



# **A REPORT**

## **Working Group on Development of Children for the Eleventh Five Year Plan (2007-2012)**

### **Volume One**

**Ministry of Women and Child Development  
Government of India  
Shastri Bhawan  
New Delhi**

## Table of Contents

### VOLUME ONE: WORKING GROUP REPORT

<b>Foreword.....</b>	<b>3</b>
<b>Preface.....</b>	<b>4</b>
1. Executive Summary.....	5
2. Holistic view of the Child.....	18
3. Review of Tenth Plan and existing policies, legislations and programmes.....	29
4. Situational analysis.....	53
5. Child Budgeting .....	79
6. Inter-sectoral Coordination and Convergence.....	99
7. Child Rights and Development in the Eleventh Plan.....	117
<i>i. ICDS in the Eleventh Plan.....</i>	<i>124</i>
<i>ii. Strengthening ECE in the Eleventh Plan.....</i>	<i>126</i>
<i>iii. Girl Child in the Eleventh Plan.....</i>	<i>136</i>
<i>iv. Child Protection in the Eleventh Plan.....</i>	<i>142</i>
8. Recommendations and Financial Allocations.....	162
9. Annexure	
1. Terms of Reference of the Working Group on Child Development.....	211
2. Millennium Development Goals and Child Protection.....	214
3. Glossary of Terms.....	217



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## **Foreword**

India has more than 400 million children, each and every one of whom has a right to have equal opportunities for physical, mental, psychological and social development and empowerment with knowledge and resources. Our sincere efforts will enable our children to meet their basic needs, improve the quality of their childhood and prepare them to be good citizen's of the nation. Our children are our strength and the foundation of our society.

Our country has made significant progress in many fields in the last decade in assuring children their rights to survival, protection and development. We have made sincere efforts in the last few years for the development of children in our country. Despite the efforts many children are still forced into a life of drudgery and labour. Millions of children are still living on streets in inhuman conditions. The Girl child is still fighting for survival and, if she survives is a subject of discrimination and exploitation. It is therefore incumbent on us to work towards giving these children their childhood back.

The Tenth Five Year Plan has witnessed steady progress in certain sectors of child development, yet a lot more is still required to be done to improve the status of our children to acceptable levels.

The Eleventh Plan needs to focus on all children issues from a holistic viewpoint. Education, health and nutrition are as important for a child as other factors, such as, protection from abuse, violence, discrimination, exploitation and neglect. The Working Group on Development of Children has, therefore, specifically emphasized on enhanced allocation of resources for ICDS and formulation of a new Integrated Scheme for Child Protection, with specific focus on the girl child.

I would like to express my sincere thanks to all the members of the Working Group who have made such valuable suggestions for the Report. I would also like to specifically thank to all members of the Drafting Committee, individually, headed by Smt. Loveleen Kacker, Joint Secretary for their hard work in collating the Reports of the four Sub Groups and for preparing the Report of the Working Group.

Let our efforts make the life of children of our country more safe, sound, healthy and happy.

Sd/-  
**(Deepa Jain Singh)**



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## Preface

India has probably the biggest child population in the world. This can be its biggest asset provided children are given opportunities for growth, development, nutrition, health care, education and protection from all kinds of abuse and exploitation. Both the Constitution of India and the UN Convention on the Rights of the Child (UNCRC) obligates us to ensure that rights of every child are protected. In order to achieve this, it is essential that the government, both Centre and States, put in the necessary human and financial resources for ensuring their overall growth, development, health, nutrition, education and protection.

In the approach paper to the Eleventh Plan, which emphasizes that “**children and their development are central to the Eleventh Plan**”, the Planning Commission will have to lay the foundation for adequate resource allocation to ensure children’s well being, safety and development. The Eleventh Plan, therefore, offers a fresh opportunity to work towards these objectives and fulfill India’s commitments to its children.

India, over the years, has not laid adequate emphasis on investments in the social development sector. The Child Budgeting exercise conducted by the Ministry of Women and Child Development revealed a persisting low level of fund allocation on children for any measures affecting them. On an average, between 2000 and 2005, only 2.35 percent of the Union Budget was spent on children, of which 0.03 percent was spent on child protection, while the share of expenditure on child health was 0.4 percent, followed by child development (0.45 percent) and elementary education (1.5 percent). It is therefore essential that in the Eleventh Five Year Plan, the budget allocation should realistically reflect the programmatic vision and mandate of the Ministry in order to extend its outreach to millions of children who are in a state of acute deprivation and neglect.

This Working Group Report is an effort by the Ministry of Women and Child Development to formulate a comprehensive strategy for ensuring overall growth, development and protection of children in the country. The Drafting Committee under my Chairpersonship has made commendable efforts to put together this comprehensive document, which would pave way for ensuring a better future for our children. I would like thank all the members of the Working Group, different Sub Groups and most importantly the members of the Drafting Committee specially Ms. Bharti Ali, HAQ Centre for Child Rights, Ms. Karuna Bishnoi, Communication Officer, UNICEF, Mr. J. S. Kochher, Director (CW), MWCD, Mr. Pravesh Kumar, Consultant, Child Protection, UNICEF, Ms. Ruchi Sinha, Apne Aap Women Worldwide, Dr. Dinesh Paul, Addl. Director, NIPCCD, Mr. D. D. Pandey, NIPCCD, Ms. Razia Ismail Abbasi, India Alliance for Child Rights and Mr. C. K. Reejonia, Under Secretary (CW-I), MWCD.

Sd/-  
(Dr. Loveleen Kacker)

# Chapter-1

## Executive Summary

### 1.1 India's Children and Development Planning

Nineteen per cent of world's children live in India. India is home to more than one billion people, of which 42 per cent are children, defined as persons under 18 years of age. In international comparisons of the status and condition of children, India continues to rank poorly on several key counts. The world's tenth largest economy unfortunately ranks 127 on the Human Development Index (HDI). If all child rights indicators were to become a critical measure for HDI, India would fare even worse, because of its low levels of achievement on accepted national goals for the survival, development and protection of its children.

Apart from material deficits in their survival and development prospects, children face violence and abuse either because they are young, small and powerless, or because they belong to at-risk groups in society. Gender biases pose a specific threat to girl children across the social and economic strata. Rural-urban and class-caste divides underline the importance of making planning and action capable of addressing the variations of area and social setting. Poverty and income insecurity of adults undermine essential life supports for their children. Over the last decade, countries across the world have embarked on changing existing economic models in favour of ones driven by the free market, incorporating processes of liberalisation, privatisation and globalisation. This phenomena is emerging as an important factor in marginalisation of children today, considering that the process of globalisation is leading to growing disparities between the rich and the poor, depletion of natural resources and loss of traditional livelihoods, forced migration, consumerism and violence. In this situation, it is important to track these trends and the impact on children as well as examine the increased vulnerability of some children due to their identity, and/or their socio-economic and geo-political circumstances calls for more focused attention towards them.

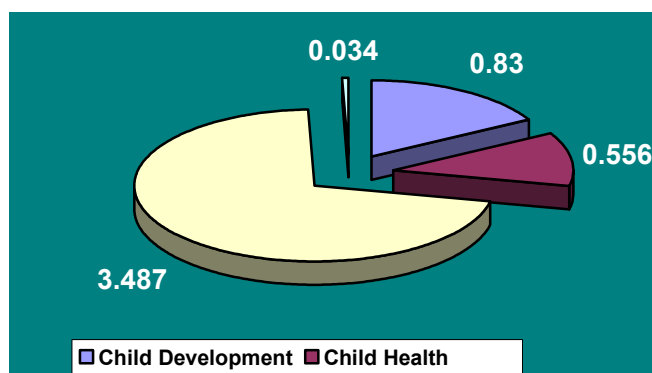
There is need to identify those children who are currently beyond the reach of research, government programmes, and budgets, particularly those whose are most in need: the poorest, the most vulnerable, and the abused.

While there are no comprehensive detailed studies on the numbers of vulnerable children, there are indications that the situation is becoming worse. The fact that children are removed from community structures and protective family-care systems is decreasing their capacity to function in society. The problems faced by traditional coping systems, and the lack of other essential services, exposes an increasing number of children to rights abuses.

The complexity of the situation places responsibility on the service providers to constantly reflect on programmes and interventions in order to improve their design and enhance their potential to have a sustainable impact on children and their communities.

Even after almost 60 years of independence and government functioning, attempts have been inadequate in responding to the needs of children and investing in their rights. The minimal government structure that exists is rigid and a lot of time and energy goes in maintaining the structure itself rather than concentrating on programmatic outcomes.

Among persisting problems, poor outcome achievement; chronic imbalances in access to services and opportunities; unequal distribution of development benefits; high risks of neglect and lack of protection; fragmented and sectoralised service outreach to address cross-sectoral needs; and low levels of investment and attention affect the lives of a majority of children. Child budget analysis conducted by MWCD reveals the persisting low level of fund allocation for any measures affecting children, with resources for child protection at the lowest of them all. The total share of child protection in the Union Budget for 2005-06 was just 0.034% (see diagram and table below) and the budget estimates for child protection between 2004-05 and the current financial year 2006-07 have remained more or less the same. On an average, between 2000 and 2005, of every 100 rupees spent by the Union Government only 3 paise was spent on child protection, while the share of child health was 40 paise followed by child development (45 paise) and elementary education (1 Rupee 50 paise).



### **Percentage Share of Sectoral Allocation on Children in Union Budget**

Year	% Share of Child Health in Child Budget	% Share of Child Development in Child Budget	% Share of Child Education in Child Budget	% Share of Child Protection in Child Budget	% Share of Total Child Budget in Union Budget
2004-05	0.423	0.422	1.567	0.033	2.445
2005-06	0.527	0.658	2.638	0.034	3.857
2006-07	0.556	0.830	3.487	0.034	4.907

Source: GOI Expenditure Budget 2004-05, 2005-06, 2006-07 (Vols 1&2) and HAQ: Centre for Child Rights, Delhi

While positioning children among national concerns, our Five-Year Plans have not accorded them centrality; neither allocated nor utilised an adequate share of available national resources to meet the needs of children or to honour their rights. Unless adequate resources are given to child development and protection in the Eleventh Five Year Plan, children will continue to remain unhealthy, undernourished and vulnerable to all kinds of abuse and exploitations.

## **1.2 Mid-Term Appraisal of the Tenth Plan**

The Mid-Term Appraisal of women and child development has found glaring gaps and inconsistencies as against the promises made in the Tenth Plan and the NCMP.

As a result, the second half of the Tenth Plan witnessed major landmarks in policy and resource commitments to child survival and development, targeting children directly -such as Universalisation of ICDS, Universalisation of school mid day meals, Sarva Shiksha Abhiyan (SSA), Kishori Shakti Yojana (KSY), and those addressing poor communities and impacting upon children -such as the National Rural Health Mission (NRHM), Total Sanitation Campaign (TSC), and the National Rural Employment Guarantee Scheme (NREG).

### ICDS in the Tenth Five-Year Plan

The ICDS Scheme was approved for implementation in the Tenth Plan within the existing sanctioned 5652 Projects with no expansion activities due to resource constraints. The scheme however, was expanded to cover 466 additional Projects and 1,88,168 additional Anganwadi Centres during the financial year 2005-06. As on 31.12.2005, 5653 Projects and 745,943 AWCs have become operational. The total number of beneficiaries as on 31.3.2006 was about 568.40 lakh comprising of about 474.52 lakh children (0-6 years) and about 93.88 lakh pregnant and lactating mothers through a network of about 7.48 lakh Anganwadi Centres; whereas the same stood at 375.09 lakh (315.03 lakh children and 60.06 lakh women) as on 31.03.2002.

The Mid-term appraisal of the Tenth Plan highlighted the following with regards to ICDS:

- The existing crèche facilities need to be expanded exponentially.
- Universalisation of ICDS, one of the goals of NCMP, needs to be completed in five years time. Universalisation cannot and should not be interpreted merely in terms of doubling the number of centres to 14 lakh. The nature of change and quality improvement is as important.
- Lack of food security and poor nutritional status affects the physical growth, intelligence, behaviour and learning abilities of children and adolescents, especially during the development of the brain in 0-3 years period. Since most States are unable to meet the supplementary nutrition component of ICDS because of financial constraints, Centre could consider sharing of the cost of the supplementary nutrition. Supplementary nutrition can be supervised by women's SHGs on behalf of the panchayats.
- For the ICDS to achieve its objectives, an effective synergy is required between the DWCD and the Ministry of Health & family Welfare, the Department of Education, the Department of Drinking Water Supply and other ministries/departments to meet the requirements of health, sanitation, drinking water, pre-school education, etc.
- Accountability should remain with the State departments of WCD, but with increasing attempts to involve the PRIs as partners.

### Early Childhood Education Programmes in the Tenth Five-Year Plan

The major initiatives suggested under the Tenth Five Year Plan include strengthening pre-school education (PSE) component of ICDS by need based training of AWWs, provision of learning

material at AWCs, setting up of PSE centres in uncovered areas, building advocacy and training of community leaders.

The mid-term appraisal clearly underlines the need for day care. It also states that PSE for three to six year olds is a weak component of ICDS. It suggests district level strategies for pre-school education and training of Anganwadi workers by SCERTs to meet the needs of pre-school education.

### Child Protection Programmes in the Tenth Five-Year Plan

#### *The Prevention and Control of Juvenile Maladjustment scheme*

The major gaps in the implementation of the Act have been inadequate and poor quality juvenile justice infrastructure, low priority given by the state governments and lack of trained manpower. Many states are not able to avail funds under this scheme because of their inability to contribute a matching share of 50 per cent. There has been huge inter-state disparity in utilisation of funds as more than 72 per cent funds were utilised by only five states - Andhra Pradesh, Madhya Pradesh, Maharashtra, Tamil Nadu and Uttar Pradesh.

#### *The Integrated Programme for Street Children*

Despite continuous efforts of the government, street children continue to be in a precarious situation. Coordinated efforts are required for implementation of the Integrated Programme for Street Children and for extending its reach in order to attend to problems and needs of these children. The programme has so far benefited 1,040 children against the target of 1,200 for first two years of Tenth Plan. In addition, 840 children have been benefited under the Shishu Greh Scheme, which is a part of this scheme.

The mid-term appraisal also lists out child trafficking; lack of a comprehensive policy on foster care and adoption to reach out to the vast multitude of homeless and street children; inadequate data and treatment of children affected by HIV/AIDS and discrimination against them; child marriage and associated problems of adolescent pregnancy, deep neglect of their physical and cultural development, high drop-out rates amongst girls post-primary schooling, inability of girls to cope with their nascent sexuality and growing insecurity and increasing violence against them; and, protection of girl child domestic labourers, as others areas of child protection which continue to cause concern. A situational assessment of child protection in fact brings forth many more areas that call for urgent attention, including lack of adequate attention to urban children in distress; growing numbers of child beggars with no policy for protecting them; inadequate attention to the physically and mentally challenged children; trafficking of girls for marriage; impact of forced evictions and displacement on children; impact of natural and man-made disasters on children; children of prisoners etc.

The pace of progress made during the first three years of the Tenth Plan in both the disability and social defence sectors was recorded to be slow. The estimated expenditure in this period was only 31.20 percent of the total outlay for the disability sector. In the social defence sector it was 42.4 percent.

### Girl Child in the Tenth Five-Year Plan



The mid-term appraisal of the Tenth Plan expressed concern at the adverse child sex ratio, the rising incidence of female foeticide and infanticide, persistently high infant child and maternal mortality rates, wide gender gaps in child health and education as well as low female literacy, escalating violence against women etc. The Mid-Term Appraisal recognizes that inculcation of values of market economy enhances gender inequity and that obsession with population control may lead to a disturbingly unbalanced population. It suggests strict implementation of the PNDT Act and withdrawal of coercive population programmes by the State Governments.

### **1.3 Child Rights in the Eleventh Plan – A Holistic Approach**

In now expressing the view/taking the approach that children and their development are central to the Eleventh Plan<sup>1</sup>, the Planning Commission will have to lay the foundations for the kind of environment it can help create for children's well being, safety and development. The Eleventh Plan therefore offers a fresh opportunity to work towards these objectives and fulfill India's commitments to its children as laid out in the Constitution of India, the UNCRC, the National Policy for Children 1974, the National Plan of Action for Children, 2005 and the Millennium Declaration, because addressing denial or violation of children's rights is part of achieving the Millennium Development Goals (MDGs).

The NCMP specifically defines the protection of child rights as a priority commitment in addition to the universalisation of Integrated Child Development Services (ICDS), protection of girl children, elimination of child labour.

With the Planning Commission setting up a Sub-Committee on Children within the Steering Committee for Women and Child Development set up for the Eleventh Plan, the opportunity to focus on children must be utilized optimally.

The Working Group on Child Development for the Eleventh Plan has attempted to look at the issue of child rights holistically. This was keeping in mind that the Department of Women and Child Development has been elevated to the Status of Ministry of Women and Child Development in February 2006 and therefore has an enhanced mandate of dealing with not only policy relating to children but also a comprehensive range of programmes relating to child survival, child development and protection. In addition, the coordinating role of the Ministry with all other sectors has also increased manifold and calls for appropriate mechanisms to be put in place.

The Working Group endorses India's recognition of childhood as a period that extends to the age of 18 years, and hence the protections it should imply (National Plan of action for Children, 2005). It also recognizes that the child is one whole person and deserves a holistic programming approach, which links the work of different sectors and integrates their impact.

Assessments at the close of the 2002-2007 Plan period have highlighted the development deficits arising from the too-slow reduction of poverty. A slowdown in the pace of poverty decline inevitably affects children in the families and communities facing negative change. The country

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<sup>1</sup> Draft Approach Paper for the 11<sup>th</sup> Plan, National Planning Commission, Govt of India: Draft of 14 June 2006..

has achieved self-sufficiency in food grains at national level but food insecurity at household level continues to be a cause of concern as high levels of malnutrition among women and children and hunger deaths continue to take their toll. Cosmetic measures targeting only children and not their milieu will therefore not correct the situation.

Moreover, successful integration of survival, development, protection and participation actions link closely to all aspects of children's well being. Often, the same child is prone to malnutrition and illness, deprived of early stimulation, is out of school and more likely to be abused and exploited. An immunized child who is constantly beaten is not a healthy child; a school-going child taunted and abused for his or her ethnicity doesn't enjoy a good learning environment; and an adolescent sold into prostitution will not be empowered to participate in and contribute to society. Integration issues arise during consideration of almost every issue facing children today. In education, sexual abuse and violence in schools can be a hidden factor behind low retention rates. In health, violence can be behind many of the unexplained injuries that are dealt with by health services, or even the cause of longer-term disability. These links have to be recognized to ensure a holistic approach to child rights, particularly children's right to protection.

While all children have equal rights, it is important to bear in mind that their situations are not uniform. Therefore, while recognising those children's rights and entitlements are integral to the total national development canvas and effort, it must also be recognised that they are area-specific, group-specific, culture-specific, setting-specific and age-specific in their manifestation and in the interventions they demand.

Gender justice in childhood, and the needs of children with disabilities and related special needs must become cross-cutting priorities, factored into all development planning and intervention for children as well as other sections of the population.

With India's acceptance of the UNCRC, the coverage of policies and programmes for children must encompass the entire period of childhood and do so with age specific measures to address each stage of development. The new National Plan of Action for Children adopted in 2005 takes a holistic view on children's rights. It sets out a range of positive measures and identifies the Constitution and the UNCRC as the guiding framework for realising all rights for all children. It also rests on an assumption of collective national effort, clearly implying cross-sectoral thinking and planning, and inter-sectoral measures.

Time targets in the NPAC 2005 extend to 2012, the end-year of the Eleventh Plan. The logic of utilising the NPAC as the template for Eleventh Plan commitments to change for children is therefore, clear. The guiding principles of the

- The Guiding Principles of the NPAC 2005 are:
- To regard the child as an asset and a person with human rights
  - To address issues of discrimination emanating from biases of gender, class, caste, race, religion and legal status in order to ensure equality
  - To accord utmost priority to the most disadvantaged, poorest of the poor and the least served child in all policy and programme interventions
  - To recognize the diverse stages and settings of childhood, and address the needs of each, providing all children the entitlements that fulfill their rights and meet their needs in each situation.

NPAC 2005 must therefore become the guiding principles for the Eleventh Plan.

The working group therefore recommends a holistic perspective and approach to child rights in the Eleventh Plan.

### **1.4 Decentralised Planning, Implementation and Monitoring**

A critical analysis of the implementation of various women and child development programmes reveals that although significant achievements have been made in improving the status of women and children, planning has remained a fragmented exercise. In order to ensure that all rights of all children are respected and protected, the involvement of Panchayati Raj Institutions is imperative in the planning, implementation and monitoring of all programmes for children. The involvement of PRIs in planning, implementing and administering the programmes of women and child development is a natural corollary to the decentralized planning.

PRIs and Gram Sabhas can play a vital role in strengthening the planning and implementation of all child related programmes at community levels, which will not only help the programmes in achieving their goals, but also develop an ownership in the community towards these programmes. It will empower the community to take on the responsibility and be sensitive towards the rights of children and provide a protective environment for them. The PRIs should act as a rallying point for the community to demand certain services and should also act as an important link between the community and functionaries of various departments.

The NPAC 2005 envisages formulation of District and State Plans of Action for Children to address the needs of children within their regional, cultural and social contexts. It also strives for setting up appropriate mechanisms for effective implementation, monitoring and evaluation of these Plans in partnership with the community. PRIs form a part of the institutional mechanism for implementation of the National, State and District Plans of Action for Children.

In the Eleventh Plan, efforts should be made to systematically work towards greater involvement of the PRIs in planning, implementation and monitoring of programmes for children. At the same time there is a need to ensure strong partnership and strategic alliance with the PRIs in order to integrate and implement all social sector programmes effectively. For this the PRIs will have to be vested with adequate powers and resources and it will have to be ensured that programmes for children figure in the agenda of these bodies. Accordingly efforts should be made to build their capacities for taking on these responsibilities effectively.

### **1.5 Inter-Sectoral Coordination & Convergence**

A holistic commitment to the child and a rights-based approach in the Eleventh Plan calls for a shared vision, intent and effort, inter-connectedness of action, and a synergy and wholeness of beneficial outcomes for children. Strong inter-sectoral collaboration at the level of policy, implementation and monitoring of outcome is therefore critical. The Plan must not only imply but activate lateral linkages between sectors and aim for / achieve genuine integration of all measures designed to improve the survival, protection and development of children.

The child impact of all policy and programming for development – political, economic, social and cultural – must be kept in view.

Integrating a strong preventive and protective approach in the child protection measures requires going beyond the conventional strategies and taking into account the link between child protection and other micro and macro development issues. Lateral linkages with different sectors and Departments and Ministries of Central and State Governments viz. Education, Health, Labour, Social Defense, Rural Development, Panchayati Raj, Urban Affairs, Tribal Affairs, Legal Affairs, Home Affairs, Tourism, Railways, Civil Aviation etc. is therefore crucial for ensuring holistic child development and protection.

Convergence of the services requires not only inter departmental but also intra-departmental coordinated efforts at different levels of administration and programme implementation. Even within MWCD, linkages with ICDS and women's programming, linkage between KSY and Swa-shakti etc. are crucial for strengthening the protective environment for children.

ICDS, which is more than 31 years old now, is primarily based on the philosophy of convergence as ICDS functionaries are tuned to seeking and obtaining services from other government departments working at the field level. The NCLP is also based on inter-departmental and inter-sectoral convergence, as nodal officers of health, education and other relevant departments are members in the NCLP project societies to ensure proper rehabilitation of children released from labour. However, in most other programmes of child protection such as juvenile justice, convergence of services is completely lacking. The programme for juvenile justice, the programme for street children, adoption programmes, shishu grehs etc. have failed to ensure inter-sectoral coordination and benefit children through convergence of services. Both, children in need of care and protection and children in conflict with law, have a right to education and health care, including mental health intervention. However, absence of convergence and coordination with other sectors and Departments/Ministries has led to denial and violation of such basic rights, particularly where children are in institutional care.

Though the need for effective convergence and coordination is well recognized, the policy goals and commitments are far from being achieved and coordination has failed to achieve the desired results for various reasons. The working group suggests that every Ministry /Department should review their own policies, programmes, services, laws, budgets and procedures to examine how they can incorporate and integrate better development and protection of children. Some aspects of such integrated oversight are:

- Data collection on situation of children and their access to services, including access by gender, disadvantaged categories etc.
- Strict enforcement of laws and administrative guidelines that can ensure better protection and development of children
- Establishment of quality standards/norms for services for children in the sector and regular monitoring of these
- Provision of adequate numbers of skilled professionals for effective delivery of services for children
- Development of clear child development and protection guidelines by each sector

- Examination and integration of children's participation by every sector in the policies and programmes and reporting of sectoral achievements with a view to promote full development rights of the child, respect for the views of children and child-friendly procedures in services.
- Integration of specific measures for improving access to services for girls and addressing non-discrimination in its service delivery by every sector
- Child budget analysis by all sectors to ensure adequate and efficient expenditures and carry out outcome monitoring
- Monitoring exclusion/disparity reduction in access to services arising due to various factors, (gender, class, caste, urban/rural, special groups like migrants, tribals, geographic area etc.)
- Publication of reports on progress of child indicators including child development and protection measures being implemented by every sector
- Full participation in mechanism for coordination and review of inter-sectoral actions for child development and protection

If inter-sectoral coordination and convergence has to be an important area of focus for the Eleventh Five Year Plan and for MWCD, areas for coordination and convergence must be clearly defined and appropriate mechanisms created. MWCD will have to guide and support the integration of inter-sectoral coordination and convergence in the understanding and the functioning of different departments and ministries and different levels of governance to accelerate the outcomes for children and realization of their rights.

## **1.6 Gaps and problems that need to be addressed**

Exclusion is not only framed by current circumstances, but also by bleak prospects of the future. Failure to minimize children's exposure to factors leading to exclusion will have implications not only for those directly affected but the wider society and future generations. The problems in existing programmes, services and outreach must therefore be addressed in order to achieve the goals and objectives of planned development. These problems and gaps include:

- Children are not a priority on development agenda;
- Processes of globalisation are increasing the divide between the rich and the poor and thereby leading to increased marginalisation and exclusion of children and their families;
- Weak and inadequate mechanisms for preventing exclusion;
- Exclusion by virtue of poor birth registration and lack of data;
- Large gaps in data both in quantitative data and qualitative data on children whose right to survival, development and protection are being violated or denied, and absence of data management systems;
- Lack of resources for all programmatic areas and uneven geographical spread in utilization of allotted resources;
- No mapping has been done of the children in need of care and protection or of the services available for them at the district/city/state level;
- Inadequate enforcement and implementation of existing laws and conventions;
- Difficulty to prioritize the issues with a set of achievable goals and objectives;
- Weaknesses in the co-ordination among government agencies as well as with civil society

- organisations with regard to vulnerable children;
- Lack of convergence of programs/services; Lateral linkages with even the essential services for children for example education, health, police, judiciary, services for the disabled, etc. are missing;
  - Lack of a national commitment that all services should converge and work in Unison;
  - Lack of appreciation of the need for a coordinated approach amongst those responsible for service delivery;
  - Lack of convergence of personnel so that people with different skills can come together to enhance outreach and improve quality of service;
  - Widespread tendency from line department for intervention programmes to be rigidly demarcated between various sectoral departments with little or no coordination between them;
  - A vertical service structure competition among different sectors for funds and power combined with managerial weaknesses impede the process of convergence at the operational level;
  - Lack of coordination at the policy formulation level and at the initial stages of project planning;
  - Inability of Gram Panchayats to coordinate and bring about convergence of services at the village level due to lack of their participation in local planning and absence of adequate powers
  - Lack of inter-sectoral coordination mechanisms at the state, district and block level for periodic review and monitoring, particularly of convergence;
  - The National Coordination Group on Child Rights set up at the national level is not satisfactorily active and therefore has not been able to ensure adequate inter-sectoral coordination and convergence for achieving the goals for children;
  - Lack of monitoring and follow up systems at all levels;
  - Understaffing and inadequate training of social department units at all levels, ranging from central to decentralized levels;
  - Problems related to modernization, such as individualism and consumerism, and destruction of traditional values, such as solidarity and respect for plurality;
  - A large percentage of children in need of care and protection are outside the safety net and have no support and access to services;
  - Existing Schemes are inadequate in outreach and funding, resulting in marginal coverage of destitute children and children in difficult circumstances;
  - Overbearing focus on institutional services with non-institutional services and alternative forms of care being negligent;
  - Minimal use of non-institutional care options like adoption, foster care and sponsorship, for children without family/parental care;
  - Number of Shishu Grehs for orphans are inadequate;
  - Lack of rehabilitation services for older children not adopted through the regular adoption process;
  - After-care and rehabilitation programme is not available in all the States, and even in those States where it is available it is being run as any other institutional care facilities under the JJ Act 2000;
  - Lack of institutional infrastructure to deal with child protection;

- Inadequate number of Child Welfare Committees (CWC) and Juvenile Justice Boards (JJB);
- The CWCs and JJBs are not provided with requisite facilities for their efficient functioning, resulting in delayed enquiries and disposal of cases;
- Lack of standards of care (accommodation, sanitation, leisure, food, etc.) in children/observation homes due to low funding norms and also due to lack of supervision and commitment;
- Many of the street children projects do not provide all the basic facilities required, especially availability of 24 hour shelter, food and mainstream education;
- Inadequate training of personnel working under the juvenile justice system and on other child protection programs which is also inequitable among States;
- Weak supervision, monitoring and evaluation of the juvenile justice system;
- Not all street children projects are dealing with substance abuse, HIV/AIDS and other sexual abuse related vulnerabilities of children;
- None of the schemes addresses the needs of child beggars and children of prisoners;
- Issues like child marriage, female foeticide, street children, working children, and discrimination against the girl child are inadequately addressed;
- No interventions for children affected by HIV/AIDS, substance abuse, identity –based discrimination, militancy, disaster (both man-made and natural), abused and exploited children, and children of vulnerable groups like commercial sex workers, prisoners, and migrant population;
- Inadequate attention to preventive measures with major focus of government programmes being on addressing the problem after it occurs;
- Media insensitivity and lack of political will only worsen the situation.

## **1.7 Recommendations and Financial Allocations**

### **Overall**

- Child rights and not just child development should find centrality in the Eleventh Plan.
- The Eleventh Plan must adopt a holistic approach to child rights, keeping in mind that children are not homogeneous group and age, gender, ability, religious and ethnic status, geographical location and political conditions are variations that require specific interventions.
- The National Plan of Action for Children, 2005 must inform and guide planning and investment for children in the Eleventh Plan.
- The Planning Commission must recognize the link between achievement of MDGs and child protection. Child protection must receive greater focus in the Eleventh Plan.
- Children need to be more visible in budgets, to be heard in policy and community development. Child Budgeting must become a cross-sectoral exercise to ensure monitoring and review of progress made on child rights.
- There is a clear need for strengthening existing and new promising mechanisms to prevent exclusion of children. Ensuring birth registration is an important step in this direction.
- There is need for fresh data to inform national debate and policy development. Investing in data systems is therefore critical.

- Coordination and convergence must become a reality in the Eleventh Plan and appropriate mechanisms should be put in place in this regard.

### **Specific**

#### **Non-negotiable recommendations**

While all the recommendations are important for fulfillment of rights of the child, the following recommendations have been identified as non-negotiable, which must find full support in the Eleventh Five Year Plan in terms of adequate financial allocations indicated below:

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## **NON-NEGOTIABLE RECOMMENDATIONS**

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### **ICDS AND NUTRITION**

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- Universalisation of ICDS with quality
- Strengthening infrastructure and service delivery
- Restructuring programme management
- Strengthening of Human Resource Management
- Eradication of severe malnutrition
- Strengthening nutrition and health education
- Strengthening training and capacity building as well as monitoring and evaluation

### **EARLY CHILDHOOD EDUCATION**

- Provision of an additional AWW to impart pre-school education in each AWC
- Strengthening and expansion of NIPCCD

### **CHILD PROTECTION**

- Initiation of a newly centrally sponsored Integrated Child Protection Scheme (ICPS)
- Expansion of Creche and Day Care Programme
- Review and reorganization of Adoption System in India
- Human resource development for strengthening counseling services
- Data systems, research, advocacy and communication
- Child budgeting
- Child impact audit
- Enhanced resource allocation for grant-in-aid scheme

### **GIRL CHILD**

- A Cradle baby or 'Palna' Scheme to save the girl child
  - A Pilot Scheme on Conditional Transfer (Cash & Non-Cash) for girl child with a provision for insurance cover for the girl child
  - Expansion of NPAG and its merger with KSY
  - Enhanced advocacy and communication on girl child survival and declining child sex ratio
  - Amendment and implementation of child marriage law
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**Enhanced Media Plan for the Ministry of WCD in Eleventh Plan**

With rapid growth of economic sector in the country it is essential that social sector is also given due importance in the present scenario. Creating general awareness and advocacy through mass communication system is the need of the hour. The burning issues like infanticide, foeticide, child marriage, violence against women and children and others need to be addressed through multimedia campaigns to target the community and society as a whole. The Ministry of WCD which deals with more than 70% of the population among women and children require enhanced media plan in the Eleventh Plan period to reach the community. The objective would be achieved through multimedia publicity campaigns with the use of electronic and print media effectively. Outdoor publicity activities would also be undertaken for dissemination of information, education and motivating people for bringing attitudinal changes to achieve social development goals. Specific objectives include mobilization of public opinion on issues such as girl child, holistic development of children, women empowerment, nutrition, gender equity and social evils like child marriage, dowry, sexual abuse of girl child, exploitation of women and children and others. In order to give a major thrust to social sector specifically the women and children it is proposed to enhance media plan of the Ministry of WCD. For the purpose of multi mass media activities would be planned for production of documentary films, video films, radio spots, radio and TV serials and broadcast and telecast of these programmes through AIR, Doordarshan and other private channels.

**PROPOSED FINANCIAL ALLOCATIONS FOR CHILDREN IN THE ELEVENTH FIVE YEAR PLAN**

Sl. No.	Item	Proposed Budget					
		Year 1	Year 2	Year 3	Year 4	Year 5	Total
		<i>(Rs. In Crores)</i>					
1.	ICDS and Nutrition	7939.35	8659.35	8505.36	8405.36	8405.36	41914.81
2.	Early Childhood Education	74.55	146.55	218.55	290.55	362.55	1092.75
3.	Child Protection	2227.21	2288.13	2348.06	2408.31	2464.91	11736.62
4.	Girl Child	1682.00	1682.00	1682.00	1650.00	1650.00	8396.00
5.	Media Plan for MWCD	100.00	100.00	100.00	100.00	100.00	500.00
	<b>Total</b>	<b>12023.11</b>	<b>12876.03</b>	<b>12853.97</b>	<b>12854.22</b>	<b>12982.82</b>	<b>63640.18</b>

## Chapter-2 Holistic view of the Child

### 2.1 Holistic Perspective: the Child's Place in the Eleventh Plan

#### **'Development of children is at the centre of the Eleventh Plan'**

Source: Towards Faster and More Inclusive Growth, An Approach to the Eleventh Five-Year Plan, Planning Commission, Government of India, June 14, 2006

Nineteen per cent of world's children live in India. Of all the children in the world, one in five is an Indian. Some 440 million people in the country today are aged below 18 years. They constitute 42 per cent of India's total population, i.e. more than four in every ten people.

Seen internationally, or in the country setting, this number is often regarded as a liability, and its needs seen a burden on society and the state exchequer. However, in articulating its vision of progress, development and equity, India has also expressed recognition of its children for what they really are: the nation's richest resource.

The Constitution of India accords a special status to children as deserving of special provisions and protections to secure and safeguard the entitlements of 'those of tender age.' The fact that such promises are yet to be adequately realised does not dilute the sincerity of the original pledges. The Eleventh Plan offers a fresh opportunity to work for these objectives.

The Constitution's commitment to provide free and compulsory education to all children up to 14 was its sole time-bound pledge, with a deadline of 1965. The 83<sup>rd</sup> Constitutional Amendment elevated this provision from a directive principle to a fundamental right for children aged from 6 to 14 years. The Constitution's clear call to protect children against labour and exploitation has helped to guide subsequent national legislations. India acceded to the UN Convention on the Rights of the Child in 1992, accepting its obligations as national commitments. These decisions provide an unequivocal framework for national action to benefit all of India's children.

The National Policy for Children 1974 declared them to be a 'supreme national asset.' It pledged measures to secure and safeguard all their needs – declaring that this could be done by making wise use of available national resources. Unfortunately, ten successive Five-Year Plans have neither allocated nor utilised an adequate share of available national resources to meet the needs of children or to honour their rights. National will and resolve to do so have not been strong enough, or clear enough, so far. As a result, the status and condition of children remain insecure.

Sectoralisation of development planning and programming and the official approach to child-related programming have not served children well. Neither has the perception that childhood ends early. The child is one whole person and deserves a holistic programming approach, which links the work of different sectors and integrates their impact. With India's acceptance of the UNCRC, the coverage of policies and programmes for children must encompass the entire period of childhood and do so with age specific measures to address each stage of development.

**Critical concerns:**

- Every fifth child in the world lives in India
- Every third malnourished child in the world lives in India
- Every second Indian child is underweight
- Three out of four children in India are anaemic.
- Every second new born has reduced learning capacity due to iodine deficiency
- Decline in female/male ratio is maximum in 0-6 years: 933 females per 1000 males.
- Malnutrition limits development potential and active learning capacity of the child
- Birth registration is just 55% (RGI)
- Girls' enrolment in schools at primary level is 43% (Educational Statistics of Education Department)
- Drop outs at primary level is 40% (Educational Statistics of Education Department)
- 1104 lakhs child labour in the country (SRO 2000)
- IMR is as high as 68 per thousand live births (NFHS-II)
- MMR is equally high at 407 per 100, 000 live births (SRS, 1998)
- Children born low birth weight are 46% (NFHS-II)
- Children under 3 with anaemia are 74% (NFHS-II)
- Immunization coverage is very low (Polio – 58%, Measles – 50%, DPT –46%, BCG –67%, others – 42 %) (NFHS-II)

While the Constitution regards people as children until 14 years, India has now recognised that the period of childhood – and the protections it should imply, extend to the age of 18 years. The National Plan of Action for Children 2005 officially acknowledges this higher age ceiling. Different definitions of childhood and its extent persist in laws and even in policies like the National Policy for Youth; India owes it to older children to review all these legislations and policy provisions.

In international comparisons of the status and condition of children, India continues to rank poorly on several key counts. Among persisting problems, high mortality and morbidity, poor outcome achievement in education and development; chronic imbalances in access to services and opportunities; high risks of neglect and lack of protection; fragmented and sectoralised service outreach to address cross-sectoral needs, unequal distribution of development benefits, and low levels of investment and attention affect the lives of a majority of children. Children of socio-culturally and economically disadvantaged groups are especially deprived of basic services and supports. Poverty and income insecurity of adults undermine essential life supports of children of low-income/low skill settings and communities, affecting large numbers. The child cannot be lifted artificially out of such adverse settings into some capsule of welfare; the child's effective environment and the limitations it imposes on the child's potential, must be addressed.

**Status of India's children**

### **Child Survival and Child Health**

2.5 million children die in India every year, accounting for one in five deaths in the world, with girls being 50 per cent more likely to die<sup>2</sup>. One out of 16 children die before they attain one year of age, and one out of 11 die before they attain five years of age. India accounts for 35 per cent of the developing world's low birth weight babies and 40 per cent of child malnutrition in developing countries, one of the highest levels in the world. Although India's neonatal mortality rate declined in the 1990s from 69 per 1000 live births in 1980 to 53 per 1000 live births in 1990, it remained static, dropping only four points from 48 to 44 per 1000 live births between 1995 and 2000<sup>3</sup>.

The 2001 Census data and other studies illustrate the terrible impact of sex selection in India over the last decade-and-a-half. The child sex ratio (0-6 years) declined from 945 girls to 1,000 boys in 1991 to 927 in the 2001 Census. Around 80 per cent of the total 577 districts in the country registered a decline in the child sex ratio between 1991 and 2001. About 35 per cent of the districts registered child sex ratios below the national average of 927 females per 1000 males. In the 1991 Census, there was only one district with a sex ratio below 850, but in the 2001 Census, there were 49 such districts.

India has the second highest national total of persons living with HIV/AIDS after the Republic of South Africa. According to NACO, there were an estimated 0.55 lakh HIV infected 0-14 year old children in India in 2003. UNAIDS however, puts this figure at 0.16 million children<sup>4</sup>.

According to the 2001 Census Report, amongst all persons living with disability, 35.9 per cent (46,38,26,702) are children and young adults in the 0-19 age group. Three out of five children in the age group of 0-9 years have been reported to be visually impaired. Movement disability has the highest proportion (33.2 per cent) in the age group of 10-19. This is largely true of 'mental' disability also<sup>5</sup>.

### **Child Development**

The population of children aged 0-6 years is 16.4 crore (163,819,614) as per the 2001 census. According to a UNESCO report<sup>6</sup> however, of the total child population, 2.07 crore (6 per cent) are infants who are below 1 year; 4.17 crore (12 per cent) are toddlers in the age-group 1-2 years; 7.73 crore (22.2 per cent) are pre-schoolers in the age group 3-5 years. The report highlights that only 29 per cent of pre-primary age children are enrolled in education structures in India. Services under the ICDS scheme covered only 3.41 crore children in the age group 0-6 years (as on 31.3.2004), which is around 22 per cent of the total children in that age group. Supplementary nutrition too was being provided to 3.4 crore children, as opposed to 16 crore children. Of these, 53 per cent were reported to be undernourished<sup>7</sup>. The coverage of settlements is also highly inadequate: there are only 6 lakh *anganwadis* in the country, compared with an estimated 17 lakh required for universal coverage based on existing norms<sup>8</sup>.

The number of creches under the 'Rajiv Gandhi National Creche Scheme for Children of Working Mothers' is 23,834. This is totally inadequate when the requirement of crèches to cater to the childcare needs of the 22 crore women in the informal sector alone is 800,000<sup>9</sup>.

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<sup>2</sup> Human Development Report, 2005. UNDP, Oxford University Press, New Delhi.

<sup>3</sup> State of India's Newborn, 2004. National Neonatology Forum, in partnership with the Ministry of Health and Family Welfare, Government of India, WHO (South East Asia Region), UNICEF India, World Bank, and saving Newborn Lives, Save the Children (US).

<sup>4</sup> UNAIDS. Report on the Global AIDS Epidemic, 2004. Geneva.

<sup>5</sup> Office of the Registrar General of India, Census of India 2001.

<sup>6</sup> Early Childhood Care and Education in E-9 Countries: Status and Outlook. Prepared for The Fifth E-9 Ministerial Meeting, Cairo, Egypt, December 19-21, 2003 by the Section for Early Childhood and Inclusive Education Division of Basic Education, Education Sector UNESCO, Paris.

<sup>7</sup> Rajya Sabha Starred Question no. 13, Budget Session of Parliament, 5 July 2004

<sup>8</sup> Recommendations on ICDS (based on deliberations of the National Advisory Council on 28 August 2004) and the Annual Report 2003-04, Department of Women and Child Development, Ministry of Human Resource Development, Government of India

<sup>9</sup> CLAP. Exploring Rights of the Child in Early Childhood. A Report of the Interface for Perspective Building on Legal Aspects of Early Childhood Care and Development.

The 'Education For All' (EFA) monitoring report, released by UNESCO on November 6, 2003, cautioned that India is "at risk of not achieving the Millennium Development Goal of universalisation of education by 2015." India still has 0.95 crore out-of-school children in the 6-14 age group<sup>10</sup>. Gross enrolment among both boys and girls is high at the primary level. But the share of girls' enrolment indicates that it is lower than the share of boys' enrolment, both at primary (47.52 per cent) and upper primary (45.32 per cent) levels of education. The drop out rate is higher as compared to the enrolment ratio at any level, be it primary or upper primary. In 2003-04, the drop out rate at primary level was 31.36 percent. The average of 581 districts reveals that a large number of children drop out from the system before reaching Grade V, which is true both for boys and girls and for rural and urban areas<sup>11</sup>. Poor infrastructure, in-accessibility of schools, teacher absenteeism, low quality of teaching, corporal punishment, cultural barriers, etc. are some of the factors responsible for pushing children out of school. In the wake of forced eviction and forced migration, children's right to education needs special attention. Lack of residential facilities for girls belonging to backward areas and lack of transport facilities coupled with large distances to be travelled for attending schools become a hindrance in education of girls.

### **Child Protection**

While on the one hand girls are being killed off even before they are born, on the other hand, children who are born suffer a number of violations. World's highest number of child labourers is in India. To add to this, India has the world's largest number of sexually abused children, with a child below 16 years raped every 155<sup>th</sup> minute, a child below 10 every 13<sup>th</sup> hour, and one in every 10 children sexually abused at any point of time. Children are trafficked within and across borders for a number of reasons. The National Crime Records Bureau reported 9,473 cases of various crimes against children in 2004. Most subtle forms of violence against children such as child marriage, economic exploitation, practices like the 'Devadasi' tradition of dedicating young girls to gods and goddesses, genital mutilation in some parts of the country, are justified on grounds of culture and tradition. Physical and psychological punishment is rampant in the name of disciplining children and is culturally accepted. Forced evictions, displacement due to development projects, war and conflict, communal riots, natural disasters, all of these take their own toll on children. Children also stand worst affected by HIV/AIDS. Even those who have remained within the protective net stand at the risk of falling out of it. Juvenile delinquency records, reflecting inadequacies in the society, show 19,229 cases of crimes committed by children in 2004.

Most child protection concerns remain under-documented and the absence of systematic and reliable data impacts planning and intervention. There is no figure available for many categories of children in need of care and protection. These include child beggars, children of prostitutes, child victims of domestic violence, children affected by HIV/AIDS, children affected by conflict and natural disasters, children affected by development-related displacement and forced evictions.

### **Child Participation**

Children in most sections of Indian society are traditionally and conventionally not consulted about matters and decisions affecting their lives. In the family and household, the neighbourhood and wider community, in school or in work place, and across the settings of social and cultural life, children are not asked their views. If they do speak out, they are not normally heard. Taught obedience, and respect for elders, which are not in themselves negative guidelines, they are not socialised to question. The imposition of restrictive norms is especially true for girl children. This limits all children's access to information and to choice, and often to the possibility of seeking help outside their immediate circle.

In the State's dealings with children, this is a relatively newer programming area and therefore very little has been done to ensure children's right to be heard in either administrative or judicial processes. The assessment process for preparation of India's Periodic Report on the UN Convention on the Rights of the Child, and the formulation of the National Plan of Action for Children 2005 have been the first official exercises of their kind that involved some children through consultations. The NPAC 2005 has identified this as a priority area and provides the framework for action. The challenge is now to ensure that every planning process takes children's views into consideration.

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<sup>10</sup> Annual Report 2005-06. Department of Elementary Education and Literacy, MHRD.

<sup>11</sup> Elementary Education in India, Progress Towards UEE: Analytical Report 2004-05. NIEPA.

The poor status of children on the development graph denotes the two-fold need to position them at the centre of the development canvas being prepared for 2007 – 2012, and to give them focused attention as a distinct entity during the coming Plan period.

The development effort has conventionally viewed the family as the unit of access to children. In so doing, the Eleventh Plan must not ignore how the Ninth and Tenth Plan periods have witnessed a slowing of the decline in poverty, and an unsettling of traditional, ‘pre-modern’ livelihoods and local economies – and how this in turn is constraining the caring capacity of millions of families and households. A slowdown in the pace of poverty decline inevitably affects children in the families and communities facing negative change. Cosmetic measures targeting only children and not their milieu will not correct this situation.

The Tenth Plan had identified some of the fallout of such constraining factors, and had set out some correctives. But assessments at the close of the 2002-2007 Plan period have highlighted the development deficits arising from the too-slow reduction of poverty. The Mid-Term Appraisal (MTA) of the Tenth Plan has pointed to these shortfalls, and to the consequent persistence of adversity for children and their communities. The MTA Report flags the need for change in several basic development perspectives and commitments, and has underlined the need to reach services and protections to the poor.

Besides, addressing denial or violation of children’s rights is part of achieving the Millennium Development Goals (MDGs), which have been accepted by the Government of India as part of national commitments to be achieved by 2015. The Millennium Declaration provides the framework for specific attention to addressing the protection and development rights of children. The Mid-Term Appraisal report on the Tenth Plan found that India is far from achieving the MDGs, as the outcomes on most of the goals were off-track in 2005. The Eleventh Plan therefore will have to focus on advancement of human development and take into account the guiding principles of the Millennium Declaration, particularly on development of the vulnerable sections of the population, such as children.

The draft Approach Paper for the Eleventh Plan has adopted a very narrow and inadequate perspective on child rights. The major focus is on education and health, and with regard to street children, differently abled and other disadvantaged children, the approach is welfare oriented, limited to identifying and mainstreaming them. This does not reflect the clearly articulated commitment in the NCMP to ‘safeguard the rights of children’. It also does not reflect an understanding of the real situation of children in the country and the planning and investment required. Neither does it fully reflect the vision, perspective and framework laid out in the National Plan of Action for Children, 2005 and the goals and objectives already approved at the highest level of the Cabinet.

While positioning children among national concerns, previous Five-Year Plans have not accorded them centrality. In now expressing the view/taking the approach that children and their development are central to the Eleventh Plan<sup>12</sup>, the Planning Commission will have to lay the

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<sup>12</sup> Draft Approach Paper for the 11<sup>th</sup> Plan, National Planning Commission, Govt of India: Draft of 14 June 2006..

foundations for the kind of environment it can help create for children's well being, safety and development.

### **A holistic approach to the child in the Eleventh Plan**

The climate of development depends on governance and the benevolent reach of the State into the community and family base. Apart from material deficits in their survival and development prospects, children also face violence and abuse either because they are young, small and powerless, or because they belong to at-risk groups in society. Gender biases pose a specific threat to girl children across the social and economic strata. Rural-urban and class-caste divides underline the importance of making planning and action capable of addressing the variations of area and social setting.

Childhood and the range of children's needs and rights are one whole, and must be addressed holistically. Whatever and however many the sectors of government are called upon to provide for children, a holistic commitment to the child in the Eleventh Plan calls for a shared vision, intent and effort, inter-connectedness of action, and a synergy and wholeness of beneficial outcomes for children. The Plan must not only imply but activate lateral linkages between sectors and aim for / achieve genuine integration of all measures designed to improve the survival, protection and development of children. The child impact of all policy and programming for development – political, economic, social and cultural – must be kept in view. The effect of development decisions on 42 per cent of the population is not a minor issue.

At the same time as recognising that children's rights and entitlements are integral to the total national development canvas and effort, it must also be recognised that they are area-specific, group-specific, culture-specific, setting-specific and age-specific in their manifestation and in the interventions they demand. All children have equal rights, but their situations are not uniform. They live their lives and struggle for growth and well being in the contextual frame of who they are and where they are located, and how that identity includes or excludes them from social and State provisions and benefits. All rights of all children need to be protected. While some are in difficult circumstances, who have suffered violence, abuse and exploitation, there are others who are not in any of these adverse situations and yet need to be protected in order to ensure that they remain within the social security and protective net.

Over the last decade, countries across the world have embarked on the course of changing their existing economic models in favour of one driven by the free market, incorporating processes of liberalisation, privatisation and globalisation. This phenomenon is emerging as an important factor in marginalisation of children today, considering the fact that the process of globalisation is linked with the growing disparities between the rich and the poor. The direct impact of free trade on children may not be visible. But experiences of globalisation and liberalisation in other countries on their children, and the situation of children in globalised India today, definitely indicates a strong case for making a closer examination of this linkage. This is borne out by poor levels of basic health, nutrition and shelter as they fall to the knife of social sector cut backs and policies, programmes and development initiatives that continue to deprive communities and families of resources on which they traditionally depended. Manifestations of globalisation and its impact on the lives of our children are serious. For example, -

- While potable water in every village remains to be achieved, bottled drinking water in plastic bottles, aerated drinks and other consumer brands are easily available;
- Due to forced and economic migration increasing number of children are found on streets, more and more children are being trafficked and a large number of them are engaged in part or full time labour;
- Visible spending and consumerism together with a growing divide between the rich and the poor is greatly responsible for increasing unrest and violence within society. Children are taking to crimes and drugs at a much younger age.

In a globalised economy, the increased vulnerability of some children due to their identity, and/or their socio-economic and geo-political circumstances calls for more focused attention as well as coordination of social and economic policies and monitoring of child impact. Besides being victims of globalisation, these children may be barred from benefits meant for all children simply because they belong to a group or community with difficulties of access. These barriers must be overcome.

Among children who are most vulnerable to neglect or maltreatment, the girl child and children of disadvantaged caste, community or tribal/ethnic groups deserve special recognition and attention. So also do children of migrant, refugee or evicted groups, who are at risk of becoming invisible and ineligible to service and support systems because of their displacement or movement. Gender justice in childhood, and the needs of these vulnerable groupings must become crosscutting priorities, factored into all development planning and intervention for children as well as other sections of the population. In respect of girl children, every Plan must keep in mind that they are not just a category, since they constitute half the children of the country. Seen together, the children of SC, ST and other Backward Castes constitute an estimated 6 to 7 out of every 10 children in India: do they receive a matching share of development attention? Recent assessments of untouchability indicate that at least in respect of SC children, they do not receive a just share in development.<sup>13</sup>

Over the years, some children have been categorised as children in difficult circumstances and these categorisations include:

- Homeless children (pavement dwellers, displaced/evicted, etc.)
- Orphaned or abandoned children
- Children whose parents cannot or are not able to take care of them
- Children separated from parents
- Migrant and refugee children
- Street children
- Working children
- Trafficked children
- Children in bondage
- Children in prostitution
- Children of sex workers / prostitutes / sexual minorities

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<sup>13</sup> Untouchability in Rural India: Action Aid India, 2006



- Children of prisoners
- Children affected by conflict
- Children affected by natural disasters
- Children affected by HIV/AIDS
- Children suffering from terminal diseases
- The girl child
- Children with disabilities and related special needs
- Children belonging to the ethnic and religious minorities, and other minority communities, and those belonging to the Scheduled Castes and Scheduled Tribes;
- Children in institutional care, be it in state-run institutions or religious and other charitable institutions
- Children in conflict with law (those who commit crimes)
- Children who are victims of crime

Children with disabilities and related special needs are vulnerable in themselves, and deserving of specific affirmative action. The fact that programming for them is in a sectoral ministry different from that dealing with children as a whole, must not place them outside the reach of rights-based programming and concern.

The National Plan of Action for Children adopted in 2005 takes a holistic view on children's rights. It sets out a range of positive measures and identifies the Constitution and the UNCRC as the guiding framework for realising all rights of all children. It also rests on an assumption of collective national effort, clearly implying cross-sectoral thinking and planning, and inter-sectoral measures.

For the first time in the history of planning for children, India has adopted a clear understanding and definition of the child in the NPAC 2005. The NPAC definition of the child as a person up to the age of 18 years and its clear declaration that '***all rights apply to all age-groups, including before birth***' reiterates the 1974 National Policy mandate that the State takes responsibility for children 'both before and after birth,' and the child's interests are to receive paramount attention. This national reaffirmation must set the frame for future planning and intervention to secure the well being of all children of the country and provide them a caring and protective environment. The guiding principles of the NPAC 2005 must also become the guiding principles for the Eleventh Plan.

The issue of age has too often been missed. Children at different stages of childhood have to receive attention and benefits specific to their age group. The needs of infants, 6-11 years olds, 12 to 14 years old and young adolescents aged 15-18 years are different and call for age specific and need based interventions. Their ability to reach services, and the designing of services to meet their distinct needs, must both be taken into account. Among programmes that "include" children in their purview, present health care classified as "child health", seems to stop at a point in early childhood. A boy child of 10 may have health needs distinct from those of an adult man, but is classified under "general health." Such programming boxes must be broken open and the programming redesigned. Other programmes, such as those for education of SC children who reach the 6<sup>th</sup> Class level, disregard the difficulty a Scheduled Caste child may face in getting that far. In pronouncing that its provisions are for all children in India, the new NPAC must be operationalised to correct such flaws and gaps.

The Guiding Principles of the NPAC 2005 are:

- To regard the child as an asset and a person with human rights
- To address issues of discrimination emanating from biases of gender, class, caste, race, religion and legal status in order to ensure equality
- To accord utmost priority to the most disadvantaged, poorest of the poor and the least served child in all policy and programme interventions
- To recognize the diverse stages and settings of childhood, and address the needs of each, providing all children the entitlements that fulfill their rights and meet their needs in each situation.

Time targets in the NPAC 2005 extend to 2012, the end-year of the Eleventh Plan. The logic of utilising the NPAC as the template for Eleventh Plan commitments to change for children is clear.

The NPAC 2005 has identified 12 key priority areas for the highest and most sustained attention in terms of outreach, programme interventions and resource allocations. These are:

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

A new alienation of children from their rights has arisen with the plight of children affected by HIV/AIDS. Since the finalisation of the NPAC the issues of these children have also been accepted as key priorities by MWCD and must therefore find a place in the Eleventh Plan among critical concerns that need to be addressed.

The growing vulnerability of children in urban settlements, including those caught in the shifting frame of migratory and transient labour are also now in the MWCD portfolio. Their distress and the difficult circumstances of their childhoods merit special measures of development and protection.

On the threshold of the Eleventh Plan, the country once again weighs the challenge – or the opportunity – of deciding whether children’s needs are in fact their entitlements, and whether providing for children is an option or an obligation for the State. Given their proportionate numbers, children constitute the natural indicator for whether development policy, perspective and the actual input-output of programming, expenditure and service delivery are correctly focused and on target.

## **2.2 Role of the Ministry of Women and Child Development**

Social issues are as important as economic issues for the development and growth of any country. Prior to 1986, women and children issues were being dealt with in the Ministry of Social Welfare. In 1986, a separate Department of Women and Child Development was created within the Ministry of Human Resource Development keeping in mind the fact that women and children constitute a very large percentage of the population deserving specialized and focused attention. However, it was soon realized that the magnitude of the problems in this sector needed larger manpower and resources and therefore the idea of a separate Ministry was mooted. Besides it was also realised that the mandate of children was fractured as children’s issues were dealt by 14 separate Ministries/Departments. In February 2006, the Department of Women and Child Development was therefore elevated to the status of Ministry of Women and Child Development with the enhanced mandate of dealing with not only policy relating to children but also a comprehensive range of programmes relating to child development and protection. On acquiring the status of a Ministry, the role and responsibility of the Ministry has increased manifold. Major protection programmes earlier handled by the Ministry of Social Justice and Empowerment were transferred to the new Ministry. In addition, the subject of early childhood education was moved to the Ministry from the Department of Elementary Education and Literacy and the issue of ending child marriage was transferred from the Ministry of Law and Justice. This integration of key issues relating to children in one portfolio promises better coordination and improved efficiency.

The role of the Ministry of Women and Child Development therefore includes policy formulation, programme implementation, coordination with other sectors, child budgeting, data management, training and capacity building, reporting and monitoring on status of children and their rights. This enhances the coordinating role of the Ministry with all other sectors and appropriate mechanisms need to be put in place for this purpose. While the creation of a separate Ministry has been a step in the right direction, it also leads to the possibility of creation of a separate Department, each for children and women, within the Ministry of Women and Child Development. This will not only be a logical follow up but will also lead to further rationalisation and focus on children.

The sheer magnitude of the challenge of ensuring child survival, development, protection and participation in India calls for high priority in national attention and investment. Despite a strong policy framework and constitutional safeguards, the realization of child rights is still an unfinished agenda. Investment in children today is essential for developing their full potential; this is critical for national development and progress.

The **present Government** has expressed its visible concern towards the cause of children while formulating the **National Common Minimum Programme (NCMP)**. The NCMP specifically highlights the government's commitment to protect the rights of children, strive for the elimination of child labour, ensure facilities for schooling and extend special care to the girl child. The NCMP also commits to universalize the Integrated Child Development Services (ICDS) scheme, to provide a functional anganwadi in every settlement and ensure full coverage for all children. In order to strengthen primary education, the NCMP highlights the role of NGOs and promises to provide full support to all NGO efforts.

The Planning Commission has also taken up the issues of children seriously by setting up a Steering Committee for Women and Children for the Eleventh Plan with a Sub-Committee on Children. A Working Group for Development of Children for the Eleventh Plan has also been constituted. The agenda of the Government of India is thus very clear. Children have to be given top priority.

The policy and advocacy mandate of the Ministry of Women and Child Development includes:

1. Coordination between all Ministries/Departments on children's issues;
2. Coordination with State Governments/UT Administrations for providing children utmost priority in their planning and implementation of policies and programmes;
3. Implementation of Convention on the Rights of the Child and other SAARC and international instruments signed on children's issues;
4. Monitoring of all schemes and programmes, policies and action plans for children;
5. Implementation of legislations on children;
6. Child budgeting and resource allocation;
7. Child participation;
8. Measuring child impact.

The newly created Ministry of Women and Child Development must assume leadership for providing ideas, guidance, support and linkages to States and sectors to generate an integrated vision for child rights and development at all levels of governance and to stimulate and encourage decentralized and area specific planning and provision of services for children. Adequate planning and resources, fact based planning and monitoring and assessment by outcomes are key tasks in this endeavour.

## **Chapter-3**

# Review of Tenth Plan and existing policies, legislations and programmes

### **3.1 Review of existing policies and legislations**

The **Constitution of India** follows the principle of protective discrimination and thereby commits itself to safeguard the rights of children through policies, laws and action. These commitments are reflected through:

*Article 15 (3):* Nothing in this article shall prevent the State from making any special provision for women and children. This is an enabling Article and should be used more consistently for child protection.

*Article 21:* Protection of life and personal liberty—No person shall be deprived of his life or personal liberty except according to procedure established by law. Most protection issues can be taken up under this Article.

*Article 21A:* Free and compulsory education for all children of the age of 6 to 14 years. While this article secures the fundamental right to education in the 6-14 age group, it must be the endeavor of the State to guarantee the provision of free and quality education to children aged below 6 and up to 18 years.

*Article 23:* Prohibition of traffic in human beings and forced labour—(1) Traffic in human beings and *begar* and other similar forms of forced labour are prohibited and any contravention of this provision shall be an offence punishable in accordance with law. This article clearly highlights the commitment of the Constitution prohibiting trafficking in human beings. However, there is a need for a comprehensive law on anti-trafficking, which will take into account the provisions of the Optional Protocol on the Sale of Children, Child Prostitution and Child Pornography.

*Article 24:* Prohibition of employment of children in factories, etc. —No child below the age of fourteen years shall be employed to work in any factory or mine or engaged in any other hazardous employment.

In the light of present situation there is a need to review this article, which permits the children above the age of 14 to work in hazardous or non-hazardous employment. Moreover, there is a contradiction between this article and article-21A, which guarantees the right to education to all children from 6-14 years. A child's right to education is compromised if the child is put to work. There is also a need to review what constitutes "hazardous" as there is a view that any child who is not in school and engaged in any kind of work is in a potentially hazardous situation.

*Article 39 (e)* provides that the health and strength of workers, men and women, and the tender age of children are not abused and that citizens are not forced by economic necessity to enter avocations unsuited to their age or strength.

*Article 39 (f)* provides that children are given opportunities and facilities to develop in a healthy manner and in conditions of freedom and dignity and that childhood and youth are protected against exploitation and against moral and material abandonment.

Under Article 39 (e) and (f) the Constitution recognizes the child's right to protection from all forms of abuse and exploitations, and their right to freedom and dignity. However, to ensure the implementation of this article there is need to create a strong protective framework, which will respond to the violations faced by children.

*Article 45:* State shall endeavor to provide early childhood care and education to all children until they complete the age of six years. For the first time the need for early childhood care and education for children below 6 years has found a specific mention in the Constitution of India. Although currently it is a Directive Principle for the State to follow, it must be perused by the State as a recognized obligation.

*Article 47:* State shall regard the raising of the level of nutrition and the standard of living of its people and the improvement of public health as among its primary duties...

India has signed and ratified most International Human Rights Conventions and Declarations.

Amongst those yet to be accepted are ILO Conventions 138 and 182. Efforts are on to integrate provisions of all these Convention into the relevant laws, rules, polices and schemes. While efforts have still to be made to incorporate all standards laid out in these Conventions and commitments into laws and programmes, an even greater effort is required to strengthen implementation of existing provisions.

**International Conventions and Declarations ratified by India**

- Convention for the Suppression of Traffic in Persons and the Exploitation of Prostitutes and others, 1949
- Minimum Age Convention, 1973
- Convention on the Elimination of All Forms of Discriminations Against Women (CEDAW), 1979
- The United Nations Convention on the Rights of the Child, 1989
- World Conference on Education for All, 1990
- The Global Conference on Water and Sanitation, 1990
- World Fit for Children Declaration, 1990
- World Summit for Children, 1990
- Optional Protocols on involvement of children in armed conflict
- Optional Protocol on the sale of children, child prostitution and child pornography, 2005
- UN Rules for the Protection of the Juveniles Deprived of their Liberty, 1990
- UN Standard Minimum Rules for the Administration of Juvenile Justice (Beijing Rules), 1985
- United Nations Guidelines for the Prevention of Juvenile Delinquency (Riyadh Guidelines) 1990
- Hague Convention on Protection of Children & Cooperation in respect of Inter-country Adoption, 1993
- Convention for the Suppression of the Traffic in Persons and of the Exploitation of the Prostitution of Others 1951
- SAARC Decade on the Rights of the Child 2001-2010
- SAARC Convention on Prevention and Combating Trafficking in Women and Children for Prostitution 2002
- SAARC Convention on Regional Arrangements for the Protection and Welfare of Children, 2002
- Millennium Development Goals (MDGs)

## **National Policies**

**National Policy for Children, 1974** provides the conceptual basis for an integrated approach to address the whole child and commits the State to provide adequate services to children, both before and after birth and through the period of growth, to ensure their full physical, mental and social development.

**National Policy on Education, 1986** and its *National Plan of Action*, which has a full section on Early Childhood Care and Education. It clearly recognizes the holistic nature of child development, and that ECCE is the crucial foundation for human resource development and cumulative lifelong learning. It is viewed as a feeder and support programme for universal elementary education- especially for first generation learners, and an important support service for working mothers and girls.

**National Health Policy, 2002** accords primacy to preventive and first line curative care at primary health level, and emphasizes convergence, and strategies to change care behaviours in families and communities.

**National Charter for Children, 2003** intends to secure for every child its inherent right to be a child and enjoy a healthy and happy childhood, to address the root causes that negate the healthy growth and development of children, and to awaken the conscience of the community in the wider societal context to protect children from all forms of abuse, while strengthening the family, society and the Nation.

The National Charter for Children affirms India's commitment to the child. However, it does not declare India's acceptance of children's entitlements as their rights. The National Policy for Children, 1974 still stands as the official policy commitment to children of India. With India's accession to the UNCRC and its two Optional Protocols rights based framework has been accepted as the guiding frame for policy measures and programming for children. This is clearly reflected in the National Plan of Action for Children, 2005.

