed.

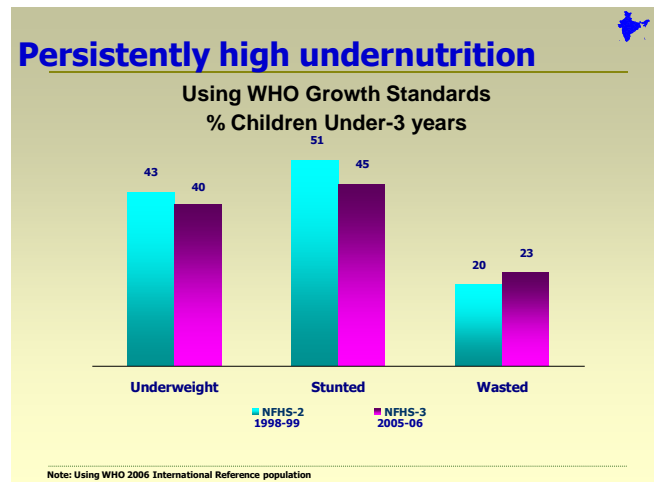


Fig.3: Percentage Children Undernourished Under-3 years

In addition to low weight at birth, according to NNMB-2006, faulty breastfeeding & complementary feeding habits increases the prevalence of under nutrition among 0-6 month old infants (26%) & reaches to 39% in 12-23 months old children (Fig. 4). Similarly, NFHS-3 data also reveals that proportion of children with stunting or underweight increases rapidly with the child's age through age 20-23 months. Percentage of children with undernutrition peaks at this age. Wasting generally decreases throughout the age range of 0-59 months. The rise in malnutrition during the first two years of age can be attributed to faulty & poor infant caring and feeding practices. Infant and young child feeding practices have been far from optimal & continue to be a serious challenge to preventing and reducing undernutrition among children.

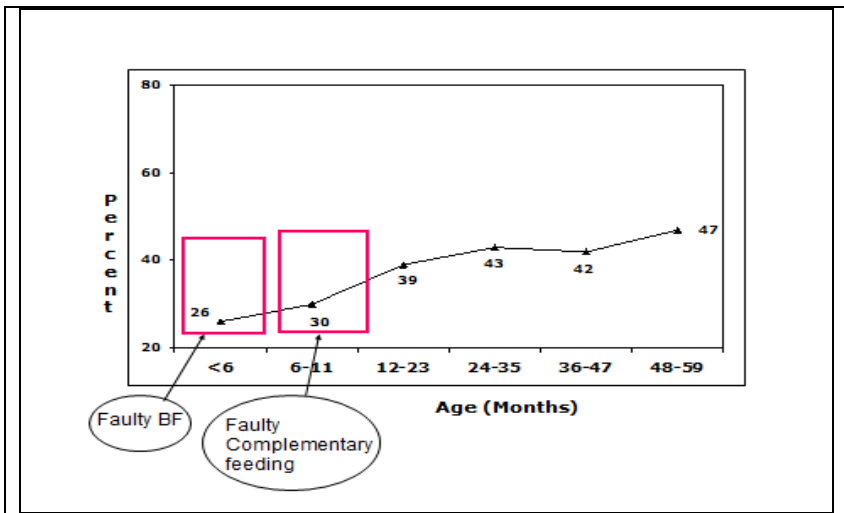


Fig. 4: Prevalence of Underweight among 6-59 months children using WHO Child Growth Standards, (Source: NNMB-2006)

Early initiation of breastfeeding (within one hour of birth) and exclusive breastfeeding for the first six months of life provide optimal nutrition for growth & development. Introduction of appropriate complementary feeding after six months also prevents under nutrition in children and growth faltering. But, NFHS 3 data indicated that only half (56%) of children aged 6-9 months are provided with the recommended semi-solid complementary foods and breast milk. Data with respect to complementary feeding suggest that about 50-60 per cent children have timely introduction of complementary foods but good feeding practices are reported in just about 50 per cent of children at 12-24 months of age (NFHS-3).

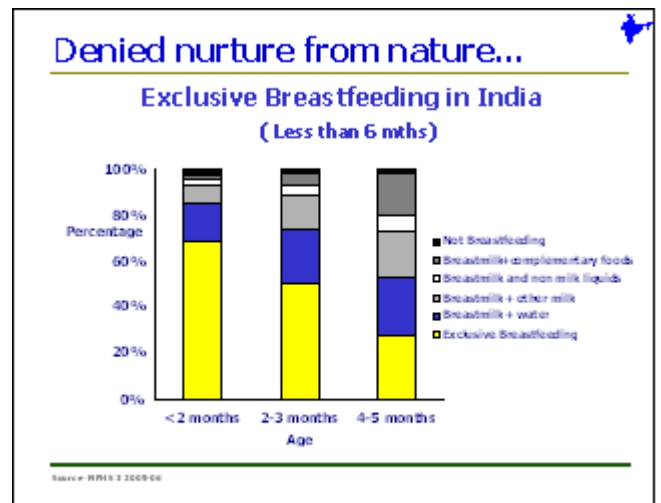


Fig. 5: Exclusive Breastfeeding in India

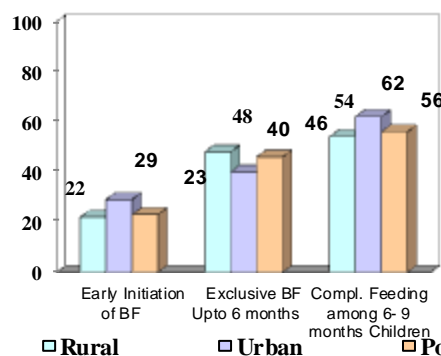


Fig. 6: Infant & Young Child Feeding Practices in India (Source: NFHS-3)

Fig. 6 depicts the status of infant & young child feeding practices in urban, rural & India and reflects a different scenario. From this figure, it can be stated that undernutrition among preschool children may be the result of faulty feeding practices rather than only the scarcity of the food. It was also assessed that the low status of woman and their lack of nutritional knowledge and inadequate caring practices are important determinants of high underweight prevalence in children.

2.3 Nutritional Status of Women & Adolescent Girls:

More than one third (36%) of women aged 15-49 have a BMI below 18.5, which indicates chronic energy deficiency, including 16 percent who are moderately to severely thin. The proportion of ever-married women who are thin (33 percent) has declined slightly from 36 percent in NFHS-2. Bihar (45%), Chhattisgarh (43%), Madhya Pradesh (42%) and Orissa (41%) are the states with the highest proportion of undernourished women. Adolescent girls are also one of the vulnerable groups which require concerted attention. 11-18 years Adolescent Girls constitute 16.75% of female population (Approx. 8.32 crore). Among these, approximate 2.75 crore are undernourished.

2.4 Micronutrient Deficiencies:

Iron, Vitamin A and iodine deficiencies are major public health problems, among the range of Vitamin and Mineral Deficiencies.

- **Vitamin A:** Sub-clinical Vitamin A deficiency (VAD) is a well-known cause of morbidity and mortality, especially among young children and pregnant women. Vitamin A supplementation has proven successful in reducing the incidence and severity of illness, and has been associated with an overall reduction in child mortality by 25- 35%, especially from diarrhoea, measles and malaria. As per NFHS-3 only one in four children aged 12 – 35 months received the six monthly Vitamin A supplement in the six months before the survey. This figure drops further, to only 18%, among children age 6-59 months. However an increase of 23.4 between DLHS 2 and 3 has been depicted.
- **Iron:** Iron deficiency anaemia (IDA) is common across all age groups, but highest among young children, adolescent girls, pregnant and lactating women. The consequences of IDA in pregnant women include increased risk of low birth weight or premature delivery, peri-natal and neonatal mortality, inadequate iron stores for the new-born, lowered physical activity, fatigue and increased risk of maternal morbidity. Prevalence of anaemia among children 6-35 months has increased from 74% in NFHS-2 to 79% in NFHS-3. This increase is largely due to a sharp increase in anaemia among young children in rural areas (NFHS-3). Anaemia is a major health problem for adults as well, affecting 55% of women and 24% of men. The prevalence of anaemia for ever-married women has increased from 52% in NFHS-2 to 56 % in NFHS-3.

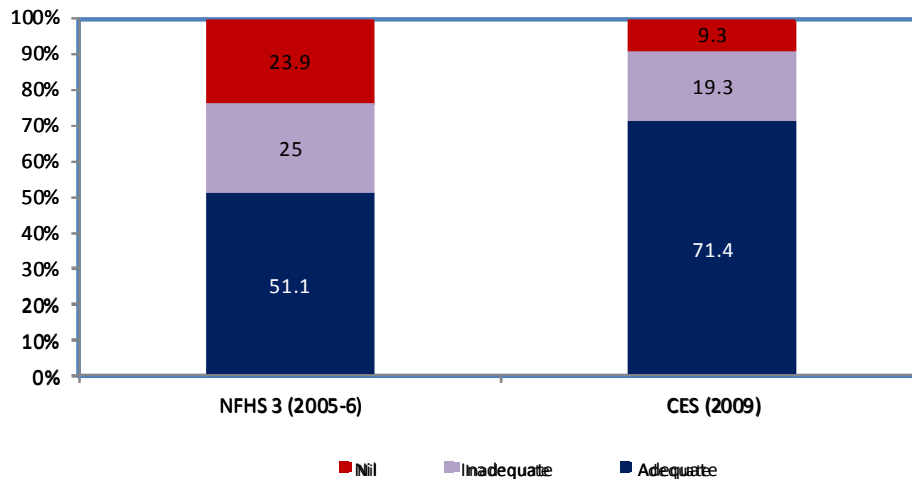


Fig. 7: Household Consumption of Iodized Salt (Source: CES 2009)

- Iodine:** Iodine Deficiency is the most common cause of preventable mental retardation and brain damage in the world. Iodine deficiency during pregnancy is associated with low birth weight, increased likelihood of stillbirth, spontaneous abortion and congenital abnormalities such as cretinism and irreversible forms of mental impairment. During the childhood period, it impairs physical growth, causes goitre and decreases the probability of child survival. According to NFHS-3, among the households that had their salt tested, just over half (51%) were using salt that was adequately iodized and another half were using salt that was either inadequately iodized or was not iodized at all.

It has been estimated that 200 million people in India are exposed to the risk of iodine deficiency and more than 71 million suffer from goitre and other iodine deficiency disorders (MoHFW, 2005). As per district level IDD survey conducted by Directorate General of Health Services, ICMR, AIIMS, NIN, Hyderabad, State Health Directorate and other Health institutions, out of 365 districts surveyed covering all States/ UTs, 303 districts are endemic where the prevalence of iodine deficiency disorders is more than 10%. Thus, no State/UT is free from IDD. Findings from NFHS 3 also showed that the use of non-iodized salt was high in rural areas as compared to urban areas due to better transport facility in urban areas. However, CES 2009 shows that the household consumption for iodised salt has increased to 71% (Fig. 7).

2.5 The Dual Burden of Malnutrition - Overweight & Obesity : The Emerging Concern

Simultaneously, there is a small, but increasing percentage of overweight children who are at greater risk for non-communicable diseases such as diabetes and cardio-vascular heart disease later in life. These levels of undernutrition significantly compromise health and productivity. There was, however, a modest improvement in the situation during the

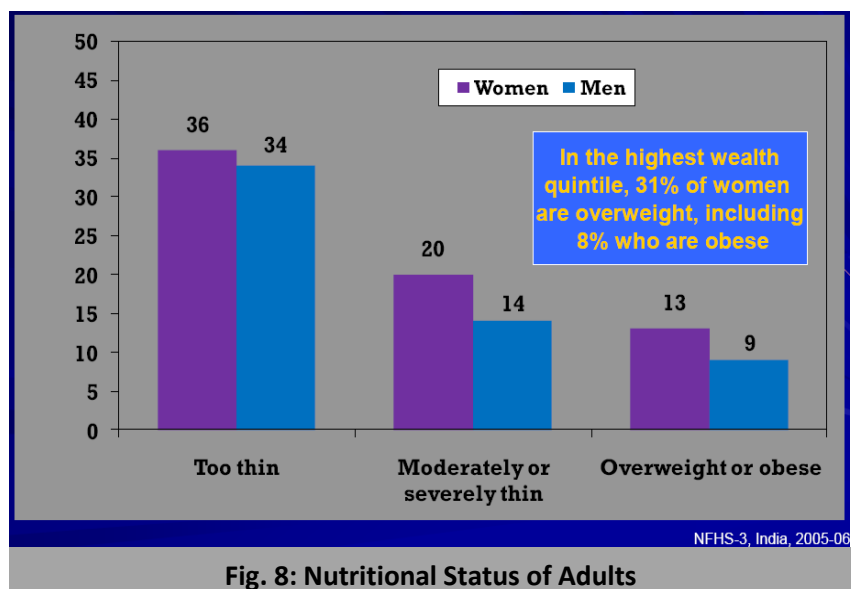


Fig. 8: Nutritional Status of Adults

1990s (NFHS-3). NNMB 2006 report shows an increase in the prevalence of overweight/obesity among rural men (6% vs. 8%) and women (8% vs. 11%) from the year 2000-01. On the other hand, NFHS-3 has reported that overweight /obesity has affected almost 15% of women and 12% of men, which are most common in urban areas, in wealthier households, and among older adults.

2.6 Changes in the nutritional status of adults: Dual Burden

Over the past two decades there has been a progressive increase in overnutrition rates in adults. Both under- and overnutrition rates are higher in women than in men. There has been a concomitant increase in fat fold thickness, suggesting that the increase body weight is mainly comprised of body fat. The NFHS-3 survey data show that both under- and overnutrition do exist in populations of all income levels and only approximately 50% of the population is normally nourished in any segment of the population.

Data from NFHS showed that all the states in India have entered the dual nutrition burden era. Prevalence of both under and overnutrition in women is higher than men (Fig.8). Populous states like Uttar Pradesh, Bihar, Madhya Pradesh, Rajasthan and Orissa have high undernutrition and low overnutrition rates. States like Delhi, Punjab has low undernutrition and high overnutrition rates. However, there are states like Goa, Tamil Nadu, Himachal have relatively high undernutrition and overnutrition rates.

2.7 Maternal and Child Survival :

Infant Mortality Rates (IMR) & Under-5 child mortality rates are still very high i.e. IMR is 47 per 1000 live births (SRS 2011). U5 mortality rate has declined but at a slow pace. The Registrar General of India has been bringing out data on child mortality on an annual basis and causes of mortality on a 3 years average basis. The under 5 mortality as per NFHS-3 (2005-06) was 74 per thousand, which came down to 69 per thousand in 2008 as per the Sample Registration System Report of 2008 (RGI 2009). There is a sharp gender differential, seen with U5 MR being 73 for girls as against 64 for boys in this report. Therefore, there is a decline in under 5 mortality and the rate of annual decline varies between 1 to 1.5.

Neonatal, infant and child mortality is closely linked to the health & nutritional status of the mother and the care & services she and the infant receive during pregnancy, child birth & lactation. Maternal and Child Undernutrition is the underlying cause of more than one third of the mortality of children under five years (LANCET 2008), many of which are preventable through effective nutrition interventions. Therefore, infant and child mortality rates in India can be reduced significantly by addressing maternal and child malnutrition. In the causal matrix of under nutrition, an important underlying determinant is care provided to the child. There is increasing awareness that cultural and behavioural practices with regard to child rearing practices influence child nutrition, survival and development.

Deaths due to pregnancy and during the child birth are common among women in the reproductive age groups. Reduction of maternal mortality has thus been an area of concern.

Maternal Mortality Rate (MMR) is estimated to have declined from 400 maternal deaths per 100,000 live births in 1997-98 to 254 in 2004-06 (SRS, 2009) to 212 (SRS, 2011). However, these achievements have not met the population and health goals set by the Government of India and the changes have been considerably

slower than in many other Asian countries such as China, Indonesia, Thailand, Malaysia, the Republic of Korea, and Sri Lanka (NFHS-3).

2.8 Dietary Intake of Households:

NNMB has been collecting information on diet and nutritional status of rural households for 10 States since 1974-1975. It shows that over the last decade there has been a considerable decline in cereal intake both in urban & rural areas. In the same way, there has been decline in the dietary intake of pulses over the same period, which is the major source of protein in Indian diets. This can be partly attributed to the increasing prices of pulses & therefore inability of the poor people to purchase the adequate amounts of pulses. Intake of milk & milk products, fruits & vegetables continues to be very low. Urban areas also show the same declining trend in the intake of cereal & pulses. On the other hand, there has been higher intake of dairy products, vegetables (especially roots & tubers) & oils in urban areas. Thus, it indicates that during the past three decades there has been progressive reduction in the cereal & pulse intake in the rural & urban areas. Average Intake of Foodstuffs (per CU/day) as % of RDI has been shown in Fig.9.

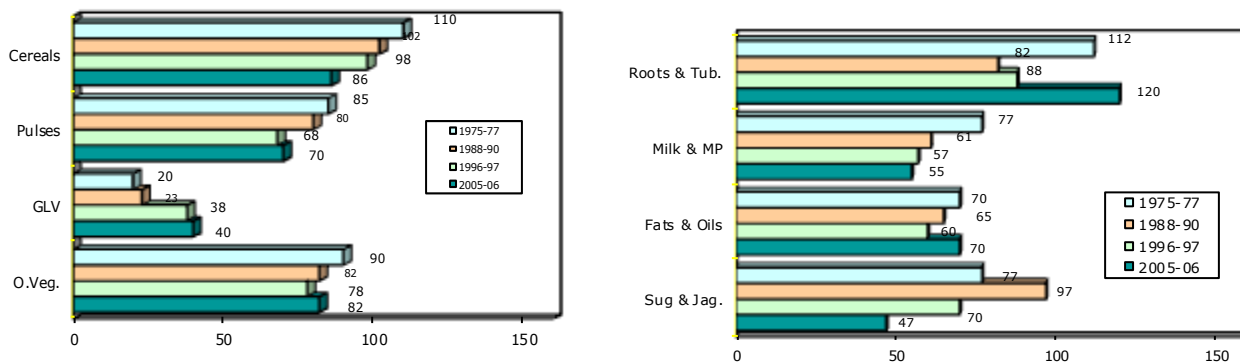


Fig. 9: Average Intake of Foodstuffs (per CU/day) as % of RDI by Period of Survey

(Source: NNMB-2006)

Interstate differences in dietary intake show that cereal forms the main bulk of all dietaries. Cereals intake was sufficient to meet the RDA in majority of the states except in Kerala, which had the lowest intake of cereals & millets. Alternatively, the intake of pulse was less than the RDA in all the states, with Kerala showing the intake of less than 50% of the RDA.

Although India's food production is adequate to meet the needs of the growing population, the country too witnessed an increase in food prices cutting across the whole spectrum of food stuffs. Food grains are still being provided at a highly subsidized cost, especially to the poor families; therefore cereal needs are still perhaps being met without undue hardship to the low income groups. But the steep rise in the prices of pulses, vegetables, oils and dairy products has resulted in further reduction in the already low consumption of these among low and middle income families. The Draft National Food Security Bill, aimed at ensuring that the minimum needs for food grains for the BPL families are met at subsidized cost is currently under consideration.

It may be worthwhile to create awareness that if the savings from purchase of subsidized food grains are utilised for buying legumes and inexpensive but nutrient-rich vegetables, meals could become more balanced. This might be one of the strategies for mitigating the adverse impact of food price inflation on nutrition security of the population.

2.8.1 Protein & Calorie Consumption: As per National Sample Surveys (NSS) reports, the per capita consumption of calories & protein is falling in rural India (similar to NNMB report), and does not indicate any trend in urban India. In rural India, household per capita calorie consumption was 2,221 calories in 1983, and had dropped to 2,047 calories per head in 2004–05, a decline of 8% from 1983. Urban per capita calorie consumption was only 69 calories (3.3%) lower than in 1983. Similarly, the per capita protein consumption fell by 8% for rural areas & urban consumption remained the same over the 20-year period.

According to NNMB, the protein and calorie adequacy status varied from 54.6 per cent in 1975 to 36.6 per cent in 2002. The 2006 NNMB report shows the about 30% of the households consumed adequate amounts of both protein & calorie. The report shows a marginal decline in the average daily intake of cereals & millets, & protein consumption. The protein and calorie adequacy status was stable till 1981 and there afterwards it was gradually declined. Fig. 10 shows the distribution of household with protein calorie inadequacy.

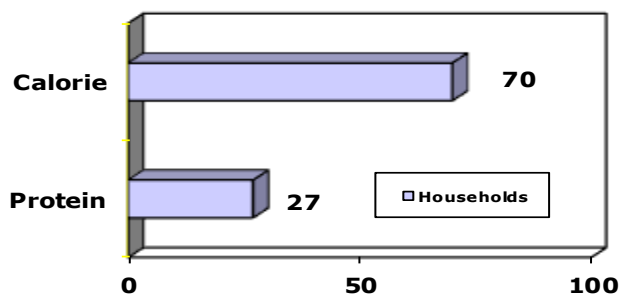


Fig.10: Distribution (%) of Households with Protein & Calorie Inadequacy
(Source: NNMB-2006)

As per the NNMB Report 2006, only one third (30.1%) of the preschool children were meeting the protein calorie adequacy. This clearly indicates the undernutrition as a major problem among the preschool (0-3 years) children in India.

2.8.2 Nutrient Intakes among Children (1-6 years): Projected data from the surveys carried out by NNMB on nutrient intake in pre-school children between 1975 and 2006 has not shown any substantial improvement in their dietary intake over the last two decades. There has not been a major change in energy and protein intake of the children. The median daily intake of nutrients for 1- 6 year Children (as % of RDA) has been depicted in Fig.11. Time trends of the intra familial distribution of food (Fig. 12) indicates that the proportion of families where both the adults and preschool children have adequate food has declined from 30% to 22% over the last 30 years, while the proportion of families with inadequate intake has come down substantially. However, the proportion of families where the preschool children receive inadequate intake while adults have adequate intake has increased to a greater extent. This data suggests the need to strengthen the infant & young child feeding practices.

