Report of the Sub-Groups on Child Rights

For 12th Five Year Plan (2012-2017)

MINISTRY OF WOMEN & CHILD DEVELOPMENT

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FOREWORD

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

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

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

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

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

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

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

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

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

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

(Neela Gangadharan)

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PREFACE

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

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

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

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

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

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

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

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

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

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

Shreeranjani

(Dr. Shreeranjan)

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List of Abbreviations

AEP	Adolescence Education Program
AG	Adolescent Girls
AIDS	Acquired Immunodeficiency Syndrome
ALMSC	Anganwadi Level Monitoring & Support Committee
ANC	Antenatal check up
ANM	Auxillary Nurse Midwife
ARC	Adolescent Resource Center
ARI	Acute Respiratory Infections
ARSH	Adolescent Reproductive and Sexual Health Program
ASER	Assessment Survey Evaluation Research
ASHA	Accredited Social Health Activist
ASHA	Accredited Social Health Activists
AUD	Ambedkar University, Delhi
AWC	Anganwadi Centres
AWH	Anganwadi Helper
AWTCs	Anganwadi Training Centres
AWW	Anganwadi Worker
BMI	Body Mass Index
BPNI	Breastfeeding Promotion Network of India
BRC	Block Resource Centre
CARA	Central Adoption Resource Agency
CBO	Community Based Organisations
CBSE	Central Board of Secondary Education
CCI	Child Care Institution
CCT	Conditional Cash Transfer
CCT	Conditional Cash Transfers
CD	Child Division
CDPO	Child Development Project Officers

CDPO	Community Development Project Officer
CEDAW	Convention of All Forms of Discrimination against Women
CHC	Community Health centre
CPCR	Commissions for the Protection of Child Rights
CPI-RL	Consumer Price Index for Rural Labourer
CRC	Child Resource Centres
CSR	Child Sex Ratio
CWC	Child Welfare Committees
DCPS	District Child Protection Societies
DLHS	District level Health Survey
DPMUs	District Programme Management Units
DPO	District Project Officer
EBBs	Educationally Backward Blocks
ECCE	Early Childhood Care and Education
ECD	Early Childhood Development
ECE	Early Childhood Education
EFA	Education for All
F-IMNCI	Facility Based Integrated Management of Neonatal and Childhood Illnesses
FRUs	First Referral Units
FYP	Five Year Plan
GII	Gender Inequality Index
HCM	Hot Cooked Meal
HIV	Human Immunodeficiency Virus
ICDS	Integrated Child Development Services
ICMR	Indian Council of Medical Research
ICPS	Integrated Child Protection Scheme
ICT	Information Communication & Technology
IEC	Information, Education & Communication
IFA	Iron and Folic Acid
IFAD	International Funds for Agriculture Development
IGMSY	Indira Gandhi Matritva Sahyog Yojana

IIPS	Institute for International Policy Studies
IMR	Infant Mortality Rate
IMS	Infant Milk Substitutes
IPC	Indian Penal Code
ITPA	Immoral Traffic (Prevention) Act
IUGR	Intrauterine Growth Retardation
IYCF	Infant & Young Child Feeding
JJ Act	Juvenile Justice Act
JJB	Juvenile Justice Boards
KGBV	Kasturba Gandhi Balika Vidyalaya
KSY	Kishori Shakti Yojana
KVK	Kishore Vikas Kendras
LSE	Life Skill Education
MBBS	Bachelor of Medicine and Bachelor of Surgery
MCI	Medical Council of India
MCPC	Mother & Child Protection Cards
MDG	Millennium Development Goals
MES	Modular Employable Skills
MHFW	Ministry of Health & Family Welfare
MHRD	Ministry of Human Resource Development
MIS	Management Information system
ML&E	Ministry of Labour & Employment
MLTCs	Middle Level Training Centres
MMR	Maternal Mortality Rate
MMUs	Mobile Medical Units
MNREGS	Mahatma Gandhi National Rural Employment Guarantee Scheme
MoHFW	Ministry of Health & Family Welfare
MOYAS	Ministry of Youth Affairs & Sports
MPHW	Multi-purpose Health Worker
MPRs	Monthly Progress Reports
MTA	Mid-Term Appraisal

MWCD	Ministry of Women & Child Development
MWCD	Ministry of Women and Child Development
NACO	National AIDS Control Organisation
NCAER	National Council of Applied Economic Research
NCERT	National Council of Educational Research and Training
NCLP	National Child Labour Projects
NCPCR	National Commission for Protection of Child Rights
NCRB	National Crime Records Bureau
NCTE	National Council of Teacher Education
NFHS	National Family Health Survey
NGO	Non-Government Organisation
NHE	Nutrition and Health Education
NIC	National Informatics Centre
NIHFW	National Institute of Health & Family Welfare
NIMS	National Institute of Medical Sciences
NIN	National Institute of Nutrition
NIPCCD	National Institute of Public Cooperation and Child Development
NIRD	National Institute of Rural Development
NMEW	National Mission for Empowerment of Women
NMR	Neonatal Mortality Rate
NNP	National Nutrition Policy
NPAC	National Plan of Action for Children
NPAG	Nutrition Program for Adolescent Girls
NPAN	National Plan of Action on Nutrition
NPC	National Policy for Children
NPEGEL	National Program for Education of Girls for Elementary Level
NPEW	National Policy for Empowerment of Women
NPP	National Population Policy
NPYAD	National Program for Youth and Adolescents
NPYAP	National Program for Youth and Adolescent Development Program
NRC	Nutrition Rehabilitation Centre

NRDWP	National Rural Drinking Water Programme
NRHM	National Rural Health Mission
NSSO	National Sample Survey Organisation
NYKS	Nehru Yuva Kendra Sangathan
OBC	Other Backward Classes
ORT	Oral rehydration therapy
PAPs	Prospective Adoptive Parents
PCMA	Prohibition of Child Marriage Act
PCPNDT	Pre-Conception and Pre-Natal Diagnostic Technique
PFI	Population Foundation of India
PHC	Primary Health Centre
PIL	Public Interest Litigation
PIPs	Programme Implementation Plans
PMUs	Programme Monitoring Units
PNC	Post natal check-up
PRIs	Panchayati Raj institutions
PSE	Pre-school Education
PTAs	Parent Teacher Associations
RCH	Reproductive and Child Health
RGNCS	Rajiv Gandhi National Crèche Scheme
RGSEAG	Rajiv Gandhi Scheme for Empowerment of Adolescent Girls
RMSA	Rashtriya Madhyamik Siksha Abhiyan
RTE	Right to Education
RTE Act	Right to Education Act
SAA	Specialised Adoption Agencies
SAARC	South Asian Association for Regional Cooperation
SC	Schedule caste
SC	Scheduled Caste
SCERT	State Council of Educational Research & Training
SCPS	State Child Protection Societies
SDIS	Skill Development Initiative Scheme

SHG	Self Help Groups
SIRD	State Institute of Rural Development
SLL	Special and Local Laws
SMC	School Management Committees
SNP	Supplementary Nutrition Programme
SOPs	Standard Operating Procedures
SRS	Sample Registration System
SSA	Sarva Shiksha Abhiyan
ST	Schedule Tribe
ST	Scheduled Tribe
STD	Sexually Transmitted Diseases
TB	Tuberculosis
TFR	Total Fertility Rate
THR	Take Home Ration
TSC	Total Sanitation Campaign
U5MR	Under Five Mortality Rate
UNCRC	United Nations Convention on the Rights of the Child
UNDP	United Nations Development Program
UNFPA	United Nations Population Fund
UNICEF	United Nation Children Programme
UNODC	United Nations Office on Drugs and Crime
VBDCP	Vector Borne Diseases Control Programme
VHND	Village Health & Nutrition Day
VHSC	Village Health & Sanitation Committee
VHSNC	Village Health, Sanitation and Nutrition Committee
WHO	World Health Organisation

Chapter One

REPORT OF THE SUB GROUP ON

CHILD SURVIVAL AND DEVELOPMENT, ICDS

1.1 INTRODUCTION

India is home to over 440 million children, the largest number in any country in the world. 1.8 million deaths among children under 5 and 68000 deaths among mothers due to pregnancy related causes occur every year (lancet 2010).

The rights of the child to survival and to development have emerged both as an aim and a measure of progress, for children. Child survival is perhaps the most basic and fundamental right of all rights and entitlements, for eg. focus on health, depends on a large number of factors such as the condition of the mother, the care that the young child receives and the ability of the family to access health and nutrition services and service provisioning as well as assurance at doorsteps.

The key indicators for child survival include deaths during the first year of life and those dying before completing their first birthday.

Steady decline has been noted in infant & Under-5 Mortality Rates (IMR and U5MR) however it is still very high i.e. 50 per 1000 live births (SRS 2011 for the year 2009). The Registrar General of India has been bringing out data on child mortality on an annual basis and causes of mortality on a 3 years average basis. The under 5 mortality as per NFHS-3 (2005-06) was 74 per thousand, which came down to 64 per thousand in 2008 as per the Sample Registration System Report of 2008 (RGI 2009). There is a sharp gender differential, seen with U5 MR being 73 for girls as against 64 for boys in this report. Therefore, there is a decline in under 5 mortality and the rate of annual decline varies between 1 to 1.5.

Most of these deaths are due to preventable and treatable causes. Proven cost effective interventions can save lives of millions of children. These interventions are so designed to address the common causes of child deaths which include complication during child birth, neonatal condition, and illnesses such as diarrhoea, pneumonia and malaria. The use of Oral rehydration therapy, use of mosquito nets, Vitamin A supplementation, immunization and antibiotic treatment for pneumonia have been proven and adopted worldwide.

Maternal and child undernutrition including micronutrient deficiencies is a major underlying cause of more than one third of mortality of children under five years of age (Lancet 2008) and

therefore it remains a major challenge that needs to be addressed for accelerating child survival.

Girls and women often face an inter-generational cycle of under nutrition compounded by multiple deprivations - gender discrimination, poverty and exclusion. This is reflected in the fact that more than one third (36%) of women aged 15-49 have a BMI below 18.5, which indicates chronic energy deficiency, including 16 percent who are moderately to severely thin.

Most of newborns are born low birth weight, largely due to their mothers' poor health and nutritional status, which results in increased vulnerability to infection and a higher risk of developmental problems. The quality of care that both mother and newborn receive during pregnancy, at delivery, and in the early postnatal period is essential to ensuring women remain healthy and that children get a strong start. Many stillbirths and newborn deaths could be averted if more women were in good health and well-nourished.

Essential newborn care - including immunizing mothers against tetanus, ensuring clean delivery practices in a hygienic birthing environment, drying and wrapping the baby immediately after birth, providing necessary warmth, and promoting immediate and continued breastfeeding, immunization, and treatment of infections with antibiotics are some of the interventions which save lives.