**Commission for the Protection of Child Rights Act, 2005** provides for the constitution of a National Commission and State Commissions for protection of child rights and children's courts for providing speedy trial of offences against children or of violation of child rights and for matters connected therewith or incidental thereto.

Efforts should be made to set up the Commission for the Protection of Child Rights speedily and encourage State Governments to appoint State Commissions. National and State Commission should deal with all matters referred to them in a timely manner and should be accessible to children.

**National Plan of Action for Children, 2005** articulates clearly the rights perspective and agenda for the development of children. It provides a robust framework within which to promote the development and protection of children. The Guiding Principles of the NPA are:

- To regard the child as an asset and a person with human rights

- To address issues of discrimination emanating from biases of gender, class, caste, race, religion and legal status in order to ensure equality
- To accord utmost priority to the most disadvantaged, poorest of the poor and the least served child in all policy and programme interventions
- To recognize the diverse stages and settings of childhood, and address the needs of each, providing all children the entitlements that fulfill their rights and meet their needs in each situation.

India's implementation of the National Plan of Action for Children 2005 is also being geared to address the specific commitments set out in the Millennium Development Goals, which India has accepted. However, this can only be achieved if adequate attention is given to strengthening child protection, as protection failures will negatively influence almost all MDGs.

The Government of India has requested all the State Governments to formulate their State Plans of Action for Children. Implementation action at State level must be initiated in the Eleventh Plan Period with clear targets.

Action to implement National Plan of Action for Children 2005 must be incorporated into the Eleventh Five Year Plan with the required allocation of financial resources, development of required infrastructure and commitment of human resources with clear targets and monitoring of outcomes.

**The National Children's Fund** was created during the International Year of the Child in 1979 under the Charitable Endowment Fund Act, 1890. The Fund provides financial assistance to voluntary agencies for implementing programmes for the welfare of children including rehabilitation of destitute children. The Fund should be enhanced and energized. It should have flexibility in supporting new and innovative ventures to benefit children and the ability to respond promptly to emergencies.

**The National Common Minimum Programme 2004** specifically states that the Government will protect the rights of children, strive for elimination of child labour, ensure facilities for schooling and extend special care to the girl child. Key Features of NCMP include:

- Commitment to the well being of the common man
- Preservation, protection and promotion of social harmony
- Enhancement of welfare and well being of farmers, farm labour and workers, particularly in the unorganized sector
- A pledge to provide a corruption-free, transparent and accountable government at all times.
- Administration that is responsive and responsible at all times

While the NCMP does not detail all the commitments of the Government made for children, it provides a basic affirmation of the Government's resolve to "protect the rights of children". The test of NCMP is in how it gets translated into practical programming and investment in children; the National Plan of Action for Children 2005 spells out goals, objectives and strategies to achieve this.

## **National Legislations**



### **Juvenile Justice (Care and Protection of Children) Act, 2000 (now Amendment Act 2006)** is an Act to consolidate and amend the law relating to juveniles in conflict with law and children in need of care and protection, by providing for proper care, protection and treatment by catering to their development needs, and by adopting a child-friendly approach in the adjudication and disposition of matters in the best interest of children and for their ultimate rehabilitation. The Act defines a

In order to implement its provisions and procedures, the Act provides for:

- Juvenile Justice Boards
- Child Welfare Committees
- Institutional care through children's homes, observation homes, shelter homes, special homes and aftercare organizations
- Non-institutional care through Adoption, Foster Care, Sponsorship and After Care
- Special Juvenile Police Units
- Juvenile Justice Fund
- Central/State/District Advisory Boards
- Selection Committee
- Inspection Committee

juvenile/child as a person who has not completed the age of 18 years. It has two separate chapters – one for juveniles in conflict with law and the other for children in need of care and protection. It also contains an exclusive chapter concerning rehabilitation and social reintegration of children. The Act defines Juvenile in conflict with law as a child who is alleged to have committed an offence and Children in need of care and protection broadly as children who are neglected, abused, abandoned, victim of any armed conflict or natural calamity amongst others. Offences committed against a child as listed in the Act, are cognizable and punishable under the provisions of this Act.

While it is an accepted fact that the Juvenile Justice Act 2000 is a progressive and comprehensive legislation for children of India, uniform implementation of its provisions throughout the country has been a cause of concern. In order to achieve the objectives of the Act it is imperative to address following issues:

- Acute shortage of qualitative and quantitative data relating to children in need of care & protection, children in conflict with law and children in institutional care
- Standards of care not implemented
- Inadequate infrastructure under JJ system in terms of number of Juvenile Justice Boards, Child Welfare Committees, Special Juvenile Police Units, etc.
- Lack of non-institutional and family based care systems for children
- Inadequate budgetary allocation for child protection
- Inadequate training and capacity building of functionaries under juvenile justice system
- Lack of resources and manpower at State and District levels for implementation and monitoring of the provisions of the Act
- Child protection is not in the priority list of State Governments planning process
- Inadequate linkages with other sectors to implement the provisions of the Act

**The Child Labour (Prohibition and Regulation) Act, 1986** was enacted in 1986 by the Parliament to prohibit the engagement of children in certain employments and to regulate the conditions of work of children in certain other employments. However, it was brought into force by the Central Government in 1993. The Act provides for power to State Governments to make Rules with reference to health and safety wherever the employment of children is permitted. The salient features of the Act include:

- Prohibition of employment of children in certain occupations and process
- Child Labour Technical Advisory Committee
- Regulation of conditions of work of children including fixing hours and period of work, weekly holidays, notice to inspector, provision for resolving disputes as to age, maintenance of registers and for health and safety, etc.
- Penalties for employing any child or permitting any child to work, procedures relating to offences, appointment of inspectors and powers to remove difficulties

In view of India having signed and ratified the UN Convention on the Rights of the Child (UNCRC), the Child Labour (Prohibition and Regulation) Act 1986 is inadequate to address the real problem. The law makes a fallacious distinction between ‘hazardous’ and ‘non-hazardous’ sectors, negating the fact that any employment of children violates a child’s basic rights to survival, development, protection and participation. Prohibition of employment in the so-called ‘hazardous’ sectors and regulation in the ‘non-hazardous’ allows for employment of children and weakens law enforcement. Moreover, this is in contradiction with the Constitutional guarantee of right to education for all children in the 6-14 years age group. Furthermore, the definition of children given by this legislation is in contradiction with the UNCRC and the Juvenile Justice (Care and Protection of Children) Amendment Act 2006. Therefore, an amendment to this Act is urgently needed.

**Other legislations concerning Child Labour** include The Factories Act, 1948, The Mines Act, 1952, The Plantation Labour Act, 1951, The Merchant Shipping Act, 1958, The Motor Transport Workers Act, 1961, The Beedi and Cigar Workers (Conditions of Employment) Act, 1966, The Bonded Labour System (Abolition) Act, 1976.

All these Acts prohibit employment of children under 14 years only, which is not in accordance with the UNCRC and the Juvenile Justice legislation in India. Therefore an amendment to these Acts is required for ensuring that children are protected from economic exploitation and their rights are not violated.

**The Immoral Traffic (Prevention) Act, 1956:** In 1986, the Government of India amended the erstwhile Suppression of Immoral Traffic in Women and Girls Act 1956, renamed as the Immoral Traffic (Prevention) Act to widen the scope of the law to cover both the sexes exploited sexually for commercial purposes and provided enhanced penalties for offences involving children and minors.

The Immoral Traffic (Prevention) Act, 1956 prescribes stringent action against those inducing children (below 16 years) and minors (16 to 18 years) in the offence of procuring, inducing or taking a person for the sake of prostitution (Section 5). The Act further provides that where any person is found with a child in a brothel, it shall be presumed, unless the contrary is proved, that he has committed an offence of detaining a person in premises where prostitution is carried on. Similarly, when a child or minor found in a brothel, on medical examination, detected to have been sexually abused, it shall be presumed, unless the contrary is proved, that the child or minor has been detained for purposes of prostitution or, as the case may be, has been sexually exploited for commercial purposes. The punishment consists of imprisonment of either description for a term which shall not be less than 7 years, but which may be for life or for a term, which may

extend to 10 years and shall also be liable to fine, with a provision for less than 7 years under special circumstances.

Besides contemplating specialized machinery for its enforcement, the Act envisages a comprehensive scheme for rescue, protection and corrective treatment of prostitutes. Section 21 deals with establishment of Protective Homes by the State government.

The Ministry of Women and Child Development is in the process of amending the Immoral Traffic (Prevention) Act with a view to make the law victim friendly and, at the same time, making punishment for traffickers more stringent and putting greater criminal liability on them.

**Child Marriage Restraint Act 1929**, as amended in 1979 is an Act to restrain the solemnization of child marriages. The Act prescribes a minimum age of 21 years for males and 18 years for females for marriage. This law is applicable to all Indians. The Act provides for punishment for solemnizing a child marriage. It also provides for punishment to parent or guardian, if they marry off their children/wards before the permissible age. Under the Act, any man who marries a minor girl is liable to the punishment as prescribed. No woman can be punished under this Law.

Considering the shortcomings in the **Child Marriage Restraint Act** and its implementation, the Government of India has proposed an improved legislation – **The Prohibition of Child Marriage Bill**. The National Commission for Women and the National Human Rights Commission played an important role in the preparation of the draft Bill, which was introduced in the Rajya Sabha on December 20, 2004. The Bill aims at:

- Declaration of all child marriages voidable at the option of the contracting party to the marriage, who was a child
- Declaring the child marriage as void in certain circumstances
- Requiring the husband or, if he is a minor at the material time, his guardian, to pay maintenance to the minor girl until her remarriage
- Legitimation of children born of a child marriage even if the marriage has been annulled, including providing for the custody and maintenance of the children born of child marriages
- Empowering the district court to add to, modify or revoke any order relating to the maintenance of the female petitioner and her residence, and custody or maintenance of her children, etc.
- Empowering the courts to issue injunctions prohibiting solemnisation of marriages in contravention of the provisions of the proposed legislation
- Making the offences under the proposed legislations to be cognizable for the purposes of investigations and for other purposes
- Appointment of child marriage prevention officers by the State Government
- Empowering the State Governments to make rules for effective administration of the legislation

The Parliament constituted a Standing Committee to receive written and oral evidence from several experts in the civil society to get their comments and suggestions on the proposed legislation. At present the Bill is still under discussion.

In February 2006, the Supreme Court of India ruled that all marriages, existing and future would have to be registered. The Centre, State Governments and the Union Territories were accordingly directed by the apex Court to frame a uniform set of rules and procedures for registration of marriages.

**Hindu Adoption and Maintenance Act (HAMA) 1956** is an Act to amend and modify the law relating to adoptions and maintenance among Hindus. It is the only codified law available for adoption and its applicability is restricted to Hindus alone that includes Buddhists, Jains and Sikhs. The Act provides for norms and standards for adoption and maintenance. The conditions laid down by the Act provides that only person below 15 years are capable of being taken in adoption, unless there is a custom or usage applicable to the parties which permits persons who have completed the age of fifteen years being taken in adoption. The Act enables a person to adopt a child of either sex, child of any caste, child of unknown parentage and child with physical disabilities.

It is an accepted fact that HAMA brought in some radical changes in the existing Hindu Law. However, HAMA continues to have serious flaws and antiquated provisions like:

- A single woman (unmarried, widowed or divorced) can adopt a child but a married woman is not allowed to do so. She can only be the consenting partner and not the petitioner. The husband has to be the petitioner, thereby discriminating against married women.
- The moment a Hindu converts to another religion, he/she not only loses the right to adopt, but will have no legal recourse if the spouse decides to place the child for further adoption.
- The Act prohibits a person with a son, grandson or great-grandson, from adopting a boy, and adopting a girl if he/she has a daughter or son's daughter living with them
- There is no full proof guarantee against any eventual maltreatment/abuse/exploitation of an adopted child in the adoptive family. However, the irrevocability clause of HAMA creates a legal obstacle for the re-adoption of such children
- As per the opinion of the Union Law Ministry (Department of Legal Affairs), non-resident Hindus (NRIs/PIOs) are not eligible to adopt a child under HAMA, whereas adoption orders are being issued in favour of NRIs and PIOs (habitual residents in other countries) by the Indian Courts. These adoptions are considered as final adoptions. There is a need to bring congruity between the opinion of the Law Ministry and Court practice.

Adoption, both domestic as well as inter-country, is also now possible under the Juvenile Justice (Care and Protection of Children) Act 2000 (now Amendment Act 2006). However, there is need for an Implementing Legislation on inter-country adoption in the light of the opinion of the Department of Legal Affairs, Ministry of Law and Justice, that the provisions of the UNCRC and the Hague Convention on Protection of Children and Cooperation in respect of Inter-country Adoption may not be taken cognizance by courts in India unless translated into a domestic law.

**Guardians and Wards Act (GAWA) 1890** is an Act to consolidate and amend the law relating to Guardian and Ward, which confers only a guardianship status on the parent, which ceases once the child completes 21 years of age. The Act provides for appointment and declaration of

guardians, duties, rights and liabilities of guardians among others. The Act also provides for penalty to guardian appointed by a Court if he/she removes the ward from the jurisdiction of the concerned Court.

In the absence of a uniform adoption law, Muslims, Christians, Jews, Parsis can take children into their family using the Guardians and Wards Act 1890. However, it provides only the guardianship status. Since the child has the status of a ward under the Act, s/he finds no legal protection in terms of enjoying legal rights over her/his parent's property. It is left to the parent/guardian to will his property to the child, or as is the case with Muslims, gift their ward a section of their property during their lifetime as Muslim personal law does not allow a person to will away his property.

In order to integrate provisions of the UNCRC and protect the fundamental right to equality of children as provided under Article 14 of the Constitution of India, there is a need review the situation and promote adoption under the JJ Act 2000 (as amended in 2006), which has an enabling provision on adoption and clearly defines it to ensure adopted children the same status as that of a biological child.

**Infant Milk Substitutes, Feeding Bottles and Infant Foods (Regulation of Production, Supply and Distribution) Act 1992 and its Amendment Act 2003** is a globally well-recognized instrument to promote, protect and support breastfeeding and to ensure optimal Infant and Young Child Feeding practices, harmonized with recent WHO/UNICEF guidelines.

**Some other relevant legislations** concerning children include Probation of Offenders Act 1958, Bombay Prevention of Begging Act 1959, Orphanages and Other Charitable Homes (Supervision and Control) Act 1960, Prevention of Illicit Traffic in Narcotic Drugs and Psychotropic Substances Act 1987, Pre-natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act 1994, Persons with Disabilities (Equal Protection of Rights and Full Participation) Act 2000.

In order to achieve the objectives of these legislations it is imperative to:

- Ensure the implementation of existing legislation and wide dissemination of information about the provisions and mechanisms for complaints/monitoring of implementation.
- Adoption of new legislation to cover aspects of child protection weakly represented or not represented under existing legislations
- Consider amendments to existing legislations to incorporate broader protection for children
- Conduct reviews and examine further need for amendments to legislation to bring them in line with agreed constitutional and international commitments

### **3.2 Mid-Term Appraisal of the Tenth Plan**

The Tenth Plan has set certain monitorable targets for children including all those in school by 2003; all children to complete five years of schooling by 2007; reduction in gender gaps in

literacy and wage rates by at least 50 percent by 2007; reduction of Infant Mortality Rate (IMR) to 45 per 1000 live births by 2007 and 28 by 2012; reduction of Maternal Mortality Rate (MMR) to 2 per 1000 live births by 2007 and to 1 per 1000 live births by 2012. The other objectives of the Tenth Plan include arresting the decline in the child sex ratio; increasing the representation of women in premier services and in Parliament; and universalisation of the Integrated Child Development Services (ICDS) scheme.

Though some of these targets are set for beyond the Tenth Plan, the Mid-Term Appraisal has been conducted in the light of these targets. The mid-term appraisal of women and child development has found glaring gaps and inconsistencies on the ground in the light of the promises made in the Tenth Plan and the NCMP. The goals appear almost impossible to achieve. It took two decades to reduce the gender gap in literacy from 26.62 in 1981 to 21.69 in 2001. But the Tenth Plan envisages a reduction by 50 per cent in five years. The critical issues relating to women and children that need to be addressed are the adverse child sex ratio, persistently high infant, child and maternal mortality ratios, wide gender gaps in literacy as well as wage rates, escalating violence against women and the rising incidence of female foeticide and infanticide.

A high-powered inter-ministerial review (under the chairpersonship of the Prime Minister) of gender justice or alternatively a Prime Minister's Mission on Development of Women and Children was recommended by MTA to bring the Tenth Plan back on track regarding its commitment to gender justice.

### **3.1.1 ICDS in Tenth Five-Year Plan**

#### **EXPANSION OF THE ICDS**

The ICDS Scheme was approved for implementation in the Tenth Plan within the existing sanctioned 5652 Projects with no expansion activities due to resource constraints. It may be noted that only 4200 ICDS Projects were operationalised by the end of Eighth Plan (31.3.1997), while 1452 more Projects had been sanctioned in the Eighth Plan. These were permitted to be operationalised in a phased manner, during the Ninth Five Year Plan. However, only 408 additional projects could actually become operational by the end of Ninth Plan. Remaining 1044 ICDS Projects, which were non-operational at the beginning of the Tenth Plan, became operational by 31.3.2006 only.

To comply with directions of the Supreme Court and to implement the National Common Minimum Programme (NCMP) of the Government, the scheme has been expanded to cover 466 additional Projects and 1,88,168 additional Anganwadi Centres during the financial year 2005-06. As on 31.12.2005, 5653 Projects and 745,943 AWCs have become operational.

As a result of operationalisation of Projects, permitted for operationalisation in Ninth Plan, the total number of beneficiaries has recorded a significant rise during the Tenth Plan. The total number of beneficiaries as on 31.3.2006 was about 568.40 lakh comprising of about 474.52 lakh children (0-6 years) and about 93.88 lakh pregnant and lactating mothers through a network of

about 7.48 lakh Anganwadi Centres; whereas the same stood at 375.09 lakh (315.03 lakh children and 60.06 lakh women) as on 31.03.2002.

### **NATIONAL COMMON MINIMUM PROGRAMME (NCMP)**

Recognizing the criticality of improving young child survival, growth and development outcomes, the National Common Minimum Programme of the present Government clearly emphasizes the need to accord priority to children – especially the girl child. It stipulates a commitment to ‘Universalize the Integrated Child Development Services (ICDS) scheme to provide a functional Anganwadi in every settlement and ensure full coverage for all children’. The Common Minimum Programme also states that nutrition programmes, particularly for the girl child, will be expanded on a significant scale.

### **LINKAGES WITH OTHER PROGRAMMES**

The second half of the Tenth Plan witnessed major landmarks in policy and resource commitments to child survival and development, targeting children directly -such as Universalisation of ICDS, Universalisation of school mid day meals, Sarva Shiksha Abhiyan (SSA), Kishori Shakti Yojana (KSY), and those addressing poor communities and impacting upon children -such as the National Rural Health Mission (NRHM), Total Sanitation Campaign (TSC), and the National Rural Employment Guarantee Scheme (NREG). These initiatives are synergistically linked – seeking to touch the lives of rural poor and marginalized communities and their children and women. They are now translating CMP commitments into action – within the families and communities in which children live grow and develop.

### **MID TERM APPRAISAL OF THE TENTH FIVE YEAR PLAN**

Given the importance of ICDS in the survival and development of children and its centrality within the programmes of the Ministry of Women & Child Development, the Mid-term appraisal of the Tenth Plan highlighted the following:

- The existing crèche facilities need to be expanded exponentially.
- Universalisation of ICDS, one of the goals of NCMP, needs to be completed in five years time. Universalisation cannot and should not be interpreted merely in terms of doubling the number of centres to 14 lakh. The nature of change and quality improvement is as important.
- Lack of food security and poor nutritional status affects the physical growth, intelligence, behaviour and learning abilities of children and adolescents, especially during the development of the brain in 0-3 years period. Since most States are unable to meet the supplementary nutrition component of ICDS because of financial constraints, Centre could consider sharing of the cost of the supplementary nutrition. Supplementary nutrition can be supervised by women’s SHGs on behalf of the panchayats.
- For the ICDS to achieve its objectives, an effective synergy is required between the DWCD and the Ministry of Health & family Welfare, the Department of Education, the Department of Drinking Water Supply and other ministries/departments to meet the requirements of health, sanitation, drinking water, pre-school education, etc.
- Accountability should remain with the State departments of WCD, but with increasing attempts to involve the Panchayati Raj Institutions (PRIs) as partners.

### **3.1.2 Early Childhood Education Programmes in Tenth Five-Year Plan**

The major initiatives suggested under currently run Tenth Five Year Plan include strengthening PSE component of ICDS by need based training of AWWs, provision of learning material at AWCs, setting up of PSE centres in uncovered areas, building advocacy and training of community leaders.

The mid-term appraisal clearly underlines the need for day care. It also states that PSE for three to six year olds is a weak component of ICDS. It suggests district level strategies for pre-school education and training of Anganwadi workers by SCERTs to meet the needs of pre-school education.

### **3.1.3 Child Protection Programmes in Tenth Five-Year Plan**

**The Prevention and Control of Juvenile Maladjustment scheme** provides full coverage of services in all districts as contemplated under the Juvenile Justice Act, 1986 (JJ Act) as amended in 2000. Many states are not able to avail funds under this Centrally sponsored scheme because of their inability to contribute a matching share of 50 per cent. Although, the utilisation of the funds has been satisfactory (89.5 per cent in 2002-03 and 102 per cent in 2003-04), more than 72 per cent funds were utilised by only five states. Andhra Pradesh, Madhya Pradesh, Maharashtra, Tamil Nadu and Uttar Pradesh. Maharashtra alone received more than 35.5 per cent of the total funds released under the scheme in 2002-03 and 45.31 per cent in 2003-04, which shows a huge inter-state disparity in utilisation of funds. The major gaps in the implementation of the Act have been inadequate and poor quality juvenile justice infrastructure, low priority given by the state governments and lack of trained manpower. The scheme was revised in 1998 and renamed 'Integrated Programme for Juvenile Justice'.

The **Integrated Programme for Street Children** scheme assists a wide range of initiatives, which cover providing shelter, nutrition, health-care, sanitation and hygiene, safe drinking water, education, recreational facilities and protection against abuse and is to prevent destitution of children who are without homes and family ties and facilitate their withdrawal from the streets. The main services under the scheme include establishment of 24-hour drop-in-shelters, non-formal education, vocational training, placement, capacity building and general awareness. Since its inception in 1998 as many as 2,50,740 street children have been benefited through 214 voluntary organisations in 24 States/Union Territories.

One of the important initiatives taken for the welfare of the children was the establishment of a **Childline service**, which is a 24-hour toll-free telephone service (1098) that can be accessed by children in distress or by adults on behalf of these children to seek emergency assistance and for referring the child to an appropriate organisation for long-term follow-up care. The objective of the Childline is to attend to children in difficulties and facilitating their rehabilitation through providing a platform for networking among government and non-government agencies in the area of child welfare and sensitising those working in the police, judiciary, hospitals, etc. on child protection issues. Childline is presently functional in 55 cities and has responded to more than 48.79 lakh calls between its inception in 1998 and December 2003. An outlay of Rs.85.90



crore has been allocated for the Tenth Plan period but only Rs.39.10 crore (45.5 per cent) has been spent in the first-three years, indicating a shortfall of 14.5 per cent.

Despite the continuous efforts of the government, street children continue to be in a precarious situation. Coordinated efforts are required for implementation of the Integrated Programme for Street Children and for extending its reach in order to attend to problems and needs of these children. The programme has so far benefited 1,040 children against the target of 1,200 for first two years of Tenth Plan. In addition, 840 children have been benefited under the **Shishu Greh Scheme**, which is a part of this scheme.

### **Other areas of concern**

- **Child Trafficking:** Child trafficking is not merely confined to trafficking for commercial sexual exploitation, but can be for organ transplants, begging, entertainment (camel jockeying and circus), child labour and domestic work, drug peddling, and participation in armed conflicts, to name a few. For the vast multitude of homeless and street children, a more comprehensive policy on adoption and foster care of children must be formulated, which should be in consonance with the Convention on the Rights of the Child (CRC).
- **HIV-AIDS:** There is no data indicating the extent to which children are affected by HIV/AIDS, although mother-to-child transmission is a serious problem. Also, there are instances where parents are HIV negative but children have been found to be HIV positive because of artificial insemination or use of used syringes/needles. The Naaz Foundation India Trust, an organisation that runs a care-home for HIV positive orphaned children and abandoned women, has come across instances of children getting infected due to vaccination. Semen for artificial insemination needs to be screened for HIV. Mother-to-child transmission rates can be brought down with drug treatment, but often the drugs are not available in many hospitals. To reduce the incidence of transmission due to breast-feeding, HIV-positive women should be provided with alternatives like soya milk for their children. Emphasis needs to be laid on well-accepted HIV/AIDS preventive measures such as the use of condoms, given multiple partner sexual behaviour. Social exclusion follows once HIV is detected. The problem of discrimination against HIV positive children while accessing public services like hospitals, schools, playgrounds, and other facilities needs to be addressed, perhaps with some special legislation.
- **Restraining Child Marriage:** The Child Marriage Restraint Act of 1929 (as amended in 1949 and 1978) needs to be reviewed and amended, but this must be preceded by an investigation of contemporary trends. The problem is not so much a continuation of traditional cultural practices, but the emergence of new complex causes. These are growing insecurity of girls and increasing violence against them, adolescent pregnancy resulting from sexual ignorance and neglect, increasing drop-outs from post-primary schooling due to various reasons, and deep neglect of the physical and cultural development of girls, with no provisions for games/sports, healthy entertainment and reading facilities. The problem of ignorance among girls about how to cope with their nascent sexuality needs to be addressed by the Ministry of Human Resource Development and of Youth Affairs. These Ministries should also implement the recommendations of the 2001 Report of the Working Group on Adolescents for the Tenth Plan.

- **Protecting Girl-child Domestic Labourers:** In pursuance of its mandate to suggest systemic changes, the National Commission for Women (NCW) should, among other things, suggest institutional mechanisms to prevent violence against women and girl children in several fields, for example, in girl child domestic wage labour. The MTA had suggested that classifying domestic wage labour by girl children as a hazardous occupation may help avoid their exposure to the risks of mental and physical harassment, and sexual exploitation. Such a proposal may be put before the Technical Advisory Committee under the Child Labour Act that considers proposals to categorise any occupation as hazardous. Accordingly, the Ministry of Labour has issued a notification including employment of children below 14 years for domestic work in the Schedule to the Child Labour (Prohibition and Regulation) Act, thereby declaring it hazardous.

The pace of progress made during the first three years of the Tenth Plan in both the disability and social defence sectors was recorded to be slow as the estimated expenditure in this period was only 31.20 percent of the total outlay for the disability sector and in the social defence sector it was 42.4 percent.

### **3.1.4 Girl Child in Tenth Five-Year Plan**

The Mid-Term Appraisal of the Tenth Plan expressed concern at the continuing adverse child sex ratio, the rising incidence of female foeticide and infanticide, persistently high infant child and maternal mortality rates, wide gender gaps in child health and education as well as low female literacy and escalating violence against women etc. The MTA recognizes that inculcation of values of market economy enhances gender inequity and that obsession with population control may lead to a disturbingly unbalanced population. It suggests strict implementation of the PNMT Act and withdrawal of coercive population programmes by the State Governments.

The other issues flagged in the Mid-Term Appraisal concerning girl child include:

- Wide prevalence of sex determination before birth;
- Child Trafficking for commercial sexual exploitation, organ transplants, begging, entertainment (camel jockeying and circus), child labour and domestic work, drug peddling, and participation in armed conflicts;
- No data indicating the number and status of children affected by HIV/AIDS;
- Social exclusion and discrimination against HIV positive children;
- Review and amendment of the Child Marriage Restraint Act of 1929 (as amended in 1949 and 1978);
- Growing insecurity of girls and increasing violence against them, adolescent pregnancy resulting from sexual ignorance and neglect, increasing drop-outs from post-primary schooling due to various reasons, and deep neglect of the physical and cultural development of girls, with no provisions for games/sports, healthy entertainment and reading facilities;
- Need for hostels with subsidized boarding and lodging facilities for adolescent girls;
- Protecting girl-child domestic labourers

### **3.3 Review of existing Programmes/Scheme**

## A. CHILD PROTECTION PROGRAMMES AND SCHEMES

**A Programme for Juvenile Justice** is a scheme for ensuring implementation of the Juvenile Justice (Care and Protection of Children) Act, 2000. The objectives of the scheme are:

- To extend help to State Governments to bear the cost of infrastructure and services development under the Juvenile Justice Act.
- To ensure minimum quality standards in the juvenile justice services
- Ensure participation of community and other organizations into the care and protection of children in conflict with law

The setting up of a Juvenile Justice Board and a Child Welfare Committee in every district/group of districts as required in the JJ Act of 2000, has been so far, tardy. Many states do not have a home for children in need of care and protection and some states have no such facilities for girls. In many places observation home and special home and place of safety are situated in the same premises. Inadequate staff in the homes and lack of adequate number of probationary officers as well as child welfare officers hinders the process of protection and justice.

In order to implement the existing provisions of this scheme and the juvenile justice legislation, a mechanism that is less bureaucratic and speedier needs to be created. Only 50% of the funds for implementing this scheme come from the Centre and the rest have to be raised by the States, which often does not happen. It is thus important that the Centre provides 100% assistance to States for implementing all such schemes. Instead of one or two schemes, there should be a full-fledged programme for implementation of juvenile justice and creation of a protective environment for children.

**An Integrated Programme for Street Children** aims at preventing destitution of children and facilitating their withdrawal from life on the streets. It provides for shelter, nutrition, health care, education, and recreation facilities to street children and seeks to protect them against abuse and exploitation. A project under this scheme includes:

- City level surveys;
- Documentation of existing facilities and preparation of city level plan of action;
- Contact programmes offering counseling, guidance and referral services;
- Establishment of 24 hours drop-in shelters;
- Non-formal education programmes;
- Programmes for reintegration of children with their families and placement of destitute children in foster care homes/hostels and residential schools;
- Programmes for enrollment in schools;
- Programme for vocational training;
- Programmes for occupational placement;
- Programmes for mobilizing preventive health services;
- Programmes aimed at reducing the incidence of drug and substance abuse, HIV/AIDS etc.;
- Post ICDS/Anganwadi programmes for children beyond six years of age;
- Programmes for capacity building and for advocacy and awareness building on child rights

Street children includes many other categories of children such as child beggars, children addicted to drugs, street children affected by HIV/AIDS, rag pickers etc., each of them requiring specialized attention. A more comprehensive and targeted approach is thus required to deal with the specific situations of all street children. Moreover, these children must be provided necessary care and protection under the juvenile justice legislation. Instead of conducting raids and treating them as criminals, the victimization of these children needs to be addressed and they need to be provided a protective environment. As a result the juvenile justice mechanism needs to be strengthened and the police and judiciary need to be trained and sensitized.

A cadre of counselors needs to be built in the years to come to prevent children from running away from homes or taking to drugs etc. and also to help children post-victimisation. Dearth of counselors and social workers has led to a catastrophe, as there is nobody to reach out to children when they need emotional and psychological support. Since prevention is better than cure, role of counselors and social workers in preventing harm/risk as also in protecting those already harmed becomes crucial. Necessary institutions and courses may be initiated to develop such trained personnel and place them in every school, panchayat, childline centre, police station or any other point of contact for children in distress.

**Childline Service:** Child line is a 24 hours free phone service, which can be accessed by a child in distress or an adult on his behalf by dialing the number 1098 on telephone. Child line provides emergency assistance to a child and subsequently based upon the child's need, the child is referred to an appropriate organization for long-term follow up and care. The basic objectives of the Childline Service are as follows:

- To respond to children in emergency situations and refer them to relevant Governmental and Non- Governmental Organisations;
- To create a structure which ensures the protection of the rights of the child as ratified in the UN Convention on the Rights of the Child and The Juvenile Justice (Care and Protection of Children) Act, 2000;
- To provide a platform for networking amongst organizations and to strengthen the support systems which facilitate the rehabilitation for children in especially difficult circumstances;
- To sensitize agencies such as the public, hospitals, municipal corporations and the railways towards the problems faced by these children;
- To provide an opportunity to public to respond to the needs of children in difficult circumstances.

The service is being standardized to meet common norms and objects. It will be extended to rural areas also. An experiment in this regard has already been initiated in four states. Expansion of Child Line will require greater partnership with voluntary organizations and also with other platforms such as youth groups or community-based groups etc. At the same time, it implies higher investment of resources and capacity building of the allied systems to cooperate in reaching out to every child in distress. Childline service network needs to expand to every district of the country.

**Central Adoption Resource Agency (CARA)** is an autonomous body under the Ministry of Women and Child Development to regulate and monitor the working of recognized social/child welfare agencies engaged in inter-country adoptions through State Governments and UT

Administrations. CARA is also expected to promote domestic adoption by ensuring that all children referred for foreign adoptions are given an opportunity to be adopted within the country. CARA has formulated the Guidelines for inter-country adoption as per the Supreme Court directions in the writ petition of L.K. Pandey vs. Union of India.

CARA has revised the guidelines for inter-country adoption in 2006, following India's ratification of the Hague Convention for the Protection of Children and Cooperation for Inter-country adoption in 2003. While there is a clear need to promote adoption, it is also important to streamline the procedure and ensure checks and balances to counter trafficking of children in the name of adoption. Some concerns that must be addressed in the Eleventh Plan include:

- a) Although there are a large no of children in institutions who may need a family the system of identifying and placing children in adoption is poor and inadequate.
- b) The organized and monitored Adoption programme is there only in 14 States. Adoptable children in other states either languish in children's homes/may be trafficked to neighboring states/or given in informal/illegal Adoption.
- c) In spite of the safeguards in the guidelines of CARA, malpractices even in the licensed /recognised institutions are reported from time to time.
- d) Lack of monitoring and immediate action by State Governments due to paucity of designated staff is one of the main concerns.

**Scheme of Assistance to Homes for Children (Shishu Greh) to Promote In-Country Adoption:** The main objective of the Scheme is to provide support for institutional care within the country for care and protection of infants and children up to 6 years of age who are either abandoned or orphaned or rendered destitute and ensure their rehabilitation through in-country adoption.

In 2004-05, 39 NGOs and 3 State Governments (Karnataka, Mizoram and Uttar Pradesh) were supported for running 43 and 10 units of Shishu Greh respectively. During 2005-06, similar support was provided to 37 NGOs and 2 State Governments (Gujarat and Mizoram) for running 40 and 9 units of Shishu Greh respectively. Since as per the Juvenile Justice (Care and Protection of Children) Act, 2000, the placement of children in a family environment is to be preferred to institutional care, new shishu grehs/specialised adoption agencies (as per the Amended Act, 2006) covering every district of the country need to be established along with a strict mechanism to license these institutions and monitor them regularly. Adequate infrastructure and investment of resources is therefore required.

**Rajiv Gandhi National Crèche Scheme for the Children (0-6 years) of Working Mothers** to provide better and improved Crèche/Day Care facilities. The main objectives this scheme is to promote a healthy all round development of children of the working/ailing mothers particularly those employed in the unorganized sector and belonging to the BPL category. Guidelines with regard to Physical Environment, Food and Essentials etc., have been formulated for the implementing agencies to follow. Training of crèche workers on childcare and early childhood education, health-first aid, CPR, emergency, hygiene and nutrition, is an essential component of the scheme.

The number of crèches sanctioned as on September 2006 under the ‘Rajiv Gandhi National Crèche Scheme for Children of Working Mothers’ is 23,834. This is totally inadequate when compared to the huge numbers of working mothers and their children. The requirement of crèches to cater to the childcare needs of the 22 crore women in the informal sector alone is 800,000<sup>14</sup>.

More implementing agencies need to be involved in the implementation of the scheme. State Governments/UT Administrations, local Community Based Organisations and Self Help Groups, other large national NGOs, trade unions or workers boards such as Building Workers Association must all be involved as organisations.

The Parliamentary Standing Committee of the Ministry of HRD, in its 175th report, had asked for an appraisal about the rationale of selecting only three agencies for operationalising the Crèche Scheme. The Committee had further recommended that more and more reputed and established NGOs may be selected for implementing the Crèche Scheme.

Up-gradation of infrastructure and materials, including cooking/eating utensils, cot, mattresses, pillows, cradles, fan, toys and learning materials requires more investment in the Eleventh Plan. Regular training of crèche workers (the scheme proposes refresher courses every two years), cost of training institutions and trained personnel to train, are also areas to be strengthened through adequate investment of financial resources as well by establishing linkages with available training institutions. Lateral linkages with the local PHC or sub-PHC in the area and tie up with the Anganwadi centres for inputs like immunization, polio-drops, and basic health monitoring needs to be strengthened in the Eleventh Plan. Without this the scheme cannot achieve its objectives and there will be very little improvement in the life of a child.

**Swadhar Scheme** was launched by the Ministry during the year 2001-02 for the benefit of women/girls in difficult circumstances, to provide -- primary need of shelter, food, clothing and care to the marginalized women/girls living in difficult circumstances who are without any social and economic support; emotional support and counseling to such women; rehabilitate them socially and economically through education, awareness, skill up gradation and personality development through behavioral training etc.; to arrange for specific clinical, legal and other support for women/girls in need of those intervention by linking and networking with other organizations in both Government and non-Government sectors on case to case basis; to provide Help line (24 hour telephone facility) or other facilities to such women in distress; and provide such other services as will be required for support and rehabilitation to such women in distress.

While women form the main target group of this scheme, it does address the needs of the girl child who is victim of trafficking and sexual abuse. It is therefore important to see this as a scheme for the protection of the girl child also. Although there were some delays in the implementation of the scheme in its initial phase, in 2005-06, the outreach of the scheme has expanded. While expansion of Swadhar must continue in the Eleventh Plan period, investment also needs to be made on making more helplines functional and at the same time making such services widely known to all in the country.

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<sup>14</sup> CLAP. Exploring Rights of the Child in Early Childhood. A Report of the Interface for Perspective Building on Legal Aspects of Early Childhood Care and Development.

**Assistance to Voluntary Organisations for setting of Short-stay Homes:** The scheme seeks to protect and rehabilitate women and girls who are facing social and moral danger due to family problems, mental strains, social ostracism, exploitation or other causes. The scheme provides services like medical care, psychiatric treatment, case work services, occupational therapy, education, vocational and recreational activities and social facilities of adjustment, The Ministry of Women and Child Development has also anchored help line services for women in distress in some Short- Stay Homes.

**Scheme for rescue of victims of trafficking** is to address trafficking in women and children for commercial sexual exploitation through small pilot projects. The aim is to test the efficacy of certain approaches and methods to combat trafficking and sexual abuse of women and children. Three pilot projects have been initiated under this scheme, two in source areas (one rural area, where it is a traditional practice, and one urban area) and one in destination area.

All projects under the scheme are one-year pilot projects. The outcome of the projects will be visible in some time. The lessons learnt could then be replicated and up-scaled for wider outreach in the Eleventh Plan period. Investment will be required accordingly.

**Relief and rehabilitation of rape victims:** The National Commission for Women formulated this scheme in pursuance of the Supreme Court judgement dated 19.10.94 directing the Government to mitigate the sufferings of rape victims and pay them some compensation. The scheme accordingly provides for the constitution of Criminal Injuries Relief and Rehabilitation Board in every district to award compensation to rape victims; and, District Monitoring Committees to provide shelter, protection, legal and medical aid and other rehabilitative measures for the victims.

The scheme is yet to take off. Implementation of the scheme through establishment of relevant mechanisms specified under it requires large-scale investment and commitment of resources. The target group of the scheme is only women or girls who are victims of rape. Boys too fall prey to sexual abuse, including rape and need such measures for their protection and rehabilitation.

**National Child Labour Project (NCLP) Scheme** is a Central sector scheme. The project aims at withdrawing and rehabilitating children working in identified hazardous occupations and processes through special schools and finally mainstreaming them to the formal education system. Education, vocational training, health check-ups, nutrition and monthly stipends for children are essential components of the scheme.

**Assistance to Voluntary Organisations and NGOs:** Under the Grants-in-aid Scheme Voluntary Organisations/NGOs are financially assisted to the extent of 75% of the project cost, for taking up action-oriented projects for rehabilitation of working children.

**International Programme on the Elimination of Child Labour (IPEC)** is a global programme launched by the International Labour Organisation in December 1991. India was the first country to join it in 1992 when it signed a Memorandum of Understanding (MOU) with ILO. The MOU that expired on 31.12.1996 has thereafter been extended from time to time and has recently been extended till September 2006. The long-term objective of IPEC is to contribute to the effective

abolition of child labour. Its immediate objectives are: (1) Enhancement of the capability of ILO constituents and NGOs to design, implement and evaluate programmes for child labour; To identify interventions at community and national levels which could serve as models for replication; and Creation of awareness and social mobilization for securing elimination of child labour.

**INDUS Project:** The Government of India and the US Department of Labour have initiated a US\$ 40 million project aimed at eliminating child labour in 10 hazardous sectors across 21 districts in five States namely, Maharashtra, Madhya Pradesh, Tamil Nadu, Uttar Pradesh and NCT of Delhi.

Government of India's expenditure for mainstreaming one child labour in regular school education is Rs. 3569. According to the Census of India - 2001, the total number of working children in India is 1,25,91,667. This implies that for mainstreaming all 1,25,91,667 child labourers in education, which is the commitment of government under the Article 21A of Indian Constitution, India will need Rs. 4493.966 Crore per year at the rate of Rs. 3569 per child per year. In the Revised Estimates of 2005-06 there was a huge gap of Rs. 4378.516 Crore between the need and allocation for elimination of child labour.

In the Tenth Plan period, 250 Districts in 20 states were covered under NCLP. The need for NCLP in these 250 districts continues even in the Eleventh Plan period. At the same, additional districts will have to be reached in the next plan period. The Ministry of Labour along with the Planning Commission will have to accordingly plan a higher outlay in the Eleventh Plan.

While it is important to ensure that with the amendment of the Child Labour legislation to bring domestic child workers within its protection, it is also necessary that the Eleventh Plan envisages a higher outlay to be able to successfully rehabilitate the vast numbers of child domestic workers who will be released subsequent to the change in the law and in the years to come. This would be applicable to both institutional and non-institutional rehabilitation schemes of the Ministry of Women and Child Development.

Implementation of NCLP cannot be limited to running of special schools and provision of health care and nutrition while children. An additional mechanism of tracking children and ensuring that they do not get re-trafficked into labour has to be part of the ongoing child labour elimination projects. Under the GOI-UNICEF Master Plan, development of a National Tracking system to monitor children in NCLP is one of the main activities. This system must have a wider mandate to check re-trafficking besides ensuring that children enter mainstream education after completing NCLP schools.

In addition, it is necessary to invest adequately in setting up Child Welfare Committees under the Juvenile Justice system all over the country in every district and staff these Committees with adequate number of Child Welfare Officers who should be responsible for follow-up of children repatriated/sent back home. In this way all child labour, those who end up in NCLP schools and those who do not, can be traced and tracked.



While convergence of schemes has been at the core of programmes for elimination of child labour, there are many Ministries/Departments that have to play their role. An external evaluation on 'the reality of convergence' is important at this stage in order to plan better strategies in this regard. The role of Ministry of Information and Broadcasting has to be included in the strategy for prevention of child labour.

## **B. CHILD DEVELOPMENT PROGRAMMES AND SCHEMES**

**Integrated Child Development Service (ICDS):** As a sequel to the adoption of the National Policy for Children (1974), the Government of India evolved the Integrated Child Development Services Scheme, popularly abbreviated as ICDS. Over a period of time, this centrally sponsored scheme of ICDS, which came into existence in 1975 in selected 33 community developmental blocks of the country, has come out as one of the innovative programme of its kind and the largest public initiative in the world to offer the early childhood education and care services in an integrated way.

The objectives of the programme is to:

- Lay the foundation for physical, psychological and emotional development of the child.
- Improve nutritional and health status of children below six years of age.
- Reduce the incidence of mortality, morbidity, malnutrition and school dropouts.
- Achieve effective co - ordination of policy and implementation among various departments to promote child development.
- Enhance the capability of the mother to look after the normal health, nutritional and development needs of the child through proper community education.

In a landmark order dated 28 November 2001, the Supreme Court, in a PIL by the People's Union of Civil Liberties, directed the central and state governments to "Implement the Integrated Child Development Scheme (ICDS) in full and to ensure that every ICDS disbursing centre in the country shall provide as under:

- Each child up to 6 years of age to get 300 calories and 8-10 grams of protein;
- Each adolescent girl to get 500 calories and 20-25 grams of protein;
- Each pregnant woman and each nursing mother to get 500 calories and 20-25 grams of protein;
- Each malnourished child to get 600 calories and 16-20 grams of protein;
- Have a disbursement centre in every settlement."

The Supreme Court, *vide* its subsequent order dated 29.4.2004, issued the following directions to the GOI in relation to the implementation of the ICDS Scheme:

- We direct the Government of India to file within 3 months an affidavit stating the period within which it proposes to increase the number of AWCs so as to cover 14 lakh habitation;
- We notice that norm for supply of nutritious food worth Re. 1 for every child was fixed in the year 1991. The Government of India should consider the revision of the norm of Re. 1 and incorporate their suggestion in the affidavit.

Supreme Court in its further order-dated 7.10.2004, has, *inter-alia*, directed that BPL shall not be used as an eligibility criteria for providing supplementary nutrition under the ICDS Scheme.

**The National Common Minimum Programme (NCMP)** of the Government envisages that the ICDS Scheme will be universalized. Therefore, to fulfill its commitments in the NCMP and to comply with the Supreme Court's directives, the Government of India has expanded the Scheme to cover all Community Development blocks and major slums of the country by sanctioning 461 additional Projects and 1,88,055 additional AWCs for all States/UTs.

**Nutrition Programme for Adolescent Girls (NPAG):** The Planning Commission had implemented NPAG as a pilot project during 2002-03 & 2003-04. The Government has approved implementation of Nutrition Programme for Adolescent Girls (NPAG) by MWCD in the year 2005-06 on a pilot project basis. The project is being implemented in 51 identified districts. The selection of districts were made on specific parameters i.e. in 2 backward districts each in major States on the basis of ranking developed by RD (Rural Development) Division of the Planning Commission and in the most populous district excluding the capital district each, in smaller States/ UTs.

**Kishori Shakti Yojana (KSY)** was introduced as an enriched version of the scheme for Adolescent Girls being implemented as part of ICDS to improve the nutritional and health status of girls in the age group of 11-18 years and to equip them with vocational skills so that they can be gainfully engaged. The National Common Minimum Programme has stipulated, " The Nutrition Programmes for the Girl Child would be expanded on a significant scale."

Empowerment of adolescent girls is part of the 'life cycle approach for holistic child development'. The NPAG and KSY schemes must therefore merge to serve this larger goal of empowering adolescent girls. A 'programme approach' rather than a 'scheme approach' is required to address issues concerning adolescents in a focussed and comprehensive manner. While expanding NPAG and merging it with KSY, it is critical to ensure that all girls, in rural and urban settings, in the 11-18 years age group, including those who are married get covered. In other words, besides nutrition, hygiene, literacy and awareness, issues of empowerment, confidence, self-esteem, participation, critical thinking, mental and physical abuse etc. must be interwoven into the fabric of schemes for adolescent girls.

There should be a clear criteria for selecting girls to be reached through these schemes ensuring that girls belonging to BPL families, tribals, *dalits*, minorities and disabled, all get covered and are reached. The framework and content of Balika Mandals needs to be expanded and enriched, laying greater emphasis on various components of empowerment through innovative and creative methodologies, group building and collective consciousness. Even within the nutrition and literacy framework of these schemes there can be improvement in terms of adding small/mobile libraries in order to sustain literacy and widen the horizons of learning.

Essential linkages with various vocational training programmes and self-help groups and integration of the component of gender equity and empowerment into the framework of such programmes/schemes needs to be established so as to break gender stereotypes and inculcate

mechanisms of decision making and heightened self-image and a spirit of self-reliance and independence.

There is need to develop indicators for evaluation of such programmes, including indicators for measuring areas of personal growth of girls, as without this it will be difficult to move forward and achieve the goals of empowerment.

The personnel involved in carrying forward the goals of empowering adolescent girls need to be trained and equipped with adequate knowledge. In addition it is important to work on their attitudes and mind-set. Provisions for training and capacity building of such personnel must be an essential part of the schemes for adolescent girls. In Mahila Samkhya for example, different levels of functionaries (coordinators, sahyoginis, sakhis etc.) underwent different levels of trainings and exposure. In fact some of the components and mechanisms of empowerment for NPAG and KSY merger can be resourced through the Mahila Samkhya programme.

Adequate funding to meet the larger goal of empowerment, besides nutrition, is an essential pre-requisite. Unless the funding takes care of the training and capacity building needs of the personnel involved as well as capacity building of the beneficiaries, the objectives will remain far from being achieved.

### **Balika Samridhi Yojana**

The centrally sponsored scheme of Balika Samridhi Yojana is awaiting the decision of NDC for transfer to the States.

**National Institute of Public Cooperation & Child Development (NIPCCD)** is an autonomous institution of the Ministry of Women and Child Development. The objectives of the Institute are to develop and promote voluntary action in social development; take a comprehensive view of child development and develop and promote programmes in pursuance of the National Policy for Children; develop measures for coordination of governmental and voluntary action in social development; and evolve framework and perspective for organising children's programmes through governmental and voluntary efforts.

The Institute conducts training programmes under three broad categories namely regular training programmes which are aimed at building up the capacity of voluntary organisations to enable them to implement the programmes and schemes of the Government effectively in the field of Child and Women Welfare and Development. The second category of training is meant for functionaries of the ICDS scheme with a view to enhance their knowledge, skills and competence to implement the programme effectively in the field. The third category of training includes training programmes for the functionaries of other projects such as Swa-Shakti, Swayamsiddha etc. The Institute also undertakes research/evaluation studies, which have bearing of various policy implications with regard to child & women welfare and development. Besides undertaking its research and training activities at its Headquarters at New Delhi, the Institute organises training and research programmes at its four regional centres located at Bangalore, Guwahati, Lucknow and Indore to meet the regional requirements.

NIPCCD will play a pivotal role in formulating the training strategy in ICDS during the Eleventh Plan. A continuous Training Need Assessment (TNA) of ICDS functionaries, based on their educational level, length of service and understanding of the issues would be carried out in order to devise State specific training strategy.

Monitoring and Evaluation component of ICDS needs continuous strengthening through the collection of timely, relevant, accessible, high-quality information and to use this information to improve programme functioning by shifting the focus from inputs to results, outlays to outcomes, and for creating accountability for performance. During the Eleventh Plan emphasis would be to develop a Nutrition Information System in ICDS to gauge the progress in respect of all nutrition related outcome and process indicators. A Central Monitoring Unit would be created and strengthened in NIPCCD.

The Child Protection Schemes being implemented by the Ministry of Social Justice & Empowerment till last year have been transferred to the Ministry of Women and Child Development. The training and capacity building of service providers and research and documentation in the area of child protection was earlier carried out by the National Institute of Social Defence (NISD), which is an autonomous institution under the Ministry of Social Justice & Empowerment. While the child protection programmes were transferred to the Ministry of WCD, the NISD remains with the Ministry of Social Justice & Empowerment. A separate Child Protection Division within NIPCCD has been proposed under the Integrated Child Protection Scheme (ICPS) to strengthen NIPCCD for carrying out this additional responsibility of training and capacity building as well as research and documentation on child protection issues. In the Eleventh Plan, the strengthened NIPCCD with the support of its regional centers and the State/District Child Protection Units and State Adoption Cells under the proposed ICPS and voluntary sector will fulfill this responsibility.

Realising the importance of voluntary sector in implementation of programmes and schemes of the Government for Women and Children, the Institute will increase outreach of its training programmes to the voluntary sector as also develop new modules of training.

Detailed review of legislations, policies and programmes are given in the four **Sub-Group reports enclosed at Chapter Two.**

## Chapter-4 Situational Analysis

### Overview

India is home to more than one billion people, of which one-third are children under 18 years of age. The world's tenth largest economy unfortunately ranks 127 on the Human Development Index (HDI). If all child rights indicators were to become a critical measure for HDI, India would fare even worse, because of its poor performance on child protection.

Children are considered excluded if they do not benefit from an environment that protects them from violence, abuse, exploitation, or if they are unable to access and benefit from, quality essential services, information and goods in a way that threatens their ability to participate fully in society during their childhood and in the future. Children may be excluded by their family, institutions, the community, the government, services, civil society, the media, the private sector and other children. Children may also be excluded as a result of globalisation, liberalisation and privatisation, which takes its toll on families, increasing the gap between the rich and the poor and marginalising women and children more than ever before. This chapter describes the manifestations of exclusion in India, analyses factors, identifies current and potential responses and provides the basis for recommendations of this report. It thus attempts an assessment of the status of children, identifies those children who are most in need: the poorest, the most vulnerable, and the abused i.e. those who are currently beyond the reach of research, government programs, and budgets as well as those whose rights to birth registration, safe and protective environments, family care and love, quality education, life skills, and opportunity to participation are denied or violated.

***While there are no comprehensive detailed studies on the numbers of vulnerable children, there are indications that the situation is becoming worse.*** Girl children continue to be killed in their mother's womb through sex-selective abortions. The number of girls in the 0-6 age group is fast reducing, causing a red alert. World's highest number of child labourers is in India. To add

#### **From birth to adulthood, a multifaceted exclusion**

1. No official existence of children as they are not registered.
2. Children, missing out on key developmental opportunities due to poverty e.g. children living in poverty in India are most at risk of missing out on education, children in institutions, are deprived of parental care
3. Inadequate services and opportunities for children with disabilities, high level of stigma and discrimination.
4. double exclusion for culturally excluded children i.e. belonging to socially marginalised communities
5. Children are too often excluded from decision making on issues deeply affecting their lives and that of their communities. i.e. Children are seen but not heard, at home, in their communities, in their classrooms and in the development of plans and policies be it at community, school or national level

to this India has the world's largest number of sexually abused children, with a child below 16 years raped every 155<sup>th</sup> minute, a child below 10 every 13<sup>th</sup> hour, and one in every 10 children sexually abused at any point of time. Children are trafficked within and across borders for a number of reasons. Most subtle forms of violence against children such as child marriage, economic exploitation, practices like the 'Devadasi' tradition of dedicating young girls to gods and goddesses, genital mutilation in parts of the country etc., are justified on grounds of culture, tradition and religion. Physical and psychological punishment is rampant in the name of disciplining children and is culturally accepted. Forced evictions, displacement due to

development projects, conflict, communal riots, and natural disasters, all of these take their own toll on children. Children also stand worst affected by HIV/AIDS. The HIV infection rates suggest that the number of vulnerable children will increase dramatically in the near future. Most visibly marginalised are the children living in the streets, who have reportedly increased in the past few years. Even those who have remained within the protective net, today stand at the risk of falling out of it.

The fact that children are removed from community structures and protective family care systems is decreasing their capacity to function in society. The problems faced by traditional coping systems, and the lack of other services, exposes an increasing number of children to rights abuses. These abuses take a number of forms and range from sexual abuse and exploitation to exploitation through harmful labor. In all cases, children are deprived of fundamental rights with regard to their protection and their development. ***The following text draws upon existing reports, research, statistics and policy initiatives.***

The Government, in close collaboration with civil society partners, has worked hard to address the problems of vulnerable children. Some programs have been initiated for some categories of children. However, persisting widespread poverty, the high HIV infection rates among the population and the increasing reports of child rights abuses calls for sustained action in favor of children. The scope of the problem demands a comprehensive framework with the allocation of appropriate financial and human resources. The complexity of the situation, charges service providers with the responsibility to constantly reflect on programs and intervention in order to improve the design of programs and to enhance their potential to have a sustainable impact on children and their communities. In the light of almost 60 years of independence and government functioning, attempts have been inadequate in responding to the needs of children in need of care and protection. The minimal government structure that exists is rigid and a lot of time and energy goes in maintaining the structure itself rather than concentrating on programmatic outcomes.

The situational assessment has also led to the identification of general overarching gaps and some specific which in the last plan have affected the “well being” of the children adversely.

- Children are not a priority on development agenda;
- Processes of globalisation are a major factor impacting children and their families, leading to increased marginalisation and exclusion;
- Weak and inadequate mechanisms for preventing exclusion;
- Exclusion by virtue of poor birth registration and lack of data;
- Large gaps in data both in quantitative data and qualitative data on children whose right to survival, development and protection are being violated or denied, and absence of data management systems;
- Lack of resources for all programmatic areas and uneven geographical spread in utilization of allotted resources;
- No mapping has been done of the children in need of care and protection or of the services available for them at the district/city/state level;
- Inadequate enforcement and implementation of existing laws and conventions;
- Difficulty to prioritize the issues with a set of achievable goals and objectives;
- Weaknesses in the co-ordination among government agencies as well as with civil society

- organisations with regard to vulnerable children;
- Lack of convergence of programs/services; Lateral linkages with even the essential services for children for example education, health, police, judiciary, services for the disabled, etc.. are missing;
  - Lack of a national commitment that all services should converge and work in Unison;
  - Lack of appreciation of the need for a coordinated approach amongst those responsible for service delivery;
  - Convergence of personnel so that people with different skills can come together to enhance outreach and improve quality of service;
  - Widespread tendency from line department for intervention programmes to be rigidly demarcated between various sectoral departments with little or no coordination between them;
  - A vertical service structure competition among different sectors for funds and power combined with managerial weaknesses impede the process of convergence at the operational level;
  - Lack of coordination at the policy formulation level and at the initial stages of project planning;
  - Inability of Gram Panchayats to coordinate and bring about convergence of services at the village level due to lack of their participation in local planning and absence of adequate powers
  - Lack of inter-sectoral coordination mechanisms at the state, district and block level for periodic review and monitoring, particularly of convergence;
  - The National Coordination Group on Child Rights set up at the national level is a defunct body and therefore has not been able to ensure adequate inter-sectoral coordination and convergence for achieving the goals for children;
  - Lack of monitoring and follow up systems at all levels;
  - Understaffing and inadequate training of social department units at all levels, ranging from central to decentralized levels;
  - Problems related to modernization, such as individualism and consumerism, and destruction of traditional values, such as solidarity and respect for plurality;
  - A large percentage of children in need of care and protection are outside the safety net and have no support and access to services;
  - Existing Schemes are inadequate in outreach and funding, resulting in marginal coverage of destitute children and children in difficult circumstances;
  - Overbearing focus on institutional services with non-institutional services and alternative forms of care being negligent;
  - Minimal use of non-institutional care options like adoption, foster care and sponsorship, for children without family/parental care;
  - Number of Shishu Grehs for orphans are inadequate;
  - Lack of rehabilitation services for older children not adopted through the regular adoption process;
  - After-care and rehabilitation programme is not available in all the States, and even in those States where it is available it is being run as any other institutional care facilities under the JJ Act 2000;
  - Lack of institutional infrastructure to deal with child protection;

- Inadequate number of Child Welfare Committees (CWC) and Juvenile Justice Boards (JJB);
- The CWCs and JJBs are not provided with requisite facilities for their efficient functioning, resulting in delayed enquiries and disposal of cases;
- Lack of standards of care (accommodation, sanitation, leisure, food, etc.) in children/observation homes due to low funding norms and also due to lack of supervision and commitment;
- Many of the street children projects do not provide all the basic facilities required, especially availability of 24 hour shelter, food and mainstream education;
- Inadequate training of personnel working under the juvenile justice system and on other child protection programs which is also inequitable among States;
- Weak supervision, monitoring and evaluation of the juvenile justice system;
- Not all street children projects are dealing with substance abuse, HIV/AIDS and other sexual abuse related vulnerabilities of children;
- None of the schemes addresses the needs of child beggars and children of prisoners;
- Issues like child marriage, female foeticide, street children, working children, and discrimination against the girl child are inadequately addressed;
- No interventions for children affected by HIV/AIDS, substance abuse, identity –based discrimination, militancy, disaster (both man-made and natural), abused and exploited children, and children of vulnerable groups like commercial sex workers, prisoners, and migrant population;
- Inadequate attention to preventive measures as the major focus of government programmes is on addressing the problem after it occurs;
- Media insensitivity and lack of political will worsen the situation.

It is recognized that a high number of children in the society are at risk of being deprived of their fundamental rights. Challenged with the problems related to vulnerable children and children at risk, it is not surprising that the Government of India and its partners face serious challenges in the implementation of comprehensive and area specific programs.

The concept of exclusion is multidimensional and includes the reinforcing socio-political factors that are the basis of discrimination and disadvantage. It is to this end that the present report maintains that it is not so much the multi-faceted manifestations of the exclusion that must be tackled, but rather “the root causes of exclusion and the factors making children invisible”. Exclusion is not only framed by current circumstances, but also by bleak prospects of the future. Failure to minimize children’s exposure to factors leading to exclusion will have implications not only for those directly affected but the wider society and future generations.

India’s commitment to the child as contained in its Constitution and several other national and

**The root causes of exclusion**

*Children do not get their share in the national budget. While children are given a high priority in the development of national policies and plans, resource allocation are not commensurate to objectives and are dwindling. For the promotion of social inclusion as national priorities will require an immediate reversal in the trend and a significantly higher proportion of budget allocated to these areas so critical to child survival, development, protection and participation.*

international legal instruments that are binding on the nation falls short of realization despite various programs and policies being in place. The implementation of these programs and policies pose a challenge in the face of growing numbers of children in difficult circumstances and absence of



adequate financial commitment to child protection.

### **General Factors of Exclusion:**

#### ***Poverty***

Poverty is perhaps the most serious overarching threat to children's rights. Article 27 of the Convention on the Rights of the Child recognizes the right of children to a standard of living adequate for their overall development and the responsibilities of parents and the state in securing this right. Combination of poverty and the lack of a social security network clubbed with the increasing gap between the rich and the poor, has impacted the children unfavorably. With the paradigm shift in India's economy, privatization of basic services are excluding vast numbers of population out of the social security net. It has facilitated the entry of Multi-Nationals Companies in India without appropriate mechanisms to hold them socially accountable and has led to the loss of traditional sources of livelihood and has contributed substantially to the growing unemployed force. With increasing globalization, economic disparities between countries, and porous borders facilitating easy movement of people, there is large-scale illegal migration of women and children into India from the neighboring countries making them vulnerable to exploitation. There is growing demand for children as they are cheap labor, they can be easily manipulated and they do not pose much threat/cost to the exploiters as compared to adults. In 1999, the National Crime Records Bureau had observed, 'As expected, low income and education, poor economic set up are generally the main factors responsible for delinquent behavior of the juveniles'. The contribution of growing consumerism and other pressures of a neo-liberal economy, domestic violence and a total lack of a protective environment in pushing children to commit crimes is fairly significant and calls for attention from the policy makers.

#### ***Gender Bias***

Traditional patriarchal ideologies and cultural practices place daughters at a secondary position. The combination of the system of patriarchy, feudalism and easily accessible medical technology tends to perpetuate discrimination on the basis of sex. Thus Gender discrimination and unequal status of women makes it imperative to address the discrimination on an urgent basis.

Deep-rooted son preference has penetrated all sections of the society, rich or poor, upper caste or lower caste, literate or illiterate. Low value of daughters or daughter discrimination has resulted in averting the birth of female children. While preference for male child has always been a part of the society, non-invasive and instant sex determination through modern medical technology has made the elimination of girls in the pre-conception and early stages of conception easier. Practice of infanticide has been present in a few communities in some districts and regions in India but this practice did not reach the alarming proportions in elimination of girls as the present day availability of sex determination followed by sex selective abortion is reaching. This is because in foeticide, there is no inhibition from actually killing a child that an act of infanticide would involve.

The increase in rate of female foeticide is a result of the greed and unethical practices of the medical community. Commercialization of the institution of marriage, marriage customs and cultural practices add to the large-scale devaluation of girls, making girl child an unwanted burden.

### ***Lack of Reintegration/Rehabilitation Alternatives***

Victims who are able to return to their communities often find themselves stigmatized or ostracized, and therefore are re-victimized. The inadequate numbers of rescue homes along with the high level of dissatisfaction amongst rescued children regarding the quality of services being provided in these homes, seemingly present a dismal picture. There is an evident lack of concern, commitment and sensitivity of all stakeholders including the police, the judiciary, doctors, teachers and panchayat members towards rescued children. No counseling of victims is available and hence there is no scope to make them self confident and empowering them with knowledge about their rights. Revictimisation by proclaiming victims as offenders, further traumatizes the child. Some children in conflict with law are actually victims of crimes, particularly when they are used, trafficked and forced into begging, drug peddling, prostitution etc.

### ***Weak Law Enforcement***

Weak law enforcement fails to check the increase in the exploitation for children as cheap and convenient labor. The enforcement of the laws against female foeticide is poor, with a very low rate of prosecution and extremely poor conviction rate of offenders. Lacunae and shortcomings in the existing legislations further push the child towards “exploitation”. Child Marriage Restraint Act: for example the law does not declare the child marriage null and void

### ***Poor Infrastructure***

Lack of adequate number of schools, lack of basic facilities such as drinking water and toilets in schools, poor quality of schooling, teacher absenteeism, and corporal punishment in schools, the expense of schooling, has led to the increasing exclusion of children.

### ***Weak Political Action***

Lack of administrative will and action has led to the “further deterioration” of the Childs status in India. With a casual attitude, and indifference to prevalent situation has been a major reason for not addressing the needs of children adequately and timely.

### ***Breakdown of Social Structures***

Increasing breakdown of social structures are resulting in a loss of family and community support networks, making families, particularly women and children, increasingly vulnerable to traffickers’ demands and threats.

### ***Media***

At the same time, we cannot ignore the impact of media on children. Violence in today’s cinema, acceptable aberrations shown in TV serials, advertisements, fashion shows, reality TV showing Crime related episodes, all of these have a negative impact on the minds of children.

**Along with general factors the specific factors responsible for specific groups also need to be included:**

- **HIV/AIDS:** The most common cause of infection among children is the Mother-to-child transmission (MTCT) and, with 1.36 million women infected, the infection among children can go higher, unless effective programs are put in place. Other than MTCT, sexual contact,

including sexual abuse; blood transfusion; and, unsterilised syringes, including injectible drug use are also sources of infection among children<sup>15</sup>.

- **Disability:** The India Human Development Report, 1999 suggests that most physical disabilities are genetic, biological and even birth defects<sup>16</sup>. According to a report by Child Relief and You, 'The Indian Child', the most significant factors causing disability are<sup>17</sup>: Communicable disease; Infection in early childhood, Early motherhood; Nutritional deficiencies; Insufficient or inaccessible health care services; Inadequate sanitation and Consanguineous marriages

**Violations of the child's right, in addition to being human rights violations, are also massive, under-recognized and underreported barriers to child survival and development.** Children subjected to violence, exploitation, abuse and neglect are at risk of:

- Shortened lives
- Poor physical and mental health
- Educational problems (including dropping out of school)
- Poor parenting skills later in life
- Homelessness, vagrancy and displacement

Conversely, integration of survival, development, protection and participation strategies increase a child's chances to grow up physically and mentally healthy, confident and self-respecting, and less likely to abuse or exploit others, including his or her own children.