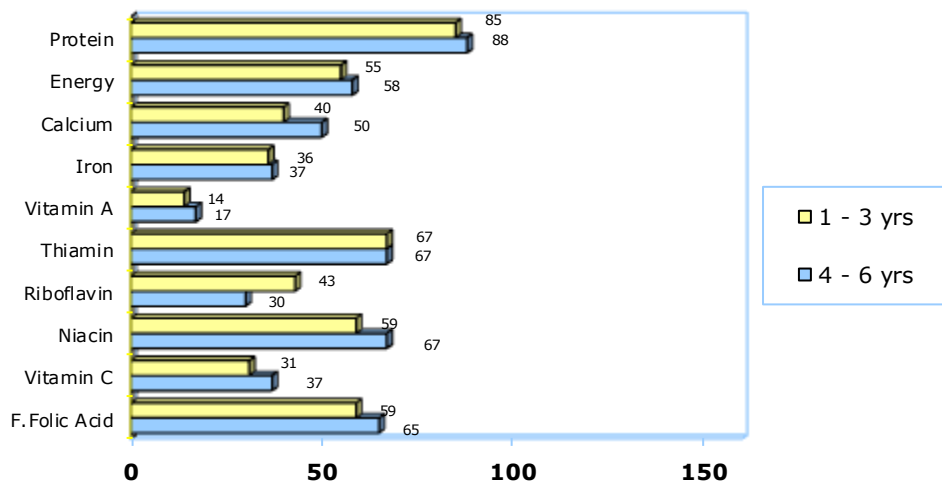


Fig. 11: Median Daily Intake of Nutrients by 1- 6 yr Children (as % of RDA)

(Source: NNMB-2006)

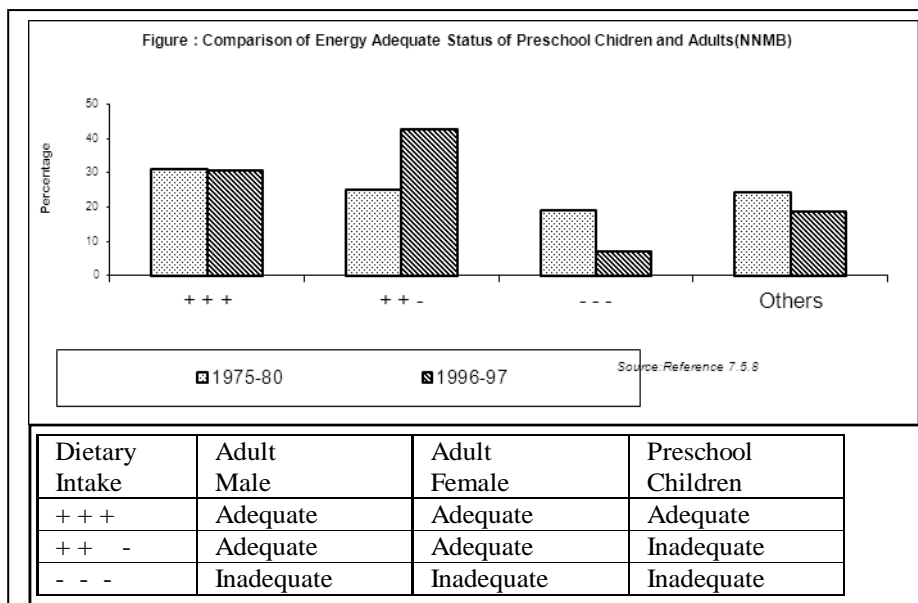


Fig.12: Comparison of Energy Adequate Status of Preschool & Adults (Source: NNMB-2006)

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

3.1 Review of Eleventh Five Year Plan

The Eleventh Five Year Plan positions the development of children at its centre and recognizes nutrition as critical for ensuring child survival and development. The 11th Plan accords high priority to addressing maternal and child undernutrition through multi sectoral interventions by different sectors. It highlights the need for universalisation of the ICDS, increased focus on children under 3 years, ICDS implementation in a Mission Mode, strengthening of the district planning process and further research for developing a comprehensive strategy to address micronutrient deficiencies. It also emphasises improving the nutritional status of adolescent girls and maternity benefits to women, especially those living below the poverty line. Some of the major challenges recognized in the Plan document include: (i) High levels of adult malnutrition affecting a third of the country's adults; (ii) High levels of undernutrition, particularly in women and children; (iii) Inappropriate infant feeding and caring practices; (iv) Inadequate access to health care (v) Micronutrient undernutrition; and (vi) Emerging diet-related diseases.

The monitorable targets of the Eleventh Five Year Plan include key nutrition goals:

- Reduce malnutrition among children in the age group 0–3 to half its present level; and
- Reduce anaemia among women and girls by 50% by the end of the Eleventh Plan.

The Eleventh Five Year Plan places special attention towards healthcare that includes equitable and comprehensive individual healthcare, improved sanitation, clean drinking water, nutritious food, hygiene, good feeding practices, and development of delivery systems, necessary to address the needs of the people. It also accords highest priority to the health of marginalized groups, like children below the age of three years, adolescent girls, women of all ages, elderly persons, the disabled, tribal communities, and Schedules Castes (SCs) were given highest priority. The monitorable targets for the Eleventh Plan especially in relation to nutrition include the following:

- Reducing malnutrition among children in the age group 0–3 years to half the level;
- Reducing anaemia among women and girls by 50 per cent;
- Reducing Infant Mortality Rate (IMR) to 28 per 1,000 live births;
- Reducing Maternal Mortality Ratio (MMR) to 100 per 1,00,000 live births;
- Providing clean drinking water for all by 2009 and ensuring no slip-backs.

The Eleventh Five year plan recognizes the importance of setting up a high level inter-agency coordination mechanism to enable policy directions to the concerned sectors. The Plan document also suggests various strategies for improving maternal and child nutrition including: (i) High priority to micronutrient malnutrition control, particularly to tackle anaemia; (ii) DLHS of RCH Programme to monitor prevalence of micronutrient deficiencies on priority; (iii) National Nutrition Monitoring Bureau (NNMB) of ICMR to be extended to all States/UTs; (iv) Iron and Folic Acid Supplementation Programmes under RCH (NRHM) to cover infant and young children, by providing IFA in syrup form, and weekly iron supplements to adolescent girls (10–19 years); (v) Vitamin A Supplementation Programme to cover all children between nine months to five years of

age and existing low coverage to be brought to 90% by 2009; (vi) Promotion of breastfeeding; (vii) Promotion of consumption & production of fruits and vegetables in the Community; (viii) Environmental sanitation and hygiene, accessibility to safe drinking water; (ix) Emphasis on research particularly studies for collecting evidence regarding interaction amongst micronutrients, shelf life of fortified foods, regional variations in deficiency and (x) Launch of vigorous awareness campaigns utilizing the existing channels of communication. An analysis of achievement against the monitorable targets / strategies of the Eleventh Five Year Plan is given in Table 4 below:

Table-4: Monitorable Targets of Eleventh Plan & its Achievements		
Sl. No.	Eleventh Plan Monitorable Targets / Strategies	Achievement
1	Reduce malnutrition among children of age group 0–3 to half of 46%.	Current data is not yet available
2	Reducing anaemia among women & girls by 50% by the end of 2012	Current data is not yet available
3	Reducing IMR from 57 to 28 per 1,000 live births	47 (SRS Jan-2011)
4	Reducing MMR to 100 per 1,00,000 live births	212 (SRS June-2011)
5	Raise the sex ratio for the age group 0–6 years from 927 in 2001 to 935 by 2011–12 and to 950 by 2016–17	914 (Census 2011)
6	Providing clean drinking water for all by 2009 and ensuring no slip-backs	88% have access to improved source ¹² of drinking water (NFHS-3)
7	Ensure that at least 33% of the direct and indirect beneficiaries of all government schemes are women and girl children	Current data being updated
8	IFA Supplementation Programmes under RCH (NRHM) to cover infant & young children, by providing IFA in syrup form, and weekly iron supplements to adolescent girls (10–19 years).	Policy in this regard has been worked out. No recent study with regard to the extent of coverage. Scheme for adolescents being finalized.
9	Vitamin A Supplementation Programme had to cover all children between 9 months to 5 years of age and existing low coverage to be brought to 90% by 2009.	No recent study in this regard
10	Promotion of breastfeeding, promotion of consumption & production of fruits and vegetables in the Community, Environmental sanitation and hygiene	DLHS 3 data shows an improvement in the rates of initiation of breast feeding within an hour (was 24.5% as per NFHS-3 and 40.2% by DLHS-3).
11	A high level inter-agency coordination mechanism had to be set up to enable policy directions to the concerned sectors	The Prime Minister’s National Council on India’s Nutrition Challenges was constituted and met in November 2010.
12	High priority to micronutrient malnutrition control, specifically to tackle anaemia.	DFS has been introduced and MHFW has evolved the scheme of weekly iron and folic acid supplementation to adolescent girls.
13	DLHS of RCH Programme to monitor prevalence of micronutrient deficiencies on priority.	Limited progress in this regard
14	National Nutrition Monitoring Bureau (NNMB) of ICMR	No progress in this regard

¹²An improved source of drinking water includes, in addition to water piped into the dwelling, yard or plot, water available from a public tap or standpipe, a tube well or borehole, a protected dug well, a protected spring, and rainwater. Additionally, households that drink bottled water are defined as having an improved source of water only if the source of water they use for cooking and/or hand washing is from an improved source.

	to be expanded to all States/UTs.	
15	Studies undertaken for collecting evidence regarding interaction amongst micronutrients, regional variations in deficiency etc.	Needs to be pursued
16	Vigorous awareness campaign.	A vigorous IEC campaign against malnutrition is one of the decisions of the PMs Council on India's Nutrition Challenges. It is under active processing

A recent HUNGaMA (Hunger and Malnutrition) Survey conducted across 112 rural districts of India in 2011 (100 are those with poor child development indicators) suggests that underweight prevalence in young children has decreased from 53 per cent to 42 per cent; this represents a reduction by 11 percentage points amounting to a 20.3% decrease over a 7 year period (compared with DLHS 2) with an average annual rate of reduction of 2.9%. It also assesses wasting levels in children (both severe and moderate) at around half of what is estimated by NFHS 3 (2005-06). Wasting in children under 5 years was 19.8 % (All India) as per NFHS 3 and is assessed as 11 % by the Hungama report 2011 for these districts. Similarly while severe wasting in children under 5 years (All India) as per NFHS 3 was 6.4 %, this is assessed as 3.3 % by the Hungama report 2011 for these districts.

The report does not provide any causality analysis and its findings need to be validated. They suggest that nutrition related programmes (in various sectors) have contributed to a significant reduction in the levels of child undernutrition in recent years, although the absolute levels still remain high. The report also indicates that ICDS is functional at village level in high burden districts and states, (an Anganwadi Centre in 96 per cent of the villages) including in SNP distribution. Positive improvements in nutrition outcomes are possible, through multisectoral interventions in high burden districts.

During the 11th Five Year Plan, Nutrition assumed a central role. During the Plan and particularly after the midterm most of the schemes became universal. The commitment of the 11th Plan for a life cycle approach, introducing two new schemes for pregnant and lactating mothers as well as adolescent girls were fulfilled by launching two new schemes, namely, the Rajiv Gandhi Scheme for the Empowerment of Adolescent Girls (RGSEAG) - SABLA and the Indira Gandhi Matritva Sahyog Yojana (IGMSY) – the Conditional Maternity Benefit Scheme. With regards to the commitment on restructuring and universalizing the Integrated Child Development Services (ICDS) Scheme, the process of strengthening and restructuring ICDS in Mission Mode during 12th Five Year Plan has been initiated and the EFC proposal is currently under consideration.

During the financial year 2010-11, numerous consultations between the government departments, parliamentarians, experts, voluntary organisations / agencies and other stakeholders were held to seek suggestions on tackling malnutrition in the country. A Joint Strategy note to address India's Nutrition Challenges was prepared by MWCD &MHFW followed by a Nutrition Retreat anchored by the Planning Commission in August 2010. The Recommendations For Action that emerged from this Retreat were then placed for consideration of the first meeting of the Prime Minister's National Council on India's Nutrition Challenges, held on 24th November 2010. The decisions taken during the meeting of the Prime Minister's National Council briefly included:(i) Strengthening and restructuring the ICDS Scheme; (ii) Introduction of a multi-sectoral programme to address maternal and child malnutrition in selected 200 high burden districts; (iii)

Introducing a nation-wide information, education and communication campaign against malnutrition; and (iv) Bringing strong Nutrition focus in sectoral programmes.

Other major developments during the 11th Five Year Plan that have or could have some significant impact on nutrition issues include:

- (i) ***The Draft National Food Security Bill, 2011:*** The draft Bill seeks to provide that every person shall have access, at all times, to quantitatively and qualitatively adequate, sufficient and safe food. Besides, it has specific entitlements for pregnant and lactating women, children 0-6 years, destitute persons, homeless persons, migrants, emergency and disaster affected persons, persons living in starvation etc.
- (ii) ***Revised Recommended Dietary Allowances (RDA):*** RDA for Indians, form the basis of several important interventions to improve the nutritional status of the population, including efforts to maintain national self-sufficiency in food production, poverty line computations, interventions for improving the food and nutrition security of people living below the poverty line and food supplementation programmes aimed at bridging the gaps between dietary intake and requirements of the vulnerable segments of the population. Over the past two decades newer technologies have emerged, which enables more precise estimation of the nutrient requirements. Changes in lifestyles have resulted in alteration in energy requirements. Taking all these into account, the ICMR Expert Committee has revised the RDA for Indians (Table 5).

The recommendations take into account the fact that body weight and physical activity are major determinants of energy requirement. Similarly the Expert Committee has provided recommendations for energy requirements for reference children (+2SD of the NNMB weight for age) as well energy requirements per kilogram, so that the gap between the energy requirement and energy intake can be computed on the basis of current stature. This is an important contribution, because the country has entered the dual nutrition burden era and neither low nor high energy intake is desirable.

Data on actual intakes, the RDI and the gap between RDI and actual intake in the various groups is given in Table 5. In view of the revised RDAs it may be noted that various food supplementation programs like SABLA and IGMSY will need to consider this while reviewing the nutritional norms of the programme.

TABLE 5: RDI ACTUAL INTAKE AND GAPS FOR INDIANS

Group	Ref wt (Kg)	RDA	Actual intake	Gap
Adult man	60	2730	2000	730
Adult woman	55	2230	1738	492
Pregnant		350more	1726	854
lactating		500 more	1878	852
1 – 3 y	12.9	1060	714	346
4 – 6 y	18	1330	978	352
7 – 9 y	25.1	1690	1230	460
Boys				
10 - 12 y	34.3	2190	1473	717
13 – 15 y	47.6	2750	1645	1105
16 – 17 y	55.4	3020	1913	1107
Girls				
10 – 12 y	35	2010	1384	626
13 – 15 y	46.6	2330	1566	764
16 – 17 y	52.1	2440	1630	810
Infants				
0-6 m	5.4	497		
6 – 12 m	8.4	672		

As can be seen in Table 5, the gap between the requirements and the intake is highest in the adolescent girls and boys. This is the period of adolescent growth spurt and providing adequate energy intake is essential for optimal growth during growth spurt. Viewed in this context the initiation of the MDM for the upper primary school children is an appropriate step. It might be logical to extend MDM to the secondary school also cover out of school adolescent girls.

In India micronutrient deficiencies are widespread mainly because of the low dietary intake of vegetables. Earlier ICMR recommendation is that at least 150 grams of vegetables/day should be consumed. The RDI 2010 recommends that 400 grams of fruits and vegetables should be consumed. If computed on this basis at least 100 grams of vegetables

should be provided through food supplementation programs.

- (iii) **Strengthening of Village Health Sanitation and Nutrition Committees (VHSNCs):** In order to enhance the role of VHSC, nutrition related functions were added in the roles & responsibilities and the Committee is now expanded as the **Village Health Sanitation and Nutrition Committee (VHSNC)**. The VHSNC has now been made sub committee of the standing committee of the Panchayat. This will help in reviewing of the health, nutrition and sanitation issues at the village level and engage the community in addressing the underlying causes of undernutrition.
- (iv) **Using Double Fortified Salt:** The Government has decided to implement Double Fortified Salt (DFS) in its Food Supplementation programme such as ICDS and MDM among others.
- (v) **Developing Protocols for the prevention and treatment of undernourished and severely undernourished children:** These protocols are in the process of being developed by MoHFW in consultation with the MWCD and the Planning Commission.
- (vi) **Bringing Nutrition Focus into different sectoral policies & programmes:** During the meetings held in the Planning Commission to bring strong nutrition focus into different sectors, different Ministries have given their commitments for taking proactive measures. For example, the Ministry of Human Resource Development would establish linkages with RGSEAG for addressing undernutrition and anaemia in both out of school and school going girls; the Ministry of Agriculture would strengthen improvement in food and nutrition security; the Ministry of Rural Development has indicated that food security models would be strengthened and linked with PRIs and nutrition related issues would be included in district planning; the

Ministry of Food Processing Industries has reiterated its support through training and orientation of Self Help Groups, etc.

Table-6: BRINGING STRONG NUTRITION FOCUS TO SECTORAL PROGRAMMES: ILLUSTRATIVE EXAMPLES
<ul style="list-style-type: none"> • Village level institutional mechanism established for convergence, anchored in Panchayati Raj Institutions (MoHFW, MoWCD, MoPR, MoRD): NRHM Village Health and Sanitation Committees have been expanded to include Nutrition and ICDS to become Village Health, Sanitation and Nutrition Committees, recognised as sub committees of Gram Panchayats. These Committees will provide the village level institutional mechanism for convergence of NRHM, Total Sanitation Campaign, ICDS and also Drinking Water. • Leadership of Panchayati Raj Institutions (MoPR): MoPR has asked States to mainstream Nutrition in the training of PRIs –especially Women panchayat members, for Malnutrition free panchayats, earmarking certain wards to them. A special gram sabha meeting dedicated to Nutrition is to be held in every gram panchayat. • Tracking Mother- Child Under 3 years for improved Outcomes: (MoHFW, MoWCD) The roll out of the new joint Mother Child Card with new WHO child growth and development standards in ICDS and NRHM has been completed in 5500 of the 6027 ICDS projects/ blocks so far and would soon be universalised. • Double Fortified Salt for Anemia Control (MoHFW, MoWCD,MoHRD): Guidelines to promote the use of Double Fortified Salt in government feeding programmes have been issued . • Adolescent Anemia Control (MoHFW, MoWCD,MoHRD): Steps are being taken for establishing linkages of education programmes and schemes such as SSA, NPGEL, KGBV, with SABLA, for addressing health, undernutrition and anaemia in both out of school and school going adolescent girls. • Hygiene Education (MoDW&S): A major IEC Campaign on hand washing has been launched, with Swachhta Doots going door to door to create awareness and change hygiene practices. A month long intensification of efforts was initiated and issues related to safe disposal of Child Excreta and against Open Defecation are also being taken • MGNREGA synergies for child care outlined.

The Ministry of Women and Child Development has accelerated action for the implementation of the National Nutrition Policy and its Plan of Action. The Ministry of WCD has been implementing various interventions for addressing the challenges of undernutrition in the country. The Integrated Child Development Services (ICDS) Scheme is the biggest intervention for integrated early child development in this regard. With three phases of expansion, the ICDS Scheme today has been universalized with special focus on reaching marginalised groups such as SC/ST and Minority population.

The ICDS program has witnessed several important changes during the 11th Plan period. In order to make the implementation of ICDS Scheme universal in all habitations, Government approved 14 lakh AWCs with special focus on SC/ST and Minority habitations. It has been expanded in three phases in the years 2005-06, 2007-08 and 2008-09. With these expansions, total number of approved AWCs/Mini AWCs has increased from 6 lakh,

as on 31.3.2002 to 14.00 lakhs, (approved) as on date. There are 13.67 lakh sanctioned AWCs, and 12.66 lakh AWCs/Mini AWCs operational benefiting 7.84 crore children (6 months to 6 years) and 1.79 crore pregnant and lactating mothers and children under 6 for supplementary nutrition and 3.69 crore children of 3 – 6 years for pre-school non –formal education (As on 30.06.2011).

Under the ICDS Scheme, supplementary nutrition is provided to bridge the gap between the Recommended Dietary Allowance and the Average Dietary Intake. In February, 2009 the nutritional norms were increased to provide for increased energy and protein for different categories of beneficiaries as below:

Age Group	Calories (Kilocalories)	Protein (g)
Children (6-72 months)	From 300 to 500	From 8-10 to 12-15
Severely malnourished children (6-72 months)	From 600 to 800	From 20 to 20-25
Pregnant women and Nursing mothers	From 500 to 600	From 15-20 to 18-20

The cost norms of Supplementary Nutrition Programme (SNP) under ICDS were also revised as below:

Age Group	Cost norms
Children (6-72 months)	From Rs. 2 to Rs. 4
Severely malnourished children (6-72 months)	From Rs. 2.70 to Rs.6
Pregnant women and Nursing mothers	From Rs. 2.30 to Rs. 5

Besides, cost norms, nutritional and feeding norms, training norms have also been revised during the 11th Five Year Plan. There has also been increased focus on children under 3 years with the following:

- Revised WHO Child Growth and Development Standards have been introduced under ICDS as well as NRHM for monitoring and promotion of young child growth and development up to three years of age, based on a national consensus evolved in 2007.
- Joint Mother and Child Protection card, an extremely important tool for not only monitoring the growth of children but also an education tool for mothers has been introduced by the States. After a joint letter issued by the Secretary, MoWCD and Secretary, MoHFW in March 2010, States are rolling out these cards thereby increasing access and utilisation of health and child care services, improving key family care behaviours for health, nutrition and early development, reaching and tracking mothers, newborns and children under three years of age.
- A joint letter dated 17th August, 2010 was issued by the Secretary, MWCD and Secretary, MoHFW seeking cooperation in implementing the Infant Milk Substitutes, Feeding bottles and Infant Foods (Regulation of Production, Supply and Distribution) Amendment Act, 2003.

Further, a five - tier monitoring and review mechanism has been introduced at the National, State, District, Block and Anganwadi levels. It is envisaged to have a State level Monitoring & Review Committee consisting of 5 Members of Parliament representing the State/ UT on rotational basis will meet twice a year; a District level monitoring and review committee with the Member of Parliament representing the district will meet at least once in a quarter at the District level. Introduction of the Annual Programme Implementation Plan (APIP) to enable State specific planning has also been initiated.

The Proposed Restructuring & Strengthening of ICDS in a Mission Mode is now in the process as per the decisions of PM's National Council on Nutrition meeting in November 2010 and further announcement on 15th August 2011 to the Nation. Several Regional as well as stakeholders' consultations have been held. The Inter Ministerial Group on ICDS Restructuring chaired by Member, Planning Commission and involving different Ministries, representatives of the State Governments and PMO constituted in June 2011, examined the proposal and also considered the National Advisory Council (NAC) recommendations regarding ICDS Reforms and Strengthening. The Inter Ministerial Group on ICDS Restructuring submitted its final synthesized report based on which the ICDS Strengthening and Restructuring proposal has been formulated and is currently under consideration.