Amongst the most effective intervention and feasible for use at high coverage in India are exclusive breast feeding complementary feeding and oral rehydration therapy. Appropriate feeding practices in children under 2 are crucial for survival, intellectual and physical development. According to The Lancet, 2008

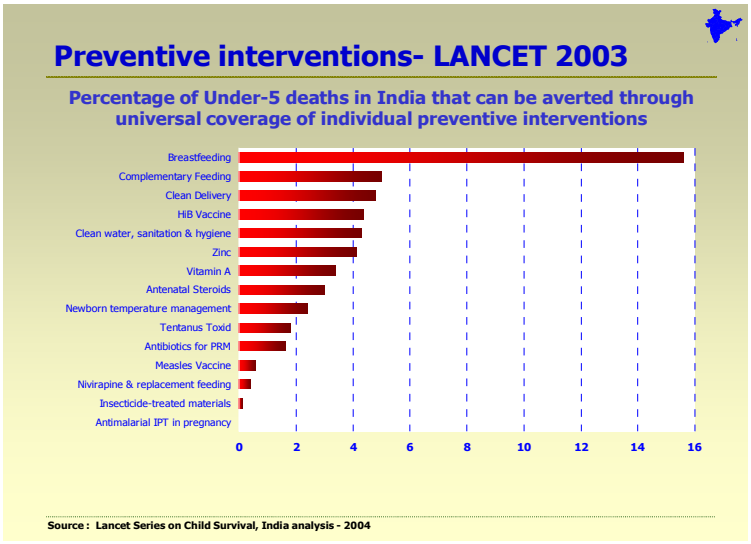


Figure-1.1: Percentage of Under-5 deaths in India

if breastfeeding (including exclusive breastfeeding for the first six months and continued breastfeeding for the next six months) was universalized it will reduce deaths at 36 months of age by 9.1%. Early initiation of breastfeeding and exclusive breastfeeding provides optimal nutrition for growth & development and protects the child from infections & illnesses. Breastfed infants are much less likely to die from diarrhoea, acute respiratory infections and other diseases. However, as per NFHS-3, only one-quarter of children were breast-fed within 1 hr of birth and exclusive breastfeeding falls rapidly from 69% at 2 months to 28% at 4-5 months of age. Unfortunately only 23% of children below 3 years of age in India initiated breastfeeding within one hour of birth. And less than half (46%) of children under 6 months of age are exclusively breastfed. There has been an improvement in the early initiation as the prevalence has increased to 40.2% (DLHS-3).

Introduction of appropriate complementary feeding after six months prevents under nutrition in children and growth faltering. But, NFHS 3 data indicated that only half (56%) of children aged 6–9 months are provided with the recommended semi-solid complementary foods and breast milk.

Oral rehydration therapy (ORT) has helped to reduce diarrhea deaths by half, saving a large number of lives annually; yet children die from diarrhea-related causes each year.

Improved sanitation and access to clean drinking water can reduce childhood infections and incidences of diarrhoea. India still does not have access to basic sanitation, and people use unsafe sources of drinking water. Child survival and development are core priorities for the country and the key indicators for it are:

- Children deprived of one or more essential services
- Death of newborns within one month of life
- Death of children before they complete 5 years of age
- Death of mothers due to pregnancy related reasons
- Children below five years underweight for age
- Poor coverage of immunization
- Access to sanitation facilities
- Access to safe drinking water

- Children not attending primary schools and girls dropouts
- Children with HIV

The Reproductive and Child Health Programme (RCH II) under the National Rural Health Mission (NRHM) comprehensively integrates interventions that improve child health and addresses factors contributing to infant and under five mortality. Integrated Child Development Services plays an important supporting role in prevention of child morbidity and mortality.

Reduction of infant and child mortality has been an important tenet of the Health Policy of Government of India and it has tried to address the issue right from early stages of development. The National Population Policy (NPP) 2000 and National Health Policy 2002 and NRHM have laid down the goals for Child Health.

Child Health Indicator	Current Status	NRHM / RCH II 2010 / 2012	MDG 2015
IMR (Infant Mortality Rate)	50 (SRS2009)	<30	28
Neonatal Mortality Rate	34(SRS 2009)	<20	<20
Under -5 mortality	64(SRS2009)		<38

1.1 SITUATION ANALYSIS

1.1.1 Infant and Child Mortality Rate (IMR & U5MR)

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

IMR ESTIMATES 2009: HIGHLIGHTS

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

have already achieved the MDG target (42 by 2010).

UNDER FIVE (U5MR) MORTALITY ESTIMATES 2009: HIGHLIGHTS
• U5MR denotes number of children (0-4 years) who died before reaching their fifth birthday per 1000 live births
• U5MR for the country has declined by 5 points over 2008 (64 in2009 against 69 in 2008)
• A uniform decline of about 5 points is seen in male and female U5MRs

1.1.2 Maternal Mortality Rate (MMR)

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

1.1.3 Neonatal mortality a major concern

Reduction in early neonatal mortality is the key for child survival, however the progress in India is slow the rate of decline since 1990 has been 27 percentage points. Neonatal mortality in India is 35per 1000 live births (SRS 2008) contributing to 55% of under five deaths. Three quarters of these deaths occur in the first week of life and 20% take place within the first 24 hours of birth, this period also coincides with maternal deaths. Thus the provision of maternal and newborn care through continuum of care during the critical period - antenatal, delivery, and postnatal is essential. Most of the neonatal deaths occur due to infections 19% (including sepsis,7% pneumonia9%, diarrhoea2% and tetanus 1%), prematurity13%, birth asphyxia10% are three major causes of death. The remaining 45% of deaths occur during 1month -59 months and the major causes are pneumonia 11% and diarrhoea 11% (Black and Colleagues, Lancet 2010). As per the Report on 'Causes of Death – 2001-03 in India', by RGI, nutritional deficiencies are responsible for only 2.8% death of children aged 0-4 years and 1.8% in the age group 5-14 years. Ten major causes of death of children below 4 years are: Perinatal conditions (33%), Respiratory infections (22%), Diarrhoeal diseases (14%), Other infections and parasitic diseases (11%), Symptoms, signs and ill-defined conditions (3.4%), Unintentional injuries: other

(3.2%), Nutritional deficiencies (2.8%), Malaria (2.7%), Congenital anomalies (2.7%), and Fever of unknown origin (1.5%)

1.1.4 Undernutrition – Early prevention is critical

High levels of under nutrition in children and women constitute a major threat to their survival and development. Globally, one third of child deaths are attributable to underlying maternal and child under nutrition, suggesting that the relationship between nutrition and infection is bi-directional. Through precipitating disease and speeding its progression, malnutrition is a key underlying contributor to infant, child and maternal morbidity and mortality. Some major communicable diseases like malaria, diarrhoea, and pneumonia, as well as measles are also cause of death in under five children. Frequent episodes of diarrhoea are also often responsible for malnutrition among children. Similarly malaria is an important cause of anemia among children.

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

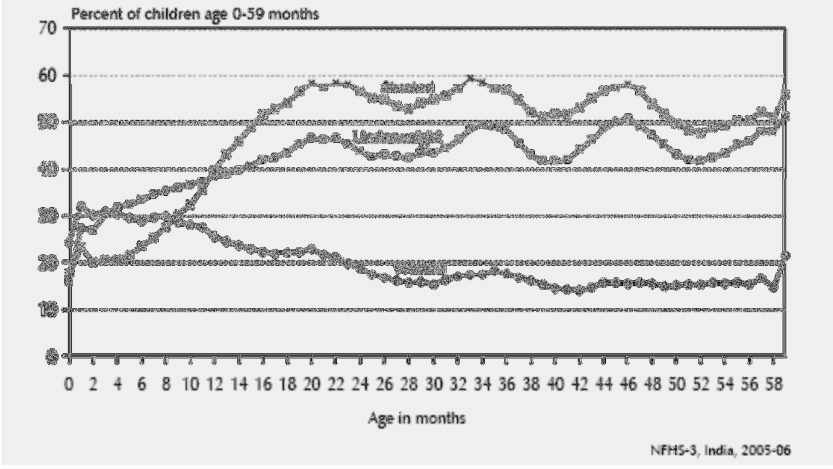


Figure-1.2: Prevalence of Stunting, Underweight & Wasting in Children

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

1.1.5 Low birth weight

22% of babies born are low birth weight (NFHS-3), children with low birth weight are much more likely than other children to be malnourished, almost half of children with low birth weight are currently stunted compared with about one third of children who weighed 2.5 kg or more.

The lasting adverse effect of low birth weight makes it imperative to avoid the situation through proper care and nutrition of mothers during pregnancy. 33% of married women aged 15-49years are too thin and 11% are too short while 58.7 % of pregnant women are anaemic (NFHS 3). Low birth weight has been associated with maternal age; mothers less than 20 years are at 50% excess risk. Delayed age at first pregnancy and birth spacing are interventions which can improve child survival. The catch up rate for low birth children is slow and with neglect of girl child and adolescent girls further complicates the picture leading to compromised growth of adult woman who will give birth to small for age babies. Thus integrated approaches are required across the life cycle to ensure child survival.

1.1.6 Micronutrient deficiencies

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

1.1.7 Prevention by providing a continuum of care

Ensuring children's right to life requires early preventive action, recognizing that most of child deaths are preventable. A continuum of care is needed, both across the life cycle and also linking the family, community, anganwadis, health centres and facilities, converging health and child care services. Continuum of

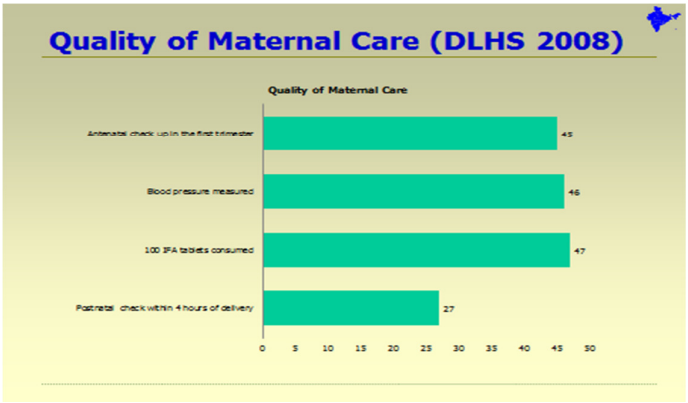


Figure-1.3: Quality of Maternal Care

care requires enhanced maternal and early child care, nutrition; safe water, sanitation and hygiene facilities and practices; disease prevention, early detection and intervention, treatment and follow-up; quality reproductive health services – including adequate antenatal and postnatal care, skilled assistance at delivery, and comprehensive emergency obstetric and newborn care and Integrated Management of Neonatal and Childhood Illnesses. Establishing effective continuum of care will involve taking practical steps to strengthen primary health care systems.

1.3 REVIEW OF 11th FIVE YEAR PLAN, EXISTING POLICIES, LEGISLATIONS & PROGRAMMES

1.3.1 Review of Policies and legislations for Child Survival and Development

National Policy for Children (1974) The National Policy for Children (NPC) was adopted by the Government of India in 1974. The guiding principle of this policy is to ensure that "all children enjoy optimum conditions for their balanced growth." Founded on a needs based approach, the focus of this policy is on nutrition, health, education, welfare and protection against neglect, cruelty and exploitation. It was a forward looking document for its time, the policy needs revision to align it with current and projected needs of all children (a child being all individuals below the age of 18 years) in India and with International Conventions such as the United Nations Convention on the Rights of the Child (UNCRC). Its review currently being undertaken by MWCD, it aims to take into account existing and emerging challenges faced by children in a rapidly changing environment, both within the country and globally. It reflects a paradigm shift from a "needs-based" to a "rights-based" approach. The Policy is being revised keeping in mind the following priority areas: (i) Survival and Health; (ii) Childcare and Nutrition; (iii) Development and Education; (iv) Protection; (v) Participation; (vi) Advocacy and Partnerships; (vii) Research, Documentation and Capacity Building; (viii) Resources, Coordination and Monitoring; (ix) Review of Policy.