Successful integration of survival, development, protection and participation strategies link closely to all aspects of children's well being. Often, the same child is prone to malnutrition and illness, deprived of early stimulation, out of school and more likely to be abused and exploited. An immunized child who is constantly beaten is not a healthy child; a school-going child taunted and abused for his or her ethnicity does not enjoy a good learning environment; and an adolescent sold into prostitution will not be empowered to participate in and contribute to society. Integration issues arise during consideration of almost every issue facing children today. In education, sexual abuse and violence in schools can be a hidden factor behind low retention rates. In health, violence can be behind many of the unexplained injuries that are dealt with by health services, or even the cause of long-term disability. These links have to be recognised as all issue concerning children are interconnected.

One important contribution towards sustainable development and equity is the social, economic and cultural integration of vulnerable groups in society. Among those groups, particular attention needs to be given to the high numbers of children and youth in difficult circumstances. Over the years, the understanding of children in difficult circumstances has come to include the following broad categories of children.

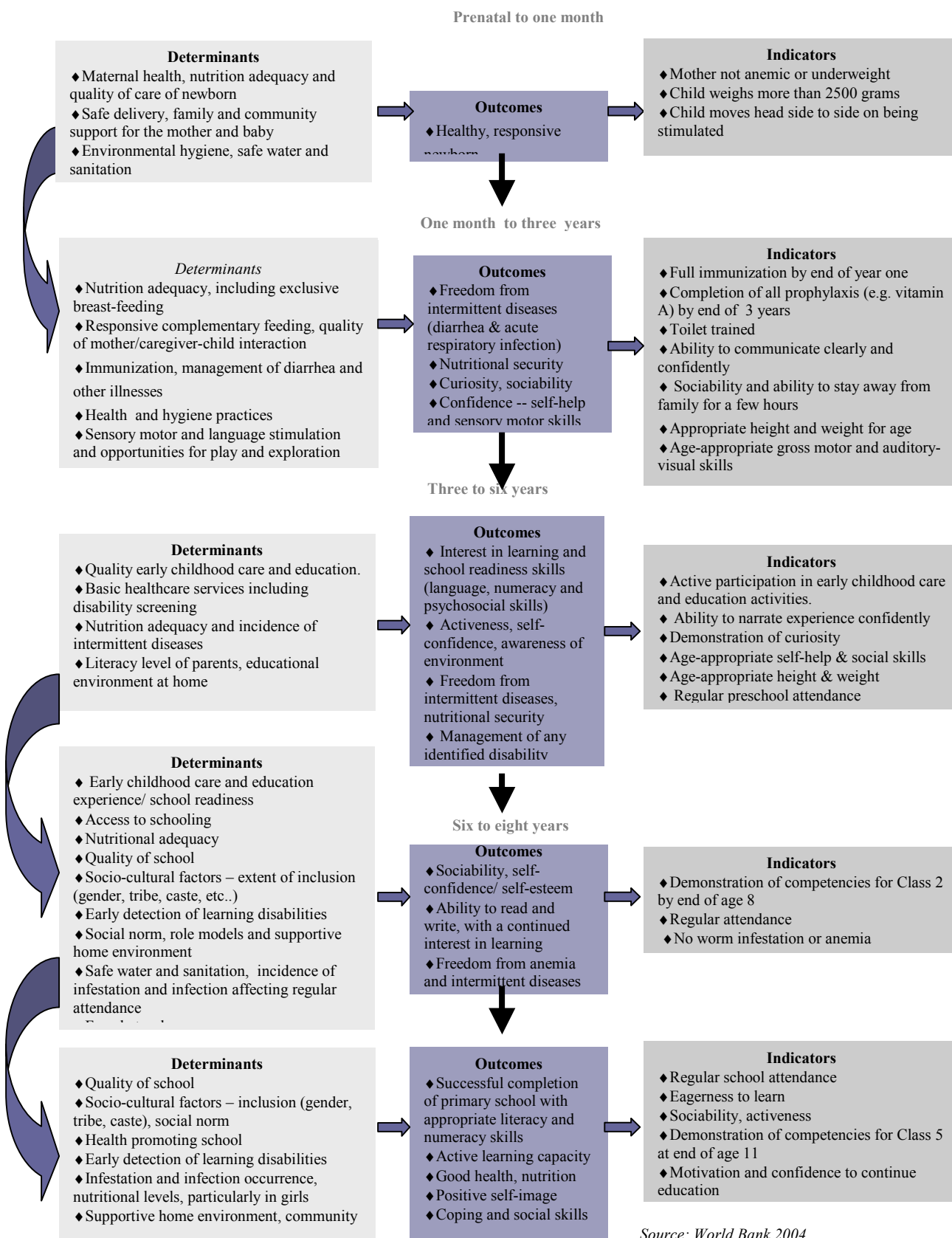
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<sup>15</sup> UNAIDS, Report on the Global AIDS Epidemic, 2004, Geneva

<sup>16</sup> Department of Women and Child Development. Convention on the Rights of the Child, India First Periodic Report 2001.

<sup>17</sup> Department of Women and Child Development. Convention on the Rights of the Child, India First Periodic Report 2001.

**Figure 4 - An Indian Conceptual Framework for Integrated Child Development**



The establishment of categories of vulnerable children has the advantage of enabling service providers the identification of vulnerable children. However, it also poses several problems. Firstly, there are multiple causes and effects of vulnerability. For programs assisting vulnerable children, it is essential to recognize the underlying causes of risk and vulnerability in order to establish prevention programs as well as social protection measures. Secondly, stigmatization and marginalization of certain groups of vulnerable children needs to be avoided. Thirdly, some of categories of vulnerable children are crosscutting. Therefore, many interventions apply to all or most vulnerable children. The status and the situation of vulnerable children, as one of crosscutting categories, will need to be given particular attention when developing legislation and programs

## STATUS OF CHILDREN

### Health and Nutritional Status of Children- Major Trends

Despite a vibrant growth rate of around 8 per cent of country's economy, progress in improving the health and nutrition status of the women and children has been rather slow. While income poverty in India has been reduced to 26 per cent (1999-2000) - underweight prevalence in children under three years remains at 47 per cent in 1998-99 (NFHS-II). How this indicator (underweight children) has improved since 1998-99 would be known only after the results of NFHS-III, which is currently underway, are released some time by the year-end. However, the argument that economic growth is a necessary, but not sufficient condition for improvements in young child survival, nutrition and development still holds good. The country has achieved self-sufficiency in food grains at national level but food insecurity at household level continues to be a cause of concern.

### Health Status

- (i) The infant mortality rate (IMR) has shown a significant decline from 146 per 1,000 live births in 1951 to 58 per 1,000 in 2004 (SRS 2006). However, the decline has not been as significant over the last decade. Wide regional disparities exist within states, districts and even community groups –for example, Kerala has an IMR of 12, while Madhya Pradesh has an IMR of 79 in 2004 (SRS 2006).
- (ii) The under-5 mortality rate has also shown some improvement, but still remains high at 77 per thousand live births.

	2001	2002	2003	2004
IMR	66	63	60	58
Under-five Mortality Rate	85	81	77	NA

*Source:* SRS Bulletins, Sample Registration System, Registrar General of India

- (iii) The slow rate of decline in infant mortality rate during the last decade can be improved only if the problem of malnutrition is addressed through a multi-pronged strategy as malnutrition is an underlying cause of such deaths in 50% of the cases. According to a report of WHO, 55 per cent of infant mortality is reported to be contributed by malnutrition directly or indirectly.

## Nutritional Status

Under nutrition continues to be a major public health problem in India, the most vulnerable groups being women of reproductive age group and young children.

- There has been limited progress in improving the prevalence of child malnutrition (i.e., Protein Energy Malnutrition –PEM) over time - a reduction of underweight prevalence of less than 1% per year between 1992-93 (NFHS-I) and 1998-99 (NFHS-II). According to NFHS-II in 1998-99, 47 per cent of children under three years are underweight. A similar percentage (45.5 percent) is stunted.
- Disaggregation of underweight statistics (NFHS-II) by socioeconomic and demographic group reveals that weight-for-age underweight prevalence is higher in rural areas (50 percent) than in urban areas (38 percent); higher among girls (48.9 percent) than among boys (45.5 percent); higher among scheduled castes (53.2 percent) and scheduled tribes (56.2 percent) than among other castes (44.1 percent).
- There is also large inter-state variation in patterns and trends in underweight. In six States, at least one in two children are still underweight, namely Maharashtra, Orissa, Bihar, Madhya Pradesh, Uttar Pradesh, and Rajasthan. The four latter states account for more than 43 percent of all underweight children in India.
- Nearly 23% of all children born in the country have low birth weight (NFHS-II).
- Micronutrient deficiencies (MND) of public health significance are vitamin 'A' deficiency (VAD), iron deficiency anaemia (IDA) and iodine deficiency disorders (IDD). One of the major causes of micronutrient deficiencies diseases in the country is dietary inadequacy of the specific nutrients. According to surveys carried out by National Nutrition Monitoring Bureau (NNMB) during 2000-01, in the rural areas of 9 States in the country, the average daily intake of almost all the micronutrients were grossly inadequate. The median daily intake of vitamin A was about 50-60 µg among 1-6 year children, as against the recommended level (RDA) of 400 µg/day. About 88% of the children were consuming vitamin 'A' in amounts less than 50% of RDA. Similarly, about 80% of the individuals were consuming iron in amounts less than 50% of RDA.
- According to the MND survey carried out by NNMB in 8 States, the overall prevalence vitamin A deficiency (VAD) was 0.8%, which is more than the WHO cut-off level of 0.5%, indicating public health significance of VAD. Iron deficiency anaemia (IDA) is widely prevalent among all the age and physiological groups. The prevalence of IDA as assessed ranged from 70 to 80% among preschool children (67%), adolescent girls (70%), Lactating mothers (78%) and pregnant women (75%). The survey also revealed that the coverage of target beneficiaries for supplementation of massive dose vitamin A to children (25-30%) and iron & Folic acid tablets to pregnant women ( $\geq 90$  tablets) was very low (30%). only about 31% of the households in general were found consuming adequately iodized (iodine levels of  $\geq 15$  ppm) salt.
- The promotion of early and exclusive breastfeeding for the first six months and appropriate complementary feeding continue to be major challenges. Only 16 percent of children begin breastfeeding within one hour of birth. According to NFHS-II, only 55 percent of children under four months of age are exclusively breastfed and this percentage drops significantly when assessed for the 0-6 months age group. Only 35.9 percent of children in the 6-9 months age group are receiving any solid or mushy foods, in addition to breast milk.

- Almost three-fourths (74.3%) of India's children below 3 years were found to be anaemic (NFHS-II). About 52% of women were found to be anaemic with the rates being higher amongst younger women (56% among those aged 15-19 years) and women from SC (56%) and ST (65%) communities (NFHS-II). There was strong correlation between the maternal anaemia levels and status of anaemia amongst children. Higher anaemia was reported among children belonging to SC (78.3%) and ST (79.8%) communities, and those with literate mothers (78.2%).

### **Early Childhood Education: Critical component of Early Development**

The approach paper to Eleventh Five-Year Plan categorically states that education is the most critical element in empowering people with skills and knowledge and giving them access to productive employment in the future. An ideal we should strive for is that all children should be able to get as much education as they are capable of getting irrespective of their parents' ability to pay.

Research shows that there are 'critical periods' at this stage for full development of brains potential. The formation of later attitudes and values as well as the desire to learn are also influenced at this stage, while lack of support or neglect can lead to negative consequences, sometimes irreversible. Early Childhood Education (ECE) requires that young children be provided opportunities and experiences that lead to their all-round development -- physical, mental, social, emotional and school readiness. Alongside with health and nutrition, learning is also equally important. Learning at early stage must be directed by the child's interests and priorities, and should be contextualized by her experiences rather than being structured formally. An enabling environment for children would be one that is rich, allows children to explore, experiment and freely express themselves and one that is embedded in social relations that give a sense of warmth, security and trust. Playing, Music, Art and other activities using local materials along with opportunities for speaking, listening and expressing themselves, and informal interaction are essential components of Early Childhood Education (ECE).

It is in this context that in India, all the three channels – public, private and voluntary / corporate – are actively engaged in providing early childhood education through a variety of modes and varying degree in quality. Under public initiatives, the enrollment figure, which was 15 percent of the 3-6 year olds enrolled in 1989 got improved to 19.6 percent in 1996-97 and is currently 20.95 percent only (Source: Lok Sabha, Starred Questions, 2004, reported in [www.indiastat.com](http://www.indiastat.com)). Similarly, the Gross Enrolment Ratio for ECE, which was 10.33 percent in 1990 grew to 16.9 percent 1997-98 (ECCE in India- An Overview, MHRD, GOI, 2003). The number of children attending PSE activities under ICDS have been continuously increasing from about 17 million in March 2002 to nearly 19 million in 2003, 20 million in 2004 and 23 million in 2005 (Annual Reports of MWCD for the concerning years).

Since no survey has yet been undertaken, accurate figures are not available for private sector commercial ventures operating under various names. However, according to some estimates, the number of children enrolled in private sector initiatives (including day care centres, nurseries, kindergartens and pre primary classes) was about 10 million or about as many as children as the

number under ICDS at that time (NCERT, 2005). The table 1 shows estimated coverage of children under various ECE programmes:

**Table-1: (Beneficiaries Coverage under various initiatives having ECE Component)**

Programmes	Number of Centres	Beneficiaries Coverage
ICDS	744887*	23 Million
Rajiv Gandhi National Crèche Scheme for the Children of Working Mothers	22038**	0.55 Million@
***Pre Primary School	38,533	(1, 94,000) approximately 0.02 Million
NGO Services for ECCE		Varying from 3-20 Million****
Private Initiatives		10 million approximately (2001)****

\*Ministry of Women and Child Development (as on 30<sup>th</sup>, Sep, 2005)

\*\* Ministry of Women and Child Development -Web Site. (www.wcd.nic.in)

\*\*\*Early Childhood Care and Education – An Overview (Ministry of HRD, 2003)

\*\*\*\* Report of the National Focus Group on ECE appointed by NCERT under initiative of National Curriculum Framework Review, 2005.

@ The figure has been arrived assuming 25 children per crèche center.

As per census, 2001, the country has approximately 60 million children in the age group of 3-6 years. The approximate figures of covering about 34 million children by pre schooling initiatives under ICDS and other private initiatives (not counting NGOs initiatives as the variation in expected coverage is too large from 3 to 20 million), leaves apart a large segment of about 26 million in the 3-6 years population bracket unattended for pre school activities. Thus, the gap between the numbers of pre school children and the available pre school services seems to be very large. Here, it has to be mentioned that as per estimate of technical group on population projections, pre school education services will have to be provided for 70 million children by the end of 2011 (the near end period of Eleventh Five Year Plan) and 73 million of children by 2016 (or the near end period of XII Five Year Plan).

Table – 2: (Pre School Age Population Projection)

Age	2006		2011		2016	
	Numbers	%	Numbers	%	Numbers	%
3-5 Years*	63.731	5.82	70.034	5.94	72.498	5.74

\* Pre School age

Source: Census of India: Population Projections for India and States, 1996-2016

Registrar General, India for figures from 2001 onwards

Though, it needs to be acknowledged here that in a country as diverse and large as India, with approximately 60 million children in the age group of 3-6 years (as per census, 2001), achieving universal access is not an easy task. However, the current and futuristic magnitude of uncovered ECE children is a major challenge in the Eleventh Five Year Plan.

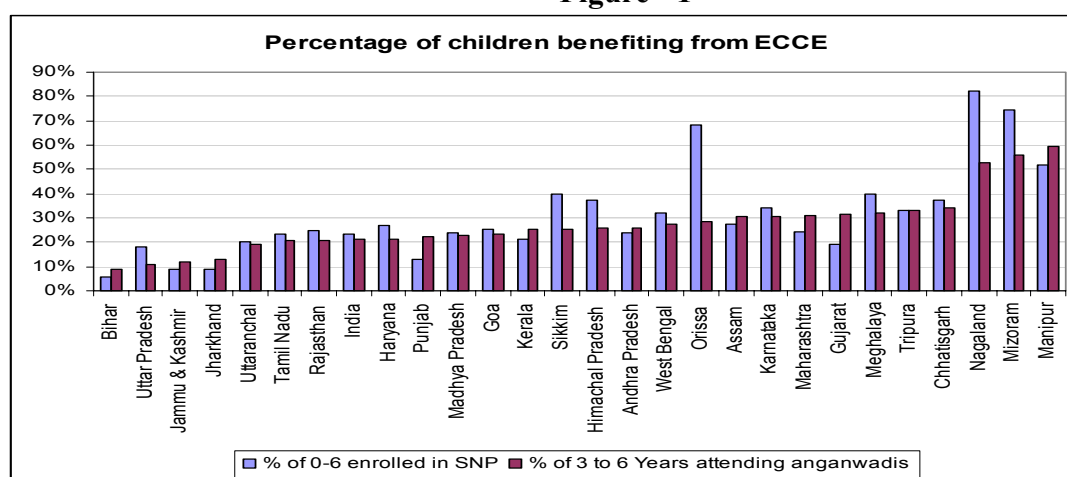
The uncovered and unreached children of ECE are found in both rural and urban areas. While in rural areas, they are located in isolated and remote hamlets, *dalit* hamlets and settlements, seasonal migrants road side workers, construction and quarry workers, fishing hamlets, in urban areas, they may be broadly identified as living on those pavements, unauthorized settlements,



small slums, construction workers, temporary/seasonal workers, rural migrants, itinerants etc. Children living in difficult circumstances like children of long term patients, children with special needs and children of sex workers, women prisoners, riot and disaster affected, refugees and displaced, orphanages and founding homes, militancy affected children may also be identified as uncovered and unreached children for ECE.

There are disparities in provision of ECE in rural and urban areas. As per findings of the study conducted by National Institute of Urban Affairs, though the share of urban population in the country is approximately 27.78 per cent (expected to go up by 33 per cent), corresponding provision of ECE facilities in these areas are insufficient. Urban slums are under represented in ICDS also, as majority of these projects are located in rural areas (out of total 5671 sanctioned projects, 4548 are rural, 763 are tribal and 360 are urban).

**Figure - 1**



While inter-state variations in coverage of Pre school enrollment exist, hardly any state or Union Territory shows high coverage (Fig.1). The northern states again are the worst culprits. (NSSO, 55th Round Employment Survey, 1999-2000). More than 25 per cent of children enrolled in Pre School Education belong to States such as Kerala, Maharashtra, Punjab and Tamilnadu. Gender disparities in favour of boys are observable. The gross enrolment ratio for boys in the ICDS was reported to be 17.3 as against 16.9 for girls (Government of India, 2000; Kaul, 1999). As per the statistics available with the Department of Elementary Education & Literacy the total number of children enrolled at the pre-primary level are 46,23,168 of whom 21,43,099 (46percent) are girls.

### Girl Child

Girls are the unequal “lesser half” of India’s children. Girl children are especially at risk of violation of their protection rights simply because they are girls. In societies and communities where women are not respected, the girl child is not valued. Girls in India are denied fair care and treatment right from birth and through the childhood years. Much of what should be considered maltreatment is socially regarded as the ‘normal/accepted’ way to treat a girl child in the home or community. The girl child stands un-protected from the traumatic potential of much

that is considered customary. From the standpoint of human rights, this places her in need of both preventive and corrective protection. Both risks and responses have to be seen in the layered context of being female in India, and being a child of a certain identity – of class, caste, community, culture, ethnicity -- in India to reduce the life cycle vulnerability of girl child. A serious and pervasive barrier to protecting girl children is their negative socialization to subservience, and their training not to question their status, condition or treatment. There is need for a new programming investment, to offer girls openings to alternative socialization. The social education of boy children towards a better understanding of parity and fairness is equally important. There is need to consider what happens to girl children rescued or recovered from exploitation or abuse. The mechanisms for recovery as well as rehabilitation need to be developed. Social protection theory speaks of a caring community or a protective environment. Existing schemes tend to emphasize restoration to the family setting. In the case of a very young girl child, rescued from early marriage, abduction, sale or the sex trade, or a young victim of domestic trauma, or rape, or a child recovered from a hostility/conflict zone: the family of origin may not be the best option available for re-location. Mechanisms are essential for ongoing contact, shelter, counseling (including family counseling), and possibility of foster or alternate placement, re-entry into local life and activities, re-entry into schooling or development programs – and for any prosecution of offenders that should officially be undertaken.

Child services at all levels will have to exercise special vigilance on the situation of girl children in every community. They will need to devise special needed approaches to serve girl children at all stages of childhood. Girl children themselves must be progressively enabled to stand up for themselves. It is to be hoped that incentive schemes like CCT will help the community to re-value daughters. Given the extent of discriminatory treatment of girl children at all ages and stages of childhood, a comprehensive program initiative to inform and enable girls to know their world and learn how to make their way in it would be a valuable step towards achieving the goal of women's empowerment.

#### Sex Selection and Female Foeticide

The phenomenon of missing daughters over the past two decades is the biggest challenge to India's growth and development today. Failure to protect the girl child is no longer just a health issue but an important child protection issue, deserving immediate and utmost attention. The 2001 Census data and other studies illustrate the terrible impact of sex selection in India over the last decade-and-a-half. The child sex ratio (0-6 years) declined from 945 girls to 1,000 boys in 1991 to 927 in the 2001 census. Around 80% of the total 577 districts in the country registered a decline in CSR between 1991 – 2001. 204 or about 35% of the districts registered child sex ratios below the national average of 927 females per 1000 males. In the 1991 census, there was only one district with a sex ratio below 850, but in the 2001 Census, there were 49 such districts. CSR decline was steeper in urban areas (32 points in 2001) than in the rural (14 points). Economically progressive states like Delhi, Gujarat, Haryana, Himachal Pradesh, Punjab and Maharashtra have recorded the sharpest decline in child sex ratios as sex selection technology in these States is widely available. The 10 districts with the worst sex ratios in the country – all below 800 – are all in Haryana and Punjab.

#### Child Marriage

Child marriage is a violation of human rights whether it happens to a girl or a boy, but it represents perhaps the most prevalent form of sexual abuse and exploitation of girls. The harmful consequences include separation from family and friends, lack of freedom to interact with peers and participate in community activities, and decreased opportunities for education. Child marriage can also result in bonded labor or enslavement, commercial sexual exploitation and violence against the victims. Because they cannot abstain from sex or insist on condom use, child brides are often exposed to such serious health risks as premature pregnancy, sexually transmitted infections and, increasingly, HIV Aids. Parents may consent to child marriages out of economic necessity. Marriage may be seen as way to provide male guardianship or their daughters, protect them from sexual assault, avoid pregnancy outside marriage, extend their childbearing years or ensure obedience of the husband's household.

### Adolescent girls

Every phase in the life of a child is critical to her/his growth and development. Often one of the most neglect categories of children is the 11-18 year olds. For girls, more than boys, puberty seems to mark the end of childhood. Adolescent girls (12-18) deserve special care and attention. Adolescence has traditionally been considered the most difficult period in an individual's development cycle. The changes that adolescents undergo (physical, psychological, physiological, hormonal, cognitive and sexual) are not only stressful but also confusing since these changes occur simultaneously and rapidly in the absence of any kind of support and expert guidance to cope with the transition. The situation is aggravated with uncertainties of social expectations and constraints, career, marriage partner, sex life and the 'self' itself. The confusion is made worse with societal perceptions and definitions of this period as requiring controls and restrictions.

Little is ever done to help the young adolescent girls cope with the changes in their body, their environment, their changing self-image and psychology, their curiosities regarding sex and sexuality, the increased threat of abuse and exploitation, early marriage and pregnancy etc.

The number of adolescent girls (11-18 years) is estimated to be 8.5 crore. Unfortunately, many of them are out of school. 1/3<sup>rd</sup> of these (2.83 crore) are reported as undernourished. Due to dietary deficiencies, adolescent girls do not achieve their potential weight and height. Also, 35 per cent of rural adolescent girls have a weight below 38 kg and a height below 145 cm. In addition, these girls are highly susceptible to anaemia, which is often responsible for miscarriages, stillbirths, premature births, low birth-weight babies and maternal mortality during childbirth. Undernourished girls who grow into undernourished mothers continue a vicious intergenerational cycle of under-nutrition and wastage of women.

Growing urbanisation and migration has further reduced choices and opportunities for the development and growth of adolescent girls to their full potential. The impact of media has worsened the situation and research on drugs and substance abuse among adolescent girls is lacking.

Adolescent girls first came into the ambit of development planning in the context of reproductive health. Post ICPD, the thrust has been on population control and amongst others, adolescent girls have been a target for family planning awareness programmes and measures. Until recently,

adolescent girls were being addressed as prospective mothers rather than individuals with human rights just as anybody else. Besides health and nutrition, the approach of RCH with regards to adolescent girls has been one of preparing them for motherhood. Such restricted understanding of our schemes and programmes has further affected the growth, development and protection of the 11-18 year olds. As signatories to CEDAW and the UNCRC, the individuality of adolescent girls has come to receive some attention only in very recent times. Yet, very little effort is being made towards empowering them with knowledge, skills, self-confidence and building their self-esteem. Issues of protecting them from abuse and exploitation also need greater focus and attention.

## **Child Labor**

India is a home to the highest number of child laborers in the world. The Census reports clearly point to the increase in the number of child laborers in the country from 11.28 million in 1991 to 12.59 million in 2001<sup>18</sup>. Reports from M.V. Foundation in Andhra Pradesh reveal that nearly 400,000 children, mostly girls between seven and 14 years of age, toil for 14-16 hours a day in cottonseed production across the country. 90 percent of them are employed in Andhra Pradesh alone. Although the number of children employed in the agricultural sector, in domestic work, roadside restaurants and sweet-meat shops, automobile mechanic units, rice mills, Indian Made Foreign Liquor (IMFL) outlets and most such sectors considered as 'non-hazardous', is not known, there is ample evidence to suggest that more and more children are entering the labour force and are also exploited by their employers.

### Child Domestic Workers

There is a growing phenomenon of rampant and systematic exploitation of children in domestic work in urban areas. In many cases, such children have been forced to work for long durations, without food, and/or have worked for very low wages. Many of the live-in domestic workers are in a situation of near slavery. With the violation of their human rights, not only are there sub-human living and working conditions but even blatant injustice of non-payment of wages as well as criminal acts of physical, sexual and psychological violence amounting to torture have been reported<sup>19</sup>. The employment of children in domestic work is an age-old practice and it continues, sanctioned by the middle class families who pay less, feed less, get longer hours of work and beat them to silence. It has recently been notified by the Ministry of labour, prohibiting employment of children below 14 years as domestic servants or in dhabas, tea stalls and restaurants. As a result of this notification, there is a likelihood of a large number of children being laid off, especially in metropolitan cities and big towns. Therefore there is need to address the rehabilitation of these children including shelter, education, food, health and other needs and return to families based on review of their situations.

## **Child Trafficking, Commercial Sexual Exploitation of Children and Child Pornography**

### Child Trafficking

Trafficked children are subjected to prostitution, forced into marriage or illegally adopted; they provide cheap or unpaid labor, work as house servants or beggars, are recruited into armed

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<sup>18</sup> Office of the Registrar General, India. Census of India 1991 and Census of India 2001, New Delhi

<sup>19</sup> Asha Bajpai, Child Rights in India- Law, Policy and Practice, Oxford University Press, 2003

groups and are used for sports. Trafficking exposes children to violence, sexual abuse and HIV infection and violates their rights to be protected, grow up in a family environment and have access to education. A 'child victim of trafficking' is any person under 18 who is recruited, transported, transferred, harbored or received for the purpose of exploitation, either within or outside country. The use of illicit means, including violence or fraud, is irrelevant. Ending trafficking requires international, regional and national cooperation. The root causes of poverty, discrimination, exclusion and violence – need to be addressed along with the demand side.

### Child Sex Tourism and Child Pornography

This problem has not been tackled seriously or discussed openly in India. Communities are most often silent and unwilling to speak about this phenomenon.

#### *Sex tourism*

Sex tourism is a major industry. Inadequate laws and inefficient judicial systems are among the main causes of sex tourism affecting children, because they lead pedophiles to believe that in India they can abuse children without risk of prosecution.

#### *Child pornography*

Child pornography is "any representation, by whatever means, of a child engaged in real or simulated explicit sexual activities or any representation of the sexual parts of a child for primarily sexual purposes. Child pornography is harmful to children in two ways. First, it encourages the sexual abuse and exploitation of children. Second, every photo or videotape of child pornography is evidence of that child's abuse. The distribution of that depiction repeats the victimization over and over again, long after the original material was created. Due to the clandestine nature of the industry, information on the volume of child pornography in circulation is often exposed only through police action and subsequent prosecution. However, the scale of the problem is still not clear. The digital age has facilitated the production and dissemination of child pornography. Advances in computer technology have made the creation and distribution of child pornography easier, cheaper and more difficult to detect. It has developed into a multimillion-dollar industry that can be run from within the exploiter's home. The Internet is used by pedophiles to exchange information and to contact potential victims through chat rooms. It is virtually impossible to ensure the physical destruction of child pornography once it has been posted on the Internet.

### Children of persons trafficked for sexual exploitation

Critical comments are made concerning the plight of prostitute's children in India. Little attention has been paid to these children who are victims of their circumstances from birth, denied the opportunity to be free of their background, and deprived of an environment conducive to healthy physical and psychological development. The children suffer from nutritional deficiencies, minimal health care, non-availability of basic needs, and social handicaps. Although government has initiated measures to improve conditions for these children, their status isolates them from the mainstream and places them on the lowest social rung. They are also likely to follow in their mother's footsteps, and eventually engage in procurement or

pimping. A cooperative effort must be undertaken by government and nongovernmental organizations and organizations of prostitutes to improve the future for these children. Interventions should look at enabling a better life for these children through education. Health and hygiene education should be conducted for these children, as due to their high-risk environment, the possibilities of contracting STD/ HIV/Aids etc. are quite high. Life skills education and livelihood options are essential component of a protective prevention package for these children, which will also involve their mothers. Keeping the above in mind it is quite essential that a separate program should be formulated for these children. (*ICCW News Bull. 1991 Jul-Dec; 39(3-4): 31-7. Giving the children of prostitutes their due. D Das*)

### **Children affected by HIV/AIDS**

The HIV /Aids pandemic is not only threatening the physical health and survival of children, it is destroying their families and depriving them of parental love, care and protection. Stigma and discrimination, often associated with HIV infection, can lead to exclusion and isolation and ruin a child's chances to receive an education. Children whose families are affected by HIV/ Aids experience severe emotional and psychological distress, economic hardship resulting from their parents' inability to work may cause children to drop out of school or become child laborers. They are often forced to assume the burden of caring for sick parents or for their younger siblings. Children orphaned by HIV/ Aids are more exposed to exploitation, abuse and violence. Conversely, many situations in which children have inadequate protection – including sexual exploitation, trafficking, violence, displacement, detention and imprisonment and child marriage also make them more vulnerable to HIV infection.

### **Children in Conflict with Law**

The term 'children in conflict with the law' refers to anyone under 18 who comes into contact with the justice system as a result of being suspected or accused of committing an offence. Most children in conflict with the law have committed petty crimes or minor offences of which most are not considered criminal when committed by adults. In addition, some children who engage in criminal behavior have been used or coerced by adults. Too often, prejudice related to social and economic status may bring a child into conflict with the law even when no crime has been committed, or result in harsh treatment by law enforcement officials. In the area of juvenile justice there is need to reduce incarceration while protecting children from violence, abuse and exploitation. Options that promote rehabilitation that involves families and communities as a safer, more appropriate and effective approach than punitive measures are required. Justice systems designed for adults often lack the capacity to adequately address these issues and are more likely to harm than improve a child's chances for reintegration into society. For all these reasons, a just juvenile justice system needs to evolve which would strongly advocate diversion (directing children away from judicial proceedings and towards community solutions), restorative justice (promoting reconciliation, restitution and responsibility through the involvement of the child, family members, victims and communities), and alternatives to custodial sentencing (counseling, probation and community service).

### **Urban Children in Distress/Difficult Circumstances**

Nearly 29% of the India's population lives in urban areas. An average of 50% of the urban population live in conditions of extreme deprivation - compounded by lack of access to basic

services and legal housing and poor urban governance.<sup>20</sup> The urban population is also rapidly expanding due to large-scale migration to cities for a possible better life. The cities and towns are also expanding but the sheer volume of people compromises the ability of the city to meet their basic needs. A large proportion of this migrating population ends up residing in slums in inhuman conditions. As a result, urban poverty and hunger are increasing.<sup>21</sup> All this has led to a huge number of homeless children, pavement dwellers, street and working children and child beggars, who are left alone to fend for themselves.

### Children of Prisoners

With the liberalisation of the economy one area of concern which has been often talked about is the increase of “temporary destitution” and thus corresponding increase in the crime rate. It goes without saying translated into human cost it means more number of arrested persons. The increased presence of parents in prison populations is growing with the increasing reliance on incarceration as a criminal sanction, for women as well as men. This grim reality should be a major policy concern, because the imprisonment of parents can severely diminish the economic and social capital on which families and communities depend to successfully raise children (see, Sampson, 1992; Hagan, 1994). Relatively little attention has been given to the consequences of criminal sanctioning for families and children. The effects of penal sanctioning should be evaluated in the broader context of the unintended consequences of these sanctions. A father or mother's imprisonment can be the final, lethal blow to an already weakened family structure. The fact that a large number of parents are being imprisoned implies that there is a neglected class of children whose lives are disrupted as well as damaged by their separation from imprisoned mothers and fathers (Bloom, 1993). As a family disintegrates, children experience prolonged and intensified periods of instability and uncertainty. These children's problems are the largely hidden and uncalculated costs of imprisonment.

### Homeless children<sup>22</sup>

Homelessness is not a condition unknown to children in India. Children live on the streets, in pipes and under bridges. Children along with their families are forcibly evicted from their homes in the name of development and urban beautification. Natural disasters and conflicts render many homeless or force them to live in unsafe housing conditions. As a result, whether by acts of commission or omission by the state, their right to adequate housing is constantly violated. The UN Convention of the Rights of the Child (UN CRC) has recognised adequate and safe housing as the right of every child.

Increasing homelessness is a growing phenomenon in the wake of globalization. Global market forces continue to destabilize rural livelihoods. Pressures of globalization have led to policies and programs supported by compliant laws and legal decisions that have systematically robbed the people of their right to adequate housing. For instance, the pressure for infrastructure development considered key for attracting foreign investment, has led to the mushrooming of dams, mines and highway projects. Laws like the Indian Forest Act or the Land Acquisition Act have been used to drive people off their otherwise secure and adequate homes and lands. Whether people lose their livelihoods in the villages or are driven off their homes and lands due

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<sup>20</sup> Consortium for Street Children 2004, <http://www.streetc.hildren.org.uk/>

<sup>21</sup> Nutritional Problems in Urban Slum Children, <http://www.indianpediatrics.net/july2004/682.pdf>

<sup>22</sup> HAQ: Centre for Child Rights, Status of Children in India Inc., 2005

to mega projects, or infrastructure development projects, they are forced to migrate to other areas, towns and cities, where they live on the streets and footpaths, or in the most appalling housing conditions, in overcrowded slum clusters. Lack of basic facilities and disease becomes a way of life.

### Migrant Children<sup>23</sup>

A major factor that contributes to rapid urbanization is the increased migration from rural areas to India's urban areas. Many of these migrants are landless agricultural laborers whose traditional occupations no longer exist or do not provide sufficient income, and who have come to the cities in search of employment. In general, rural-to-urban migration can be explained by India's policy of development, which has favored urban, industrial development over rural development. While this policy did create greater industrialization and less reliance on agriculture as the engine of economic development, it did not alleviate rural poverty. According to the UNDP, 49 percent of India's rural population lives at or below the poverty line. Some of these unemployed or underemployed people are forced to go to cities in search of economic opportunities. Cities provide a slightly better opportunity for these people. However, since the UNDP estimates that 38 percent of India's urban population is at or below the poverty line, this accounts for more than eighty-nine million people. A 1992 UNICEF study of street children in Bombay observed that the large-scale migration of families from rural to urban areas... has resulted in severe overcrowding, degrading work conditions, homelessness, deprivation of basic services and appalling living conditions in the city. Yet, to return to the village means starvation: to remain in the city means possible survival at least physically.

### Street Children<sup>24</sup>

Street children or children living and working on the streets are a common phenomenon in urban India. Often treated as an eyesore and nuisance, their presence in everyday urban life is difficult to ignore. In spite of the relative high visibility of street children, there is very little information available on their exact numbers.

An official figure available from a 1997 report of the DWCD, Ministry of HRD, Government of India stated that 11 million children lived on the street at that time, of which 420,000 lived in the six metropolitan cities of the country. Even these figures are 8-12 years old and almost no effort has been made to update these figures.<sup>25</sup> In the absence of adequate housing in the cities, these children are often exposed to exploitation, variety of deprivation and harassment from the police. Such children are vulnerable to hunger and malnutrition, lack of health care, lack of education, physical and sexual abuse, substance abuse and STI/HIV/AIDS. These children too have right to adequate housing/shelter, proper nutrition, education, health care and above all protection from all forms of abuse and violence.

### Child Beggars

No accurate data is available on the number of beggars specially child beggars, but the immensity of the problem can be appreciated by some old statistics from different parts of the country: According to the statement made by the Minister of State for Social Justice,

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<sup>23</sup> Human Rights Watch: Police Abuse and Killings of Street Children In India, November 1996

<sup>24</sup> Ibid, 33

<sup>25</sup> "50 Years of Child Development: The Challenges Ahead" by DWCD, Min. of HRD, Govt. of India, 1997



Government of Maharashtra in State Assembly, the number of beggars in Mumbai, which was 20,000 in 1963, rose to three lakh in 2004<sup>26</sup>. Many children are being exploited by organised mafia-style groups; the more serious being, begging, prostitution and drug trafficking<sup>27</sup>. Although there is no data on child beggars making it difficult to estimate the number of such children in the country, the above estimates and figures point to the fact that children belonging to such families are often forced to take up begging in absence of any other choice.

### **Children in Disaster Situations (both natural and manmade/ Internally displaced persons)**

The needs of displaced children are similar to those of refugee children: shelter, medical care and rehabilitation, food, protection from violence and exploitation, and assistance in re-establishing contact with their families. The most common causes of displacement include armed conflict, other situations of generalized violence, gross violations of human rights and natural disasters. Many internally displaced persons find themselves at risk of violence, sexual assault and abduction, and frequently lack shelter, food and health services. The majority of internally displaced persons are women and children. Internally displaced people often remain close to the conflict or disaster they fled from, making them more vulnerable. Displaced populations are especially vulnerable to malnutrition, and frequently lack adequate access to medical care and shelter.

### **Children with Disabilities**

Although the Ministry of Social Justice & Empowerment has been the Nodal Ministry dealing with subject of disability, and a major part of it is addressed through the Health Ministry, it is critical to see it as a protection issue also. In fact child disability has never really been a focus area of any Ministry and therefore calls for urgent attention. Even today, data related to disability among children varies from one source to another. It is said that hardly fifty per cent of disabled children reach adulthood, and no more than twenty per cent survive to cross the fourth decade of life<sup>28</sup>. Although there is very little information regarding the nutritional status of children with disabilities, it is recognised that disabled children living in poverty are among the most deprived in the world. Feeding difficulties contributing to poor nutrition have been reported among disabled children living in more affluent environments<sup>29</sup>. Under-nutrition is a common problem in children with severe cerebral palsy (spastic quadriplegia), which often has significant impairment of their eating and swallowing mechanisms. Because of their difficulty in eating and drinking, many such children can achieve an adequate nutritional status only with tube feeding. Some of the disabled children may be facing abandonment by parents/families/communities. Hence they have rehabilitation needs.

### **Children affected by Substance Abuse<sup>30</sup>**

A survey reveals that out of the children who came for treatment to various NGOs, 63.6 per cent

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<sup>26</sup> Mumbai beggars worth Rs 180 crore, Press Trust of India, July 2006, <http://www.ibnlive.com/news/madhvan-and-shahids-hairraising-tale/16142-13.html>

<sup>27</sup> CWA Newsletter, Vol. 11, no.1 (Mar 1995)

[http://www.cwa.tnet.co.th/Publications/Newsletters/vol11\\_1/v11\\_1\\_save.html](http://www.cwa.tnet.co.th/Publications/Newsletters/vol11_1/v11_1_save.html)

<sup>28</sup> Dr (Brig) M L Kataria, 'War against disability-Fighting for the right of the child', 29 May 2002, [www.tribuneindia.com](http://www.tribuneindia.com)

<sup>29</sup> <http://www.disabilityindia.org/dinJour/article3.html#nutrition>, April, 2003 quoted in Status of Children in India Inc. 2005, HAQ:Centre for Child Rights.

<sup>30</sup> Ibid, 33

were introduced to drugs at a young age below 15 years. According to recent data, among those involved in drug and substance abuse in India, 13.1 per cent are below 20 years.

## **SITUATIONAL ASSESSMENT OF SERVICES**

What is the best investment that we can make for India's future? "The development of children is the first priority on the country's development agenda not because they are vulnerable but because they are our supreme assets and also the future human resources of the country". In these words the Tenth five year plan underlined that the future of India lay in the hands of the future of India's children. However, today welfare of the child has got fragmented into survival, development, protection and participation, without the necessary interconnectedness and linkages that would establish a comprehensive and holistic approach to child rights. This compartmentalization of children's services has led to an inadequate approach thereby reinforcing the need to visualize child services more holistically.

### **Factors Responsible**

Due the changes in the economic scenario and rapid industrialization, migration became a necessity, which has led to: changes in the socio-cultural pattern, family structures (more individual family units and the breakdown of the traditional joint family

Private donors, faith-based organisations, NGOs, and governments channel significant resources into more orphanages or residential care institutions for children, rather than supporting programs to assist single parents, relatives, and foster carers. This promotes a situation where those same parents and families, together with communities and government officials, turn to those institutional facilities as a first response. As a consequence, resources for family-based and community-based alternatives for vulnerable children decreases even further as key donors construct new institutions and direct funding into existing ones.

system), urbanization and dilution of social controls. All of these have impacted the children the most. Across India, children continue to be separated, temporarily or permanently, from their families as a result of conflict and displacement, the HIV/AIDS pandemic, endemic poverty, and abuse. Often this separation is needless and could be prevented. Many children are also removed from their families against the family's wishes in the belief that this is the best or only option because of the family's poverty, the mother's unwed status, a child's disability, a parent's positive HIV status, or the lack of educational opportunities for the child. Poverty is often the driving force behind the vulnerability of single orphans (those who have lost one parent).

Despite a vibrant growth rate of around 8 per cent of country's economy, progress in improving the health and nutrition status of the women and children has been rather slow. While income poverty in India has been reduced to 26 per cent (1999-2000) - underweight prevalence in children under three years remains at 47 per cent in 1998-99 (NFHS-II). How this indicator (underweight children) has improved since 1998-99 would be known only after the results of NFHS-III, which is currently underway, are released some time by the year-end. These preliminary indicators substantiate the argument that economic growth is a necessary, but not sufficient condition for improvements in young child survival, nutrition and development still holds good. The country has achieved self-sufficiency in food grains at national level but food insecurity at household level continues to be a cause of concern.

### **Alternative care**

While children have the right to be cared for by their parents or family, a child who no longer has a family, has become separated from his or her family, or whose family represents a serious danger to his or her health or development has the right to alternative care. The types of alternative care available are:

- Institutional placement
- Foster placement
- Adoption
- Sponsorship

State has the essential obligation is to provide some suitable form of care for each child who needs it. In all cases, care outside of the family should be considered as a 'last resort 'when selecting the most appropriate solution. It is widely agreed that three principles should guide decisions regarding long-term substitute care for children, once the need for such care has been demonstrated:

- Family-based solutions are generally preferable to institutional placements
- Permanent solutions are generally preferable to temporary ones
- National (domestic) solutions are generally preferable to those involving another country

In India though these are present, they have very limited capacity. Traditional forms of placement or caring for children who cannot be cared for by their own parents predominate in many communities. In a number of them, however, these are being overwhelmed by the unprecedented impact of the economic changes and AIDS pandemic on family and communal structures. Moreover, some traditional forms of placement lend themselves to practices that are not compatible with the best interests of the children concerned. In this, of course, they are not unique: All types of alternative care entail a risk of exploitation, abuse and other forms of disrespect for the rights of children. Institutional care has raised particular concerns in this regard.

### **Institutional placement**

The State bears ultimate responsibility for ensuring that all children without a family home receive alternative care, but many different actors also play a role. Some institutions for orphans and abandoned children and other children in need of a home are established and operated by the government. However, some such institutions are operated by religious or secular charitable organizations. Some of them are privately operated but publicly funded, some are privately funded and still others rely on a mixture of public and private funds. Some institutions receive children of different ages who are in need of care for diverse reasons. Others cater for particular groups of children, such as those with physical disabilities, or developmental or behavioural problems, children in difficult circumstances or children in conflict with law. . In principle, childcare institutions are intended primarily for long-term care for children who can neither be returned to their own family nor placed in a new family. In practice, since the demand for short-term placement often exceeds the supply of families willing to receive children on a temporary basis, institutions often meet both short-term and long-term needs.

Residential or boarding schools are a special case. Where parents maintain contact with children attending such schools, continue to provide such support, as they are able and participate actively in the exercise of parental responsibilities, such institutions should be governed by the standards

and principles applicable to schools. But when children are placed in such schools mainly because their parents are unable to provide for, supervise or control them and the parents in effect surrender parental responsibility to the school, it may be more appropriate to apply the standards and principles concerning alternative care. This applies whether the schools are operated by the state or by private charities or religious groups.

Institutional care during the first years of a child's life usually has a negative impact on their development. In addition, the placement of children in an institutional setting inevitably entails a risk of exploitation and abuse. In some institutions children risk becoming victims of discrimination. This highlights the need for greater attention to the 'last resort' principle and effective support mechanisms for families at risk.

### **Non Institutional Alternatives – Adoption, Foster care and Sponsorship**

#### Adoption

Adoption consists of the establishment of a legal link between an individual and a family, in particular the link of parent-child. It is a diverse phenomenon, and in some societies there are different forms of adoption that serve different purposes. Some forms of adoption are primarily a way of transferring property; others are a way of consolidating the composition of a new nuclear family (for example, when the spouse of a widowed or divorced person adopts the children of his or her new partner in marriage). From the perspective of the child's right to protection, adoption is a way of providing a new, permanent family to children who have been irreparably separated from their biological family, in particular by death or abandonment. Adoption may or may not be an appropriate solution for children who have been removed from their family because of neglect and maltreatment. In such a situation, each case needs to be decided on the basis of its specificities, keeping the best interest of the child in mind. The child's right to identity and the obligation of the state and society to protect and support the family mean that, in such situations, all possible efforts should be made to resolve the problems that pose a danger to the child, so that he or she may be returned to his or her birth family. Only if it is clear that the problems are beyond solution may adoption be considered appropriate. However, when it is certain that a child has become permanently separated from his or her biological family, then that child has a right to a new family environment if possible, and adoption becomes the best choice.

Two factors that distort the functioning of adoption in many parts of the world are:

- The growing demand of childless couples eager to adopt
- The idea that adoption is the solution to the difficulties faced by some families, especially poor single mothers, in providing their children with an adequate standard of living

The combination of these factors encourages both the disintegration of poor but viable families, and also the trafficking of infants for purposes of adoption. At the same time, it diverts attention from the need to address the root causes of poverty. In some parts of the world, cultural traditions are a major obstacle to adoption and adversely affect the availability of adoptive homes for children needing them. **Inter-country adoption** involves adoption of a child from one country by a couple or individual living in another country, regardless of their nationality. In some countries, it is not uncommon for migrants living abroad to adopt children from 'back home'. Inter-country adoption involves risk of abuse, which is why detailed provisions concerning safeguards must be respected.

### Foster placement

Foster placement is placement of a child who has become separated from his or her family, or who cannot be left with his or her family, in the care of another family or individual. In contrast to adoption, it is generally considered a temporary arrangement to be used while the child's own family overcomes a problem that prevents it from offering proper care to the child, or while a more permanent placement is being sought. In practice, however, it may become a long-term arrangement. The term is variously used for placement with a family or persons to whom the child is not related, while in others it is used for the formal placement of a child with relatives other than a parent. In contrast to most forms of adoption, it has no permanent consequences for the legal relationship between a child and his or her biological parents.

### Sponsorship

Sponsorship which offers financial and other support services to families in distress in order to ensure that the child is kept and care for with in the family is now provided by certain NGOs to prevent abandonment or institutionalization. There is no record or data on the number of children receiving such assistance, the NGOs who provide sponsorship or the geographic areas covered.

### **Counselling**

Programme initiatives to offer children protection, healing care and rehabilitation are constrained by a serious lack of counselling institutions and services, and a tied lack of people who are professionally trained and socially enlightened to provide children in need the kind and standard of counselling they require, to enable them to recover from adverse experience or treatment, and to help build or re-build a caring and protective environment for them. National Plan of Action for Children, 2005 recognizes child protection needs and makes landmark promises to address them. It pledges "to create and uphold a safe, supportive and protective environment for all children, within and outside the home"... " Develop and provide professional counselling services for children affected by psycho-social trauma" ... and "Support creation of accredited training courses/institutions for counselling services which meet international standards"<sup>31</sup>.

This places on the State the three-fold responsibility of (i) ensuring education and training of professional standard, (ii) development/establishment of a competent and accountable counselling infrastructure as an integral component of all relevant delivery systems affecting the child, and (iii) recruitment and placement of trained personnel. While NGOs and private sector institutions have their role to play in developing and providing such supports to children, it falls on the State to be the prime actor in serving the nation's children.

Many conditions and settings create counseling needs. Children in need include those who may not be in a 'visible' trauma or post-trauma situation stemming from an external disaster, but who are in socially, psychologically or emotionally 'at risk' situations, including in family or household settings, as also in settings where they come in contact with services of the State and other institutions.

### **Inclusion**

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<sup>31</sup> Govt of India: National Plan of Action for Children-2005: Section III (Child Protection), Chapter 11: Pts 11.1.2, 11.3.9, 11.3.10.

Over the years, India has attempted to develop a comprehensive arsenal of responses aiming at tackling the root causes of children's exclusion. Many of them need to be consolidated, expanded, and reviewed to take into account new dimensions of exclusion and further promote social integration. ***Formulation and Implementation of a multi-sectoral national plan is imperative which would address*** all aspects of prevention, mitigation and rehabilitation in relation to children. It delineates responsibilities, accountabilities and resource needs for effective implementation. The allocation of commensurate resources will be essential to ensure effective implementation of the plan and promote rights-based alternatives to vulnerable children.

***Children need to be more visible in budgets, to be heard in policy and community development.*** Though the NPAC presents a clear set of social goals and targets, which the Government of India should achieve by end of the plan period, as it strives towards achieving the Millennium Development Goals, its translation in reality seems difficult. The need to give a definite priority to children and implement policies supported through all the government ministries and agencies clearly emerges as one of the most important goals to be achieved. The Ministry of Women and Child Development deals with child protection schemes including a Programme for Juvenile Justice, an Integrated Programme for Street Children, Childline Service, Shishu Greh Scheme, Scheme for Working Children in Need of Care and Protection, Rajiv Gandhi National Crèche Scheme for Children of Working Mothers and three Pilot Project to Combat Trafficking of Women and Children for Commercial Sexual Exploitation. An examination of these schemes, besides revealing major shortcomings and gaps in the infrastructure, set-up and outreach services for children, has also shown that a policy anchored by one ministry gets no or minimal support from the other ministry. While MWCD is attempting to create a sustainable system to monitor expenditure towards the "child", increase transparency in the budgeting process and build capacity of NGOs and children to advocate for greater investment for children, this process cannot be complete unless all ministries and agencies, directly or indirectly concerned with children, also recognize child budgeting as a tool for measuring progress and develop it as an indicator of their commitment to the child. Child budgeting initiatives clearly have the potential to create child-friendlier environments. Children's participation in child budgeting is also another potential area that needs to be considered.

***Strengthening new promising institutions in the prevention of exclusion.*** Over the last few years, India has attempted to consolidate its institutional capacity to improve the status of its children however critical concerns regarding the quality of vital statistics and gaps in birth registrations as well as maternal mortality still remain. There is need to expedite the process so as to improve avenues available to children. Commensurate allocation of resources is essential to further strengthen the capacity of the Child Development Agencies in delivering its complex and essential mandate in child protection.

***Fresh data to inform national debate and policy development.*** New data need to be available to policy makers to help inform the development of a national debate and possibly overall policy on the prevention of exclusion and the promotion of social integration.

## Chapter-5 Child Budgeting

Children under the age of 18 constitute 42 percent of India's population. They represent not just India's future, but are integral to securing India's present. Yet development indicators continue to show slow progress towards securing their welfare and delivering their basic rights. The very survival of the child continues to be at risk, particularly for girls, with their survival prospects getting grimmer. Successive Census figures reveal a sharp decline in the child sex ratio. Despite a booming economy, investments in social development are insufficient and are also not yielding changes rapidly enough.

The National Common Minimum Program (NCMP) reiterates the United Progressive Alliance led Indian government's commitment to rapid economic growth and targeted investments aimed at the poorest of the poor. The NCMP outlines ambitious targets related to public spending on key services, including the following: education will be raised to 6% of GDP, with at least half to be spent on primary and secondary education, while public spending on health will be raised to at least 2-3% of GDP over the next five years, focusing mainly on primary health care.

An analysis of the broad trends in budgetary allocations in India shows that as a result of the growing economy, social sector expenditures have been increasing both as a proportion of aggregate government expenditure and real expenditure (i.e. at constant prices) since the 1990s. Increased policy efforts and the expansion of programmes in nutrition (ICDS) and education (Mid-day Meal Scheme, Sarva Shiksha Abhiyan) have resulted in steady increases in expenditure on children. However, while the Union Government's expenditure on Social Services (measured as a proportion of Gross Domestic Product (GDP)) has been going up steadily, there is not much change for 2006-07 over 2005-06. Further analysis shows that the increase in allocations between 1996-97 and 2006-07 represents just under 0.4 % of GDP, with an increase from 0.71 % of GDP in 1996-97 to 1.1 % of GDP in the Budget Estimates for 2006-07. Also, almost the entire increase over the decade from 1996-97 to 2006-07 Budget Estimates (BE) has been in Revenue Expenditure (which has gone up from Rs.9014.15 crore in 1996-97 to Rs.41,698.73 crore in 2006-07), while Capital Expenditure has been almost stagnant over this period (Rs.658.09 crore in 1996-97 and Rs.1164.83 crore in 2006-07).

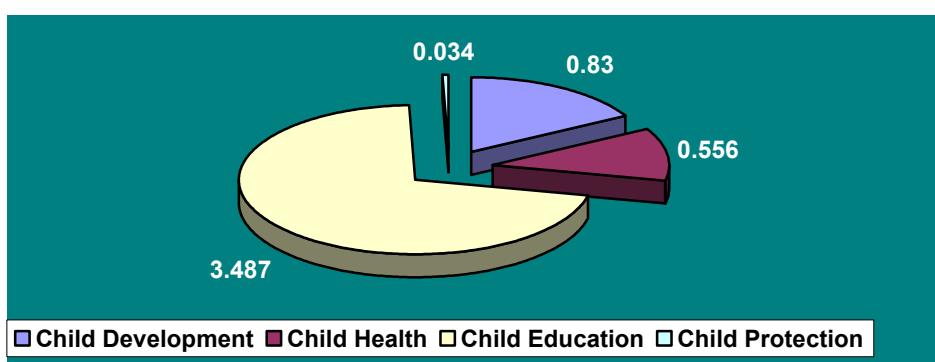
Analysis of the allocations made in the budget and the actual expenditure incurred subsequently on different sectors/programmes/schemes point to the priorities of the government. 'Child Budgeting' represents an important policy analysis tool that can help us take stock of our development investments for children and identify glaring gaps in resource investment and utilisation. Sufficient resourcing of our progressive policy framework is the first step to making real our Constitutional and other national policy commitments. Budgetary analysis helps us to also map the areas, which are relatively neglected.

Better outcomes in any sector, for instance, education, health or rural development, depend not just on allocations but also on proper utilization of those allocations. In India, there are many non-financial constraints that impede progress in several sectors, especially the social sector.

However, financial constraints could pose serious challenges to development in any sector, and hence the focus on identifying such constraints and making efforts for their removal are essential.

In 2001, for the first time an attempt was made by HAQ: Center for Child Rights at using ‘Child Budgeting’ as a tool to monitor public funding on children through a decadal analysis of the union budget undertaken from a child rights perspective. Two further attempts were made by ICCW – Tamil Nadu in 2003 and 2004. The Ministry of Women and Child Development took a step in this direction in 2002-03. The child budgeting exercise was discontinued by DWCD in 2003-04, but subsequently resumed in 2004-05 and is currently being undertaken in partnership with UNICEF. Child budget analysis reveals the persisting low level of fund allocation for any measures affecting children, with resources for child protection at the lowest of all. The total share of child protection in the Union Budget for 2005-06 was just 0.034% (see diagram and table below) and the budget estimates for child protection between 2004-05 and the current financial year 2006-07 have remained more or less the same.

### **Percentage Share of Sectoral Allocation on Children in Union Budget**



Year	% Share of Child Health in Child Budget	% Share of Child Development in Child Budget	% Share of Child Education in Child Budget	% Share of Child Protection in Child Budget	% Share of Total Child Budget in Union Budget
2004-05	0.423	0.422	1.567	0.033	2.445
2005-06	0.527	0.658	2.638	0.034	3.857
2006-07	0.556	0.830	3.487	0.034	4.907

Source: GOI Expenditure Budget 2004-05, 2005-06, 2006-07 (Vols 1&2) and HAQ: Centre for Child Rights, Delhi

India fares poorly compared to other countries in allocation of resources for health, development, protection and education for children. As a proportion of Gross Domestic Product, these investments are particularly low and increases are not commensurate with the overall increase in national productivity and income. Under-investment in health, development, protection and education will only serve to widen income gaps and perpetuate inequality, both of which will impede national efforts to meet important development targets.

Poor investment on child protection is in itself a reflection of the low priority this sector has



received in government's own planning and implementation. The neglect of vulnerable children - street children, orphans, migrant children, trafficked and sexually abused children - in our policy and financial statements is obvious when we review budgetary allocations over the years. Ever since child budget analysis has been undertaken in India, the share of child protection in the Union Budget has remained even lower (0.03 percent) than what the States show. Allocation made for child protection is negligible when compared to the number of children falling out of the safety and protective net. While there is no denying that education is, and has to be one of the most important sectors, if children's right to protection is not met, every other right is at stake.

On an average, between 2000 and 2005, of every 100 rupees spent by the Union Government only 3 paise was spent on child protection, while the share of child health was 40 paise followed by child development (45 paise) and elementary education (1 Rupee 50 paise).

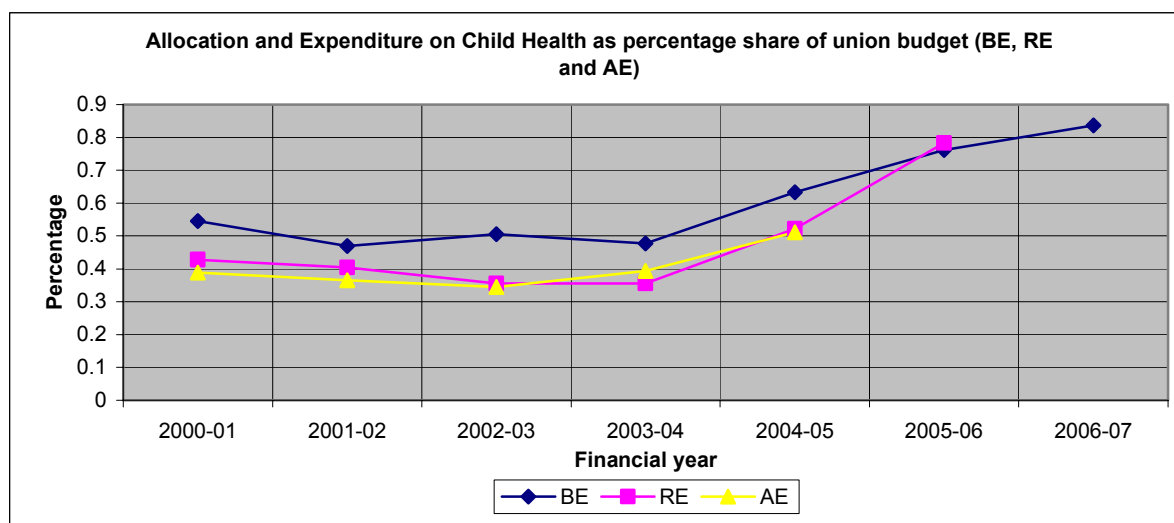
Average percentage share of children in Union Budget in the Tenth Plan Period (BE, RE and AE)			
	BE (2000-2007)	RE (2000-2006)	AE (2000-2005)
Child Health	0.064	0.475	0.401
Child Development	0.525	0.45	0.456
Child Education	1.933	1.647	1.514
Child Protection	0.032	0.028	0.028
Union Budget	100	100	100

Source: Demands for Grants (2000-2007)

2007) for relevant Ministries/Departments and Expenditure Budget Vol. 1 (2000-2007)

## Sectoral Analysis

### Child Health



Source: Demands for Grants (2000-2007) for relevant Ministries/Departments and Expenditure Budget Vol. 1 (2000-2007)

The low levels of utilisation of funds reflected in the graph above and comparatively high Budget Estimates clearly point to poor planning of health programmes. This is evident from the fact that of the total child health budget for 2005-06, 59% was for immunisation- almost all of it for strengthening polio immunisation- while 46.4% of the children in India are yet to be immunised for vaccine preventable diseases. Besides, implementation of child health initiatives is also weak and inadequate.

India has one of the highest levels of private financing (87 per cent) for health care, with out-of-pocket expenses estimated at as high as 84.6 per cent. While relying on external aid and other private sector financing for investment on critical sectors such as health poses a serious question by itself, absence of planning and provision for all child health concerns including assessment and monitoring of disease burden among children, child disability and health for children in emergency situations or children in institutions, un-affordability of basic medicines and poor access to health services, continue to pose challenge.

<b>CHILD HEALTH GOALS / TARGETS</b>	
Common Minimum Programme	To raise public spending on health to at least 2-3 % of GDP over the next five years and focus on primary health care...special attention will be paid to the poorer sections in the matter of health care.
Tenth Five Year Plan 2002-07	Reduction of infant mortality rates to 45 per thousand live births by 2007 and to 28 by 2012
National Plan of Action for Children, 2005	<ul style="list-style-type: none"> <li>• To reduce Infant Mortality Rate to below 30 per 1000 live births by 2010.</li> <li>• To reduce Child Mortality Rate to below 31 per 1000 live births by 2010.</li> <li>• To reduce Neonatal Mortality Rate to below 18 per 1000 live births by 2010.</li> <li>• To explore possibilities of covering all children with plan for health insurance.</li> </ul>
Millennium Development Goals (MDG)	<ul style="list-style-type: none"> <li>• Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate (goal 4)</li> <li>• Reduce by three-quarters, between 1990 and 2015, the maternal mortality rate</li> <li>• Combat HIV/AIDS, malaria and other diseases</li> </ul>
National Health Policy, 2002	<ul style="list-style-type: none"> <li>• To achieve an acceptable standard of good health among the population by increasing access to decentralised public health system and by establishing or upgrading the infrastructure in the existing institutions</li> <li>• Reduce IMR to 30/1000 and MMR to 100/Lakh by 2010</li> <li>• Eradicate polio and yaws and eliminate leprosy by 2005</li> <li>• Improve nutrition and reduce proportion of LBW babies from 30% to 10% by 2010</li> <li>• Reduce mortality by 50% on account of TB, Malaria and Other Vector and Water Borne diseases by 2010</li> <li>• Reduce Prevalence of Blindness to 0.5% by 2010</li> <li>• Achieve zero level growth of HIV/AIDS by 2007</li> </ul>

Goals and targets set by India for child health commitments are far from being achieved in the near future. Even today, 2.5 million children die in India every year, accounting for one in five deaths in the world, with girls being fifty percent more likely to die<sup>32</sup>. One out of 16 children die before they attain one

health under various national and international

India has the highest number of births and neonatal (first 28 days of birth) deaths in the world.

Neonatal mortality (at 40 per 1000 live births [SRS 2002], constitutes 63 per cent of infant mortality and over 50 per cent of under-5 child mortality.

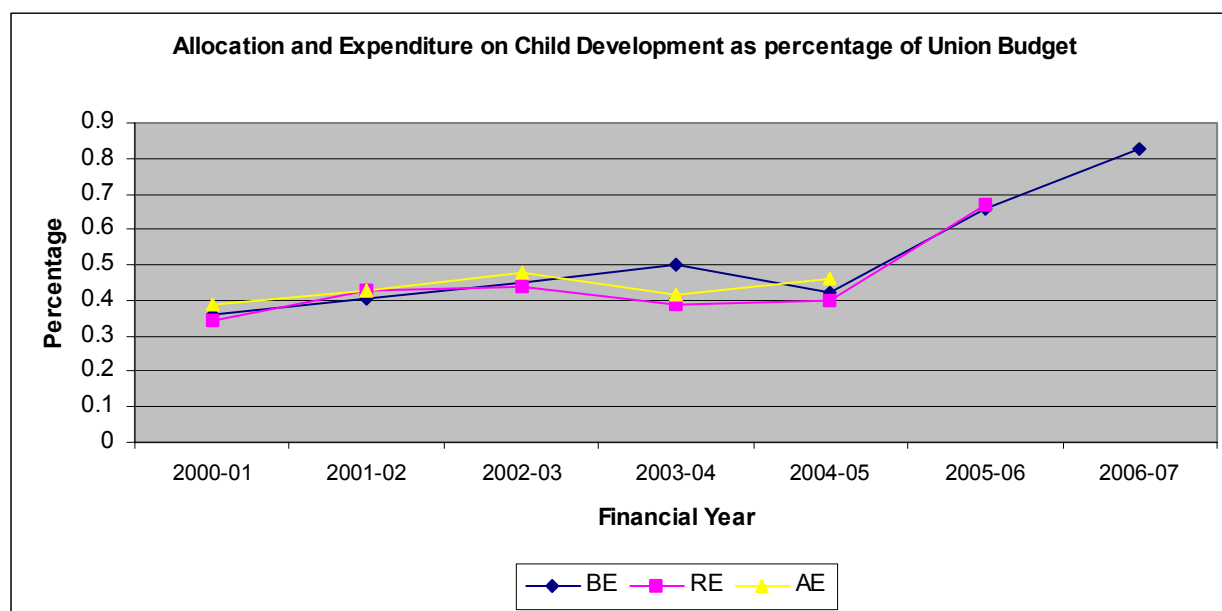
**Source: Planning Commission MTA of Tenth Five-Year Plan**

<sup>32</sup> Human Development Report, 2005. UNDP, Oxford University Press, New Delhi.

year of age, and one out of 11 die before they attain five years of age. Although India's neo-natal mortality rate declined in the 1990s from 69 per 1000 live births in 1980 to 53 per 1000 live births in 1990, it remained static between 1995 and 2000, dropping only four points from 48 to 44 per 1000 live births<sup>33</sup>.