Two new schemes, Rajiv Gandhi Schemes for Empowerment of Adolescent Girls (RGSEAG), namely, SABLA which provides a package of services including health and nutrition to adolescent girls in the age 11- 18 years in 200 districts on a pilot basis and the Indira Gandhi Matritva Sahyog Yojana (IGMSY) which provides better enabling environment for improved health and nutrition to pregnant and nursing mothers in select 52 districts as a pilot, are also operating using the ICDS platform and system. The above mentioned measures are some of the concrete steps taken in terms of consolidating and enriching ICDS.

3.1.1 Mid Term Appraisal of the Eleventh Five Year Plan

The Mid-Term Appraisal of has found glaring gaps and inconsistencies on nutrition as against the promises made in the Eleventh Five Year Plan. While examining the interventions for better nutritional status, the Mid-Term Appraisal referring to different surveys and reports indicate has highlighted that the progress in addressing undernutrition has been almost negligible. It has pointed out that there has been insufficient focus on children under two years of age and women in the reproductive age group. Further, the Mid-Term Appraisal report has noted that we are still far away from desired outcomes, despite the fact that India has a number of programmes and schemes to address malnutrition. It has also pointed out that if this situation continues, the Eleventh Plan goals related to reduction in malnutrition among children in the age group of 0–3 years and anaemia among women are unlikely to be achieved.

Commenting on the current state of affairs, the Mid Term Appraisal has highlighted that a few systemic changes were made during the Eleventh Plan but much more needs to be done if targets and objectives are to be achieved. Commenting on some of the key interventions, the Mid Term Appraisal has highlighted the following:

- (i) ***Integrated Child Development Service (ICDS) Scheme:*** On ICDS, the Mid Term Appraisal has reiterated the commitments of the Eleventh Plan on the need for evaluating and restructuring the scheme to ensure that it meets the goals that it had set out to achieve. It has noted that the outlay for the programme was increased from Rs 12,147 crore in the Tenth Plan to Rs 44,400 crore in the Eleventh Plan, an increase of 266 per cent to facilitate this restructuring and to ensure universalization of the new, improved ICDS. It has also noted the actions taken for the universalisation and revision of norms for nutrition and honorarium for AWWs and AWHs. However, it has stressed on the need for a systemic revamping of the programme.

The Mid Term Appraisal has noted the significant improvement in the number of beneficiaries for supplementary nutrition between 2006–07 and 2009–10. It has welcomed the directive to provide hot

cooked meals as far as possible, which is expected to ensure better attendance at AWCs and also provide greater nutrition security to the children. The MTA has commented on the responsibility of cooking to be with AWWs/AWHs and suggested that the lack of cooking infrastructure in AWCs be addressed. It has expressed concern over the fact that AWCs are most often perceived only as places where supplementary nutrition is distributed and the fact that other services under the programme are not of much consequence to many beneficiaries, perhaps due to the quality of services being provided. The multi-tasking that the AWW is expected to do have also been commented upon, noting that AWW is most often ill-equipped (both with skills and equipment), overburdened, underpaid, and lacks guidance and supervision.

The Mid Term Appraisal has noted that currently the scheme is treated as a panacea for all child related activities, which it cannot be. It has highlighted the need to clearly delineate the role of ICDS first as an integrated early child development programme and then assign targets and responsibilities. It has noted the need to clearly define the specific purpose of the scheme and parameters against which its performance will be measured. The need to focus on impacts and outcomes rather than on outputs has also been highlighted. The Mid Term Appraisal suggests that different models and success stories can be studied and attempted and the results monitored with a view to revamping the programme, for the remaining Plan period.

- (ii) **Food and Nutrition Board (FNB):** Commenting on the FNB, the Mid Term Appraisal has noted that FNB is required to monitor the quality of supplementary nutrition supplied at AWCs as well as analyzing samples of the supplementary food used in ICDS and the Mid-Day Meal (MDM) programmes to examine whether they conform to the standards approved by the Central Government. The outlay for the Eleventh Plan was Rs 50 crore and 82 per cent of this was spent during the first three years of the Plan. Since the Board oversees the quality and nutritional content of the food provided to children through ICDS and MDMs it is expected to perform a significant role, for which it needs to be strengthened.

Concluding its observations on ensuring better nutritional status for women and children, the Mid Term Appraisal has suggested that concerted, focused, and outcome-oriented efforts to address malnutrition and tackle anaemia amongst women in the reproductive age group are required to ensure that the Eleventh Plan goals are achieved.

1.1 Review of Existing Nutrition Policies and Legislations

1.1.1 **The National Nutrition Policy (NNP):** The National Nutrition Policy 1993 identified key areas of action in various areas like food production, food supply, education, information, health care, rural development, women and child development, people with special needs and monitoring and surveillance. The Policy advocated a comprehensive inter-sectoral strategy between 14 sectors (which directly or indirectly affect dietary intake and nutritional status of the population) for combating the multi-faceted problem of undernutrition and improving nutritional status for all sections of the society. The Policy sought to strike a balance between the short-term direct nutrition interventions and long-term institutional/structural changes to create an enabling environment and necessary conditions for improving nutritional and health status. The core strategy of the NNP is to tackle the problem of nutrition both through direct nutrition intervention for especially

vulnerable groups as well as through various development policy instruments which will create enabling conditions for improved nutrition.

The **direct short-term nutrition interventions** suggested by NNP include: (i) Nutrition interventions for specially vulnerable group viz. expanding the safety nets, facilitating behaviour change among mothers, reaching the adolescent girls and ensuring better coverage of expectant women; (ii) Fortification of identified food items with appropriate nutrients; (iii) Popularisation of low cost nutritious foods prepared from indigenous and locally available raw materials; (iv) Control of micronutrient deficiencies among vulnerable groups.

The **indirect long term nutrition interventions** suggested by the Policy are indirect policy instruments leading to institutional and structural changes including: (i) Food security for improved availability of food grains; (ii) Improvement of dietary patterns through production and demonstration; (iii) Policies for effecting income transfers so as to improve the entitlement package of the rural and urban poor - improving the purchasing power and strengthening public distribution systems; (iv) Land reforms measures for reducing vulnerabilities of landless and landed poor; (v) Strengthen health & family welfare programme; (vi) Imparting basic health and nutrition knowledge; (vii) Prevention of food adulteration; (viii) Improvement in nutrition surveillance; (ix) Monitoring of nutrition programmes; (x) Research into various aspects of nutrition; (xi) Equal remuneration for women; (xii) Communication through established media – MWCD to have well-established, permanent Communications Division with adequate staff and fund support; (xiii) Minimum wage administration to ensure its strict enforcement and timely revision and linking it with price rise through a suitable nutrition formula - A special legislation for providing agricultural women labourers the minimum support, and at least 60 days leave by the 'employer in the last trimester of her pregnancy; (xiv) Community participation for generating awareness on NNP - active participation of community members in management nutrition programmes & related interventions through beneficiaries committees, participation of women in food production & processing, promoting kitchen gardens, food preservation, preparation of weaning food, generating demand of nutrition services; (xv) Education and literacy; (xvi) Improvement in status of women.

In order to ensure its effective implementation, the NNP envisages:

- Administration of above measures by several ministries/departments of the Government of India and various governmental and non-governmental organisations.
- Close collaboration between the Food Policy, the Agricultural Policy, the Health Policy, the Education Policy, the Rural Development Programme and the Nutrition Policy as each complements the other.
- Special working groups to be constituted in the Departments of Agriculture, Rural Development, Health, Education, Food and Women & Child Development to analyse the nutritional relevance of sectoral proposals and to incorporate nutritional considerations in the light of the Nutrition Policy wherever necessary.
- Setting up an Inter-Ministerial Co-ordination Committee under the Chairmanship of Secretary, DWCD (now Ministry of Women & Child Development) to oversee and review the implementation of nutrition intervention measures.
- Setting up a National Nutrition Council to be constituted in the Planning Commission, headed by the Prime Minister.

- A formal structure at the State level similar to that envisaged under the Government of India including an apex State level nutrition council to be chaired by the Chief Minister, an Inter-Departmental Coordinating Committee headed by the Chief Secretary, Special working groups in the Departments of Agriculture, Rural Development, Health, Education, Food and Women and Child Development
- The State Governments to consider constituting State Co-ordination Committees and State Nutrition Councils as well as such bodies at the district levels.

Although these enabling provisions have been there since 1993, they have not been all implemented fully and in the timelines prescribed.

National Plan of Action on Nutrition (NPAN): The National Plan of Action on Nutrition 1995 laid down a systematic framework for collaboration among national government agencies, State Governments, NGOs, and others. It is a multi-sectoral framework for implementation of the national nutrition goals. The multi-sectoral plan states the objectives and tasks of 14 different sectors namely, Agriculture, Food, Civil Supplies & Public Distribution, Education, Forestry, Maternal & Child Health, Food Processing Industries, Health, Information & Broadcasting, Labour, Rural Development, Urban Development, Welfare, Women & Child Development.

In order to ensure effective implementation of the National Plan of Action on Nutrition, specific implementation strategies have been laid down. Various governmental and non-governmental organizations have been made responsible for administering the measures suggested in the relevant sectoral plans concerning them. Being the nodal Ministry, the Department of Women and Child Development (now MWCD) has been made responsible for coordination and monitoring of the NPAN. Apart from these following specific implementation arrangements have been suggested by the NPAN:

- National Nutrition Council headed by the Prime Minister to serve as the highest body for overseeing the implementation of the National Nutrition Policy and NPAN;
- Special Working Groups to be constituted in all concerned Departments;
- Development of a National Nutrition Surveillance System;
- Mechanism for inter-sectoral planning and coordination at State level including State level Nutrition Council headed by Chief Minister and Inter-departmental Coordination Committee headed by the Chief Secretary
- State Governments to consider constituting similar bodies like Coordination Committees, Nutrition Council etc. at the district level also.
- Task Force on Nutrition Surveillance in the Department of Women and Child Development (now MWCD)
- Development of District Level Nutrition Profiles by the Department of Women and Child Development (now MWCD)

Like the National Nutrition Policy, the implementation of NPAN has been tardy. In view of the changes that have taken place in the policy and programme environment, there is a need to review the NPAN. The monitorable targets, strategies and interventions require updating to include use of new WHO child growth and development standards for assessing progress and review of the role of 14 sectors, possible contributions of these and other sectors, in the new programme environment.

3.1.3 Infant Milk Substitutes, Feeding Bottles and Infant Foods (Regulation of Production, Supply and Distribution) Act 1992 and its Amendment Act 2003: Popularly known as IMS Act, it is a globally well-recognized instrument to promote, protect and support breastfeeding and to ensure optimal infant and young child feeding practices. Following its amendment in 2003, the direct advertisement has stopped, however, commercial interference with infant and young child feeding practices and growth related claims still continue surreptitiously. Besides, promotion in the name of symposia and sponsorships by companies in the health care and other education systems are being used as overt tools for promotion. The implementation of the Act suffers due to inadequate enforcement machinery, understanding and the knowledge of the Act, lack of adequate resources and commercial onslaughts. These would require to be appropriately regulated and supervised. Enhanced resources, enforcement machinery and coordination mechanisms are required for effective compliance and to establish requisite safeguards to avert commercial interference with Infant and Young Child Feeding Practices.

3.2 Review of Existing Programmes / Schemes

The Government of India has been implementing a number of programmes, which have the potential to improve the current nutrition security situation, through the Ministry of Women & Child Development (MWCD), Ministry of Health & Family Welfare (MHFW), Ministry of Rural Development, Ministry of Panchayati Raj and the Ministry of Urban Development. The Government also has a number of cross cutting programmes including the National Rural Health Mission (NRHM), Integrated Child Development Services (ICDS) Scheme, National Food Security Mission, Horticulture Mission, National Rural Employment Guarantee Scheme (NREGS), Jawaharlal Nehru National Urban Renewal Mission and the Rajiv Gandhi National Drinking Water Mission.

Table-7: Review of Existing Programmes/Schemes

TARGET GROUP	SCHEMES	EXPANSION
Pregnant and Lactating Mothers	ICDS, RCH- II, NRHM, JSY, Indira Gandhi Matritva Sahyog Yojana (IGMSY) – The CMB Scheme	NRHM (2005-06) JSY (2006-07) ICDS (2008-09)
Children 0 – 3	ICDS, RCH- II, NRHM, Rajiv Gandhi National Creche Scheme	RGNCs (2005-06) ICDS (2008-09)
Children 3 – 6	ICDS, RCH- II, NRHM, Rajiv Gandhi National Creche Scheme, Total Sanitation Campaign (TSC), National Rural Drinking Water Programme (NRDWP)	TSC (2008-09)
School going children 6 – 14	Mid Day Meals (MDM), Sarva Shiksha Abhiyan (SSA)	SSA (2002/2005-06) MDM (2008-09)
Adolescent Girls 11 – 18	Rajiv Gandhi Scheme for the Empowerment of Adolescent Girls (RGSEAG), Kishori Shakti Yojana, Total Sanitation Campaign (TSC), National Rural Drinking Water Programme (NRDWP)	NRDWP (2010) RGSEAG (2010-11)
Adults and Communities	MGNREGS, Skill Development Mission, Women Welfare and Support, Programme, Adult Literacy Programme, TPDS, AAY, Old and Infirm Persons Annapurna, Rashtriya Krishi Vikas Yojana, Food Security Mission, Safe Drinking Water and Sanitation Programmes, National Horticulture Mission, National Iodine Deficiency Disorders Control Programme (NIDDCP), Nutrition Education and Extension, Bharat Nirman, Rashtriya Swasthya Bima Yojana	NHM (2005-06) MGNREGS (2005-06) NRLM(2010-11) NIDDCP (1992) RSBY (2007) Bharat Nirman (2005)

Along with the new schemes/programmes, several existing schemes/programmes have been expanded / universalized just before or during the Eleventh Five year Plan. Hence, the results are likely to be visible after some time.

The specific gaps and issues related to major government interventions with potential to address the nutrition challenges include:

3.2.1 *Integrated Child Development Services (ICDS) Scheme:* ICDS is one of the major integrated early child development interventions for addressing nutrition challenges in the country. However, it is essential to realize that it is not the only one intervention which can by itself bring about dramatic changes in undernutrition. The health services, water & sanitation and others at the grassroots levels extensively use the ICDS platform and its personnel for their effective and timely service delivery. All these put additional strain on the ICDS service delivery. The proposed Rajiv Gandhi Scheme for the Empowerment of Adolescent Girls (RGSEAG) - SABLE and the Indira Gandhi Matritva Sahyog Yojana (IGMSY) - The CMB Scheme will also be implemented using the ICDS platform.

An Assessment of ICDS showed that 81% of children less than 6 year of age were living in an area served by Anganwadi centre (AWC) but still there were problems of access. NFHS III shows that only 26.5 % of children had received Supplementary nutrition and only 12 % regularly received it. A total of 21% of pregnant women and 17 % of lactating mothers received supplementary food. Even where access is good there is no linear or straight forward relationship between performance of ICDS and outcomes in terms of reduction of malnutrition. The ICDS has been largely criticized for its relative lack of focus on both the 0 to 6 month child and the children in 6 month to 3 year period, both of which are the most vulnerable to slip into malnutrition. Most ICDS activity occurs at the centre itself, where children above three are brought and by the time the child comes there, a crucial period to control undernutrition has elapsed.

A single worker, working for four hours per day, has time to open the centre and feed the children coming to centre and complete her growth monitoring tasks. There is little/ no time left for home visits and counselling, little/no time for providing food supplements to the below three child at home and little/no time for pre-school education or attention to the sick children. The access to the children from the poorest of the poor communities or the most vulnerable varies from region to region.

Other key problems include, weak monitoring and supervision, poor quality training, delay in quality and provision of supplies and food rations. Distribution of dry rations is not so effective in delivering nutritional support. The preparation of hot cooked meals on the spot is potentially much better for delivery. But the cooking has to be hygienic which would require a kitchen and other attendant facilities. There is also a concomitant need for greater community participation and enthusiasm and convergence between ICDS and other schemes like Mid Day Meals, ASHA etc.

3.2.2 *National Rural Health Mission (NRHM) and other Health Sector Interventions:* There are many health services under NRHM and other health sector interventions that have relevance to the objective of dealing with malnutrition, including: (i) Immunisation Programme; (ii) Care of the sick child – at the community level through the ASHA and at the institutional level through primary health care facilities; (iii) Vitamin

A administration; (iv) Paediatric De-worming and Anaemia management; (v) Universal Iodisation of salt programme and the national goitre control programme; (vi) School health programmes with IFA once a week supplementation and six monthly deworming; (vii) Nutrition Rehabilitation centres- for the sick and severely malnourished child; (viii) Programmes of adolescent health which address nutrition counselling and anemia; (ix) National Maternity benefit scheme - now a component of JSY- in terms of Rs 500 component of the JSY package; and (x) State specific programmes of nutrition supplementation notably the Muthu Laxmi maternity benefit scheme of Tamil Nadu and the Velugu programme in Andhra Pradesh. Most of these interventions, except immunization and vitamin A programmes have poor outreach.

3.2.3 Total Sanitation Campaign (TSC): Lack of adequate sanitation is a pressing challenge in both rural and urban India. Sanitation-related diseases take a heavy toll of lives, especially children's lives, and are a drain on productivity and incomes. The impact of poor sanitation is on public health, especially the incidence of water-borne diseases. These diseases are a result of faecal matter entering the food chain at any of the many points of vulnerability: at a personal hygiene level; in terms of unsafe disposal of waste at household level (leaking pits, over-flowing tanks, broken sewers, etc.); unsafe conveyance (ex-filtration from trunk mains, unsafe transportation); or unsafe disposal (into land and water bodies). The TSC concentrates on promoting behaviour change. Some key features of the TSC include:

- A community led approach with focus on collective achievement of total sanitation
- Focus on Information, Education and Communication (IEC) to mobilize and motivate communities towards safe sanitation
- Minimum capital incentives only for BPL households, post construction and usage
- Flexible menu of technology options
- Development of supply chain to meet the demand stimulated at the community level
- Fiscal incentive in the form of a cash prize – Nirmal Gram Puraskar (NGP) – to accelerate achievement of total sanitation outcomes.

The programme is often faced with challenges including: (i) Inadequate focus on hygiene promotion; (ii) Weak supply chain affecting post construction support and O&M; (iii) Weak monitoring system for process parameters; and (iv) Lack monitoring of usage and sustainability of the toilets.

3.2.4 Mid Day Meal Scheme (MDMS): As part of this scheme, cooked meals with a minimum content of 450 calories and 12 grams of protein are being provided to children in school. 12 crore (120 million) children are so far covered under the Mid-day Meal Scheme, which is the largest school lunch programme in the world. Currently the midday meal is provided only to children who are attending schools, whereas the most vulnerable children in the school going age are those out of school. Apart from this, there is evidence that the midday meal has indeed enhanced enrolment in the schools as well as provided nutrition supplement to school going children. Moreover in the deprived areas the MDM has been able to provide at least one meal in the school to deprived children.

3.2.5 Targeted Public Distribution System (TPDS): There has been a long tradition of food programmes in India. The largest is the TPDS of subsidized food channelled through special stores. It ran at about 5% of total spending in the early 2000s. The TPDS has been criticized for being an ineffective program and little

impact on either reducing expenditure poverty or malnutrition. The TPDS has clearly been ineffective in states such as Bihar and Uttar Pradesh where there is long history of very limited distribution of food grains under the scheme. The correlation between TPDS performance and trends in the reduction of malnutrition does suggest the possibility of casual link (Harris and Kohli Notes on the Differing' States' of Child Undernutrition in rural India, IDS Bulletin, Volume 40, Number 4, July 2009). Lack of consistent data series on the distribution of food under the TPDS to demonstrate the point conclusively is a problem. However, whatever information is available shows that states that have done well in reducing undernutrition among children are also states that have made the most extensive use of the TPDS.

3.2.6 National Horticulture Mission: India is the second largest producer of the fruits and vegetables in the world after China. There is an overall increase in the demand of fruits and vegetables for consumption both in fresh and the processed form. In India, horticulture can be promoted as a means of agro-diversification for the second Green Revolution, providing the much needed impetus to the growth of agricultural sector. In light of this, the National Horticulture Mission has been launched in April 2005 as a centrally-sponsored scheme to promote holistic growth of the horticulture sector through area-based regionally differentiated strategies. The scheme is fully funded by the Government of India. The mission objectives and strategies do not directly aim at addressing nutrition security; however, the potential of enhanced consumption of fruits and vegetables to contribute to nutrition security is high.

3.2.7 Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGS): The Mahatma Gandhi National Rural Employment Guarantee Act, which came into force in February 2006, now covers all of rural India. It has generated over 450 crore person-days of employment with a major share of them going to women and Scheduled Caste and Scheduled Tribe families. According to the Ministry of Rural Development, in 2009-2010, upto December 2009, an amount of Rs. 18950 crore has been utilized out of Rs. 39,100 crore, during the same period 160 crore person-days employment has been generated across the country. In financial year 2009-10, 36.51 lakhs works were undertaken, of which 51% constituted water conservation, 16% rural connectivity, 14% land development and provision of irrigation facility to individual beneficiaries constituted around 17%. The other types of work undertaken included drought-proofing, flood protection and land development. Such work is important to strengthen the ecological foundations of sustainable agriculture. The MGNREGS is probably the world's largest ecological security programme.

MGNREGS has been successful in increasing the minimum purchasing power for food security in families living below the poverty line. However, there is still a large majority of population that is unable to avail full 100 days of guaranteed employment. Apart from this, a key provision of the Act is for setting up of crèche facility for children of workers. It also provides for employment of one woman worker as a care giver to the child. However, the implementation of this provision has been very weak. It is necessary for the ICDS as well as the MGNREGS to converge their efforts in order to cover the children of those working under MGNREGS. Such a crèche can be directly linked to the AWC.