The National Health Policy (2002) is a progressive document aims to protect and provide primary health care to all. The Policy document talks of integration of vertical programmes, strengthening of the infrastructure, providing universal health services, decentralization of the

health care delivery system through panchayati raj institutions (PRIs) and other autonomous institutions, and regulation of private health care but fails to indicate how it achieves the goals. It encourages the private sector in the first referral and tertiary health services. The policy was followed by the launch of National Rural Health Mission in 2005.

The National Nutrition Policy (NNP): The National Nutrition Policy 1993 identified key areas of action in various areas like food production, food supply, education, information, health care, rural development, women and child development, people with special needs and monitoring and surveillance. The Policy advocated a comprehensive inter-sectoral strategy between 14 sectors (which directly or indirectly affect dietary intake and nutritional status of the population) for combating multi-faceted problem of undernutrition and improving nutritional status for all sections of the society.

National Plan of Action on Nutrition (NPAN): The National Plan of Action on Nutrition 1995 laid down a systematic framework for collaboration among national government agencies, State Governments, NGOs, the private sector and the international community. It is a multi-sectoral framework for implementation of the national nutrition goals to be reached by 2000 AD.

Like National Nutrition Policy, the implementation of NPAN has been tardy. In view of the changes that have taken place in the policy and programme environment, there is a need to review the NPAN. The monitorable targets, strategies and interventions require updating to include use of new WHO child growth standards for assessing progress and review of the role of 14 (now 12) sectors, possible contributions of these and other sectors, in the new programme environment.

Infant Milk Substitutes, Feeding Bottles and Infant Foods (Regulation of Production, Supply and Distribution) Act 1992 and its Amendment Act 2003: Popularly known as IMS Act, it is a globally well-recognized instrument to promote, protect and support breastfeeding and to ensure optimal infant and young child feeding practices. Following its amendment in 2003, the direct advertisement has stopped, however, commercial interference with infant and young child feeding practices and growth related claims still continues surreptitiously. Besides, promotion in the name of symposia and sponsorships by companies in the health care and

other education system are being used as obvert tools for promotion. The implementation of the act suffers due to inadequate enforcement machinery, understanding and the knowledge of the Act, lack of adequate resources and commercial onslaughts. These would need requires to be appropriately regulated and supervised. Enhanced resources, enforcement machinery and coordination mechanisms are required for effective compliance.

Maternity Benefit Act 1961 With the object of providing maternity leave and benefit to women employee the Maternity Benefit Bill was passed by both the Houses of Parliament and subsequently it received the assent of President on 12th December, 1961 to become an Act. The object of maternity leave and benefit is to protect the dignity of motherhood by providing for the full and healthy maintenance of women and her child when she is not working. With the advent of modern age, as the number of women employees is growing, the maternity leave and other maternity benefits are becoming increasingly common.

The Pre-natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act, 1994, was enacted and brought into operation from 1st January, 1996, in order to check female foeticide. Rules have also been framed under the Act. The Act prohibits determination and disclosure of the sex of foetus. It also prohibits any advertisements relating to pre-natal determination of sex and prescribes punishment for its contravention. The person who contravenes the provisions of this Act is punishable with imprisonment and fine. Recently, PNDT Act and Rules have been amended keeping in view the emerging technologies for selection of sex before and after conception and problems faced in the working of implementation of the ACT and certain directions of Hon'ble Supreme Court after a PIL was filed in May, 2000 by CEHAT and Ors, an NGO on slow implementation of the Act. These amendments have come into operation with effect from 14th February, 2003.

1.3.2 Review of Programmes for Child Survival and Development

a) National Rural Health Mission (NRHM)

Given the particular challenges, risks and opportunities associated with pregnancy, childbirth and early childhood the promotion of maternal and child health has been one of the most important objectives of the Family Welfare Programme in India. The National Rural Health

Mission (2005-2012) and the Reproductive and Child Health (RCH) Programme Phase-II (2005-10) is actively pursuing the goals of reduction in maternal, neonatal and child mortality rates by focusing on the following major strategies/ Interventions:

(i) Provision of quality Antenatal care
(ii) Ensuring access to skilled birth attendant
(iii) Promotion of Institutional delivery
(iv) Provision of Emergency Obstetric and Neonatal Care at First Referral Units (FRUs):
(v) Facility based newborn care - sick neonatal care Units at district hospitals, Newborn Stabilization units at institutional delivery facilities and new born care corners at all facilities.
(vi) Facility Based Integrated Management of Neonatal and Childhood Illnesses (F-IMNCI),
(vii) Home based Newborn Care
(viii) Immunization and Micronutrient supplementation
(ix) Integrated Management of neonatal and Childhood illnesses like diarrhea and ARI
(x) Management of Severe Acute Malnutrition
(xi) Referral Linkages and transport – Janani Suraksha Yojana, Jannani Shishu Suraksha Yojana

Community support system and linkages under NRHM ensures positive outcomes for newborn and child health programmes. These are:

a) The Accredited Social Health Activists (ASHA) plays a pivotal role in creating community awareness on healthcare entitlements and facilitating communities' access to health services, at the same time delivering preventive, promotive and first line curative services. The provision of home based essential newborn care is the mandate of the ASHA. This provision will enhance child survival.

b) The Village Health and Nutrition Day (VHND) This is a fixed day activity which in every village which helps in improving outreach services, such immunization, ANC, PNC, treatment and referral of sick children.

c) The Village Health Sanitation and Nutrition Committees – subcommittee of the panchayat, it is a village level committee comprising of key stakeholders, frontline functionaries and PRIs. It serves as the village monitoring and planning unit.

The RCH component of NRHM has included most of the interventions across the life cycle approach and service delivery continuum; however priority interventions have not reached coverage more than 55%. Further wide variations exist across states and districts.

Progress of NRHM during Eleventh Five Year Plan along with major actions and achievements are detailed in table below:

Table-1.1: Progress of NRHM during Eleventh Plan		
1	Rogi Kalyan Samities	678 DHs, 4875 CHCs, 1528 other than CHC Hospitals above CHC level but below DH level, 17622 PHCs, 8446 other Health facilities above SC but below block level have then own Rogi Kalyan Samitis with untied funds for improving quality of health services
2	ASHAs	8.49 lakhs ASHAs selected, 5.17 lakh trained upto 5th Module and 6.90 lakh with Drug kits in their respective villages.
3	Village Health & Sanitation Committees	4.95 lakh villages (nearly 77%) have their own Village Health & Sanitation Committees. All have received the Rs.10,000/- untied grant for local action
4	Village Health & Nutrition Days	35.06 lakh in 2006-07, 49.62 lakh in 2007-08, 58.19 lakh in 2008-09, 58.70 lakh in 2009-10 and 69.25 lakh in 2010-11 Village Health & Nutriiton Days organized at ICDS center to reach basic health services
5	24 x 7 Health Facilities in Rural Areas	A total of 18,348 APHCs, PHCs, CHCs and other Sub District facilities are functional 24x7
6	Addition of Human Resources	1,589 Specialists, 8,648 MBBS Doctors, 25,790 Staff Nurses, 46,351 ANMs, 17,575 Para Medics added on contract under NRHM
7	Programme Management Units	584 District Programme Managers, 568 District Accounts Managers, 533 District Data Managers, 633 DPMUs, 35 SPMUs, 3771 Block Managers, 4143 Accountants, 4521 Block PMUs added on contract under NRHM.
8	Janani Surksha Yojana Beneficiaries	Over 4.16 crore women covered under JSY so far
9	Mobile Medical Units	1787 MMUs under NRHM functional to provide diagnostic &outpatient case closer to hamlets and villages in remote areas
10	AYUSH	18222 health facilities have co-located AYUSH services. 11575 AYUSH Doctors and 4616 AYUSH paramedics added to the system on contract

For those children who are denied survival, expanding coverage of essential services will be critical to fulfilling their rights. This involves a complex range of actions, including expanding the delivery of proven interventions and overcoming behavioural, institutional and environmental impediments to service delivery; all require a good understanding of the

bottlenecks to delivering essential services for children. Effective scale-up also requires enhanced collaboration between stakeholders. Initiatives and partnerships directed towards meeting children's right to survival and development are numerous and continue to proliferate, but without greater coherence and harmonization, these efforts risk falling short of their intended targets.

b) The Integrated Child Development Services (ICDS)

ICDS designed to provide the early care and childhood education needs on a continuum basis adopting a holistic approach. The measures in built in the programme to ensure survival include growth monitoring, oral rehydration and disease control, promotion of breastfeeding, immunization, nutrition, health and nutrition etc. The programme also emphasizes the interconnectedness of essential health care, early stimulation and learning, adequate nutrition, improved water and sanitation and hygiene and community partnerships for health and nutrition of children under six and pregnant and lactating women. What is needed is sound infrastructure and committed professional and skill based service approach on one hand and embedding care and support for early childhood in family, society and community.

The early years are the most crucial period in life, when the foundations for physical/motor, cognitive, social, emotional, language development and lifelong learning are laid. Recognizing within this group the focus is on prevention and priority is accorded to addressing the critical prenatal- under three years age group, the period of most rapid growth and development. The programme is specifically designed to reach disadvantaged and low income groups, for effective disparity reduction

Reaching out to every child through ICDS – Eleventh Plan

The need for quality enhancement and universalised coverage of ICDS was recognized considering the various indicators of mother and child undernutrition. The National Family Health Survey (NFHS-III) reported that during the year 2005-06, the underweight prevalence in children under three years was 42.5 per cent thus registering a reduction of only 3% in seven years between 1998-99 and 2005-06. Preventing maternal and child undernutrition is crucial as it is the underlying cause of one third under 5 child mortality, limiting development potential, learning abilities, productivity and ultimately impacting the economic development of the

country. Urgent action was thus considered necessary to address this important issue by investing in additional financial and human resources.

Realizing this, the Ministry of Women and Child Development (MWCD) proposed for continued implementation and third phase of expansion of the ICDS Scheme during the 11th Five Year Plan with revision of existing cost norms and new interventions there under.

Government has approved 14 lakh AWCs with special focus on SC/ST and Minority habitations. Besides, cost norms and nutritional norms, training norms have also been revised during the 11th Five Year Plan. Further, a 5- tier monitoring and review mechanism has been introduced at the National, State, District, Block and Anganwadi levels. There are 13.67 lakh sanctioned AWCs, and 12.66 lakh AWCs/Mini AWCs operational benefitting 7.84 crore children (6 months to 6 years) and 1.79 crore pregnant and lactating mothers and children under 6 for supplementary nutrition and 3.69 crore children of 3 – 6 years for pre-school non –formal education as on 30.06.2011. The outlay allocated for ICDS has increased from Rs. 10,391 Crores in 10th Five Year Plan to Rs. 44,00 Crore in the 11th Five Year Plan. Rs. 32,093.91 crore have been spent upto first Quarter of the current financial year in the 11th Five Year Plan.