The burden on the new National Rural Health Mission to achieve the health goals and targets is indeed very high and calls for not just adequate investment but also proper planning and implementation of programmes/schemes and optimal utilisation of funds.

## Child Development



Source: Demands for Grants (2000-2007) for relevant Ministries/Departments and Expenditure Budget Vol. 1 (2000-2007)

### ICDS and Nutrition

In the Tenth Plan, the goal for the ICDS Scheme was universalisation of ICDS during the Plan period in all the 5652 blocks of the country.

#### The Tenth Plan set specific nutrition goals to be achieved by 2007:

- Bring down the prevalence of under-weight children under three years from the current level of 47% to 40% by 2007
- Reduce prevalence of severe under-nutrition in children in the 0-6 years age group by 50% by 2007
- Reduce prevalence of anaemia by 25% and moderate and severe anemia by 50% in children
- Enhance the Exclusive Breastfeeding rate for the first six months from the current rate of 55.2% (for 0-3 months) to 80% by 2007
- Enhance the Complementary Feeding rate at six months from the current level of 33.5% to 75% by 2007
- Reduce prevalence of IDD in the country to less than 10 percent by 2010.

<sup>33</sup> State of India's Newborn, 2004. National Neonatology Forum, in partnership with the Ministry of Health and Family Welfare, Government of India, WHO (South East Asia Region), UNICEF India, World Bank, and saving Newborn Lives, Save the Children (US).

As per Census 2001, there are 15.79 crore children in the age group 0-6 years and only 4.74 crore children are covered under the supplementary nutrition programme in ICDS (as on 31.3.2006), which is 30% of all children in the country in that age group.

<p>% of children who are exclusively breast fed (0-3 months): 37 (1996-2004)</p> <p>Breastfed with complimentary food (6-9 months): 44 (1996-2004)</p> <p><i>Source: Unicef: Excluded and Invisible, The State of the World's Children 2006</i></p>	<p>India is home to nearly 40 per cent of all low birth weight babies in the developing world</p> <p>57 million children (under five) are under weight in India</p> <p><i>Source: Unicef: Progress for children, A Report Card on Nutrition, Number 4, 2006.</i></p>	<p>Prevalence of anaemia is over 90 per cent in preschool children, adolescent girls and pregnant women (DLHS2002-05)</p> <p><i>Source: Planning Commission, MTR of 10<sup>th</sup> Five Year Plan</i></p>
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ICDS is especially targeted towards the disadvantaged groups. However, even today, around one third of Indian children – and more than half in rural areas - are born with low birth weight. The Government of Maharashtra conducted a survey in January 2005, in ICDS projects in Ramtek area of Vidarbha in Maharashtra to ascertain the prevalence of malnutrition amongst children in the age group of 0 to 6 years. It clearly showed that out of 7,68,673 children surveyed, 7,38,065 children were found to be suffering from malnutrition of varying grades. In Madhya Pradesh, 83 children died due to malnutrition between March and October 2004.

It was clearly brought out in the Mid-Term Appraisal of the Tenth Plan that up to 2003-04, ICDS was operationalised in 5,262 blocks against the target of 5,652 blocks to be operationalised by the end of the Tenth Plan to benefit 41.5 million persons comprising 34.4 million children and about 7.1 million pregnant and lactating mothers through 6.49 lakh anganwadi centres. This led to a decline in the allocation for ICDS in 2004-0-05. The allocation for ICDS in 2004-05 (a decline of 8.2% from previous year) was certainly not sufficient to universalise ICDS even for the children below poverty line, especially because of the closure of the World Bank assisted projects and the ICDS training programme.

In the Eleventh Plan, The focus of ICDS must shift from universalised coverage of blocks to universalized services for all children in the 0-6 age group. Investment on ICDS must be planned accordingly with adequate emphasis on training of Anganwadi workers besides improved outreach. If the NCMP's promise of universalisation of ICDS services is to be realised, there will be need for more trained anganwadi workers as well as running costs for the ICDS centres.

### **Early Childhood Education**

The number of children attending pre-school education (PSE) activities under ICDS have been continuously increasing from 1.65 crore in March 2002 to nearly 1.9 crore in 2003, 2 crore in 2004 and 2.3 crore in 2005 (Annual Reports of MWCD for the concerning years).

However, as per 2001 Census, the country has approximately 6 crore children in the age group of 3-6 years. The approximate figures of covering about 3.4 crore children by pre schooling initiatives under ICDS and other private initiatives (not counting NGO initiatives as the variation

in expected coverage is too large from 0.3 to 2 crore), leaves apart a large segment of about 2.6 crore in the 3-6 years population bracket unattended for pre school activities. Thus, the gap between the numbers of pre school children and the available pre school services seems to be very large.

Early childhood education is a mandate of both ICDS and the crèche and day care programme of the Ministry of Women and Child Development. Besides the education department too has a role to play. Linkage of PSE with SSA is critical to ensure that children enter mainstream formal education after essential pre-school. How will this lateral linkage be established needs to be carefully planned and budgeted for so as to ensure greater outreach and continuum in education in the life cycle of a child.

### ***Crèche and Day Care***

The number of crèches sanctioned as on September 2006 under the 'Rajiv Gandhi National Crèche Scheme for Children of Working Mothers' is 23,834. This is totally inadequate when compared to the huge numbers of working mothers and their children. The requirement of crèches to cater to the childcare needs of the 22 crore women in the informal sector alone is 800,000<sup>34</sup>. Financial norm under the Rajiv Gandhi National Crèche Scheme for crèche and day care services is Rs. 42,384.00 per crèche per annum. Going by this figure, in order to set up 800,000 crèches, an investment of Rs. 3390.72 crore is required. At present the crèche scheme has a budget of only Rs. 100 crore. The gap between need and actual investment is stark calling for a substantial increase in the budget for crèche and day care services.

It may be seen as a paradox that despite a public awakening in favour of ECE, only few attempts, which can be finger tipped, have been made till date to monitor the public funding on children through various state owned programmes and services. This portends well for a more comprehensive approach towards planning and budgeting for children in the future.

### ***Balika Samridhi Yojana***

In the Tenth Plan, the government had decided to transfer this scheme to the State Governments, and therefore the 2002-03 budget showed zero allocation initially i.e. in the Budget Estimates (BE), which was later revised during the year to make some allocation in the Revised Estimates (RE). In 2004-05, BE for this scheme suddenly showed a steep increase to Rs. 13.50 crore, with a drastic fall in the RE. In 2005-06 only 0.03 crore was earmarked for it in the RE and again the BE for 2006-07 reflects the same amount. Clearly the scheme is on its way out. But the issue of survival of girls remains a challenge, growing day by day only to the detriment of India's social, cultural, economic and political growth and development. In order to address the decline in the sex-ratio and gender discrimination, as was envisaged under the Balika Samridhi Yojana, the Eleventh Plan must find another alternative scheme, which is acceptable to the States and has clearly laid out mechanisms for implementation and monitoring.

### ***Kishori Shakti Yojana***

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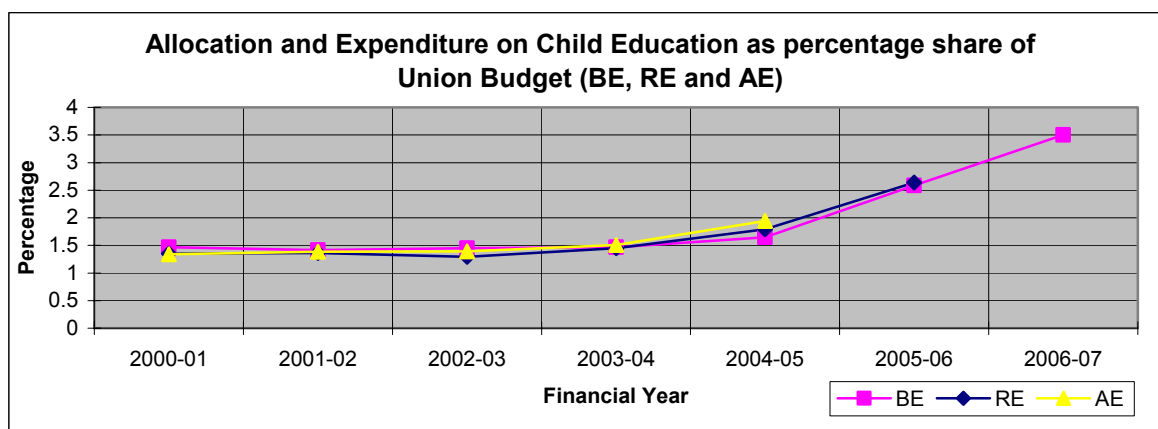
<sup>34</sup> CLAP. Exploring Rights of the Child in Early Childhood. A Report of the Interface for Perspective Building on Legal Aspects of Early Childhood Care and Development.

The Kishori Shakti Yojana is yet another scheme for supplementary nutrition. However, its main focus is nutrition for adolescent girls. While it failed to take off well initially, in the financial year 2006-07, there is an allocation of over 6 crores (Budget Estimates) under this scheme. The KSY in the Tenth Five Year Plan has been implemented at the rates of Rs. 1.1 Lakh per block per annum as fixed in 1991-92 for the erstwhile adolescent girls scheme. This rate needs has been revised to Rs. 5 lakh per block per annum, keeping in view inflation and escalation in costs.

The Ministry of Women and Child Development is also proposing expansion of Nutrition Programme for Adolescent Girls being implemented in 51 identified districts and its merger with KSY indicating a budget of Rs. 1600 crores per year with a total of Rs. 8000 crores for Eleventh Plan period.

KSY should also to be used to meet the objectives of empowering adolescent girls with information, knowledge and skills to be able to protect themselves. Therefore, if used optimally and also with a view to of achieve protection goals for adolescent girls, the scheme will require far greater investment.

### Child Education



Source: Demands for Grants (2000-2007) for relevant Ministries/Departments and Expenditure Budget Vol. 1 (2000-2007)

The share of child education is the highest amongst all other sectors. Yet, the ‘Education For All’ (EFA) monitoring report, released by UNESCO on November 6, 2003, cautioned that India is “at risk of not achieving the millennium development goal of universalisation of education by 2015”.

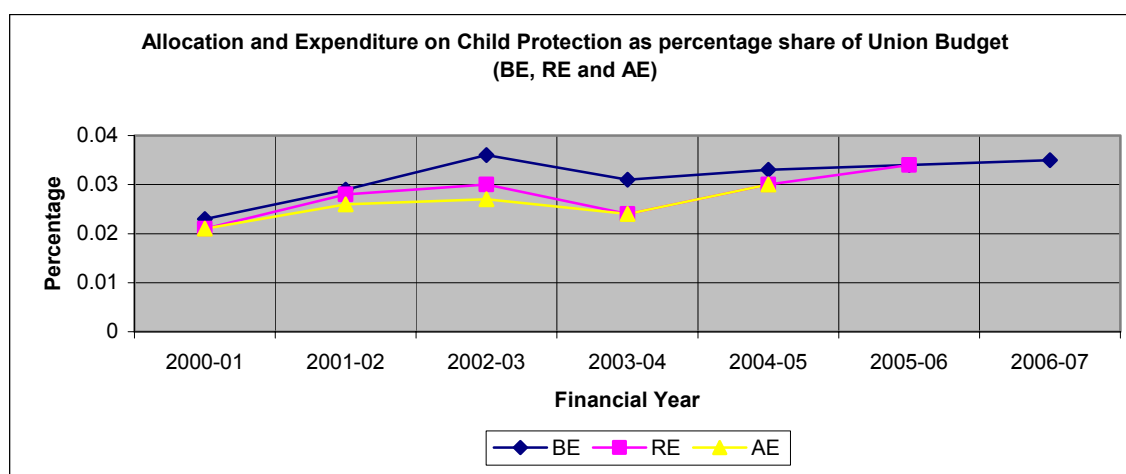
The Tenth Five Year Plan goal for elementary education was –

- All children in school by 2003
- All children to complete 5 years of schooling by 2007
- Investment of Rs. 55-60 thousand crore over 5 years

Although there has been a rise in expenditure on child education, between 2003-04 and 2004-05, according to a recent report of the Department of Elementary Education and Literacy, India still has 0.95 crores out of school children in the 6-14 age group<sup>35</sup>.

Union Government funding for education has for the last few decades constituted only 10% to 15% of the total public expenditure on education. In such a scenario, even when the Union Government has stepped up its allocations for education in 2005-06, the total quantum of government funding for education in the country cannot be expected to have shown any significant rise.

## Child Protection



The least attended sector in terms of political commitments as well as investments is child protection. With a child protection budget constituting only 0.034 percent of the total Union Budget, nothing can be achieved in terms of building a protective environment for children of the country. Moreover, small grants for child protection under various schemes fails to address child protection holistically and only adds to the problem of implementation and monitoring.

The budget for child protection largely addresses two very specific categories of children in difficult circumstances – child labour and children that fall within the purview of the juvenile system either as street children or as children in conflict with law or children requiring alternative care such as adoption. Budget for child labour elimination programmes indeed comprises the major share within child protection.

The Ministry of Labour's Citizen's Charter clearly lays down elimination of child labour from hazardous sectors by the end of Tenth plan as one of its goals. Government of India's expenditure for mainstreaming one child labour in regular school education is Rs. 3569. According to the Census of India - 2001, the total number of working children in India is 1,25,91,667. This implies that for mainstreaming all 1,25,91,667 child labourers in education,

<sup>35</sup> Annual Report 2005-06. Department of Elementary Education and Literacy, MHRD.

which is the commitment of government under Article 21A of Indian Constitution, India will need Rs. 4493.966 crore per year at the rate of Rs. 3569 per child per year. In the Revised Estimates of 2005-06 (115.450 crore) there was a huge gap of Rs. 4378.516 crore between the need and allocation for elimination of child labour.

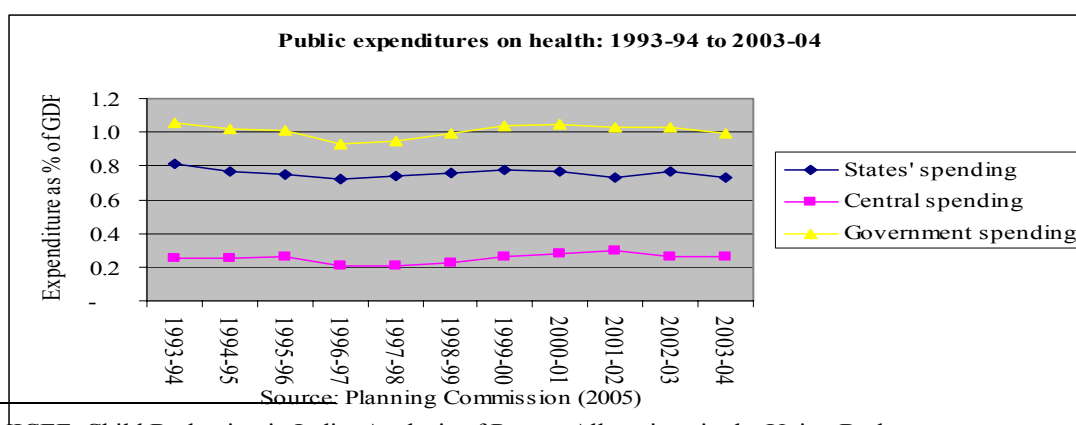
In the Tenth Plan period, 250 Districts in 20 states were covered under NCLP. The need for NCLP in these 250 districts continues even in the Eleventh Plan period. At the same, additional districts will have to be reached in the next plan period. Besides the Parliament's decision to ban employment of children in domestic work and dhabas and restaurants with effect from October 10, 2006 calls for far more inputs in terms of programmes and services for children thus released from labour. The Ministry of Labour along with the Planning Commission will have to accordingly plan a higher outlay in the Eleventh Plan.

For all other child protection issues there are no national measurable goals and targets against which progress can be gauged but for what has been laid down in the National Plan of Action for Children 2005 (NPAC). The Eleventh Plan must therefore follow the NPAC goals on child protection. One of the biggest hurdles in setting goals and targets for child protection is lack of precise data and information.

In order to meet the challenges of child protection both in terms of maintaining a data base and planning for the numbers reflected through it, the Ministry of Women and Child Development, Government of India proposes a centrally sponsored scheme "Integrated Child Protection Scheme (ICPS)", which not only brings all existing child protection schemes of the Ministry under one window but also proposes an increased allocation for child protection programmes in the Union Budget.

## State Budget Analysis

States are primarily responsible for the provision of social sector services, yet are dependent to a certain extent on flows from the Central government. The graph below indicates the importance of the state's contribution to the health sector as an example. Many states are, however, not contributing sufficient finances to social sector spending. Where states are unable to match Central grants, the implementation of important social schemes may be adversely affected<sup>36</sup>.



<sup>36</sup> UNICEF. Child Budgeting in India: Analysis of Recent Allocations in the Union Budget



Real per capita expenditure on health by the central government went up from Rs.89 in 1993-94 to Rs. 122 in 2003-04. Despite this increase, however, levels of public spending remain insufficient. This is because health is primarily financed by state governments – and state spending is low and inadequate. For instance, per capita public expenditure by states in 2003-04 varied from Rs. 77 in Bihar, Rs. 91 in Uttar Pradesh and Rs. 98 in Rajasthan to Rs. 275 in Kerala, Rs. 294 in Punjab and Rs. 485 in Delhi. It is also found that state governments tend to cut back their spending as allocations by the Centre increase.

The weakening capacity of states to raise matching grants could be explained to a large extent by the accumulation of debt and mounting debt service burden, as well as the rising share of committed but non-developmental expenditures in a context of low and declining non-state revenues and increasing contingent liabilities, such as guarantees on loans. There are significant variations in state allocations for child-focused expenditures. States with larger child populations are spending disproportionately less on child-related sectors, with some exceptions and variations.

The crisis in finances of many of the States in the last decade, especially since late 1990s, has significantly constrained their ability to step up funding for the social sectors.

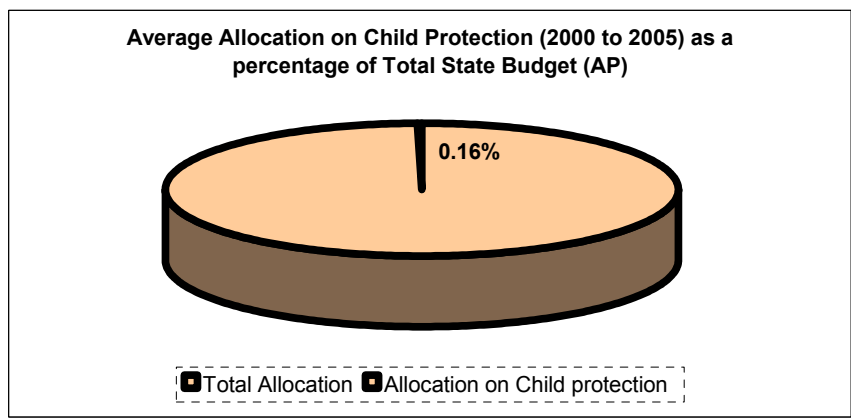
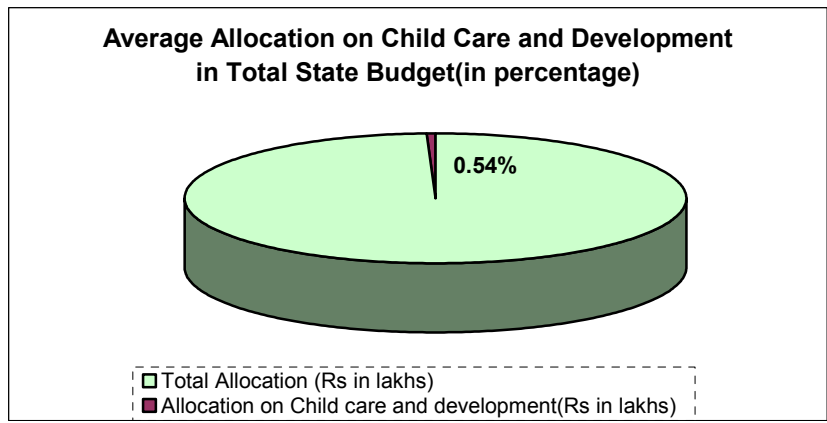
An example of inability of the States to meet the financial requirements is child nutrition. The state of Uttar Pradesh has very high child malnutrition, estimated at 51-55 per cent, but it spends just Rs 30-50 on nutrition programmes per child, while other states like Gujarat, Punjab and Haryana spend Rs 90-100, and northeastern states spend more than Rs 500 per child<sup>37</sup>.

Analysis of child budgets in some States also points out to the need for higher investment by the States on child development and child protection.

### ***Child Development and Child Protection in Andhra Pradesh***

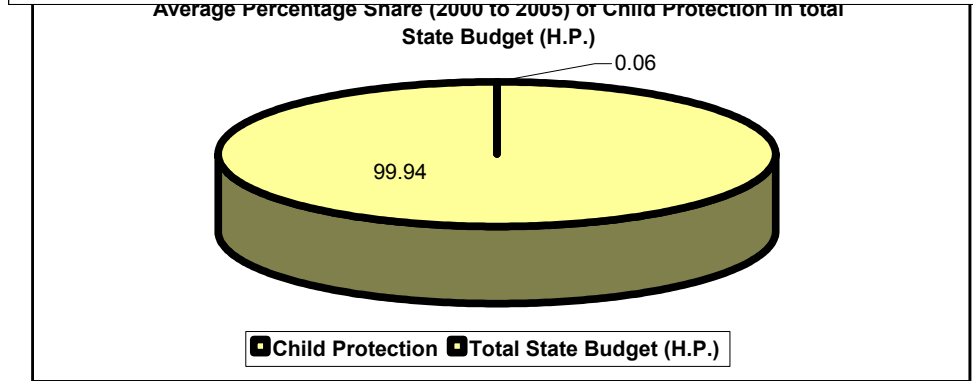
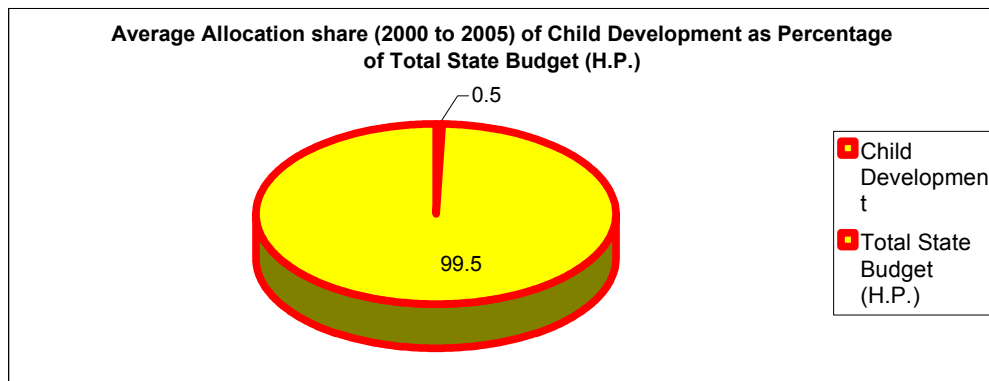
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<sup>37</sup> "We beat our hungry children to sleep": People's tribunal on starvation in eastern Uttar Pradesh. 30 September 2005.



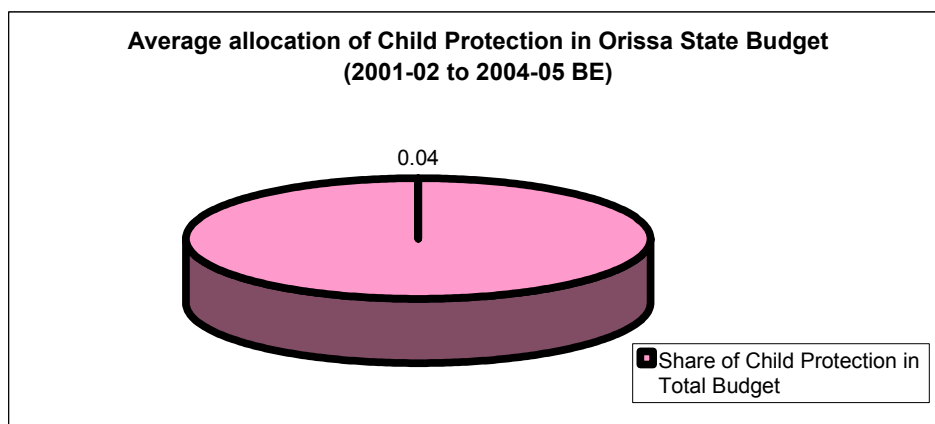
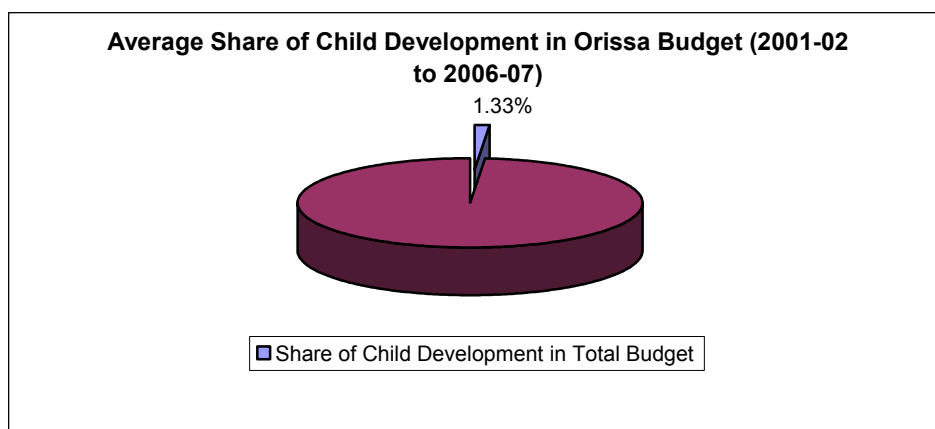
Average allocation for childcare and child development in Andhra Pradesh comes to 0.54 percent of the total State Budget Allocation (Budget Estimates) while that for child protection comes to 0.16 percent.

**Child Development and Child Protection in Himachal Pradesh**



*On an average, the allocation for child development and child protection in the total State Budget for Himachal Pradesh (Budget Estimates) is 0.5 percent and 0.06 percent respectively.*

**Child Development and Child Protection in Orissa**



*In Orissa, on an average, the share of child development and child protection in the total State Budget Allocation (Budget Estimates) in Orissa is 1.33 percent and 0.04 per cent respectively.*

The child development allocation in the States largely includes allocations under Centrally Sponsored Schemes such as the ICDS. Two thirds of the child development allocation is for the ICDS schemes. However, the actual expenditure under child development in Orissa has always been less than the budget estimates and revised estimates. Only 40.19 percent children in the age group of 0-3 years and 40.36 percent in the age group 3-6 years are in grade I nutritional status in Orissa. 60 percent children fall in the grade II to IV and need special attention for their mental and physical growth.

In child protection too, the state budget includes allocations under some of the Centrally Sponsored Schemes. It is clear that the States by themselves are not investing adequately on either of these sectors and proper implementation of most schemes is lacking.

Some of the problems relating to child budgeting that have been identified over the years include:

- Gaps in budget estimates and expenditure;
- Problems in flow of funds from the Centre to the State;
- Inability of States to meet the matching grant requirement from the State in the case of Centrally Sponsored Schemes;
- Inadequacy of mechanisms to check misappropriation and misuse of funds;
- Dependence on external aid;
- Flaws in the very planning of various Ministries and Departments itself; and most importantly; and,
- Lack of meaningful communication and coordination between the Planning Commission, the Finance Ministry and the Ministries/Departments concerned with child protection issues at the stage of formulation of the five-year plan, mid-term review and final evaluation of the plan period

The gaps and problems listed above have been bothering both Government and NGOs alike. Child Budgeting must therefore be taken as a serious exercise and needs to be encouraged and undertaken at all levels of governance to identify and address the shortcomings of financing the social sector, particularly programmes relating to children. Some of the suggestions and recommendations relating to child budgeting that have emerged from the papers of the sub-groups set up by the Ministry of Women and Child Development for the Eleventh Plan, are listed below.

### **Suggestions and Recommendations**

Child budgeting must begin at the very level of panchayats, the very basic unit of democratic functioning. For this to happen, the Eleventh Plan will have to focus on decentralised planning for all sectors. This will logically result in decentralized monitoring through analysis of allocation and spending against the plans and against implementation of the programmes and schemes within the jurisdiction of the panchayats.

The NPAC 2005 has articulated clearly the rights perspective and agenda for the development of children, and provides a robust framework within which to promote the development and protection of children. It is therefore logical and imperative that the NPAC 2005 becomes the

basis for planning for children in the Eleventh Plan in all sectors and the principles articulated in it guide the planning and investments for children.

With the State Government's having a major share of the responsibility for implementation of social sector schemes, declining flows of funds from the Centre to the States is a serious challenge and may adversely affect the provisioning of social services in States. To address this significant set of financial constraints, effective policy action is required, either in the form of increased transfers from the Centre, and/or greater pressure on States to prioritize their expenditures in line with policy commitments to the social sectors and to children.

Improved targeting of districts having high incidence of infant mortality, child mortality, maternal mortality, low literacy, high dropouts from school, high malnutrition and anemia rates, high rate of violence or crimes against children, high incidence of child sexual abuse, source areas for child trafficking etc., are also important measures that can improve outcomes.

If the NCMP's promise of universalisation of ICDS services is to be realised, there will be need both for universalized services for all children in the 0-6 age group with more trained anganwadi workers as well as increased investment to meet the running costs for the ICDS centres.

As regards early childhood education, it is important to assess the role of various programmes and Ministries that share this mandate and decide on what and how much is to be achieved by whom in order to ensure careful planning and budgeting for improved outreach of services and for avoiding duplication of efforts.

Child protection must receive necessary financial commitment from the Planning Commission as well as the Finance Ministry. Support to the Ministry of Women and Child Development's proposed ICPS will be a step in this direction. All budget for child protection schemes and programmes should be in the plan category and not in the non-plan category.

Though MWCD, GOI, has recently come up with child budgeting initiative, this is not true with other allied ministries/departments concerning ECCE (education, health, social justice and empowerment, tribal affairs, rural development, finance and alike). Thus, in order to strengthen the child budgeting initiative and to come out with true picture of public spending on child including on ECE, various concerned ministries/departments may also prepare their budget incorporating child budgeting as in built phenomenon as has been done in case of public financing of gender initiatives. The GOI may also like to direct all the 35 States/UTs to evolve their in built system of child budgeting as has been done by Tamil Nadu, though with the technical support from Indian Council of Child Welfare.

The National Coordination Group on Child Rights set up by the Ministry of Women and Child Development, in its integrated oversight function of coordinating policy investment programmes and monitoring outcomes for children, will include child budgeting as a key function for coordination and monitoring with relevant sectors and the Planning Commission.

**ANNEXURES**

<b>BE, RE and AE for Child Health in Union Budget</b>			
<b>Rs Crore</b>			
<b>Year</b>	<b>BE</b>	<b>RE</b>	<b>AE</b>
2000-01	1845.2100	1435.6500	1266.3900
2001-02	1766.9800	1474.6050	1327.1480
2002-03	2070.9100	1436.8200	1430.2340
2003-04	2092.610	1689.2500	1857.8700
2004-05	3025.5760	2640.7770	2542.8240
2005-06	3920.880	3984.9000	
2006-07	4722.7100		

<b>BE, RE and AE for Child Development in Union Budget</b>			
<b>Rs Crore</b>			
<b>Year</b>	<b>BE</b>	<b>RE</b>	<b>AE</b>
2000-01	1212.6400	1150.2500	1261.8426
2001-02	1525.6800	1548.2700	1545.4585
2002-03	1838.1800	1764.8300	1978.1077
2003-04	2199.1700	1838.6000	1955.5618
2004-05	2013.3700	2033.7100	2301.0399
2005-06	3387.4200	3398.5600	
2006-07	4674.6700		

<b>BE, RE and AE for Child Education in Union Budget</b>			
<b>Rs Crore</b>			
<b>Year</b>	<b>BE</b>	<b>RE</b>	<b>AE</b>
2000-01	4962.0900	4539.4800	4366.4840
2001-02	5306.7200	4963.3200	5021.8020
2002-03	5958.9700	5216.8400	5765.2700
2003-04	6440.1100	6863.8500	7111.9940
2004-05	7857.5131	9063.930	9661.5120
2005-06	13289.4400		
2006-07	1976.0700		

<b>BE, RE and AE for Child Protection in Union Budget</b>			
<b>Rs Crore</b>			
<b>Year</b>	<b>BE</b>	<b>RE</b>	<b>AE</b>
2000-01	76.8400	68.6500	67.4510
2001-02	108.1900	101.6900	93.6130
2002-03	147.7400	122.3600	111.1300
2003-04	137.1300	113.3000	113.6900
2004-05	159.2500	152.6100	147.4870
2005-06	176.1000	172.7300	
2006-07	198.6500		

Source: Demands for Grants (2000-2007) for relevant Ministries/Departments and Expenditure Budget Vol. 1 (2000-2007)

**Union Government's Allocation and Expenditure for Child Development  
(2001-02 to 2006-07)**

**(Rs. Crore)**

	2000-01	2001-02	2002-03	2003-04	2004-05	2005-06	2006-07
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Working Group on Development of Children for the Eleventh Five Year Plan (2007-2012)- A Report

	RE	AE	RE	AE	RE	AE	RE	AE	RE	AE	RE	BE
Universal Children's Day	0.01	0.0011	0.01	0.0021	0.01	0	0.01	0	0.01	0.0092	0.01	0.01
NIPCCD	6.4	6.95	8.4	7.8076	8.5	8.0025	10.2	10.56	11.75	9.0328	11.35	12.3
National Commission for Children	0	0	0.1	0	0.01	0	0.1	0	0	0	0	0
National Children's Board	0	0	0	0	0	0	0.01	0	0	0	0	0.01
Institution of National Awards to individuals and institutions	0.2	0.1154	0.39	0.3258	0.4	0.1552	0.44	0.4954	0.4	0.1802	0.5	0.4
Early Childhood Education	1.9	1.4629	1	0.485	0	0	0	0	0	0	0	0
Creches & Day Care Centres	18.3	18.2972	21.95	21.437	22.1	22.6674	21.4	19.2265	29.25			
Rajiv Gandhi National Creche Scheme										20.2938	41.4	103
Balwadi Nutrition Prog.	1.64	1.1945	1	0.1103	0	0	0	0	0	0	0	0
Contribution to UNICEF	3.6	3.6	3.83	3.1	3.1	3.1	3.1	3.1	3.1	3.87	3.11	3.8
Integrated Education in Nutrition	2	1.3487	2.5	2.2294	1.71	1.4902	1.77	0.8602	2.5	1.8487	5.04	5.59
Fortification of Milk	0.05	0.0248	0.05	0.0075	0	0	0	0	0	0	0	0
Grant under training prog. of ICDS	17.7	18.7749	50.7	49.7	53.7	56.5179	44.6	49.393	64	66.3397	72.5	73.3
World Bank Assisted ICDS	142.3	141.173	224.3	223.0619	385.07	381.3313	415.4	413.3499	380	426.2607	322.32	6.48
ICDS (General)	935	1047.8641	1217.54	1224.0924	1287.95	1504.7823	1341.46	1458.5715	1490.4	1726.6729	2931.07	4463.22
Balika Samridhi Yojana	21	20.9725	16	13.0205	1.8	0	0.01	0.0053	48	39.731	0.03	0.03
National Nutrition Mission	0.15	0.0635	0.5	0.079	0.08	0.0609	0	0	0	0	0.03	0.03
Scheme for Welfare & Development of Adolescents	0	0	0	0	0.4	0	0.1	0	4.3	6.8009	11.2	6.5
<b>Total - Child Development</b>	<b>1150.25</b>	<b>1261.8426</b>	<b>1548.27</b>	<b>1545.4585</b>	<b>1764.83</b>	<b>1978.1077</b>	<b>1838.6</b>	<b>1955.5618</b>	<b>2033.71</b>	<b>2301.0399</b>	<b>3398.56</b>	<b>4674.67</b>

Source: Demands for Grants, Ministry of Women and Child Development and Ministry of Youth Affairs and Sports for the years 2000-01 to 2006-07

RE: Revised Estimates and AE: Actual Expenditure

**Union Government's Allocation and Expenditure for Child Protection  
(2001-02 to 2006-07)**

**(Rs. Crore)**

Child Protection	2000-01	2000-01	2001-02	2001-02	2002-03	2002-03	2003-04	2003-04	2004-05	2004-05	2005-06	2006-07
	RE	AE	RE	AE	RE	AE	RE	AE	RE	AE	RE	BE
Central Adoption Resource Agency	1.500	0.468	1.800	0.950	1.300	1.300	1.200	1.030	1.300	1.150	1.300	1.500
Asst. for promoting in-country adoption	2.700	1.880	3.200	1.578	2.600	2.129	2.700	2.289	2.650	2.225	2.000	3.000
Scheme for Street Children	9.500	7.243	10.800	8.052	11.000	10.996	9.900	9.899	12.550	11.784	10.800	12.100
Welfare of Working Children in Need of Care and Protection	0.000	0.000	0.000	0.000	1.120	0.000	1.000	0.000	1.000	0.000	2.000	3.000
Programme for Juvenile Justice (Prevention and Control of Juvenile maladjustment)	10.550	10.500	11.250	15.188	14.400	14.330	14.400	16.330	18.900	19.714	20.430	25.000
Child Labour Cell	34.630	37.590	61.800	61.809	70.100	65.072	67.950	67.336	98.120	93.140	115.450	127.050
Assistance to voluntary organization for setting of short stay homes	9.770	9.770	12.840	6.033	12.840	13.26	15.350	15.689	14.400	15.260	15.000	17.500
Swadhar					9.000	4.042	0.800	1.115	3.690	4.213	5.500	8.000
Scheme for rescue of victims of trafficking											0.250	0.500
Relief and Rehab of Rape victims												1.000
<b>TOTAL – CHILD PROTECTION</b>	<b>68.650</b>	<b>67.451</b>	<b>101.690</b>	<b>93.613</b>	<b>122.360</b>	<b>111.130</b>	<b>113.300</b>	<b>113.690</b>	<b>152.610</b>	<b>147.487</b>	<b>172.730</b>	<b>198.65</b>

Source: Demands for Grants - Ministry of Labour, MSJE and HRD for the years 2000-01 to 2006-07

RE: Revised Estimates and AE: Actual Expenditure

**Note:** The above table does not include financial allocation for Rajiv Gandhi National Creche Scheme for Children of Working Mothers being implemented by the Ministry of Women and Child Development, Government of India, which is Rs.100 crores (BE) in the current financial year i.e.2006-07. Children in need of care and protection in Assam was a new scheme component under child protection in the year 2000-01, for which only BE of Rs. 0.01 crore was available. This scheme is therefore left out of the above table.



### State Budgets for Child Development<sup>38</sup>

#### Budget Estimates, Revised Estimates, Actual Expenditure on Child Development in Andhra Pradesh

(Rs in lakhs)

Year	BE	RE	AE
2001-02	14288.90	14288.90	10520.00
2002-03	20806.70	15500.00	16364.70
2003-04	30038.70	23785.00	19332.50
2004-05	29985.20	23765.20	NA
2005-06	26673.20	NA	NA

\*NA- Not Available

#### Budget Estimates, Revised Estimates and Actual Expenditure on Child Development in Himachal Pradesh

(Rs in lakhs)

Year	BE	RE	AE
2000-01	2449.39	2449.39	2055.31
2001-02	2401.51	2401.51	2088.92
2002-03	3057.71	3030.14	2349.18
2003-04	3060.79	3586.07	3267.65
2004-05	3935.32	2994.57	NA
2005-06	NA	NA	NA

\* NA – Not Available

#### Budget Estimates, Revised Estimates and Actual Expenditure on Child Development in Orissa

(Rs in lakhs)

Year	BE	RE	AE
2000-01	NA	NA	9861.88
2001-02	14941.34	14729.65	10554.19
2002-03	16341.30	18700.41	12841.34
2003-04	23101.85	22282.99	18293.54
2004-05	24839.01	26715.00	NA
2005-06	24777.38	NA	NA

\*NA- Not Available

<sup>38</sup> All tables are from Child Budget Analysis work undertaken by HAQ: Centre for Child Rights for the Union Budget as well as State Budgets in Andhra Pradesh, Orissa and Himachal Pradesh.

### State Budgets for Child Protection<sup>39</sup>

#### Budget Estimates, Revised Estimates, Actual Expenditure (Andhra Pradesh)

(Rs in lakhs)

Year	BE	RE	AE
2001-02	5431.40	5954.47	5396.29
2002-03	7626.11	7543.51	6555.80
2003-04	7354.77	4514.35	6514.28
2004-05	7622.91	7351.31	NA
2005-06	7617.48	7617.48	NA

\*NA- Not Available

#### Budget Estimates, Revised Estimates, Actual Expenditure (Himachal Pradesh)

(Rs in lakhs)

Year	BE	RE	AE
2000-01	417.34	417.34	347.27
2001-02	376.36	366.32	356.69
2002-03	391.93	388.25	385.56
2003-04	496.55	497.17	464.31
2004-05	485.35	485.81	NA

\*NA- Not Available

#### Budget Estimates, Revised Estimates, Actual Expenditure (Orissa)

(Rs in lakhs)

Year	BE	RE	AE
2000-01			420.58
2001-02	504.56	504.75	416.65
2002-03	458.18	531.02	332.25
2003-04	447.32	568.80	483.24
2004-05	459.52	638.63	NA
2005-06	490.95	NA	NA

\*NA- Not Available

<sup>39</sup> All tables are from Child Budget Analysis work undertaken by HAQ: Centre for Child Rights for the Union Budget as well as State Budgets in Andhra Pradesh, Orissa and Himachal Pradesh.

## **Chapter-6**

# **Inter-Sectoral Coordination & Convergence**

### **Child Development and Protection – Role of MWCD**

**‘Development of children is at the centre of the Eleventh Plan’.** This aspiration articulated in ‘Towards Faster and More Inclusive Growth, An Approach to the Eleventh Five-Year Plan, Planning Commission, Government of India, June 14, 2006, is the driving force behind the strategy evolved by the Ministry of Women and Child Development for leaving no stone unturned in translating this to reality. MWCD recognizes the child as a whole person deserving a holistic programming approach, which links the work of different sectors and integrates their impact in a synergistic way on the child. MWCD also takes seriously, its nodal role in coordinating the translation of the Constitution and other national laws and policies, Millennium Declaration and MDGs, National Plan of Action for Children, 2005 and international and regional treaty obligations into effective programmes for children, encompassing the entire period of childhood and removing disparities in access due to any reason.

The Ministry of Women and Child Development, in order to fulfill these responsibilities, will assume leadership for providing ideas, guidance, support and linkages to States and sectors to generate an integrated vision for child rights and development at all levels of governance and to stimulate and encourage decentralized and areas specific planning and coordination and convergence in the provision of services for children.

The National Plan of Action for Children 2005, which is the framework for the key thrust of initiatives in the Eleventh Plan in all sectors, calls for collective commitment and action by all sectors and levels of governments and partnership with families, communities, voluntary sector, civil society and children themselves. Monitoring of the implementation of the National Plan of Action for Children and reporting on the status of children and the realization of their rights, being key focal functions of the MWCD, makes it necessary that MWCD adopts inter-sectoral coordination and convergence as an important area for focus of its efforts during the Eleventh Plan period. It is also important to clearly define the areas for coordination and convergence, create the mechanisms for it and guide and support the integration of it in the understanding and the functioning of different Departments and Ministries and different levels of governance to accelerate the outcomes for children and realization of their rights.

This Chapter is written with a view to highlight the significance of the direction stated above and indicate the key areas for such coordination and convergence for accelerating the achievement of the national goals for children and meeting the commitments and obligations to India’s children.

One of the largest programmes for children is ICDS. The programme has been universalized in all the community developmental blocks of the country and has been adjudged as world’s largest initiative for survival, growth and development of children. The testimonial merit of the programme is further evident from the fact of identifying the programme as basic strategy to achieve the first goal of ECCE as envisaged in Dakar Framework of Action, 2000 and as part of the Common Minimum Programme of United Progressive Alliance Government. Recently, the

Government of India has also identified eight flagship programmes, in which ICDS figures as one of them.

In recent years, along with expansion of the programme, there has been a paradigm shift in the focus of the programme from merely supply side interventions of increasing the availability of access of services towards demand driven strategy of improving utilization, quality, impact and sustenance of the programme. Thus, within short span of time, , the programme has transformed itself mere from an intervention project designed for child development to major social development programme extending beyond the limits of early childhood to the broader concept of social well being.

While creating awareness among the masses on various issues of child development through nutrition and health education inputs of ICDS programmed, the MWCD is also actively engaged since inception of the programme on capacity building of various functionaries by formulating and implementing a ***Comprehensive Training Strategy*** for the functionaries involved in execution of the programme. While National Institute of Public Cooperation and Child Development (NIPCCD), an apex body in the twin field of public cooperation and child development, organizes the job training programmes (JTCs) for CDPOs/ACDPOs, a net work of about 40 Middle Level Training Centres (MLTCs) and 400 Anganwadi Workers Training Centres(AWTCs) have been assigned the task of organizing the training programmes for child care workers. Further, under World Bank Assisted ICDS National Training Programme Project UDISHA – a national initiative of vibrant training and communication package for HRD and capacity building of Child Care Workers - provisions were made for strengthening the existing ***training centers financially*** – upward revision of budgetary norms, and providing one time additional grants for infrastructure facilities, - ***enriching the structure of the training courses academically*** – integration and coordination of training of ICDS functionaries, revision of training syllabus, strengthening support material , generating appropriate training resources, and ***empowering training managers professionally***. The UDISHA project came to an end in March, 2006.

Besides providing focus on strengthening various indicators of child development in the country, the MWCD is also looking at child protection by creating a strong protective environment for children by mobilizing inter - sectoral resources and setting standards for care and services pertaining to child protection. MWCD is fully convinced with the fact that Child protection cannot be addressed in isolation. Other sectors have a vital role to play. Thus, integrating a strong preventive approach in the child protection measures requires going beyond the conventional prevention strategies and also by taking into account the link between child protection and other micro and macro development issues. Such a holistic understanding of prevention within the protective net calls for strong inter-sectoral collaboration at policy, implementation and monitoring of outcome levels. The protective approach is to deal with situations post-harm and must include immediate as well as long-term protection strategies for all children who need it, including programmes for their physical and psychological recovery, rehabilitation and reintegration, legal aid and access to justice through child-friendly laws and procedures, and clear standards for protection of every individual/family/institution dealing with children.

A rights-based approach to protection calls lateral linkages with different sectors viz. Education, Health, Rural Development, Labour, Urban Affairs, Legal Affairs, Home Affairs etc.. and different Departments and Ministries of Central and State Governments, including Local Self-Government, PRIs etc.. Even within MWCD, linkages with ICDS and women's programming are crucial for strengthening the protective environment for children. Early childhood is also full of threats for children and it is important to equip staff of these programmes and families for building safeguards for children, preventing abuse and exploitation, being aware of signs of abuse in children and reporting such cases for appropriate support and action.

In order to produce a deeper impact of these initiatives MWCD is intending to strengthen child development indicators and children's right to protection, MWCD envisages that these schemes requires to be implemented after having close functional linkages not only with other allied schemes of Government of India but also of the State Governments / Union Territory Administrations. This is basically due to the fact that all of these programmes are targeted towards an integrated delivery of multiplicity of services, which are handled by different departments at different levels. Thus, the successes of all these programmes are mainly depending upon the effectiveness of inter sectoral convergence and coordination mechanism at various levels of policy planning and implementation. Besides this, the convergence of the services also requires inter departmental coordinated efforts at different levels of administration and programme implementation.

MWCD recognizes that such efforts are especially needed to be concentrated in the areas of basic services such as, early learning and school readiness, child protection and development, primary education, nutrition, primary health care, safe drinking water and sanitation, early detection and prevention of disabilities, law enforcement, investigation of crime against children, detection of abuse/violence against children and provision of appropriate care and recovery services .In addition, coordination and convergence is especially important for mainstreaming a preventive approach and building a protective environment for children through a focus on identification and focused interventions to vulnerable families and children.

### **Convergence and Coordination – The Context**

The basic idea of convergence and coordination rotates around the fact that each functionary's work, when they coordinate is more than the total sum of all of their work put alone. Thus, convergence of any kind of services at any level be it at central, state, district or at village level is imperative for reaping optimum fruitful results and also for efficiently managing the existing resources like personnel, money, time, energy, technology, infrastructural facilities and so on. This mainly avoids not only duplication of delivery of various services but also facilitates integration of various services to meet simultaneously the various felt needs in diversified areas of the targeted groups. Besides developing multi dimensional close ties amongst various functionaries working in state run programmes, the convergent efforts are also needed to be inter woven with coordinated action by the community in identification, prioritization of tasks, needs, issues, demands, problems and coordinated planning in the delivery of basic services. This would, in turn help us in ultimate taking the responsibility by the stakeholders themselves.

### **Convergence and Coordination – The Objectives and Process**

Comprehensive women and child development services require improvement in the coordination of various existing services, meaning that services/ programmes, which are developmental, preventive and remedial have to address multiple needs and involve a number of service components. This implies that programmes with a variety of objectives requires convergence for rendering systematic social services aimed at achieving these objectives. Such an approach requires multi-disciplinary and multi-sectoral thinking. Therefore the policymakers must systematise and conceptualise the needs for translating them into comprehensive services with inter-sectoral integration and inputs at various levels. The specific objectives of convergent mechanism may be:

- Coordinated delivery of some or all services in view of their complementarity of objectives.
- Laying down of an implementation regime through structural and/or procedural changes, if needed, for optimization of benefits of these services
- Ensuring most cost-effective delivery to the targeted beneficiaries.
- Mobilisation of the community for demand articulation and participation in upgradation of their standard of living.
- Rebuilding a sense of efficacy and creating conducive environment amenable for regaining a sense of control by stakeholders.

Under the process of inter and intra sectoral coordination and convergence, various organisation, institutions, and units are required to be combined together into an organic and logical relationship so to achieve certain desirable and commonly agreed goals and objectives. This relationship is generally integrative and characterized by the enthusiastic spirit, doing away with unhealthy competition and rivalry, avoiding duplication and wastage of efforts and resources, economizing in men, money, material, time, energy and technical knowledge and putting these to their optimum use.

The convergence and coordination mechanisms generally operates at both vertical (among national, state, district, block and local level organizations or units) and horizontal (among different organizations, departments and units operating at the same level, as well as intra agency or intra departmental (among units of same departments or agency functioning at different levels) and inter agency or inter departmental (among different departments or agencies operating at the same level).

### **Convergence and Coordination – The Contemporary Scenario**

The convergence and coordinated delivery of inter-related services is not a new concept. It has already been attempted in the past with varying degrees of success at the various levels of planning and implementation for effectively implementing the programmes concerned with women and child development. On the basis of past experiences, the areas where synergistic efforts are needed to be made may be identified as mother and child health care, family welfare, supplementary nutrition, pre-and primary education, adolescent health, prevention of non communicable and communicable diseases, prevention of HIV/AIDS etc.

ICDS, which is more than 31 years old now, is primarily based on the philosophy of convergence as ICDS functionaries are tuned to seeking and obtaining services from other government departments working at the field level. MWCD has clearly evolved the mechanism and

operational strategies for integrating the scheme of ICDS with other allied schemes such as KSY, Swashakti, RCH, SSA etc. The MWCD at the central level maintains close functional links and effective liaison with concerned ministries/ deptts like Mo H&FW, MoTA, MoSJ&E, MoHRD, MoRD, and organisations like NIHF, NCERT, AIIMS, NIN, UNICEF, etc. Similarly, in order to enable the States/ UTs departments to adequately perform the administrative, organisational, integrative and coordinating functions, the scheme envisages setting up of an inter departmental coordination committee with wide representation from health, education, rural development, water supply, agriculture, SSWAB, State chapters of ICCW, State chapters of UNICEF, regional centres of NIPCCD etc.. Further, the states have been provided the greater flexibility to make necessary modifications in the coordination mechanism at the State/ UT and lower levels within the broad feature and basic structures of the scheme. The district level coordination committee is being headed by the DMs/DCs with other district level officials dealing with any aspect of ICDS and other non-officials as members. In order to actually integrate the convergent relationship, block level coordination committee have been envisaged as informal, voluntary, yet functional in nature. These are being promoted more effectively by more frequent professional as well as social visits /contacts among the BDO, CDPO and PHC MOs, attending each other staff meetings, undertaking joint field visits more often, exchange of information, reports etc.. It is however, left to the State/UTs to set up committees at the block/project level also if they consider these are necessary and in the interest of the programme. At the village level, the Coordination Committee comprises of the village level functionaries like the ANM, Anganwadi Workers (AWW), schoolteacher, Gram Sevikas etc. and also activist women of the village. In the monthly meeting of the Committee organised by the CDPO/MO information on family welfare, literacy, nutrition, and status of the girl child, etc.. is disseminated amongst the members. The ANM has been actively involved in various activities of the ICDS. The Department of Education has issued instructions for integration of early child Education Programme with the ICDS. AWW is actively involved in helping the ASHA in NHRM. The role of ASHA viz – a –viz AWW have been closely designed, which is as follows;

### Convergence of Services at Village Level

S. No	ANM	AWW	ASHA
1	To be invited to the meeting of the Village Health and Sanitation Committee	To be invited to the meetings of the Village Health and Sanitation Committee	To be invited to the meetings of the Village Health and Sanitation Committee
2	To assist in preparation of Village Health Plan	To assist in preparation of Village Health Plan	To assist in preparation of Village Health Plan
3	Organize Village Health Day at AWC (Immunization, ANC, PNC, Health Check ups etc.)	Assist in Organizing Village Health Day Register Children and Women for Immunization, ANC, PNC, Health Check ups etc.	Assist in Organizing Village Health Day. Help AWW in registering Children and Women for Immunization, ANC, PNC, Health Check ups etc.
4		Mobilize beneficiaries (with the AWW/ASHA) for the Village Health Day through SHGs, Mothers Committee, beneficiaries of the ICDS Scheme	Mobilize beneficiaries for the Village Health Day under the guidance of AWW
5.	Attend to such referred cases on priority	Refer sick children, pregnant/lactating mothers to sub/centre, PHC/CHCs	Refer cases to sub/centre, PHC/CHC
6	Impart Health & Hygiene	Assist CDPO/ICDS Supervisor in	Assist AWW in her activities

	Education to the beneficiaries of Kishori Shakti Yojana (KSY)/ Nutrition Programme of Adolescent Girls (NPAG)	implementation of Kishori Shakti Yojana (KSY)/ Nutrition Programme of Adolescent Girls (NPAG)	pertaining to KSY & NPAG
7		Depot Holder of Medicine Kit/Contraceptives of ASHA & under ICDS	Receive ASHA Kits/ Contraceptives from AWW
8	Administer such drugs as specified by the M/O HFW	Administer OTC drugs Distribution of ORS/IFA Tabs, DDK, OP & Condoms	Administer OTC drugs Distribution of ORS/IFA Tabs, DDK, OP & Condoms
9	Implement IMNCI Home visits once in two months during pregnancy. (Once in the first week of delivery)	Home Visits – Once a month during pregnancy, Once in the first week of delivery. Second visits in second or third week as per the need	Implement IMNCI. Home visits at least once in a month during pregnancy. (Once in the first week of delivery)
10	Maintain and update Eligible Couple Register		Help ANM to maintain and update Eligible Couple Register
11		Counsel women on birth preparedness	Counsel women on birth preparedness
12	Guide/Counsel women on safe/institutional delivery	Guide/Counsel women on safe/institutional delivery	Assist ANM/AWW in this work
13			Assist/Escort Women for institutional delivery
14	Guide TBA (Trained Birth Attendant)	-	Guide TBA (Trained Birth Attendant)
15	-	-	Facilitate referral of difficult cases
16	Nutrition & Health Education	Nutrition & Health Education	Nutrition & Health Education
17	Promote breastfeeding of Infant and Young Child Feeding Practices	Promote breastfeeding of Infant and Young Child Feeding Practices	Promote breastfeeding of Infant and Young Child Feeding Practices
18	Share available information with the Village Registrar of Births and Deaths	Share available information with the Village Registrar of Births and Deaths	Ensure registration of all births and deaths of mothers with the Village Registrar of Births and Deaths

Under ICDS, Coordination mechanisms or forums at various levels, either formal or informal have specific coordination tasks to perform. Like

Level	Major Responsibilities	Specific Coordination Tasks
Central	Policy and control	<ul style="list-style-type: none"> <li>• Providing linkages with allied programmes and services and departments/agencies</li> <li>• Laying down priorities, procedures, norms and guidelines</li> <li>• Ensuring regular flow of information, feedback and close monitoring of the programme</li> <li>• Training and orientation of staff</li> </ul>
State/UT	Organisation and administration	<ul style="list-style-type: none"> <li>• Provision of inputs and smooth flow of supplies and equipments</li> <li>• Linkages with allied scheme at the State/Union Territory level</li> <li>• Monitoring at the State/Union Territory level</li> <li>• Solving operational problems</li> </ul>
District	Support and technical guidance	<ul style="list-style-type: none"> <li>• Ensuring regular flow of supplies and equipment</li> <li>• Solving problems faced at the implementation level</li> <li>• Technical support, guidance training and orientation of project staff</li> </ul>
Block/ Project	Implementation	<ul style="list-style-type: none"> <li>• Procurement, storage and distribution of supplies</li> </ul>



		<ul style="list-style-type: none"> <li>• On the spot coordination in day-to-day functioning</li> <li>• Recruitment, placement deployment and on-job training and supervision of field staff</li> <li>• Mobilization of community support and participation</li> <li>• Absorption of allied services and inputs</li> <li>• Synchronisation of various services and activities</li> </ul>
Intermediate	Supportive Supervision and guidance	<ul style="list-style-type: none"> <li>• Ensuring coordinated functioning of health and on health programme staff at the cluster level</li> <li>• Providing guidance and supportive supervision</li> <li>• Maintaining liaison with local and project level functionaries</li> </ul>
Local	Delivery of services	<ul style="list-style-type: none"> <li>• Ensuring maximum coverage of the target population</li> <li>• Community education and preparation</li> <li>• Mobilizing community support and participation for better utilization of programmes and services</li> </ul>

### **Convergence and Coordination - Ground Realities**

Though the need for effective convergence and coordination is well recognized, the policy goals and commitments are far from being achieved and coordination has failed to achieve the desired results for various reasons, indicating the need for more serious commitment and action addressing issues such as:

- a) Convergence of personnel, that is delivery of services by a nodal multi-purpose worker at the village level does not fit into the present scheme of things and is not workable. The linear formation of Government Departments will give rise to the problem of accountability, in addition to the fact that various services require different skills and these skills are no longer so rudimentary as to make it possible for one functionary to acquire.
- b) There is inadequate appreciation at the lower levels of administration of the need for a coordinated approach and of the complementary nature of the services being provided. These are, however, the levels, which are responsible for delivery of services and therefore, crucial.
- c) The village community is not mobilized for a participatory role, whatever be the reasons. Community leadership is not very articulate in most states; neither is voluntary effort sufficiently widespread. The Panchayati Raj institutions may be expected to take on this responsibility but they will take time to do so.
- d) Apart from lack of appreciation of inter-dependence of these services, there is lack of supervision at the village level and hence lack of accountability. Accountability to the community is essential and can perhaps be achieved only when the Panchayati Raj Institutions are in place and are appropriately empowered.
- e) Generally the child welfare services have remained for a long time issue specific and narrowly focused on one or two problem areas. These services have never addressed to range of issues touching the family as also important inter relationship among various factors that perpetuates the deplorable conditions. This calls for developing an alternative model of convergence of services under minimum needs programme.
- f) Success stories of some of the well-conceived convergent programmes have created high expectations in different quarters. However, observations generally points out that while the services do have a role in sustaining, helping and in some instances reaching lives of

poor children and their families, yet these services have led to have modest effect on quality of life of beneficiaries. There is a tendency among beneficiaries for chronic dependence on welfare services. It is further supported by evidence that positive effect of convergence have been found to disappear after the input is removed. In general, services do not follow a development approach. For social services to be convergent and developmental there must be a national commitment that all services should converge and work in Unison. On the contrary, there is a widespread tendency from line department for intervention programmes to be rigidly demarcated between various sectoral departments with little or no coordination between them.

- g) It is said that convergence is more in theory than in practice. A vertical service structure competition among different sectors for funds and power combined with managerial weaknesses impede the process of convergence at the operational level. The grassroot workers in most cases are neither motivated nor do they have the time to work jointly as they are heavily bogged down with their line department's responsibilities.
- h) Decentralization and participation of local community is the key to the success of this approach. Governmental and voluntary efforts have not succeeded much in seeking participation of the people to the extent required. This is mainly due to the lack of involvement of the community at the policy formulation level and at the initial stages of project planning. This situation needs to be reversed.

### **Alternative Approaches for Convergence and Coordination**

Considering these ground realities and objectives as outlined in the preceding section, the approach to achieving convergence of services should include the following elements:

- i) Creation of an institutional mechanism for coordination at the policy-making, supervisory, implementation and functional levels down to the village
- ii) Designing suitable strategy to respond to local needs in view of the vast differences in social settings and levels of development in different areas.
- iii) Decentralization and flexibility in providing services to the target groups. This would require the need for local planning, in which a large role has to be provided to Panchayati Raj bodies; women's organisations and NGOs.
- iv) Shift in segregated approach of delivery of services to a more integrated and holistic approach leading to administrative efficiency and better cost-effectiveness. This will result in substitution of the present paternalistic approach by a client driven approach involving village leaders through awareness generation for effective articulation and community participation.

### **Steps towards Convergence: How to organise**

The process of convergence must be affected at a point where the services are delivered i.e. in the village, which should also be the basic unit for planning. In a village one of the programmes of the concerned Departments, assuming that it is covered by programme of more than one Department, may be identified as the 'lead programme'. The Department concerned with the lead programme shall be the convenor department for the women and child related activities in that village. In case a village is covered only by ICDS and no other programme, the convenor may be either the school teacher or the ANM. The AWW worker being a part-time voluntary worker, may not be in a position to act as a convenor. The convenor has to arrange meetings for inter-face amongst the village level functionaries and between them and the beneficiaries.

In a village the functionary of the Convenor Department shall call a meeting with the beneficiaries – in two separate groups of men and women. In arranging such interaction, help of Panchayats or local NGOs, if any, will be taken.

A joint action plan should be evolved on the basis of the lists of beneficiaries identified and drawn up by the various concerned Departments. Proper identification of beneficiaries is critical to the achievement of the objectives of convergence. However, in order to achieve convergence of services, a flexible approach to identification of beneficiaries would be necessary. In villages which are covered by programmes of more than one Department for Women and Child Development, modification of criteria to ensure convergence should be made possible with the approval of the Collector of the District or any other functionary authorised by him.

The village level functionaries must normally meet once a week for mutual interaction and sharing of experience.

Every effort must be made to ensure listing the coverage of all those target groups under different programmes, which are the identified beneficiaries of more than one service. For example, women may be the target group for mother health care and family welfare and perhaps prevention of communicable diseases. Similarly, pre-school going children may be targeted under health-care, immunisation and the nutrition programmes and ICDS.

Coordination should also be achieved in such a manner that the target group is covered by as many services as possible, if eligible. Thus, ANM should ensure presence of targeted women in Anganwadis and the AWW should ensure beneficiary children for Anganwadi from ANM's target group.

The timings of the village school and Anganwadi may be fixed in such a way so as to facilitate operation of Anganwadi in the school premises. There should be flexibility in timing to suit local conditions.

The schoolteacher should visit Anganwadis to identify future school going children. Health worker should visit schools to check health of children.

One of the mechanisms for convergence of services is a team approach under which all the village level functionaries as a team have interface with organised group of beneficiaries. There will be no need for some or all functionaries approaching the same beneficiary alone or even different beneficiaries of the same family, as would be the case since the programmes are complementary in nature. A team approach generates a common stake in achievement of desired goals and leads to administrative efficiency.

It is possible that some of the functionaries will have more than one village under their jurisdiction and in such cases days for joint visits to each village should be fixed in consultation with standing committees of the Gram Sabhas/Gram Panchayat.

Interface with beneficiaries is one of the most important components of convergence of services. To achieve such interface not in the traditional paternalistic way but as it would be between a facilitator and a client. This would require attitudinal change in the bureaucracy, which is not easy to achieve. It is all the more difficult in the lower levels where importance of a functionary is perceived to depend on how paternalistic he is. However, this is not to underplay the importance of bringing about this change. This has to be achieved through a process of accountability to the village community and the villagers' participation in the delivery mechanism. Participation in the grass-root levels planning process and in the service delivery mechanism will lead to client education and building up of awareness about the need for these services and hence, to demand articulation. The functionaries must be made to realise that the desired results are not possible unless beneficiaries are a willing ally and the beneficiaries made aware that the services are meant for them, for up-gradation of their living standards and that they have a right to be exigent.

Accountability will be ensured to an extent by making the village level functionaries jointly responsible to the Gram Panchayat and at the village level to the Standing Committee of the Gram Sabha which the Gram Sabha or in its absence, Gram Panchayat may nominate. This Committee will be associated with planning and participate in the weekly meetings of the village level workers. It should be in a position to give a feedback on implementation of the programmes directly to the BDO/SDO/Collector, as the case may be. The latter must act on such feedback, which should also be discussed in their monthly meetings. Wherever Panchayati Raj Institutions have come up and are appropriately empowered both convergence and accountability will perhaps become simpler and easier. As per the 73<sup>rd</sup> Amendment to the Constitution some of these programmes at the village level are to be transferred to panchayats for implementation. Once this is done, the Gram Panchayat will coordinate such activities and bring about the necessary convergence.

There should be ample scope for NGO's to operate in this programme. The role of NGOs in certain programmes like family welfare and women health care has been very beneficial, both in awareness building and also in the delivery of services. The role of NGOs may be marginal in the latter, but can be crucial in the former. In fact, implementation of social sector programmes by NGOs can be more cost-effective and efficient as compared to bureaucratic management. But NGOs lack infrastructure and there is a general reluctance to take on implementation of Government programmes because of the procedural rigidities.

The strategy for ensuring participation of NGOs should be carefully planned and implemented according to local situation and needs. There should be careful selection of the NGOs in the first place taking into account their local knowledge and commitment. But once they are selected, they should be given full freedom for operation. It has to be ensured that full support of the administration is extended to them and there is good communication on both sides. The complementarity of their work and of the Government functionaries should be clearly defined and promoted. They should be actively associated with all initiatives for involving people's participation. In case some of the NGOs are known to have or can build up the capability, the implementation of the programme can be entrusted to them. This would, however, necessitate change in existing procedures, which tend to inhibit their participation. Necessary modification in the procedures must be effected.