3.2.8 Rajiv Gandhi Scheme for the Empowerment of Adolescent Girls (RGSEAG) - SABLA: Merging the KSY and NPAG schemes, the Rajiv Gandhi Scheme for the Empowerment of Adolescent Girls was launched by the Ministry of WCD initially in 200 districts with the goal to address the multi-dimensional

problems of the adolescent girls. The scheme aims at covering the adolescent girls in the age group of 11-18 years under all ICDS projects in the country. In order to give focused attention, the target group is subdivided into two categories, viz. 11-14 & 14-18 years and interventions are planned accordingly. The scheme focuses on all out-of-school adolescent girls who would assemble six days a week at the Anganwadi Centre (AWC). The others, i.e., the school going girls would meet at the AWC at least twice a month and during vacations/holidays where they will receive life skill education, nutrition & health education, awareness about other socio-legal issues etc. This gives an opportunity for mixed group interaction between school going and out-of-school girls, motivating the latter to join school.

Using the ICDS platform, the scheme provides an integrated package of services to the adolescent girls including: (i) Supplementary Nutrition; (ii) IFA supplementation; (iii) Health check-up and Referral services; (iv) Nutrition & Health Education; (v) Counseling /Guidance on family welfare, ARSH, child care practices and home management; (vi) Life Skill Education and accessing public services; and (vii) Vocational training (for girls aged 16 and above) and skill development.

3.2.9 Indira Gandhi Matritva Sahyog Yojana (IGMSY) – The CMB Scheme: With the overall vision of contributing towards improved health and nutritional status of mothers and children, the Ministry of WCD launched the IGMSY- the Conditional Maternity Benefit Scheme. The scheme focuses on pregnant women of 19 years of age and above for first two live births (benefit for still births will be as per the norms of scheme). All government employees are excluded from the scheme as they are entitled for paid maternity leave. Using the broad framework of existing ICDS programme, the IGMSY is being implemented as a pilot intervention in selected 52 districts. IGMSY is implemented through the existing District ICDS Cell. Thus, the District ICDS Cell have the nodal responsibility for the implementation of the IGMSY in all the selected districts, while at the state level the implementation of the scheme is done through the State ICDS Cell supported by the additional staff provided under the IGMSY at state and district level.

Cash transfer is being provided to all pregnant and lactating women in the selected districts/blocks to contribute towards supporting health and nutritional needs of pregnant and lactating mothers and promote optimal infant feeding practices. The scheme will contribute to compensating the woman for the wage loss that she might incur while caring for herself and the child. It will also increase the demand for mother and child health services by providing incentives based on fulfilment of specific conditions relating to mother and child health. According to the proposal, each pregnant and lactating mother will receive a total cash incentive of Rs. 4000/- between the second trimester and till the child attains the age of 6 months subject to fulfilment of conditions laid down in the scheme.

Although there is no dearth of programmes related to nutrition, there are significant gaps in these efforts. It may be that taking account of the problem only at a national and state level is inadequate and there is a need for greater focus on the household and community levels. Among others, some of the key challenges of the current response include:

- Addressing nutrition through a comprehensive national approach specifically aimed at improving nutrition, and convergence and synergy between existing programmes, especially with health.
- Bringing strong nutrition focus in programmes that have the potential to impact nutrition.

- Ensuring improved targeting of programmes mainly to vulnerable groups, such as infants and young children, pregnant and breastfeeding mothers, or the most marginalised.
- Putting in place comprehensive national systems to collect and analyse data on nutrition outcomes for monitoring and decision making.
- Improving implementation systems and machinery for improved governance for effective implementation of programmes.

3.3 Unfinished Agenda of the Eleventh Five Year Plan

Although, during the Eleventh Five Year Plan nutrition has received highest attention and priority, the agenda of ensuring better nutritional status for women and children in the country is still unfinished and would require to be taken forward by the 12th Five Year Plan. Some of the key issues that largely highlight the unfinished agenda of the Eleventh Five Year Plan include:

- Low visibility of malnutrition and inadequate attention to preventing this through early action - before and after birth, when growth faltering starts;
- Poor governance structures and inadequate institutional capacity for nutrition;
- Lack of effective convergence of multi-sectoral action and concomitant resource investments for addressing malnutrition comprehensively, including micronutrient malnutrition;
- Inadequate access to food and health care, safe drinking water and environmental sanitation and hygiene;
- Lack of awareness and sub optimal Caring and feeding practices at family and community level, requiring Nutrition Education, skilled counselling support and changes in family care behaviours;
- Need for better linkages with poverty reduction and livelihoods interventions;
- Need for a nationwide system of nutrition monitoring and surveillance and rooted in community action;
- Need for more operational research on nutrition in India that is on the “How“ of strategic approaches; and
- Need for requisite safeguards against commercial interference with infant and young child feeding practices and improving compliance with the IMS Act.

Further, one of the major changes introduced during the 11th Five Year Plan period was the adoption of WHO Growth and Development Standards replacing the NCHS standards used earlier. This resulted in significant increase in percentage of children severely underweight and a decrease in percentage of moderately underweight children. No data set at the state level or the National level is available to depict the actual percentage of children underweight after this transition. Thus there are great difficulties in arriving at correct estimates of change in the nutritional status of children.

Besides, no nationwide survey has been conducted to provide substantial statistics of change in the nutritional status of children and the anaemia figures, during the 11th Plan. Annual Health Survey (AHS), recently initiated, is to include the nutritional status as an indicator. These vital indicators for nutrition have been included in AHS, but the estimates will be available only by 2012-13. The initiative has been taken to support base line survey for nutrition indicators in States and advisories to States have been issued by MoWCD. Premier research institutes like NIN or any other reputed institutions could be involved in such surveys by States/UTs.

Prime Minister's National Council on India's Nutrition Challenges: New Policy Directions

In view of the high national priority accorded to combating malnutrition in the country as well as the policy directions by the Prime Minister's National Council on India's Nutrition Challenges, a comprehensive approach that addresses the different sectors and dimensions of the nutrition challenge is required. Several consultations were held by the Prime Minister's Office, the Planning Commission, the Ministries of Women and Child Development, Health and Family Welfare, to accelerate action to address India's Nutrition Challenges and a joint Strategy Note was prepared through several consultations with sectors, States and civil society. Planning Commission anchored a Multi-stakeholder Nutrition Retreat and the major recommendations for action from the same were then placed before the Prime Minister's National Council on India's Nutrition Challenges, in its first meeting in November 2010. The decisions of the first meeting of the PM's National Council on India's Nutrition Challenges chaired by the Prime Minister on 24th November 2010 provide the road map for the Twelfth Plan. The Ministry of Women & Child Development and the Planning Commission were mandated to take the following decisions forward:

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

Action on the above decisions of the Prime Minister's National Council on India's Nutrition Challenges has already been initiated. A proposal for ICDS strengthening and restructuring has been developed, endorsed by the Inter-Ministerial Group on ICDS Restructuring which are being processed for competent approvals. A multi sectoral programme is being conceptualized to have a multi pronged approach for addressing maternal and child undernutrition in the 12th Plan. A nation-wide IEC Campaign has been developed and is in the final stages for being launched. The Planning Commission has been periodically convening and coordinating Inter-ministerial meetings for bringing strong nutrition focus in individual programmes of related Ministries, which are also being anchored in sectoral strategies for the 12th Plan.

4. KEY PRIORITIES, STRATEGY RECOMMENDATIONS AND FINANCIAL ALLOCATIONS

4.1 Vision & Key Priorities of 12th Five Year Plan on Nutrition

The Steering Committee recommends that the vision for 12th Five Year Plan on Nutrition should be to ensure “*Nutrition Security for All*” - especially the more vulnerable infants and young children, adolescent girls and women, across the life cycle, fulfilling their rights to nutrition, health and human development- to their full potential. In order to ensure this, the 12th Five Year Plan would continue to position the development of children at its centre and recognize nutrition as critical for ensuring child survival and development, as well as accord high priority to addressing maternal and child undernutrition through multi-sectoral interventions by different sectors. The focus should be on achieving the following **monitorable targets** during the Plan period:

- Reduction by half ie by 20 percentage points in underweight prevalence amongst children under three years and under five years;
- Reduction in the prevalence of moderate and severe anaemia in children and pregnant women and adolescents by 50% of the current level;
- Improvement in early initiation of breastfeeding by 50% of the current level;
- Improvement in exclusive breastfeeding till six months by 50% of the current level;
- Improvement in introduction of complementary feeding after six months by 50% of the current level(along with continued breastfeeding for 2 years or beyond) ; and
- 100% consumption of adequately iodized salt at the household level.

Key Priorities

In order to achieve the above-mentioned monitorable targets, the Steering Committee recommends that the 12th Five Year Plan should focus on the following key priorities:

- Implementation of the decisions of the PM’s National Council on addressing India’s Nutrition Challenges.
- Putting in place institutional arrangements under the PM’s National Council for the development, implementation and monitoring of Multi-sectoral State/District Nutrition Plans of Action led by State/District Nutrition Councils, especially in high burden States/Districts.
- Visible leadership and focused Plan of action in States/UTs
- Design and piloting of innovative multi-sectoral convergence models for synergistic action.
- Efficient governance and focus at all levels for operationalizing various mechanisms for nutrition outcomes.
- Strategic approach to Community mobilization and action, through panchayat led models and partnerships with women’s SHGs, mothers’ committees and other community/youth groups.
- Strengthening Institutional capacity, partnerships and voluntary action groups with a resource network of Nutrition Resource Platforms/ Centres- at national and state levels and piloted at district level.
- Development, implementation and monitoring of a comprehensive communication strategy for changing key care behaviours, supported by skilled interpersonal counselling at field level.
- Institutionalising a Nationwide Nutrition surveillance system, rooted in assessment, analysis and action at family and community levels, using child growth as a driver of change.
- Developing a hierarchy of indicators for food, care, health and environment

- Research and scientific dialogue

4.2 Major Recommendations of the Steering Committee

Considering the fact that nutrition security in itself is a wide ranging plethora of factors that need to be addressed in a well-coordinated manner, there is a need to intensify a range of actions for addressing the nutrition challenge. Some of the specific actions as proposed by the Steering Committee include:

I. Addressing Household Food Security: While India is considered food secure and has maintained high agricultural production, it is important to note that ‘food security’ at the national level is yet to be translated into ‘nutrition security’ at the household level for every child, woman and man.

a) Enacting the Draft National Food Security Bill: The Draft National Food Security Bill 2011 proposes a system of food entitlements for children 6 months-6 years, severely malnourished children 6 months to 6 years, pregnant, lactating women and destitute persons. Subsidized food grains are provided to all BPL and AAY households through Public Distribution System and fair price shops. The Draft National Food Security Bill is under consideration and it proposes to provide 7 Kg of food grains per person per month at a unit cost not exceeding Rs. 3, 2 or 1 per kg for rice /wheat/coarse grains for BPL and AAY households. The above poverty line households (APL) is envisaged to receive 3 kilograms of food-grains per person per month at an unit cost not exceeding 50 per cent of minimum support price for wheat and coarse grains, and derived minimum support for rice. Progressive food entitlements to include over time oil, pulses and cooking fuel have been suggested.

b) Strengthening of food Supplementation programmes: Food supplementation programmes like SNP under ICDS, MDM for school children need to be strengthened, food supplementation under ICDS serves children 6-months to 6 years, pregnant and lactating women and adolescent girls, Midday meal programmes serve the school children. It is proposed that the SNP under ICDS should be improved and cost indexed.

c) Strengthening Livelihood programmes: MNREGS would ensure that at least 100 days of guaranteed employment are provided to one member of each family. This would increase the purchasing power of the family. ICDS and MNREGS should converge efforts to include crèche facilities to cover the children of working mothers. This will provide support to mothers and care of their children.

d) Strengthening Livelihood through National Rural Livelihood Mission (NRLM): The Mission focuses on reducing poverty among BPL families by focussing on women Self-help groups and youth, it creates opportunities for sustained self-employment and serves as safety nets for BPL families, especially women. Endeavours should be made to leverage support from the Mission for increasing purchasing power and food security at the household level. Linkage of SABLA with the National Skill Development Mission would provide vocational training and skill development for adolescent girls and promote livelihood security and improved food and nutrition security.

II. Strengthening/ Re-activating Institutional Arrangements: Nutrition is a complex issue which cuts across the sectors. There is admittedly a need for institutional mechanisms as well as programme implementation platforms so that there is rigorous review of the sectoral interventions for nutrition outcomes. The National

Nutrition Policy 1993 and the National Plan of Action on Nutrition 1995 provide for detailed institutional arrangements for addressing the nutrition challenges in the country. While some of these institutional arrangements have been functional in some States, these have not been fully operationalised. In order to reactivate the intent of the NNP and NNAP, a National Nutrition Strategy would be formulated, taking into account the joint strategy paper prepared by MWCD & MoHFW and other developments in the recent past. Key action points should be included as part of State MOUs, thus, binding all parties towards action in this regard. Such a strategy should be reviewed by the National Development Council Committee periodically. Further, focus would be given on strengthening / re-activating comprehensive institutional mechanisms at all levels, including:

- a) **National Level:** Under the guidance and policy direction of the PM's National Council on Nutrition, the Executive Committee headed by the Minister for WCD - MOS (I/C) [which may be the same as ICDS National Mission Steering Group headed by the MoS (I/C)]s would oversee the implementation of the Nutrition related Programmes. At an operational level, in order to provide ensure multi-sectoral convergence, an Empowered Committee headed by the Secretary – MoWCD and comprising of representatives from different Ministries would guide the implementation of a multi-sectoral policies and programmes for nutrition. This Committee would also ensure convergence at the national level and would report to the Executive Committee and thereby to the PM's Council on the same. This Executive Committee under the chairpersonship of Minister In-charge WCD, may have Member, Planning Commission as Vice Chairperson with representation of some State Ministers and Chief Secretaries, Secretaries of different Ministries, on rotation basis, and. This council may be supported by a strengthened FNB (MWCD) and a Policy Coordination Support unit in the Planning Commission to bring in inter-sectoral nutrition focus and accountability. This Executive Committee would coordinate nutrition related programs.
- b) **State Level:** The CM's Nutrition Council and the State Executive Committee headed by the Chief Secretary s would guide the convergent actions at the state level. The State Executive Committee headed by the Chief Secretary and comprising of representatives from various State Departments would guide and lead the implementation. Comprising of representatives from various State Departments, this Committee should lead issues of convergence at the state level.
- c) **District Level:** The District Nutrition Council headed by the concerned District Magistrate / CEO Zila Parishad would be responsible for convergent action at the district level. The district level Programme / Project Officers s would be responsible for all related sectoral interventions for ensuring convergent action at the district level.
- d) **Gram Panchayat Level:** Secretary of the Gram Panchayat would coordinate with panchayat level Programme / Project personnel as well as related institutional mechanisms in terms of monitoring committees of all related sectoral interventions for ensuring convergent nutrition action at the panchayat level.
- e) **Village Level:** The Village Health Sanitation & Nutrition Committees which are sub committees of standing committees of Panchayat, and have representation from health ICDS, TSC and PRIs would be responsible

for reviewing performance of individual programmes as well as convergent actions which impact nutrition outcomes.

- f) **Habitation level:** At the Anganwadi centre level, the anganwadi monitoring and support committee (ALMSC) constituted by WCD, would monitor convergent actions and suggest actions for effective convergence in programme implementation.

The above framework has been deliberated and agreed upon in the Inter-Ministerial Group on ICDS Restructuring. In the context of institutional mechanisms for nutrition, similar arrangements, including State and sub-state level may be correlated with the ICDS Mission and monitoring structures.

III. Multi-sectoral Approach for Accelerating Action on Determinants of Undernutrition: As discussed earlier, the National Nutrition Policy advocated a comprehensive inter-sectoral strategy between 14 sectors (which directly or indirectly affect dietary intake and nutritional status of the population) for combating the multi-faceted problem of undernutrition and improving nutritional status for all sections of the society. The core strategy envisaged under NNP is to tackle the problem of nutrition through direct nutrition interventions for vulnerable groups as well as through various development policy instruments which will improve access and create conditions for improved nutrition. Both the direct and indirect interventions cannot be undertaken by a single sector, hence there arises the need for a comprehensive multi-pronged response that addresses the different dimensions of the nutrition challenges. In order to achieve this the Steering Committee recommends that the 12th Five Year Plan should focus on the following:

- a) **Multi-sectoral Nutrition Programme:** As mandated by the PM's National Council on India's Nutrition Challenge, a Multi-sectoral Nutrition Programme would be developed and implemented to facilitate convergence of all the key services and stakeholders for holistically addressing the maternal and child undernutrition. It would ensure a platform of coordinated pro nutrition action at the State, District and grassroots levels for addressing maternal and child undernutrition in 200 high burden districts. The Programme would ensure policy, planning and coherence for integrated nutrition action and bring in strong nutrition focus in sectoral programmes through programmatic and institutional convergence and increased availability and accessibility of essential health and nutrition services to all pregnant, lactating women, children and adolescent girls. It would support pilots and innovative models of convergent multi-sectoral action for nutrition.

The programme would focus on nutrition centric planning at village, block, district and state levels for coordinated nutrition action and address relevant gaps in nutrition related interventions. The programme would have an inbuilt component of nutrition surveillance which would integrate surveillance in policy, planning and action and its expansion throughout states. It would lay strong emphasis on community based care of under three children who are undernourished by providing opportunities for piloting of malnutrition reduction approaches and scaling up of evidence based strategies like Keno Parbo Na (Positive Deviance Approach), Dular and Anchal Se Angan Tak developed in the previous plan period.

The Multi-sectoral Nutrition Programme is proposed to ensure that the relevant nutrition outcomes are not only integrated into the concerned sectoral plans but also that appropriate resources are allocated for

achieving those outcomes. Funds for local gap filling support are recommended be provided at the discretion of the District / State Nutrition Council, which would be allocated as per the needs identified on the basis of the District / State Nutrition Plans. At the national level, an Empowered Committee headed by the Secretary, Ministry of WCD is recommended to be set up for approval and budget release, based on the annual State Nutrition Plans submitted by the concerned States / UTs.

b) **Operationalising Convergence through the multi sectoral programme-:** There are several programmes and schemes aiming to directly and indirectly affect nutrition related outcomes. There is a need to bring more coherence among these through processes of convergences among these programmes. The Steering Committee recommends that convergence of these should be operationalized at programmatic, thematic, operational and institutional levels for ensuring improved nutritional outcomes:

- **Programmatic Convergence:** Each of the relevant programmes / schemes should integrate nutrition component in their respective AIPs / Annual Plans and allocate required resources (both financial and human) for achieving the related outcomes. Strong programmatic convergence would be required to address key nutritional determinants like household food security, care for women and children and environmental factors.
- **Thematic Convergence:** There is a need to bring thematic convergence (themes such as IYCF, maternal, Neonatal, infant and child care, etc) among the concerned Ministries / State Departments as well as the concerned functionaries and service providers at all levels. Any multi-sectoral convergent actions would have to support and ensure availability and accessibility of the core interventions for thematic areas such as household food security, strengthened livelihoods, care of adolescent girls, maternal nutrition, addressing low birth weight, growth monitoring, infant young child caring and feeding practices, controlling iron deficiency anaemia, strengthened health services, nutrition monitoring and surveillance, capacity building training and community mobilisation and awareness generation within the pool of existing programmes in a convergent subset of results.
- **Institutional Convergence:** Various programmes like NRHM Mission, SSA Mission, NRDW Mission, etc. have their respective institutional arrangements. Horizontal linkages between these should be enforced at the point of delivery to the household and individuals (may be additionally supported through the multi-sectoral programme for quick and rapid actions) across levels.

IV. Addressing Undernutrition through a life cycle approach- Thrust on Prevention: Age specific under-five child undernutrition provides an important insight into the growth trajectory as growth retardation originates early in life and most of this early damage is irreversible. The proportion of children underweight rises rapidly for the first 20 months of life. It is observed that wasting and stunting sets in as early as the first month of life. This suggests the onset of child malnutrition takes place very early in life including probably during pregnancy (IUGR). Undernutrition can be reduced through the delivery of simple interventions yet essential at key stages of the life cycle –for the mother, at adolescence, before pregnancy, during pregnancy, during lactation, and for the child in utero, in infancy and early childhood. The Steering Committee strongly endorses that the 12th Five Year Plan recognize the importance of the life cycle approach, early preventive

action and for strengthening the continuum of care across families, communities, anganwadis and health centres through the following strategies:

- a) ***Strengthening of ICDS:*** The AWC would serve as the first outpost for health, nutrition and early learning activities and provide guidance and support to women right from pregnancy and after birth of the child for the first six years of life. In convergence with Health, ICDS should ensure that all children get fully immunized, receive food supplementation, growth is monitored monthly for children under 3 years, (quarterly for under 5s) development promoted and micronutrient supplementation provided. Health check-ups and referrals for children who are sick and/ or undernourished should be arranged. For mothers, supplementary nutrition, antenatal care, IFA supplementation, health education, counselling on diet, rest and monitoring of weight gain would be some of the major activities which should be provided through ICDS. Good infrastructure & building, support for more care and counselling as well as clear focus on Under 3s and ECCE for 3-6 years; provision for crèche cum day care centre, should be key areas in ICDS implementation in the 12th Plan. Flexibility in planning and implementation and indicator based defined outcomes, intensive monitoring, evaluations and deeper capacity building, training and Information education and communication would be some of the enabling features of ICDS strengthening.
- b) ***Infant and Young Child Feeding:*** Optimal infant and young child feeding includes early initiation of breastfeeding, exclusive breastfeeding for the first six months, introduction of age appropriate complementary feeding with continued breastfeeding after six months of age, for two years or beyond. Continuum of infant feeding practices would be achieved through intensified home based counselling of mothers during pregnancy and after child birth, which would be undertaken on a prioritised basis. Additional AWWs / nutrition counsellors should be recruited in 200 high burden districts. Special training of frontline workers – AWWs, additional AWWs / nutrition counsellors and ASHAs should be provided to improve knowledge and skill sets for counselling. Partnership with voluntary agencies, civil society organizations and professional bodies should be established in order to strengthen the infant feeding practices and increase the rates and coverage.
- c) ***Strengthening of convergence between NRHM and ICDS:*** The continuum of care would be provided through concerted efforts of both NRHM and ICDS. The VHND held in every village once a month should be further strengthened to cover all children, pregnant and breastfeeding mothers and tracking of this cohort using the joint Mother and Child Protection Card. Referral of sick and severely undernourished children would be facilitated by ICDS. Full package of services to pregnant mothers (ANC, IFA, TT, SNP, counselling) should be ensured at VHND. Services for children would include Immunization, micronutrient supplementation monitoring and promotion of young child growth and development and care of sick and /or undernourished children. Home based essential new born care should be provided by ASHAs and AWWs. Identification and care of under nourished children) should be undertaken jointly.
- d) ***Improving Health Nutrition and Hygiene Education:*** Promotion of hand washing practices and use of safe drinking water, use of toilets should be undertaken to prevent the cycle of infection and undernutrition. This will contribute to better nutritional status and to mortality reduction. Greater awareness generation on health and nutrition issues would be undertaken by AWWs /ASHAs/ ANMs at village level health education

sessions and in contact drives, in partnership with women's SHGs, community groups and panchayati raj institutions.