Some of the other achievements of the 11th Plan were the introduction of WHO growth standards, conditional maternity benefit scheme, empowerment of adolescent girls, SABLA and improved convergence with NRHM. Some of the major commitments of the 11th Plan which remain to be achieved include:

- ICDS in a Mission Mode and establishment of society
- Infrastructure and construction of AWCs
- Decentralized planning
- Focus on under 3
- Quality enhancement of ECE

Prevention- Focus of ICDS for Child Survival

Global evidences suggest the following:

- Pregnancy to age 24 months: Critical window of opportunity for prevention.
- 1/5th of maternal mortality: averted by addressing iron deficiency & anemia

- 1/5th of neonatal mortality: prevented by early initiation & exclusive breastfeeding
- 1/5th of child mortality (< 5): prevented through exclusive breastfeeding for the first six months and appropriate complementary feeding after 6 months
- 1/4th of child deaths: reduced in the short term, by available nutrition interventions, implemented at scale.
- Undernutrition is the underlying cause of > 1/3rd of all < 5 child deaths which is preventable

ICDS caters to the most vulnerable and critical age group of under threes, a period marked by rapid growth, development and requiring immense care and support to pregnant and lactating mothers. ICDS is one such platform which can apply universally a set of well-targeted core interventions such as promotion of exclusive breastfeeding, Oral rehydration therapy and appropriate and adequate complementary feeding and growth monitoring it can help take timely action and prevent mortality. Along with NRHM it offer integrated packages of essential health interventions like Immunization, micronutrient supplementation, ANC and home based care and counselling for benefit of mother and child, thus averting growth retardation before and after delivery. It can serve as a platform to orient and provide life skill education to adolescent girls thus making a crucial entry point for breaking the intergenerational cycle of undernutrition and enhancing the chances of survival of children.

Adopting the basic principle of life cycle approach two schemes have been introduced from the ICDS platform:

- Addressing the needs of adolescent girls: Rajiv Gandhi Scheme for Empowerment of adolescent Girls, SABLA has been introduced from the platform of ICDS for empowerment of adolescent girls. It includes a package of services – counseling, IFA supplementation, Nutrition, vocational training, life skill education etc.
- Maternity Entitlements: A newly formulated scheme for pregnant and lactating mothers called Indira Gandhi Matritva Sahyog Yojana, (IGMSY) – a Conditional Maternity Benefit Scheme has been introduced from the ICDS platform. Under this Scheme, a cash incentive of `4000 is provided in three installments till the infant completes 6 months of age. The incentive is provided directly to women 19 years and above for the first two live births subject to the woman fulfilling conditions relating to maternal and child health and nutrition.

1.4 ISSUES & CHALLENGES FOR CHILD SURVIVAL AND DEVELOPMENT

1.4.1 Child Survival and Development, ICDS

The Ministry of Women and Child Development has the responsibility to ensure -the rights of the child to life and survival, enhancing physical, psychological cognitive development and emotional and social wellbeing, access to nutrition education and health care.

Several studies and evaluations state the fact that it is the only programme which has the potential to impact reduction of mortality, morbidity and undernutrition amongst children and pregnant women. However, the impact on child survival and development has not been convincing, provoking debate and questions over its service delivery and quality. Although the services are much in demand, they have been generally poorly delivered and uncoordinated. NFHS III shows that only 26.5 % of children had received Supplementary nutrition and only 12 % regularly received it. A total of 21% of pregnant women and 17 % of lactating mothers received supplementary food. Even where access is good there is no linear or straight forward relationship between performance of ICDS and outcomes of survival and development.

Recent NCAEAR Evaluation of ICDS (May 2010) mentions that given the support and infrastructure, ICDS has the potential of contributing to reduction in mortality, improved nutrition status and a favourable impact on reducing malnourishment. However it also reveals that services are accessed and serviced sub optimally, while SNP delivery requires improvement and sincerity of application and purpose.

Crucial Gaps in ICDS

Programmatic Gaps: The implementation of ICDS Scheme has been uneven across the States/UTs in the country. The programmatic gaps have been many. While some of them are faced universally across the States/UTs, there are others which are State-specific. The universalisation has, in a way, aggravated the position in respect of some of them. These include: (a) absence of physical space (building) and facilities to operate efficiently and effectively; (b) constraints of quality and number of human resources for meeting diverse needs for service provision with improved quality; (c) inadequate focus on under 3s; (d) inadequate focus on Early Childhood Education (ECE) as large part of time of AWW's spent in AWC related work; (e) perceived as feeding center operated through an overburdened and

underpaid AWW; (f) low investment on child development in terms of provision of adequate resources, both human and financial; (g) inadequate convergence of programmes / services – weak linkages with public health system; (h) implementation of programme largely left to States - low intensity engagement with States in planning, implementation, monitoring and supervision; (i) community engagement and participation virtually non-existent often leading to lower demand for services; (j) poor data management, information system (MIS), analysis and reporting; (k) inadequate and inappropriate training; (l) programme implementation guided by periodic revisions of norms and Office Order / Circulars; (m) lack of comprehensive programme implementation guidelines; and (n) little or no attention paid to the needs of working women – availability and accessibility of crèche and day care services (not part of the current programme).

Operational Issues: Besides, the programmatic gaps ICDS implementation is marked with many operational issues such as: (a) inadequate operational efficiency and accountability at national, state, district and grassroots levels in absence of infrastructure, human resource (large vacancies, educational qualification and inadequate numbers), mobility, etc.; (b) delivery of supplementary nutrition due to non-sharing of cost on SNP prior to 2005 – 06, followed by issues in management of SNP arising out of the requirement to supply morning snack and hot cooked meal; (c) non indexation of cost to rising prices of food, fuel and transportation etc.; (d) program envisaged as community driven but in reality has evolved as State run programme; (e) regularity of AWC functioning in terms of prescribed working hours, number of days and service provision; (f) slow pace of universalisation due to a variety of problems faced by the States/UTs; (g) fund transfer mechanism marked with delays at all levels often resulting in delays in release of funds and payments to AWWs and for SNP; (h) Concurrent monitoring a continuing weak point –inadequacy and non-usage of data, poor management information system (MIS); and (i) Single AWW at each AWC & ICDS functionaries burdened with non- ICDS functions.

Emerging from this there is a realization that focussing exclusively on targeted interventions such as health and nutrition without considering the holistic nature of Early Childhood Development risks the hindrance of children's complete growth and development. Both

biological and environmental factors affect brain development and behaviour which takes place in the first three to five years of these impediments and initial deficit of interventions for development has a multiplying effect.

1.4.2 Child Survival and Development, Convergent Actions

Integrated Child development Services along with the National Rural Health Mission and reproductive and Child Health have a major role in child survival and development. There exists an inherent convergence in the two programmes. Immunization, micronutrient supplementation, health checkup, antenatal and post natal care, IYCF counselling, treatment of severe acute malnutrition are components of ICDS but larger responsibility in its effective delivery lies with the Ministry Health and Family Welfare under RCH programme.

Analysis of 2010 State NRHM PIPS have revealed that that nutrition focus has been limited to NRCs, promotion of breastfeeding and IYCF, management of paediatric anaemia, and prevention of undernutrition by convergent planning with ICDS. There are several states which have not included any nutrition intervention in their PIPs. IYCF in particular lays greater stress on initiation of breast feeding and the other practices are under emphasised. NRCs are also limited to few states.

(i) ***Status of outreach and Village Health and Nutrition Days:*** This is a forum of convergence of different departments - health ICDS, PRI and VHSC members, however there are several operational gaps. The report of the Fourth Common Review Mission highlights the AWCs just remains as the venue for outreach services of ANM, the ICDS component is not built into it. AWW and ASHA mobilize pregnant and lactating mothers and caregivers. THR is very often not distributed on this day and nutrition and health education and counselling not conducted. In some cases the VHND is restricted to only Immunization sessions. Important services like ANC / PNC are omitted from the regular schedule of VHND. The forum is yet to be used for counselling growth monitoring and regular supplementation of IFA and Vitamin A. The erratic delivery of services is due to lack of proper supervision and monitoring by VHSC members and PRI and the health and ICDS official; problem of supply chain and cold chain management often results in non-availability of vaccines and drugs.

(ii) ***Home based Newborn Care is being introduced in most States only recently.*** Monetary incentive is provided to ASHA to promote breastfeeding, newborn care and postpartum care through home visits. So far ASHAs have not been trained on nutrition as nutrition topics have yet to be incorporated in the ASHA training curriculum. The training of ASHA on child survival has just begun in some states (Module 6 and 7), which will provide skill set and knowledge on nutrition and home based counselling. Hence both ASHA and AWW are mandated to conduct prioritised home visits and they need to work together in order to reach to all families with pregnant and lactating women newborns, sick children, undernourished children, drop outs for immunization and growth monitoring etc.

(iii) ***Promotion of IYCF practices IYCF*** is evidence based low cost no cost intervention which alone can prevent undernutrition and morbidity in children. Hence it needs to be on the priority list for both MWCD and MoHFW however few states have included it under NRHM, Proper training of ASHA and AWW is essential to develop the skill for IPC, use of critical contact points need to be identified and forums like Janani Suraksha Yojana , IGMSY should be well utilized.

(iv) ***Facility based Care of severe acute malnutrition:*** As per fourth Common Review Mission report progress has been made in establishing Nutrition rehabilitation centres/ malnutrition treatment centres in the states of Madhya Pradesh, Rajasthan and Maharashtra, Chhattisgarh, Jharkhand, Uttar Pradesh and Assam. In Madhya Pradesh there are 234 centres and is having an impact, 18, functional units in Chhattisgarh, Assam it has been initiated in three districts. States of Orissa, Andhra Pradesh and Kerala have plans to roll it out. Effective coordination between Health and ICDS will facilitate referrals and ensure complete utilization.

(v) ***Integrated Management of neonatal and Childhood Illnesses.*** The intervention has been initiated in several states (405 districts) and a large number of ANMS, AWWs have been trained to manage the common childhood illnesses and provide the first line of treatment before referral, however the implementation has been slow due to overemphasis on training, poor supervision and handholding support during implementation as well as lack of convergence with ICDS.

(vi) ***Village Health Sanitation and Nutrition Committees:*** A recent initiative has enhanced the role of VHSC to include nutrition related functions, and make it subcommittee of the standing committee of the Panchayat. This will help in reviewing of the health, nutrition and sanitation issues at the village level and engage the community in addressing the underlying causes of undernutrition. ASHA, AWWS and ANMs along with the PRIs are all members of the committee and building the capacity of the committee will help facilitate convergent actions.

(vii) ***Joint tracking of mother child cohort:*** The Mother Child Protection card is a joint card adopted by both Ministries for tracking of all pregnant women and children till three years of age. The ANM, AWW and ASHA require to be adequately trained to fill the card correctly. The joint MCPC is also an important tool of IEC/ IPC and entitlements which needs to be owned and assimilated in each family.

(viii) ***Convergence with other sectors*** To provide a significant impact on indicators of survival convergence and partnership has to be strengthened with Total Sanitation Programme, Drinking water, MNREGS, SSA and Information and Broadcasting Ministries.