The level of coordination and convergence contemplated will be achieved only if necessary support mechanisms are in place. As mentioned earlier, the scheme envisages that the collector or the district/CEO of Zila Parishad and BDOs at the block level must provide leadership and necessary push to the programmes. The Gram Panchayats and Gram Sabhas should be actively involved.

It will be useful to have a designated premise in a village where the village level functionaries gather for their meetings and have interaction with the beneficiaries. A designated premise is known to have improved accessibility to the services. This can be a village school, Panchayat Bhawan, the Anganwadi, health sub-centre or any other public building. For each village the place may be decided in consultation with the Standing Committee of the Gram Sabha or the Gram Panchayat.

Adequate funds are required to achieve inter - sectoral coordination and convergence at the local level. Therefore, transfer of funds for the programmes to village will be possible only when the Panchayat Raj Institutions are in place. In fact, under the state administration of some of the social sector activities at the village level has to be transferred to the panchayats. Until this happens, with a view to encourage local initiative, provisions should be made for earmarking of funds at the district level to meet certain common expenditure like training of functionaries, meeting of the functionaries as also the villagers, promotion of village-level voluntary organisations and even for funding local initiatives. It will be in the nature of discretionary fund with the collector/CEO of Zila Parishad, to be utilized for these purposes when cogently articulated by the grass root levels.

Basic strategies for women and child development are required to be rooted in the community. This calls for decentralization of support services with active participation of people from the planning to the implementation stage and also to encourage mobilization and utilization of all resources. This can reduce the operational cost of the programme and build up the capabilities of the community to become self sufficient in the long run.

Using convergent approach, various innovative efforts have been made by different voluntary and international agencies in different parts of the country for women and child development. These best practices needs to be documented for benefit of others interested in such ventures.

### **Supervision and Monitoring**

Most of the programmes of the four departments viz. WCD, Education, Health and Family Welfare and Rural Development have their supervisor level functionaries at the sub-district levels. Supervisors of these Departments should hold monthly meetings jointly, in which performance is reviewed as a whole. Plans will also be developed in such meetings for joint future activities, monitoring, reporting and reviewing systems. Sub-district level Panchayat organizations should be involved in such meetings. SDOs and BDOs can play a useful role in making these meetings effective means for bringing about greater coordination and highlighting thrust areas.

At the district level, the Collector/CEO will coordinate all activities. A District Level Committee should be set up under his chairmanship, with the district level officers of all Departments

concerned with these programmes. This committee should meet regularly at least once a quarter to review the progress of convergence of programmes, its planning and implementation.

A Coordination Committee may be set up at the State level with the Secretaries and Heads of the Departments of the concerned Departments under the Chairmanship of Chief Secretary/Senior most Secretary. The Committee will among others, look into the following:

- i) Recommendation for taking up new districts in the coming years;
- ii) Review of progress in the districts, especially backward or those who are not showing progress
- iii) Problem solving and taking remedial action
- iv) Introducing flexibility in the ongoing schemes to bring them in line with the felt needs of the beneficiaries;
- v) Any other matters dealing with implementation of the scheme.

Convergence of services is not a new approach. In the process of designing and implementation of the programmes under the above strategy, some changes depending upon the local conditions and requirements may be necessary. Therefore, each department/ministry in Social Sector should have its own approach to achieve above guidelines.

#### Areas of Convergence and Coordination

The ICDS Programme being an established one has already well defined coordination and convergence mechanisms. The proposed Integrated Child Protection Scheme is the first effort at an integrated approach in strengthening the protection of children. Details of the specific aspects for coordination and convergence required for strengthening the protective environment for children will get defined as the operational guidelines for implementation are developed. However, some of the key aspects for sectoral roles for supporting the two major programmes of MWCD are given below.

<i>Ministry/Department</i>	<i>Areas of Convergence and Coordination</i>
<i>Ministry of Social Justice and Empowerment</i>	<ul style="list-style-type: none"> <li>• Extending the disability services at the village level through Anganwadi Workers.</li> <li>• Referrals to District Rehabilitation Centre (DRC) of the Department of Welfare, wherever exists.</li> <li>• Devising special training courses for Instructors for Anganwadi Workers Training Centre through RRTCs and the National Institutes, which are functioning under the Ministry of Social Justice and Empowerment.</li> <li>• Preparation of reference material, which can be used by Anganwadi Workers for early detection of disability.</li> <li>• Designing special referral slips for disabled children attending AWCs</li> <li>• Coordination of issues related to access to service delivery in high density SC areas and non-discrimination issues.</li> <li>• Coordination of treatment and rehabilitation services/ guidance for street children/ children in institutional care under JJ Act for substance abuse.</li> <li>• Design and implementation of communication strategies for prevention of substance abuse among children.</li> <li>• To have specialized juvenile de-addiction centres to rehabilitate children affected by substance abuse.</li> <li>• To have integrated and special schools for children who are mentally</li> </ul>

<p><b>Ministry of Labour and Employment</b></p>	<p>challenged and/or have developmental delays.</p> <ul style="list-style-type: none"> <li>• Programmes of National Trust for children affected by cerebral palsy and autism.</li> <li>• Coordination of rehabilitation measures for children in domestic work, working in dhabhas etc. once the new regulation comes into force.</li> <li>• Tracking, enforcement and reporting on implementation of child labour regulation legislations.</li> <li>• Consideration of removing the declaration on child labour to the Convention on the Rights of the Child.</li> </ul>
<p><b>Ministry of Health and Family Welfare</b></p>	<ul style="list-style-type: none"> <li>• Providing vocational training and guidance to adolescent girls, children in the juvenile justice system homes.</li> <li>• Providing career counseling to adolescent girls and boys</li> <li>• Strengthening linkages with SSA to ensure mainstreaming of education of children taken out of child labour.</li> <li>• Setting up of special schools for girl child labour under the NCLP.</li> <li>• Fixing of day and time for joint visits of AWW and ANM.</li> <li>• Earmarking an exclusive counter at the PHCs/Community Health Centres/Sub Centres/District Hospitals for attending the cases, referred by the Anganwadi Workers</li> <li>• Giving official recognition to the referral slips made by AWWs</li> <li>• Discussion on status of referral cases from AWCs during the sectoral meetings, as well as meetings taken by the District Health Officer at the Primary Health Centre.</li> <li>• Rooting delivery kits in ICDS areas to pregnant women and TBAs through the Anganwadi Workers.</li> <li>• Rooting supplies of delivery kits from Health Department for Anganwadi Workers through ICDS Supervisors.</li> <li>• Rooting supply of Vitamin in ICDS areas through Supervisors</li> <li>• Giving coverage under health services to the non – ICDS Child Care Scheme like Creches , the ECE Centres under SSA, Home for Destitute Children, etc. and</li> <li>• Ensuring regular attendance in the monthly meetings being held in the sectors covering 25 villages by the ANMs, LHV, etc..</li> <li>• Protocols for examination and handling of cases of violence, abuse</li> <li>• Procedures for collection of evidence to support prosecution, in cases of crime/offences against children;</li> <li>• Issues of privacy of the child, prevention of disclosure of information revealing identity or details of abused child</li> <li>• Issues of dignity of the child during care/no discrimination in access to essential care</li> <li>• Victim protection during care</li> <li>• Appropriate health care of child victims</li> <li>• Linkages for providing counselling</li> <li>• Procedures for reporting abuse/exploitation/violence</li> <li>• Representation of MWCD on Appropriate Authorities at all levels for the implementation of the PNMT Act and integration of measures for prevention of sex selection and female foeticide in ICDS and the proposed ICPS.</li> <li>• All residential foster care and juvenile homes to have an in-built mental health programmes with formally trained counselors and psychiatrists to foster positive mental health and cater to children with mental health problems.</li> </ul>
<p><b>Ministry of Rural Development</b></p>	<ul style="list-style-type: none"> <li>• Earmarking suitable portion of rural development funds for construction of Anganwadi Centres</li> <li>• Providing tube wells and sanitary latrines at AWCs even if they are not govt. premises and are on rent;</li> <li>• The supply of smokeless chullahs through Anganwadi Centres;</li> </ul>

**Ministry of Panchayati Raj**

- Exemptions of beneficiary's share in case of beneficiaries of AWCs
- Preferences for construction of AWCs in works undertaken out of funds for post-flood/post natural calamity reconstruction;
- Rural livelihoods and employment guarantee for marginalized groups.
- Coordination with State and District Child Protection Units under the proposed Integrated Child Protection Scheme.
- Linking Panchayati Raj system with better identification and targeting of rural poor.
- Joint planning, implementation and monitoring of ICDS and ICPS

***Role of PRI in ICDS and Nutrition Programme***

PRIs are playing a very minor role in the current ICDS set up. The concerned departments of the Central/State governments are handling most of the planning, implementation, training and monitoring work, which needs to be decentralized. Accountability of the programme should remain with the concerned State departments with increasing attempts to involve the PRIs as partners in the programme. These PRIs can help in:

- Selection of AWWs/AWHs, supervision of distribution of supplementary nutrition to beneficiaries, providing land and building, Nutrition & Health Education, Mother & Child Days.
- Planning, implementation (including procurement, cooking, distribution of food), and monitoring and control of ICDS programme
- Identifying roles and responsibilities- A clear division within PRIs (Gram Sabhas, Gram Panchayats, Block Panchayats) would be required to fix their individual level of responsibility.
- Identifying and promoting positive ways in which PRIs can enhance all agenda of ICDS i.e. nutrition, education and health.
- Supporting the programme by providing building to AWC by local panchayat
- Ensuring acceptance of ICDS services by SCs, STs, minorities and other weaker sections of the community
- Panchayat Members supervising, guiding, coordinating the activities of AWCs to bring transparency in service delivery
- Creating awareness and education about the ICDS programme in the community

***Role of PRIs in Early Childhood Education***

- Supporting in management and supervision of ECE programmes at community and grassroots levels;
- Creating awareness about the importance of registration of births and deaths among community leaders; Panchayati Raj members and local government functionaries should ensure compulsory registration. A decentralized system of civil registration of births and deaths can be evolved with the PRIs taking an active role

***Role of PRIs in Child Protection***

- Providing effective community watch systems for child protection and prevention of trafficking of children, child labour, female foeticide, child marriage etc. and ensuring that rights of all children are protected;
- Supporting implementation and monitoring of all the child protection programmes under the ICPS;
- Supporting mobilization and sensitization of the village community and strengthening community leadership for a participatory role in protecting children;
- Facilitating the process of capacity building of community to understand their accountability and responsibility for ensuring rights of their children. It can be achieved only when the PRIs are in place and are appropriately empowered and



	<p>sensitized;</p> <ul style="list-style-type: none"> <li>• Facilitating flexibility in reaching services to the target groups. Such flexibility needs to be built in to local planning so as to ensure wider outreach and better outcomes;</li> <li>• Facilitating rehabilitation and social re-integration of children in difficult circumstances;</li> <li>• Discussing issues of child protection in the Gram Sabha and evolving suitable strategies in consultation with the community;</li> <li>• Setting up a decentralized system of civil registration of births and deaths can be evolved with the PRIs taking an active role;</li> <li>• Encouraging and supporting Children's Panchayats to act as vigilant bodies and report incidences of abuse and exploitation as well as monitor the performance of the Panchayats;</li> <li>• Protecting stigma and discrimination against children affected by HIV/AIDS and Substance Abuse and promote community based care;</li> <li>• Maintain records of migration and make the information available to the appropriate authorities</li> </ul> <p><b><i>Role of PRIs for Girl Child</i></b></p> <ul style="list-style-type: none"> <li>• Putting a system in place with proper networking and inbuilt tracking systems for survival, development, care and protection of girl children</li> <li>• Removing all social and familial biases and discrimination against the girl child throughout her lifecycle.</li> <li>• Ensuring protection and promotion of rights of the girl child</li> <li>• Setting up Community Vigilance Groups along with Self-Help Groups and Youth Groups to ensure that girl children in their community are protected against neglect, abuse, violence and exploitation. These groups should closely work with Panchayati Raj System and District Child Protection Units being set up under the proposed ICPS scheme</li> <li>• Community mobilization for promoting education of girls, ensuring retention and continuum in their education</li> <li>• Household food security and prevention of hunger.</li> <li>• Providing vocational training to adolescent girls in tribal areas through vocational training centres</li> <li>• Providing grant in aid for addressing various child development issues to NGOs working in tribal areas</li> <li>• Hostels and scholarships for girls in tribal areas.</li> </ul>
<p><b><i>Ministry of Tribal Affairs</i></b></p>	<ul style="list-style-type: none"> <li>• Involve the network of NYKS, NSS, and NCC etc. for:</li> <li>• Organising awareness campaigns on prevention of child labour, child marriage, female foeticide, trafficking of children, health, HIV/AIDS, substance abuse, child sexual abuse etc..</li> <li>• Training in self employment projects</li> <li>• Youth leadership training programmes</li> <li>• Sports and recreation facilities for children in institutional care.</li> </ul>
<p><b><i>Ministry of Youth Affairs and Sports</i></b></p>	<ul style="list-style-type: none"> <li>• Providing place for AWCs in Community Centres</li> <li>• Installing low cost technologies, smokeless chullahs, sanitary latrines, water filters etc. in Anganwadi Centres.</li> <li>• Arranging hand-pumps and other spot water supply sources at Anganwadi Centres.</li> </ul>
<p><b><i>Ministry of Urban Development</i></b></p>	<ul style="list-style-type: none"> <li>• A system of basic services for the marginalized groups.</li> <li>• Providing place for Anganwadi Centres in Community Centres</li> <li>• Tracking urban poverty and livelihood issues</li> <li>• Tracking and checking urban migration forced due to lack of secure livelihoods.</li> <li>• Prevention of further marginalization of urban poor migrants due to lack of</li> </ul>
<p><b><i>Ministry of Housing and Urban Poverty Alleviation</i></b></p>	

<p><b><i>Department of School Education and Literacy</i></b></p>	<p>housing, basic services, dislocation of slums, evictions etc.. due to urban development initiatives which pushes children and their families into greater vulnerability and risk of neglect and exploitation.</p> <ul style="list-style-type: none"> <li>• Data systems on urban poor populations</li> <li>• Establishment of drop-in shelters for all round services for street children.</li> <li>• Synchronization on timings of ICDS centres with primary schools so as to free girl children from the burden of sibling care and enable them to attend primary schools</li> <li>• Relocating ICDS centres in the primary school premises as far as possible</li> <li>• Training of ICDS service providers in ECCE from innovative funds of SSA</li> <li>• Programmatic linkages between ICDS and Primary Schools</li> <li>• Utilization of SCERTs, DIETs, BRCs and CRCs in training of ICDS functionaries</li> <li>• Complete abolition of corporal punishment in schools/educational institutions</li> <li>• Prevention of violence against children in schools and monitoring and reporting on it.</li> <li>• Capacity development of teachers to recognize symptoms of abuse in children, and accurate knowledge of appropriate first response with best interest of the child in mind</li> <li>• Comprehensive, prevention curricula for providing children with the skills, knowledge and information necessary to be aware of threats and risks like sexual abuse, HIV/AIDs, substance abuse, etc..</li> <li>• Support and well-being counseling programmes to help children deal normal adolescence development issues and stresses and seek appropriate guidance</li> <li>• Life skills education for negotiating behaviour, knowing where to seek help, communication skills etc..</li> <li>• Reporting abuse, violence cases to proposed Protection Units at State and district levels for follow up action.</li> <li>• Inclusive education and special measures for children with disability, including learning disabilities.</li> <li>• Linking KSY and NPAG with the Mahila Samakhya programme for ensuring empowerment of girls.</li> <li>• Linking SSA/education of children in institutional care and migrants/street children etc. under the juvenile justice system.</li> </ul>
<p><b><i>Ministry of Railways</i></b></p>	<ul style="list-style-type: none"> <li>• Setting up child protection units at railway stations,</li> <li>• Sensitizing the protection force on child rights, educating them on using the juvenile justice system for protection of children, training them to identify cases of child trafficking and reporting them to the concerned authorities.</li> <li>• Provision of free passage for inter-state transfers and repatriation of children under the JJAct.</li> <li>• Facilitating awareness generation regarding child rights and information about government schemes and programmes for children.</li> </ul>
<p><b><i>Ministry of Tourism</i></b></p>	<ul style="list-style-type: none"> <li>• Curbing sex-tourism, child pornography and child prostitution.</li> <li>• Building safeguards and checks in relation to child exploitation.</li> </ul>
<p><b><i>Ministry of Law and Justice</i></b></p>	<ul style="list-style-type: none"> <li>• Reviewing and amending legislation's for better protection of children and prosecution of offenders.</li> <li>• Reviewing implementation of laws with all those who form part of the law implementation machinery to gauge effectiveness and operational problems to enable strengthening of measures.</li> <li>• Capacity building of judiciary at all levels on child rights, child –friendly procedures, effective implementation of laws etc..</li> <li>• Regular reporting on implementation of laws, gaps, constraints and action taken to remove constraints.</li> <li>• Monitoring access to child-friendly procedures in the justice-administration process.</li> </ul>

<b>Ministry of Home Affairs</b>	<ul style="list-style-type: none"> <li>• Strengthening the capacity of police and investigation units in child rights, child laws and child-friendly procedures.</li> <li>• Ensuring setting up of juvenile police units in each district and posting of juvenile police officers in each police station as per the requirements of the Juvenile Justice (Care and Protection) Act 2000.</li> <li>• Capacity development of police to the regulatory requirements set by the Optional Protocols on Children Affected by Armed Conflict, Child pornography, and other child laws through special courses and by integration in the basic training.</li> <li>• Better data collection, monitoring, analysis and reporting on crime against children, children affected by civil strife/violence/naxalite action.</li> <li>• Tracking of missing children and crimes against children through NCRB and its network institutions.</li> </ul>
<b>Ministry of Information and Broadcasting</b>	<ul style="list-style-type: none"> <li>• Addressing the attitudes and practices of communities for establishing a favourable environment for survival, development and protection of children.</li> <li>• Specific behaviour change communication messages for desirable behaviours.</li> <li>• Creating mass awareness of child rights and development.</li> <li>• Exposing the violations of child rights and building a critical mass of people who will raise their voice for redressal of these violations.</li> <li>• Showcasing good examples of government initiatives achieving results for children.</li> <li>• Regulating the portrayal of children on the media with best interest of the child in mind.</li> <li>• Reviewing laws for safeguards for children and monitoring and reporting on their implementation.</li> <li>• Providing opportunity and space for children's voices to reach decision makers, politicians on issues that affect their lives.</li> <li>• Organizing multi media campaigns</li> <li>• Organising exhibition, melas and festivals</li> <li>• Involvement of Field Publicity Units in IEC activities of ICDS</li> <li>• Use of community radio for awareness of rights.</li> </ul>
<b>Ministry of Information Technology</b>	<ul style="list-style-type: none"> <li>• Development of appropriate legislation to protect children from cyber-crimes and other threats from advances in information technology.</li> <li>• Implementation of IT laws.</li> </ul>
<b>Ministry of Overseas Indian Affairs</b>	<ul style="list-style-type: none"> <li>• Mechanisms and clear guidance on issues of adoption, custody and maintenance of children and their rights, by overseas Indians.</li> <li>• Data systems for tracking children and strengthening safeguards.</li> </ul>
<b>Ministry of External Affairs</b>	<ul style="list-style-type: none"> <li>• Clearance of reports to be submitted for international monitoring arising from treaty obligations.</li> <li>• Ratification of treaties, regional agreements, amendments to existing agreements and obligations arising from these.</li> <li>• Procedures and mechanisms with neighboring countries arising out of Regional Agreements on child welfare and prevention of cross- border trafficking.</li> <li>• Assistance in inter – country adoption procedures, follow up and reporting and dealing with offences against children by foreign nationals.</li> </ul>

The areas for inter-sectoral action and convergence mentioned above are not exhaustive but are indicative in nature. It is important to build the opportunities and framework for coordinated planning and monitoring during the Eleventh Plan process and put these in place. Details will have to be worked out based on the finalized programming framework. However, it is imperative that policy coordination/ dialogue, resource allocation, regular coordination and monitoring mechanisms are agreed and put in place and the basic responsibility for integrating protection and gender issues as a key responsibility of other sectors is accepted.

### **Integration oversight**

Every Ministry /Department should review their own policies, programmes, services, laws, budgets and procedures to examine how they can incorporate and integrate better development and protection of children. Some of the general aspects are:

- Collect and make available disaggregated data on situation of children and access to services. This should include access by gender, disadvantaged categories etc..
- Ensure strict enforcement of laws for protection and development of children
- Establish quality standards/norms for services for children in the sector and monitor these regularly.
- Each sector to review and ensure provision of adequate numbers of skilled professionals for effective delivery of services for children.
- Define child development and protection safeguards and preventive measures clearly so as to ensure best interest of the child
- Each sector to develop clear child development protection guidelines.
- Each sector to examine and integrate children's participation in the policies and programmes and reporting of sectoral achievements with a view to promote full development rights of the child, respect for the views of children and child-friendly procedures in services.
- Each sector to integrate specific measures for improving access to services for girls and addressing non-discrimination in its service delivery.
- Each sector to do child budget analysis and ensure adequate and efficient expenditures and carry out outcome monitoring.
- Each sector to specifically monitor exclusion/disparity reduction in access to services arising due to all causes (gender, class, caste, urban/rural, special groups like migrants, tribals, geographic area etc.).
- Each sector to publish reports on progress of child indicators including child development and protection measures being implemented.
- Full participation in mechanism for coordination and review of inter-sectoral actions for child development and protection.
- Each sector to carry out child impact analysis of their policies and programmes.

In order to fulfill its nodal functions, and ensure adequate coordination and convergence for achieving the goals for children, MWCD will expand participation and instill new vigour into the National Coordinating Group at central level and encourage the establishment of similar groups at State level as well. The effective functioning of this mechanism will be crucial for ensuring better outcomes for children and safeguarding their rights.

## Chapter-7

### Child Rights and Development in the Eleventh Plan

The Draft Approach Paper of the Eleventh Plan (2007-2012) prepared by the Planning Commission, emphatically states that '**Development of the child is at the centre of the Eleventh Plan**'. The first frame of reference for formulating the approach and commitments for children during the Eleventh Plan period is provided in the National Plan of Action for Children (NPAC) adopted by the Government of India in 2005, which has Cabinet approval. Time targets in the NPAC extend to 2012, the end-year of the Eleventh Plan. The NPAC sets out a range of positive measures and declares its intent to secure them for all children aged up to 18 years. It identifies the Constitution and the CRC as the guiding framework for realizing the rights of children below 18 years. It clearly implies cross-sectoral thinking and planning, and inter-sectoral measures. It also recognizes the importance of Panchayati Raj Institutions in reaching the development and protection goals and commitments towards children. The NPAC has identified twelve key priority areas for the utmost and sustained attention in terms of outreach, programme interventions and resource allocations. These are:

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

The NPAC 2005 has articulated clearly the rights perspective and agenda for the development of children, and provides a robust framework within which to promote the survival, development, protection and participation of children. It is therefore logical and imperative that the NPAC 2005 becomes the basis for planning for children in the Eleventh Plan in all sectors and the principles articulated in it guide the planning and investments for children.

The Guiding Principles of the NPAC are:

- To regard the child as an asset and a person with human rights

- To address issues of discrimination emanating from biases of gender, class, caste, race, religion and legal status in order to ensure equality
- To accord utmost priority to the most disadvantaged, poorest of the poor and the least served child in all policy and programme interventions
- To recognize the diverse stages and settings of childhood, and address the needs of each, providing all children the entitlements that fulfill their rights and meet their needs in each situation.

Since the finalization of the NPAC 2005 the issues of children affected by HIV/AIDS and urban children in distress/difficult circumstances have also been accepted as key priorities by MWCD and will find a place in the Eleventh Plan as key priorities that need to be addressed.

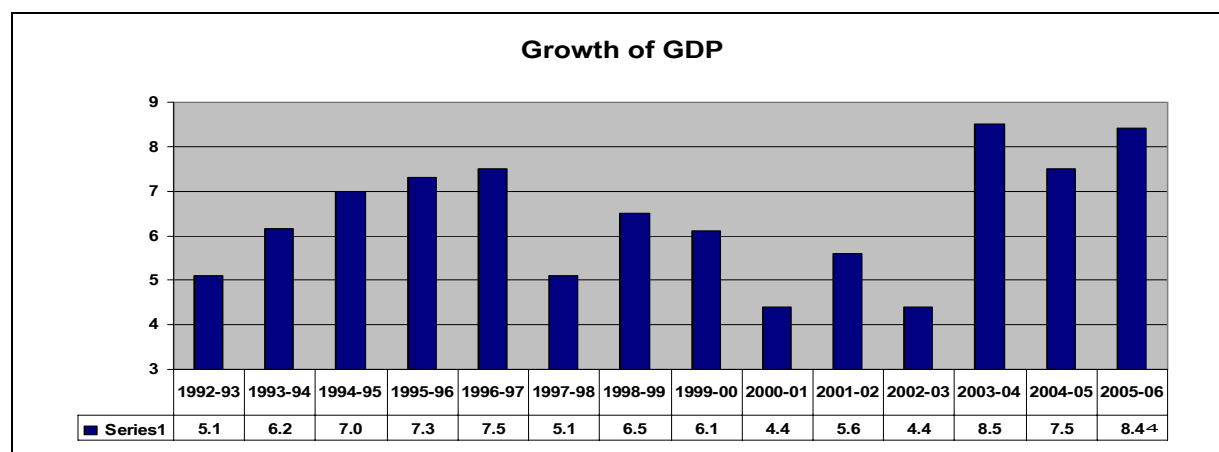
The Draft Approach paper and the National Plan of Action for Children, 2005 have both identified the girl child as a special priority. The Eleventh Plan is to holistically empower the girl child in all aspects so that she can become an equal partner with boys on the road to development and progress. This requires addressing the various constraints /persisting problems facing the girl child. Towards this end, the strategy and action laid out in the National Plan of Action for Children and rights of the child will be given priority attention in all measures undertaken for girl children during the Plan.

In addition to the overall policy and commitment framework which will guide the development of the Eleventh Plan, it is important to keep in mind a holistic and rights based approach to child development, examine macro-perspective trends and trends in achievement of key national goals, and governance issues in order to evolve the specific approach and strategies for the Eleventh Plan on Child Rights and Development.

### **The Big Picture:**

#### **High growth and poor social outcomes**

India is one of the ten fastest growing economies of the World. It has consistently achieved satisfactory annual growth of more than 6% in GDP in the last twenty-five years. Growth has been particularly remarkable in the last three years, as shown below:



However the high growth rate achieved has not been translated by government into satisfactory progress on the social front. With respect to development of children, one persistent feature in India has been a significant backlog in well being indicators, persistent and growing inequality and regional concentration of neglect and deprivation. The Prime Minister said at the National Development Council (NDC) meeting on June 27, 2005, ‘Our Infant Mortality Rate is not falling fast enough, and in some states it is worse than even in sub-Saharan Africa. The Maternal Mortality Rate has shown virtually no movement in the past decade or more. This is surely a matter of national shame. Do we care so little for our women and children that we allow preventable deaths to occur even when we know the nature of the interventions required?’

Almost half of our children suffer from under-nourishment. The decline in the juvenile sex ratio over the last decade, visible in the data from Census 2001, is an indication that the Constitutional assurance of freedom and equality for women is still far from being fulfilled. When contrasted with the global scenario, the following paradoxes need to be faced vis-à-vis child development agenda in India in the Eleventh Plan:

- India’s relative performance on child survival vis-à-vis other countries remains poor
- Faster economic expansion has not translated adequately into accelerated improvements for children
- Poverty reduction has not translated into corresponding improvements in nutrition for children
- Economic progress and improved literacy have not necessarily resulted in better conditions for girls

### **Continuing deprivation**

The above macro observations can be substantiated with several specific aspects of deprivation related to children, which warrant approaches and strategies related to delivery. For example:

- *High levels of infant mortality:* India in 2004 reported an IMR of 58 deaths per 1000 live births. This translates into 1.6 million infant deaths a year – most of which are avoidable. Acute respiratory infections (ARI) remain the leading cause of child mortality in India accounting for about 30 percent of all the under-five deaths. Diarrhoea is the second most important cause of death, accounting for about 20 percent of all under-five deaths.
- *High levels of neonatal mortality:* India’s neonatal mortality rate remains exceptionally high. Neonatal deaths account for 65 percent of infant mortality. With close to 1.1 million natal deaths every year, India accounts for 30 percent of such deaths worldwide.
- *High levels of malnutrition:* In 1998-99, some 47 percent of children under three years were moderately or severely underweight. Malnutrition among children is prevalent in most Indian states.
- *High levels of anaemia:* In 1998-99, 74 percent of the children between 6 to 35 months of age were found to be anaemic. Anaemia is a serious concern for young children because it can result in impaired cognitive performance, behavioural and motor development, coordination and language development. Anaemia also increases the morbidity from infectious diseases.
- *High rates of maternal mortality:* India’s maternal mortality ratio (MMR) of 540 deaths per 100,000 live births is unacceptably high. It is almost a hundred times higher than what many developed countries report; and also significantly higher than the MMR reported by Thailand (44), China (56) and Sri Lanka (92).

- *High maternal malnutrition:* More than one-third (36 percent) of Indian women have a Body Mass Index (BMI) of less than 18.5 kg/m<sup>2</sup> indicating a high level of nutritional deficiency. This leads to a serious inter-generational transfer of malnutrition to babies and also points to the neglect of women's health.
- *Low educational attainments:* According to the Census of India 2001, two-thirds of the over 300 million Indians who could not read and write were women. In addition, there are also several millions of children who can barely read and write even after spending 5-8 years in school. Rural girls, in particular, face several constraints in being able to complete their schooling. Children living in remote tribal areas are also similarly handicapped in having access to good quality education. Though there has been substantial improvement in the participation rates, yet mere enrolment does not indicate the real achievement unless increasing enrolment is accompanied by correspondingly high retention and completion rates. And indeed there is a big gap on this count. Third, Gender disparity still is high, particularly in states like Bihar, Jammu and Kashmir, Rajasthan, and Uttar Pradesh. The teacher-pupil ratio is far above the norm and there has been lack of proper professional training among teachers, inadequate infrastructure including building and other basic facilities all of which affect quality of education.

### **Persistent and growing inequalities**

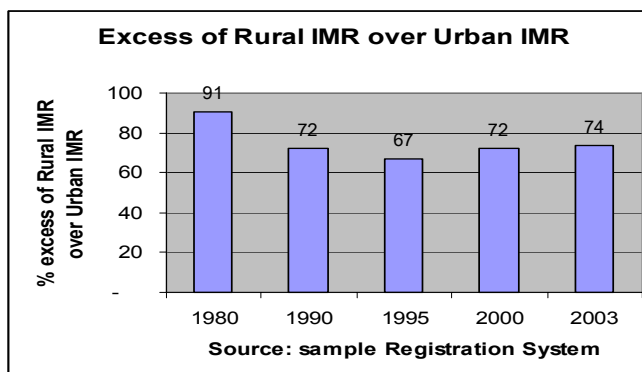
Many forms of inequalities are evident. Some disparities have even increased in recent years. For instance:

#### *Across states:*

- As against India's IMR of 58 in 2004, Kerala reported an IMR of 12 and MP 79 per 1,000 live births.
- In 2003, 53 percent of infant deaths occurred in 5 states – Uttar Pradesh (25 percent), Bihar and Madhya Pradesh (10 percent each) and Rajasthan (8 percent).
- Less than 25 percent of children under three years were malnourished in Arunachal Pradesh, Nagaland and Sikkim. On the other hand, more than 50 percent of such children were malnourished (under-weight) in Maharashtra, Rajasthan, Uttar Pradesh, Bihar, Orissa and Madhya Pradesh.

#### *Rural-urban disparities:*

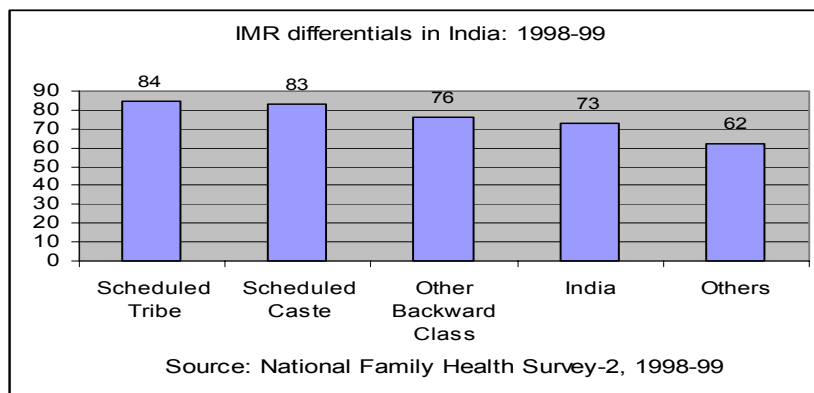
- Both urban and rural IMR have come down over the years. But the inequality between rural and urban IMR has increased in recent years. According to most recent data, in 2003, urban IMR was 38, but rural IMR was 73 percent higher at 66 per 1000 live births. The rural-urban differential in IMR in 2003 was higher than what it was in 1990.





*Between communities*

- According to the National Family Health Survey-2 (1998-99), the IMR among Scheduled Castes was 83, and among Scheduled Tribes, it was 84 – almost 30 percent higher than in the rest of society.



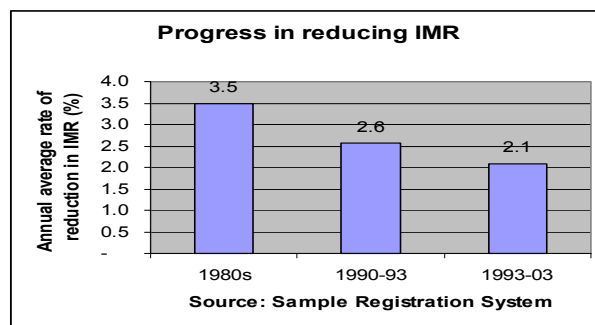
*Among boys and girls*

- The death rate among girls 1-4 years exceeds by nearly 30 percent that of boys in the same age group. The discrimination against girls is most pronounced in Andhra Pradesh, Madhya Pradesh, Punjab and Uttar Pradesh.

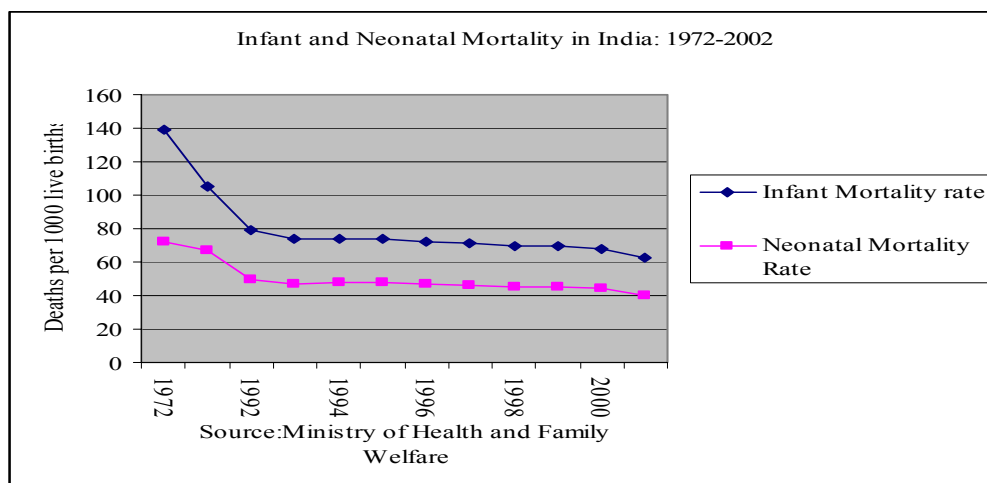
**Slow and uneven progress:**

Progress in advancing the well-being of children has been uneven.

- Progress in reducing IMR has slowed down since the 1980s. Between 1980-90, IMR went down from 114 to 80 – by 30 percent. However, between 1990-2001, reduction in IMR has been much less – from 80 to 68 - only 15 percent. It has improved since then, as between 2000-2004, IMR has fallen from 68 to 58.



- Equally worrisome is the negligible reduction in India's neonatal mortality rates over the past decade. In 1993, India's NMR was 47. It fell to 44 in 2000 and to 40 in 2002.



- Progress in reaching universal immunization coverage has been slow. Between 1992-93 and 1998-99, the proportion of fully immunized children 12-23 months went by only seven percentage points – from 35 percent to 42 percent. According to the mid-term Appraisal of the Tenth Plan, ‘the Rapid Household Survey, conducted in 1998-99 and repeated in 2002-03 indicates a fall in full immunisations across the country from 54.2 per cent in 1998-99 to 48.2 per cent in 2002-03. Viewed against the crying need to save neonates and infants from dying, this decline in standards, outreach and quality of routine immunisation is unacceptable.’
- Progress in terms of reducing child malnutrition has been extremely slow. Between 1992-93 and 1998-99, child malnutrition came down by only 6 percentage points.
- Gender differentials in IMR have been widening in recent years. The IMR among girls has been always higher than that of boys, and there is a disturbing trend after 2000 – when the gap between male and female IMR is beginning to widen.

Between 1998–99 and 2002–03 while some indicators of health care improved, the share of children who were fully immunized, were delivered in a public hospital, and were attended by a visiting nurse declined.

**Table 1: Percentage of children receiving selected health services, 1998–99 and 2002–03**

<i>Health service</i>	<i>1998-99</i>	<i>2002-03</i>	<i>Change (in percentage points of the population)</i>
Polio3	66.1	57.0	-9.1
Full immunization	52.0	44.6	-7.4
DPT3	64.6	57.5	-7.1
Delivered at a public institution	24.0	18.5	-5.5
Measles	58.1	55.2	-2.9
Auxiliary Nurse Midwives making home visit within two weeks	14.1	12.7	-1.4
Deliveries assisted by professionals	39.6	47.5	7.9
Full antenatal care	31.9	40.3	8.4
Any antenatal care	64.5	74.0	9.5
Delivered at a private institution	9.4	21.5	12.1

*Note:* Based on household survey and districts with household data in both periods.

*Source:* Implementation Completion Report of the Reproductive and Child Health Program I.

### **Child Sex Ratio**

The sharp decline in the child sex ratio in the last decade from 945 to 927 is a devastating indictment of our society. Sex-selection and sex-selective abortions are today spreading like an infectious disease, from the rich to the poor, from the upper castes to the Scheduled Castes (SC) and even to the Scheduled Tribes (ST). No one wants girls anymore. We are facing a national emergency, that will have far-reaching demographic and social consequences.

The ten districts with the worst child sex ratio are all in Punjab and Haryana, two of India's wealthiest States. The worst of these ten was Fatehgarh Sahib in Punjab with a child sex ratio of just 766. And the best of the worst was Gurdaspur, also in Punjab, with 789. The other eight districts were Kurukshetra and Sonapat in Haryana and Patiala, Ambala, Mansa, Kapurthala, Bhatinda and Sangrur in Punjab.

What is alarming is that sex-selection is not restricted to certain castes and classes. The latest figures revealed that even among the SCs and STs, where the average child sex ratio has always been higher than in the general population and better than the national average, it has begun to dip substantially. Thus while in 1991, the child sex ratio for STs was 985 (against a national average of 945), in 2001 it had fallen to 973. And amongst SCs, the figures were 946 in 1991 and 938 in 2001.

There is also an assumption that education and economic independence will ensure that women assert their rights, including their right to reproductive choice. But a survey by Action India of women in Delhi revealed that even highly educated women have resorted to as many as eight abortions to ensure that they only give birth to a son.

In addition to these trends, inadequate decentralised planning and implementation of social sector programmes, particularly programmes relating to development and protection of children and governance issues need to be effectively addressed.

### Decentralised Planning and Role of Panchayati Raj Institutions

Panchayats are the backbone of the Indian democracy. Gandhiji's dream of every village being a republic or Panchayats having powers has been translated into reality with the introduction of the three-tier Panchayati Raj system to enlist people's participation in rural reconstruction. In 1993 the Constitution (73<sup>rd</sup> & 74<sup>th</sup> Amendment) Act, 1992 came into force to provide for decentralized governance through the Panchyati Raj Institutions in rural areas and Municipal Bodies in urban areas. According to the Constitution, Panchayats shall be given powers and authority to function as institutions of self-government.

The powers and responsibilities delegated to Panchayats at the appropriate levels include:

- (a) Preparation of plan for economic development and social justice,
- (b) Implementation of schemes for economic development and social justice in relation to 29 subjects given in Eleventh Schedule of the Constitution and
- (c) To levy, collect and appropriate taxes, duties, tolls and fees.

The 73<sup>rd</sup> Amendment Act also gives a constitutional status to the Gram Sabha, indicating involvement of the community as a significant element of decentralized planning and local self-governance.

A critical analysis of the implementation of various women and child development programmes reveals that although significant achievements have been made in improving the status of women and children, planning has remained a fragmented exercise. In order to ensure that all rights of all children are respected and protected, the involvement of Panchayati Raj Institutions is imperative in the planning, implementation and monitoring of all programmes for children. The involvement

of PRIs in planning, implementing and administering of the programmes of women and child development is a natural corollary to the decentralized planning.

PRIs and Gram Sabhas can play a vital role in strengthening the planning and implementation of all child related programmes at community levels, which will not only help the programmes in achieving their goals but also develop an ownership in the community towards these programmes. It will empower the community to take on the responsibility and be sensitive towards the rights of children and provide a protective environment for them. The PRIs should act as a rallying point for the community to demand certain services and should also act as an important link between the community and functionaries of various departments.

The NPAC 2005 envisages formulation of District and State Plans of Action for Children to address the needs of children within their regional cultural and social contexts. It also strives for setting up appropriate mechanisms for effective implementation, monitoring and evaluation of these Plans in partnership with the community. PRIs form a part of the institutional mechanism for implementation of the National, State and District Plans of Action for Children. In the Eleventh Plan, efforts should be made to systematically work towards greater involvement of the PRIs in planning, implementation and monitoring of programmes for children. At the same time there is a need to ensure strong partnership and strategic alliance with the PRIs in order to integrate and implement all social sector programmes effectively.

For this the PRIs will have to be vested with adequate powers and resources and it will have to be ensured that programmes for children figure in the agenda of these bodies. Accordingly efforts should be made to build their capacities for taking on these responsibilities effectively.

While addressing the children's issues in the Eleventh Plan would require a multi-pronged approach, including decentralised planning and implementation, new sectoral approaches, policies and innovative programmes, this chapter will confine itself to the specific aspects of investment and programming focus for children under the mandate of the Ministry of Women and Child Development.

## **ICDS IN THE ELEVENTH FIVE -YEAR PLAN**

As a sequel to the adoption of the National Policy for Children (1974), the Government of India evolved the Integrated Child Development Services Scheme, popularly abbreviated as ICDS. Over a period of time, this centrally sponsored scheme of ICDS, which came into existence in 1975 in selected 33 community developmental blocks of the country, has come out as one of the innovative programme of its kind and the largest public initiative in the world to offer the early childhood education and care services in an integrated way. The basic premise of the programme, which is, centrally sponsored and state administered nation wide programme, revolves around the common consensus among educationists, researchers and practitioners that early childhood education and care are inseparable issues and must be considered as one. Based upon this fundamental assumption, the modus operandi of the programme has been designed in such an integrated way so as to meet out the early childhood education and care needs on a continuum basis adopting a holistic approach. Stimulation at the early childhood stage involves

efforts to activate the child's early development. Promoting early stimulation activities through home based models/ institutional setup would be an important aspect under all the interventions of ICDS. Training and capacity building of workers/caregivers especially mothers would be an important aspect for enhancing child development. The detection of developmental delay/special needs of children also would be interwoven with the early stimulation programme. The process execution of the programme includes delivery of integrated package of minimum basic services - health care, nutritional nourishment and early childhood educational nurturance to children so as to reach a multitude of objectives including development of school readiness competencies and various others psycho social domains.

### **STRENGTHENING ICDS FOR REDUCTION OF CHILD MALNUTRITION**

The ICDS Programme has reached a stage, where it has become essential to harmonize the expansion of the programme and its content enrichment, in order to accelerate the implementation in achieving the core objectives of the programme especially to reduce the child malnutrition and help reduction in mortality rates. Addressing issues like prevention and management of malnutrition, poor maternal and adolescent nutrition, gender discrimination, lack of nutrition and health education, and inadequate community participation in the programme, continues to be a major challenge during the Eleventh Plan.

After more than 30 years of rich experience in the programmatic perspective, a paradigm shift is required to reform the ICDS in respect of overall programme management for a faster and sustained achievement of child and women nutritional goals. During the Eleventh Plan, while we rededicate ourselves to promoting early childhood care for survival and development of the children, an attempt would be made to re-structure the ICDS programme implementation framework to suit the current nutritional needs of the women & children and to strengthen the existing service delivery mechanism. This would not only help accelerate ICDS universalisation with quality to reach out to all under three children, but also help accelerating reductions in IMR, malnutrition and promoting early development.

### **EMERGING ISSUES**

During the Eleventh Plan, many of the above issues would require renewed focus by revisiting the primary mandates of ICDS. Accordingly, the thrust areas during the Eleventh Plan are identified as under:

- *Achieving ICDS Universalisation with Quality – Population norms/population density - Targeting both in terms of area and population groups*
- *Strengthening basic infrastructure and service delivery in AWCs*
- *Restructuring Programme Management/Revised ICDS Implementation Framework*
- *Strengthening HR management in ICDS*
- *Mobilizing Resources*
- *Addressing Nutritional Issues- Eradicating severe malnutrition*
- *Strengthening Nutrition & Health Education*
- *Advocacy, Communication and Social Mobilization*
- *Strengthening Training and Capacity development*

- *Strengthening Monitoring & Evaluation*
- *Fostering Public-Private and Community Partnership (PPCP)*
- *Strengthening partnerships with PRIs, NGOs and voluntary sector*

## **STRENGTHENING EARLY CHILDHOOD EDUCATION IN ELEVENTH PLAN**

### **Early Childhood Education: Critical Component of Early Development**

The approach paper to Eleventh Five-Year Plan categorically states that education is the most critical element in empowering people with skills and knowledge and giving them access to productive employment in the future. An ideal we should strive for is that all children should be able to get as much education as they are capable of getting irrespective of their parents' ability to pay. Further, the approach paper states that development of children is at the centre of the Eleventh Plan and that Government is committed to ensure that children do not lose their childhood because of work, disease or despair. Children should be given a right start from the early childhood stage until the age of 6 to 8 years, which is the most critical period when the foundations are laid for life-long development and the realisation of full potential.

Research shows that there are 'critical periods' at this stage for full development of brain's potential. The formation of later attitudes and values as well as the desire to learn are also influenced at this stage, while lack of support or neglect can lead to negative consequences, sometimes irreversible. Early Childhood Education (ECE) requires that young children be provided opportunities and experiences that lead to their all-round development -- physical, mental, social, emotional and school readiness. Alongside with health and nutrition, learning is also equally important. Learning at early stage must be directed by the child's interests and priorities, and should be contextualised by her experiences rather than being structured formally. An enabling environment for children would be one that is rich, allows children to explore, experiment and freely express themselves and one that is embedded in social relations that give a sense of warmth, security and trust. Playing, Music, Art and other activities using local materials along with opportunities for speaking, listening and expressing themselves, and informal interaction are essential components of Early Childhood Education (ECE).

In this context, a fairly large number of supportive international commitments, constitutional provisions, legislative, measures, policy framework and some major public and voluntary initiatives for children below six years age were undertaken during the past and they have yielded some really gainful results as evident from various commissioned studies carried out by NIPCCD, NCERT, NCAER etc.

However, after taking stock of the situation, it seems that one of the challenge before the country is not only to provide affordable quality inputs in ECE but also to get it linked with nutrition, health care and other community services as part of convergent and integrated approach so as to meet the basic needs of young children under EFA initiatives. Under Eleventh Five-Year Plan, continuous efforts would be made to strengthen the ECE inputs to the children by resounding national framework, policy directions, developing data base, enlarging access and coverage, strengthening day care services, developing proper infrastructure, improving the working

conditions of ECE teachers/child care workers, strengthening training and capacity building initiatives, advocacy and awareness etc..

### **National Framework, Policy Directions and Developing Data Base**

It is being continuously observed not only by professionals but in the Mid Term Appraisal of Tenth Five Year Plan also that the exclusion of the ECE from fundamental right is set to deprive many children in the three to six age group of ECE, which may lead to greater school drop out rates and other problems. In the recently held conference ( 6<sup>th</sup> June,06 of State Secretaries of WCD and Elementary Education on Early Childhood Education [ the conference was also attended by professionals, practitioners, representatives of international bodies, members of civil society, members of national advisory council, and representatives of prominent NGOs] it has been again reiterated that ECE should be made a fundamental right duly backed by adequate resources and initiatives for capacity building .

Both, the National Policy on Education, 1986 and subsequently the Programme of Action(1992), which was designed to implement the recommendations of NPE in an action plan mode , categorically stated that day care centres should be established to provide support services not only for universalisation of primary education and enabling the girls to attend primary schools by way of discharging them from taking care of siblings but also as a supportive role to working women belonging to poorer sections. POA, 1992 had also recommended the conversion of AWCs in to Anganwadi cum crèches in a phased manner. Though this was done under National Crèche Fund initiative, which was designed partly with a corpus fund made available out of the social safety net adjustment credit from the World Bank but with the merger of NCF with Rajiv Gandhi National Crèche Scheme, this initiative of converting the AWCs into AWCs -cum – crèches has come to an end. Thus, overall, the policy recommendations of NPE, 1986 and POA, 1992 were though partially implemented in the past, but currently remains unimplemented. Thus, in Eleventh Five-Year Plan, provisions to fulfil these aspects need priority in right earnest.

There has been no national database of various aspects of ECE. In the absence of such data base, currently, we find it difficult to prepare the status report of EFA goal 1 concerning ECE for the purpose of its Mid Decade Assessment ( the report demands comprehensive data base/ information related to policy and governance framework, resource deployment, delivered curricula and learning outcomes etc.). In order to do so, state specific data base / state profiles concerning ECE need to be developed. While developing the state specific ECE profiles, the data on specific indicators like state specific policy and governance framework, target setting, policies and directives, stakeholders participation, national and international development partners, monitoring and evaluation mechanism, assessment of the effectiveness of ECE intervention, strategies being adopted, implementing agencies, resource inputs in terms of financial, infrastructure, material, programmes/ services, delivered curricula and learning outcomes etc. ,needs to be collected and collated . Some of these indicators have already been identified in various studies. Tamil Nadu Early Childhood Environment Rating Scale (TECERS) can be used as a starting point for such a comprehensive exercise. Further, though effective convergence and coordination has been identified as one of the objective of ICDS (the largest state initiative in India to provide ECE) and the same has also been envisaged in various policy documents for effective run of centre based ECE initiatives, yet several commissioned studies (World Bank, 2005, NIPCCD,1992, NCERT, 2003, NCAER,2001, NIPCCD,2006) have come out with the

recommendation of further strengthening of this aspect . In order to accomplish this task, under Eleventh Five Year Plan, a well designed and well thought institutional monitoring system concerning ECE for all sectors (public, private, NGOs) has to be established in every State/ UT administration at the sub national system level and at the national level. This will not only facilitate the convergence and coordination mechanism across various players of ECE but would also ensure the flow of data base information right from grass root to GOI level. The data base, as envisaged should cover all kinds of centres i.e – private ( centre and home based ECE interventions), NGOs( aided and unaided ),public initiatives as well as statutory crèches . This national and state specific ECE data and statistical indicators so collected and calculated would also smoothen the ways in developing proper national/ state specific action plans concerning ECE and in designing mid decade / term end progress assessment report of goal 1 (universal provision of ECE) of EFA project.

### Access and Coverage

As per census, 2001, the country has approximately 60 million children in the age group of 3-6 years. The approximate figures of covering about 34 million children by pre schooling initiatives under ICDS and other private initiatives (not counting NGOs initiatives as the variation in expected coverage is too large from 3 to 20 million), leaves apart a large segment of about 26 million in the 3-6 years population bracket unattended for pre school activities. Thus, the gap between the numbers of pre school children and the available pre school services seems to be very large. Here, it has to be mentioned that as per estimate of technical group on population projections, pre school education services will have to be provided for 70 million children by the end of 2011 (the near end period of Eleventh Five Year Plan) and 73 million of children by 2016 (or the near end period of XII Five Year Plan).

Table –2 (Pre School Age Population Projection )

Age	2006		2011		2016	
	Numbers	%	Numbers	%	Numbers	%
3-5 Years*	63.731	5.82	70.034	5.94	72.498	5.74

\* Pre School age

Source: Census of India: Population Projections for India and States, 1996-2016 Registrar General, India for figures from 2001 onwards

Though, it needs to be acknowledged here that in a country as diverse and large as India, with approximately 60 million children in the age group of 3-6 years ( as per census ,2001), achieving universal access is not an easy task. However, the current and futuristic magnitude of uncovered ECE children is a major challenge in the Eleventh Five Year Plan.

The uncovered and unreached children of ECE are found in both rural and urban areas. While in rural areas, they are located in isolated and remote hamlets, dalit hamlets and settlements, seasonal migrants road side workers, construction and quarry workers , fishing hamlets, in urban areas, they may be broadly identified as living on those pavements, unauthorized settlements, small slums, construction workers, temporary/seasonal workers, rural migrants, itinerants etc.. Children living in difficult circumstances like children of long term patients, children with special needs and children of sex workers, women prisoners, riot and disaster affected, refugees and displaced, orphanages and founding homes, militancy affected children may also be identified as uncovered and unreached children for ECE.



In order to extend the benefits of ECE to such large number of presently uncovered, unreachd and projected population of 3-6 years age children for the next one decade , it is urgently needed to come out with contextually suited , locally relevant innovative strategies and approaches and also strengthening of resources being required to fill this huge gap. In order to do so, setting of one ECE centre for a group of about 25 children within accessible distance from the home of the child needs to be considered. The home based model of ECE tried out by NCERT some time back needs to be encouraged and experimented with far flung and smaller community helmets, scattered population, areas affected by floods and other disasters and especially in tribal and hilly zones. Support for various forms of mobile services/crèches (crèches in flexi time, flexi space, transitory/temporary, mini AWCs) may also be enhanced for this purpose. Further, these strategies ought to be linked with primary schooling system either by way of locating ECE centres in proximity to local primary schools or peripheral feeder schools.

There is disparity in provision of ECE in rural and urban areas. As per findings of the study conducted by National Institute of Urban Affairs, though the share of urban population in the country is approximately 27.78 per cent (expected to go up by 33 per cent), corresponding provision of ECE facilities in these areas are insufficient. Urban slums are under represented in ICDS also, as majority of these projects are located in rural areas (out of total 5671 sanctioned projects, 4548 are rural, 763 are tribal and 360 are urban). The greater access to ECE in urban settlement also needs to be accelerated. For this, in the Eleventh Plan , rules pertaining to area/town planning may be amended so as to provide the space for neighbourhod ECE centre. The schedule for urban local bodies also needs to be strengthened to ensure responsibility for allocation of space for AWCs, Crèches etc.

### **Strengthening Day Care Services**

As per NSSO 55<sup>th</sup> Round Survey, 1999-2000, there are around 106 million women in the work force, out of which 40-45 per cent are in the reproductive age group. Day care support services are an essential requirement for these women. Although, the total number of sanctioned crèches under the Rajiv Gandhi National Creche Scheme has increased up to 23,834 as on September 2006, keeping in view the large number of children requiring ECE, this figure of crèches seems to be inadequate. Though crèches are mandated by law also in different areas like mines, plantations, factories, salt and dolomite mines, cigar making units, contract labour, inter-state migrant labour and construction sites, in practice, very few crèches are being run in obedience of these laws. Further, whatever the crèches are being run, they are in very bad shape. Thus, the existing crèche facilities need to be expanded exponentially. This can partly be attained, as rightly observed in the mid-term assessment of Tenth Five Year Plan, if the obligatory legal stipulation for provision of crèches at the place or site of work is strictly enforced. Thus learning from the past experiences, it is amply clear that placing the entire liability on employers is a non-starter and thus, under Eleventh Five Year Plan, some form of shared liability is required to be designed.

The ICDS programme does not have the critical component of day care in the package of services being provided. One consequence of the lack of day care is its impact on the education of the girl child, since she is made to stay home to take care of younger siblings. Further, in order to cover the ECE needs of children of working mothers engaged in unorganised sectors, there persists a need to convert the AWCs into the AWCs – cum- crèches. Though, under the scheme

of National Crèche Fund, a provision of conversion of 10 per cent AW centres into Anganwadi Cum Crèches was made, however, the initiative has come to end with merger of NCF with Rajiv Gandhi National Crèche Scheme.

### **Infrastructure**

ICDS scheme does not provide for construction of AWCs except in World Bank Assisted ICDS projects. However, as a special case, Government has permitted construction of AWCs in NE states. Further, from 2005-06, it has been decided to undertake construction of AWCs in NE States at enhanced cost, which is to be met out from NE component of the Departments Plan budget. The feasibility of construction of AWCs buildings in other parts of the country besides of World Bank Projects needs to be given a serious thought. In the Eleventh Plan, there is a need to consider the possibilities of construction of all AWCs in a phased manner with priority to those areas, where educational indicators are weak. .

### **Data Base on ECE**

There exists no viable information about operative numbers, infrastructure, manpower and process indicators especially of private ECE centres since none of the educational surveys, census and even sample survey has considered this aspect as worthwhile. Further, as registration of these ECE centres has not been made compulsory due to which, there seems to be a general agreement that majority of these ECE centers either lack basic requirements and/or practice pedagogical inappropriate practices. Thus, a comprehensive survey needs to be undertaken in to address these issues pertaining not only to quality control but also to universal provision of ECE. Data base should cover all kinds of centres, private (centre and home based both), NGO (Govt. aided and unaided both) as well as statutory crèches including information on number and age group of children, staff strengths and other basic indicators. The national level organizations such as NCERT, NIEPA, NIPCCD could be requested to look at this issue also in addition of taking care of certification of training courses, documentation and research. Analytical studies are required to be carried out by these organisations on lines similar to those in case of primary and elementary schools.

### **Minimum Standards and Regulatory Mechanisms**

In the absence of any minimum specifications concerning ECE centers, the current approach in the public sector ECE seems to be of a minimalist approach, which is not likely to pay dividends. On the other hand, little is known about standards in other sectors. Given this over all situation, NCERT, NIEPA and NIPCCD may be required to evolve minimum specifications incorporating different pedagogical, infrastructure, administrative, staffing and training parameters of ECE centres, which can later on be applied to all categories of centres ,using different instrumentalities appropriate to each sector.

### **NGOs/Corporate Involvement**

As for private initiatives in ECE, NGOs/Corporate sectors involvement is yet another area about which little is known since no census or educational surveys have come out with estimated number of NGOs engaged in ECE, or the kind of services that they provide. Thus, it is urgently needed to conduct a national survey of ECE initiatives by NGOs and corporate sectors. Further the innovative practices being adopted by different leading NGOs like Ruchika, SEWA, Nutan Bal Sangha located in different parts of the country have not been properly documented, and as a

result, one finds it difficult to replicate them in other parts of the country after making contextual corrections.

### **Working Conditions of ECE Teachers/ Child Care Workers**

Currently under public initiative of ICDS, nearly eight lakh AWWs and an equal number of helpers totaling about more than one and a half million women, have been engaged in imparting centre based ECE to 23 million of children. Most of the time, these workers are subjected to treatment at par with other regular government employees (before and on the job structured training inputs, some times transferred from one place to other, subjecting to disciplinary actions like other regular employees), however, they are having poor working/service conditions due to the honorary status of their work. The situation gets further compounded as due to absence of the term child care workers/ nursery school teacher in 27<sup>th</sup> schedule of the minimum wages act, the minimum wages and working conditions of these workers are not subject to the regulation of any law in the country. The similar situation is true with private sector and NGOs run ECE initiatives also, where they are victims of exploitatively low wages with no security of service as in case of primary /elementary/secondary school section.

The basic reason behind poor working conditions of ECE teachers/ child care workers is first, that that they have not yet been recognised as skilled workers, though ECE involves set of both productive and reproductive skills, second the proclaimed lack of financial requirements and third, the unavailability of the pool of trained manpower of ECE in scattered and inaccessible areas. This situation needs to be properly corrected, while designing out the ECE inputs under

### ***Eleventh Five Year Plan.***

#### **Training and Capacity Building**

While there is wide spectrum of training provisions, there are marked variations as well, which reduce the scope for any standardisation or quality control of ECE training initiatives. A cursory look of these courses discussed earlier reveal the fact that training inputs vary considerably on numerous counts i.e from institutions to institutions, courses to courses and state to state and on pedagogical aspects like duration of training, methodology, and exposure to theory and practice. While minimum educational eligibility criteria ranges from no bar (as in case of ICDS community workers) to primary standard (as in case of crèche workers) to high school pass (as in case of NTT) to class XII (as in case of IGNOU and Integrated Pre-primary and Primary Teachers Training), there exists marked variation in duration of training too. This varies from a few days (in case of several NGOs which run their own courses) to fortnight (as in case of ICDS) to relatively longer time frame (as in two years) for the integrated training. While minimum educational eligibility criteria ranges from no bar (as in case of Anganwadi Workers) to primary standard (as in case of crèche workers) to high school to class XII (as in case of IGNOU and Integrated Pre primary and Primary Teachers Training), there exists marked variation in duration too varying from few days ( in case of several NGOs which run their own courses for internal consumptions only) to fortnight (as in case of ICDS) to relatively larger time framework (as two years in case of Integrated pre primary and primary teachers training, one to four years in case of IGNOU programme ). Further, taking advantage of absence of minimum accepted guidelines for teacher preparation curriculum of ECE , most of these institutions have adopted different curriculum from their own point of view. While State run Integrated pre primary and primary

teachers training courses have adapted the National Council of Educational Research and Training (NCERT) prescribed curricula. Just opposite to these frameworks, the institutions being run within the territory of ICDS have adopted the National Institute of Public Cooperation and Child Development (NIPCCD) prescribed curricula, which has superficial theoretical connotation and practical knowledge having no term end examination and evaluation mechanism.

Due to lack of employment opportunities of the products of ECE teacher training, the system has not grown up in proportion of increase of ECE centres. The employment opportunity of ECE trained teacher is only available in private sector, where most of the cases, service conditions are often deplorable. The number of available posts of trained nursery teachers in the government sector in almost all the states are negligible, Further, as there has been no demand for trained staff in ECE, so none of the state government has laid down any norms for staff qualifications or remuneration, nor any guidelines for recognition of ECE staff as teacher (NCTE, 2004). This under developed teacher training system of ECE can be easily seen from the dichotomy between the ECE teacher training and secondary/elementary teacher training system. Thus state governments under Eleventh Five-Year Plan are required to be advised to take corrective measures in the matter.

Though Programme of Action (POA) 1992 and NCTE draft approach paper, 2004 had recommended of having different courses of ECCE at certificate, diploma and postgraduate diploma level [the certification at various levels is based on the assumption that while postgraduate diploma holders may take up the job of teacher educators, the certificate holders may be engaged in running the ECE centers], yet existing programmes have not accommodated these needs. It might be due to the fact of absence of ECE as a subject in any of the social science faculties in Indian Universities. Thus, there seems a urgent need to bring up the Universities, Institutes and other centres of higher learning in teacher education within the realm of ECE also.

There is a popular perception that special training is not necessary for teachers of pre primary and nursery schools as their job simply involves teaching of alphabets, numbers etc., and taking care of young children. It is felt that any person who has passed higher secondary or senior secondary examination can easily handle the job of nursery teacher. Even any person who has caring temperament towards children, or who herself is mother, will be a good staff member in early childhood programmes. It is because of this perception that untrained teachers are posted in a majority of nursery schools in the unrecognized private sector. Nearly over three-quarters of teachers engaged in ECE have not received any type of pedagogical training. There exist tendencies to recruit untrained or poorly qualified teachers, which often have serious consequences for pre schooling quality (NCTE,2005). Needless to say, these assumptions are professionally not sound and need to be corrected after educating the community to be more selective and /or demanding as consumers ,which could serve as an effective monitoring device of ECE in private sector. This awareness aspect needs to be promoted using different modes of mass media during Eleventh Five Year Plan. Adequate budgetary provisions for such awareness generation campaigns should be made available in Eleventh Five Year Plan.

A glance at the structure of privately managed early childhood teacher training programmes shows that it lacks both academic rigor and professionalism. So far as former view of academic

rigorousness is concerned, scarcely any attempt is made to the true meaning of early teaching learning repertoire (a set of skills, strategies, methods, knowledge and understanding) presumed valid for achieving preferential learning outcomes. From later view of professionalism, it is noticed that these ECE courses are not only of shorter duration but also lack the opportunity of transforming the class room based learning experiences into real context. The ultimate result is that most of the ECE teacher's falls downward from the depths of what they learned during their training inputs. Further, several studies speak about the truth that privately managed teacher training institutions have either not come up properly or they have not been functioning efficiently and effectively. Further, many of them have not yet developed a professional work culture that may enable them towards quality improvement. It has also been pointed out in studies that the kinds of faculty placed or recruited in these institutions are questionable. This is substantiated by the fact that in quite a few institutions, there is hardly any recruitment or placement policy. NCTE may be suitably strengthened under Eleventh Five Year Plan period so as to keep an eye on these concerns by putting appropriate accreditation system.

Though the country has well defined system of ICDS training but often it is observed that system is confronting organisational problems in terms of standardized training package, fragmented and centrally designed curriculum and of low financial norms . Further, considering the large number of ICDS training centres across the country, the monitoring of the training programme has been posing serious problems (NIPCCD, 1996). In the absence of any well defined monitoring mechanism of training programme being organised by these training centers, some of the spinal parameters of training such as trainer strengths and their academic background, organization of programme for prescribed number of days, full coverage of syllabus, sequencing of delivery of contents etc. are not being observed properly. Further, most of the prevalent institution based ICDS training programmes are being organized in haste through deployment of contingency measures such as course based release of funds, short tenability of ICDS training centres, short lived increase in honorarium of trainers, contractual time bound appointment of faculty etc. .

At the initial phase of implementation of ICDS, the duration of JTC for ICDS functionaries was 72 days. However, it was subsequently reduced to 52 working days and finally to 26 working days. This reduction of working days has been done without compromising of content areas delivered during institutional setting. The suppression of duration has drastically reduced the opportunities for hands on experiences of PSE skills in the field situation. Currently, the ECE component under JTC of various ICDS functionaries only figures for 4 days. This aspect needs to be looked into.