- e) **Scaling up SABLA (currently initiated in 200 districts):** Early onset of undernutrition can be prevented by taking care of adolescent girls. The period offers opportunities to break the intergenerational cycle of undernutrition. Scale up of interventions related to adolescent girls is proposed. The Rajiv Gandhi Scheme for Empowerment of Adolescent Girls (SABLA) is a scheme to promote due care of adolescent girls with special emphasis on health and nutrition counselling, iron and folic acid supplements, balanced diet, family life education, mother and child care education and skill development training to break the intergenerational cycle of malnutrition.
- f) **Scale up of IGMSY (currently in only 52 districts):** To ensure proper care during pregnancy, institutional delivery, early initiation of breastfeeding and care for the first crucial six months, scale up of *Indira Gandhi Matritva Sahyog Yojana* (IGMSY) is proposed. It is proposed that the scheme covers all districts with a cash transfer of Rs. 4000 per beneficiary. Further, the draft National Food Security Bill (NFSB) has proposed a cash transfer of Rs. 6000 covering all districts towards maternity benefit. The scheme should be appropriately harmonised with the provisions of the NFSB. The IGMSY is a conditional maternity benefit scheme for pregnant and lactating women. It has been designed keeping in view the need for giving maternity benefits so as to compensate partly for the wage loss and the same time for fulfilment of conditions essential for ensuring safe delivery and promotion of optimal Infant and young child feeding practices –especially early and exclusive breastfeeding for the first six months of life.

V. Strengthening Institutional Capacity: Enhancing the capacity of existing institutions like NIPCCD, Food and Nutrition Board and ICDS programme would result in better nutrition outcomes. The following sub-sections (i to iii) discuss these in detail:

(i) Strengthening and Restructuring of ICDS - Reinforcing the Nutrition component: ICDS is the only programme which has been responsible for delivery of supplementary nutrition and related services like growth monitoring and counseling. The programme however has not been able to provide the necessary impact on nutrition, due to inadequacy of supportive inputs from other sectors such as health, water and sanitation, low investment, lack of infrastructure, poor skills and capacities, limited mandated community involvement etc.

The strengthening and restructuring of ICDS had been proposed in the Eleventh Plan, the process has been initiated and it is envisaged that a restructured and strengthened ICDS in Mission Mode would be operational in the 12th Five Year Plan. The proposed strengthening and restructuring would recognize the need for early action across the life cycle, for improving nutrition, health and child development outcomes. Special attention would be given to a life cycle approach, focusing on pregnant and lactating mothers, children under three years of age and adolescent girls. The Steering Committee strongly endorses the restructuring of ICDS and the reforms as suggested by the Inter- Ministerial Group on ICDS Restructuring, headed by Member Planning Commission. These include:

- a) **Redesigned service package:** Components such as Child Care and Nutrition Counseling and advocacy and community mobilization will help in improving Maternal Care and Nutrition, Infant and Young Child Caring and Feeding Practices, especially optimal breastfeeding, preventing growth faltering and the early onset of malnutrition and promoting care for development. Correct counseling to pregnant mothers on diet rest and close monitoring of weight gain during pregnancy will also be undertaken in order to prevent intrauterine growth retardation and low birth weight. Additional Anganwadi worker will be appointed in 200 high burden districts to intensify counseling in order prevent undernutrition and promote early care and development.
- b) **Care Nutrition and hygiene education:** The component of nutrition, health and hygiene will emphasize monthly education sessions for mothers, adolescents, and the community. This will empower women with adequate knowledge on nutrition, feeding and caring practices for children and during pregnancy. It will be complemented by the development, implementation and monitoring of National/State Communication strategies for improved Maternal and Child Care and Nutrition.
- c) **AWC cum Crèches:** In order to see that children of working mothers are not neglected, support and care to children will be offered through AWC cum Crèche facilities in such areas on a pilot basis, as flexible, need based models evolve.
- d) **Nutritional support through improved SNP:** Enhanced nutritional impact will be achieved through revised nutrition and feeding norms; cost indexation of SNP; ensuring provision for Nutritious freshly cooked, culturally appropriate meal, (morning) snack and THR as per norms, guidelines and legislation, in harmony with Supreme Court directives and with greater involvement of women's SHGs, and piloting of community kitchens and joint kitchens with Mid-Day Meals.
- e) **An innovative new component is SNEHA SHIVIRS for promoting community based prevention and care of severely undernourished children,** backed by stronger referral linkages with health is proposed. This will help in the reduction of severe and moderate undernutrition.
- f) **Convergence with flagship programmes:** This will be strengthened through expanding coverage of Monthly Fixed Village Health and Nutrition Days (with NRHM) and Monthly Fixed Village ECCE Days (with SSA and TSC).
- g) **Community Mobilization and Monitoring** will be strengthened through village contact drives, involvement of women's groups, mothers' committees, women link volunteers and flexi /untied funds to empower local communities and panchayats for action. Community based monitoring will be done through the universal roll out of the ICDS NRHM family retained mother child card, using new WHO child growth and development standards, Mother - Child cohort tracking jointly by AWWs/ASHAs/ ANMs with monthly growth monitoring of all under threes and quarterly growth monitoring of all 3-5 year olds, at monthly Village Health and Nutrition Days, with active participation of Village Health, Sanitation and Nutrition Committees, recognised as sub committees of panchayats. This will be informed by experiences of Community Based Monitoring in Maharashtra.

h) **ICDS in Mission Mode:** To accelerate the reduction in undernutrition, time bound goals are required to be set- hence transforming ICDS into a “Mission Mode” is proposed. It will aim at providing a decentralized programme with a flexible implementation framework with monitorable outcomes for improved effectiveness, efficiency and accountability. The emphasis is on strengthening the AWC as a village habitation level institution belonging to women in the community. ICDS restructuring seeks to empower states/districts/blocks and villages to contextualize the programme and find innovative solutions, building on local capacities and resources, with concomitant support for capacity development, innovation, social mobilization, communication and community based monitoring.

(ii) Strengthening and Redefining the Role of Food & Nutrition Board: The setting up of PM’s National Council on India’s Nutritional Challenges, universalization of ICDS and higher investments in nutrition related interventions are strong indicators of the government’s commitment to address malnutrition. In order to cement these efforts further, it is vital to have a technical body for steering the programs in the positive direction, vigorous nutrition education & awareness, monitoring quality of supplementary feeding and other nutrition related components of ICDS, capacity building of communities & functionaries for increasing the program’s efficacy and initiating strategic alliances for tackling malnutrition. There is also an urgent need for technical support to policy and convergent action for nutrition, both at national and state levels. The tasks assigned as per the Prime Minister’s National Council at the centre and the tasks of providing technical support & guidance to the State Nutrition Councils at the state level also require expertise and field based experience.

In view of the above, there is an urgent need to restructure the Food and Nutrition Board, as the nodal national technical body for coordination, technical oversight and quality assurance of nutrition for ICDS. FNB strengthening had also been proposed in the Eleventh Five Year Plan. The Food and Nutrition board should be restructured and strengthened in view of the current nutrition challenges and solutions. The FNB restructuring needs to be done at the national, regional and state levels. For these purposes subject experts in the field of communication and social mobilization, infant and young child feeding, community nutrition, nutrition surveillance and program management, would be required. The reorganization and strengthening would also entail allocation of adequate resources both human and financial with improved infrastructure.

(iii) Strengthening of NIPCCD: NIPCCD which is the apex training Institution of the MWCD for training of ICDS functionaries needs to be adequately strengthened to enable it to play its role effectively. In view of the proposed strengthening and restructuring of ICDS, introduction of new Multi-sectoral Programme on Nutrition and other related schemes aimed at addressing the maternal and child undernutrition including IGMSY and RGSEAG – SABLA, training and capacity building of personnel at all levels is going to be a major and challenging task. To meet this challenge, it is recommended that the NIPCCD should be strengthened during the 12th Five Year Plan to fulfil the requirements of training along with adequate qualitative input with regard to different schemes/programmes.

Two new Regional Centres of NIPCCD should be set up in the State of Bihar and Punjab. These may be complemented by at least 10 State Institutes on training either as a distinct institution or as a part but a distinct unit of SIRD or SHFW training centre or existing WCD centre or transformation of state run MLTC. Specifically, NIPCCD should be strengthened in the following areas:

- a) **Effective Training & Capacity Building through Collaboration & Linkages:** NIPCCD should explore and forge partnership with State Governments, international & national organizations & line departments in the areas relevant to the pursuits of the institute, which would help: (i) synergize organizational capacities and achieve excellence in the area of women and children; (ii) develop quality material based on empirical work for informed policy direction of Government; (iii) explore and collaborate with leading institutions in South Asia and Europe (to begin with); and (iv) evolve and sustain faculty exchanges for enlarging and globalizing issues confronting women and children.
- b) **Training Resource Centre:** NIPCCD should create a Training Resource Centre of ICDS (TRC) which may keep a close liaison with the training cells of State Governments to plan Training of CDPOs/ ACDPOs and trainers. The TRC should also create a database of the ICDS functionaries trained by it to monitor the requirement of skill training, job training etc. The TRC should draw Annual Action Plan of Training of ICDS functionaries for its headquarters and Regional Centres in consultation with State Training cells. With support of its four Regional Centres and other relevant institutions and voluntary sector, NIPCCD should adopt need-based training strategies.

Regular training and capacity building of all service providers and functionaries at all levels should be ensured to equip and enhance their skills, knowledge on child care standards to meet the demand as per the above mentioned ICDS restructuring. NIPCCD, AWTCs and MLTCs should be engaged in carrying out training and capacity development in the area of health and nutrition services. The other major initiatives in this area include training of Trainers on New WHO Child Growth and Development Standards in ICDS and Use of Mother and Child Protection Card, Skill Training on IYCF and IMNCI. Growth monitoring being an important tool for identifying under nutrition in child as also a means to educate the mother regarding the nutritional status for her child would be strengthened through sensitization of field functionaries.

- c) **Quality of in-service training:** should be improved by introducing competency based training, standardising training curricula, training materials and training methodology in the light of growing needs for universalization of quality services. For development of focused curricula for continuing in-service training to meet required functional skills and knowledge of ICDS functionaries, it is proposed to develop a capsule training plan of shorter durations with different themes to support functional roles of ICDS functionaries. The major themes of training should include (i) nutrition action for improving coverage of children under 2 years; (ii) decentralised data management and decision making; and (iii) behaviour change communication.
- d) **Revision of Contents:** Curriculum of ICDS functionaries should be revised in the light of new programs & schemes of MWCD to ensure continuous capacity building of functionaries. Vertical training modules and the methodology for the same should be developed. Based on a TNA exercise, new modules for skill development should be developed on a continuous basis. It is therefore proposed to undertake revision of contents in consultation with States, NIPCCD, subject experts, trainers of MLTCs and AWTCs.
- e) **Innovation in training:** Some states have demonstrated good training practices for ICDS functionaries; these should be considered and replicated to enhance capacity building of ICDS functionaries. A platform that facilitates continued in service training and sharing knowledge across in areas of common needs should

be set up. The determinants like resource team and interactive facilities should be used to promote information dissemination continuously to ICDS functionaries.

- f) **Adoption of AWCs:** NIPCCD should adopt two Anganwadis (one rural and one urban) in the vicinity so that the same can also be used as a Training laboratory and as a Model Centre.
- g) **Creating internship programme for graduate/post-graduate students:** This should involve deploying educated youth to support building capacities of AWWs. The students should be placed in blocks /Gram Panchayats and should be given responsibility for providing focused training and mentoring support to AWWs.
- h) **Nutrition Resource Platform:** A web portal for easy access to information relating to nutrition and child development s would facilitate interactive discussions, provide comprehensive information for all ICDS and related programs & repository of nutrition related resources including research, new publications, government policies, training materials etc. Periodic SMS mailing to all ICDS functionaries on essential maternal and child health interventions and operations are other areas that should be made functional. The platform should also use various forms of communication namely Internet, telephone, integrated voice response system (IVRS), mobile telephone, data processors, conversion instruments, paper based communication, Internet to mobile services, voice call centre, mobile telephony servers etc.

In order to strengthen the knowledge base on nutrition education, national, regional and state level Nutrition Resource Centres and networks are also proposed to be set up involving, NIPCCD, FNB, respective State Governments and other related institutions / agencies.

- i) **Monitoring:** To meet the new challenges due to rapid growth of ICDS and its universalization, NIPCCD headquarters and its four Regional centres s would need regular/permanent structure to monitor ICDS programme implementation as well as to undertake new initiatives. As a monitoring unit for ICDS, the CMUs under NIPCCD should be strengthened to monitor ICDS service delivery. The revised monitoring system should focus on collecting & providing data on real time basis to support programmatic actions. CMU located at NIPCCD should provide support to Central Monitoring cell of MWCD. Monitoring of expanded ICDS and other programmes should be carried out in a more effective manner with requisite staff strength at NIPCCD.

At the State, District & Block level, training team should be formed that s would be responsible for conducting trainings and handholding support for monitoring the training implementation plan and send progress report to respective ICDS training cells at various levels.

Cross state and project visits should be planned for AWWs and team of ICDS functionaries from State to Block level. Inter district project visits for the AWWs where innovations are being taken up should provide opportunity of exposure to good practices. Cross visits for State functionaries along with selected district and block level officials should be arranged in getting the perspective of the innovations and their replication in other component in line with the restructured ICDS. It would also be responsible for establishing linkages with other institutions for training and imparting quality training to workers.

As a resource NIPCCD should be provided appropriate infrastructure and resources to crystallize the concept of Nutrition Resource Platform. As a monitoring unit for ICDS, the CMUs under NIPCCD should be strengthened to monitor ICDS service delivery.

VI. Initiation of Strategic Linkages for promoting Nutrition: Besides the government institutions and programs there are organisations and communities working towards the cause of nutrition. A joint movement and co-operation amongst these can further propel the current efforts to reduce malnutrition. Strategic partnerships and linkages with home science, medical & public health colleges, medical bodies, civil society organisations, community groups etc. should be initiated as voluntary action for sharing of technical knowledge, social mobilisation, increasing nutrition awareness and monitoring. They can be involved in various counselling sessions & awareness campaigns related to IYCF, use of low cost nutritious foods, importance of balanced diet, anaemia, de-worming, micronutrient malnutrition, health of pregnant and lactating mothers, personal hygiene, sanitation, life skill counselling for adolescent girls, addressing early age at marriage, early and frequent child bearing, inadequate family care and support, gender discrimination etc. Various communication channels can be used for this purpose such as exhibitions, displays, street plays, film shows, games, camps etc. Students as part of their extension programme can work in groups of 3-5 persons & can adopt one AWC and work on all the aspects requiring improvement, up gradation, and enrichment.

VII. Combating Micronutrient Deficiencies in a Holistic Manner: There are clear strategies to combat micronutrient deficiencies (Iron, vitamin A and iodine) in children women and adolescent girls. A comprehensive approach should be adopted which includes complementary strategies to address micronutrient malnutrition including: (i) Infant and Young Child Feeding Practices; (ii) Dietary Diversification; (iii) Horticultural interventions; (iv) Nutrient Supplementation; (v) Food fortification; and (vi) Public Health Measures.

a) *Supplementation with micronutrients /food:* Micronutrient deficiencies, particularly Iron Deficiency Anemia, IDD and Vitamin A s would be addressed through intensified actions focussing on: (i) Adopting a comprehensive approach involving improved IYCF practices, dietary diversification, food supplementation, food fortification and horticultural interventions, Iron & Folic Acid supplementation for young children, adolescent girls, pregnant and lactating women, also supported by the use of Double Fortified Salt; (ii) Periodic screening for anaemia; (iii) Strengthening Vitamin A supplementation Programme in convergence with NRHM for improved coverage; (iv) Supply of adequately Iodized salt through TPDS and also double fortified salt; (v) Public health measures – deworming, environmental sanitation, safe drinking water; and (vi) Micronutrient supplements and health check-up for school children through MDM programme.

b) *Food Fortification:* Micronutrient malnutrition control programmes in the country have focused on nutrient supplementation of some vulnerable groups. This may be complemented by addressing micronutrient malnutrition through a comprehensive strategy. Double fortified salt is a successful example, which has been introduced for government food supplementation programmes. Requisite safeguards against commercial interference and regulatory mechanisms for the above should also be developed.

- c) **Improved health education and IEC:** The Steering Committee recommends that this should be carried out with the aim to disseminate knowledge on micro nutrients and its prevention as well as advocacy for food diversification to include iron, vitamin A, and carotene rich food in regular dietary intake. Besides, it would also help in ensuring improved dietary intake to meet RDA, improved compliance of IFA and improved iodized salt consumption in every household.
- d) **Monitoring and Surveillance:** Initiatives for monitoring the programme for preventing and controlling micronutrient deficiencies should include strengthening routine reporting under NRHM/ RCH and ICDS programmes to include percentage of pregnant women, children adolescent girls, anaemic, percentage given IFA tablets, compliance for IFA, Vitamin A supplementation for children as well as mobilising PRIs, Women Self Help Groups and Anganwadi Workers to monitor intake of IFA tablets.

Evaluation of the on-going process and impact is expected to be done as a part of the Annual Health survey /National Health Survey including haemoglobin estimation, questions regarding IFA coverage and intake. In addition as and when large-scale surveys are done, information can be collected on the prevalence of anaemia in pregnancy, childhood, adolescents and the elderly so that it is possible to assess the impact of ongoing interventions.

Wherever possible, (such as during school health check-up) attempts should be made to screen adolescent girls, especially those who are undernourished or have menstrual problems, for anaemia and provide appropriate treatment. Adolescents who are pregnant should receive very high priority for screening and management of anaemia.

VIII. Promoting Optimal Infant and Young Child Feeding Practices: Optimal infant and young child feeding (IYCF) practices form the cornerstone of child care and development. Despite breastfeeding having numerous recognized advantages, and several initiatives to promote breastfeeding, early and exclusive breastfeeding, rates in most states of the India are low. There are many gaps in policy and programs related to breastfeeding and infant and young child feeding in India and the following actions need to be taken urgently:

- a) **Emphasis on IYCF and dissemination of National guidelines on IYCF:** IYCF counselling should be included as one of the services in the ICDS program. It is necessary to recognize IYCF as a scientifically proven intervention to improve child nutrition status and child survival. It needs a comprehensive national policy developed in consultation with all the stakeholders. It also requires a national plan of action and adequate budgetary allocations to bridge various identified gaps in the policy and programs. The national guidelines on IYCF need to be translated locally and widely disseminated.
- b) **Community initiatives for supporting women:** Aggressive marketing of baby food by companies can easily mislead women who do not have access to accurate information. The feeling of 'not enough milk' forces many mothers to resort to other milks or foods during the period of exclusive breastfeeding. An empathetic and skilled health worker must support women at the time of birth to succeed in beginning breastfeeding within an hour of birth and providing prolonged skin-to-skin contact. They should also have access to counselling (one to one or group) and support to continue exclusive breastfeeding for the first 6 months.

Women also need counselling for adequate complementary feeding and continued breastfeeding at the completion of 6 months.

- c) ***Critically addressing the infants under 6 months:*** The 0-6 months infant is often left out of initial weighing/ child care counselling sessions, because most deliveries take place at home, mothers are superstitious about new-borns being weighed, and also because 0-6 months infants are to be exclusively breastfed and hence no SNP is to be provided to them – and most ICDS records/ reporting is SNP centred. Creation of Nutrition and breastfeeding support centres, initially in all district hospitals- and followed by at CHC, PHC levels in a phased manner – with skilled counsellors to provide lactation management support, and management of all forms of malnutrition, mild , moderate and severe should be done.
- d) ***Strengthening ICDS:*** Nutritional counselling as a service should be introduced with an additional Anganwadi worker so as to focus on home visits for children under 3 years and mothers to promote IYCF practices. The home visit strategy, has tremendous potential for empowering families of vulnerable children under 3 year olds to improve home level IYCF practices; because it offers an opportunity for one-to-one communication or interpersonal communication (IPC) so important to bring about behaviour change. In the national ICDS program, nutrition-education-communication and home visits are among the several important services that are expected to empower families to improve home level practices for women and child nutrition.
- e) ***Enhancing capacity building of field level functionaries on IYCF practices.*** It is imperative to build knowledge and skills, capacity for behaviour change communication, counselling and develop problem solving skills for Anganwadi Workers (AWWs), Accredited Social Health Activists (ASHAs) and Auxiliary Nurse Midwives (ANMs) for improving the IYCF practices.
- f) ***Pre-service curriculum strengthening for doctors and nurses*** should help reduce the need of in-service training and improve knowledge and skill of doctors and nurses, which is seriously lacking. Medical colleges should be involved for this purpose.
- g) ***Behaviour change communication:*** An extensive and focused communication campaign on IYCF needs to be launched to address all target groups including counselling to mothers through health and Anganwadi centres. All hospitals, maternity establishments, health and ICDS staff need to be directed to counsel pregnant/lactating mothers at every possible opportunity on the benefits of appropriate IYCF. There is a need to harmonize behavioural change communication goals across all levels and sectors including media.
- h) ***Skilled nutrition counselling:*** Recognize and provide resources for skilled nutrition counselling as a service with a support chain from village level to sub centre, PHC, CHC, subdivision, district and state levels, including mother and child cohort tracking and linking with referral services. This also requires a common core counselling strategy and resource kit for ICDS, NRHM, and TSC for joint action on key interventions.
- i) ***Protecting breastfeeding and compliance with the Infant Milk Substitutes Act (IMS Act):***The legislation, the Infant Milk Substitutes, Feeding Bottles and Infant Foods (Regulation of Production, Supply and Distribution) Act 1992, and Amendment Act 2003, is in place for last so many years, but it needs effective

implementation mechanisms. There is a need to ensure that the provisions of the Act are widely disseminated among all stakeholders at all levels in a user-friendly manner. Monitoring the compliance of the IMS Act by the companies is also needed for effective implementation of IMS Act.