Table 1.2: Partnership with other Sectors

Ministry (in partnership with organizations)	**Areas for Convergence**
MOHFW / NRHM (NIHFW, ICMR, NIN, Nutrition Foundation of India, BPNI,PFI, Pediatric association of India, IIPS, NYKs, MCI, National level medical colleges)	•Regular Fixed Monthly VHNDs • Joint training of ANMs and AWWs on IMNCI and IYCF. •Adoption of joint MCP Card and New WHO Child Growth Standards •Concerted efforts for ANC / PNC check-up and rehabilitation of severely underweight children. •Earmarking a counter for referrals of AWCs and official recognition to referral slips of AWWs. • Increasing priority to MCHN support services through ANMs, designated MOs for ICDS beneficiaries. • Immunization Sessions •Ensure availability and supply of medicine kits, drugs and

	contraceptives. •Ensure health services to ECD centres beyond ICDS like ECE under SSA, Creches, NGOs etc. • Joint visits of AWW and ANMs to ECD centres beyond AWC. • Joint review and planning meetings at the State, District and Block level. •Participation of in Village Sanitation and Nutrition Committee meetings. • Joint planning and implementation by ANM ASHA and AWW in SABLA, Kishori Shakti Yojna and Nutrition Programme of Adolescent Girls. •Ayush package/ tools and linkages with Practitioners.
Department of Drinking Water and Sanitation, Ministry of Rural Development (NIRD, State Resource Centres)	• Provision of safe drinking water and sanitation facilities in all habitation and AWCs •Constitution of Joint Village, Health, Sanitation and Nutrition Committees. • Implementation of Vector Borne Diseases Control Programme (VBDCP) activities by the village and Sanitation Committees (VHSC) for prevention of vector borne disease at the village level out of annual untied grants of Rs. 10,000 to each VHSC. • Community mobilization on importance of sanitation facilities and health and hygiene education programmes particularly in school and anganwadis. •Capacity building programmes for ASHA, ANMs, MPHW, AWW & other officials under TSC. • Integrated Information Education Communication (IEC) action plans.
Ministry of Rural Development (NIRD , SIRDs)	• Implementation of the enabling provision for women and children under NREGS. •Construction & repairs of AWCs, kitchen and other facilities of AWCs to be funded under NREGS. •Ensure employment for families of malnourished children. •Preference for construction of AWCs in works undertaken out of funds for post natural calamity. • Supply of smokeless chullahs at AWC.
Sarva Shiksha Abhiyan, School Education and Literacy, Ministry of HRD (NCERT, NCTE, SCERT	• Harmonisation with primary Schools for direct enrolment. • Joint planning in SSA PIP. • Preferably collocating AWC in primary school wherever feasible. •Monthly fixed village ECCE day. • Local teacher participation in ECCE day.

and higher learning organizations for Child Development)	• School Readiness Package.
Ministry of Panchayati Raj (NIRD , SIPRD/SIRDs)	• Provide support in mobilization and sensitization of village community • Collaboration and coordination of PRIs with Monitoring & Review Committees at different levels to review progress in implementation of ICDS Scheme.
Ministry of I & B (Song and Drama Division)	• Support for IEC
Ministry of Social Justice and Empowerment (RRTCs and State Vocational Rehabilitation Centres)	•Extending disability detection services through AWC. •Referrals to District Rehabilitation centres / Health System. •Devising special training courses for AWWs and other functionaries through RRTCs. •Preparation of reference material for AWWs on early detection of disabilities. •Block level special centres for early intervention.

1.5 STRATEGIES AND RECOMMENDATIONS FOR 12TH FIVE YEAR PLAN

Strengthening & Restructuring of ICDS -An Invigorated ICDS for Child Survival and Development- 12th Plan

Providing a comprehensive Child Development approach is imperative to support children's survival, growth, development and learning. This will include health, nutrition and hygiene, and cognitive, social, physical and emotional development from birth to entry into primary school. Thus ICDS will adopt a holistic approach to child development, which is also the original concept of the scheme.

The PMs Nutrition Council, MTA for 11th Plan and several studies and evaluations suggests that ICDS needs to be strengthened and restructured to achieve the objectives for which it was designed. In keeping with these suggestions MWCD during the 12th Plan intends to revamp ICDS in order to provide quality services and care for the mother, newborn, child and adolescent girls.

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

The ICDS Scheme has been a well -conceived Scheme. But the real problem lies in its implementation which arises out of inadequate funding, lack of convergence, accountability of those managing and implementing the programme, specially, at the level of anganwadi centres and supervisory level, lack of community ownership and the general perception about this being feeding programme and not an Early Childhood Development programme. If these inadequacies are addressed appropriately, the Scheme has the potential to give satisfactory nutritional and child development outcomes. The strengthening and restructuring of the Scheme will then have to address these concerns.

The process of strengthening of ICDS will involve setting of time bound goals and outcomes, outlining of clear strategies and indicators as well as defined service standards. Some of the core strategies envisaged:

(i) Strengthening of Anganwadi centre as the first village post for Women and Child Development. The focus will be on ensuring a continuum of care in a life-cycle approach to prevent morbidity mortality and undernutrition. The ICDS platform will be strengthened to become the first village post for health and nutrition services, for women and children. ICDS in convergence with NRHM will target newborns, young children, adolescent girls as well as mothers by providing a range of essential services to all. This will ensure that no pregnant and lactating mother or children (within the specified age groups) are left out of the child development services system. A reinforced service package will be delivered with great emphasis on home visit, counseling on IYCF to have greater impact on child survival.

(ii) Focusing on the under-3s by developing and implementing key strategies to promote optimal IYCF Practices through IPC, intense home contacts. Village drives using relevant IEC. It would entail improving knowledge and skill base of nutrition counselors, supervisors and frontline workers of NRHM and ICDS, link up with Institutions / voluntary organisations

with expertise on IYCF practices. Besides community volunteers and professionals will be engaged for increasing society support for improved family practices.

(iii) An additional worker in high-burden districts, will be recruited as nutrition counselors for promotion of optimal IYCF practices, home visits, counseling, growth monitoring and other outreach services for under threes etc. ASHA will further support through intensified home based counseling for new borns. In case of instances where ASHA and / or any other proven model for additional AWW may be adopted and customized.

(iv) Physical infrastructure: The AWC buildings would be strengthened to carry out a wide array of activities with provision of additional financial resources for infrastructure and facilities. It would be strengthened as a comprehensive village maternal, child & adolescent girl care centre, having its own building, with adequate space for children with a joyful early learning environment, a separate room for Ante Natal Care checkups for pregnant women and centre for adolescent girls (RGSEAG), hygienic SNP arrangements with a kitchen, store, safe drinking water and child friendly toilets, gas stove, utensils and early play/learning material etc.

(v) Strengthening of Anganwadi Centre as a learning centre to provide the critical foundation for cumulative lifelong learning and human development during the crucial early years. It will serve as child friendly centre for nonformal play and activity based learning and school readiness program. The focus would be on strengthening early childhood care and education as a core service of the Anganwadi Centres with dedicated hours of early childhood education sessions followed by supplementary nutrition, growth monitoring and other related interventions. Besides, content / quality enrichment in ECCE, including in early stimulation through Mother Child Card protection package as well as early detection of delayed developmental milestones and early intervention for children with special needs would be attempted. It will be a centre for parental guidance and will strengthen local community participation and contribution of local play/activity material, toy banks, activity corners and ECCE demonstration.

(vi) Anganwadi cum Crèche / Day Care Centres: ICDS services will be redefined to include provision for piloting of crèches and longer day care support and flexibility in timing

provided to states to respond better to patterns of women's work and time. This is essentially required in cases where there are no adult care givers at home after the mothers have left for work. Hence there a need for crèches which have an outreach upto the habitation levels. The AWCs are best suited to work as day care centres as they are meant for children 0-6 years of age for providing supplementary nutrition, Pre –school education and health checkup. With additionally be required is augmentation of physical infrastructure, human resource, care related equipments and facilities for children below 3 years of age. The AWC-cum-crèche model will be piloted in 5% AWCs on a 50:50 cost sharing cost sharing basis with the States. To begin with, emphasis will be placed on implementing the model in Urban Areas. A 60:40 emphasis will be placed on urban vs. rural areas. Based on district child care needs assessment, demand and district plans, different crèches models would be piloted and up-scaled with synergy from different programmes like MNREGA. States may tap support from NGOs which have expertise on running crèches.

(vii) Ensuring Convergence with other sectors such as NRHM, TSC, NRDWP, SSA MGNREGA through joint planning, inclusion of young child related concerns in State/District Annual Programme Implementation Plans (APIPs) of relevant sectors, joint monitoring of key results and indicators and defined roles and accountabilities. Institutional mechanisms for convergence, anchored in panchayati raj institutions such as Village Health Sanitation and Nutrition Committees at village level will be strengthened and forums such as Fixed Monthly Village Days at AWCs will take this forward. Resources of other programmes will also be mobilised for AWC construction and up gradation. Specifically with NRHM, roles of the frontline worker team, coterminous areas, dual reporting and shared cluster level networking and mentoring support for frontline worker teams will be jointly evolved. Co-location of schools and AWCs where locally feasible, will strengthen the early learning continuum and school transition.

The indicators of early childhood development depend on psychosocial care, the early learning environment and the quality of caregiver interaction, nutrition, as well as upon health, drinking water, sanitation, female literacy, empowerment, etc. Hence

programmatic and thematic multi-sectoral convergent actions is imperative for achieving desired outcomes (Annexure-I).

(viii) Improving Supplementary Nutrition Programme: In accordance with the revised feeding & nutrition norms issued by the Ministry of WCD, the Anganwadi centres would continue to provide morning snacks, hot-cooked meal and Take Home Rations (THR) to children and pregnant and lactating women. To meet the challenge of increase in prices of food items and fuel, the SNP financial norms would be revised based on the Consumer Price Index for Rural Labourer (CPI-RL) with base year 1986-87. States UTs have been experimenting with various decentralized models for SNP delivery, efforts would be made to rationalize and streamline methods of SNP delivery using learning of various innovative models. The quality of THR and other SNP is of paramount importance for safety and which would be ensured as per norms.

(ix) Management of Severe and Moderate Underweight: Special and prompt actions would be taken for identification and management of severe and moderate underweight children through community based interventions jointly prepared protocols by NRHM and ICDS. Cases of severe underweight requiring medical attention would be referred to NRCs / MTCs set up under NRHM. Options for community based care and prevention for undernutrition will be reviewed, as well as successful innovative models which have helped reduce undernutrition will be scaled up. Intensive and diligent hands on training of mothers on child care will be conducted along with close monitoring of growth of the child. Sustained child care practices will not only rehabilitate children but also prevent undernutrition in siblings. MoHFW have been requested to develop protocols for both facility and community based management of underweight children.

(x) Strengthening and scaling up Evidence-based Innovative Interventions: Over the years, ICDS has evolved with differential approaches across the States and there are many examples of innovative and successful models implemented by the State Governments that have shown good results and have potentials of being up-scaled. Other innovations including graded best practices / potential good practices could be piloted by other states

or scaled up under the central fund. Under this component, the ICDS would provide flexibility to the State Governments to initiate relevant innovative interventions with proven track record of improving the availability, accessibility and quality of child development services, especially those interventions that are not covered by the existing components of the ICDS Scheme. The State ICDS Mission would have an untied fund at its discretion for supporting such innovative interventions.

(xi) Promoting Community Mobilization and Ownership: The focus would be on mobilizing and engaging the community, especially parents and families, in ensuring maternal and child health and nutrition. Flexibility to the State Governments / UT administrations would be provided for putting in place most effective models / modalities for promoting community ownership in the implementation of ICDS. The Village Health, Sanitation and Nutrition Committees (VHSNCs) would be actively engaged in the management and supervision of the ICDS programme at the village and local levels. A sub-committee of VHSNC (Maternal & Child Nutrition Committee) consisting of community representatives, members of PRIs and village level functionaries would be set up in each village for overseeing the functioning of all AWCs. Anganwadi Level Monitoring & Support Committee (ALMSC) recently constituted by MWCD would be organically linked with the VHSNC, with all AWCs / AWW from the catchment area as members.