The curriculum content of the existing ECE teacher education programmes by and large, lacks relevance and state /UTs based context specificity. In most of the cases, it is modeled on the pattern of elementary teacher education programme. Besides, the training methodology generally lacks cultural flavour and local specificity. In this connection, it is recommended that state specific courses needs to be devised within the broader framework provided by NCTE. There is also a need to initiate dialogue with NCTE on evolving a need based, practical oriented and flexible curriculum. In order to have state based flavour in training of ECE functionaries, it may be suggested that SCERTs and DIETs need to be strengthened in a sustained manner with regular guidance of lead institutions like NCERT and NIPCCD. In addition to these, decentralised training capability for ECE has to be nurtured in Block and Cluster Resource

Centres. Documentation and case studies of best practices in training needs to be prepared for wide dissemination, replication as well as to feed into the training process itself.

Under Eleventh Plan, lead institutions like NCERT and NIPCCD also need strengthening by developing a suitable resource pool at the national level so as to work as clearing house in all matters concerning ECE. While separate department of Pre school education may be established in NCERT, a resource center of ECE should be developed at NIPCCD. Similarly while, NCERT may be assigned the task of doing work in pedagogical aspect, NIPCCD may be given responsibility of continuing with training, research and resource material availability of ECE under ICDS.

There has been an unplanned and unmapped distribution of ECE teacher training courses. Though POA, 1992 had committed the adequate training facilities for this sector through 2 year vocational course at +2 level and creating a system of accreditation of institutions dealing with ECE training, yet , NCTE has till date recognised only 124 courses at the pre primary level . The state wise distribution of these courses present a very grim picture. No institutions have been reported from NE region. This poor scenario underscores the need for creating workforce requirement in a more systematic way. Further, due to the uneven geographical distribution of training centres, majority of ECE providers are forced to undergo training not only at distant places, but almost in decontextualised way with lack of responsiveness to local needs. Thus, NCTE may come out with more appropriate method after adopting simplified norms of accrediting training institutes / courses. Further, a well-established accreditation system recognised by the government for monitoring ECE training institutes has to be set up in Eleventh Five-Year Plan.

A revolutionary change has taken place during 1990s across the globe in staff training and development sphere of ECE. The training task of teachers and teacher educators of kindergarten and early childhood education centres has now become the responsibility of colleges and university system in most of the countries like China, Australia, Finland, Hongkong, Japan etc. However, the same case is not true with India despite of the fact that we have more than 50 Institutes of Advanced Studies in education and about 450 District Institute of Education and Training (DIETs) across the country. Besides this more than 100 education departments in various universities are also in operation. The scope of these Institutes/ Centres needs to be widened so that they not only take up the training task of teachers from early to secondary stage through diverse ways of different certification level but also discharge their responsibilities in research and extension dimensions too. NIPCCD may provide a torch-bearing role in this regard by adopting cascade model and by imparting training to trainers of these institutions. The launching of Diploma and Certificate level course in ECE by the Universities like IGNOU, Jamia Millia Islamia and prominent institutes like State Council of Educational Research and Training (SCERT), Delhi from the academic year of 2004/5 in the field of early childhood education may be seen as a lead role model in this direction. Other universities, which are implementing self-financing courses, may also be encouraged to opt for same model under Eleventh Five Year Plan.

Based on the rich experiences of training of ECE functionaries in India and training of similar manpower in other countries of Asia and Pacific, one of the stronger alternate of getting them

trained through distance mode needs to be put on the priority agenda of discussion among trainers fraternity. This juncture, especially when ECE has found a specific and explicit mention in the constitution for the first time under Directive Principles of State Policy, seems to be the right time to usher in such a dispassionate and informed discussions on the proposal in a collective manner. As traditional way of institutionalized training is certainly unequipped to cater emerging demands of imparting training on several counts, the distance mode of training by its innate potentiality of quick delivery mechanism, boundary less operation, taking care of contextual sensitive pedagogies and cost effective way may only be viewed as an alternate to surpass these contemporary training weaknesses. Since training through distance mode requires moving in altogether different paths in contrast to contemporary practices, the proposal needs to be thoroughly contested and debated. Here, it has to be mentioned that NIPCCD had already taken a lead by facilitating the states to get the ECE functionaries enrolled in IGNOU run distance learning ECE programme. NIPCCD has also started discussions with NIOS to develop tie ups with NIOS run distance mode ECE programme. The committee appointed by Government of India for contemporary look into the training aspects of ECE services has also recommended designing courses of shorter duration using distance mode. State open universities (SOUs) may also take up these courses so as to take into consideration the contextual responsiveness of the programme. Though, all these developments present case for application of distance mode training system in context of early schooling but still the proposal needs to be put on the priority list in the agenda for discussion amongst professionals and academic fraternity working for the Eleventh Five Year P.Lan. Here it would also be in fitness of things if a planned and systematic feasibility study may be undertaken before actualizing the project on pilot basis. This will have the advantage of not only speeding up the innovations but also providing a continuous source of excitement and interest.

### **Curriculum of ECE: Prescription Vs Practice**

Though appropriate curricular guidelines are available in the country for ECE; the reality is that there is a large gap between what is prescribed or suggested and what is practiced. It can be generally seen that in the private sector pre schooling, the overriding emphasis is placed on pedagogical concerns of formalised cognitive domains by way of down ward extension of primary schooling and thus marginalising a dozen of other affective and psycho motor domains, which are also required to be attended too. In fact, the early childhood education centres have to offer such activities in which cognitive development may occupy an important place but not an overriding focus of attention. In a study conducted by the NCERT (1998) it was found that almost all the ICDS centers observed adhered to teaching of 3 R's ( reading, writing and arithmetic) and there was a virtual absence of any play activities. Typically, the activities of pre school education under ICDS are conducted for a period ranging from 45 minutes to two hours duration daily, with minimal play and learning material support. Though, unprepared and untrained status of ECE worker is the root cause of this phenomenon, however, most of the time, it is the demand of the community/ parents also to prepare the PSE children in formalized way of primary schooling. These practices are acknowledged to be detrimental to the health of children and of the system as a whole. Thus there emerges a pressing need to educate the community on various aspects of joyful learning and to be more selective and/or demanding as consumers which could serve as an effective monitoring /regulating device.

Another unequivocal view pertaining to early childhood education relates to the issue of transition of the child from early to primary schooling. There has been a global consensus that child's successful transition from early stimulating centres to primary education is particularly important because her performance and behaviour in the first few years of school substantially affects subsequent achievement transistories. After all, there has been interdependence of various sub sectors of education. . It is a matter of ground reality that either early childhood education providers are least concerned on this issue or if concerned, they make the early education activities as down ward extension of primary schooling irrespective of age specific and contextually sensitive pedagogical considerations. They do not further organise various stimuli and interventional strategies keeping the onus on adjustment of these entrants in new physical settings, larger class size and comparatively slighter structured academic inputs and formalised core process practiced in primary schooling system. This unwanted wider gap between two root streams might perhaps not only act as strongest reason for prevalence of high drop out phenomenon in first few years of primary schooling against nearly universal enrolment rate but also of producing unprepared state of school readiness skills. Thus, there emerges a definite need to further develop close tie-ups between primary schooling and ECE initiatives (as in case of DPEP by way of synchronisation of timings, locating AWC in primary school, allowing AWW to act as teacher of grade 1 and 2 by giving special training etc.). Adequate financial resources for this purpose may be allocated under Eleventh Five Year Plan on the estimated cost under DPEP initiatives.

Though language intervention thorough mother tongue has been scientifically proved as most appropriate way of working with pre school children, however, due to increased urbanisation and privatisation , the child's learning in English medium schools has now a days comes out as a legitimate desire even in rural parts of the country. The committee appointed by GOI on ECE (2004) also substantiated it by stating that these days socially and economically upward mobile families are often fleeing from public initiatives towards locally available private alternatives in search of so called English medium pre schooling. Though some of the pedagogical/curricular experts, located in the developed and advanced countries, favour the introduction of second language from very early stage, however, in our case, keeping in view the socio - political realities, the pre schooling has to be done in mother tongue only, with options of oral introduction of a second language and regular with introduction of second language only in grade one. Thus, while detailing out the provisions for ECE under Eleventh Five Year Plan, the popularity/ advocacy of language reality in pre schooling through mother tongue has to be kept in mind by involving mass campaigns and fully utilisation of print / electronic media so that his language policy will eventually be applicable to all categories of pre schools and schools.

## **GIRL CHILD IN ELEVENTH PLAN**

The Constitution of India reflected discernment of the special vulnerabilities of women and children in Indian society, and pledged special measures for their benefit. Subsequent policy and programming commitments have recognised the particular needs of girl children but have not succeeded in really safeguarding their interests. The National Policy for Children 1974 may not have foreseen the risks that girl children in the country would face, but has a prescient pledge for the State to assume responsibility for the well-being of children 'both before and after birth.'



This has turned out to be a historic commitment. The National Charter for Children 2003, however, makes special mention of the importance of protecting the rights and dignity of girl children

The National Common Minimum Programme specifically states that, the government will protect the rights of children, and extend special care to the girl child. Also, the National Plan of Action for Children 2005 accords specific priority to the girl child, both in terms of identifying and according a place in the key priority areas for action as well as by identifying specific goals, objectives and strategies for improving the status of the girl child in India.

This policy framework then, will form the basis of identifying interventions and monitoring progress on the status of girl children during the Eleventh Plan period. MWCD seeks to address rights through the lens of gender justice in childhood, and to set out the pro-active affirmative approaches and actions necessary for girl children in India to realise equality of opportunity.

**The specific goals for girls in the NPAC are:**

- Assurance of equality of status for girl child as an individual and a citizen in her own right through promotion of special opportunities for her growth and development.
- To ensure survival, development and protection of the girl child and to create an environment wherein she lives a life of dignity with full opportunity for choice and development.
- To stop sex selection, female foeticide and infanticide.
- To eliminate child marriages.
- To ensure the girl child’s security and protect her from abuse, exploitation, victimization and all other forms of violence.
- To protect the girl child from deprivation and neglect and to ensure the girl child equal share of care and resources in the home and community and equal access to services.
- To take measures to protect girl children from any treatment which undermines their self esteem, and causes their exclusion from social mainstream and also to break down persistent gender stereotype.
- To eliminate all obstacles that prevents girls from full enjoyment of human rights and fundamental freedom including equal rights in succession and inheritance.
- To ensure equal opportunity for free and compulsory elementary education to all girls.

Gender biases pose a specific threat to girl children across the social and economic strata. For a girl child, life is a constant fight for survival, growth and development from the time she is conceived till she attains 18 years. The table given below depicts the life chart of a girl child and highlights the many life threatening problems she faces

Years	Problems faced
Before Birth to 1 year	<ul style="list-style-type: none"> <li>• Being unwanted, risk of prenatal detection</li> <li>• Foeticide and Infanticide</li> <li>• Infant mortality</li> <li>• Discrimination in breast feeding and infant food</li> <li>• Neglect of health ( immunization )</li> </ul>
1 to 5 years	<ul style="list-style-type: none"> <li>• Discrimination in access to food</li> </ul>

	<ul style="list-style-type: none"> <li>• Poorer health attention and poorer access to health care; high risk of nutritional anaemia (74% in 0-3 age group, both sexes)</li> <li>• Discrimination in overall treatment, parental care; expression of value and worth</li> <li>• Vitamin and micro-nutrient deficiencies</li> <li>• Early definition and imposition of 'suitable' roles; limits on permitted learning and play activities</li> <li>• Child marriages in some areas of country</li> <li>• Household/near-home sexual abuse</li> <li>• If enrolled in school, less time for learning</li> <li>• Assignment of domestic duties, minor small domestic chores</li> </ul>
6 to 11 years	<ul style="list-style-type: none"> <li>• Malnutrition and anaemia</li> <li>• Health problems like Polio and diarrhea</li> <li>• Iodine and Vitamin A deficiency</li> <li>• Low school enrolment, School drop outs</li> <li>• Vulnerable to trafficking, child labour, child marriage</li> <li>• Abuse, exploitation and violence</li> <li>• Increasing domestic duties/workload</li> <li>• Looking after siblings</li> <li>• Restrictions on mobility, play</li> </ul>
12 to 18 years	<ul style="list-style-type: none"> <li>• Poor health, poor health attention</li> <li>• High risk /high levels of anaemia</li> <li>• Frequent illness due to malnutrition and micro-nutrient deficiency</li> <li>• High risk/incidence of early childbearing-related morbidity/mortality</li> <li>• Child marriage</li> <li>• Becoming a 'child-mother,' health risks &amp; burden of childcare</li> <li>• Denied information, mobility, access to services</li> <li>• Low literacy/learning level</li> <li>• Poor access to information</li> <li>• Early and frequent pregnancy coupled with abortions</li> <li>• Marital and domestic violence</li> <li>• Dowry harassment, desertion , polygamy, divorce</li> <li>• Child labour, trafficking.</li> <li>• STDs and HIV/AIDS</li> <li>• Unpaid and unrecognized work, and drudgery</li> <li>• No voice either in Home or society</li> </ul>

It is evident from the above table, that age specific and setting –specific interventions have to be put in place for appropriate and effective response to the above problems, highlighting the inter-sectoral nature of actions required.

Protecting girl children in India will not be easy, but the nation cannot any longer afford the cost of hoping that society will change its mindset on its own. In a situation where pervasive negative attitudes towards women are being visited on girl children, to the extent of denying them life itself, the central issue is for the State to decide its own role.

The well being of daughters in the community must become the subject of government monitoring (with NGO assistance if appropriate), covering every age and stage of childhood. Such vigilance must apply to all stages of a girl child's childhood. Panchayats, gram sabhas and local self-government bodies should be brought into this benevolent surveillance. At district

level, the District Magistrate (DM)/District Collector (DC) should take responsibility for monitoring the overall progress for girl children.

In the case of enforcement of PNDT Act by the Appropriate Authority (AAs), the local and national authorities currently composed of medical practitioners need to be revamped. The local and national authority is currently composed of or dominated by medical practitioners. To ensure the objective functioning of the AAs, this composition must change to include the DM/DC or senior district officials, NGOs and responsible citizens outside the medical community. Doctors and clinics found offering sex-selective services should be subjected to firm and exemplary penalty. Doctors' licences should be revoked and clinics and equipment sealed/seized. Parents must be given counseling, and measures must be developed to keep offending families/parents under surveillance.

Health services' outreach to the family base must include significant improvement in identifying child brides, registering all pregnancies and treating all minor girls who are pregnant as 'at risk' cases who must receive regular visits and support. As and when a law comes into force to prohibit child marriage the incidence of child pregnancies may fall, but they are a reality today, and foreseeably for the Plan period.

Incentive schemes have been attempted, offering either money or service benefits to families. They are not succeeding as well as hoped. Punitive laws are not so far working. Education opportunities such as free schooling have actually been on offer since 1975 (International Women's Year), and school enrolment has improved – yet the socialization of girl children within the family and community is based on traditional prejudices about their role and place in society.

Community education needs messengers and corrective trend-setters within the community, to locally influence behaviour. Some ground-based government initiatives, notably by district collectors, have shown local results, and deserve analysis and further application. Their value for in-service training of district administrators is self-evident. Local committees of citizens are important; equally important is the setting up of such teams or committees of government providers and managers.

Age-specific programming is essential for all children, and of particular value to reach the girl child at all stages of her childhood. The specific interventions required for each age group will call for mobilisation of different elements of development service infrastructures. Gaps in coverage must be identified and addressed.

The first priority and key challenge is survival and protection of the girl child. Special importance will be accorded to ensuring all girl children the right to life and liberty, and to upholding their dignity and security in family and society, with utmost attention to their right to equality and social justice.

Special measures are required to protect the girl child's prospects of survival and security, from conception to birth, in her early years, and throughout the period of her childhood. Both child development and primary health services must be on alert to address these challenges, and the

community must be motivated to play a protective role. The focus should be on four Equality, education, enabling involvement and empowerment so that she is provided with equal opportunity for survival and development, protected against neglect and abuse, and offered the enabling means to develop to their full potential, and lead a productive and healthy life.

The life-cycle approach to the girl child which had hitherto projected the ultimate objective of marriage and motherhood, should be now revised to a "Capability Approach"—as propagated by Amartya Sen where the girl child's contributions both in economic and social terms are given due recognition as equal in value and potential to those of boys. For this purpose, the following concerns need to be addressed and will be a priority focus:

- I. All programming provisions of the National Plan of Action for Children 2005, covering survival, protection, development and participation, apply to the girl child. Where the fact of being a girl impedes a child from enjoying all entitlements covered by the NPA, the State must take special measures to ensure girl children's access to these services and benefits.
- II. All measures to serve and benefit girl children must be designed to address the needs of each age among children, and each stage of childhood. Interventions, and their delivery mechanisms must effectively reach the girl child on the basis of her age and specific setting.
- III. While the indicator of child impact must be established as a core indicator of Eleventh Plan interventions across all sectors of development, the status and condition of the girl child should be used to gauge the effectiveness of development measures in reaching out to all children and removing.
- IV. Key issues to be tracked through monitoring and social/community audit include:
  - Survival of the girl child and her right to be born —prevention of sex selection, female foeticide/ infanticide
  - Health and nutrition
  - Enabling Education For the Girl Child
  - Gender Sensitization of Educational System
  - Abolition of Child Marriage
  - Prevention of Girl Child Abuse, Exploitation and Violence
  - Development and welfare of Adolescent Girls

It is imperative that to protect the rights of girls and ensure appropriate opportunities for their survival, development, protection and participation, all services for children are pro-actively aware of the risks faced by girls and integrate measures to ensure and monitor access to services and outcomes for girls. It is essential to establish a comprehensive knowledge base documenting both manifestations of discriminatory treatment as well as successful interventions to address these.

It is important that special attention is given to ensure appropriate learning and development opportunities for girls, including for all those not in school.

The girl child is also highly susceptible to abuse, violence and exploitation both inside and outside her home. It is a known fact that crimes against girl child have been increasing over the years but very few cases get reported. Rape, trafficking, sexual exploitation, child labour,

beggary are some of the forms of violence perpetrated on the girl child. MWCD will prioritize special measures for addressing these problems for ensuring the services and monitoring the prevention of trafficking of girls for all purposes, and for provision of care, recovery and rehabilitation of girls. Special efforts for community watch systems and capacity development for preventing the trafficking of girls will be supported. In addition, prevention of abuse and violence against girls will be initiated through capacity development of the community, as part of the ICPS programme. At the same time priority attention will be given to include this as a major component of the nation-wide communication campaign for establishing a societal value for the girl child.

Girl children forced into early pregnancy and childbearing constitute a disturbing proportion of the country's high maternal mortality toll. There is need for measures to address this by preventing child marriage and early child bearing. There is also need for investigation of whether and how much they are falling prey to the pressures of sex-selective abortion and attendant health and survival risks, and necessary interventions need to be made.

While some specific measures for girls will be undertaken by the Ministry of Women and Child Development, there is need for coordination to be strengthened on implementation and tracking of progress for girls within the ICDS programme, the proposed Integrated Child Protection Programme and the Women's wing of MWCD and with all other sectors which have services for children. Access to services, and monitoring progress of girls in each sector will be a top priority in the Eleventh Plan.

MWCD also considers it important to review all policies across sectors to examine how they reflect provisions and outcomes for girls with a view to pro-actively prevent the stereo-typing of girls and their roles and therefore the interventions for them and ensure opportunities for their full development as a right. MWCD will also include the examination of sectoral communication strategies and how they reflect the rights of the girl child.

Considering the prevalent gender discrimination in society and the manifestation of this at all stages of a girls development, the government will focus special attention to track how girls are faring in society, how they are valued, safe and provided full opportunities for development and protection from violence and abuse. This will entail coordination with sectors, measures for enquiry, monitoring and documentation of the impact of measures undertaken by the state.

MWCD will pilot special measures for improving the status of girls as well as initiate actions for assess the impact of such measures on the actual condition and status of girls. MWCD will undertake the merger of the Kishori Shakti Yojana with Nutrition Programme for Adolescent Girls and its expansion to all districts. The schemes are proposed to be integrated so as to expand the scope, improve the nutritional status of adolescent , build their self-esteem and enhance their life skills girls as well as empower them socially and economically.

In addition, MWCD will also pilot a Conditional Cash Transfer Scheme in selected backward districts of the country to support desirable behaviour and practices promoting the survival, education of girls, delay in age of marriage. The scheme will be monitored closely to study the

impact on community attitudes and practices. The scheme will also include a sub-component for providing insurance cover to the girl child.

MWCD recognizes the need for a nation-wide, extensive and comprehensive effort at awareness and sensitization campaign on key issues of girl child rights. This is urgent to address and confront the attitudes and practices that now threaten the girl children and realization of their rights. MWCD will invest in this and make every effort to help build a favourable environment for the survival, development, protection and participation of girls.

## **CHILD PROTECTION IN THE ELEVENTH PLAN**

The newly created Ministry of Women and Child Development has taken charge of child protection programmes transferred from the Ministry of Social Justice and Empowerment. In addition to its nodal function on all policy issues related to children and the implementation and monitoring of CRC, the Ministry now has the primary responsibility for planning, implementation and coordination of child protection services. However, child protection is not the exclusive responsibility of the MWCD; other sectors have a vital role to play. The Ministry is therefore looking at child protection holistically and examining how to rationalize programmes and approaches for creating a strong protective environment for children, diversify and provide essential services for children, mobilize inter-sectoral response for strengthening child protection and set standards for care and services.

The Constitution of India recognizes the vulnerable position of children and their right to protection. Therefore, following the doctrine of protective discrimination, it guarantees in Article 15 special attention to children through necessary and special laws and policies that safeguard their rights. The right to equality, protection of life and personal liberty and the right against exploitation enshrined in Articles 14, 15, 16, 17, 21, 23 and 24 further reiterate India's commitment to the protection, safety, security and well-being of all its people, including children.

The Chapter on Directive Principles of State Policy in the Constitution of India enjoins that the State shall, in particular, direct its policy towards securing:

- (.) that the health and strength of workers, men and women, and the tender age of children are not abused and the citizens are not forced by economic necessity to enter avocations unsuited to their age or strength
- (..)those children are given opportunities and facilities to develop in a healthy manner and in conditions of freedom and dignity and childhood and youth are protected against exploitation and against moral and material abandonment
- (...) that the State shall endeavour to provide early childhood care and education to all children until they complete the age of six years

India's National Policy for Children 1974 provides a framework for policy and planning for children. In 1992 India acceded to the United Nations Convention on the Rights of the Child (UNCRC), committing to take measures to ensure the survival, protection, participation and development of its children. At the World Summit for Children in 1990 India adopted the World

Declaration for Survival, Protection and Development of children. Additionally, India ratified the Optional Protocols on the Use of Children in Armed Conflict and the Sale of Children, Child Prostitution, and Child Pornography in 2005. It also reaffirmed its commitment to children by adopting the Millennium Development Goals and a World Fit for Children. Moving towards its commitments, the Government of India introduced the National Charter for Children 2003, which stipulates the duties for the State and community, followed by a National Plan of Action for Children in 2005, which ensures collective commitment and action towards the survival, development, protection and participation of children by all sectors and levels of government and civil society. India has also signed the SAARC Convention on Combating Trafficking and Commercial Sexual Exploitation of Women and Children, 2002, the SAARC Convention on Regional Arrangements for the Promotion of Child Welfare in South Asia, 2002 and is signatory to the SAARC Decade on the Rights of the Child 2001-2010, decided in Rawalpindi Resolution on Children in South Asia in 1996.

The National Common Minimum Programme specifically states that, “ The UPA government will protect the rights of children, strive for elimination of child labour, ensure facilities for schooling and extend special care to the girl child.”

Despite such clear commitment to child protection enshrined in the Constitution of India and the UN Convention on the Rights of the Child ratified by India in 1992, and the two Optional Protocols ratified in 2005, and the various national and international commitments made, children continue to remain vulnerable with the number of those needing care and protection is ever increasing.

Five decades of planned development has indeed failed to address the critical issue of ‘Child Protection’. And in these many years a lot has changed in the lives of people, particularly children that calls for *a re-examination of the understanding of ‘Child Protection’ itself.*

### **Defining Child Protection**

‘Child Protection’ needs to be understood in terms of who are the children who need to be protected, from what/whom and how?

Every child has a right to protection. This not only includes children who are in difficult circumstances and those who have suffered violence, abuse and exploitation but also those who are not in any of these adverse situations and yet need to be protected in order to ensure that they remain within the social security and protective net.

‘Child Protection’ refers to protection from violence, exploitation, abuse and neglect. Violations of the child’s right to protection, in addition to being human rights violations, are also massive, under-recognized and under-reported barriers to child survival and development. Children subjected to violence, exploitation, abuse and neglect are at risk of: shortened lives, poor physical and mental health, educational problems (including dropping out of school), poor parenting skills later in life, homelessness, vagrancy and displacement.

Conversely, successful protection increases a child's chances to grow up physically and mentally healthy, confident and self-respecting, and less likely to abuse or exploit others, including his or her own children.

The need to protect some children is certainly greater than others due to their specific socio-economic and political circumstances and geographical location. These are the children who are more vulnerable in terms of the harm/danger/risk to their right to survival/development/participation. They are children in difficult circumstances and include:

- Homeless children (pavement dwellers, displaced/evicted, etc..)
- Refugee and migrants children
- Orphaned or abandoned and destitute children
- Children whose parents cannot, or are not able to take care of them
- Street and working children
- Child beggars
- Victims of child marriage
- Trafficked children
- Child prostitutes
- Children of prostitutes
- Children of prisoners
- Children affected by conflict / civil strife
- Children affected by disasters both natural and manmade
- Children affected by substance abuse, HIV/AIDS and other terminal diseases
- Disabled children
- Children belonging to ethnic, religious minorities and other socially marginalized groups
- The girl child
- Children in conflict with law (those who commit crimes)
- Children who are victims of crime

'Child Protection' is about protecting children from or against any perceived or real danger/risk to their life, their personhood and childhood. It is about reducing their vulnerability to any kind of harm and in harmful situations. It is also about protecting children against social, psychological and emotional insecurity and distress. It must ensure that no child falls out of the social security and safety net and those who do, receive necessary care and protection to be brought back into the safety net.

Child protection is integrally linked to every other right of the child. The failure to ensure children's right to protection adversely affects all other rights of the child and the development of the full potential of the child.

Child protection is about protecting every right of every child.

It must also relate to children's capacity for self-reliance and self-defence and to the roles and responsibilities of family, community, society and State.

### **The Approach to Child Protection**

The Government's approach to child protection so far has addressed largely those children who have already missed the protective net and fallen into difficult circumstances. Unfortunately the current coverage falls short of reaching the most vulnerable because the interventions through the existing schemes do not cover all the categories of children in difficult circumstances. Even where the interventions exist, for instance, institutional care for children in difficult circumstances, there is much room for improving the infrastructure and expanding the outreach. The quality of services needs up-gradation and regional imbalances need to be addressed.



For building on a comprehensive understanding of children's right to protection, it becomes important to adopt both *a preventive and a protective approach* to child protection.

The preventive approach – In all these years, application of the preventive approach has been limited to programmes like awareness generation, media advocacy, training and capacity building of various stakeholders, legal literacy, sex education in schools etc.. The need of the hour calls for a wider outlook that must go beyond the conventional prevention strategies and also take into account the link between child protection and other micro and macro development issues. Such a holistic understanding of prevention alone can help keep children within the protective net. Such a proactive approach includes mapping of areas to identify potentially vulnerable families and families with risky behaviour, where children are more vulnerable or likely to come into vulnerable situations. Strengthening the families and family environment must follow. Lateral linkages with different sectors viz. Education, Health, Rural Development Labour, Urban Affairs, Legal Affairs, Home Affairs etc.. and different Departments and Ministries of Central and State Governments, including Local Self-Government, PRIs etc.. need to be strengthened. A rights-based approach calls for addressing the root causes of any social problem. It is also important that partnership with civil society is strengthened for all stages of planning, implementation and monitoring child protection initiatives. Therefore, a proactive preventive approach as discussed above becomes inevitable.

The protective approach – The protective approach is to deal with situations post-harm and must include immediate as well as long-term protection strategies for all children who need it, including programmes for their physical and psychological recovery, rehabilitation and reintegration, legal aid and access to justice through child-friendly laws and procedures, and clear standards for protection of every individual/family/institution dealing with children.

It is critical to invest in child protection as protection failures are not only human rights violations, but are also major, under-recognized, under-reported and under-acted upon barriers to child survival and development. In addition, the links between protection and other development targets accepted by the country need to be explicitly stated and understood in order to address appropriately the concerns for achieving these and to invest in accordance with the need and magnitude of the problem.

### **Child Protection and the MDGs**

The focus on MDGs is central to all national development planning and a continuing challenge for all those working for promoting child protection. The links between protection issues and the Goals are not explicit; however, there are many links between improved child protection and better development outcomes. An attempt has been made to outline this in the matrix “Millennium Development Goals and Child Protection” in **Annexure-II**. If these are not recognised and integrated in the framework and resourcing of the **Eleventh Plan**, there may be serious implications for achieving some of the MDGs.

### **Child Protection strengthens Human Development**

The Millennium Declaration addresses child protection explicitly. If we examine the MDGs closely, it is evident that not a single goal can be achieved unless the protection of children becomes an integral part of programming strategies and plans across sectors. Preventing and addressing violence, abuse, and exploitation is part of achieving the MDGs. Failing to protect

children from such issues as violence in schools, child labour, harmful traditional practices, the absence of parental care or commercial sexual exploitation squanders the nation's most precious resource. Reaching the most vulnerable and isolated and marginalised populations helps ensure the health and well-being of all which is indispensable to achieving the MDGs. A comprehensive programming approach to child protection brings us closer to the human development approaches especially in terms of good governance, human rights, gender, security, social protection and the rule of law.

The Government of India has accepted the MDGs as part of national commitments to be achieved by 2015. Most MDGs relate to children and there is strong link between child protection and the MDGs. The Mid-Term Appraisal report on the Tenth Plan found that outcomes on most of the goals were off-track in 2005. It is imperative that the link is understood and translated into investment and actions for strengthening child protection in the Eleventh Plan. In addition the Millennium Declaration provides the specific framework for specific attention to addressing the protection rights of children.

The draft Approach Paper for the Eleventh Plan has adopted a very narrow and inadequate perspective on child protection. In fact, the approach is welfare oriented, limited to identifying and mainstreaming street children, differently abled and other disadvantaged children. The major focus is on education and health. This does not fully reflect the vision, perspective and framework laid out in the National Plan of Action for Children, 2005 and the goals and objectives already approved at the highest level of the cabinet. It also does not reflect an understanding of the real situation of child protection in the country and the planning and investment required. This also does not reflect the clearly articulated commitment in the NCMP to '*safeguard the rights of children*'. The main endeavour of the Ministry of Women and Child, therefore, will be *to carve out a broad and comprehensive framework for child protection* in the Eleventh Plan and *set the foundation for creating and strengthening a robust protective environment for children*. Child protection concept incorporates both prevention and corrective aspects. Children have a right to be prevented from becoming subjects of violence, abuse, neglect and exploitation, and at the same time if they do become victims of the same the State has a duty to mitigate the impact of the violation of their rights, through its services and support systems. This will be carried out with *strong advocacy and a detailed implementation strategy for enhancing the infrastructure for protection services, increasing the access and range of services and to increase the investment for protection of children*.

The draft Approach Paper for the Eleventh Plan, however, has identified some interventions for serving the under-served, bridging divides and including the excluded. Some provisions indicated are:

- Accelerating the pace of poverty reduction and providing appropriate safety nets for the poor;
- Addressing the divide between those who have access to essential services and those who do not; Generating employment; make the NREGP work; give it enough funds; develop and implement an integrated self-employment programme; 100days employment to every rural household, initially in 200 districts. To cover entire country in five years.

- Make the National Urban renewal Mission work;( so far the Mission has not specifically addressed the issue of children in urban distress and difficult circumstances and MWCD has taken up the issue with Urban Ministry).
- Address SC, ST and Minority divides: adopt the National Tribal Policy; eliminate manual scavenging and bonded labour, identify and rehabilitate bonded labourers and their children.
- Address regional disparities: use the Backward Regions Grant Fund.
- Address under-development in districts which leads to severe social problems, perception of alienation and neglect, adversely affecting the security environment .These problems have led to the rise of Naxalism in many of the 100 identified districts and lead to a disruption of normal life of the population, especially children, and threat to the safety and development of children.
- Gender bias deeply ingrained in society, reflected in indicators like sex ratio, literacy levels of boys and girls, MMR .Gender balancing –provisions in many ministries/depts. Special measures for gender empowerment and equity. Campaigns against patriarchal values.
- Focus on Violence against women, economic empowerment and women’s health.

These provisions will also be harnessed for reducing child vulnerability, through the relevant Ministries and Departments. MWCD will build the lateral linkages, systems for targeting and convergence, so that the impact of marginalization, exclusion and the concomitant vulnerabilities for the family and therefore the child, are reduced and the protective environment for children strengthened.

## **PRINCIPLES TO BE KEPT IN MIND WHILE DEVELOPING THE INTERVENTIONS FOR THE ELEVENTH PLAN.**

The implementation strategies and specific interventions will be finalized keeping in mind *the best interest of the child* and the philosophy of building *child-friendly protection services*. The following key principles will be kept in mind:

1. **Child protection a shared responsibility:** The responsibility for child protection is a shared responsibility of government, family, community, professionals, and civil society. It is important that each role is articulated clearly and understood by all engaged in the effort to protect children. Government has an obligation to ensure a range of services at all levels.
2. **Reducing child vulnerability:** There is a need for a focus on systematic preventive measures not just programmes and schemes to address protection failures at various levels. A strong element of prevention will be integrated into programmes , converging the provisions and services of various sectors on the vulnerable families, like livelihood support( NREGS), SHGs, PDS, health, child day care, education, to strengthen families and reduce the likelihood of child neglect , abuse and vulnerability.
  - **Strengthen family:** Children are best cared for in their own families and have a right to family care and parenting by both parents. Therefore a major thrust will be to strengthen the family capabilities to care for and protect the child by capacity building, family counselling and support services and linking to development and community support services.

3. **Promote non-institutional care:** There is a need to shift the focus of interventions from an over reliance on institutionalization of children and move towards more family and community –based alternatives for care. Institutionalization should be used as a measure of last resort after all other options have been explored.
4. **Intersectoral linkages and responsibilities:** Child protection needs dedicated sectoral focus as well as strengthening protection awareness and protection response from other sectors outside the traditional protection sector including in emergencies and HIV/AIDS programming.
5. **Create a network of services at community level:** An appropriate network of essential protection services is required at all levels for supporting children and communities.
6. **Establishing standards for care and protection:** All protection services should have prescribed standards, protocols for key actions and should be monitored regularly. Institutionalisation should be for the shortest period of time with strict criteria being established for residential placement and all cases of institutionalization reviewed periodically.
7. **Building capacities:** Protection services require skilled, sensitive staff, equipped with knowledge of child rights and standards of care and protection. Capacities of all those in contact with children require strengthening on a continuing basis, including families and communities.
8. **Providing child protection professional services at all levels:** There is a need for varied special services for the many situations of child neglect, exploitation and abuse, including for shelter, care, psychological recovery, social reintegration, legal services etc.. which have to be professional and child-focused.
9. **Strengthening crisis management system at all levels:** First response and coordinated inter-sectoral actions for responding to crisis need to be established and institutionalized.
10. **Reintegration with family and community:** systems are to be put in place for efforts to reintegrate children with their families and community and regular review of efforts instituted.
11. **Addressing protection of children in urban poverty:** Children in urban poverty are at high risk/ increased vulnerability; constantly under threat of eviction; denial or exclusion from basic services; social turmoil; and the stretched capacity of the adults to function as adequate caretakers due to their poverty. This indicates the need for developing a strong social support and service system.
12. **Child impact monitoring:** all policies, initiatives and services will be monitored for their child impact and reports made public, including for children themselves through child-friendly reports.

## **PROPOSED PROGRAMME FRAMEWORK FOR CHILD PROTECTION**

Keeping in mind the analysis of the situation of children, the gaps identified in implementation of existing policies and programmes and the commitments made for the protection of children, MWCD will develop, a holistic and comprehensive approach to child protection and the development of a protective environment for children. The principles identified above will guide the planning, implementation, setting of standards, investments made and monitoring of the outcomes for children. The key aspects of the comprehensive approach will include:

### **1. Strengthening the knowledge base:**

A protective environment for children requires a good knowledge base that on the incidence and nature of child protection abuses and violations and allows for developing informed and strategic responses. Lack of data adversely affects planning of appropriate access and nature of services required for children. Specific measures for developing and strengthening the knowledge base are:

- Develop a system of data collection and indicators consistent with the Convention and disaggregated by gender, age, social status (Scheduled Castes and Tribes), marginalized groups and urban and rural area and make it publicly available. This system would cover all children up to the age of 18 with specific emphasis on those who are particularly vulnerable, are marginalized, have disabilities, HIV/AIDS , etc.. This is to be used as the basis for planning policies, programmes and protection for children and inform capacity building.
- Child impact studies will be undertaken when planning programmes relating to economic and social policies.
- Conduct comprehensive studies to assess the causes, nature and extent of specific child protection issues like trafficking and commercial sexual exploitation of children; violence; children in conflict with the law and any other area for which data and information cannot be gathered through regular information systems.
- Investigate and research areas of potential or new threats to child protection to build knowledge, evidence and integrate into policy and programmes, such as livelihood security, migration, internal displacement, internet and other technologies. This is essential for translating assumptions to knowledge/evidence for planning appropriate response and services and building appropriate safeguards.
- Developing an electronic knowledge bank/resource library on child protection.

### **2. Strengthening the legal framework, law implementation and monitoring.**

A concerted effort will be made at mobilizing the machinery for effective implementation of existing laws and simultaneously the review and consideration of better protection of children in light of obligations and commitments will be initiated.

#### **a) Measures for strengthening Protective Legislation and its enforcement**

One of the foremost protection measures is to ensure that perpetrators of crime/offences against children are brought to justice and an important message sent out to the offenders that there is intolerance for this and offenders will be caught and prosecuted. Measures that will be undertaken include:

#### **i) Ensuring the implementation of existing legislation and wide dissemination of information about the provisions and mechanisms for complaints/monitoring of implementation.**

- Take all necessary steps to ensure the implementation of:

- The Pre-conception and Pre-natal Diagnostic Techniques (Prohibition of Sex Selection) Act, 1994 as amended in 2002
- The Dowry Prohibition Act, 1961 and State laws
- The Karnataka and Andhra Pradesh Devadasis (Prohibition of Dedication) Act, 1982 and Rules, 1982
- The Child Marriage Restraint Act, 1929
- The Juvenile Justice Care and Protection Act, amendment 2000
- The Guardianship and Wards Act 1890
- Factories Act 1954
- Hindu Adoption and Maintenance Act 1956
- Probation of Offenders Act 1958
- Bombay Prevention of Begging Act 1959,
- Orphanages and Other Charitable Homes (Supervision and Control) Act 1960
- Bonded Labour System (Abolition) Act 1976
- Immoral Traffic Prevention Act 1986
- Child Labour (Prohibition and Regulation) Act 1986
- Prevention of Illicit Traffic in Narcotic Drugs and Psychotropic Substances Act 1987,
- Infant Milk Substitutes, Feeding Bottles and Infant Foods (Regulation of Production, Supply and Distribution) Act 1992
- Persons with Disabilities (Equal Protection of Rights and Full Participation) Act 2000
- Transplantation of Human Organ Act, 1994
- Information Technology Act, 2000
- SC/ST (Prevention of Atrocities) Act, 1989
- All State Legislations pertaining to children

**ii) Adoption of new legislation to cover aspects of child protection weakly represented or not represented under existing legislations. These require consideration**

- Adopt new legislation to prohibit offences, violence, including sexual abuse of children in the family, in schools, in the work place and in institutions;
- Banning child domestic work. Removing the CRC declaration on child labour.
- Consider introduction of new national legislation to prohibit corporal punishment in the family, in schools and other institutions.
- Formulate and enforce the implementation of a new legislation for implementation of the fundamental right to education.
- Consider development of new legislation for creches and day care services for children.
- Ratification of the UN protocol to Prevent, Suppress Trafficking in persons especially women and Children, 2000.
- Ratification of the ILO Conventions on Minimum Age, 138 and Worst Forms of Child labour, 182.
- HIV/AIDS Bill
- New legislation to regulate and promote adoption

**iii) Consider amendments to existing legislations to incorporate broader protection for children.**

- Amendments to the Juvenile Justice Care and Protection of Children Act, 2000
- Increase the age of criminal responsibility for child, which is currently at 7 years. (Amend IPC);
- Amendment of the IPC, CRPC and Evidence Act to provide and strengthen the legal framework for children and ensure witness protection;
- Extend the scope of the Immoral Traffic Prevention Act to all forms of trafficking of children and ensure that all trafficked children are always treated as victims;
- Review of laws for uniform legal definition of child.
- Amend Child Labour legislation.
- Amend inheritance laws for rights of all adopted children.

**iv) Conduct reviews and examine further need for amendments to legislation to bring them in line with agreed constitutional and international commitments.**

- Scrutinize carefully religious and personal laws, both at the national and state levels, with a view to ensuring that the best interests of the child are served and Constitutional provisions and principles of the Convention on the Rights of the child are not being flouted.
- Review the legal framework for domestic and international adoption and take all necessary measures, including the adoption of new guidelines by the central authority, to implement the 1993 Hague Convention on Protection of Children & Cooperation in respect of Inter-country Adoption, 1993.
- Ensure that adoption is possible for children of all religions, in accordance with the strict regulations reflected in article 21 of the Convention on the Rights of the Child.

b) In addition to the implementation, review, amendment and examination of the conformity of laws with established international protection standards, steps will be taken to ensure that *adequate financial and human resources are provided for the establishment of mechanisms and structures necessary to implement the law and for the capacity development of all functionaries in the justice process.*

This will need to be reviewed and adequate costs and mechanisms to support and monitor implementation built in.

### **3. PREVENTION**

Analysis of the implementation focus so far and keeping in mind the need for a holistic approach for creating a protective environment for children, a major thrust in the Eleventh Plan will be to create a strong preventive approach to child protection.

**i) Strengthening the preventive framework**

- Awareness building and advocacy with families, service providers, media, civil society
- Focus on support to vulnerable families; converging services, information, counselling
- Developing and strengthening community capacities for protection and monitoring.
- Integrating child protection concerns and safeguards in all sectors

a) In order to promote favourable attitudes, or address harmful ones, awareness creation measures should be undertaken:

It is important to undertake awareness-raising measures to prohibit and eradicate all kinds of customs or traditional practices harmful to the health and well being, survival and development of children, boys as well as girls. These may include:

- Educational and motivational measures to ensure recognition and implementation of the principle that both parents have common responsibilities for the upbringing and development of their child;
- De-schooling/reconditioning families and communities to change their own outlook and provide spaces and opportunity to empower children to protect themselves;
- Comprehensive public education campaigns to prevent and combat gender discrimination, particularly within the family. Political, religious and community leaders, panchayats to be mobilized to support efforts to eradicate harmful traditional practices and attitudes, which still discriminate against girls;
- Public education campaigns and any other appropriate measures concerning the negative consequences of ill-treatment and abuse of children;
- Advocacy, policy, awareness building and communication to prevent/address harmful traditional or customary practices like child marriages;
- Specific advocacy, awareness, communication and capacity development approaches to prevent and address child sexual abuse, exploitation and child trafficking;
- Comprehensive public education campaigns involving, religious and political leaders to prevent and combat caste-based discrimination with a view to changing social attitudes;
- Develop massive awareness campaigns, involving parents, communities, law enforcement officers, medical practitioners, etc. about the crime of sex determination and sex selective abortions;
- Undertake awareness-raising campaigns to sensitize the public, and parents in particular, about the rights and special needs of children with disabilities, including those with mental health concerns;
- Undertake education campaigns to educate families, teachers and other professionals working with and/or for children against corporal punishment with a focus on alternative ways of disciplining children;
- Carry out educational efforts to reduce stigma or discrimination against children in conflict with the law, affected by HIV/AIDS or for any other reasons so that they have an appropriate opportunity to fully access services and be re-integrated into society;
- Advocacy, awareness-raising, capacity-building and implementation support for improved birth registration, especially of vulnerable and marginalized groups;
- Support for communication approaches for reducing vulnerability and stigmatization of at-risk children and families;
- Awareness-raising involving parents, community members, programme functionaries, community based organisations for preventing child labour, child domestic work, trafficking of children for various purposes;
- Educating professionals who deal with victims of abuse, particularly medical professionals.



b) Focus on support to vulnerable families; converging services, information:

- Mapping of vulnerable families including tracking of migrants;
- Birth registration for children;
- Converging the provisions and services of various sectors on the vulnerable families, like livelihood support (NREGS), SHGs, PDS, health, child day care, education, to strengthen families and reduce the likelihood of child neglect, abuse and vulnerability;
- Implementation of the fundamental right to education;
- Proactive awareness generation and access to information about services and programmes available for them;
- Outreach services for follow up of children belonging to vulnerable families by the outreach workers of the District Child Protection Units;
- Family guidance and counseling for improving coping mechanisms and reducing vulnerability.

c) Measures promoting open discussion of and engagement with child protection issues; media attention and civil society action:

- Encourage adoption of Child Protection Guidelines/Policy in all Government agencies/ departments, NGOs and organizations working for children;
- Sensitize and promote media to function in defence of the child, as an alerting mechanism on protection failures with sensitivity and ethical standards so as not to compromise the privacy, safety and best interest of the child;
- Promoting guidelines, self- regulatory mechanisms for high standards in reporting on children's issues and in advertising;
- Encourage community leadership, local influencers to generate dialogue for constructive questioning of traditions and customs that are harmful to children;
- Promoting community consciousness and acceptance of standards for positive change towards practices which are more beneficial;
- Promote mobilization of communities, through representatives, religious or political leaders or youth groups, for adopting progressive 'Social conventions', community pledging etc. as a means of changing those aspects of behaviour that are governed by community pressures, deep-rooted traditions etc., e.g. child marriages, sex determination/female foeticide etc.;
- Promoting public access to information on children's issues and outcomes of public expenditure for children;
- Encouraging public hearings on protection issues with the involvement of all stakeholders, govt., civil society, children, parents etc.;
- Encouraging civil society watch/ reporting mechanisms on protection issues as a measure to promote transparency and accountability.

a) Integrating child protection concerns and safeguards in all sectors:

- Disaggregated data on situation of children and access to services collected and available.
- Strict enforcement of laws and implementation reports/monitoring of implementation and linkages with the State and District Child Protection Units and State Adoption Cells
- Standards of services are established and being monitored regularly.
- Safeguards and preventive measures clearly defined to ensure best interest of the child and safeguard privacy of the child and prevent from further victimization.

- Each sector to develop clear child protection guidelines and mitigation plans and protocols for action.
- Each sector to do child budget analysis and ensure adequate and efficient expenditures and carry out outcome monitoring.
- Each sector to publish reports on progress of child indicators including child protection measures being implemented.
- Regular mechanism for coordination and review of inter-sectoral actions for child protection.
- Coordination and intersectoral linkages with the following Ministries/Departments at the national level: Education, Health, Labour, Urban Affairs, Rural Development, Home Affairs, Tourism, Information Technology, Legal Affairs, Social Justice and Empowerment, Youth Affairs and Information and Broadcasting, established through a regular mechanism and sectors have integrated child protection measures in their policies and programme delivery. Similar linkages to be developed at state and district level with all relevant sectors for child protection through the proposed State and District Child Protection Units.

#### **IV. INTERVENTION SERVICES FOR RESCUE, CARE, REHABILITATION AND RE-INTEGRATION**

##### **i) Strengthen programming and monitoring, linkages with agencies and with other sectors:**

A key focus of the Plan efforts will be to review existing protection services and the several small initiatives so that they can be brought under a comprehensive umbrella with the objective of merging services, eliminating overlapping services and strengthening the nature and quality of the interventions.

**A major intervention will be to establish responsive, comprehensive services for recovery and reintegration and ensure these are available following child protection abuses/violations.**

Child victims of any form of neglect, exploitation or abuse are entitled to care and non-discriminatory access to basic social services. The aim will be to ensure the services are provided in an environment which fosters the health, self-respect and dignity of the child and safeguards his/her privacy and safety

Attention will be paid to ensure that access, outreach, range of services, quality of services and the response mechanisms are strengthened. In addition, capacities for service delivery will be enhanced and all sectors mobilized for appropriate and timely response. These measures will include:

- Provision of facilities for the care, recovery and reintegration of child victims of neglect, physical, sexual or substance abuse, emotional abuse, violence and exploitation;
- Protection from arrest and maltreatment by the police, and effective services for reconciliation with their families and community;
- Measures to strengthen institutional capacities of child protection systems to address in a gender-sensitive way, abuse, violence and exploitation (including in schools and for psychosocial support);

- Measures to change and demonstrate progress in reducing the use of detention for children in conflict with the law as a measure of last resort; and the progressive increase in the use of family and community-based approaches for care of children;
- Development and improvement of alternative care, foster care, sponsorship, adoption and after care services;
- “Child-friendly” and gender appropriate investigation and court procedures established and/or strengthened;
- Legal and policy reform for the incorporation of child justice standards;
- Institutional capacity-building of law enforcement, justice and social welfare sectors in support of improved justice for children;
- Increase public awareness, dialogue and support for child justice, have improved systems for the provision of alternative care, including standards, policies and systems and capacity for implementation and monitoring;
- Implement registration, tracing/tracking systems, interim care and reunion for separated children, establishment of “child-friendly” spaces and provision of psychosocial support, including in emergencies;
- Access to services, at the most peripheral level, for a child in distress;
- Strengthen coordination between police, childline and NGOs and establish measures for immediate response to children;
- Establish effective procedures and mechanisms to receive, monitor and investigate complaints, including intervention where necessary;
- Investigate and prosecute cases of ill-treatment, ensuring that the abused child is not victimized in legal proceedings and that his/her privacy is protected;
- Establish and reinforce the toll-free “Childline” in all districts. Take the necessary measures to support the existing services, in particular the NGOs, to respond adequately to the calls for help from children (or on their behalf) and, if necessary, for the establishment of new services. Review Childline, potential decentralization, standards for services and better role clarity and coordination among agencies;
- Ensure impartial and thorough investigations in cases of rights violations committed against children and the prompt prosecution of those responsible, and that it provides just and adequate reparation to the victims (Commission for the Protection of Child Rights);
- Adopt multidisciplinary and multisectoral approaches and take measures to prevent and combat sexual exploitation and trafficking of children;
- Strengthen and extend the initiatives for Street Children to address the large and increasing number of street children, with the aim of protecting these children, especially girls, and of preventing and reducing this phenomenon, in particular through assistance to families and access to education and health;
- Expand the Rajiv Gandhi National Crèche Scheme for children of working mothers to increase access in rural and urban areas. Review quality of services, financial allocations and establish standards for care. Strengthen monitoring of services;
- Development/establishment of a competent and accountable counseling infrastructure as an integral component of all relevant delivery systems affecting the child;
- Strengthen existing infrastructure and institutional mechanism through additional human and financial resources;

- Successful models of convergence between sectors , civil society and community developed demonstrating the functioning of a strong child protection environment.
- All children affected and infected by HIV/AIDS have access to basic services( health, education, nutrition and treatment for HIV/AIDS and psychosocial support to mitigate social impact, in high prevalence states .
- Provide counseling and psycho-social support services for HIV affected children in family and community settings.
- Provide trauma counseling services as a necessary crisis intervention measure
- for children affected by emergencies, abuse and violence.
- Mental health professionals to be attached to State and District Child Protection Units, CWCs, JJBs and SJPU.
- Girl children, and others at risk of exclusion, enjoy special supports/receive special attention to ensure them access to services and protective mechanisms.

## **ii) Strengthening the capacity development for services and functioning of the protective environment**

### **Special emphasis on capacity development for counseling**

Health workers, teachers, police, social workers and many others who deal with children need to be equipped with the skills, knowledge, authority and motivation to identify and respond to child protection problems. The capacity of families and communities to protect their children is also essential. There are other broader types of capacity which relate to the protective environment, including the provision of education and safe areas for play. To ensure adequately skilled and equipped staff at all levels for the protection of children, the following measures will need to be considered:

- Strengthen efforts to disseminate the principles and provisions of the
- Convention, and make these efforts systematic, in order to sensitize society and all functionaries about children's rights;
- Undertake systematic education and training on the rights of children for all professional groups working for and with children, in particular, judges, lawyers, law enforcement officials, civil servants, municipal and local workers, personnel working in institutions and places of care /detention for children, teachers, health personnel, including psychologists, and social workers and all service providers;
- Strengthen training programmes on rights of children and relevant care and protection standards for all professionals involved with the system of juvenile justice; dealing with adoption, sexual abuse and exploitation of children etc..
- Capacity-building of social work/social welfare sector to enhance the availability and quality of gender-appropriate services for vulnerable children and families, including psychosocial support;
- Increase the number of social workers and the quality of their training;
- Provide educational information to parents, teachers, government
- administrative officials, the judiciary, all service providers , children themselves and society at large on the right of children to have their views taken into account and to participate in all matters affecting them. Promote, within the family, the schools, institutions, as well as in

judicial and administrative proceedings, respect for the views of children, especially girls and children from marginalized and vulnerable groups;

- Train parents, teachers, law enforcement officials, care workers, judges, health professionals and children themselves in the identification, reporting and management of cases of ill-treatment, abuse, using a multidisciplinary and multisectoral approach;
- Systematically involve legislators, local self government, PRI members and other community and religious leaders in programmes to eradicate customs and traditions that impede the protection of children. Adopt specific measures for communication for illiterate people and for people in remote areas;
- Community capacity is also key. Community-based anti-trafficking committees can be effective in both prevention of trafficking as well as return and reintegration of children. These committees can provide for ongoing community monitoring and attention to protection risks.
- Develop adequate capacity for psychological counseling of children, especially child victims of abuse, violence and exploitation. There should be a system of accreditation to ensure quality standards.
- Capacity development for managing of standards and reporting on child related outcomes.
- To train social workers, counselors, and other professional related to residential, foster care and juvenile homes to identify and help children with emotional and behavioural problems. All residential, foster care and juvenile homes to have an inbuilt mental health programme to foster positive mental health and cater to children with mental health issues.

Training institutions like NIPCCD, NCERT, NISD, NIMHANS, Public Administration Institutions, Police Academies, Judicial Academies, Universities, Child oriented professional courses like Masters of Social Work, Masters of Child Development etc.. will be used for the capacity development efforts.

### **Children's life skills, knowledge and participation.**

#### **Measures for imparting life skills to all children, especially the most vulnerable.**

If children are unaware of their right not to be abused, or are not warned of the dangers of, for example, trafficking, or the need to speak out to someone in their confidence, they are more vulnerable to abuse. Children need information and knowledge to be equipped to protect themselves. Children also need to be provided with safe and protective channels for participation and self-expression. To create a protective environment for children it is imperative that attention is given to imparting appropriate life skills to all children, especially the most vulnerable.

- Strengthen efforts through schools and community based educational programmes, to enable children to identify, avoid and, if necessary, deal with potentially violent situations. They need to be informed about their rights and how to bring information about abuse and safely to the notice of someone who can help.
- Children's involvement in their own protection will be strengthened through creation of child-friendly spaces for children, especially in situations of displacement, disasters, civil disturbance/ conflict and by peer-to-peer counseling etc..

- Special efforts to be made for expanding knowledge and empowerment of girls. Educated girls are less likely to agree to marry at a young age. Attempts to close the gender gaps in education will include the establishment of child-friendly schools and cash incentives for parents.
- Strengthen sexual and reproductive health education, mental health and adolescent-sensitive counseling services and make them accessible to all adolescents through schools and community education programmes, and institutional care institutions, mass media etc.. Children have to be empowered to refuse unsafe or unwanted sex and to negotiate behaviour to prevent them from being exploited.
- Community based educational efforts to impart life skills, knowledge about their rights and helped to protect themselves from exploitation, abuse and the dangers of trafficking, substance abuse and HIV/AIDS. Especially opportunities to express their views and communicate for help are required.
- Special efforts to be instituted for imparting life skills for out of school children
- The programme design for imparting services and life skills to cater to age, gender and the situation of children.
- Life skills education for children in institutional care.
- Vocational skills imparted to children in institutional care are viable options, suited to the current market needs and opportunities.
- Kishori Shakti Yojna will be revamped to incorporate access to information on services and programmes, life skills, legal literacy and well-being counseling.
- Provide group education to adolescents to respond to anxieties, fears, information gaps, peer pressure, stress, anger, aggression, depression, suicidal ideation, loneliness and related mental and emotional needs and problems for the well-being of adolescents

### **Counseling Capacity development**

- Improved and expanded provision of training in counselling and child rights, and a significant increase in the provision of counselling services to children in need and at risk.
- Ensuring the recruitment and placement of trained personnel and education and training at professional standard,

### **5. Strengthen monitoring and reporting on child protection**

A protective environment for children requires an effective monitoring system that records the incidence and nature of child protection abuses and allows for developing informed and strategic responses. Specifically, the measures will include:

- Develop a system of data collection and indicators consistent with the Convention and disaggregated by gender, age, social status (Scheduled Castes and Tribes), marginalized groups and urban and rural area and make it publicly available. This system should cover all children up to the age of 18 with specific emphasis on those who are particularly vulnerable, are marginalized, have disabilities etc.. This is to be used as the basis for planning policies, programmes and protection for children.
- Develop information systems and regular monitoring and analysis of key indicators on child protection.

- Promote reporting on key child protection indicators to policymakers, general public and regional and international monitoring mechanisms.
- Evaluation and documentation of good practices.
- Strengthen capacities of (including children and adolescents) to conduct analysis and apply data and research on child protection.
- Conduct rapid assessment of protection issues related to children and women in emergencies.
- Strengthen mechanism to coordinate the effective implementation of the National Plan of Action for Children and the goals and programmes of the Eleventh Plan /MDGs at the national level, between the national and the state levels and at state and district and Panchayat levels.
- All existing special measures/temporary programmes/new initiatives should have specified goals and timetables, in order to evaluate their success and justify their continuation, expansion and dissemination.
- Promote the use of system data for preventing protection failures, strengthening capacity of implementing staff and giving feedback to programme administrators.
- In view of the Regional commitments and issues emerging from the SAARC Conventions, mechanisms for regional cooperation for data collection will have to be developed to strengthen collaborative efforts at trafficking prevention and control.
- Nodal agency to be identified, mechanisms for monitoring, periodicity of reports on situation of children and finalization of indicators to be carried out.

The programme framework will pay special emphasis on the Girl Child and discrimination.

### **Expected Child Protection Outcomes for Eleventh Plan**

This section highlights some existing commitments for children with reference to existing national targets and identifies the outcomes for strengthening infrastructure, capacity development, quality standards, strengthening knowledge base and monitoring on child protection issues based on the paradigm shift and focus on creating a protective environment for children.

- 100% registration of births, deaths and marriages by 2010
- Rescue and remove children below 14 years of age from the work force by 2010
- Ensure mainstream education for all child labourers by 2012
- Eliminate child marriages by 2010
- Progressive elimination of child begging
- Rescue all child domestic servants in urban areas and child workers in dhabhas, tea stalls and restaurants.
- Complete abolition of female foeticide, female infanticide, and ensure prosecution of offenders.
- Reduce the proportion of infants infected with HIV by 20% by 2007 and by 50% by 2010
- All children affected and infected by HIV/AIDS have access to basic services( health, education, nutrition and treatment for HIV/AIDS and psychosocial support to mitigate social impact, in high prevalence states.

- Expand the Rajiv Gandhi National Creche Scheme for children of working mothers so as to increase the number of crèches for children from 30,000 to 100,000 by 2012
- Initiating a scheme of Conditional Cash Transfers for improving survival of girl child, completion of education and delay in the age of marriage.
- All State Child Protection Units to be fully functional by the end of first year of the Eleventh Plan and District Child Protection Units to be functional by the mid-term of the Eleventh Plan.
- JJBs, CWCs and SJPU to be set up and functional in all districts by the end of first year of the Eleventh Plan period
- Establish at least one home each for boys and girls in every state to function as temporary shelter homes and expand, based on need, to every district by the mid-term of the Eleventh Plan.
- State Adoption Cell, in every State by the end of first year of the Eleventh Plan Period and Foster Care and Placement agencies in every state by the mid-term of the Eleventh Plan.
- Standards for care and protection of children are established for all services by the end of the first year of the Plan and are monitored regularly.
- Need for trained counseling capacity to be identified at district, state and national level. Institutions identified and supported to create a professional cadre of counselors by the end of the Eleventh Plan.
- Implementation of all laws relating to child protection, with mid-term review/evaluation and reports.
- Commissions for Protection of Child Rights are established at the Centre and in all states.
- Childline expansion to all districts and major cities by the end of the Eleventh Plan. Mechanisms put in place for reaching children in distress who do not have access to phones/childline. Every Childline centre to be linked to counseling services, health services and District Child Protection Units.
- Child protection is integrated into urban planning and local governance to have well defined response mechanisms and services for children in urban distress and difficult circumstances.
- Creation of 24 hr Night Shelters and Drop-in Centres for all boys and girls in need in all major cities, with services like shelter, food, counseling, health, education, recreation and referral by mid-term of the Eleventh Plan.
- Prevent trafficking of children for all purposes and rescue and rehabilitate trafficked children.
- Expand the Scheme based on the lessons learnt from the evaluation the three pilot projects in source and destination districts, under the Scheme for Rescue of Victims of Trafficking, by end of the first year of the Eleventh Plan
- Contingency disaster preparedness plans and emergency relief for children drawn up by State and District Child Protection Units mid- term of the Eleventh Plan.
- Institutional capacity for training identified and strengthened for capacity development of all service providers and professionals who come in contact with children in the process of administration of justice.
- Training materials and tools developed and training of trainers conducted by the first half of the second year of the Eleventh Plan.
- Training of all service providers at all levels in child protection by the mid-term of the Eleventh Plan.



- Expansion of Regional Centres of NIPCCD and strengthening of the capacity of NIPCCD and the Regional Centres to meet the training and research requirements for child protection by the mid-term of the Eleventh Plan.
- Systematic data base on vulnerable children and families to be established for all services and new and emerging protection concerns investigated and researched systematically.
- District child protection needs-assessment, mapping of services and specific district protection plans by mid-term of the Eleventh Plan.
- Child tracking systems in place by the mid-term of the Eleventh Plan for missing children, child labour, children in institutions and alternate care systems and crimes against children to inform planning of services and prevention at district and state levels.
- MWCD to publish annual reports on the status of implementation of the NPAC and the status of India's Children as a means of regularly monitoring the status of child rights in India.
- MWCD to institutionalize child budgeting in all sectors and states and identify resource gaps and administrative bottlenecks for strengthening child protection investment and planning.
- The culture of silence on child protection issues is to be broken. Child protection is high on the government and public agenda. Issues like sexual abuse, corporal punishment, violence against children & others forms of exploitation of children are openly discussed and get the attention of communities, government, and the public.
- Families and communities have access to information and are motivated and empowered to protect their children, to report violence, abuse and exploitation and seek assistance and support for their children by mid term of Eleventh Plan.
- Media and civil society adopt ethical reporting and investigation on child protection issues, and practice self regulation in this regard.
- Coordination and intersectoral linkages with the following Ministries/Departments at the national level: Education, Health, Labour, Urban Affairs, Rural Development, Home Affairs, Tourism, Information Technology, Legal Affairs, Social Justice and Empowerment, Youth Affairs, Planning Commission, Railways and Information and Broadcasting, established through a regular mechanism and sectors have integrated child protection measures in their policies and programme delivery. Similar linkages to be developed at state and district level with all relevant sectors for child protection.

## **Chapter-8**

### **Recommendations and Financial Allocations**

#### **8.1 ICDS and Nutrition**

The following recommendations are made for consideration in the Eleventh Plan to address the aforesaid emerging issues as identified by the Sub-Group on 'ICDS & Nutrition':

##### **1. Universalisation of ICDS with Quality**

The ICDS Scheme was approved for implementation in the Tenth Plan within the existing sanctioned 5652 Projects with no expansion activities due to resource constraints. Even the operationalization of 1044 ICDS Projects, which were non-operational at the beginning of Plan, was to be phased over the entire Tenth Plan period. To comply with directions of the Supreme Court and to implement the National Common Minimum Programme (NCMP) of the Government, the scheme has been expanded to cover 466 additional Projects and 1,88,168 additional Anganwadi Centres. Based on the revised population norms recommended by the Inter-Ministerial Task Force, the States have given requirement of 173 Projects, 107274 AWCs and 25961 mini-AWCs.

During the last five years (2002-2006), although the total number of children beneficiaries has increased to 51%, there still exists a significant gap in reaching out to all children under 6 years in the country. As per Census 2001, there are 16.4 crore children in the age group 0-6 years, only 4.74 crore children are covered under the supplementary nutrition programme in ICDS (as on 31.3.2006), which is only 30% of all children in the country.

##### ***Recommendations***

- ❑ The challenge in expanding the ICDS in uncovered areas may be not only to ensure inclusion of the most marginalized and poorest community groups including thinly scattered habitations in hilly/forest/desert areas, but also to ensure better inclusion of un-reached SC/ST/ minority/ migrant population/children with disabilities, and urban poor groups.
- ❑ Strengthening and full coverage of ICDS services in SCSP/TSP areas shall be the special focus.
- ❑ The NCMP envisages that attempts will be made to universalize the ICDS Scheme to provide a functional Anganwadi in every settlement and ensure full coverage of all children. In order to achieve this, there is a need for revision in the existing population norms. This should be undertaken by constituting Inter-Ministerial Task Force/Committee and also in consultation with some State Governments/UTs
- ❑ Monthly weighing of all under-three children at the AWC and counselling their mothers to be taken as a key coverage as well as service quality indicator in ICDS. This indicator would help bridge the gap between the total child population/registered/participating.

- ❑ District Plans of Action for Child Development would be made following SSA framework to reach every habitation and to address coverage gaps between child population and those registered.
- ❑ Universal registration of births to be ensured, using mother and child protection card.
- ❑ ASHA worker of NRHM should be associated with Mini AWCs also.
- ❑ Up-gradation of AWCs into AWCs-cum-crèches for meeting the pressing needs for child day care and due attention to younger children in the farm/non-farm areas will be taken up selectively on a pilot basis. These centres may be called as ‘Child Care Centres’ and will have its AWWs specially trained to support in breastfeeding, complementary feeding and lactation management and early stimulation and care.

## **2. Strengthening Basic Infrastructure and Service Delivery in AWCs**

The ICDS Scheme does not provide for construction of AWC buildings. Various evaluation studies and long experience of the Ministry indicate that the services under ICDS Scheme have delivered better quality results in those AWCs, which are located in their own premises. In a recent survey by NCAER (Rapid Facility Survey), it was revealed that only 21% AWCs were running from semi-pucca buildings, about 15% from *kutchha* buildings, 9% in open space and about 6% from other places. 46% of AWCs do not have any toilet facility and 27% AWCs do not have drinking water facility. During the Eleventh Plan, there would be a major thrust on building the infrastructure at the AWC level. There is also a need to improve service delivery at the AWC by ensuring availability of basic kits and equipments.