- j) ***IYCF counselling centres in Health facility:*** It is important that each health facility has few nurses trained in the skills to deal with infant and young child feeding counselling as well as on HIV and infant feeding. They should be properly trained and updated on a regular basis.
- k) ***VHND:*** The frontline workers team comprising of ASHA, AWW, ANM, and the PRI representatives, if fully involved in organizing VHND, can bring about changes in child caring practices and promote IYCF practices. Identification of a nodal person to oversee convergence between the ANM and ASHA; and a Nutrition counsellor/Activist who would serve as a link between ICDS and NRHM is the need of the hour.
- l) ***IEC and Nutrition messages:*** Designing mass- media campaigns that cause people to adopt better IYCF practices is required. Content of messages should be appropriately sensitive to local traditions, practices and needs. These messages should be disseminated using all relevant media.
- m) ***Introduce Village report cards:*** A PRI committee to check the regularity of functioning of AWC, ensuring coverage of all eligible beneficiaries as against the surveyed population, review status of supply of supplementary food to all beneficiaries for at least 21 days in a month, review nutritional status of children 0-1 years, 1-3, and 3-6 years, weighing, availability of new growth charts (using WHO growth standards) and joint Mother Child Protection card is required. Awards may be given to one village in a block for achieving targets of normally growing children. The government can introduce color coded village child health and development cards. Green could signify good progress, yellow, mediocre progress and red, poor progress. These could even spark and catalyse a community movement. Every village can prominently display these cards. It should depict what progress the village has made. This s would link with the concept of a baby/ child friendly panchayats.
- n) ***National Nutrition Communication Campaign and role of media:*** There is a need to develop and launch a national nutrition communication campaign linking concerned sectors (e.g. gender related issues, health and hygiene practices). A national movement for promoting IYCF should be initiated by formulating and implementing a national IEC campaign to improve IYCF practices using media. Accordingly, the communication strategy should work towards generating awareness and knowledge on the issue of malnutrition.
- o) ***Strengthen National and State Coordination Mechanisms and Capacity for promoting Infant and Young Child Feeding and implementation of the IMS Act:*** The National Breastfeeding Committee under the IMS Act needs to be rejuvenated and strengthened, and State Breastfeeding Committees constituted as envisaged, with identified State Nodal Officers within State WCD and Health Departments for IYCF, supported by technical teams at different levels. A National Resource Centre needs to be established, in partnership with appropriate professional networks to enable capacity development for IYCF for both NRHM and ICDS, supporting both the Ministries of WCD and Health and Family Welfare, with State level

Resource Units, linked to other training institutions. This could also be assigned to national level partner organization or set up especially to focus on the issue.

IX. Nutrition Communication & Education and Community Mobilisation: One of the decisions of Prime Minister's Council on India's Nutrition challenges is to launch vigorous nationwide nutrition awareness campaign utilizing all available channels of communication. Accordingly, the communication strategy would work towards generating awareness and knowledge on the issue of malnutrition. Awareness regarding malnutrition as a problem, its consequences, knowledge about appropriate nutrition and care during pregnancy, infancy and young childhood is widely lacking in the country so a comprehensive nutrition communication program would be developed based on the following:

- a) **Multi-layered and Multi-level Strategy:** Vigorous nutrition education should be carried out utilising all available channels. As part of the communication program, different forms of media in co-ordinated multi-channel approach at three levels: National, State and local level should be employed stage wise. Besides mass media, other mediums like local folk media, community radio should be used for wider dissemination of nutrition messages, programmes, and benefits. The nutrition communication strategy would link across sectors - for promoting optimal Infant and Young Child Caring and Feeding practices and care of girls and women, and should also use opportunities provided by the Bharat Nirman Campaign and Sakshar Bharat. This would include different aspects related to care behaviours i.e health, hygiene, psychosocial care and early learning, supporting improved parenting, with shared responsibilities of both parents and family support for care.
- b) **Nutrition Education** is also to be integrated appropriately/strengthened in the school education curriculum framework at national levels and linked to Mid-Day Meals, so that children also promote nutrition relevant practices in the community and through the Child to Child approach. This should be incorporated in Sakshar Bharat. Similarly the nutrition component in the medical and nursing education curriculum should also be strengthened, networking medical colleges, nursing colleges and councils.
- c) **Education of girls and women's literacy** is to be promoted, responding to their nutrition, development and protection needs. Retention of girls in elementary and secondary schools, availing of MDM, health care, IFA supplementation and deworming interventions, increased duration of schooling, improved life skills and subsequent linkages to the Skill Development Mission, would be long term approaches for addressing gender discrimination, early marriage and early child bearing.
- d) **Community mobilisation:** It is also realized that community mobilisation would imply greater sensitization and involvement of Panchayati Raj Institutions and Village Health Sanitation and Nutrition Committees. Nutrition orientation of grass root workers, functionaries, PRIs, village elders etc should be undertaken to create an understanding about the importance of nutrition and their pivotal role in the prevention of malnutrition especially amongst children.
- e) **Institutional structures:** The available institutional structures and resources under national programs should be utilised for increasing the opportunities for dissemination of nutrition related information. Besides the

national mass nutrition awareness program, synergies would have to be built and key nutrition messages should be integrated in the IEC/BCC activities under each national program.

- f) **Capacity building for Nutrition Education:** Orientation of the functionaries and volunteers should be done so that each of the 'change agent' understands his/her role in the communication strategy and comprehends the nutrition messages, becomes familiar with the techniques required for effective IPC and usage of tools for communication. Workshops and/or orientation activities at various levels through the master trainers along with the partner organizations and voluntary nutrition groups should be carried out for the functionaries of involved departments and programs.
- g) **Timeline & Resource Allocation:** To give impetus initially about Rs. 500 crores may be provided for this purpose. In addition to this the respective sectoral programs should bring nutrition into focus in the IEC components. The approach should be to subsequently to mainstream the nutrition campaign into ICDS and other focus areas such as horticulture, NRHM/RCH II, FSSAI, TSC, NRDWP, information and broadcasting programs, etc. through the respective ministries. It is crucial that adequate resources both human and financial are provided to effectively implement the communication strategy. Accordingly FNB, NIPCCD and MWCD should be strengthened and provided with professional mass communication team to carry forward a communication program on a national scale.

X. Capacity building for Nutrition: Capacity building and sensitization for nutrition has been a neglected area, however appropriate training has to be imparted in order to have desired impact on nutrition outcomes. This is needed at district and block management levels and service provider and supervision levels. A resource centre of WCD and health must coordinate the trainings at the state level. A shared training space and team at the district and block level is essential. Since training capacities inside the departments may be limited, it would be useful to secure the participation of NGOs who can play this role. Capacity building is needed for programme management, for supervision, for cooks to prepare nutritious food, and for SHGs or their federation and for panchayats to manage the preparation and delivery of hot cooked meals with whatever micro-nutrient supplements required. But above all capacity building is needed for anganwadi workers and ASHAs for counselling families on nutrition and related behavioural issues.

The main areas where knowledge and skills in counselling have to be strengthened are described below:

- a) **Nutrition counselling for the child:** This makes a substantial contribution to malnutrition reduction, even without nutrition delivery services. Along with food supplementation, health communication messages on nutrition would be better accepted. Counselling skills of workers -AWWs, ASHAs, ANMs, additional AWW/ counsellor should be enhanced in order to improve group counselling and interpersonal communication for promoting optimal IYCF practices and counselling of pregnant and lactating mothers on proper diet.
- b) **Training on Safe Water and Sanitation Issues:** Training to AWWs, ASHAs and other para-medical staff needs to be imparted using modules on safe drinking water and sanitation. The modules may cover the issues of construction and use of toilets by rural households, safe handling of water, adoption of hygienic practices specially hand washing practices inside and outside the household, testing of local water sources

for chemical and bacteriological contamination, boiling or treating water with cost-effective models of domestic filters at household level to ensure portability.

- c) **Addressing Familial Factors:** Counselling, and social mobilisation is also needed to address importance familial determinants of child nutrition - age of marriage, age of first child birth, spacing of children, access to care in pregnancy and sickness, and all the supportive circumstances needed for child growth and development. The importance of growth monitoring and the interpretation and growth curves would be stressed upon, along with promotion of care for development.

Counselling and behaviour change communication should additionally address issues of personal and domestic hygiene, safe drinking water and sanitation including safe disposal of stools and hand washing after defecation and handling of stools and before cooking /eating/ feeding, the prevention of diarrhoea and frequent respiratory infections and malaria, the detection and management of anaemia and the need for periodic deworming. Counselling is also essential in adolescents, school children, pregnancy and nursing mothers to address malnutrition and anaemia and to address low birth weight. Counselling skills are needed not only in AWWs and ASHAs, but also with members of SHGs, VHSNCs etc. who can serve as additional community health volunteers.

Nutrition Education: Appropriate communication skills development and knowledge up gradation of frontline workers would help to address issues related to diversion of family income to non-food expenses. Importance of nutrition, balanced diet, feeding practices and habits and concerns related to consumption of junk food and over-nutrition may be disseminated with ease by trained workers.

XI. Monitoring and Nutrition Surveillance System: Effective monitoring of national nutrition actions requires both monitoring and assessment of processes and outcomes. Efforts should be made to put responsive and dynamic Nutrition Surveillance System (NSS) in place in order to capture nutrition related information. It would help assess the current situation, analyse the causes/reasons of the problem & based on the analysis and available resources and suggest actions to improve the situation. It would provide information on nutritional practices of vulnerable groups being reached under ICDS-NRHM and related programmes of different sectors keeping in view the multi factorial nature of nutrition. It should take following measures in a synergistic manner to achieve optimal results:

- a) The critical indicators of infant, child and maternal mortality and nutrition related to antenatal, postnatal and early childhood care should be constantly monitored to ensure better young child survival and development, optimal child nutrition in case of each mother-child cohort tracked, with the aid of Mother and Child Protection Card (MCPC), linked to the NSS network.
- b) The Kishori card being linked to the NSS database should ensure better health and nutrition among adolescent girls, through consistent and continuous data inputs on BMI and IFA intervention for adolescent girls and regularity of organising NHE & LSE sessions for them and ensuring attendance of these sessions by adolescent girls.

- c) The Geographical Information System (GIS) Mapping would be used to generate data at the Anganwadi level for monitoring at Block/ District levels and the cumulative database should be built-up the National Nutrition Database for National Nutrition Surveillance and policy inputs.
- d) It would help in mapping of undernourished endemic zones of the country in terms of identifying districts and terming them as 'high risk and vulnerable districts. Special focus within National NSS on household food security in difficult survival environments like, remote hilly, tribal areas and drought prone areas, deserts, etc. and BPL population pockets. This would help in decision making and plan focused nutrition interventions.
- e) Central Monitoring Unit (CMU) set-up under ICDS should be utilized for NSS as well for a comprehensive, non-repetitive assessment and correction of field situation with respect to health and nutritional status of the vulnerable groups of the population.
- f) A set of indicators should be finalized under National NSS like those indicators which needs be reported monthly, quarterly etc. These could be finalized during the ground-work/ preparatory phase of the operationalization of the NSS and be harmonized with the prescribed reporting patterns under the NRHM, IGMSY and SABLA.
- g) Baseline Surveys of nutrition and health related indicators of children under six years of age, adolescent girls and women should be undertaken by all States/ UTs before the commencement of XII Five Year Plan, with the support of Technical Institutions like NIN, Medical Colleges and Home Science Colleges, to establish the benchmark of nutrition indicators for the National NSS and Database. This would complement planned AHS, DLHS and NHFS surveys.
- h) National level TOT Workshop should be organised by NIPCCD for National level stakeholders and all State/UT partners, followed by the subsequent State/ District level TOT Programmes for uniform and consistent administration of survey tools/ formats for baseline. The Baseline Survey data shall also be the basis of strategies to promote and improve nutrition and to transform health and nutrition related service inputs into positive nutrition and health outcomes in children, adolescent girls and women.
- i) National NSS Design and Database format should be finalized after assessment of existing experimental/State level models operating in certain States and an experience sharing exercise through a National level Workshop of stakeholders and experts.
- j) Training and capacity building for development and maintenance of the National NSS and Database will be crucial for successful nutrition surveillance to achieve the goal of optimal nutrition for population groups and all stakeholders for effective role management and output expected from the functionaries at all levels. A two-day TOT programme may be undertaken at State level for stakeholders in each State/ UT to familiarize with the National NSS, followed by district and block training programmes within the State/ UT. Six-monthly State level workshops at State level and District level to firm up concepts and fine operational details for effective inputs into the NSS database.
- k) At central level there a national surveillance system will be created, which should monitor a set of indicators which have direct impact on nutrition outcomes. A Working Group on Nutrition Surveillance may be set up, comprising of public health experts, health and child care providers, health and child care managers, nutritionists, sociologists, health economists, anthropologists to guide the initiatives.

- l) National NSS (in reference to the unique beneficiary identification number) would enable assessing the functional efficacy of referral system under ICDS, IGMSY and SABLA towards establishing optimal nutrition. The National NSS should have an inherent component of self-evaluation and accountability and responsiveness. However, the same standards and structures of Monitoring and Accountability framework shall be built into the system.
- m) Separate periodic and annual reports of the National Nutrition Surveillance should be used for Policy formulation/ review and also to facilitate designing Special Nutrition Intervention Programmes at the level of Central/ State Government for nutritionally vulnerable population groups in difficult areas/ circumstances requiring special inputs to reach optimal nutrition levels.
- n) A Nutrition surveillance cell may be established to monitor nutrition security related sectoral indicators periodically. NNMB, NFHS, DLHS, NSSO survey data should also be used to corroborate with the sector specific information.
- o) Community based monitoring including social auditing mechanism involving ICDS, Health and Panchayati Raj institutions. Such monitoring mechanisms would help provide information at block, district, and State levels to project the nutrition scenario of the State with disaggregated data, including with reference to different community groups.
- p) Independent Nutrition Survey should be undertaken every at least every two years covering all vulnerable groups including school children and adolescents to arrive at state level estimates.

XII. Addressing the Dual Burden of Malnutrition: Increasingly, health systems in many developing countries are simultaneously confronting under- and over-nutrition—not only at the national level, but also within households. Both under nutrition and over-nutrition are linked with a range of adverse health conditions. Importantly, however, underweight and overweight are both forms of malnutrition, a term that encompasses either a lack of or excess in energy and/or nutrients. The Dual burden of Malnutrition presents a unique challenge for public health. Programs should promote nutritious foods and a healthy lifestyle to address both types of malnutrition at the same time. The Steering Committee recommends that the following action steps should be taken:

- a) Health system should be responsible for screening persons for over-nutrition, while ICDS and health should be responsible for screening for under nutrition.
- b) Health system should also support personalized advice for early detection of overweight and diet counselling as well as monitoring the improvement and providing focussed care to those who are facing problems in modifying their lifestyles.
- c) High-quality diets—those that consist of sufficient energy and nutrients but are limited in fats, sodium, and sugars—benefit those at risk of either under nutrition or over nutrition should be promoted.
- d) Eating more fruits and vegetables should be promoted to help the overweight (by reducing the risks of heart disease and diabetes) while also helping the undernourished (by improving their nutrient intake).
- e) An increase in physical activity with adequate energy and protein intake should be promoted to help build critical muscle mass and contribute to a healthy body composition in both groups.

- f) Appropriate advocacy for prevention in over-nutrition is important to arrest the increasing rise in non-communicable diseases.
- g) Nutrition and health education through all available modes of communication emphasising the need for: (i) eating balanced diets with just adequate energy and plenty of vegetables; and (ii) adopting healthy lifestyles with at least moderate physical activity.
- h) Health interventions including, (i) screening persons for over-nutrition whenever they access health care;(ii) using of BMI for adults and BMI-for-age in children and adolescents for early detection of over-nutrition;(iii) identification of over-nourished persons and personalised advice regarding modification of dietary intake and life style; and (iv) monitoring the improvement and providing focussed care to those who are facing problems in modifying their lifestyles, should be carried out by the health system.

4.3 Financial Requirements

Such a transformational and comprehensively coordinated and Nutrition focused action would require additional budgetary support on the following dimensions:

- a) Multi-sectoral Nutrition Programme in 200 High Burden districts (around Rs. 1000 crore per annum, Rs. 5000 crore for the 12th Plan);
- b) Besides the above, State / UTs should also be supported for preparing nutrition action plans including even those districts that are not high-burden but require concerted action in terms of preventive as well as convergent multi-sectoral actions. For this, a budgetary provision of Rs. 50 lakh to 10 crore per State, depending on the number of districts and the incidence of undernutrition. A lump-sum allocation of Rs. 200 crore per annum is proposed for additional support towards intensive action to programmes that directly and indirectly bring nutrition related outcomes in particular in respect of household Food security, environmental improvements in water and sanitation, comprehensive care for health, Nutrition and systems of care support and practices, building leadership, capacities, awareness and embedding nutrition oriented behaviours and choices. Investment for this should be part of respective programmes and schemes such as ICDS, IGMSY, NRHM and SABLA.
- c) Support to key activities and strengthening of systems and institutions (IYCF (200 crore per annum), IEC Campaign (Rs. 200 crore per annum), Voluntary action and social mobilisation (Rs. 100 crore per annum), FNB strengthening (Rs. 25 crore p.a), strengthening and involving NIPCCD, NRP, Nutrition surveillance etc. (Rs.25-30 crore), support to institutions/surveys/ special action plans etc., Rs. 200 crore per annum, Rs. 200 crore per annum for community based care of severely undernourished children. Rs. 50 crore for research including operational research, quality control, assessments and national set up etc.
- d) These could be clubbed under the Nutrition Mission or Nutrition promotion and action plan. About Rs. 2000 crore per annum and Rs.10000 crore for 12th plan may be recommended.
- e) This could be made as Additional Central Assistance and for every rupee invested for programmes under the umbrella, an additional rupee can be contributed to the states/UT. The weightage could be 60% on reduction in Key nutrition indicators and 40% on additional investment.

Table-8: PROPOSED FINANCIAL ALLOCATION FOR NUTRITION IN THE 12TH FIVE YEAR PLAN							
Sl. No.	Item	Proposed Budget (Rs. In Crore)					
		Year 1	Year 2	Year 3	Year 4	Year 5	Total
1.	Multi-sectoral Nutrition Programme in 200 High-burden Districts	1000.00	1000.00	1000.00	1000.00	1000.00	5000.00
2.	Additional support for intensive action to programmes	200.00	200.00	200.00	200.00	200.00	1000.00
3.	Strengthening of Systems						
3.1	Breastfeeding, IYCF Promotion & IMS Act enforcement	250.00	250.00	250.00	250.00	250.00	1000.00
3.2	IEC Campaign	200.00	200.00	200.00	200.00	200.00	1000.00
3.3	Voluntary action and social mobilisation	100.00	100.00	100.00	100.00	100.00	500.00
3.4	Nutrition Resource Platform & Centres	20.00	20.00	20.00	20.00	20.00	100.00
3.5	Nutrition Surveillance	20.00	20.00	20.00	20.00	20.00	100.00
3.6	Innovations, community based care & support	200.00	200.00	200.00	200.00	200.00	1000.00
3.7	Operational research, quality control, assessments and national set up etc.	10.00	10.00	10.00	10.00	10.00	50.00
4.	Strengthening of Institutions						
4.1	FNB Strengthening & regular activities	35.00	35.00	35.00	35.00	35.00	175.00
	TOTAL	2035.00	2035.00	2035.00	2035.00	2035.00	10175.00

Abbreviations

AAY	Antyodaya Anna Yojana
AG	Adolescent Girls
AIDS	Acquired Immune Deficiency Syndrome
AIIMS	All India Institute of Medical Sciences
ALMSC	Anganwadi Monitoring and Support Committee
ANC	Ante Natal Care
ANM	Auxiliary Nurse Mid-Wives
APIP	Annual Programme Implementation Plan
APL	Above Poverty Line
ASHA	Accredited Social Health Activist
AWC	Anganwadi Centre
AWW	Anganwadi Worker
AWTC	Anganwadi Training Centre
BCC	Behaviour Change Communication
BINP	Bangladesh Integrated Nutrition Project
BMI	Body Mass Index
BPL	Below Poverty Line
CED	Chronic Energy Deficiency
CES	Coverage Evaluation Survey
CHC	Community Health Centre
CMU	Central Monitoring Unit
CU	Consumption Unit
DALY	Disability Adjusted Life Years
DFS	Double Fortified Salt
DLHS	District Level Health Survey
ECE	Early Childhood Education
ECCE	Early Childhood Care & Education
FAO	Food & Agricultural Organization
FNB	Food & Nutrition Board
FSSAI	Food Safety & Standards Authority of India
GDP	Gross Domestic Product
GIS	Geographical Information System
Hb	Haemoglobin
HIV	Human Immunodeficiency Virus
ICDS	Integrated Child Development Services
ICMR	Indian Council of Medical Research
ICPS	Integrated Child Protection Scheme
IDA	Iron Deficiency Anaemia
IDD	Iodine Deficiency Disorder
IEC	Information Education & Communication
IFA	Iron Folic Acid
IMNCI	Integrated Management of Neonatal & Childhood Illness
IMS	Infant Milk Substitutes

IPC	Inter Personal Communication
IU	International Unit
IYCF	Infant & Young Child Feeding
IUGR	Intra Uterine Growth Retardation
IVRS	Integrated Voice Response System
JSY	JananiSurakshaYojana
Kg	Kilogram
KSY	Kishori Shakti Yojana
MCPC	Mother & Child Protection Card
MDGs	Millennium Development Goals
MDM	Mid-day Meal
MGNREGS	Mahatma Gandhi National Rural Employment Guarantee Scheme
MLTCs	Middle Level Training Centres
MMR	Maternal Mortality Rate
MMS	Multi-Media Messaging Service
MoHFW	Ministry of Health & Family Welfare
MWCD	Ministry of Women & Child Development
NFHS	National Family Health Survey
NGO	Non-Government Organization
NHE	Nutrition & Health Education
NHM	National Horticulture Mission
NIDDCP	National Iodine deficiency Disorder Control Programme
NIN	National Institute of Nutrition
NIPCCD	National Institute of Public Cooperation & Child Development
NNMB	National Nutrition Monitoring Bureau
NNP	National Nutrition Policy
NPAN	National Plan of Action
NRDWP	National Rural Drinking Water Programme
NRHM	National Rural Health Mission
NRLM	National Rural Health Mission
NSS	National Sample Survey
PHC	Primary Health Centre
P & L	Pregnant & Lactating
PMO	Prime Minister's Office
PPM	Parts Per Million
PRI	Panchayati Raj Institutions
R & D	Research & Development
RCH	Reproductive & Child Health
RDA	Recommended Dietary Allowances
RDI	Recommended Dietary Intake
RGNCs	Rajiv Gandhi National Crèche Scheme
RGSEAG	Rajiv Gandhi Scheme for the Empowerment of Adolescent Girls
RSBY	Rashtriya Swasthya Bima Yojana
SC	Scheduled Caste
SD	Standard Deviation

SGSY	SwarnaJayanti Gram SwarozgarYojana
SHG	Self Help Groups
SMS	Short Message Service
SNP	Supplementary Nutrition Programme
SRS	Sample Registration Survey
SSA	Sarva Shiksha Abhiyan
ST	Scheduled Tribes
THR	Take Home ration
TINP	Tamil Nadu Integrated Nutrition Project
TOT	Training of Trainers
TPDS	Targeted Public Distribution System
TRC	Training Resource Centre
TSC	Total Sanitation campaign
TT	Tetanus Toxoid
TV	Television
U5	Under Five
UN	United Nations
UT	Union Territory
VAD	Vitamin A Deficiency
VHND	Village Health & Nutrition Days
VHNSC	Village Health Nutrition & Sanitation Committee
WHO	World Health Organization
Wt	Weight

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Planning Commission
(WCD Division)

**Yojana Bhavan, Sansad Marg,
New Delhi – 110 001, Dated: 25.05.2011**

ORDER

Subject: Setting up of Steering Committee on ‘Women’s Agency and Child Rights’ for the Twelfth Five Year Plan (2012-17).