(xii) Management Reforms: To complement the above mentioned strategies reforms will be undertaken to improve the Institutional and management capacity of the ICDS system. These are:

- ***Strengthening Human Resource:*** In order to strengthen the human resources under ICDS, a policy would be developed that would focus on development and introduction of a transparent appointment and selection policy for functionaries and, particularly, at Anganwadi level, introduction of a separate cadre for ICDS in States where such a cadre does not already exist, will be created, or encourage making it essential for States to fill up vacancies at all levels, in order to make it more professional in its approach and application. Allowing States to fill vacant positions on contractual basis for short periods and introducing welfare measures and social security measures for ICDS functionaries,

would be desirable. The policy will also prescribe the minimum education and age limit for AWW / AWH. In order to infuse fresh blood into the field level workers, it is proposed that upon completion of 60 years of age all AWWs and AWHs be relieved of her honorary work. Further, wherever required provide additional honorarium to AWW / AWH for looking after work of another AWC if need be. In order to strengthen the services for under 3 children, particularly those not coming to AWCs, and introduction of child development, care and nutrition counselling component, strengthening of human resource at AWC would be undertaken by appointing an Additional worker.

- ***Capacity Development to ensure professional child development services:*** Based on training need assessment, regular training and capacity building of all service providers and functionaries at all levels would be ensured to equip and enhance their skills and knowledge on childcare and development standards. Joint trainings of AWWS, ASHA, ANMs, PRIs will be taken up along with innovative trainings for workers mainly to enhance skills to save lives. Special focus will be given to thematic areas like IYCF and ECE. NIPCCD, MLTCs and AWTCs would be engaged in carrying out training and capacity development at all levels. It would be made essential for the MLTCs and AWTCs to run model ICDS Projects / AWCs in their respective practice areas. States of Tamil Nadu, Rajasthan and Uttar Pradesh have taken various initiatives like putting in place a State Institute for training, cadre of training professional, mobile training teams and synergies with State Institute of Rural Development (SIRD) and similar State Institute of Health & Family Welfare, Home / Social Science Colleges, among others. Building on these innovations in training, ICDS would strive to revamp the existing training mechanism. For this a Child Development Resource Centre at NIPCCD and State Child Development Resource Centres in States / UTs would be set up in collaboration with reputed voluntary organisations / institutions, Home / Social Science Colleges with extensive experience and capabilities.

- ***Decentralized planning, management and flexibility:*** Annual Programme Implementation Plans (APIPs) will be essential tool, which States will prepare after carrying outlocal mapping of specific needs. Bottom up planning for child survival and development will be required to bring different specific needs of villages and blocks in the

plan of every state. Convergent district plans will enlist roles of relevant sectors in promoting better survival and development of children. It would ensure decentralized planning and managements including timely delivery of services, expeditious / timely availability of funds and human resource. The State Governments would be given the choice of developing innovative models for effectively delivering the core ICDS services in their states and flexibility in piloting targeted interventions based on local needs within the financial provision of the programme. The states will also have the flexibility to undertake modifications on all matters such as human resource, travel and transport, programme implementation, revision in population norms considering local situations etc. However, such flexibility should be within the purview of the overall cost under the specific line item provided it is targeted towards better implementation of the programme. The States / UTs should include all such items within the APIPs and seek approval of GoI.

- ***Strengthening of ICDS Management Information System (MIS):*** Presently, ICDS has an in-built monitoring system through which regular reports and returns (MPRs) flow upwards from AWC to blocks, district HQs, State Directorates. However, the current monitoring system is geared towards coverage rather than outcome indicators. The revised monitoring system would focus on collecting and providing data on a real time basis to support programmatic actions and timely interventions. To strengthen the information base and facilitate sharing and dissemination of information the focus would be on promoting use of ICT under ICDS. As the reach of internet is limited effort would be made to link the ICDS with the mobile phones infrastructure.

- **Partnership with civil society, networks, Non-Governmental Organisations (NGOs) and voluntary actions for nutrition, health sanitation, care and ECCE.** In a few states, partnerships with NGOs have already been established and the partnership is: (i) extending service management & outreach; (ii) enriching service quality; and (iii) strengthening specific components like training, communication and community mobilization and monitoring. Efforts would be made to involve NGOs at different levels of the delivery system. For this purpose, a norm of implementing projects in every State

in collaboration with such agencies / institutions / PRIs would be mandated. Besides advocacy, NGOs would be involved in contributing to programme management, strengthening capacity at different levels and evaluation of the child development sector, developing innovative approaches to child development and working together with community organisations and PRIs.

- ***Allocating Adequate Financial Resources:*** Low budgetary allocations are responsible for limited impact. Adequate funds would be required to be made available the Government of India for the implementation of strengthened and restructured ICDS. Enhanced / additional financial resources would be required for engaging additional human resource support to the State Governments for switching over to PIP mode, cost indexation of SNP, additional AWW in all AWCs from 200 high-burden districts, strengthen ECCE component, allocation for the construction of AWCs, as well as for developing and implementing pilots of flexi models . A pool of untied / flexi fund would be made available for promoting local innovations based on need-based district level planning. The fund flow mechanism would be reformed to ensure timely releases and removing all bottlenecks in financial management of ICDS.

(xiii) Institutional Reforms: In order to achieve time bound targets for both child survival and early childhood care and development implementation of ICDS is proposed in MISSION MODE. The consensus of transforming ICDS in Mission Mode has emerged after a series of consultations and deliberations held with State Governments, line Ministries, Planning Commission and other stakeholders including members of the civil society and voluntary organisations across the country. The learning from recently initiated Annual Programme Implementation Plans (APIPs) and related discussion have also highlighted the need for transforming the implementation of ICDS in flexible Society / Mission Mode.

ICDS in Mission Mode would require a strong implementation, monitoring and supervision mechanism right from central level to the grassroots levels. ICDS mission would envisage creating such arrangements at all levels. The existing service delivery mechanism will be strengthened through setting up of a National ICDS Mission Directorate and Child Development Societies at State and District levels. These Missions will be responsible for the

effective implementation of the ICDS. It is also proposed to create technical advisory bodies at all levels to oversee and guide the ICDS Mission. An Empowered Committee at the National level will be set up and equipped with the decision making powers so as to ensure that the system keeps moving at a fast pace and work is not held up for lack of decision. The Mission would include:

- ***ICDS Missions at National, State and District levels with structure and systems*****,** enhanced human and financial resources, empowered for action with clearly laid down systems for financial, human resource, logistics and procurement, programme and operations monitoring. The existing service delivery mechanisms will be strengthened through setting up of a National/State ICDS Mission Directorates, Technical thematic groups State & District Child Development Societies with coordination and monitoring committees at block, village and anganwadi levels.

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

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

- ***Memorandums of Understanding between Central/ State governments, and APIPs*** with agreed state specific monitorable outcomes for preventing under nutrition, promoting early child development; milestones of achievement and shared policy, programme and resource commitments.

- **Capacity Development** will include setting up of National/State ICDS Mission Resource Centres, technical and management support at different levels, linking service delivery and

training resources through the mission, interstate and inter district sharing of innovative models/ best practices and learning. Network of training resources and inter sectoral teams. Civil society partnership is envisaged for content and process enrichment and mentoring support at field level for decentralized planning.

1.6 PROPOSED BUDGET:

To achieve the objectives of the MISSION and meet the financial implications of activities like AWC building, additional AWW, indexed SNP, revised financial norms, revised MIS and training, as well pilots and innovation etc., the ICDS Mission would require at least four fold increases in budgetary allocation over the budget outlay in the Eleventh Plan (Financial implication of Rs. 183000 Crores is envisaged for 12th Plan).

The Ministry of WCD would continue to be the focal point for the implementation of restructured ICDS Scheme in Mission Mode. It would continue to play a role in: (i) issuing appropriate guidelines to help the states in implementation, supervision and monitoring of the ICDS Scheme; (ii) developing a framework for effective interventions through decentralisation and capacity development; and (iii) development of partnership with all stakeholders including government and non-government agencies and civil society. The thrust of the Central Governments intervention would be on support for capacity development at all levels, monitoring and evaluation, providing more financial resources to drive reforms and accountability, and sharing the best national and international practices.

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

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

These outcomes would also contribute to reduction in IMR and MMR, incidence of low birth weight in convergence with health and improved care and nutrition of adolescent girls in convergence with RGSEAG and NRHM. The second outcome will also contribute to increased

enrolment, retention and learning outcomes in elementary education, in convergence with SSA. In order to achieve the above monitorable outcomes list of indicators have been formulated (Annexure-II).

Chapter Two

REPORT OF THE SUB GROUP ON

EARLY CHILDHOOD CARE AND EDUCATION

2.1 INTODUCTION

Early Childhood Care and Education (ECCE) is acknowledged as a critical input for laying the foundation for lifelong development and for optimum realization of the young child's potential. Young children need to be provided opportunities and experiences through ECCE that lead to their all-round development ---physical, mental, social, emotional and also school readiness. Learning at this stage should be directed by the child's interests and priorities and should be contextualised rather than structured formally.

2.2. SITUATION ANALYSIS

Programmes and Provisions for ECCE: Provisions for centre based Early Childhood Care and Education in India are available through three distinct channels i.e. through public schemes and programmes; private sector initiatives and through non-governmental and voluntary agencies.

2.2.1 Public Sector Initiatives

Public or government sponsored programmes are largely directed towards the disadvantaged community, particularly those residing in rural and marginalised areas.

The Government services reach out to the children with a gamut of schemes and programmes that are free of cost. Though a number of programmes are being implemented by various departments and ministries, the more important ones are as follows:

Integrated Child Development Services (ICDS): The ICDS Scheme is one of the flagship programmes of Government of India. It is the largest public initiative in the world which offers early childhood care and education services in an integrated way to children up to 6 years of age and to pregnant and lactating women. It is a centrally sponsored and state administered nationwide programme which adopts a life cycle approach and offers a package of six services i.e. i) Supplementary Nutrition, ii) Non formal Pre-school Education, iii) Nutrition and health education, iv) Immunization, v) Health Check-up and vi) Referral. The programme is currently reaching out to more than 73 million children below six years of age and fifteen million pregnant and lactating women through a national network of more than 12 lakh AWCs in the country. The number of AWCs is targeted to reach 14 lakh shortly.

Rajiv Gandhi National Crèche Scheme: The scheme has been designed by merging the existing two schemes of *National Crèche Fund* and the *Scheme of Assistance to Voluntary Organisations* for running crèches for children of working and ailing mothers[1]. Under the Scheme, the crèches are being allocated to the States/UTs on the basis of the proportion of child population. The services being provided include not only custodial care but also preschool education. Currently, 22038 crèches have been sanctioned by the Government of India (MWCD 2011).

ECCE under Sarva Shiksha Abhiyan (SSA*):* SSA is the national flagship programme of the Ministry of Human Resource Development which was launched in 2001-02 for achieving the goal of universalization of elementary education through a time bound approach, in partnership with States/UTs. Realizing the importance of ECCE as a feeder programme for primary education as well as a support programme for facilitating girls' participation in primary school, SSA includes a sub component of ECCE in its district plans as an innovation for which specific financial allocation is made. Some of the interventions for strengthening pre-schooling under SSA include (i)strengthening ECCE component in ICDS by providing need based training of AWWs and provision of an additional worker (ii) supplying Teaching Learning Material (iii) setting up Balwadis (preschool centres for 3-6 years) as ECCE centres in uncovered areas (iv) generating awareness on importance of early child development through advocacy programmes (v) providing for intensive planning for ECCE (vi) promoting convergence between the school system and the ECCE provisions. At present SSA has opened 14235 ECCE centers in non-ICDS areas covering 48, 6605 children across the country.