### ***Recommendations:***

- ❑ Thirty percent of the allocated fund for the ICDS Scheme shall be earmarked for infrastructure development, including construction of AWC buildings, baby friendly toilets, provision of water supply and sanitation facilities in the pattern of ‘Sarva Siksha Abhiyan’.
- ❑ Whenever an Anganwadi centre is sanctioned, it would be sanctioned with a building. The MWCD and the States/UTs (excepting the special category States) may contribute towards construction of AWC buildings on a 50:50 basis. Ministry may indicate broad specifications of the building to ensure uniformity and adequacy of space for various activities in AWC.
- ❑ Unit cost of both PSE and Medicine kits would be upwardly revised. Utensils may be replaced once in every 5 years. Three types of weighing scales viz. (i) Tubular Salter balance (10kg, 100 gm sensitive) to weigh the neonates and monitor growth during infancy, (ii) 20 kg Dial Salter or equivalent balance for weighing children between 1-5 years of age, and (iii) Adult weighing balance to weigh pregnant and lactating women, would be provided to AWCs with provision for periodic replacement. Display Board indicating the services being provided may be displayed in each AWC.
- ❑ Mother and Child Protection Card would be introduced in every AWC. There is also a need for Nutrition & Health Education Kits (Flip chart) for each AWW for their ready reference on issues of health and nutrition of women and children during their home visits and observation of Mother & Child days (MCDs).
- ❑ Flexi-funds may be provided at the AWC level for local innovations and community contact programmes.

- ❑ As far as possible, procurement, processing and distribution of supplementary food would be encouraged through community-based organizations/ SHGs/ Mahila Mandals/Mother's Committees, to ensure greater participation of the community.
- ❑ Infant and young child feeding counseling as a 'service' in the 'delivery' list of both the MOHFW & MWCD with clear objective to achieve high rates of exclusive breastfeeding would be mainstreamed.

### **3. Restructuring Programme Management/Revised ICDS National Framework**

It has been felt that one of the main reasons for inadequate focus and sharpness in ICDS efforts is inadequate technical and managerial expertise at various levels of management to determine the content, guard it from external influences and guide the implementation with state-of-the-art technology. Keeping in view the emerging needs in ICDS, a paradigm shift is required in respect of the programme management *vis-à-vis* the ICDS programme implementation framework.

#### ***Recommendations:***

- ❑ During the Eleventh Plan, a national restructuring of ICDS implementation framework may be initiated replacing the existing structure of programme management and following the model of SSA/NRHM. The restructuring of ICDS framework would be based on the premises of a more responsive and flexible structure at the National, State and District levels. Such a model would help faster execution of the activities with greater flexibility in implementation of the programme and thus accelerate in achieving the programme goals/objectives.
- ❑ State ICDS Directorates and District cells will be appropriately strengthened by bringing in professional and technical expertise in the areas of IEC, early childhood care, training, nutrition, health, community mobilization, procurement, monitoring & evaluation both at the District and State level for a better implementation of the programme.
- ❑ Management cost up to a certain per cent of the total programme cost to be kept for administrative costs including that for engaging experts at the district level. Management cost would be used to develop effective teams at State/District/Block/Cluster levels. Priority to hire experts in MIS, Nutrition, Community Mobilization, IEC etc. depending on capacity available in a particular district would be given. There would be support at the State level from the aforesaid management cost as the funds for research, evaluation, supervision and monitoring at State level.
- ❑ Decentralized District based planning would be adopted in ICDS following SSA framework. District Level Health Surveys (DLHS) data will be used for assessing the impact of interventions through ICDS. Inter-sectoral district/block/village level micro planning for children - with clear synergistic health, nutrition and development outcomes, with decentralized locally responsive childcare approaches would be developed.
- ❑ It is well known that no single Ministry/Department/Organization can achieve the objectives laid down in ICDS Programme. Integration and convergence of efforts and services of all related programmes such as NRHM, Rajiv Gandhi National Drinking Water Mission, SSA, NREG, etc.. need to be further strengthened.
- ❑ The Logical Framework Approach (LFA) which is an analytical management tool may be introduced in ICDS. LFA has become widely accepted as a useful and necessary tool for

project planning. Necessary training of the programme managers both at the Central and State levels would be taken up to equip them with the LFA techniques of programme implementation.

- ❑ To strengthen supervision of the programme at the field level, mobility of Supervisors and CDPOs, who are mostly women, may be ensured.
- ❑ Strategic Focus: Since its inception, the ICDS Scheme has been implemented all over the country with uniform norms and without any flexibility to accommodate the area-specific needs to combat child malnutrition. During the Eleventh Plan, there would be a mechanism to address the needs of those areas (States/Districts/Blocks) where prevalence of malnutrition amongst children is more pronounced. This would enable to have a level-playing field for these nutritionally backward areas with the others within a State or between the States. These States/Districts/Blocks would be provided additional interventions to combat child malnutrition and thus to correct the intra and inter-State imbalances.

#### **4. Strengthening HR Management**

ICDS aims to bring about the change in behaviour of caregivers of millions of malnourished women and children, therefore, a re-look into the whole system of hiring the right village worker, to providing her the enabling environment through training, supervision, and building accountability through responsibility and incentives at the state levels would be a priority during the Eleventh Plan. In order to prepare her for the catalyst role of a ‘change agent’ she should possess and learn attributes apart from the requisite educational qualification. Also, there is an urgent need to shift the focus of the programme towards the under-three children – from the centre to the family.

##### ***Recommendations:***

- ❑ In view of the expansion of the ICDS scheme and inclusion of multifarious activities in the ambit of the scheme, it has become necessary to prescribe a proper educational qualification for the post of Anganwadi Worker. However, varying qualifications may be prescribed in urban/rural/tribal areas depending upon the availability of the personnel in the area.
- ❑ It is also proposed to suitably enhance honorarium to Anganwadi Workers and Helpers periodically. In addition, there would be a mechanism to ensure additional remuneration to the AWWs based on their performance.
- ❑ Effective supervision mechanism may be ensured with an appropriate Supervisor to AWW ratio that are commensurate with level of effort needed to achieve programme goals. Role of Supervisors in ICDS needs to be looked into and re-defined according to the emerging needs.
- ❑ A performance appraisal system for AWWs may be introduced. There shall be a reward/disincentive mechanism based on effective delivery of services.
- ❑ An accreditation system to grade AWCs with defined quality standards may be introduced.
- ❑ Provision for inter and intra-State study tour by the ICDS functionaries (AWWs, Supervisors and CDPOs/DPOs) would be made to encourage learning/sharing from/of each other’s experience/exposure to best practices.

## 5. Mobilizing Resources

Following the strategy adopted in Sarva Siksha Abhiyan (SSA), ICDS programme too calls for a long-term perspective on financial partnership between the Central and the State governments to make the scheme sustainable. During the Eleventh Plan, there would be an attempt to mobilize additional resources, which would be required to restructure the programme in accelerating reduction of child malnutrition in the country through ICDS.

### *Recommendations:*

- It is proposed that the financial assistance under the programme will be on 85:15 sharing arrangement during the Eleventh plan, followed by 75:25 sharing during the 12<sup>th</sup> plan and 50:50 sharing thereafter between the Central Government and State Governments.
- To levy a cess called 'Anganwadi Cess' so that the cess amount collected is utilized to cover at least a good portion of the additional expenses incurred on account of enhanced honoraria of AWWs and AWHs.
- To create a public trust under the control and supervision of the Government by associating representatives of business, industry and trade, to seek donation for the trust to be solely intended to cover children under the scheme and providing tax relief for the amount so contributed to the said Trust. The cost of setting up of an Anganwadi and running it for a year can be calculated and the cooperation of business, industry and trade can be sought to bear the expenses of as many Anganwadis as possible to be set up in new areas.
- In addition to above, the corporate and private sector undertakings should be encouraged to support the ICDS programme in individual States/UTs, especially for constructing buildings, sponsoring children with malnutrition under Grade III & IV, and children with disabilities and for improving the service delivery of ICDS, by giving them 100% income tax exemption for contributions of Rs.10,000 and above to the Anganwadi centres.

## 6. Nutritional Issues – Eradicating Severe Malnutrition

The Tenth Plan has set specific nutrition goals to be achieved by 2007. One of the major goals is to intensify nutrition and health education to improve infant and child feeding and caring practices so as to bring down the prevalence of under-weight children under three years from the current level of 47 per cent to 40 per cent and to reduce prevalence of severe undernutrition in children in the 0-6 years age group by 50 per cent. There are several emerging nutritional issues, which could be addressed through ICDS. One of them is the micronutrient deficiencies (MND) in children, termed as 'hidden hunger', which have been attracting attention of both academicians and administrators. In India, the micronutrient deficiencies of public health significance are vitamin 'A' deficiency (VAD), iron deficiency anaemia (IDA) and iodine deficiency disorders (IDD). One of the major causes of micronutrient deficiencies diseases in the country is dietary inadequacy of the specific nutrients. The GoI, in its National Plan of Action on Nutrition, under National Nutrition Policy, has recommended fortifying foods with micronutrients as one of the medium to long-term strategies to tackle the problem of MND in the community. There is also an urgent need to focus on eradicating severe malnutrition and reducing mild and moderate malnutrition in children through ICDS.

### *Recommendations:*

- There would be a universal screening of all preschool children for undernutrition, monitoring growth in individual child's card and identifying children with different grades of undernutrition. This would be included in the existing strategy of carrying out health check-ups in NRHM.
- To operationalize nutritional interventions for the management of undernutrition:
  - For children with mild undernutrition – to teach the mothers on care of the children with home available foods;
  - For children with moderate undernutrition: give appropriate health and nutrition advice. If needed provide once a week take home food supplements (roasted cereal pulse oil seed mixed and powdered);
  - For children with severe undernutrition – to give appropriate nutrition & health care; take home food supplements will have to be given and close monitoring of these children;
  - To identify severely malnourished children who fail to improve under home management, those with infections and other complications and refer them to hospitals for care.
- Supplementary nutrition will be utilized strategically to prevent malnutrition in children. Provision of Ready-to-Eat (RTE) energy food would be scaled up for the under-three children through Take-Home-Ration (THR).
- All lactating women will be identified and weighed in the first month after delivery. Those weighing less than 40 kg will be identified and provided 6 kg of food grains per month free of cost upto 12 months of lactation instead of the existing provision for 6 months.
- Allocation for supplementary nutrition may be suitably enhanced to ensure universal coverage of all children. There is a need to revisit the existing nutritional norms for the pregnant women and children. A mechanism to suitably devise SNP strategy for these sections shall be in place.
- Implementation of IYCF guidelines in letter and spirit with clear goals to make all stakeholders aware of the correct feeding practices will be ensured. Indicators on IYCF, such as initiation within one hour, exclusive breastfeeding upto 6 months, and appropriate complementary feeding at six months may be included in the monthly appraisal of AWW.
- Monthly growth monitoring of all under-3 children to achieve 100% weighing efficiency and counseling families for improved child care behaviors would be ensured. Growth monitoring and promotion under ICDS should be utilized to monitor undernutrition among children.
- The current efforts for addressing the issues of adolescent girls be stepped up substantially and also in an integrated manner. It is necessary to merge the KSY and NPAG, enrich their content and expand their coverage. Merger of KSY and NPAG, and expansion of the coverage of SNP to the adolescent girls in all districts in the country may be the appropriate strategy for Eleventh Plan. An integrated approach taking care of life skills, nutrition, health of adolescents may pave way for a healthy society/ better quality human resources.
- Special drives will be conducted to weigh all adolescent girls in the age-group 11-19 who are out of schools and their growth will be monitored at AWCs in each quarter. 6 kg of food grains free of cost to be provided to all those girls with weight less than 35 kg.

- All malnourished girls would get Ready-to-Eat ration at the Anganwadi. The Anganwadi worker would distribute the requirement of 15 days at a time. If the girl crosses the malnutrition threshold then the supply of supplementary nutrition would stop after one month.
- Fortification of the supplementary food with micronutrients such as iron, iodine, calcium, vitamin A, thiamin, riboflavin, folic acid and B<sub>12</sub>, at a level to meet 50% of the RDA through de-centralized and efficient models would be tried out.
- Universal supplementation of Vitamin-A dose for children and IFA tablets to pregnant women and adolescent girls would be ensured in convergence with RCH programme.
- A preventive/curative mechanism to treat all those severely malnourished children who may need urgent hospital based care would be established – through referral to PHC/District Hospitals. Pilot establishment of Nutrition Rehabilitation Centres (NRCs) in PHC/CHC in the nutritionally backward districts/blocks and tribal areas may be ensured for providing proper care and treatment of the severely malnourished (Grade III & IV) children. Necessary guidelines in this regard with the support of the health department may be issued. A separate fund for the purpose may be provided at the AWC level.

## **7. Strengthening Nutrition & Health Education (NHE)**

The importance of nutrition and health education for improving the nutritional and health status of children and mothers, for adopting optimal infant and young child feeding practices, promoting consumption of micronutrient rich foods and also to increase compliance under vitamin A and IFA supplementation programmes and use of iodized salt is reiterated during the Eleventh Plan. Nutrition & Health Education is not merely a process of transferring facts or information about nutritive value of foods, the role of food in preventing nutritional deficiency diseases or methods of food preparation, but also has the objective of helping individuals to establish food habits & practices that are consistent with nutritional needs of the body and adopted to the cultural pattern and food resources of the area in which they live.

### ***Recommendations:***

- The NHE component under ICDS should be redesigned with a particular emphasis on Mahila Mandals to a more comprehensive parenting support initiative. This should cover both mothers and fathers and not mothers alone, for improved health and nutrition of children.
- While the Nutrition & Health Education will remain to be a continuous activity at the AWC, a fixed day in a month to be called as ‘Mother & Child Day’ (MCD) in place of Nutrition & Health Day (NHED) will be mandatory to observe by each AWC.
- The Supervisor and ANM would monitor the session on health and nutrition issues both for the mother and children. Participation of parents, local PRI members, NGOs and Mahila Mandals during MCDs may be encouraged. A token budget provision may be made to observe MCDs in all AWCs.
- During MCDs, universal early registration of pregnancy, antenatal care (ANC) of the pregnant women, immunization of women and children, IFA supplementation and more specifically one to one counseling for behavior change on infant feeding practices and improved care would be ensured.



- Nutrition and health education would also focus on improving over all dietary intakes and promoting consumption of iron and folate-rich foodstuffs to meet recommended daily allowance (RDA) for all macro and micronutrients.
- Community Food and Nutrition Extension Units (CFNEUs) of FNB located in 29 States/UTs would serve as resource centres for nutrition education materials.

## **8. Advocacy, Communication and Social Mobilization**

The IEC involves various approaches, builds linkages, strengthens capacities, and enhances capabilities and skills, besides building the environments for statewide people's movement of participation in the ICDS Programme. It is envisaged that IEC shall evolve successful processes which would result in AWCs managed by village/slum women, responsibility for the food supplementation being taken over by the village community and effective targeting of all ICDS services to reach out to the most needy as decided collectively by the village/slum dwellers themselves. The communication strategy would also bring to the forefront how to change behaviour of the community for correct health and nutrition practices, by removing cultural barriers/age old practices/superstitions. The advocacy programme in ICDS would enable widespread and sustained community participation as the result of a better understanding and appreciation amongst the communities of the ICDS programme as well as the importance health and nutrition.

### ***Recommendations:***

- State specific IEC strategy would be developed and interventions would be made after assessing the communication needs for a particular community /region.
- Behaviour Change Communication (BCC) needs to go beyond the traditional printed materials and should involve identification of local communication needs, use of multiple channels including folk media and mass media in addition to inter-personal communication (IPC) through AWWs and community level volunteers. In this regard, celebration of traditional occasions, like '*annaprashan*' (for children completing 6 months), birthday (for all children), "*godhbharai*" (for pregnant women) etc.. would be observed at the AWC by involving local leaders and community members to convey the messages of timely and appropriate complementary feeding and also ANC and new born care.
- A periodic and concerted campaign on appropriate infant feeding practices including early and exclusive breastfeeding, complementary feeding at six months of age along with continued breastfeeding (upto two years or beyond) alongwith the new born care would be taken up.
- A separate budget line under IEC component would be created keeping in view the aforesaid. Existing financial norms for IEC should be upwardly revised to enable the States to develop and implement State specific IEC/BCC Strategy, separately for the State/District/Block/AWC level.

## **9. Strengthening Training and Capacity Building**

The importance of training and continuous capacity building of the ICDS functionaries for improving the quality of service delivery in ICDS has been recognized as vital for success of the programme in earlier five-year plans. During the Tenth five-year plan, the National Training

Component of WCD/ICDS-III Project, christened as 'UDISHA', has been implemented with a focus on eliminating the heavy backlogs in job and refresher training of all functionaries all over the country. During the Eleventh Plan, the issues of training and capacity building of the ICDS functionaries would continue to be a priority.

***Recommendations:***

- ❑ Training functions should be planned, implemented and monitored at state levels by a competent technical body (State level Resource Centre - SRC); this body must provide dynamic guidelines for determining training content from time to time, which should be fully aligned to carefully determined program priorities.
- ❑ Existing infrastructure of the State Institutes of Health & Family Welfare, Education Department (SCERTs) etc. may be used for strengthening of the ongoing training and capacity building of the ICDS functionaries.
- ❑ Efforts may be made to make all ongoing capacity building initiatives, a direct responsibility of program managers and implementers, and they should also be closely involved in induction training.
- ❑ A continuous Training Need Assessment (TNA) of ICDS functionaries, based on their educational level, length of service and understanding of the issues would be carried out in order to devise State specific training strategy.
- ❑ States would be encouraged to share cost of the training appropriately for implementation and monitoring of the training programmes.
- ❑ There would be renewed emphasis on 'Other Training' component which is different from the regular training and whereby the states are given the flexibility to identify state specific problems that need more focused or innovative training and capacity building.
- ❑ To ensure quality of training and better participation in the programme, existing financial norms at all levels of training at AWTCs, MLTCs and NIPCCD would be upwardly revised with a provision of increment in the honoraria of the trainers periodically, food expenses of the trainees and other recurring costs.
- ❑ NIPCCD will play a pivotal role in formulating the training strategy during the Eleventh Plan.
- ❑ Food & Nutrition Board (FNB) under the MWCD will plan and integrate their training strategy on nutrition issues with the regular training programme of ICDS in consultation with the State Governments, NIPCCD.
- ❑ Various training methodologies, including decentralized training model and mobile training teams may be scaled up to ensure job/orientation training of all ICDS functionaries.
- ❑ A common core joint training module for ICDS and RCH would be worked out – including new IYCF guidelines, and a common core counseling kit – including mother child card, guidebook, cohort tracking mechanism, for nation wide use.

## **10. Strengthening Monitoring & Evaluation**

Monitoring & Evaluation component of ICDS needs continuous strengthening through the collection of timely, relevant, accessible, high-quality information and to use this information to

improve programme functioning by shifting the focus from inputs to results, outlays to outcomes, and for creating accountability for performance. During the Eleventh Plan, emphasis would be to develop a Nutrition Information System in ICDS to gauge the progress in respect of all nutrition related outcome and process indicators. A central monitoring unit would be created and strengthened in NIPCCD.

**Recommendations:**

- ❑ To strengthen the existing MIS in ICDS, it is proposed to establish a Technical Support Group (TSG) both at the national and state levels with a clear mandate of guiding the programme to achieve the stated goals at the State and national levels.
- ❑ A nutrition monitoring, mapping and surveillance system would be piloted, in order to have an effective monitoring of the outcomes of ICDS interventions. Community based monitoring mechanism would be encouraged to bring in accountability in delivery of services by the AWWs.
- ❑ A system of concurrent evaluation of ICDS (of outcomes, nutritional status of the children) at the national level through external research agencies/professional bodies and also in each individual State/UT at the end of every three to five years would be established. Evaluation of NGO run ICDS projects *vis-à-vis* those run by the State Governments would be taken up periodically.
- ❑ Issue/area specific operational research studies and periodic social assessments would be introduced to make mid-course corrective actions. Periodic district level nutrition surveys would also be taken up.
- ❑ Home visit planner to help AWW to prioritize and plan home visits to households at critical periods of life cycle would be introduced. The critical periods when the home visits are most required, are the last trimester of pregnancy, first day (to ensure initiation of breastfeeding) of birth, first week, 6-8 months, 9-11 months 12 to 18 months including contacts during and after sickness.
- ❑ Through regular training and workshops, data handling and analysis, capacity at block, district and state levels to allow timely analysis of the information would be enhanced. An appropriate revamping of MIS System would be taken up at the central/state levels, with capacity building. The existing large number of reports/registers/proformas, which the Anganwadi Worker has to fill up, will be reduced to ease her burden. A more user- friendly and simple reporting system/MIS would be developed

## **11. Public-Private and Community Partnership (PPCP)**

As mentioned earlier under Section 5, efforts would be made to involve corporate/private sectors for mobilizing resources by way of getting their support to ICDS programme in the construction of AWC buildings and also helping improvement in service delivery. The partnership would be encouraged with a clear direction to respect nation's legislations and without any 'conflict of interest'. Locally relevant effective PPCP initiatives can be piloted for better project outcomes.

## **12. Strengthening partnerships with PRIs, NGOs and Voluntary Sector**

The 73<sup>rd</sup> and 74<sup>th</sup> Constitutional amendments have created vibrant new partnerships – to reach the most disadvantaged and under-served – and the most vulnerable – the young child. In many

States devolution of powers to Panchayati Raj Institutions has also involved transfer of some functions for managing and monitoring ICDS to District Zilla Parishads, Block Panchayat Samities and Gram Panchayats. This constitutes a major opportunity for rooting developing programmes, more firmly in the community, with active participation of women. The Gram Panchayat will help create a supportive environment for child care, by enlisting a better teamwork from frontline workers (ANMs, AWWs, ASHA) to ensure convergence of services.

**Recommendations:**

- ❑ Involvement of local self-governments/Panchayati Raj Institutions (PRIs) in ICDS in the areas of selection of AWWs/AWHs, supervision of distribution of supplementary nutrition to beneficiaries, providing land and building, Nutrition & Health Education, Mother & Child Days, is desirable.
- ❑ Contribution of community resources to AWCs for improvement in service delivery could be mobilized. These may include:
  - Local material for making toys and conducting play way activities
  - Local nutritious foods and developing kitchen gardens around the AWC
  - Transporting pregnant women to hospitals who require urgent medical care
  - Transporting sick children for timely referral
  - Promoting consumption of only iodized salt
  - Community based monitoring, using a sample checklist and community charts for nutritional status of children
- ❑ Voluntary sector/NGOs will be encouraged to support ICDS with their greater involvement in the programme. Guidelines for entrustment of ICDS projects to NGOs/Corporate Sectors and an appropriate mechanism would be developed in active consultation with the State Governments.
- ❑ To bring in transparency and accountability in the delivery of services at the AWCs, participation of the mothers’ committees/PRI members would be ensured.

**Proposed financial allocations for ICDS and Nutrition:**

Sl. No.	Item	Proposed Budget					
		Year 1	Year 2	Year 3	Year 4	Year 5	Total
<i>(Rs. In Lakhs)</i>							
<b>A.</b>	<b>Recurring</b>						
1	Requirement of funds for meeting operational cost of 6118 Projects sanctioned upto 31.3.2006 [@Rs.15.61 lakh per Project]	95482	95482	95482	95482	95481.59	477407.93
2	Requirement of funds for meeting operational cost of 173 Projects for 2nd phase [@Rs.15.61 lakh per Project]	2700	2700	2700	2700	2699.95	13499.77
3	Requirement of funds for meeting operational cost of 946060 Anganwadi	291992	291992	291992	291992	291991.96	1459959.79

	Centers sanctioned upto 301.3.06 [Rs.0.31 lakh]						
4	Requirement of funds for meeting operational cost of 107274 Anganwadi Centers for 2nd Phase [Rs.0.31 lakh]	33109	33109	33109	33109	33109.05	165545.24
5	Requirement of funds for meeting operational cost of 200000 Anganwadi centres expected to be sanctioned during Eleventh Plan in compliance with Supreme Court direction and Government's commitment under NCMP[Rs. 0.31 lakh]		62000	62000	62000	62000.00	248000.00
6	Requirement of funds for maintenance of 578 District-level ICDS Cells [Rs.10.00 lakh per cell]	5780	5780	5780	5780	5780.00	28900.00
7	Requirement of funds for maintenance of 35 State ICDS Cells [Rs.11.84 lakh per cell]	414	414	414	414	414.40	2072.00
8	Requirement of funds for 36847 Mini-AWCs @ Rs.0.0935 lakh	3445	3445	3445	3445	3445.19	17225.97
9	Requirement of funds for SNP [GOI share]	246056	246056	246056	246056	246055.65	1230278.25
10	Monitoring and Evaluation	500	500	500	500	500.00	2500.00
<b>B. Non-recurring</b>							
11	Equipments/furniture, etc.. for 150 District Cells, 620 Projects (173+447 excluding J &K), 288625 (107274 + 181351 )AWCs and 25961 mini AWCs	15398.17	15398.17				30796.33
12	Equipments/furniture for 200000 AWCs proposed to be sanctioned during Eleventh Plan @ Rs. 10,000/- per AWC		10000.00	10000.00			20000.00
13	Replacement of equipments/furniture etc.. for 478 Distt. Cells, 5652 Projects AND 764709 AWCs	8559.09	8559.09	8559.09	8559.09	8559.09	42795.45
14	Civil works [construction of 100000 AWC per year @ 50% of Rs.1.75 lakh per AWC as GOI share	87500.00	87500.00	87500.00	87500.00	87500.00	437500.00
	Total	790935.05	862935.05	847536.88	837536.88	837536.88	4176480.74
<b>The projection has been made taking into account the existing rate of honorarium of AWW/AWH</b>							

### Funds for NIPCCD

Presently the institute has four regional centers located at Bangalore, Guwahati, Lucknow and Indore. In order to give thrust to ICDS programme, training, monitoring and evaluation, 25 new centres of NIPCCD have been proposed in various States during the Eleventh Five Year Plan. The role of NIPCCD also needs to be redefined to reflect current concerns of child and women rights and these proposed centres should function as State Resource Centres for all issues pertaining to development and welfare of women and children. Therefore, a provision of Rs.129 crore is required for setting up of 25 new centers in addition to the requirement of funds to the tune of Rs.21 crore for ongoing programmes and activities. Thus, a provision of Rs.150 crore for NIPCCD is proposed for Eleventh Plan.

**Grand Total: Rs.41914.81 Crores**

## **8.2 Early Childhood Education**

The Sub-group on ECE has formulated following recommendations to be considered for inclusion by working group in its report for the Eleventh Five-Year Plan.

### **1. Providing National Framework, Policy Directions and Developing Data Base**

(i) The group recommends that Eleventh Five Year Plan should develop a *New Paradigm* to deal with the problem of pre-school education. It must rest on:

- *A rights based approach* that strengthens the ECE directive, under Article 45 of the Indian Constitution, in preparation for its inclusion as a Fundamental Right to Education;
- *A holistic approach* based on the continuum of growth and development for the child under 6 years that removes the arbitrary divides between ECCE and ECE, between care and education, between parental participation and state responsibility that currently exists;
- *A fresh approach and strategy towards* ‘Crèches and Day Care’ and recognition of its role in the survival and development of the young child in diverse situations;
- *A scientific approach* that is guided by the empirical evidence and economic rationale that strongly endorses investment in the early years of our precious human resource;
- *An integrated approach* to programme planning and delivery of ECE that institutionalizes effective structures for coordination, convergence, and accountability between States, Ministries and Departments.

#### *The policy for ECE must also rest on*

- The recognition that women and their young children are intimately linked during early childhood. ECE services have to, therefore, be firmly linked to strategies for employment, rural development and women’s empowerment.
- The basic services of water, sanitation, and quality health care are integral to ECE.
- Concerted, cross-sectoral efforts have to be made to create an environment that protects, nurtures and ensures early learning.
- Dislocation of populations from urban renewal or rural development initiative have to consider the incalculable harm caused to children and provide for speedy setting of ECE and other supportive services.

(ii) The group recommends that provisions concerning ECE made in the National Policy on Education, 1986 and POA, 1992 should be implemented in right earnest and in consonance with the contemporary reality. Further, if needed, a new policy concerning ECE may be designed by the state.

(iii) The education sector is already burdened with responsibilities of several other levels of education viz., primary, secondary, higher, technical and vocational education etc.. As a result, it appears that early childhood education segment does not receive due attention from the education sector. Keeping this in view, it is recommended that ECE should be made a subject under Business Allocation Rules of Department of Women and Child Development by various state governments, as has been made in Government of India under MWCD.

- (iv) There emerges a pressing need to come out with national data and statistical indicators (GER, NER, gender differentiation, regional disparities) concerning various aspects of ECE. This may be done by gathering the requisite information/statistical data on various indicators of ECE in the (a) forthcoming *eighth national educational survey* to be carried out by NCERT shortly, (b) in national census, which is scheduled to be conducted in 2010, (c) through National Sample Survey Organisation (NSSO), (d) through District Information System of Education (DISE) and (e) through SSA district education plans. While designing the statistical indicators concerning ECE, the parameters adopted in data base of UNICEF, MICS (Multi Indicator Cluster Survey) in terms of GER, NER, age group served, number of pre-schooling years, ECE attendance rate, pre-primary school expectancy rate may also be taken into consideration.
- (v) Besides developing the national data base on identified statistical indicators of ECE, state profiles also need to be developed so as to facilitate corrective measures. While developing the state specific ECE profiles, the data on specific indicators like state specific policy and governance framework, target setting, policies and directives, stakeholders participation, national and international development partners, monitoring and evaluation mechanism, assessing the effectiveness of ECE intervention, strategies being adopted, implementing agencies, resource inputs in terms of financial, infrastructure, material, programmes/ services, delivered curricula and learning outcomes etc., also need to be collected. For accomplishment of this task, under Eleventh Five Year Plan, a well designed institutional monitoring system concerning ECE for all sectors (public, private, NGOs) has to be established in every State/ UT administration at the sub-national system level and at NIPCCD at the national level. This will not only facilitate the convergence and coordination mechanism across various players of ECE but also would ensure the flow of data base information right from grass root to GOI level. The data base, as envisaged should cover all kinds of centres – private (centre and home based ECE interventions), NGOs (Government aided and unaided), public initiatives as well as statutory crèches. The national and state specific ECE data and statistical indicators thus collected and collated would also pave the way for developing proper national/ state specific action plans on ECE and in designing mid-decade / term end progress assessment report of goal 1 (universal provision of ECE) of EFA project.

## **2. Access and Coverage**

- (i) It is recommended to set up one ECE centre for a group of 25 children in 3-6 years age group within easily reachable distance from the home of the child.
- (ii) The home based family day care model of ECE tried out by NCERT sometime ago back needs to be encouraged and extended to cover the unreached children in the pre-school age group located in far flung and smaller community hamlets, areas affected by floods and other disasters, specially in tribal and hilly zones and children in other difficult circumstances, having special needs. Support of various forms for mobile services/crèches (crèches in flexi time, flexi space, transitory-temporary, mini AWCs etc.) may be provided for this purpose. Schemes should be flexible enough to allow new and different institutions (labour unions, SHG's, CBOs etc.) to run crèches, with funding on a per child norm and freedom to develop their own programmes, along with a support system, including monitoring and guidance. However, before implementing these innovative strategies, considerable emphasis needs to be given on designing proper teacher education inputs in contextually relevant situation.

Resources of District Institute of Education and Training (DIETs), Block Resource Centres (BRCs) and Cluster Resource Centres (CRCs) should be concomitantly strengthened and utilized for this purpose.

- (iii) All ECE approaches and strategies need to be linked with primary schooling system either by way of locating ECE centre in proximity to local primary school or close to peripheral feeder school so as to address the issue of transition from ECE to primary schooling.
- (iv) Since access to ECE in urban slums seems to be very low, it is recommended that the rules pertaining to area/town planning may be amended so as to provide the space for neighbourhood ECE centre. The schedule for urban local bodies needs to be strengthened to ensure the responsibility for allocation of space for AWCs, Crèches, etc.

### **3. ECE under ICDS and Crèches**

- (i) Due to reduction in the entry age in grade one of the primary schooling from 6 to 5 years in most of the states, the age range under PSE component of ICDS needs to be redefined to cover the age group of 3-5 years in place of 3-6 years as currently provisioned in the operational guidelines of ICDS. This would, in turn, also facilitate the smooth transition of children from pre primary to grade one of primary schooling.
- (ii) The group recommends that two AWWs be appointed in each AWC, instead of one. One of these two AWWs should be exclusively engaged for imparting pre-schooling and the other should be assigned the job of attending care issues, which inter alia includes supplementation, health and well being as well as care and stimulation of the children in the 0-3 age group in the crèche. The two AWWs model, which is being practiced in Rajasthan (in the name of Sahyogini), though from state's own initiatives and financial resources, has yielded good results. Additional resources in the Eleventh Plan for ECE component under ICDS have to be made available for this purpose.
- (iii) More urban poor groups are needed to be brought within the purview of ICDS through active participation of various urban bodies and NGOs-supported ICDS projects.
- (iv) In accordance with the policy directions given in NPE (1986) and POA (1992) there persists a need to convert all AWCs into the AWCs – cum- crèches to meet the unmet needs of care and education of children of working mothers of both organised and unorganised sectors. This has to be done in a phased manner and by allocating adequate financial resources under the scheme of ICDS. If need be, the entire structural, financial, training and manpower aspects of ICDS also need to be redesigned under the Eleventh Five Year Plan.
- (v) Keeping in view the importance of the Rajiv Gandhi National Crèche Scheme, it is recommended that the scheme be expanded comprehensively under the Eleventh Plan throughout the country. Not only this, the crèche workers are required to be thoroughly trained on pre-schooling on the same lines and adopting strategies similar to ICDS.
- (vi) Construction of buildings of AWCs in the Eleventh Plan in a phased manner, with priority to areas where educational indicators are weak, is strongly recommended. Adequate financial allocation, therefore, needs to be made in the Eleventh Plan.

### **4. ECE under Private and NGOs Initiatives**



A comprehensive survey needs to be undertaken in order to arrive at operative numbers, infrastructure, manpower requirements, and to assess the process / pedagogical inputs especially of private and NGO initiatives. The national level organisations such as NCERT, NIEPA and NIPCCD could be requested to look at this issue. Analytical studies are also required to be carried out by them on lines similar to those in case of primary and elementary schools.

### **5. Advocacy and Awareness**

- (i) There emerges a pressing need to educate the community to be more selective and/or demanding as consumers which could serve as an effective monitoring /regulating device of ECE under private sector. This awareness aspect needs to be promoted using different modes of mass media during the Eleventh Five Year Plan. Adequate budgetary provisions for awareness generation be made in the Eleventh Five Year Plan.
- (ii) In order to sensitize the public on various aspects of ECE – pedagogical and mother tongue language concerns, warn against the danger of neglect, significance and true meaning of ECE etc.– mass public awareness and advocacy programmes need to be undertaken involving different forms of print , electronic and folk media. Experts and experienced practitioners need to be engaged in this task. Thus, in the Eleventh Five-Year Plan, appropriate funds to undertake these activities are to be earmarked.

### **6. Training and Capacity Building**

- (i) The scope of education departments located in universities and other institutes of higher learning needs to be widened so that they not only take up the training task of teachers from ECE to secondary stage through diverse ways of different certification levels (certificate, diploma, bachelor and master degree) but also discharge their responsibilities in research and extension dimension of ECE. They need to assist in widening the conceptual base for ECE courses so that the principle of continuum of childhood development is firmly integrated and informs the approach to ECE workers/ teachers. NIPCCD and NCERT may provide a torch-bearing role in this regard by adopting cascade model and by imparting training to trainers of these institutes. The universities, which are implementing self-financing courses, may also be encouraged to opt for this model. They may be provided grants for this purpose under the Eleventh Five Year Plan.
- (ii) Based on the rich experiences of training of ECE functionaries in India and training of similar manpower in other countries of Asia and Pacific, one of the stronger alternate of getting them trained through distance mode needs to be put on the priority agenda of discussion among trainers fraternity. Adequate financial provisions for expanding the distance mode of training to the ECE workers be therefore made in the Eleventh Five Year Plan.
- (iii) NCTE ought to be suitably strengthened under the Eleventh Five Year Plan so as to develop appropriate accreditation system of training inputs being given by various institutions. For this purpose, existing norms and standards should be simplified with variations for each type of institutions and should be applicable to all sectors of government, private bodies and NGOs.
- (iv) State specific courses need to be devised within the broader framework provided by NCTE. There is also a need to initiate dialogue with NCTE on evolving a need based, practical oriented and flexible curriculum.

- (v) In order to have state based flavour in training of ECE functionaries, it is suggested that SCERTs and DIETs be strengthened in a sustained manner with regular guidance of lead institutions like NCERT and NIPCCD. In fact, these institutions should work as State Resource Centres (SRC's) and District Resource Centres (DRC's) respectively. In addition to these, decentralised training capability for ECE has to be nurtured in Block and Cluster Resource Centers. Necessary financial resources are required to be earmarked for this purpose in the Eleventh Five Year Plan.
- (vi) The trainers of DIETs, BRCs, CRCs are required to be thoroughly trained by lead institutions like NIPCCD, NCERT so that they may impart training for contextually suited operationalisation of innovative models like home based model, crèches with flexi time, space etc..
- (vii) Documentation and case studies of best practices in training needs to be prepared for wide dissemination, replication as well as to feed into the training process itself.
- (viii) Under Eleventh Plan, lead institutions like NCERT and NIPCCD also need to be strengthened by developing a suitable resource pool at the national level so as to work as a clearing house in all matters concerning ECE. While separate department of pre-school education may be established in NCERT, resource center of ECE may be developed at NIPCCD. Similarly, while NCERT may be assigned the task of working on pedagogical aspects, NIPCCD may be given the responsibility of continuing with training, research and preparation of resource material for ECE under ICDS and crèches.

## 7. Working Conditions of ECE Teachers/ Workers

Keeping in view the poor working conditions of ECE teachers/workers in all the three main sectors of public, private and NGOs, the group strongly recommends that duly qualified and trained ECE workers /teachers may be categorized as skilled workers. They should be given fair and decent wages arrived on commonly evolved consensus of policy makers, implementers and social / educational /child rights activists.

### Proposed financial allocations for Early Childhood Education:

Sl. No.	Item	Proposed Budget					
		Year 1	Year 2	Year 3	Year 4	Year 5	Total
1	Establishment of ECE Resource Centre at NIPCCD (Documentation, Library, Contingency, Infrastructure etc.)	0.05	0.05	0.05	0.05	0.05	0.25
2	Appointment of additional AWW for PSE activities)*	72.00	144.00	216.00	288.00	360.00	1080.00
3	Advocacy and Awareness	1.00	1.00	1.00	1.00	1.00	5.00
4	Extra incentives to AWWs having Certificate Courses in ECE **	0.50	0.50	0.50	0.50	0.50	2.50
5	Establishment of Training Institutes and Strengthening Training Initiatives	1.00	1.00	1.00	1.00	1.00	5.00
	<b>Total</b>	<b>74.55</b>	<b>146.55</b>	<b>218.55</b>	<b>290.55</b>	<b>362.55</b>	<b>1092.75</b>

\*@ Rs 1000/ for 12 months for 600 ICDS blocks initially in year 2007-08 (Every year 600 additional ICDS blocks would be covered). The scheme would be implemented in 3000 educationally backward blocks (where girls

education indicators are weak and where National Programme for Education of girls at elementary level is being implemented) .

\*\* @ Rs 5000/ per AWW for on an average 1000 AWWs in a year

### 8.3 Child Protection

The specific recommendations for child protection during the Eleventh Plan are:

#### 1. A New Centrally Sponsored Integrated Scheme for Child Protection (ICPS)

In the light of its expanded mandate, the Ministry of Women and Child Development views 'Child Protection' as an essential component of the country's strategy to place '*Development of the child at the centre of the Eleventh Plan*', as envisaged in the Approach Paper to the Eleventh Plan.

The Integrated Child Protection Scheme (ICPS) is, therefore proposed by the Ministry of Women and Child Development as a centrally sponsored scheme to address the issue of child protection and build a protective environment for children through Government-Civil Society Partnership.

#### Why ICPS?

- Child protection is integrally linked to every other right of the child. Failure to ensure children's right to protection adversely affects all other rights of the child.
- Child protection is also closely linked to the achievement of the Millennium Development Goals (MDGs) and policy makers have failed to see this connection or chosen to overlook it.
- Most existing mechanisms on child protection cater to post-harm situations. Preventive measures to reduce vulnerability of children and their families and to prevent children from falling out of the protective net are completely lacking in both the approach to child protection as well as programmatic intervention.
- There are multiple vertical schemes for child protection scattered under different Ministries/Departments, for example, the Labour Ministry is responsible for child labour elimination programmes, Ministry of Women and Child Development takes care of juvenile justice, child trafficking and adoption related matters, Ministry of Health and Family Welfare looks into the implementation of PC&PNDT Act to check female foeticide.
- There are glaring gaps in the infrastructure, set up and outreach services for children as they exist now. These include:
  - Poor planning and coordination – prevention has never been part of planning for child protection. Lack of lateral linkages with other sectors for ensuring prevention of violence, abuse or any other harm to children and protection of those outside the safety net has failed to ensure social justice.
  - Low coverage - numbers of children outside the safety net with no support and services is ever increasing and lack of systematic and comprehensive mapping of children in need of care and protection or of the services available for them at the district/city/state level results in low and poor coverage.

- Poor Infrastructure - the minimal government structure that exists is rigid and a lot of time and energy goes in maintaining the structure itself rather than concentrating on programmatic outcomes. Moreover even the infrastructure prescribed by law is not in place, for example, JJBs and CWCs under the Juvenile Justice Act are lacking, shelter and institutional care facilities are also highly inadequate.
- Inadequate Resources – child protection constitutes only 0.034 percent of the total Union Budget. Not only is allocation of resources poor in terms of geographical spread, even the utilization of resources is uneven.
- Serious Service Gaps – there is a lack of services to deal with all categories of children in need of care and protection and supervision, monitoring and evaluation of programmes and services is weak. Child protection is not a priority in the States either.
- Poor understanding of child rights and lack of child friendly approach affect both planning and service delivery.

### About ICPS –

#### The Approach to child protection:

- A comprehensive rights-based approach
- The cardinal principles of ‘protection of child rights’ and ‘best interests of the child’ form the fundamental basis for the scheme
- Both prevention and protection are central to the approach
- Mobilizing inter-sectoral response for reducing vulnerabilities and strengthening child protection and setting standards for care and services are important elements
- Government-Civil Society Partnership
- Implementation through a decentralized structure

#### The Proposed Scheme aims at:

- Expansion and improved Reporting and Redressal Mechanism
- Improved institutional care
- Quality Non-institutional and Alternative Care
- Counselling and Family Support
- Training and Capacity Building
- Strengthening the Knowledge-base
- Child Tracking System including web-enabled child protection data management software and website for missing children

ICPS brings together multiple vertical schemes under one comprehensive child protection programme, combining existing child protection schemes of the Ministry and integrating interventions for protecting children and preventing harm.

#### 13 Principles of ICPS

1. Child protection a shared responsibility
2. Reduce child vulnerability
3. Strengthen families
4. Promote non-institutional care
5. Build inter-sectoral linkages and responsibilities
6. Create a network of services at community level
7. Establish standards for care and protection
8. Build capacities of all stakeholders
9. Provide professional child protection services at all levels
10. Strengthen crisis management system at all levels
11. Reintegrate with family and community
12. Address protection of children in urban areas
13. Carry out child social audit

**Implementation of ICPS** – The scheme will be implemented through the State Governments or UT Administrations with bulk financial assistance from the Central Government. The State

Government/ UT Administration shall in turn provide grant-in-aid to voluntary organizations under the different components of the Scheme. The draft scheme is part of the sub-group report on child protection.

## 2. Expansion of the Creche and Day Care Programme

### 2.1 Rajiv Gandhi National Creche Scheme for children of Working Mothers

The number of creches under the 'Rajiv Gandhi National Creche Scheme for Children of Working Mothers' sanctioned as of September 2006, is 23,834. This is totally inadequate when compared to the huge numbers of working mothers and their children. The requirement of crèches to cater to the childcare needs of the 22 crore women in the informal sector alone is 800,000<sup>40</sup>. The target set under the Tenth Plan was expansion of Creches to 30,000. The Ministry proposes a further expansion of Creches in the Eleventh Plan to 1,00,000. The Ministry also recognizes that more implementing agencies need to be involved in the implementation of the scheme, as is also recommended by the Parliamentary Standing Committee on HRD, in its 175th report.

Up-gradation of the range and standards of care provided, of early learning, early development opportunities, social skills, infrastructure and materials, including cooking/eating utensils, cots, mattresses, pillows, cradles, fans, toys and learning materials require definition and more investment in the Eleventh Plan.

Regular training of crèche workers (the scheme proposes refresher courses every two years), cost of training institutions and trained personnel to train, are also areas to be strengthened through adequate investment of financial resources as well by establishing linkages with available training institutions.

Lateral linkages with the local PHC or sub-PHC in the area and tie up with the Anganwadi centres for inputs like immunization, polio-drops, basic health monitoring will be strengthened in the Eleventh Plan. Linkages with pre-school education facilities and ICDS will be strengthened.

### 7.2 Proposed legislation on Crèches and Day Care in all Establishments and After-School Care Services in Educational Institutions for Young Children

The virtual absence of a Day Care programme and facilities catering to the needs of children of all working parents irrespective of their social and economic background needs to be recognized

#### Aims and Objectives of the proposed legislation:

- To ensure care of the child under six and support to working women
- To establish mechanisms to reach the under-sixes by provision of care arrangements for young children in crèches/day care programmes
- To provide after school care and services in educational institutions for children of working mothers

as a critical gap in protecting all children. In view of this and many other challenges before the Government of India in ensuring care and protection for all children, the Ministry of Women and Child Development proposes to introduce a

Legal Aspects of Early Childhood Care and Development.

part of the Interface for Perspective Building on

legislation called the ‘Crèches and Day Care in all Establishments and After School Care Services in Educational Institutions for Young Children’.

The legislation proposes to cover all children up to 18 years of age, including the disabled child. It clearly talks of facilities for children of all working women, whether employed directly by an agency or indirectly through contractors and sub-contractors. Every establishment with 20 or more women workers and men workers (where men are the care giving parent) are required to set up and maintain a crèche for children under six years old. Even contractors employing such number of care giving parents are required to do so. For establishments with less than 10 women workers, the proposed legislation suggests setting up of a common crèche by two or more such establishments, with financial contribution from each of them. Recreational facilities, educational facilities and teaching aids, nutrition, health care and age appropriate activities are some of the provisions to be met by all crèches/day care centres along with adequate space, ventilation, sanitary conditions and a trained woman supervisor for the care of children and infants.

After-school care is to be provided by all schools within the school premises for children whose mothers are working women. One supervisor and one assistant for every 20 children and age-appropriate activities are some of the features of after-school care clearly spelt out in the proposed legislation.

A user charge is also proposed to be introduced in the legislation, depending on the income of the parent. Finally, the proposed legislation spells out a mechanism for monitoring and supervision of crèches, day care centres, after-school care. It also lays down penalty for employers or contractors for any contravention of the provisions of this law.

MWCD will work for early discussion and passage of the proposed legislation.

### **3. Review and Reorganization of the Adoption System in India**

Adoption is the best form of rehabilitation for an orphaned, abandoned, destitute child who is in need of a nurturing family. Further, domestic or in-country adoption should be the first priority since a child adjusts within his/her socio-cultural environment. After exhausting all the options for in-country adoption, inter-country adoption can be exercised as the next alternative. At the same time, long-term institutional care can at best be the last option when non-institutional care alternatives are not possible.

The total number of in-country adoptions is meager (i.e. 3151 in a year) in comparison to innumerable number of destitute and orphaned children in the country. There is a need to widen the adoption programme to all States and UTs, arrest illegal adoptions and address the gaps in the existing system, such as no centralized database on all such children; myths and misconceptions relating to adoption; lack of transparency, adoption programme being confined to some selected pockets/ cities in the country; lack of availability of professional services (adoption counseling and preparation of home study report etc.); lack of comprehensive database on institutionalized children, specially in government institutions, who can be declared free for adoption; poor system of monitoring and inadequate child care standards etc.

Central Adoption Resource Agency (CARA) was set up under the direction of the Supreme Court of India and has been entrusted with promoting domestic adoption and regulating inter-country adoption. It is also functioning as a central authority for the purpose of the Hague Convention on inter-country adoption, which has been ratified by India.

During the Eleventh Five Year Plan, there is a need for extending the adoption programme to the entire country and promote transparency at all levels. The provisions of the Juvenile Justice (Care and Protection of Children) Act 2000 have also been amended to strengthen the adoption programme in the country. Further, the proposed Integrated Child Protection Scheme (ICPS) provides for setting up of a State Adoption Cell as well as Adoption Coordinating Agencies (currently known as VCAs) in each State. Besides, it also provides for setting up of specialized adoption agencies in each district for facilitating the adoption of all orphaned, abandoned and surrendered children. Once state adoption cells become functional, domestic adoption will get a boost which will be enhanced through inter-state coordination.

The role of CARA also needs to be enlarged during the Eleventh Plan period for the purpose of training and capacity building, research and documentation, advocacy and awareness campaign and minimizing the gaps in service delivery. It is also proposed to increase the manpower for CARA at the headquarters as well as set up 2 regional offices during the second half of the Plan period. Through this system, CARA would ensure access of complete and correct information to all prospective adoptive parents for taking informed decisions with regard to adoption by maintaining a comprehensive national database on all adoptable children and prospective adoptive parents. This will also lead to bringing children into adoption umbrella and provide linkages between the district to the national level.

## **4. Capacity Development**

### **4.1 Training and Capacity Building of all Service Providers and allied systems:**

Training and capacity building of all personnel involved in the child protection sector throughout the country including those working under the ICPS shall be taken up on priority basis. There is an acute shortage of professionally trained manpower to provide all kinds of services to children in difficult circumstances. There are a large number of personnel working in existing institutions, whether run by Government or by non-governmental organizations, who need to be provided with adequate skills and hands on experiences for dealing with children in an effective manner and providing them quality services. In order to meet these challenges, the Ministry of Women and Child Development proposes following strategies in the Eleventh Plan:

- Training & capacity building of service providers
- Sensitization programme for members of the allied systems
- Training of Trainers
- Development of training modules and course curricula
- Sharing of experiences and best practices
- Linkage with Universities and Educational Institutions

These shall be achieved through expansion of Regional Centres of NIPCCD and strengthening of the capacity of NIPCCD and the Regional Centres. There is a need for strong networking and coordination with NISD, NIMHANS, National Judicial Academies, Police Training Schools and Administrative Institutions/Academies, CHILDLINE and recognized schools/institutes of social work and law and other relevant experts for introducing child rights and child protection issues in their on-going training courses and also for providing necessary expertise in developing child protection training modules and packages as well as in carrying out capacity building programmes.

#### **4.2 Human resource development for strengthening Counselling services**

Abuse, neglect, maltreatment of children necessitate professional counseling and continued support to both child and family. Programme initiatives to offer children protection, healing, care and rehabilitation are constrained by a serious lack of counselling institutions and services, and professionally trained and socially enlightened counsellors to enable children to recover from adverse experience or treatment, and to help build a caring and protective environment for them.

Many conditions and settings aggravate the need for counselling. Children in need include those who may not be in a 'visible' trauma or post-trauma situation stemming from an external disaster, but who are in socially, psychologically or emotionally 'at risk' situations, including in family or household settings, as also in settings where they come in contact with services of the State and other institutions.

Counselling skills and action are urgently required in a range of service delivery and service contact settings and infrastructures. There is need to invest in increasing training and educational capacity of institutions.

This places on the State the three-fold responsibility of (i) ensuring education and training at professional standard, (ii) development/establishment of a competent and accountable counselling infrastructure as an integral component of all relevant delivery systems affecting the child, and (iii) recruitment and placement of trained personnel.

The key responsibility and initiative will be to identify institutions, universities, Women's Development Departments through out the country who can undertake the training and initiate the creation of an accredited Course on Counselling which conforms to the standards for the protection services for children and families. Once this is done efforts will have to be made to mobilize adequate number of courses for developing sufficient human resource for strengthening counselling services.

### **5. Data Systems and Research**

The Ministry of Women and Child Development recognizes the need for establishing systematic, comprehensive and up to date database on vulnerable children and families, existing services for children and new and emerging child protection concerns. It also realises the importance of



developing a system of data collection and indicators consistent with the UNCRC for all children up to the age of 18 years, and disaggregated by gender, age, socio-economic characteristics and cultural identities (ethnic and religious minorities), and urban and rural settings, and making this information publicly available.

Absence of child tracking systems to address missing children, child labour, children in institutions and alternate care systems and child victims of crimes and vulnerable children, undermines the information base needed for planning and implementation of policies and programmes at all levels. Strengthening the knowledge base is therefore a critical recommendation for the Eleventh Plan. The gap in knowledge base is proposed to be filled through the following measures:

- Establishing a child tracking system under ICPS
- Every panchayat to have a child register to record and monitor the birth, location and condition of every child in their radius
- Expansion of NIPCCD resource centers
- Equipping CWCs, JJBs, State/District Child Protection Units and CHILDLINE for maintaining regular database
- Commissioning research studies, situation assessments etc. at micro and macro levels, including investigating emerging threats to child protection, impact of globalisation, emergencies etc.

## **6. Advocacy and Communication**

The role of advocacy and communication in changing mind-sets at all levels is important for achieving child protection goals. There is a need to develop an effective communication strategy for this purpose. This will also require partnership with international organizations including UNICEF, UNDP, UNIFEM, UNAIDS, ILO, WHO etc. and convergence with the Ministry of Information and Broadcasting. The Ministry of Women and Child Development should take help of the Ministry of Information and Broadcasting in getting support of Prasar Bharati, Private televisions channels, All India Radio, Private Radio Broadcast (FM), cable operators etc. for:

- Broadcasting special child protection messages through audio-visual spots, talk shows, quiz competitions, news broadcasts, educational programmes, etc.
- Regular dissemination of information regarding services available for children in distress
- Building media understanding on child rights and ensuring sensitivity to child protection issues and respect for child's dignity and worth

## **7. Strengthening the Institutional Framework and Mechanism**

Before the Ministry of Women and Child Development came into existence as a full-fledged Ministry in 2006, child protection was divided between the Ministry of Social Justice and Empowerment (which dealt with juvenile justice and adoption matters), Ministry of Labour (dealing with child labour issues), and Ministry of Women and Child Development (dealing with issues concerning trafficking of women and girls for commercial sexual exploitation). The year 2006 has seen a remarkable change in the institutional framework for child protection, with all

relevant schemes of the Ministry of Social Justice and Empowerment being transferred to the Ministry of Women and Child Development. However, the institutional framework for implementation is weak and needs to be significantly expanded, as proposed in ICPS.

The other important step would be to establish a separate and distinct Department for Child Affairs or Child Rights within the Ministry of Women and Child Development in order to ensure better and more focused attention to the child and monitor progress on a systematic and continued basis.

## **8. Coordination Mechanisms at all levels**

The Ministry of Women and Child Development has set up a National Coordination Group for monitoring implementation of the NPAC and status of child rights in the country. The members of this coordination group are the Joint Secretaries to the Ministries of Education, Health, Drinking Water Supply, Family Welfare, Social Justice & Empowerment, Labour, Youth Affairs & Sports, Information and Broadcasting, Planning Commission, some NGOs and statutory commissions such as the National Commission for Women and National Human Rights Commission of India. However, the meetings of this group have been irregular and at long intervals of time. A group of this nature needs to be rejuvenated to become more active and take on the role of coordination of inter-sectoral inputs for achieving the national goals for children. The Ministry of Women and Child Development will take necessary steps to motivate and revitalize this important group. The National Coordination Group should meet once in every quarter under the Chairpersonship of the Secretary, Ministry of Women and Child Development, Government of India. Planning Commission to ensure that all the Ministries/Departments understand the importance of progress of child indicators as an important indication of overall development in the country.

There is also a need to set up coordination mechanism at State and District levels.. A State Child Rights Coordination Committee shall be set up under the Chief Secretary/Secretary (dealing with child protection services in the State). The District Magistrate/Collector shall head a District Child Rights Coordination Committee. These coordination committees should meet once in every quarter.

## **9. National Commissions for the Protection of Child Rights**

The Ministry of Women and Child Development will set up the National Commission at the earliest to implement the provisions of the Commissions for Protection of Child Rights Act, 2005. One of the major responsibilities of the Commissions is to monitor and report on implementation of child rights in India. The Ministry of Women and Child Development will also follow up with State Governments to encourage all the State Governments and UT Administrations constitute the State Commissions for the Protection of Child Rights at the earliest.

The Ministry of Women and Child Development will make necessary budgetary allocations for meeting the expenditure of the Commission and for implementation of its programmes and activities.

## 10. Child Budgeting

Child Budgeting is an essential tool for monitoring Government's commitment to the child and the impact of investments being made. The Ministry of Women and Child Development has been analysing allocations and expenditures on children since 2002-03. This exercise in child budgeting will be institutionalized and carried out regularly to monitor the 'outlays to outcome' and examine the adequacy of investments in relation to the situation of children in India. MWCD will include child budgeting as an essential ingredient of the integrated oversight as part of its nodal coordination role of strengthening actions for children.

## 11. Child Impact/Social Audit

Besides audit of programmes and schemes specifically addressing child protection, sectoral programmes of the government, particularly the social sector programmes whether directly linked to children or not, must carry out a child impact audit to assess the impact of the programme on children. This can only happen if child rights indicators become institutionalized and children's issues become a concern for all Ministries/Departments.

As provided by the Juvenile Justice (Care and Protection of Children) Act 2000, annual social auditing of children's homes shall be carried out by the Central and State Government with the help of organizations working with children and autonomous bodies like National Institute of Public Cooperation and Child Development (NIPCCD), National Institute of Social Defence (NISD), Indian Council of Child Welfare, Indian Council of Social Welfare, Childline India Foundation, Central and State Social Welfare Boards and Schools of Social Work.

## 12. Offences against Children Bill, 2006

In order to deal with the incidence of abuse, exploitation and neglect of children in the country, the Ministry of Women and Child Development, Government of India, has considered enactment of a separate law. The Ministry has prepared a draft Bill, which aims at identifying incidence of offences against children and protecting them from offences; punishing persons who have committed offences against children; and setting up rules to fulfil its objectives.<sup>41</sup> All kinds of abuse including sexual and physical abuse, violence and other forms of physical and mental torture against children have been made a punishable offence under the proposed Bill. The draft Bill seeks to:

The Bill proposes to address the legitimate rights of children against sexual abuse, neglect, exploitation, torture, or any form of cruelty; and aims at:

- Identifying offences against children and protecting children from offences
- Providing for punishment against persons who have committed offences against children
- Setting the rules to fulfill the objectives of the proposed Bill

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<sup>41</sup> Offences Against Children Bill (proposed), 2006, Ministry of Women and Child Development, Govt. of India

- consolidate and define the different offences against the child and to provide a legal remedy for such violations;
- make the laws uniformly applicable to both boys and girls;
- bring the existing laws and procedures in conformity with international, regional and national standards;
- set forth good practices based on the consensus of contemporary knowledge and relevant norms and principles for the administration of justice to a child;
- provide stringent penalties for any person who violates the provisions of this Bill, creating a deterrence and thereby emphasizing the country's commitment to protect its children;
- ensure that criminal justice machinery functions, keeping the best interests of the child as the focal point at all stages;
- ensure the speedy disposal of cases, with a view to avoiding delays, which can result in intimidation, retaliation and secondary victimization of the Child.

The Bill provides exclusive chapters to deal with different forms of offences against children including sexual abuse, neglect, exploitation, torture, or any form of cruelty. Chapter III of the draft Bill deals with sexual offences and provides for punishment for sexual assault/abuse of any child, using a child for commercial sexual exploitation, child pornography or grooming for sexual purposes. The next chapter deals with offences relating to trafficking and prostitution and provides for punishment for physically abusing a child, sale/ transfer of a child, trafficking in children, corporal punishment, bullying, economic exploitation of children and other forms of child abuse. The Bill also provides for enhanced punishment on repeated offences. It also provides for punishment for attempt to commit an offence, abetment of offences against children and punishment for false complaints.

In order to ensure that procedures and practices prescribed are child-friendly, the draft Bill is based on eight principles, including:

1. Principle of Best Interest of the Child
2. Principle of 'Protection' of the Child
3. Principle of Equality and Non Discrimination - "Leave no Child behind"
4. Principle of Individuality and Participation
5. Principle of Privacy and Confidentiality
6. Principle of Non-stigmatizing Semantics, Decisions and Actions
7. Principle of Avoidance of Harm
8. Principle of Non Criminalization of the Child

The proposed Bill makes reporting of offences mandatory and fixes individual responsibility on different categories of people including persons in position of trust or in position of authority, studio/photographer, tourist resorts and hotels, airports and airline staff. It also provides for punishment in the event of failure to report offences against children.

The other procedure and provisions of the Bill include information, jurisdiction, in-camera proceedings, summary trials, counselling, cognizability of offences, bail, compounding, prohibition of remission, release on probation and fines.

MWCD is keen that the proposed Bill is cleared and passed at the earliest so that the protective framework for children can be enhanced.

### **13. General Grant in aid Scheme for Women and Children**

The Ministry of Women and Child Development is operating a scheme, namely, General Grant-in –Aid Scheme to Voluntary Organizations in the field of Women & Child Development for many years, popularly known as the grant in aid scheme for innovative projects or grant in aid scheme for social defence. The scheme was started with the objective to provide assistance to voluntary organizations to cover a wide spectrum of programme areas for tackling social problems for meeting the needs of client groups, which will not transgress the existing schemes but rather supplement them. It was observed that there are a number of unchartered areas not currently covered by any of the existing schemes, hence, it is not possible for the Ministry to provide support for such programmes.

The scheme is being implemented by the Ministry in the Tenth Plan. Till 2001-2002 the scheme was allocated a nominal allocation of Rs. 20 lakhs per year which was utilized every year. Since the scheme was formulated with the specific objective to provide assistance to voluntary organizations in those specific areas/projects which are not covered under any scheme of the Ministry, the scheme is useful for providing funds at the time of emergency such as flood, earthquake, violence and for innovative projects. After 2001-2002, the allocation was increased to Rs. 1 crore in the year 2003-04, and a pilot project for combating trafficking of women and children was introduced for grant to voluntary organizations, under which substantial amount was utilized.

Since it is a very small scheme for a limited purpose of innovative projects, the projects are sanctioned after utmost care and scrutiny so that they fulfill the conditions of the scheme. With the conditionality of not being funded through any other Government scheme most proposals received for grant-in-aid get rejected. However, steps have been taken to ensure that the allocated funds are utilized every year. For purpose, letters are sent to State Governments every year on number of occasions with the request to recommend as many as proposals they find suitable as innovative projects under the scheme. Sometimes advertisements are also brought out in the newspapers for publicity. Considering the limited projects, the need for evaluation of the scheme through private/public agency has not been felt. The implementation of the sanctioned projects are monitored through direct inspection and through State Governments.

The scheme has gradually picked up momentum in the Tenth Plan and more and more funds are being utilized year by year. The performance of the scheme during the Tenth Plan period has been satisfactory. In view of above it is recommended that the allocation under the General grant-in-aid Scheme for the Assistance to Voluntary Organizations in the field of Women & Child Development be increased in the Eleventh Plan.

### **14. International Cooperation**

Several International Instruments have been accepted by India to realize and protect the rights of children:

- UN Convention on the Rights of the Child, 1992

- Convention for the Suppression of Trafficking in Persons and Exploitation of Prostitutes and Others, 1949
- Convention on Elimination of all forms of Discrimination against women, 1979
- SAARC Convention on combating trafficking and commercial sexual exploitation of women and children, 2002
- SAARC Convention on regional arrangements for promotion of child welfare in South Asia, 2002
- Optional Protocol to the Convention on the Rights of the Child involving children in armed conflict, 2002
- Optional Protocol to the Convention on the Rights of the Child involving sale of children, child prostitution and child pornography, 2002

India acceded to the **UN Convention on the Rights of the Child** on 11<sup>th</sup> December, 1992 to reiterate its commitment to the cause of children. The objective of the Convention is to give every child the right to survival and development in a healthy and congenial environment.

India is among the countries who accepted the Declaration adopted by World Summit on Children in 1990 and Millennium Development Goals adopted by Millennium Declaration in 2000. India is also party to the UN General Assembly Special Session on Children held in 2002, which adopted a World Fit for Children Declaration.

UNICEF projects are being implemented in India through Master Plan of Operations, which is an agreement prepared after mutual consultation and consensus within the framework of Basic Agreement signed between India and UNICEF in 1978. India is the largest Country Programme of UNICEF in the world.

The Programmes are being implemented through various Ministries and Departments dealing with children. The implementing Ministries/Departments are Ministry of Women and Child Development, Department of Elementary Education and Literacy, Department of Family Welfare, NACO, Ministry of Social Justice & Empowerment, Ministry of Labour, Ministry of Information & Broadcasting, Ministry of Youth Affairs & Sports, and Department of Drinking Water Supply (Rajiv Gandhi National Drinking Water Mission).

The Ministry of Women and Child Development is the nodal Ministry for coordinating the implementation of the Master Plan of Operations. The Ministry of Women and Child Development conducts periodic review meetings to coordinate and monitor the implementation and expenditure of the UNICEF programmes in India. UNICEF's programme of cooperation is synchronized with the Government's Five Year Plan cycle.

The Ministry also undertakes reporting to the international treaty mechanisms based on the specified reporting obligation timeframes.

**Proposed financial allocations for Child Protection:**

Sl. No.	Item	Proposed Budget <i>(Rs. In Crores)</i>
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		<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>	<b>Year 4</b>	<b>Year 5</b>	<b>Total</b>
<b>1.</b>	Integrated Child Protection Scheme (ICPS)	2000.00	2000.00	2000.00	2000.00	2000.00	10000.00
<b>2.</b>	Expansion of Creche and Day Care	207.31	267.14	326.97	386.80	446.72	1634.94
<b>3.</b>	Review and re-organisation of Adoption System in India	6.40	7.49	7.59	8.01	4.69	34.18
<b>4.</b>	Capacity Development	Budgeted under ICPS					
<b>5.</b>	Data System and Research	5.00	5.00	5.00	5.00	5.00	25.00
<b>6.</b>	Advocacy and Communication	30% of overall media budget of Ministry of WCD					
<b>7.</b>	Strengthening institutional framework and mechanism	Budgeted under ICPS					
<b>8.</b>	Coordination mechanisms at all levels	-	-	-	-	-	-
<b>9.</b>	Child Budgeting	-	-	-	-	-	-
<b>10.</b>	Child Impact/Social Audit	Budgeted under ICPS					
<b>11.</b>	Grant in aid Scheme for Women and Children Innovative Projects	5.00	5.00	5.00	5.00	5.00	25.00
<b>12.</b>	International Cooperation	3.50	3.50	3.50	3.50	3.50	17.50
	<b>Total</b>	<b>2227.21</b>	<b>2288.13</b>	<b>2348.06</b>	<b>2408.31</b>	<b>2464.91</b>	<b>11736.62</b>

## 8.4 Girl Child

### 1. Survival of the Girl Child and her Right to be Born

National efforts to ensure the survival of the girl child and her right to be born, and to be an informed, secure and productive participating member of the community and society will necessarily have to be multidimensional in nature with legislative, preventive, advocacy and programmatic inputs. State-level interventions will have to be based on accurate assessment of area-specific issues and factors to address declining child sex ratio.