In order to take stock of the approved programmes of the Eleventh Five Year Plan (2007-12) and to induct alternative perspectives, new conceptualization, ideas and non-governmental inputs by way of research findings and best practices into the process of finalization of the Twelfth Five Year Plan, Planning Commission has decided to constitute a “Steering Committee on ‘Women’s Agency and Child Rights’ under the Chairpersonship of Dr. (Ms). Syeda Hameed, Member, Planning Commission.

2. The composition of the said Steering Committee is as under:-

- | | |
|--|--------------------|
| 1. Dr.(Ms).Syeda Hameed,
Member
Planning Commission
Yojana Bhavan, New Delhi | Chairperson |
| 2. Secretary,
Ministry of Women & Child Development
Shastri Bhavan, New Delhi. | Member |
| 3. Secretary,
Ministry of Health & Family Welfare
Nirman Bhavan, New Delhi | Member |
| 4. Secretary,
Department of Elementary Education and Literacy
Shastri Bhavan, New Delhi. | Member |
| 5. Secretary,
Department of Secondary Education
Shastri Bhavan, New Delhi. | Member |
| 6. Secretary, | Member |

- Ministry of Labour & Employment
Shram-Shakti Bhavan, **New Delhi**
7. **Secretary,** **Member**
Ministry of Urban Housing & Urban Poverty Alleviation
Nirman Bhawan,,**New Delhi**
8. **Secretary,** **Member**
Ministry of Rural Development
Krishi Bhavan, **New Delhi**
9. **Secretary,** **Member**
Department of Agriculture & Cooperation
Krishi Bhavan,**New Delhi**
10. **Secretary,** **Member**
Ministry of Social Justice & Empowerment
Shastri Bhavan,**New Delhi.**
11. **Secretary,** **Member**
Department of Science & Technology
Technology Bhavan
New Mehrauli Road, New Delhi
12. **Secretary** **Member**
Department of Drinking Water Supply
Nirman Bhawan, **New Delhi**
13. **Secretary** **Member**
Ministry of Panchayati Raj
New Delhi-110001
14. **Secretary** **Member**
Ministry of Tribal Affairs
Shastri Bhavan
New Delhi
15. **Secretary** **Member**
Ministry of Law & Justice
Shastri Bhavan
New Delhi
16. **Secretary** **Member**
Micro, Small and Medium Enterprises
Udyog Bhawan, New Delhi
17. **Secretary** **Member**
Ministry of Minority Affairs
11th Floor, Prayavaran Bhawan

C.G.O. Complex,Lodhi Road, New Delhi

- | | |
|--|---------------|
| 18. Additional Chief Secretary
Women Development & Child Welfare
Government Andhra Pradesh
Secretariat, Hyderabad | Member |
| 19. Secretary,
Department of Women & Child Development
Government of Rajasthan
Secretariat, Jaipur - 302 001 | Member |
| 20. Secretary
Department of Women & Child Development
Government of West Bengal
Writer's Building, Kolkata-700001 | Member |
| 21. Pr. Secretary
Social Welfare & Nutritious Meal Programme
Govt. of Tamil Nadu
Secretariat, Chennai-600009 | Member |
| 22. Secretary
Department of Social Welfare
Government of Manipur
Imphal-795001 | Member |
| 23. Chairperson
National Commission for Women
ICCW Building
4, Deen Dayal Marg, New Delhi – 110 002 | Member |
| 24. Chairperson
National Commission for Protection of Child Rights
5 th Floor, Chanderlok Building
36, Janpath, New Delhi-110001 | Member |
| 25. Chairperson
Central Social Welfare Board (CSWB)
B-12, Tara Crescent,
Qutab Institutional Area
New Delhi – 110 016 | Member |
| 26. Director
NIPCCD
5, Siri Institutional Area
Hauz Khas, New Delhi | Member |

- 27. Executive Director** **Member**
Rashtriya Mahila Kosh (RMK),
1, Abul Fazal Road ,Bengali Market, **New Delhi – 110 001**
- 28. Director** **Member**
National Institute of Nutrition
Jamaia-Osmania
Hyderabad-500007
- 29. Ms. Manisha Gupte** **Member**
Mahila Sarvangeen Utkarsh Mandal
41-44, B-1, Kubera Vihar,Gadital Hadapsar,
Pune-411028(Maharashtra)
- 30. Ms. Salma Hameed** **Member**
Member, State Service Selection Board
Zum Zum Building,Ram Bagh,
Srinagar, Jammu & Kashmir
- 31. Ms. Vidya Das,** **Member**
Agramee
At/PO Kashipur Block – 765 015
Rayagada Distt., **Orissa**
- 32. Ms. Firoza Mehrotra** **Member**
C-II/197,Satya Marg
Chanakyapuri
New Delhi-21
- 33. Dr.Mary E John** **Member**
Director
Centre for Women’s Development Studies
25,Bhai Vir Singh Marg
New Delhi-110001
- 34. Dr. Sita Prabhu** **Member**
UNDP, 55 Lodhi Estate,
New Delhi- 110 003.
- 35. Dr. Sarasu Thomas** **Member**
National Law School of India
Nagara Bhabhi
Bangalore-560072(560242)

- 36. Ms. Shanta Sheela Nair** **Member**
C-3 ,Sea Point Apartment
41A,Beach Road, Kalakhetra Colony
Chennai-90 (Tamil Nadu)
- 37.Ms. Shanta Chatterjee** **Member**
Clean Air Island
16, French Bridge Road,Chowpatty
Mumbai-400007(Maharashtra)
- 38.Carma Naronha** **Member**
Director
Bethany Society
Lady Veronica Lane
Laitumkhrah ,**Shillong-793003**
Meghalaya
- 39. Nandini Thokchom** **Member**
Director,
Child & Gender Unit
Forum for Indigenous Perspectives on Action
Jupiter Yambem Centre
Paona International Market
Imphal West-795001
- 40. Ms.Geeta Rani Bhattacharya** **Member**
Director
Assam Mahila Samakhya Society
Ashirvad Bhavan,
Dr.R.P. Road,Last Gate
Dispur,Guhati-781006
- 41.Mr.Subash Madhapurkar** **Member**
SUTRA
Jagjit Nagar
Via-Jubbar, **Dist. Solan-173225(HP)**
- 42.Prof. (Ms.) Elizabeth Vallikad** **Member**
Sarjanpur, Main Road,
John Nagar, Koramangla,
Bangalore-560025(Karnataka)
- 43. Ms.Vimla Ramachandran** **Member**
Education Resource Unit
X-C-1 Sah Vikas

- 68,IP Extension,
Delhi -110092
- 44. Indira Hirway** **Member**
Director
Centre for Development Alternatives,
E-71,Akash, Near Chief Justice Bunglow
Bodakded, **Ahmadabad -350054**
- 45.Mr.U.N.B. Rao** **Member**
Urvi Vikram Charitable Trust
2nd Floor, Community Facility Complex
Vishal Encl., **New Delhi-110027**
- 46. Ms.Indu Capoor** **Member**
CHETNA
B-Block,3rd Floor, Supath-II,
Opp: Vadaj, Bus Terminus
Ashram Road, Vadaj
Ahmadabad-380013(Gujarat)
- 47. Ms.EnakshiGanguli** **Member**
HAQ, Centre for Child Rights
B-1/2, Ground Floor
Malviya Nagar, New Delhi-110017
- 48. Ms. Sushma Iyengar** **Member**
Kutch Nav Nirman Abhiyan
Bhuj-Kutch-370001(Gujarat)
- 49.Ms. Usha Thorat** **Member**
Director
Centre for Advanced Financial Research and Learning
Reserve Bank of India, Main Building,
Shahid Bhagat Singh Marg, **Fort, Mumbai-400001**
- 50. Dr.S.Parasuraman** **Member**
Director,
Tata Institute of Social Sciences
V.N.Purav Marg, Deonar
Mumbai-400088 (MH)
- 51.Dr. Vimal Thorat** **Member**
School of Humanities
IGNOU, Maidan Gadhi
New Delhi-110068
- 52.Senior Adviser** **Member Secretary**

3. The Terms of Reference of the Steering Committee:

- a. To review the existing approach, strategies and priorities, on-going policies and programmes of empowering women and development of children in the Eleventh Five Year Plan. To suggest, if necessary, a new conceptual framework, alternative strategies, priorities, policies and programmes to accelerate the empowerment and development process for women and children, in a rights based perspective.
- b. To **assess** the effectiveness of the implementation of **gender budgeting** and **suggest** specific measures and mechanisms to ensure that the funds/benefits flow to women from relevant sectors.
- c. To **examine** the possibility of child budgeting along the lines of gender budgeting. To identify linkages with the ongoing **Results Framework Document** strategy planning processes underway in relevant sectors and recommend how these can be made more gender and child friendly.
- d. To **review** the existing strategies, policies, programmes for child development and protection and **suggest** if necessary, viable alternatives/strategies, especially for the most vulnerable and, marginalized children, including children in difficult circumstances, children in conflict with law, children affected by abuse/exploitation or violence/crime/offence, children with disabilities etc.
- e. To **assess** the impact of economic reforms and progressive globalization/ liberalization of economy on the conditions of women and children and **suggest** effective strategies to cope up with the situation.
- f. To **review** the effectiveness of the existing women & child-specific and women & child-related legislations, including implementation of the Domestic Violence Act and their enforcement and suggest corrective measures.
- g. To **review** the effectiveness of the existing Institutional Arrangements for the implementation of policies and programmes relating to women and children at national, state, district and local (Panchayati Raj Institutions and Urban local Bodies) levels and suggest improvements, as needed.
- h. To **suggest** an approach and viable strategies, priorities, policies and programmes along with physical and financial targets, and assessment of their concomitant funding requirements in pursuing the commitment of Empowering Women and Development of Children during the Twelfth Five Year Plan (2012 to 2017).
- i. To suggest how development policies, planning, resource allocations, programme implementation different levels can be made more gender sensitive and child friendly, **institutionalizing the 'gender lens'** and enabling women's social and economic empowerment.
- j. To **highlight emerging issues**, challenges, amongst the **most vulnerable and deprived women and child groups** and communities with equity, and with special focus on the girl child and ending violence against girls and women, **including adverse Child Sex Ratio**
- k. To recommend how **Women's Participation in Governance** and leadership, including local self governance, can be strengthened, with enhanced engagement of women in public policy, institutions and different aspects of peace and security processes.

4. The Chairman may co-opt other Experts and constitute sub-groups for specific tasks. The Steering Committee will suggest a portfolio of schemes, corresponding measurable objectives and financial requirements. The Committee may consider any other issue, which it may consider relevant.
5. The Steering Committee would be serviced by WCD Division of the Planning Commission.
6. The expenditure on **TA/DA** of official members of the Steering Committee will be borne by their respective Ministry/Department of Central Government or State Government as per the rules of entitlement applicable to them. **TA/DA** for non-official members will be borne by the Planning Commission as per SR 190(a).
7. **Travel is allowed only by Air India's flights in Economy Class or AC-II Tier by train.**
8. The Steering Committee will submit its report to the Planning Commission by **the 30th of October, 2011.**

Dr.R.V.P.Singh
Ramvinay@nic.in
011-2309 6523
09868140600

To,

Chairman and All Members (including Member-Secretary and Convener) of the Steering Committee.

Copy to:

1. PSs to DCH/ MOS (Plg.) / Members / Member-Secretary, Planning Commission
2. Prime Minister's Office, South Block, New Delhi.
3. Cabinet Secretariat, Rashtrapati Bhavan, New Delhi.
4. All Principal Advisers/ Advisers/ JS (SP & Admn.), Planning Commission.
5. Plan Coordination Division, Planning Commission
6. Secretaries, Concerned Ministries/ Departments of the Govt. of India
7. Chief Secretaries, State Governments/ UT Administrations
8. Pay & Accounts Officer, Planning Commission.
9. Information Officer, Planning Commission.
10. Drawing and Disbursing Officer, Planning Commission.
11. Accounts I Section, Planning Commission.
12. I.F. Cell, Planning Commission.
13. For general information in Yojana Bhavan through e-mail

Dr.R.V.P.Singh
Ramvinay@nic.in
011-2309 6523
09868140600

**No. PC/SW/1-23(1)2010-WCD
Government of India
Planning Commission
(WCD Division)**

**Yojana Bhavan, Sansad Marg,
New Delhi – 110 001, Dated:17.08.2011**

In continuation of Planning Commission's order of even number 25.05.2011 regarding setting up of **Steering Committee on Women's Agency and Child Rights for the Twelfth Five-Year Plan**, it is further informed that as desired by the Chairperson of Committee, **Dr. Anita Ghai,112/68 B, Rajouri Garden,New Delhi-110027** has been co-opted as **Member of the Steering Committee**.

2.A copy of earlier order dated 25.05.2011 & 24.06.2011 are enclosed

3.The term of reference and conditions of the Steering Committee remains the same as mentioned in order dated 25.05.2011.

**Dr.R.V.P.Singh
Ramvinay@nic.in
011-2309 6523
09868140600**

To,

Chairman and All Members (including Member-Secretary and Convener) of the Steering Committee.

**No. PC/SW/1-23(1)2010-WCD
Government of India
Planning Commission
(WCD Division)**

**Yojana Bhavan, Sansad Marg,
New Delhi – 110 001, Dated:9.11.2011**

In continuation of Planning Commission's order of even number 25.05.2011 regarding setting up of **Steering Committee on Women's Agency and Child Rights for the Twelfth Five-Year Plan**, it is further informed that as desired by the Chairperson of Committee, **Sh.Jayakumar Christian,National Director,World Vision India,16,V.O.C. Main Road,Kodambakkam,Chennai-600024** has been co-opted as **Special Invitee of the Steering Committee.**

2.The term of reference and conditions of the Steering Committee remains the same as mentioned in order dated 25.05.2011.

**Dr.R.V.P.Singh
Ramvinay@nic.in
011-2309 6523
09868140600**

To,

Chairman and All Members (including Member-Secretary and Convener) of the Steering Committee.

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

**Yojana Bhavan, Sansad Marg,
New Delhi – 110 001, Dated:25.05.2011**

ORDER

Subject: Setting up of Working Group on ‘Women’s Agency and Empowerment’ for the Twelfth Five Year Plan (2012-17)

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

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

Krishi Bhawan, New Delhi – 110001.	
8.Secretary Department of Agriculture and Cooperation, Krishi Bhawan, New Delhi – 110001.	Member
9.Secretary Ministry of Social Justice and Empowerment, Shastri Bhawan, New Delhi – 110001.	Member
10.Secretary Ministry of Information and Broadcasting, Shastri Bhawan, New Delhi – 110001.	Member
11.Secretary, Ministry of Tribal Affairs, Shastri Bhawan, New Delhi – 110001.	Member
12.Secretary Ministry of Panchayati Raj, Sardar Patel Bhawan, New Delhi – 110001.	Member
13.Secretary Ministry of Home Affairs, North Block, New Delhi – 110001.	Member
14.Secretary Ministry of Youth Affairs and Sports, Shastri Bhawan, New Delhi – 110001.	Member
15.Secretary Ministry of Minority Affairs, New Delhi – 110001.	Member
16.Secretary Ministry of Micro, Small and Micro Enterprises, New Delhi – 110001.	Member
17.Secretary Ministry of Law and Justice, New Delhi – 110001.	Member
18.Senior Advisor (WCD) Planning Commission New Delhi – 110001.	Member
19.Advisor (WCD) Planning Commission New Delhi – 110001.	Member

<p>20.Secretary Department of Social Welfare Government of Kerala Thiruvananthapuram-695001</p>	<p>Member</p>
<p>21.Secretary Department of Women and Child Development, Government of Gujarat 916,Sardar Bhawan ,Sachivalaya Gandhinagar-382010</p>	<p>Member</p>
<p>22.Secretary Department of Women and Child Development, Government of Haryana. Secretariat Building,Sector-17 Chandigarh</p>	<p>Member</p>
<p>23.Secretary Department of Social Welfare Government of Himachal Pradesh. Shimla-171002</p>	<p>Member</p>
<p>24.Secretary Department of Women and Child Development, Government of Uttarakhand. 4, Subhash Road,Dehradun-248001</p>	<p>Member</p>
<p>25.Secretary Department of Social Welfare, Government of Assam. Secretariat,Guwahati-781001</p>	<p>Member</p>
<p>26.Secretary Department of Social Welfare, Government of NCT of Delhi. GLNS Complex,Delhi Gate New Delhi-110002</p>	<p>Member</p>
<p>27.Secretary Department of Social Welfare,Women and Child Development, Government of Arunachal Pradesh,Itanagar-791111</p>	<p>Member</p>
<p>28.Member Secretary National Commission for Women 4. Deen Dayal Marg, New Delhi – 110002.</p>	<p>Member</p>
<p>29.Executive Director Rashtriya Mahila Kosh (RMK),</p>	<p>Member</p>

- 1,Abul Fazal Road, Bengali Market, New Delhi – 110001.**
- 30.Prof. Kanchan Mathur** **Member**
 Institute of Development Studies,
 8 – B, Jhalana Institutional Area,
Jaipur – 302004, Rajasthan.
- 31.Ms.V.P. Zuhara** **Member**
 Office of Nisa Enterprises and Office of NISA
 Progressive Muslim Women’s Forum,
Near Civil Station, Kozhikode, Kerala.
- 32.Ms.Nivedita Menon** **Member**
 Department of Political Science,
University of Delhi, New Delhi.
- 33.Ms.Chhavi Rajjwat** **Member**
 Sarpanch, Soda Village,
District Tonk, Rajasthan.
- 34.Ms.Mari Thakekara** **Member**
 ACCORD, Post Box. No. 20,
Gudalur, Nilgiris District, Tamil Nadu.
- 35.Dr. Margaret Francis,** **Member**
 Pezhumkattil house, Anavilasam,
 P.O.Kumily, District Idukki,
Kerala – 685535.
- 36. Ms.Devaki Jain** **Member**
 C-II/41, II Floor, Safdarjung Development Area,
New Delhi – 110 016.
- 37.Ms. P. Amuda,** **Member**
 District Collector,
Dharmapuri, Tamil Nadu.
- 38.Sh. D.S. Sutaria,** **Member**
 Suath Gramodhyog Sansthan,
 158, Shardakunj Society, Motipura,
Himatnagar – 383 001, Gujarat.
- 39.Dr. Aruna Ithape,** **Member**
 Gramin & Adivasi Sevabhvi Sanstha,
 Deepraj Complex, New Nagar Road,
Sangamner, Ahmednagar, Maharashtra.
- 40.Sh. S. Mohanan** **Member**
 Thiruvananthapuram Taluk Sericulture Coop. Society
 309 Mangalathukonam,

- Kattachalkuzhi, P.O. 695509, Thiruvananthapuram, Kerala.**
- 41.Ms. Jyoti Meewane** **Member**
SEWA, Opposite, Victoria Gardern,
Bhadra,Ahmedabad – 380001.
- 42.Mrs. Renana Jhabwala** **Member**
Flat No. 5/32, Shamnath Marg,
New Delhi – 110054.
- 43.Prof. Asha Kapoor Mehta** **Member**
Indian Institute of Public Administration
Indraprastha Estate,
Ring Road, New Delhi-110002.
- 44.Ms. Sara Pilot** **Member**
CEQUIN
3. Safdarjung Road, New Delhi -110011.
- 45.Ms. Aparna Bhatt** **Member**
Lawyer
3 – 14B, Jangpura-B,
New Delhi – 110 014.
- 46. Ms.Anjali Dave** **Member**
TISS, P.O. Box No. 8313,
Deonar, Mumbai – 400088.
- 47.President** **Member**
All India Women’s Conference,
6, Bhagwan Das Road,
New Delhi – 110001.
- 48.Ms. Kalpana Viswanathan** **Member**
Director
JAGORI,
B-114,Shivalik,Malviya Nagar
New Delhi-110017
- 49.Dr. Pam Rajput** **Member**
Women’s Resources and Advocacy Centre
Chandigarh.
- 50. Ms.G.Jeemol Unni** **Member**
Gujarat Institute of Development Research
Gota, Ahemedabad – 380060 (Gujarat)
- 51.Ms. Sushma Kapoor** **Member**
Deputy Regional Programme Director
UNIFEM,South Asia Sub-regional Office

- 19 A, Rajdoot Marg, Chanakyapuri, New Delhi – 110001**
- 52.Ms. Kumud Sharma** **Member**
 Centre for Women’s Development Studies
25, Bhai Vir Singh Marg, Gole Market, New Delhi – 01.
- 53.Ms. Madhu Mehra** **Member**
 PLD, Partners for Law in Development
 F – 18, Jangpura Extension,
First Floor, New Delhi – 14.
- 54.Shri. P. M. Nair** **Member**
 Additional Director General (OPS & Works),
 Directorate General CRPF,
 CGO Complex, Lodhi Road,
New Delhi – 110 003.
- 55.Joint Secretary** **Convener**
 Ministry of Women and Child Development
Shastri Bhawan, New Delhi – 110001.