The National Programme for Education of Girls at Elementary Level (NPEGEL), an integral part of SSA, provides additional provisions for enhancing the education of underprivileged /disadvantaged girls at elementary level. The scheme is being implemented in Educationally Backward Blocks (EBBs). In order to release girls from sibling care responsibilities and help them to attend schools, provisions for child care centres and community mobilization have been made by opening 4367 ECCE centres which provide services to 92,523 children. (NPEGEL Progress Report, June 2011).

[1] This was started in 1974 in pursuance of the objectives of National Plan for Children,1974

With expansion of ICDS the states will now have to harmonize and synergize the operation of preschool education under SSA and universalised ICDS in order to optimize the usage of human and financial resources and avoid duplicaton.

2.2.2 Private Initiatives

Increased awareness regarding the importance of pre-school education has seen a remarkable expansion in the private sector. These private initiatives, which have been mainly in the urban areas for nearly a decade, have now started sprouting even in semi-urban, rural and tribal areas across many states. As per ASER survey of 2010, 11.4% of children residing in rural areas are receiving pre-primary education from private initiatives. The private sector initiatives are usually commercial ventures that operate under varied names of preschools; preparatory schools; play schools; nursery and kindergartens schools as also day care centres. There is often significant demand for admissions in these centres. However the quality of these initiatives differs hugely and these could also in many cases be financially exploitative. In the absence of any regulatory system of the private initiatives, these early childhood education programmes are further characterized by serious inadequacies like overcrowded class rooms, developmentally inappropriate curriculum, assigning of homework, engagement of untrained teachers, monotonous, uninterested class room routine, formal methods of evaluation etc. Though there is at present inadequate research data for evidence based analysis, it is common knowledge that socially and economically upward mobile families are often fleeing from public initiatives towards locally available alternatives, the so-called English medium schools, which are mushrooming all across the country. An emerging trend is also of corporate houses, which are gradually entering the pre-school arena with chains of high fee charging preschools across the country. In the absence of any reliable data on ECCE generally and on the private sector initiatives, in particular, it is difficult to give any exact estimates.

2.2.3 Voluntary / Non-Governmental Initiatives

Apart from private ventures, there are national and local NGOs which either through direct service delivery or through supportive activities facilitate delivery of ECCE. The ECCE services are being provided by these voluntary or non-governmental organisations with financial assistance from grant –in-aid schemes of the government and national and international aid

agencies. In addition, various trusts and societies also play a marginal role, especially in socially and economically backward areas, for special communities in difficult circumstances like tribal people, migrant labourers and for children affected by natural calamities of specific contexts like flood, earthquake etc. The spread and nature of services provided by NGOs and the target group served by them are varied. These models also differ in their funding pattern. Besides the smaller agencies, there are some that specialize in ECCE services and have a relatively large coverage; these are in some cases experimenting with innovative models and structures for delivery.

2.3 REVIEW OF THE 11TH FIVE YEAR PLAN, EXISTING POLICIES, LEGISLATIONS & PROGRAMMES

The Eleventh Five Year Plan had also recognised that ECCE "*is critical for school readiness/entry with increased basic vocabulary and conceptual abilities that help school retention. Besides, it will free the girl child of sibling care"* and recommended one year pre-school education (PSE) for children entering primary school. It clearly stated that "There is incontrovertible research that preschool education is critical to improve primary school readiness of the child of functionally illiterate parents, and thus improving dropout rates. Keeping in view the potential of PSE in enhancing enrolment and reducing school dropout rates, the component of PSE has to be necessarily strengthened (either under ICDS or in the primary school)".

The Report of the sub group on ECCC for the 11th Five Year Plan made several specific recommendations with regard to ECCE, pertaining to access and coverage; advocacy and awareness; training and capacity building, and working conditions of ECCE functionaries. Many of these recommendations were not addressed in the 11th Five Year Plan, possibly due to inadequate resources and lack of a dedicated outlay for ECCE. Most of the recommendations of the 11th Five Year Plan continue to be relevant now and are therefore again being endorsed in the 12th Five Year Plan.

In addition, the sub-group formed for the 12th Five Year Plan also takes into consideration the fact that the overall scenario, globally and in the country, has progressed since the 11th Plan with regard to policy provisions and status of ECCE. Research evidence from the fields of Neuroscience and Economics in the last few years has further confirmed the significant impact

of the quality of experiences of early years on brain development and lifelong learning. The importance of school readiness experiences for facilitating adjustment and learning in the primary grades is established, particularly in the context of EFA, wherein diverse groups of first generation learners are coming into the school system without adequate linguistic and cognitive preparedness.

ECCE has also been included as a constitutional provision through the amended Article 45, which now reads as follows: "*The State shall endeavour to provide ECCE for all children until they complete the age of six years*"**.** The Right of Children to Free and Compulsory Education Act, 2009, which came into effect from 1st April, 2010 in whole of India, except the State of Jammu and Kashmir, although excludes children below six years, also specifies under its Section 11 that, "*with a view to prepare children above the age of three years for elementary education and to provide ECCE, appropriate Government may make necessary arrangements for providing free pre -school education for such children".* It is expected that this policy directive will provide further impetus to the ECCE provisions and programmes in the 12th Five Year Plan. With regard to the status of children's participation in ECCE programmes, there seems to have been a quantum jump during the 11th Five Year Plan with 18.96% increase in non-formal preschool education beneficiaries and 32.88% increase in supplementary nutrition beneficiaries in ICDS over the previous plan period. However, data reliability may be an issue about provisions in private and voluntary sectors; the progress is distinctly evident particularly with the rapid expansion of the ICDS and its universalization in accordance with a Supreme Court directive to this effect and a very visible private sector penetration even in tribal and rural areas.

2.4 ISSUES AND CHALLENGES TO BE ADDRESSED IN ECCE

Although the attention to ECCE has marginally increased over the XIth FYP period, there continues to be a wide gap between policy and practice. The emphasis has been more on expanding and universalizing access to ICDS. Concurrently there has been widespread expansion of the private sector across most states and there has been hardly any attention given to ensuring equitable provision or basic quality. A major lacuna is the complete absence of any regulation or oversight, weak institutional capacity and lack of awareness about the

importance of ECCE. The present situation regarding ECCE is analysed below in terms of access and coverage, quality, equity and institutional capacity.

2.4.1 Access and Coverage: A major constraint in estimating the current coverage or enrolment in ECCE is the lack of reliable data and a complete absence of any data base or MIS system for ECCE. Triangulation of data is also not always meaningful since the different sources of data do not synchronize in terms of the time frame. As per the Census (2011), India has 158.8 million children in the 0-6 age group of which around 60 million children are estimated to be in the age group of 3-6 years. In terms of coverage, the ICDS data base indicates that about 73 million children in the 0-6 year age group are covered by provisions under the ICDS. Since in 23 out of the 35 states and UTs, the age of entry to grade 1 in primary school is 5 years, a significant number of 5-6 year olds are expected to be also covered in the schooling system, which in turn implies a clear possibility of duplication. The exact numbers are however not available. With the RTE (2010) now specifying 6 to 14 years for elementary education , it is expected that the states will go back to making 6 years the entry age for primary. The 5 to 6 year olds will in that situation get added on to the ECCE substage. ECCE centers are also run by the voluntary sector but there is no reliable estimate of the extent of provision or coverage under this sector. In addition, the private preschools also cover almost 20 to 30 percent of the 3 to 6 age group. Recent rapid surveys conducted by Ambedkar University, Delhi in three states of Assam, AP and Rajasthan have revealed that in the districts covered by the survey almost all children are enrolled in AWs and /or private preschools or NGO run Balwadis (AUD, 2011). However enrolment is more by way of registration and in many cases the children are not attending the programme. The survey also indicates that in villages with population of over 2000, probability of presence of private preschools is very high even across tribal areas. What was previously a prerogative of the middle and upper middle classes are now percolating to even the lower middle class who can hardly afford to pay the fees demanded.

The figures given above are however not always reliable given that (a) these may be enrolment figures whereas there is an observed gap between enrolment and attendance, (b) there is no known data base that covers the private initiatives and the figures given are only speculative. Estimation is available from the SSA (DISE, 2010) and ICDS (MWCD, 2011) programme data

which, once triangulated, indicates the gross enrolment ratio for ECE for 3-6 year olds to be around 41.5 percent. However, the ASER survey indicates that in the rural population the number of children enrolled in the 3 to 6 age group has increased from 77.9 percent in 2006 to 83.6 percent in 2010. This reflects much more significant progress and the most critical factor contributing to this increase could perhaps be the enrolment of 5 and 6 year olds in the schools. There are of course significant state wise differences too with Tripura, Bihar, HP, West Bengal and Dadra Nagar Haveli showing relatively more marked progress. Overall, the available data indicates that while there is definite increase in enrolment of children in this age group, it is getting distributed between the ICDS, private preschools and the primary schools since 5 to 6 age group is also getting covered. Yet, a significant number is still expected to be not participating, even though enrolled.

A significant issue in some of the states is that of seasonal migration of some communities which interferes with the education of the children and results in enhancing the number of children not enrolled/participating.

An interesting gender difference also emerges with the percentage of girls being higher (50.2 percent girls /49.8 percent in boys) in public facilities, while it is the reverse in private facilities (47.6 percent girls /52.4 percent boys) (IMRB, 2007). This gender difference is clearly evident in the field as well since parents tend to prefer enrolling their sons in private institutions, as an investment due to better perceived quality. Two specific issues that emerge from this situation analysis of access and participation is (a) the need for expanding access to ECCE programmes and ensuring participation of children (b) the urgency of establishing a reliable and robust MIS system for this sub stage of education which can inform the planning and monitoring for implementation of ECCE programmes.

2.4.2 Quality and Equity in ECCE

While inadequate coverage is an issue, ensuring equitable standards and basic acceptable quality across public, private and voluntary sectors with a focus on inclusion (particularly with regard to gender, caste, class and children with special needs) is another major challenge. A good ECCE programme should be essentially designed to provide children a sound foundation for all round development and prepare them for primary schooling, through an environment

characterized by creative play spaces, storytelling and making, conversations, music and movement, stimulating and imaginative play materials, specific school readiness activities and other such developmentally appropriate interactions. Instead, it often tends to become a downward extension of the formal primary academic curriculum, which can be detrimental for children. This difference is evident if the public sector and private sector ECCE programmes are compared. In the public and voluntary sectors, the quality of services for children tends to be characterised by a 'minimalist' approach in terms of basic amenities and programme content and, more specifically in ICDS, due to over- dependence on a single worker for delivery of all its six services, in addition to other tasks/ surveys she carries out on demand. In the expanding private sector, on the other hand, there is a wide range of provisions, with significant instances of often child- unfriendly and developmentally inappropriate practices. Another issue related to quality in ECCE is that of the absence of continuity in the curriculum or content of ECCE programmes with the Grades 1 and 2 curriculum at the primary stage. The two are not planned in continuation in terms of content or methodology, to ensure a smooth transition for the child. Some specific Issues in quality that have been identified are as follows:

i) Lack of general awareness and understanding of ECCE: Any review of stakeholders' perceptions of quality in ECCE, including those pertaining to child rearing and/or nature of demand for services, indicates a significant lack of awareness and understanding of ECCE. This is in particular related to inadequate understanding of (a) the critical significance of the early childhood years for lifelong learning and development; (b) the need to address the health, nutrition and psychosocial/early learning needs of children synergistically through an integrated approach and (c) developmentally appropriate practices in ECCE and the detrimental and often irreversible effects of inappropriate practices, which children are unwittingly subjected to. This inappropriate practice is reflected in both services for children as well as home caring practices. The public and voluntary sector programmes and home environments of children of the poor tend to be often minimalist in approach and provisions while the more elite homes and the private sector preschools their children go to, tend to subject them to unrealistic ambitions and pressures.