### 2. Effective implementation of the PCPNDT Act

The premier Act to prevent pre-conceptual and pre-natal sex determination and consequent female foeticide is the Pre-Conception and Pre-Natal Diagnostic Techniques (Prohibition of Sex Selection) Act, 1994 (an its amendment). It seeks to prohibit the techniques of pre-conception and prenatal sex determination and to preempt the misuse of such technologies. It has provisions for use, regulation and monitoring of ultrasound machines to curb their misuse for detection of the sex of the foetus and provides punishment for violation of these provisions. Unfortunately, the existing provisions and current implementation mechanisms have failed to make any significant impact on the rising trend of female foeticide. In fact, the situation has worsened in

past few decades with a fall in the juvenile female sex ratio of the 0-6 age group from 976/1000 as reported in 1961 to 927/1000 in the 2001 census (0-6 age group).

The Act therefore needs to be thoroughly reviewed to evaluate its existing administrative, enforcement and monitoring provisions and put in place such mechanisms that can tackle the problem of sex determination and foeticide in a more effective manner. Some suggestions in this regard include:

### **2.1. National Inspection & Monitoring Committee**

The National Inspection and Monitoring Committee has been constituted as per the directives of the Supreme Court, to assess the ground realities through field visits. It also monitors the prosecutions launched against unregistered bodies and those violating provisions in the Act/Rules. In order to strengthen the inspection and monitoring process it is suggested that :

- The counterparts of National Inspection and Monitoring Committee (NIMC) could also be set up in States with a multiple membership including committed NGOs. There should be inbuilt checks and balance mechanisms by sending members from one region to inspect and monitor other regions.
- The proposed State Inspection and Monitoring Committee should have representation of the Women and Child Development Department of the State.
- The inspections of the Committee should have a surprise element and be conducted without advance notice.
- The inspection of the Committee would need to be conducted in the Districts, which have the worst female sex ratio.

### **2.2. Appropriate Authorities**

Appropriate Authorities comprise of officers notified by the State Government under the PCPNDT Act for granting, suspending or canceling registration of Genetic Counseling Centres, to investigate complaints etc. Generally the Authority consists of three members, one of whom is a medical officer.

- Many more Appropriate Authorities (AA) should be notified keeping in view the vast geographical spread.
- AAs should be set up in districts, which have very low female sex ratios.
- The composition of the AAs must be changed to strengthen the role and responsibility of government officials of suitable rank, such as DM, to enlist the services of responsible NGOs, and to guard against undue influence of the medical profession in assessing and ruling on offences. It should be ensured that the persons notified as AA should desirably be neither doctors or from the medical profession; preferably they should be chosen from retired bureaucracy, judiciary, prominent NGOs or social activists.
- The inclusion of women organizations, Women Development Centers and Study Centers, people's representatives at all levels from Gram Panchayat, block levels etc. may also be included in the list of Appropriate Authorities.
- The Appropriate Authorities should take the help of Government Departments such as Women and Child, Revenue, Municipal Authorities etc.



- The help of the police may also be taken by the Appropriate Authorities to raid, investigate etc. the suspect clinics.
- Provisions of the Act, official commitment to take action, and preventive and corrective action should be made widely known through channels that effectively reach the public.

### **2.3. Stringent penalties and punitive action**

- Female foeticide should be treated as a crime and not just a social evil and therefore the State must take primarily corrective, preventive and punitive action to address the crime.
- Magistrates, DMs/CEOs, Divisional Commissioners should be held accountable for performances, lapses in enforcing the law.
- Enhancement of punishment for all violations of PCPNDT Act. There should be a firm crack down on offenders with exemplary punishments.
- Correctives should include suspension and/or cancellation of license, seizure and confiscation of equipment, closure of clinics, public censure of doctors and clinics, public notification of such corrective actions taken.
- State Medical Council should take action to suspend/deregister errant doctors and give wide publicity to this.
- A system of telescoping of offences can be formulated with punishment becoming more stringent with the number of times offences are committed
- As foeticide is murder of the unborn child, it should be examined whether it can be treated as a crime under IPC and brought under the jurisdiction of Sessions Court
- A website could be developed to disseminate to wider audiences and flag the names of black-listed organizations/clinics/doctors.
- There must be better mandatory record-keeping, and obligation to submit full information required under Form F. The clinic should be suspended in any instance of default, until the default is corrected in conformity with legal requirements. Public notification of such suspensions should be made.
- A system of incentives can be formulated (as in the case of drugs and narcotics seizures) for tip offs on clinics which are indulging in sex determination.

### **2.4. Monitoring and Surveillance**

- The income of the Genetic Counseling Centers (GCCs) should be cross-checked with number of USGs performed by them so that unreported USGs can be tracked. Recording of the PAN Numbers of the doctors/ultrasonologists should be made mandatory and tax-returns of errant doctors checked by IT Department.
- A Database on raids and convictions conducted should be built, which would include the names of the clinics, the earlier case records and current status.
- Census of static and mobile USG machines need to be collected as there are a large number of unregistered machines in operation.
- Correlation to be done between the need for USGs and number of Mobile machines that are operating in different areas so that a check can be made on the growing number of mobile machines.

- Every GCC should prominently display IEC material which show the positive sides of having a girl child
- Lack of awareness of the Act leads medical personnel as well as the general public to believe that sex determination and foeticide are also covered under MTP. Therefore education about the provisions of the Act should be widespread.
- Existing PCPNDT Act involves setting up of too many bodies and it is difficult for these bodies to interact, coordinate and share information. There is need to consolidate and merge bodies to allow more cohesive functioning.

All the above suggestions can be incorporated within the aegis of the existing provisions of the PCPNDT Act. However as a long term and more permanent measure, the Act needs to be strengthened significantly through appropriate amendments, giving it more teeth and power to expeditiously book and convict errant medical personnel, increase the levels of punishment.

Compulsory registration of pregnancies and births will help in ensuring that unwarranted abortions do not take place. PRIs should be given the responsibility of taking note of female births and tracking the progress of girl children.

### **3. Nation wide awareness and sensitization campaign against female foeticide**

The discriminatory treatment meted to the girl child is largely an outcome of the traditional perspectives of society towards the girl child which is reflective of the growing incidence of crime and violence against her- a phenomenon that starts even before she takes birth, in the form of female foeticide.

A unique feature of the problem of female foeticide is that it is not restricted to any single social or economic group or groups. In fact, it cuts across caste and income barriers as evidenced from the fact that well to do States such as Haryana, Delhi and Punjab have the most adverse female sex ratios.

It is felt that unless immediate action is taken on a national scale to change this mind set, the girl child is on her way to utter deprivation, destitution and even extinction. In other words the girl child is heading towards becoming an endangered species.

There is urgent need to embark on a massive nationwide sensitization and advocacy campaign with specific focus on the importance of the girl child to reinforce the view that she is an asset and not a burden. The campaign would need to be multi-pronged involving the services of multi media as well other community and peer advocacy groups (such as spiritual leaders, parliamentarians), specifically designed for different sections of society.

The campaign design would focus primarily on the positive aspects of girl child and remove misconceptions and myths that affect her worth and self esteem. Therefore, widespread dissemination of information on legislations or laws, which provide equal share and opportunities to girls in property/ assets or employment, laws prohibiting dowry and child marriage etc.

At present, the Media budget of MWCD is limited and cannot cater to the magnitude and diversity of the nationwide campaign for prevention of female foeticide and reinstating the value of the girl child. The Sub Group, therefore, recommends that the fund allotment for 'Media' in the Eleventh Plan should be considerably enhanced and a certain proportion of this budget earmarked for improving the status of girl child.

#### **4. Conditional Transfer Scheme (Cash and Non-cash)**

While the mind set towards a daughter needs to be perceptibly changed for all economic groups, however in case of less economically well off families, poverty is a huge constraint that stands in their way to raise and educate their children. Thus given a limited resource basket, these families would rather opt for a son than a daughter. In order to enable them to consciously retain their daughters, they would require financial incentives and other non cash assistance.

It is with this intention that an innovative scheme of 'Conditional Cash and non cash Transfer Scheme' is proposed, wherein cash and non cash transfers will be provided to the family of the girl child (preferably the mother) on fulfilling certain conditionality, for the girl child - such as birth and registration of the girl child, immunization; enrollment to school; retention in school; and delaying the marriage age beyond 18 years. This will be in addition to the various incentives, which already exists for girl child given by the Centre and the States.

The objective of the Scheme is two fold – the direct and tangible objective is to provide a set of staggered financial incentives for families to encourage them to retain the girl child and educate her etc.; the more subtle and intangible objective is to change the attitudinal mindset of the family towards the girl- by linking cash and non cash transfers to her well being. This will force the families to look upon the girl as an asset rather than a liability since her very existence has led to cash inflow to the family.

The Scheme may be initiated as a pilot project in selected backward districts of the country. A concept note on the Conditional Transfer Scheme is in the girl child Sub-group report.

#### **5. Health and Nutrition for Girl Child**

Discrimination in the provision of adequate and timely nutrition and health inputs to the girl child is a persisting problem as a result of which they suffer from various problems like under weight, malnutrition, anaemia, micro nutrient deficiencies, stunted growth etc. Health and nutrition awareness and education to dispel discrimination against girls is imperative. An intensive social mobilization of communities especially women's group and adolescent groups needs to be undertaken and should focus particularly on immunization of the girl child, micro-nutrient deficiencies and malnutrition, its effect on their growth and development.

One of the factors for high mortality and morbidity among adolescent girls is high risks involved in their pregnancy, as they are physically and biologically not prepared for childbirth. It is very essential that such pregnant adolescent girls should be provided adequate health care by

Anganwadi and Asha workers and also promote institutional deliveries. The universalizing of Nutrition Programme for Adolescent Girls and its merger with *Kishori Shakti Yojana* will go a long way in supplementing nutritional requirements for these girls.

Capacity building of Anganwadi worker should be undertaken so that she is made aware of the special needs of young girls and adolescents. The progress made by each girl should be monitored by PHCs by maintaining proper health records of all girls.

Special attention should be given to more vulnerable girls especially those affected by HIV/AIDS, trafficked victims, physically and mentally challenged girls to provide them with special health and nutrition inputs.

The proposed Conditional Cash and non cash Transfer Scheme, will also help in ensuring that requisite immunization is conducted for the girl child and proper records maintained for availing the conditional transfers

## **6. Enabling Education for the Girl Child**

The need to encourage all girls to enroll in school and to retain them in the school system is imperative as education not only improves the worth and self esteem of the girl child but also enables her to become economically productive and delays her marriage age.

Community Vigilance Committees should be formed at village level and the members should ensure that every girl in the village is enrolled and regularly goes to school. Mid- day meals should be made compulsory for girls irrespective of the stage of their school education. This has a two-fold effect- on the one hand it encourages the child to remain in school, on the other hand it provides the girl with a nourishing meal.

There are a number of logistic constraints, which restrict girls from attending schools, especially after they have crossed the primary stage. These include distance from school and lack of girl friendly facilities in school buildings. Efforts should be made to enroll and retain girls in school by reducing distance of school from home as far as possible. There is need to provide safe transport to girls who have to travel considerable distances. In this context, the proposed Conditional Transfer scheme can examine the possibility of providing bicycles to girls for traveling to school (as a non cash transfers) to young girls(at elementary and secondary school levels) so that they need not depend on irregular public transport services. Also, if there are no elementary schools or secondary schools in the vicinity. Department of Elementary Education and Literacy may undertake alternative schooling system (like National Programme for Education of Girls for Elementary Education) which can take care of their schooling needs till such time an elementary school is made available. More residential schools (on the lines of Kasturba Gandhi Balika Vidyalya) and hostels should be provided for girls (especially adolescents) to facilitate their continuation in education.

An important reason for girls dropping out of school is the lack of proper toilet and sanitary facilities. High priority is therefore needed to be accorded to providing separate girls' toilet with proper water and sanitation facilities. Efforts through Department of Education should be made

to increase the number of female teachers at all levels so as to encourage girl child to continue in school in a safer environment. Further, bridge schools with quality education package should be provided to girl children, especially street children, child labourers, seasonal migrants, who may not have been in the formal education system. These bridge schools should ultimately lead to their integration in the formal system.

As girl children are pressed into home based duties especially sibling care, the number of crèche and day care facilities in remote areas should be increased to relieve young girl children of their sibling care duties and help in reducing drop out rates. Provision of adequate number of crèches in urban and rural areas also facilitates girl children to attend school without the burden of sibling care. Also, it is important that Day-care centers for the girl children themselves be made available after school hours for their safety when their parents are at work.

Pre-school education is an very important input not only for 0-6 year olds but also for the older children as it serves as the motivating factor for the girl child to enroll in school. For this purpose, training of Anganwadi workers and regular teachers at pre-school levels as well as in regular school is required. Special training also needs to be given for early detection of mental disability among girl children and appropriate interventions that are needed to address their educational requirements. Additionally, parents and families of such children should be educated and provided with coping mechanisms to enable them to take care and support the girl child. Special incentive/ scholarships and recognition should be provided to motivate girls and help them to continue their education, especially those who succeed in education, enterprise or extra-curricular activities.

The proposed Conditional Transfer Scheme should have a separate cash and non cash transfer component to induce enrolment of girls in school and subsequently for their retention at different stages - primary, elementary, secondary.

## **7. Gender Sensitization of Educational System**

Engendering educational system involves not just establishing girl friendly schools but also creating a gender awareness in the educational system so that the entire educational environment is sensitive to the special needs of girls.

For this purpose the MWCD should work in close collaboration with Department of Elementary Education and Literacy and ancillary bodies to ensure that the curricula and syllabi are gender sensitive. Positive images of girls need to be reflected in textbooks and special modules formulated which reinforce the economic and social empowerment of women. Such inputs in the curricula will help in improving the status of girls and their self esteem. It will also give them the necessary encouragement to improve their economic and social status. Apart from this, special modules on social problems facing the society and specially girls should be included in the syllabi so that these issues are openly and freely discussed and awareness and knowledge gets disseminated. Such issues may include personal hygiene, early marriage and pregnancy, prevention against abuse, exploitation and violence, HIV/ AIDS, modules to enlighten them on the benefits of education, health, hygiene and nutrition, economic empowerment etc.. The

Ministry should also empower adolescent girls through “Balika Sanghas” to discuss these issues in their peer groups.

Gender Sensitization and gender awareness programmes should be organized and conducted for teachers, PRIs especially in rural areas on the rights of the girl child, social problems faced by them and to provide counseling or help if required.

## **8. Abolition of Child Marriage**

The Child Marriage Restraint Act 1929 (CMRA) provides for punishment to those who have allowed, contracted, performed or have been involved in a child marriage. Yet its efficacy has been limited in preventing child marriage as thrust of the Act is on ‘prevention’ and not declaring the marriage null and void after it has occurred. Also, on account of societal acceptance of child marriages and the tacit cooperation of the bureaucracy, police and politicians, the reported cases are very few.

The amendments to CMRA is under preparation by the MWCD and the amended bill is likely to be called the ‘Prohibition of Child Marriage Bill’ with emphasis on ‘prohibition’ instead of just ‘prevention’. The legislation to be successful however should include provisions for declaring child marriages null and void and also impose stringent punishments on all parties which have supported the child marriage. In order to curb the evil practice there is also a need for the States to have a special child marriage prevention cell with requisite powers to prevent solemnization of child marriages, provide counseling services and facilitate the effective prosecution.

The best method to prevent child marriages is to take adequate steps to ensure that they do not take place. For this, major advocacy and sensitization programme through all channels of communication and social dialogue, including motivation of local leadership multi-media campaign needs to be undertaken to reach out to all sections of the society especially targeting both parents and youth. The campaign would stress on the negative impact of child marriage in terms of early pregnancies, high rates of MMR, IMR, mortality and morbidity of the girl etc.; it would also emphasize the many positive developments of not allowing child marriages such as better health and well being of the girl, higher educational attainments, making the girl child economically productive through well designed skill development and vocational training courses. All these will provide an impetus and insight to her family that delaying the marriage age has many advantages. Steps should be taken to ensure that every school (both Formal and Non-Formal), Balika Sanghas, Youth Groups and others impart compulsory education on sexuality and reproductive health.

The Ministry should partner with NGOs to combat child marriage. Also, it should mobilize, develop and promote community initiatives to support delayed marriage through PRIs, Community based organizations, maulvis/ pandits/priests/religious leaders and self help groups. Awareness generation and training on various laws pertaining to women (including the now being amended CMRA) as well sensitization on gender rights should be important inputs in Capacity building programmes for different functionaries and stake holders like law enforcement agencies, judiciary, parliamentarians, PRIs etc.

Compulsory registration of marriages is a significant deterrent to child marriages. The Government should ensure that this Act is brought into force and implemented effectively to disallow child marriages. The local panchayats should register all marriages taking place in their jurisdiction and thus keep a close vigil on occurrences of child marriages. Every Panchayat should put up a notice to the effect that child marriages are illegal and indicate the consequences that will result if such marriages take place.

Increased educational opportunities for girls have an important bearing on delaying their marriage. Therefore it is necessary to strive for higher enrolment of girls in elementary and secondary school education. At the same time girl child need to be exposed to skill building, capacity development and vocational training so that livelihood options become available. This has the possibility of further delaying the age of marriage of the girl, especially if she is an economically productive member of the family. Further the Ministry should explore the possibility of providing safe and non-exploitative employment opportunities to the girl child, especially adolescent girls by collaborating with vocational training institutes.

The proposed Conditional Cash Transfer Scheme would supplement the above effort by providing cash and non cash transfers to families to encourage them to retain their girls in school and to delay the girl's marriage beyond 18 years.

## **9. Girl Child Abuse, Exploitation and Violence**

The efforts to prevent girl child abuse and violence calls for strengthening and strict enforcement of laws for rape, sexual harassment, trafficking, domestic violence, dowry and other related issues. Concerted capacity building and training programme on gender related legislation and issues for important functionaries and stakeholders like police, judiciary, prosecutors, general society, NGOs and PRIs needs to be taken up on a nationwide scale.

A major lacuna in assessing the magnitude and spread of various types of violence against girls is the absence of proper gender disaggregated reporting mechanisms. It is essential to put such a system in place with proper networking and inbuilt tracking systems. Community Vigilance Groups along with Self-Help Groups and Youth Groups should ensure that girl children in their community are protected against abuse, violence and exploitation. These groups should closely work with Panchayati Raj System and Child Protection Cell being set up under ICPS scheme. To ensure that the above groups carry out the work efficiently, sensitization and training should be conducted on regular basis. Open and frank discussions and discourses on issues related to abuse, exploitation and violence against girl child should be freely allowed to sensitize the general public. This along with multi media awareness and sensitization campaigns can be instrumental in changing the mindset of society and eliminating the violence and bias against female child.

Keeping in view the vulnerability of girl child, special schemes and programmes would need to be formulated for or their protection. It is also necessary to list such occupations/ activities that pose danger or are hazardous to the girl child and ensure that she is not lured or duped into dangerous activities.

Child Friendly police stations should be constituted in all districts through the setting up of women' police stations, women's help desk in police stations and wide dissemination of child helpline. The Police Stations should have a team of policewomen, social workers and counselors to attend to the needs of the girl child victim.

Well thought out Rehabilitation packages need to be designed with specific modules for specific types of abuse/ violence perpetrated so that the victim receives the correct and appropriate rehabilitation required to be successfully reintegrated back into society. Family counseling and services too need to be provided to families of girls affected by abuse, exploitation and abuse so that they can provide care and support to the victim.

The following paragraphs depict select cases of violence and abuse against the girl child and the requisite remedial measures that need to be taken.

## **10. Trafficking for Commercial Sexual Exploitation**

The Eleventh Plan will need to adopt a Multi-pronged Approach to combat Trafficking with distinct components of:

- i. Preventive measures;
- ii. Rescue and Rehabilitation measures;
- iii. Awareness generation and sensitization; and
- iv. Training and capacity building.

Based on the this approach the following initiatives will need to be taken:

- Preparation of a National Policy on combating trafficking which will address all issues pertaining to trafficking be it sexual exploitation, bonded labour, sale of organs. It will lay down clearly the prevention aspects, laws and legislations, the role of the implementing authorities, rescue and rehabilitation, reintegration etc..
- It is also necessary to consider the formulation of a full fledged composite, holistic legislation in "Trafficking in Persons" in consultation with Ministry of Law, which will have separate sections pertaining to different types of Trafficking such as for commercial sexual purposes, organ transplantation, labour, beggary, migrants, drugs and psychotropic substances, firearms etc.. The proposed omnibus legislation will help in strengthening the cases against traffickers and also provide speedy justice and relief to the victims. For example, cases relating to trafficking for commercial, sexual exploitation can be registered under ITPA, IPC, JJ Act, Offences Against Children's Bill etc., which will ensure that there is no lacunae or loophole for the trafficker to escape.
- Comprehensive scheme with above components to combat trafficking and for rescue and rehabilitation of victims. The proposed scheme may consist of two components – one, for preventive activities to be undertaken through awareness generation programs like peer education, rally, campaign, poster, booklet, wallpaper, handbill, street play, puppet show or through any other traditional art, and use of radio and local news paper. The other component may be for rescue and rehabilitation of victims of trafficking for commercial sexual exploitation and provision of rescue cost, counseling to overcome psychological trauma, shelter home, medical care, legal aid, witness/victim protection, education vocational training, networking with various stakeholders, repatriation and restoration etc.. For victims who are not



in a position to return to their families, thrust also has to be laid on vocational training and placement

- Specially designed strategies to combat trafficking for sexual exploitation in different areas like sex tourism, pilgrim places, beach sex tourism, film industry sex exploitation, etc..
- There is also an urgent need for mapping out vulnerable high-risk areas (especially areas affected by natural and man made disasters) and the creation of a tracking system for trafficked victims to enable their rescue and repatriation.
- Strengthen information networking between different stakeholders, intra-State, inter-State and within the Region. The data base of trafficked and rescued victims, number of arrests made and convictions achieved of traffickers and other culprits needs to be strengthened
- The Ministry of Women and Child Development had requested the Ministry of Home Affairs to set up a dedicated nodal Cell in the MHA for prevention of trafficking. This Cell should come into operation immediately as it is required to coordinate, network and provide feedback to the State Governments and other concerned agencies as well as share data inputs, best practices, innovations etc.. on a sustained and continuous basis to enable better outcomes.
- At present there are a number of problems and constraints faced by enforcement authorities of one State when they have to rescue trafficked victims from other State and book the traffickers. A uniform set of procedures would need to be prepared to facilitate inter State rescue. The proposed Cell in MHA could in consultation with the States, formulate a protocol for this purpose so that the role of local police and other functionaries in the source and destination areas are clearly mentioned.
- The MWCD as a part of its endeavor to engender different organs of the Government had requested MHA to recruit at least 30 percent women personnel in its police forces; to set up Women's Police Stations in every town and a dedicated women's help desk in all police stations to cater to the special needs of women and also to inculcate gender sensitivity in the Police force. The MHA would need to take immediate action on these initiatives.
- The setting up of special Anti Human Trafficking Units in select States is being proposed as part of the MHA/ UNODC project. Based on the success of such units the same needs to be replicated in different States/ cities.
- The MHA would need to formulate a Comprehensive Witness Protection Programme whereby vulnerable witnesses who are victims of trafficking and other serious crimes get adequate protection from threats and intimidation of traffickers till such time the latter are convicted. The Witness Protection programme should have provision for an identity cover for the victim so that her location and other details are not disclosed; provision of food, shelter and other immediate needs are taken care of. As far as possible, recorded statements should be used in the court as evidence and the witnesses need not have to undergo the trauma of traveling time and again to the court houses.
- Existing laws related to trafficking of women and children as well as the Immoral Traffic (Prevention) Act 1956 (now being amended) should be strictly implemented. Further, an intensive training programme in collaboration with various agencies and experts should be organized and conducted for Judicial Officers, Medical Officers, Paramedical Staff, Police (including Border Security Forces, Railway Police, Airport Authorities and CRPF), Counsellors, Social workers, PRI, District level authorities, State Level Authorities, NGO personnel's and families on trafficking. This should be done at both linear and horizontal level. Preparation of Training Manuals for Police and Prosecutors is also required. The

information networking between different stakeholders, intra-State, inter-State and within the Region should be strengthened so as to facilitate better implementation of the laws.

- The root cause of trafficking, which is poverty, and economic vulnerability of women and children needs to be effectively tackled if the menace of trafficking has to be eradicated. Sustained livelihood options in such high trafficking risk regions/families especially can go a long way in preventing trafficking. There is a need to coordinate and network initiatives aimed at reducing poverty, rebuilding society after calamities and emergencies and adopting a holistic approach to interventions which not only target the victims but also their families and communities. Convergence of programs at the ground level would ensure that benefits reach the most vulnerable families in the source areas, thereby preventing trafficking of women and children.
- Community vigilance groups and Balika Sanghas need to be formed in source areas and disaster prone areas for combating trafficking of women and children. Local institutions such as Panchayats may be made accountable for tracking outbound movements of girl child. More childlines should be established at village level and wide publicity should be given to their services.

## **11. Children of Sex Workers**

- There is high probability of children of sex workers entering the sex trade. As a result of their social stigma these children also face physical, mental and sexual abuse. This leads them to take up sex work at a very early age, well inducted by the traffickers who are none other than the older sex workers.
- Interventions should look at enabling a better life for these children through education (Sarva Shiksha Abhiyan, non formal education systems, open schools etc.) .Health and hygiene education should be conducted for these children as due to their high risk environment , the possibilities of contracting STD/ HIV/AIDs etc. are quite high. Life skills education and livelihood options are essential component of a protective prevention package for these children which will also involve their mothers.
- Keeping the above in mind it is quite essential that a separate program should be formulated for these children.

## **12. Prevention of cross border trafficking**

India is a signatory to a large number of international conventions including SAARC Convention on Preventing and Combating of Trafficking of Women and Children for Prostitution. There is need to strengthen regional and overseas initiatives to prevent trafficking and also enable rescue and repatriation of children to their countries of origin. Some initiatives that can be taken include:

- Formulation of a Protocol for inter-country rescue (especially among SAARC countries) and repatriation of women and children in a humane manner;
- Harmonizing definitions and terminology as well as legislations across SAARC nations,
- Developing an information sharing system on select and key parameters which influence trafficking and for tracking of victims,
- Capacity building and training of different agencies in the Region, etc.

- MEA to put in place help lines and other support facilities in their Embassies and High Commissions for immediate response to pleas for help; also to extend support facilities like shelter, food, clothing, medical and legal help and repatriation of rescued victims.
- Need for an omnibus anti trafficking legislation

### **13. Domestic Girl Child Labour**

The Child labour laws need to be strictly implemented to prevent girl child labour. Recommendations include:

- Ensure that the employer of domestic child labour especially of girls are punished.
- Ensure that the domestic girl child labourers are rescued in a gender-sensitive manner and kept in a safe place until repatriation.
- Ensure that a holistic and complete package is provided to rescue girl domestic labour.
- Preventing girl child labour through employment assurance schemes for poor parents.
- Retain the girl in educational system for which the assistance under the proposed conditional Cash transfer scheme can be utilized.

### **14. Welfare and Development of Adolescent Girls (11-18 years)**

Focused attentions needs to be given to the welfare, development and empowerment of Adolescent girls as they presently have only limited opportunity to become informed and contributing members of their community and society. Adolescent also have physical and biological needs at this stage of their development, it is important to take care of their psycho-social needs and encourage them to develop their self-esteem and self confidence. Counseling centers for adolescents should be opened in all schools and information centers at every block for adolescents. Balika Sanghas could be formed in every village of the country. The Balika Sanghas would be collectives and play a role of catalysts in creating an enabling environment and becoming the support group for empowerment of girls.

Further, an empowerment approach in tandem with rights based approach would need to be adopted so that information and training inputs can be translated into decisions and behavior changes. The aim should be to raise the profile of the girls and support them in becoming change agents for themselves, their peers and the community, in general. Efforts should also be made to converge programmes/ schemes of various different Departments and service providers from Government and Non-Government Organisations. Efforts should also be made to involve the family of adolescent and community as a whole.

The Ministry in collaboration with reputed institutions and NGOs should undertake training and awareness programmes for adolescent girls on crucial issues of reproductive system, changes during the adolescent phase and sensitisation to oppressive social systems, social realities and their rights.

Vocational training and skill development keeping newly emerging areas in mind should be imparted to adolescent girls as part of their education (formal and non-formal), so that her marriage and motherhood are deferred/delayed and she is made economically independent.

### **15. Expansion of NPAG and Merger of the Kishori Shakti Yojana (KSY) and Nutrition Programme for Adolescent Girls (NPAG)**

Special nutrition package for adolescent girls is required as their health standards are very poor. This is evident from the NFHS-2 which estimated that more than one third (36%) of girls, have a BMI (Body Mass Index) of less than 18.5 in the age group 15-19yrs and 38.8% have BMI of less than 18.5. Also, high prevalence of anaemia was also brought out by the NFHS-2, wherein 56% of girls in the age group 15-19yrs suffer from anaemia (36% mild anaemia, 17.9% moderate anaemia and 1.9% severe anaemia). The Supreme Court in its WP (C) No. of 2001, vide order dated 28-11-2001 had ordered that each adolescent girl to get 500 calories and 20-25 grams of protein.

The Ministry of Women and Child Development had launched Kishori Shakti Yojana (KSY) as a part of ICDS in the year 2000, which seeks to provide health and nutrition education, job training, life skills and empowerment to the adolescent girls. Under KSY grant-in-aid @ Rs. 1.10 lakh per block is given to the States/UTs every year. In the year 2005-06, this scheme was extended to all the 6118 ICDS projects in the country.

The Nutritional Programme for Adolescent Girls (NPAG) was started on a pilot basis in the year 2002-03 in 51 districts of the country. Under this programme undernourished adolescent girls (body-weight < 35 kg) are given 6 kg of food-grains per month, free of cost for an initial period of three months initially. Thereafter, if their nutritional status does not improve, they are referred to a doctor, meanwhile the provision in terms of free food grains is continued.

Efforts should be made for addressing these nutritional and other issues relating to in an integrated manner through the Merger of KSY and NPAG, and expansion of the coverage of SNP to the adolescent girls in all districts in the country in the Eleventh Plan. An integrated approach taking care of life skills, nutrition, health of all the adolescent girls may pave way for a healthier and more equitable society.

The requirement of funds can be estimated once the strategy/parameters of the scheme are finalized. It is estimated that the number of adolescent girls (11-18 years) to be 8.5 crores and 1/3<sup>rd</sup> of these to be undernourished (2.83 crores). At present 6 kg of food-grains are given per girl per month under NPAG. Average price of wheat and rice (BPL issue price) is Rs.4.15 and Rs.5.65 per respectively. The cost of fortification of wheat is about Rs.1.40 per Kg. Therefore, average cost of fortified wheat flour would be Rs.5.55 per kg. Therefore cost of providing food grains to 2.83 crore girls per annum would be  $2.83 \times 5.6 \times 12 \times 6 =$  Rs.1141 crores. Besides, the existing provision for KSY is Rs.1.1 lakh per Block per annum. This was prescribed in the year 1991 and therefore, this provision needs to be revised upwards. Assuming the revised limit to be Rs.5 lakhs per Block per annum, the requirement for 6119 Blocks would be Rs.306 crores. Therefore the total cost for these two interventions would be Rs.1141+306+Rs.1447 crores. We may earmark additional 10% for other services, administrative and monitoring costs. Therefore, the total requirement of funds, in a year could be Rs.1591 crores (say Rs.1600 crores). A draft scheme for empowerment of adolescent girls is annexed in the Sub-Group Report on Girl Child.

A proposal for expansion of NPAG to all the districts and its merger with KSY, indicating a budget of Rs. 1600 crore in the year 2006-07 apparently has not been agreed to by the Planning Commission during Annual Plan discussions. This proposal may be considered in the Eleventh Plan to improve the nutritional status of adolescent girls and also to empower them socially and economically.

## **16. Girl Child Friendly Villages / Clusters**

In order to encourage and enthuse villages to become more sensitive to the girl child's needs and facilitate her welfare, development and empowerment, it is suggested that villages be given a set of parameters/ indicators to monitor and such villages that comply with all the indicators be declared "Girl Child Friendly". An illustrative list of girl friendly indicators, grouped under 3 categories, viz, health and nutrition, education and protection is provided.

### ***Health and nutrition***

- pregnancy registration
- immunization for mothers
- nutrition supplements for to mother
- institutional deliveries
- regular health check-up.
- accessibility of health centre
- availability of health worker
- availability of medicine
- regular monitoring of health of child
- immunization records of the girl child
- supplementary nutrition of the girl child
- micro nutrients supply

### ***Education***

- Pre-school education & supplementary nutrition facilities
- enrolment of girl-child in school
- Primary education facility
- availability and accessibility of elementary and secondary education facility
- no.of female teachers
- no. of trained teachers
- provision of mid-day meal/ supplementary nutrition
- availability of school books/stationery/school uniform
- pucca school buildings
- toilet / sanitation facility in school
- furniture in school
- extra-curricular activities in schools
- sports facilities
- special provisions for SC/ ST/OBC
- special education for disabled

### ***Protection***

- birth registration of the girl child
- child abuse
- child marriage
- sexual exploitation and trafficking
- child labour
- street children

Based on the number of indicators fulfilled the State Government/ District administration may like to reward these villages/ clusters with awards/recognition / citation etc.. Based on the number of village/ clusters declared “Girl Child Friendly’ the concerned State may also be recognized for its efforts at the national level for which the Ministry of Women and Child Development make constitute a special award.

## **17. Communication Issues**

There is an urgent need for communication to confront and alter the attitudes and practices that now threaten the girl child. It is felt that unless immediate action is taken on a national scale to change this mind set, the girl child’s deprivation will persist. In many parts of India, she is already at risk of extinction. In other words, all measures to protect the girl child, and to secure her rights, must rest on the official position that she is heading towards becoming an endangered species.

- All channels and means of communication and dissemination must be mobilised for Public Education to promote the equal rights and status of girl children, and to alert and inform the public against female foeticide, child marriage, discrimination and mistreatment, and all forms of gender injustice in childhood. It is important to utilize formal and non-formal channels operating in the countryside and community, and to use local idiom. The awareness-building and measures for attitude change should develop and rely upon two-way communication rather than one-way transmission. Programming should be interactive and linked to extension education by local service providers, and aimed at interesting all kinds of audiences in the community, not just mothers and not just girls.
- Communication must address the social view that women are of lower worth than men, and born to serve, and the related perception that daughters are liabilities draining family resources. Family neglect and abuse of girls is a fallout of their perceived low worth. Public education needs to target both families and the surrounding community.
- It is very important for health/family planning communication not to contradict what girl child messages seek to convey to the people. Joint planning is essential for the WCD outreach on the girl child and the NRHM outreach on preventive health and family planning.
  - (i) Dialogue should be generated at community level on both traditional and modern/’pop’ songs, sayings and stories. This should be aimed at both women and men, and at children themselves.
  - (ii) An analysis of existing lullabies, traditional songs and lyrics will be required, since most relating to children celebrate the birth and happiness of sons. Local level discussion of such lyrics and the messages they convey should form part of any communication initiative.

- (iii) There is urgent need to embark on a massive nationwide sensitization and advocacy campaign with specific focus on the importance of the girl child to reinforce the view that she is an asset and not a burden. A key message would have to be that the nation values girl children and welcomes their presence, and that the family and community must accord them their rights and entitlements.
- (iv) The campaign would need to be multi pronged involving the services of multi media as well other community and peer advocacy groups (such as spiritual leaders, parliamentarians, ) specifically designed for different sections of society.
- A variety of communication and promotion channels are available.
  - (a) Mass media services of the Government :
    - Conscious and intensive use of radio services (AIR), with interactive linkage to ground-level communicators, and feedback and Q & A connections to radio stations;
    - Planned use of song and drama services involving both I&B performers and local talent; low-cost publications and locally relevant posters (could be made locally); planned use of short films as “triggers” to generate local discussion;
    - Field-based capacity-building
  - (b) Development service infrastructures and their service providers
  - (c) Use of outreach infrastructures and services operating in the field
  - (d) Tapping into local communication systems and practitioners
  - (e) Informing, persuading and mobilising local / PRI leadership
  - (f) NYKS as change communicator: If the outreach and communication capability of the Nehru Yuva Kendra Sangathan (300,000 rural youth clubs) is mobilised, it could contribute significantly to strengthening local advocacy for girl children is immense. Such an initiative could open a partnership and field linkage of MWCD and DYAS to enhance local and community regard and support for the girl child.
    - NYKS programmes could not only communicate positive messages, but also exemplify equal opportunities for girls, and provide evidence of how girl children can contribute to their communities as young citizens;
    - the proposed extension of NYKS membership and services to include the 10-15 age group could provide a valuable new setting for girl children to enjoy development support and learning opportunities, and the NYKS
  - (g) Use of the country’s postal services network as a key outreach mechanism and resource, and the post office as a local information hub or resource point.
- The Mid-Term Appraisal report has drawn special attention to the potential of India’s postal network to disseminate public information, citing the public health sector as one in which it could play a useful role. Operating through 155,000 post offices across the country, the network holds promise for communication on the girl child. The MTA report has pointed to the unparalleled reach and connectivity of the network, and its local reliability, with every postman providing a connection to the community, and 89 per cent of post offices in rural locations. It should be used as a major channel to reach out to homes in the remotest rural areas. The postal system holds matching potential as the repository of the proposed cash transfer credit scheme benefiting girl children.
- Communication must target the mindset that upholds “son preference.” This will not be achieved by projecting images of bright little girls. Communication must also:

- (a) convey that the elimination of unborn and newborn daughters is a crime, promote and publicise official action to curb the practices of foeticide, infanticide, and denial of care, and enlist public support against both disposal and neglect;
  - (b) overcome the connection communities and couples make between the 2-child norm and the elimination of unborn daughters;
  - (c) promote recognition of girl children as a resource to the community and an asset in her own right.
- The content, design and positive stance of programming for the girl child will give communication its substance and tone. Affirmative action to benefit girl children, delivered by services and providers that are aware and pro-active, will be the most effective ‘message.’ The value of mobilising local leadership and influencers as positive actors in this process is obvious.
  - Communication against foeticide will need to be customised to local settings, to address whether it is an entrenched fault or a trend, or a thought in the air. A unique feature of the problem of female foeticide is that it is not restricted to any single social or economic group or groups .In fact, it cuts across caste and income barriers as evidenced from the fact that well to do States such as Haryana, Delhi and Punjab have the most adverse female sex ratios. The perception that a daughter is a burden is also found in large sections of poor and BPL families.

#### Proposed financial allocations for Girl Child:

Sl. No.	Item	Proposed Budget					<i>(Rs. In Crores)</i>	
		Year 1	Year 2	Year 3	Year 4	Year 5	Total	
1.	Merger of NPAG and KSY	1600.00	1600.00	1600.00	1600.00	1600.00	8000.00	
2.	Prevention of Trafficking in Source and Destination areas	50.00	50.00	50.00	50.00	50.00	250.00	
3.	Conditional Cash Transfer*	32.00	32.00	32.00	**	**	96.00	
	<b>Total</b>	<b>1682.00</b>	<b>1682.00</b>	<b>1682.00</b>	<b>1650.00</b>	<b>1650.00</b>	<b>8396.00</b>	

\* Pilot Project for first three years to be up-graded to a scheme thereafter.

\*\* Evaluation would be carried out after three years and outlay continued subject to positive evaluation report



## **NON-NEGOTIABLE RECOMMENDATIONS**

While all the recommendations are important for fulfillment of rights of the child, the following recommendations have been identified as non-negotiable, which must find full support in the Eleventh Five Year Plan in terms of adequate financial allocations indicated below:

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## **NON-NEGOTIABLE RECOMMENDATIONS**

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### **ICDS AND NUTRITION**

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- Universalisation of ICDS with quality
- Strengthening infrastructure and service delivery
- Restructuring programme management
- Strengthening of Human Resource Management
- Eradication of severe malnutrition
- Strengthening nutrition and health education
- Strengthening training and capacity building as well as monitoring and evaluation

### **EARLY CHILDHOOD EDUCATION**

- Provision of an additional AWW to impart pre-school education in each AWC
- Strengthening and expansion of NIPCCD

### **CHILD PROTECTION**

- Initiation of a newly centrally sponsored Integrated Child Protection Scheme (ICPS)
- Expansion of Creche and Day Care Programme
- Review and reorganization of Adoption System in India
- Human resource development for strengthening counseling services
- Data systems, research, advocacy and communication
- Child budgeting
- Child impact audit
- Enhanced resource allocation for grant-in-aid scheme

### **GIRL CHILD**

- A Cradle baby or 'Palna' Scheme to save the girl child
  - A Pilot Scheme on Conditional Transfer (Cash & Non-Cash) for girl child with a provision for insurance cover for the girl child
  - Expansion of NPAG and its merger with KSY
  - Enhanced advocacy and communication on girl child survival and declining child sex ratio
  - Amendment and implementation of child marriage law
-

### **Enhanced Media Plan for the Ministry of WCD in Eleventh Plan**

With rapid growth of economic sector in the country it is essential that social sector is also given due importance in the present scenario. Creating general awareness and advocacy through mass communication system is the need of the hour. The burning issues like infanticide, foeticide, child marriage, violence against women and children and others need to be addressed through multimedia campaigns to target the community and society as a whole. The Ministry of WCD which deals with more than 70% of the population among women and children require enhanced media plan in the Eleventh Plan period to reach the community. The objective would be achieved through multimedia publicity campaigns with the use of electronic and print media effectively. Outdoor publicity activities would also be undertaken for dissemination of information, education and motivating people for bringing attitudinal changes to achieve social development goals. Specific objectives include mobilization of public opinion on issues such as girl child, holistic development of children, women empowerment, nutrition, gender equity and social evils like child marriage, dowry, sexual abuse of girl child, exploitation of women and children and others. In order to give a major thrust to social sector specifically the women and children it is proposed to enhance media plan of the Ministry of WCD. For the purpose of multi mass media activities would be planned for production of documentary films, video films, radio spots, radio and TV serials and broadcast and telecast of these programmes through AIR, Doordarshan and other private channels.

### **SUMMARY OF PROPOSED FINANCIAL ALLOCATIONS FOR CHILDREN IN THE ELEVENTH FIVE YEAR PLAN**

Sl. No.	Item	Proposed Budget					
		Year 1	Year 2	Year 3	Year 4	Year 5	Total
		<i>(Rs. In Crores)</i>					
1.	ICDS and Nutrition	7939.35	8659.35	8505.36	8405.36	8405.36	41914.81
2.	Early Childhood Education	74.55	146.55	218.55	290.55	362.55	1092.75
3.	Child Protection	2227.21	2288.13	2348.06	2408.31	2464.91	11736.62
4.	Girl Child	1682.00	1682.00	1682.00	1650.00	1650.00	8396.00
5.	Media Plan for MWCD	100.00	100.00	100.00	100.00	100.00	500.00
	<b>Total</b>	<b>12023.11</b>	<b>12876.03</b>	<b>12853.97</b>	<b>12854.22</b>	<b>12982.82</b>	<b>63640.18</b>

## Annexure-I

### Working Group on the Development of Children for the Eleventh Five-Year Plan (2007-2012)

#### Terms of Reference of the Working Group:

- i. To review the existing approach, strategies, priorities; the on-going policies and programmes and their implementation for the survival, protection, welfare and development of children, both within the child-specific and child-related Sectors and suggest rationalization/minimization of the on-going programmes and effective inter-sectoral convergence;
  - ii. To review the progress of NCMP related schemes for development of children and suggest measures for their improvement;
  - iii. To review the recent initiative of gender budgeting and outcome budget for the empowerment of women and suggest measures if any for their further improvement;
  - iv. To review the recent initiative of outcome budget for the development of children and suggest measures if any for their further improvement;
  - v. To suggest on the possibility of the child budgeting in the line of the gender budgeting;
  - vi. To identify the neglected areas and groups; gaps, weaknesses and bottlenecks in the implementation; and take note of the emerging problems/situations related to survival, protection, welfare and development of children in the changing scenario and suggest necessary interventions;
  - vii. To review the implementation of the existing child-specific and child-related legislations and mechanism for their enforcement and suggest corrective measures;
  - viii. To review the functioning of the existing Institutional arrangements, both in the Central and State levels for implementation of policies and programmes relating to children and suggest measures to make their more effective;
  - ix. To review and assess the involvement of Panchayati Raj Institutions/Local Self Government Bodies and NGOs in the implementation of the programmes relating to children and suggest measures for their effective involvement in the planning process; and
  - x. To review the physical and financial achievements in relation to the targets fixed under various programmes for children during the Tenth Plan and project programme-wise requirements, both physical and financial for Survival, Protection, Welfare and Development of Children during the Eleventh Five Year Plan (2007-08 to 2011-2012).
2. The Chairman of the Working Group may constitute Sub-Groups and or co-opt additional members as may be considered necessary.
  3. The expenses towards TA/DA of official members in connection with the meetings of the Working Group will be borne by the respective Offices. 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 Ministry of Women and Child Development.
  4. The Working Group shall submit its report positively by August, 2006.

#### Composition of the Working Group

It has been decided to set up a Working Group on "Development of Children' for the Eleventh Five Year Plan. The composition of the Working Group will be as follows:

1.	Secretary Ministry of Women & Child Development Shastri Bhavan New Delhi	Chairperson
2.	Secretary, Department of Health & Family Welfare Nirman Bhavan New Delhi	Member
3.	Secretary, Department of Ayush 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, Ministry of Labour Shram-Shakti Bhavan New Delhi	Member
7.	Secretary, Ministry of Urban Employment & Poverty Alleviation Nirman Bhavan New Delhi	Member
8.	Secretary, Ministry of Rural Development Krishi Bhavan New Delhi	Member
9.	Secretary, Department of Agriculture & Cooperation Krishi Bhavan New Delhi	Member
10.	Secretary, Ministry of Social Justice & Empowerment Shastri Bhavan New Delhi.	Member
11.	Secretary, Department of Science & Technology Technology Bhavan New Mehrauli Road New Delhi	Member
12.	Secretary, Ministry of Information & Broadcasting Shastri Bhavan New Delhi.	Member
13.	Secretary, Ministry of Tribal Affairs Shastri Bhavan New Delhi.	Member
14.	Secretary, Department of Women & Child Development Government of Kerala Vikas Bhavan Thiruvananthapuram - (695 001)	Member
15.	Secretary, Department of Women & Child Development Government of Manipur S Block, Secretariat Imphal - (795 001)	Member
16.	Secretary, Department of Women & Child Development Government of Uttar Pradesh Room No. 121, Babu Bhavan Lucknow - 226 001	Member
17.	Secretary, Department of Women & Child Development Government of Meghalaya Shillong - 783 001	Member
18.	Secretary, Department of Women & Child Development Government of West Bengal Kolkatta - 700 001	Member
19.	Secretary, Department of Women & Child Development Government of Haryana SCO No.360-361, Sector-34 A Chandigarh - ( 160 017)	Member
20.	Secretary, Department of Women & Child Development Government of Bihar Main Secretariat Patna - (800 015)	Member
21.	Director, NIPCCD, 5, Siri Institutional Area, Hauz Khas, New Delhi	Member
22.	Executive Director, Central Social Welfare Board (CSWB), B-12, Tara Crescent, Qutab Institutional Area New Delhi.	Member
23.	Representative Department of Elementary and Pre-school Education, National Council for Educational Research & Training (NCERT) Sri Aurobindo Marg New Delhi	Member
24.	Director National Institute of Educational Planning and Administration Sri Aurobindo Marg New Delhi	Member
25.	Representative All India Institute of Medical Sciences Ansari Nagar New Delhi-110 029	Member
26.	Director National Institute of Nutrition Jamia Osmania, Hyderabad - 500 007 A.P.	Member
27.	Mrs. Andal Damodaran Indian Council for Child Welfare, 4, Deendayal Upadhyaya Marg New Delhi-110 002	Member
28.	Shri Amod Kanth Secretary PRAYAS, Juvenile Aid Centre F-IX, 4X, Jahangirpuri, Delhi-110 023.	Member
29.	Smt. Mridula Bajaj Mobile Creches, DIZ Area Raja Bazar, Sector-IV Near Gole Market New Delhi.	Member
30.	Ms. Rani Bang SEARCH, Shodha Gram P.O. & District Gatechiroli Maharashtra - 442 605	Member
31.	Dr. A.K. Sinha Ex-Vice Chancellor & Ex-President India Economic Association Gangiya Niwas, Kedarnath Road, Kalyani, Muzaffarpur - 842 001 Bihar	Member
32.	Dr. Archina Dhar Asst. Director SOS Children Villages of India A- 7, Nizamuddin West New Delhi-10013	Member
33.	Joint Secretary Ministry of Women & Child Development Shastri Bhavan New Delhi	Convener

## Composition of Sub Groups

The Secretary, Ministry of WCD constituted four Sub-Groups under the Working Group on Child Development Chaired by the concerned Joint Secretary of the Ministry of WCD. The composition of the four Sub-Groups is given below:

<b>Sub-Group on ICDS and Nutrition</b>	Shri Chaman Kumar, Joint Secretary, Ministry of Women & Child Development, Shastri Bhawan, New Delhi	Chairperson
<b>Sub-Group on Early Childhood Education</b>	Shri Chaman Kumar, Joint Secretary, Ministry of Women & Child Development, Shastri Bhawan, New Delhi	Chairperson
<b>Sub-Group on Girl Child</b>	Smt. Manjula Krishnan, Economic Advisor, Ministry of Women & Child Development, Shastri Bhawan, New Delhi	Chairperson
<b>Sub-Group on Child Protection</b>	Dr. Loveleen Kacker, Joint Secretary (CW), Ministry of Women & Child Development, Shastri Bhawan, New Delhi	Chairperson

The details of members of above-mentioned Sub-Groups are given in respective Sub-Group reports.

## Composition of the Drafting Committee

The Secretary, Ministry of WCD constituted a Drafting Committee for compiling and finalizing the Working Group Report. The composition of the Drafting Committee was as follows:

1.	Dr. Loveleen Kacker, Joint Secretary (CW), Ministry of Women & Child Development, Shastri Bhawan, New Delhi	Chairperson
2.	Mr. J. S. Kochher, Director (CW), Ministry of Women & Child Development Shastri Bhawan New Delhi	Member Secretary
3.	Ms. Razia Ismail Abbasi, India Alliance for Child Rights, New Delhi	Member
4.	Ms. Karuna Bishnoi, Communication Officer, UNICEF, New Delhi	Member
5.	Ms. Bharti Ali, HAQ Centre for Child Rights, New Delhi	Member
6.	Ms. Ruchi Sinha, Apne Aap Women Worldwide, New Delhi	Member
7.	Dr. Dinesh Paul, Additional Director, NIPCCD, New Delhi	Member
8.	Mr. D. D. Pandey, NIPCCD, New Delhi	Member
9.	Mr. Pravesh Kumar, Consultant, UNICEF-Ministry of WCD, New Delhi	Member
10.	Mr. C. K. Reejonia, Under Secretary (CW-I), Ministry of WCD, New Delhi	Convener

## Annexure-II

<b>MILLENNIUM DEVELOPMENT GOALS AND CHILD PROTECTION</b>	
<b>Goal 1</b>	<b>Eradicate extreme poverty and hunger</b>
	<p><b>Poverty and Child Protection:</b> Children who live in extreme poverty are often those who experience violence, exploitation, abuse and discrimination. In the immediate term, poverty lessens the chances they will enjoy a protective environment, they easily become marginalised and are frequently denied essential services like health and education. In the long run, in a self-perpetuating cycle, their marginalization decreases the likelihood that they will escape poverty for themselves and their families as they enter adulthood.</p>
	<p><b>Child Labour:</b> Child labour squanders a nation's human capital. It is both a cause and consequence of poverty. It damages a child's health, threatens education and leads to further exploitation and abuse.</p> <p><b>Trafficking:</b> Poverty is the root cause of trafficking of children for various purposes.</p> <p><b>Conflict/Civil disturbances:</b> Conflict/civil disturbances deplete physical, economic and human resources and leads to displacement of populations.</p> <p><b>Birth Registration:</b> Without documents to prove birth registration, children and families cannot often access health, education and other social services. The Government cannot plan poverty alleviation and social service programs without accurate estimates of yearly births.</p> <p><b>Abandonment and Separation from Family:</b> Poverty and exclusion contribute to child abandonment, sending children to work on the street or in other environments away from home, and to the use of formal and informal fostering arrangements as well as institutional care. While some of these strategies sometimes may address the child or the families short term economic needs, they can also lead to poor child development, leaving children ill-prepared to deal with adulthood, and a greater likelihood of continuing the cycle of poverty.</p> <p><b>Children in conflict with the law:</b> The CRC and other HR instruments make clear that children accused of crimes are entitled to treatment which takes into account the child's age and the desirability of promoting the child's reintegration and the child's assuming a constructive role in society. When this is not done, children's chance of reintegration is reduced, and their likelihood of poverty and marginalisation in adulthood rises.</p>
<b>Goal 2</b>	<b>Achieve universal primary education</b>
	<p><b>Education and Child Protection:</b> Universal primary education cannot be achieved without efforts to eliminate the barriers that keep children out of school: child labour, violence in schools, discrimination, and over-use of institutional care. Reaching the hard-to-reach- including children affected by HIV/AIDS, orphans, children with disabilities, children from minorities and of migrant families, and those who are in institutional care- is critical to achieving education for all. Ensuring that children attend schools with qualified staff can also help prevent and address child protection abuses.</p>
	<p><b>Child Labour:</b> Child Work and Child Labour can impede the education of children. Particularly girls, who comprise a larger portion of the out-of-school population.</p> <p><b>Violence:</b> The school environment needs to be safe, protective and free of violence if children are to be encouraged to attend and remain in school. Sexual violence and harassment facing girls at school is a major impediment to achieving gender equality in education. Eliminating corporal punishment and other forms of violence including bullying, peer</p>

	<p>violence and sexual abuse are thus integral to ensuring a safe and protective learning environment for children.</p> <p><b>Conflict/civil disturbance:</b> Conflict/civil disturbance can displace families, separate children from their parents and disrupt a child’s education.</p> <p><b>Child Marriage:</b> Girls face economic and cultural pressures to drop out of school in order to get married. <b>Exclusion:</b> Many vulnerable groups subject to discrimination need to be taken into account in reaching this target, including children affected by HIV/AIDS, orphans, children with disabilities, children affected by conflict and those trafficked, minorities and children of migrant families.</p> <p><b>Children without Parental Care:</b> Ensuring that children who are not able to live with their families are placed in the most appropriate family environment increases the likelihood that they will attend and benefit from school</p>
<b>Goal 3</b>	<b>Promote gender equality and empower women</b>
<p><b>Gender Equality and Child Protection:</b> Child marriage, sexual violence, child labour and trafficking, lack of education and skills, are child rights violations and prevent girls from enjoying gender equality and developing their potential to be self-sufficient and productive citizens. These must be prevented and addressed as part of initiatives to empower girls and women.</p>	
	<p><b>Child Marriage:</b> Girls face economic and cultural pressures to drop out of school, and may not have opportunities to participate in community events and other matters that affect their lives.</p> <p><b>Sexual Violence:</b> Widespread sexual violence and harassment of girls at schools are major impediments to achieving gender equality in education. When they occur in other settings, such as community and workplace, they undermine efforts to empower girls and women.</p> <p><b>Child Labour:</b> Girls are disproportionately engaged in domestic work which often compromises their school participation.</p> <p><b>Trafficking:</b> Trafficking in girls and women is a severe impediment to their human rights and empowerment.</p>
<b>Goal 4</b>	<b>Reduce child mortality</b>
<p><b>Child Mortality and Protection:</b> Extreme exploitation, violence or abuse can lead to child deaths, both under the age of five and throughout various phases of childhood.</p>	
	<p><b>Child Marriage:</b> Babies who are born to very young mothers are more vulnerable to diseases during critical early years of life. Young mothers are themselves still children, and their own health is endangered during pregnancy and childbirth.</p> <p><b>Violence:</b> Violence against children can lead in extreme cases to death.</p> <p><b>Conflict/civil disturbance:</b> Violence against children during conflict/ civil disturbances leads to child deaths as seen in Gujarat riots, Chhatisgarh/A.P. naxalite action, North East encounters etc..</p> <p><b>Abandonment and separation from caregivers:</b> Children separated from their mother at an early age, especially those who remain in institutional settings for an extended period of time, are at much greater risk of early death</p> <p><b>Disability:</b> Inattention to disability increases children’s risk of poor functioning as they grow, and also increases mortality risk.</p>

	<b>Substance Abuse:</b> Children without protection are more vulnerable to substance abuse and its effects, including death.
<b>Goal 5</b>	<b>Improve Maternal Health</b>
	Abuses against adolescent girls endanger their physical and psychological health, and should they become mothers, their reproductive health as well.
	<p><b>Child Marriage:</b> Protecting girls from child marriage is an important factor in improving maternal health as pregnancy at a young age jeopardizes the health of young mothers.</p> <p><b>Conflict/ civil disturbance:</b> jeopardizes young mother's access to critical health-care services.</p> <p><b>Sexual Violence:</b> Widespread sexual violence in conflict/civil disturbances has a direct impact on maternal mortality, in particular when combined with high levels of HIV/AIDS prevalence.</p>
<b>Goal 6</b>	<b>Combat HIV/AIDS, malaria and other diseases</b>
	<b>HIV/AIDS and Protection:</b> The fight against HIV/AIDS must include efforts to prevent child protection abuses which make children particularly vulnerable to the disease. For children orphaned or otherwise made vulnerable by HIV/AIDS, protection is a priority.
	<p><b>Worst forms of Child Labour:</b> Many of the worst forms of child labour fuel the spread of HIV/AIDS as children are sexually exploited and trafficked for use in other ways (carriers, for substance abuse, messengers in conflict etc.). Children from families and communities affected by HIV/AIDS are particularly vulnerable to these forms of exploitation</p> <p><b>Sexual Abuse and Exploitation:</b> Protecting children from sexual abuse and exploitation can play an important part in both ensuring the protection of children affected by HIV/AIDS and preventing infection amongst all young people.</p> <p><b>Children without Parental Care:</b> Children in HIV/AIDS affected families are particularly at risk of losing the care and protection of their families. Ensuring that they remain within the most appropriate family environment is important for their protection and well-being.</p> <p><b>Children in conflict with the law:</b> Reducing recourse to detention is a stated objective of HR instruments dealing with juvenile justice. This will also have the positive affect of reducing their vulnerability to infection, given the high rates of transmission.</p>
<b>Goal 7</b>	<b>Ensure environmental sustainability</b>
	Environmental disasters increase household vulnerability, which in turn increase the pressure for child labour, as well as sexual exploitation, child marriage and trafficking of children. Overcrowding of neighbourhoods and homes can put severe strains on environmental resources, which can lead to violence or sexual abuse in the home.
<b>Goal 8</b>	<b>Develop a global partnership for development</b>
	<b>Partnerships for Child Protection:</b> Child Protection demands inter-sectoral cooperation at the national and state and lower levels. Creating a protective environment for children means partnering with local government, civil society, the UN and NGO partners to put protective systems in place by strengthening government commitment, promoting adequate legislation to better protect children ,strengthen systems and capacities, providing services, addressing attitudes and customs, monitoring and reporting, developing children's life skills and encouraging open discussion. Role of private/corporate sector needs to be considered.



## Glossary of Terms

<b>AIDS</b>	Acquired Immunodeficiency Syndrome
<b>AIIMS</b>	All India Institute of Medical Sciences
<b>ANC</b>	Antenatal Clinic
<b>ANM</b>	Auxiliary Nurse Midwife
<b>ARI</b>	Acute Respiratory Infection
<b>AWC</b>	Anganwadi Centre
<b>AWH</b>	Anganwadi Helper
<b>AWTCs</b>	Anganwadi Workers Training Centres
<b>AWW</b>	Anganwadi Worker
<b>BCC</b>	Behaviour Change Communication
<b>BDO</b>	Block Development Officer
<b>BE</b>	Budget Estimates
<b>BMI</b>	Body Mass Index
<b>BPL</b>	Below Poverty Line
<b>BRCs</b>	Block Resource Centres
<b>BSY</b>	Balika Samridhi Yojna
<b>CARA</b>	Central Adoption Resource Agency
<b>CBO</b>	Community Based Organisation
<b>CCT</b>	Conditional Cash Transfer
<b>CDPO</b>	Child Development and Panchayat Officer
<b>CPR</b>	Calibrated Preemptive Response
<b>CRCs</b>	Central Resource Centres
<b>CSR</b>	Child Sex Ratio
<b>CSWB</b>	Central Social Welfare Board
<b>CWC</b>	Child Welfare Committee
<b>DC</b>	District Collector
<b>DIETs</b>	District Institute of Education and Training
<b>DM</b>	District Magistrate
<b>DPEP</b>	District Primary Education Programme
<b>DRCs</b>	District Resource Centres
<b>DWCD</b>	Department of Women and Child Development ( <i>Now Ministry of Women and Child Development</i> )
<b>ECCE</b>	Early Childhood Care and Education
<b>ECE</b>	Early Childhood Education
<b>EFA</b>	Education for All
<b>FNB</b>	Food and Nutrition Board
<b>GAWA</b>	The Guardians and Wards Act
<b>GCC</b>	Genetic Counselling Centres
<b>GDP</b>	Gross Domestic Product
<b>GOI</b>	Government of India
<b>Govt.</b>	Government
<b>HAMA</b>	The Hindu Adoption and Maintenance Act
<b>HDI</b>	Human Development Index
<b>HIV</b>	Human Immunodeficiency Virus
<b>ICCW</b>	Indian Council for Child Welfare
<b>ICDS</b>	Integrated Child Development Scheme

<b>ICPS</b>	Integrated Child Protection Scheme
<b>IDA</b>	Iron Deficiency Anaemia
<b>IDD</b>	Iodine Deficiency Disorder
<b>IEC</b>	Information, Education and Communication
<b>IGNOU</b>	Indira Gandhi National Open University
<b>ILO</b>	International Labour Organisation
<b>IMFL</b>	Indian Made Foreign Liquor
<b>IMR</b>	Infant Mortality Rate
<b>IPEC</b>	International Programme on the Elimination of Child Labour
<b>ITPA</b>	The Immoral Traffic (Prevention) Act
<b>IYCF</b>	Infant and Young Child Feeding
<b>JJ Act</b>	The Juvenile Justice (Care and Protection of Children) Amendment Act 2006
<b>JJB</b>	Juvenile Justice Boards
<b>KSY</b>	Kishori Shakti Yojana
<b>LHVs</b>	Lady Health Visitors
<b>MCD</b>	Mother and Child Day
<b>MDGs</b>	Millennium Development Goals
<b>MICS</b>	Multi Indicator Cluster Survey
<b>Ministry of HRD</b>	Ministry of Human Resource Development
<b>MLTCs</b>	Middle Level Training Centres
<b>MMR</b>	Maternal Mortality Rate
<b>MND</b>	Micronutrient Deficiency
<b>MO</b>	Medical Officer
<b>MoH&amp;FW</b>	Ministry of Health and Family Welfare
<b>MoHRD</b>	Ministry of Human Resource Development
<b>MoRD</b>	Ministry of Rural Development
<b>MoSJ&amp;E</b>	Ministry of Social Justice & Empowerment
<b>MoTA</b>	Ministry of Tribal Affairs
<b>MOU</b>	Memorandum of Understanding
<b>MTA</b>	Mid Term Appraisal
<b>MTCT</b>	Mother to Child Transmission
<b>MTP</b>	Medical Termination of Pregnancy
<b>MWCD</b>	Ministry of Women and Child Development
<b>NACO</b>	National AIDS Control Organisation
<b>NCAER</b>	National Council for Applied Economics Research
<b>NCERT</b>	National Council of Educational Research and Training
<b>NCF</b>	National Creche Fund
<b>NCLP</b>	National Child Labour Project
<b>NCMP</b>	National Common Minimum Programme
<b>NCW</b>	National Commission for Women
<b>NCTE</b>	National Centre for Technical Education
<b>NDC</b>	National Development Council
<b>NE Region</b>	North East Region
<b>NFHS-II</b>	National Family Health Survey-II
<b>NFHS-III</b>	National Family Health Survey-III
<b>NGO</b>	Non-governmental Organisation
<b>NIEPA</b>	National Institute of Educational Planning and Administration

<b>NIHFW</b>	National Institute for Health and Family Welfare
<b>NIMHANS</b>	National Institute of Mental Health and Neuro Sciences
<b>NIPCCD</b>	National Institute of Public Cooperation and Child Development
<b>NISD</b>	National Institute of Social Defence
<b>NIOS</b>	National Institute of Open Schooling
<b>NNMB</b>	National Nutrition Monitoring Bureau
<b>NPAC</b>	National Plan of Action for Children, 2005
<b>NPAG</b>	Nutrition Programme for Adolescent Girls
<b>NPE</b>	National Policy on Education
<b>NREG</b>	National Rural Employment Guarantee Scheme
<b>NRHM</b>	National Rural Health Mission
<b>NSSO</b>	National Sample Survey Organisation
<b>PHC</b>	Primary Healthcare Centre
<b>PNDT</b>	The Pre-Natal Diagnostic Techniques (PNDT) Act
<b>POA</b>	Plan of Action
<b>PPCP</b>	Public Private Community Partnership
<b>PRI</b>	Panchayati Raj Institution
<b>PSE</b>	Pre School Education
<b>RDA</b>	Recommended Daily Allowance
<b>RE</b>	Revised Estimates
<b>RGI</b>	Registrar General of India
<b>SC</b>	Schedule Caste
<b>SCERT</b>	State Council of Educational Research and Training
<b>SHG</b>	Self Help Group
<b>SJPU</b>	Special Juvenile Police Unit
<b>SSA</b>	Sarva Shiksha Abhiyan
<b>ST</b>	Schedule Tribe
<b>STD</b>	Sexually Transmitted Disease
<b>UNAIDS</b>	Joint United Nations Programme on HIV/AIDS
<b>UNCRC / CRC</b>	United Nations Convention on the Rights of the Child
<b>UNDP</b>	United Nations Development Programme
<b>UNESCO</b>	United Nations Educational, Scientific and Cultural Organisation
<b>UNICEF</b>	United Nations Children's Fund
<b>USGs</b>	Ultra sonography
<b>UT</b>	Union Territory
<b>VAD</b>	Vitamin 'A' Deficiency
<b>WHO</b>	World Health Organisation