II. Terms of Reference

- i. To conceptualize women’s empowerment ‘and define what the Twelfth Plan seeks to achieve. To review the existing priorities, policies, strategies, programmes to see how it feeds into the notion of ‘empowerment’, highlighting conceptually what changes are required. Examine the perspective of Women’s Empowerment and fulfillment of women’s rights, both within the women-specific and women-related sectors, and within diverse regional contexts.
- ii. To highlight emerging issues, challenges and gaps in ‘empowerment’ from the perspective of these communities and women. This would emphasize the protection, development and empowerment of women and girls, especially the most vulnerable and deprived*, including the declining Child Sex Ratio.

**This includes minorities, scheduled castes, scheduled tribes, including particularly vulnerable tribal groups, internally displaced groups, migrants, urban poor communities, women vulnerable to or victims of abuse, violence, exploitation, trafficking and commercial sex work, affected or infected by HIV/AIDs, single women, widows, the elderly, women with different abilities, among others*
- iii. To suggest necessary interventions, including those related to the recent National Mission for the Empowerment of Women, schemes related to Adolescent Girls and the rationalization of on-going programmes.
- iv. To appraise the implementation of existing women-specific and women-related legislative frameworks, mechanisms for their implementation, identify areas for reform and suggest corrective measures.
- v. To review the effectiveness of women’s participation in existing institutional arrangements for the implementation of policies and programmes relating to women at national, state, district and local

(Panchayati Raj Institutions and Urban local Bodies) levels and suggest interventions for improving their effectiveness and ownership, as needed.

- vi. To assess how relevant flagship programmes related to rural/tribal/urban development, health, education, water, sanitation, livelihoods, food security are impacting upon women's development and empowerment and to recommend interventions required for "engendering" the same.
- vii. To suggest how the elected women members of Panchayati Raj Institutions can be empowered as prime movers of social change, in partnership with community level women functionaries (ASHAs, AWWs, AWHs, ANMs, teachers) Women's Self Help Groups, community based organizations, voluntary agencies and others.
- viii. To assess existing institutional capacity for the development, implementation and monitoring of women related programmes and gender mainstreaming, with qualitative analysis for improved effectiveness.
- ix. To review the achievement of monitorable targets for women, resource allocations and utilization during the Eleventh Five Year Plan. To suggest monitorable objectives and indicative resource requirements for Women's Empowerment in the Twelfth Five Year Plan.
- x. To suggest interventions for institutionalizing the 'gender lens' with recommendations for capacity development of key institutions for promoting gender mainstreaming.
- xi. To recommend how the role of Women in Governance can be strengthened, and their rights to participation in improving public institutions and the: delivery of public services realized.

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

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

V. The expenditure on **TA/DA** of official members in connection with the meetings of the Working Group will be borne by their respective Ministry/Department. Non-official members will be entitled to T.A./DA as admissible to Grade I officer of the Government of India and this expenditure will be borne by the Ministry of Women & Child Development.

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

VII. Working Group shall submit its report to the Planning Commission by the **31st August, 2011.**

Dr.R.V.P.Singh
R.O.(WCD)
011- 23096523 ,09868140600
Ramvinay@nic.in

To

Chairman and Members including Convener of the Working Group

Copy to:

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

Dr.R.V.P.Singh
R.O.(WCD)
011- 23096523 , 09868140600
Ramvinay@nic.in

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

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

ORDER

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

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

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

Ministry of Urban Employment & Poverty Alleviation
Nirman Bhavan, New Delhi – 110001.

- | | |
|--|---------------|
| 8. Secretary
Ministry of Rural Development,
Krishi Bhavan, New Delhi – 110001. | Member |
| 9. Secretary
Ministry of Social Justice & Empowerment,
Shastri Bhavan, New Delhi – 110001. | Member |
| 10. Secretary
Department of Science & Technology,
Technology Bhavan, New Mehrauli Road,
New Delhi – 110001. | Member |
| 11. Secretary
Ministry of Information & Broadcasting,
Shastri Bhavan, New Delhi – 110001. | Member |
| 12. Secretary
Ministry of Tribal Affairs,
Shastri Bhavan, New Delhi – 110001. | Member |
| 13. Secretary
Ministry of Home Affairs,
North Block, New Delhi – 110001. | Member |
| 14. Secretary
Ministry of Youth Affairs and Sports,
Shastri Bhawan, New Delhi – 110001. | Member |
| 15. Senior Advisor(WCD)
Planning Commission,
New Delhi – 110001 | Member |
| 16. Adviser(WCD)
Planning Commission,
New Delhi – 110001. | Member |
| 17. OSD (WCD and Nutrition),
Planning Commission
New Delhi – 110001. | Member |
| 18. Secretary
Department of Social Welfare and Women & Child Development,
Government of Jharkhand.
HEC Project Building
Durwa, Ranchi-834004 | Member |

- 19. Secretary** **Member**
 Department of Women & Child Development,
 Government of Orissa.
Bhubaneswar-751001
- 20. Secretary** **Member**
 Department of Social Security & Women & Child Development,
 Government of Punjab.
Mini Secretariate, Sector-9, Chandigarh
- 21. Secretary** **Member**
 Department of Women & Child Development
 Government of Maharashtra.
Mantralaya, Mumbai
- 22. Secretary** **Member**
 Department of Women & Child Development,
 Government of Uttar Pradesh.
Bapu Bhawan, 7th Floor, UP Sachivalaya, Lucknow
- 23. Secretary** **Member**
 Department of Social Welfare
 Government of Meghalaya.
 Main Secretariat Building
Shillong-783001
- 24. Secretary** **Member**
 Department of Social Welfare
Government of Tripura, Agartala-799001
- 25. Ms. Sukanya Bharatram** **Member**
 National Commission for Protection of Child Rights
 5th Floor, Chandernagore Building, Janpath,
New Delhi - 110001.
- 26. Member Secretary** **Member**
 National Commission for Protection of Child Rights
 5th Floor, Chandernagore Building,
36, Janpath, New Delhi – 110001.
- 27. Executive Director** **Member**
 Central Social Welfare Board
 B-12, Tara Crescent, Qutab Institutional Area,
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- 28. Mrs. Lovleen Kacker** **Member**
Principal Resident Commissioner,
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M.P. Bhawan, New Delhi.
- 29. Director** **Member**
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Sri Aurobindo Marg, New Delhi.
- 30. Director** **Member**
National Institute of Educational Planning
& Administration
Sri Aurobindo Marg, New Delhi.
- 31. Dr Vinod Paul** **Member**
Prof and Head Department of Pediatrics,
All India Institute of Medical Sciences
Ansari Nagar, New Delhi-110 029.
- 32. Dr G.N.V. Brahmam** **Member**
Dy Director,
National Institute of Nutrition,
Jamia Osmania, Hyderabad - 500 007
- 33. Representative** **Member**
Indian Council for Child Welfare,
4, Deendayal Upadhyaya Marg,
New Delhi-110 002.
- 34. Dr R. Govinda** **Member**
Vice Chancellor, NEUPA
National University of Educational Planning and Administration
17 – B, Sri Aurobindo Marg, New Delhi – 110016.
- 35. Ms. Neelima Khetan,** **Member**
Seva Mandir, Old Fatehpura,
Udaipur – 313004, Rajasthan.
- 36. Ms. Nighat Shafi Pandit,** **Member**
Founder Member,
Human Effort for Love and Peace Foundation,
Shehjar, 50 Tulsi Bagh, Srinagar, Jammu & Kashmir.
- 37. Dr. Jean Dreze** **Member**
University of Allahabad

Allahabad.

- 38.Ms. Bharti Ali** **Member**
HAQ Centre for Child Rights,
B-1/2,Ground Floor, Malviya Nagar,New Delhi-110017
- 39.Ms. Vasanthi Raman** **Member**
Forum for Creches and Child Care Services,
25. Bhai Vir Singh Marg, New Delhi – 110 001.
- 40.Dr. Mithu Alur** **Member**
ADAPT, Upper Colaba Road,
Mumbai – 400 005, Maharashtra.
- 41.Ms.Kavita Saxena** **Member**
Rescue Foundation
Plot No. 39, Fatimadevi Road,
Poinsur, Kandivali (W),
Mumbai – 400 067, Maharashtra.
- 42.Dr. Awadhesh Kumar Singh** **Member**
RCUES, University of Lucknow,
Lucknow, Uttar Pradesh.
- 43.Shri Amod Kanth,** **Member**
PRAYAS, Juvenile Aid Centre,
F-IX, 4X, Jahangirpuri, Delhi-110 023.
- 44.Dr. Vrinda Dutta** **Member**
Tata Institute of Social Sciences,
Deonar,Mumbai-400088
- 45.Smt. Mridula Bajaj** **Member**
Mobile Creches
DIZ Area Raja Bazar,
Sector-IV Near Gole Market, New Delhi.
- 46.President** **Member**
Indian Association of Pediatricians,
Department of Pediatrics,
Maulana Azad Medical College & L.N.J.P. Hospital,
New Delhi – 110 002.
- 47.Dr Vinita Kaul** **Member**
Director, CECED,
Ambedkar University, New Delhi.
- 48.Dr N.K.C Nair** **Member**

Director
Centre for Child Development,
Trivandrum.

- 49.Executive Director,** **Member**
Child Line India Foundation,
IInd Floor, Nana Chowk, Municipal School,
Low Level Frere Bridge, Near Grand Road Station,
Mumbai – 400 007.
- 50.Dr Sameer Chaudhury** **Member**
Child In Need Institute
Pailan , 24, Parganas (S), West Bengal.
- 51.Ms. Arlene Manoharan** **Member**
Centre for Child and the Law,
Post Bag No. 7201,
Nagarbhavi, Bangalore (Karnataka).
- 52.Mr.Vinayak Lohani** **Member**
Parivaar Education Society,
Bonogram, Bakhrahat Road,
Kolkata – 700 104.
- 53.Dr.Paul Diwakar,** **Member**
The National Alliance of Women (NAWO)
U-9, IInd Floor, Green Park Extn,
New Delhi – 110016.
- 54.Ms.Athiya Bose** **Member**
Aangan Trust,
2nd floor Candelar Building
26 St John Baptist Road
Near Mount Mary Steps
Bandra, Mumbai 400 050.
- 55.Director** **Member**
Save the Children,
Bal Raksha Bharat, 3rd Floor,
Vardhaman Trade Centre,
9-10-11 Nehru Place, New Delhi – 110019.
- 56.Joint Secretary (CD)** **Convener**
Ministry of Women and Child Development
Shastri Bhawan, New Delhi – 110001.

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

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

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

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

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

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

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

vi. To review the effectiveness of existing institutional arrangements for the

implementation of policies and programmes relating to children at national, state, district and local (Panchayati Raj Institutions and Urban local Bodies) levels and suggest improvements, as needed.

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

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

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

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

- III.** The Chairman of the said Working Group may co-opt other experts and constitute sub-groups for specific tasks as may be considered necessary
- IV.** The Working Group would be serviced by Ministry of Women & Child Development.
- V.** Non-official members will be entitled to TA/DA as admissible to Grade-I Officers of the Government of India and this expenditure will be borne by the Planning Commission as per SR 190(a).
- VI.** **Travel is allowed only by Air India's flights in Economy Class or AC-II Tier by train.**
- VII.** The said Working Group shall submit its report by the **31st August, 2011.**

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

To

The Chairman and Members including Convener of the Working Group

Copy to:

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

Dr.R.V.P.Singh
Ramvinay@nic.in
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**No. PC/SW/1-23(1)2010-WCD
Government of India
Planning Commission
(WCD Division)**

**Yojana Bhavan, Sansad Marg,
New Delhi – 110 001 Dated: 25.05.2011**

ORDER

Subject: Setting up of Working Group on ‘Nutrition’ for Twelfth Five Year Plan (2012-17)

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

- | | |
|---|--------------------|
| 1. Secretary
Ministry of Women & Child Development
6 th Floor, A Wing, Shastri Bhawan
New Delhi 110001. | Chairperson |
| 2. Mission Director (NRHM)
Department of Health & Family Welfare
244 A, Nirman Bhavan,
Maulana Azad Marg, New Delhi | Member |
| 3. Senior Adviser (WCD)
Planning Commission
New Delhi. | Member |
| 4. Senior Adviser/Adviser
Health & Family Welfare
Planning Commission, New Delhi-1 | Member |

<p>5.Joint Secretary Department of Food Processing Industries Panchseel Bhavan, August Kranti Marg New Delhi-49</p>	<p>Member</p>
<p>6.Joint Secretary Department of Drinking Water Supply 9th floor, Paryavaran Bhawan, CGO complex, New Delhi-110003</p>	<p>Member</p>
<p>7.Joint Secretary Ministry of Panchayati Raj, Krishi Bhawan New Delhi</p>	<p>Member</p>
<p>8.Joint Secretary Ministry of Agriculture Krishi Bhawan New Delhi -110001</p>	<p>Member</p>
<p>9.Joint Secretary Horticulture Mission, Min. of Agriculture New Delhi- 110001</p>	<p>Member</p>
<p>10.Joint Secretary 6th floor, Ministry of Information & Broadcasting, Shastri Bhawan, New Delhi</p>	<p>Member</p>
<p>11.Joint Secretary Ministry of Finance, Vijay Chowk Road, New Delhi-110001</p>	<p>Member</p>
<p>12. Joint Secretary Ministry of Consumer Affairs, Food & Public Distribution, Krishi Bhawan, New Delhi</p>	<p>Member</p>
<p>13.Joint Secretary Department of AYUSH, Ministry of Health & Family Welfare, Nirman Bhawan, New Delhi-110001</p>	<p>Member</p>
<p>14.Pr.Secretary Department of Health & Family Welfare Government of Bihar 1st floor , Vikas Bhawan, Bailey Road, Patna- 800015</p>	<p>Member</p>

- 15. Secretary** **Member**
Department of Women & Child Development
Government of Chhattisgarh
DKS Bhawan, Raipur-492001
- 16.Pr. Secretary** **Member**
Dept. of Women & Child Development
Govt. of Madhya Pradesh
Mantralaya, Vallabh Bhawan
Bhopal-462001
- 17. Secretary** **Member**
Department of Women & Child Development
Government of Karnataka
Bangalore-560001
- 18. Secretary** **Member**
Department of Social Welfare
Government of Jammu & Kashmir
Srinagar
- 19.Secretary** **Member**
Department of Social Security & Welfare
Government of Nagaland
Kohima-793001
- 20. Secretary** **Member**
Department of Social Welfare
Daman & Diu Administration
Silvasa-396230
- 21.D.D.G** **Member**
Registrar General of India
West Block 1 Wing-1, IInd Floor R.K. Puram
New Delhi-110066
- 22. Director General** **Member**
NSSO,
East block-6level-4-7
R.K.Puram, New Delhi- 110066
- 23. OSD(WCD& Nutrition)** **Member**
Planning Commission,
New Delhi
- 24. Adviser Nutrition** **Member**
DGHS,
3rd Floor A-wing
Nirman Bhawan, New Delhi- 110 011

- 25. Representative** **Member**
 FSSAI, FDA Bhawan, Kotla Road,
 Near Bal Bhawan
New Delhi-110002
- 26. Dr.T.Sudaraman** **Member**
 Executive Director
 National Health System Resource Centre
 National Institute of Health & Family Welfare Campus
 Baba Gang Nath Marg, Munirka
New Delhi-110067
- 27. Director** **Member**
 National Institute of Nutrition
 Jamia-Osmania,
Hyderabad-500007
- 28.Director** **Member**
 NIPCCD
 5,Siri Institutional Area
Haus Khas, New Delhi -110 016
- 29.Director** **Member**
 NIHFW
 Baba Gang Nath Marg, Munirka
New Delhi-110067
- 30. Dr. Prema Ramchandran** **Member**
 Director, NFI,
 C-13,Qutub Institutional Area
New Delhi - 110 016,
- 31.Dr Arun Gupta** **Member**
 BP-33.Pitampura
 Delhi-110034
BPNI, New Delhi
- 32.Sh. Manoj Kumar** **Member**
 Nandi Foundation,
 Road No.2, BanjaraHills,
 502, Trendset Towers, Road No.2,
Hyderabad-500034
- 33.Representative** **Member**
 MS Swaminathan Research Foundation
 3rd Cross Street
 Institutional Area Taramani,
Chennai 600113

- 34. Ms. Vandana Shiva** **Member**
Navdanya International, A-60,
Hauz Khas, Delhi -110016
- 35. Dr. Vandana Prasad** **Member**
Public Health Resource Network
PHRN 5A, Jungi House, Shahpur Jat, ,
New Delhi-110049
- 36. Mr. Mukesh Kumar** **Member**
BTAST
10, IAS colony, Kidwai puri,
Patna-800001
- 37. Dean** **Member**
College of Home Science
G.B. Pant Nagar University of Agriculture & Technology
Pantnagar - 263145
Dist. Udham Singh Nagar, Uttarakhand
- 38. Dean** **Member**
Faculty of Family & Community Science
College of Home Science
M.S. University of Baroda,
Sayajigunj, Pratapgunj
Vadodara, Gujarat
- 39. Prof. O.P. Shukla** **Member**
HOD, National Defense Academy
Khadakwasla, Pune-411023
- 40. Sh. Biraj Patnaik** **Member**
GB Pant Social Science Institute
Jhusi, Allahabad-211019(UP)
- 41. Dr. K. Ashok Rao** **Member**
Swami Sivanand Memorial Institute
Road No31, East Avenue,
East Panjabi Bag, New Delhi
- 42. Ms. Rekha Sinha** **Member**
International Life Science Institute
Y-40B, Hauz Khas, New Delhi-110016
- 43. Joint Secretary (ICDS)** **Member Secretary**
Ministry of Women & Child Development
Shastri Bhavan, New Delhi

II. The Terms of Reference of the Working Group:

- i) To assess the magnitude of the problem of under nutrition, vitamin and mineral deficiencies, related nutritional disorders and health problems in different segments of the population, and in different regions of the country, along with trend analysis of nutrition related indicators.
- ii) To review progress during the Eleventh Plan in achieving monitorable targets for reducing child under-nutrition and anemia in girls and women. To suggest how nutrition related policies and programmes can be made more effective and interventions accelerated.
- iii) To recommend multi-sectoral interventions and innovative models for preventing and reducing Maternal and Child Under-nutrition in districts and states with poor nutrition and health indicators (especially in selected 200 high burden districts). *(These would include interventions related to health, drinking water, sanitation and hygiene, among others).*
- iv) To recommend how optimal Infant and Young Child Feeding Practices can be promoted effectively-especially early and exclusive breastfeeding for the first six months of life.
- v) To formulate a strategic approach to Nutrition Communication, including improving the monitoring and promotion of young child growth and development and counseling to change key family care behaviors, in a gender sensitive perspective.
- vi) To suggest how nutritional support can be strengthened especially for the most vulnerable community groups, in the light of the upcoming interventions for enhancing household food security. Issues and interlinkages related to changes in occupational patterns, migration, homelessness, urban poverty and public policy will also be examined in this context.
- vii) To suggest a comprehensive approach for addressing Micronutrient Malnutrition, including Vitamin A Deficiency, Anemia, Iodine Deficiency Disorders and deficiencies of other micronutrients such as zinc.
- viii) To recommend how capacity can be strengthened at different levels for promoting nutrition, linking different training institutions, resource Centres, home science colleges, medical colleges and voluntary agencies, among others.
- ix) To recommend measures for operationalising a National Nutrition Surveillance System, identification and mapping of areas, pockets, community groups with high nutritional vulnerability, with interventions for addressing severe under-nutrition, linked to the health system.
- x) To examine emerging issues related to over-nutrition and obesity in the context of the “dual burden” of malnutrition, related health hazards and possible control measures.

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

- IV.** The Working Group would be serviced by Ministry of Women & Child Development.
- V.** Non-official members will be entitled to TA/DA as admissible to Grade-I Officers of the Government of India and this expenditure will be borne by the Planning Commission as per SR 190(a).
- VI.** **Travel is allowed only by Air India's flights in Economy Class or AC-II Tier by train.**
- VII.** The said Working Group shall submit its report by the **31st August, 2011.**

Dr.R.V.P.Singh
011- 23096523
09868140600
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To
The Chairman and Members including Member Secretary of the Working Group

Copy to:

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

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**No. PC/SW/1-23(1)2010-WCD
Government of India
Planning Commission
(WCD Division)**

**Yojana Bhavan, Sansad Marg,
New Delhi – 110 001, Dated:14.12.2011**

ORDER

Subject: Setting up of Drafting Committee for finalization of the Steering Committee Report on 'Women's Agency and Child Rights' for the Twelfth Five Year Plan (2012-17).

A Drafting Committee has been set up in the Women & Child Development Division of Planning Commission for finalizing the Steering Committee Report on Women's Agency and Child for the Twelfth Five Year Plan. The composition of the Drafting Committee will be as follows;

1. Dr. Mary E John

Director
Centre for Women's Development Studies
25, Bhai Vir Singh Marg
New Delhi-110001

2. Dr. Sarasu Thomas

National Law School of India
Nagara Bhabhi
Bangalore-560072(560242)

3. Ms. Enakshi Ganguli

HAQ, Centre for Child Rights
B-1/2, Ground Floor
Malviya Nagar, New Delhi-110017

4. Ms. Salma Hameed

Member, State Service Selection Board
Zum Zum Building, Ram Bagh,
Srinagar, Jammu & Kashmir

5. Ms. Shanta Chatterjee

Clean Air Island
16, French Bridge Road, Chowpatty
Mumbai-400007(Maharashtra)

6. Ms. Sangeeta Verma

Economic Adviser
Ministry of Women & Child Development
Shastri Bhavan, New Delhi-110001

7. Dr. Shreeranjana

Joint Secretary
Ministry of Women & Child Development
Shastri Bhavan, New Delhi-110001

8. Ms. Deepika Shrivastava

OSD (WCD & Nutrition)
Planning Commission
New Delhi

9. Dr. Sita Prabhu

**UNDP, 55 Lodhi Estate,
New Delhi - 110 003.**

10. Ms. Vandana Kumari Jena

Senior Adviser
Women & Child Development
Planning Commission, **New Delhi**

2. The expenditure on TA/DA of official members of the Group will be borne by their respective Ministry/Department of Central Government or State Government as per the rules of entitlement applicable to them. TA/DA for non-official members will be borne by the Planning Commission as per SR 190(a). Member belonging to University/Institute/College will be treated as non-official member.

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

4. The Said Drafting Committee will submit its final report to WCD Division by the 5th January, 2012.

Dr.R.V.P.Singh
Ramvinay@nic.in
011-2309 6523
09868140600

To,

All Members of the Drafting Committee.