ii) Lack of a prescribed curriculum: According to the NCF (2005) the ECE curriculum should be activity based, child-centred, age appropriate, aiming at all-round development,

contextualised, and flexible. However, studies in the past have indicated that in practice the range is between a minimalist 'song and rhyme' programme to an academically burdened downward extension of the primary curriculum (Kaul, 2008; Swaminathan 1998), both developmentally inappropriate. Apart from being geared right from the beginning to teaching of three R's, the centres have inadequate play space, play material, equipment and knowledge of activities. The absence of a common curriculum is the outcome of a consistent belief among the Child Development professionals and academicians that at this stage the programme needs to be determined by children's developmental and contextual needs, requiring more need based inputs and environment for children. A common curriculum would not therefore be appropriate. However, the practical realities are different and the vacuum created by a lack of curriculum framework results in it being filled with the primary stage curriculum, due to inadequate training of teachers and lack of parental awareness.

iii) Inadequate training and personnel preparation: Corresponding to the wide range of ECCE programmes and initiatives in the country, a variety of ECCE training programmes are currently being implemented. However, despite these provisions, the ground reality is not very heartening. Although the National Council of Teacher Education, a statutory body of Government of India for regulating quality is in place, its specifications for ECCE training are often not consistent with the philosophy of ECCE and the actual field situation resulting in a great deal of adhoc training happening with little quality control. A recent survey indicates that there has been an unplanned and unmapped distribution of early childhood teacher training centres across the various geographical regions of the country, with the north eastern region and other northern states almost completely unserved (Ambedkar University, 2011). Despite NCTE having laid down norms and specifications, for ECCE teacher education, there is very little compliance and a situation of laissez faire persists in terms of faculty, infrastructure, curriculum and methods. There is no provision for in-service training programmes, besides the Diploma Course offered for 40 participants by NCERT every year. Certain organizations make their own efforts to conduct training programmes for their staff, in a sporadic manner. So far as training inputs under ICDS programme is concerned, out of 26 working days' job training being imparted to CDPOs, Supervisors and AWWs, only 4 days' intensive training is being

imparted on ECE. Similarly in refresher training, which is of five days duration, the preschool education is being covered in 3-4 sessions only.

The current training programmes also often reflect lack of clear understanding about ECCE, possibly due to the lack of relevant expertise and experience among the trainers. While pre-service training curricula need to be updated, in-service training and on-site support to the field personnel is highly inadequate across sectors. There is also a lack of good quality and updated training curricula and materials to support the training.

iv) Absence of minimum standards and any system of regulation: A major issue in ECCE is the lack of effective and measurable outcome- linked and developmentally and culturally appropriate quality indicators, which could provide an agreed and operational definition of quality and help set standards. In addition, there is as yet a complete *laissez faire* across the country for ECCE provisions due to a complete absence of any system of regulation or accreditation. The effect of this lacuna is most evident in the wide range in provisions in the private sector, which in turn respond to the range in demand, to the extent that some of these are even detrimental to children's development. An initiative was taken by NCERT to spell out Minimum Specifications for Preschools (1996) which identified some standards but remained largely in the shape of a document without adequate dissemination or utilization. A major issue in identifying standards is the wide variance in basic infrastructure, quality and finance availability across sectors.

v) Inadequate planning, monitoring and supervision: Besides the usual administrative issues in the public system, ECCE also suffers from a lack of understanding of quality in the absence of tangible indicators and inadequate technical support. With no adequate data information system in place, the data estimates remain unreliable as they vary with the source and thus the very foundation for planning and monitoring remains extremely fragile. One of the major limitations is that the entire private and voluntary sector is outside the purview of monitoring and supervision due to the absence of a regulatory and enforcing agency. In the ICDS programme, being integrated and multi sectoral, there is a monitoring system in place but since inception it has focused more on nutrition and health which have more tangible and measurable indicators with ECE being neglected. The pre-primary education in education

sector and NGO sector is not taken into consideration in the scheme of monitoring under the ICDS. There is a need for the monitoring and evaluation component to be strengthened by timely collection; analysis and dissemination of relevant information. Further, this should not remain as just some statistical data but should be utilized to improve the programmes by understanding the gaps and addressing the same.

vi) Infrastructure: The NCF (2005) emphasizes the need for an infrastructure which is "supportive of children's needs, low cost, and culture specific". However, the reality on the ground is very varied and inequitable with the facilities in ICDS being still limited in terms of infrastructure. The mushrooming low fee charging private players do not also attach any significance to adequate facilities like space, child friendly toilets, water, health checkups, nutrition, etc. The ones which do are high end and beyond capacity for even the middle class population.

2.4.3 Institutional Capacity in ECCE

In terms of institutional capacity, while national level institutions for education and child development like the National Council of Educational Research and Training (NCERT) and National Institute of Public Cooperation and Child Development (NIPCCD) have in the past played a significant role in creating capacity for ECCE in the country. Colleges of Home Science have also been engaged in ECCE, but mainly in the areas of teaching as part of post graduate courses and small scale post- graduate research. In the eighties and nineties, a UNICEF supported ECCE Project which was coordinated by NCERT did focus on creating state level capacities in ECCE by strengthening the SCERTs in eight states and helping establish two State Resource Centers in Gujarat and Andhra Pradesh within the university structure. This project generated a great deal of state specific children's literature, training material and strategies in ECCE. However, many of these centres are not active now since the subject of pre-school education was allocated to Ministry of Women and Child Development. NIPCCD has setup four Regional Centres across the country in order to cater to the regional requirements of research and training in the field of child development in the country. More recently, two Centers for Early Childhood Education and Development have been established in Ambedkar University, Delhi and in Jamia Millia Islamia, Delhi which, being university based, can play an important role in institutional capacity building for ECCE.

2.5 STRATEGIES AND RECOMMENDATIONS FOR THE 12th FIVE YEAR PLAN

The 12th Five Year Plan's vision for ECCE is embedded in the concept of the 'whole child' whose learning and development needs are not only integrated but also interdependent; it is a concept derived from the three basic principles of development viz. child's development is a continuous and cumulative process; secondly, it is 'holistic' in that it is the outcome of the synergistic impact of health, nutrition and early learning inputs that the child receives in the first few years of life; and thirdly, optimal development cannot be ensured without also addressing the child's family and immediate socioeconomic and cultural context. It is these principles that determine the approach that is being proposed to address the challenges of providing ECCE of acceptable quality to the young child. While many of the health, nutrition and care related needs are being addressed through other sub groups for specific emphasis, this sub group focuses on ECCE or the early stimulation and early learning needs of the child upto six years of age. It is in this context that in the XIIth FYP the Anganwadi is being envisaged in the years to come as a vibrant, joyful and child friendly centre for early childhood education and development. It is to realise this vision that the following are being recommended:

2.5.1 National Policy on ECCE: It is clear from the above analysis that any initiative for reform in ECCE, if it has to be effective, would inevitably need to address the sector as a whole in a comprehensive manner rather than addressing any one scheme or programme. The approach in the 12th Five Year Plan would therefore be to address areas of systemic reform in ECCE across all channels of services, public, private and voluntary and across all aspects discussed above. With this in view, a National Policy on ECCE will be formulated in the 12th Five Year Plan which would be accompanied by a systematic Plan of Action and supported by an adequate budget outlay. The states will further be required to prepare their own action plans for effective implementation of the Policy. A time frame will be given to States to align their policies to the National ECCE Policy. The process of formulation of the National ECCE Policy has already been initiated by MWCD and this process will be accelerated and finalised in the 12th FYP.

2.5.2 A National/State ECCE Council may be established to focus on strengthening ECCE in ICDS and in the other sectoral provisions. The Council may constitute Technical Support Groups responsible for providing systems of training, curriculum framework, standards and related

activities; and promoting action research with an aim to improve the field of early childhood care and education.

The proposed National Early Childhood Care and Education Policy should address the four main policy challenges emerging from the above analysis **i.e. *Access, Equity, Quality and Institutional Capacity for ECCE.*** The policy should be based on the principle that these cannot be seen in isolation of each other, or in any sequenced order since each is integral to the other. The emphasis should therefore be on acknowledging that none of these aspects can be compromised with; instead they should complement each other in any ECCE programme, which must in turn adhere to certain essential standards.

It is only for convenience of discussion that the proposed approach and initiatives for each of these aspects have been categorised and discussed separately.

a) Access with Equity

Initiatives for universalizing access to ECCE will include not only expanding the current initiatives but also promoting and experimenting with new and innovative initiatives so as to reach out to ALL children below 6 years with developmentally appropriate and child friendly ECCE provisions, and in particular to those children still uncovered and unreached and in difficult circumstances. Some of these 'so far unreached' special focus groups are:

- *Marginalised children located in isolated and remote hamlets, dalit hamlets and settlements, fishing hamlets, and in unauthorized slums and settlements.*
- *Children with special needs*
- *Children of seasonal migrants, road side workers, and seasonal construction and quarry workers,*
- *Children of HIV affected, long term patients, children of sex workers and women prisoners*
- *Children in conflict zones such as riot, militancy and disaster affected refugees,*
- *Children in orphanages and founding homes.*

Suggested Strategies: Access to ECCE will be defined as setting up of one ECCE centre of acceptable space and quality for a group of not more than 25 children in the 3-6 age group,

which would be within easily reachable distance from the homes of the children. It will have at least one adult facilitator/mentor trained in ECCE to transact the programme with the children for a daily duration of four hours. For children below 3 years, the focus would be on home based early childhood development, and wherever surrogate care is needed, crèches will be provided with a ratio of 1 caregiver to 10 children. This will be to ensure care and early stimulation along with health and nutrition inputs.

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

- *Universalization of ICDS with flexibility and decentralization:* ICDS being the main provider for the socio-economically disadvantaged children may be upgraded into a mission mode with commensurate funding, to enable expansion of its outreach to all children, with guarantee of some basic quality. To achieve this, it should move away from the centralized single model design towards a more decentralized planning and implementation design which will allow for flexible, need and context based models. Thus, within the broader core framework for ICDS, locally developed and contextualised models through decentralised and local planning may be encouraged.
- *Involvement of NGOs:* Possibilities of encouraging NGOs to adopt ICDS projects, which is already in existence, may be further explored on a more extensive scale. Partnerships will also be explored to further enable more innovative models to emerge for provision of ECCE, to complement the ICDS effort.
- *Community based models*: Active involvement from parents and communities is key to ensuring that early childhood services remain relevant to the needs of the children. This also enhances the sustainability of the initiative. Efforts therefore need to be made to encourage community groups, self-help groups, Mothers' Committees, PTAs to manage and monitor programmes, both through some grant in aid or through the ICDS projects, as has been successfully experimented with in some states in the past.

- *Demand driven models*: Provision for AWCs to be established on demand from the community, if it has a certain number of children requiring ECCE should be further encouraged, with some commitment from the community to ensure ownership and active management by the community. Efforts also need to be made to sensitize and educate the community on the importance of ECCE for children.
- *Innovations grant for New Schemes*: Under an Innovations component, new complementary schemes and programmes having flexible financial and administrative norms would be formulated to allow new and different institutions (labour unions, SHG's, CBOs, Contractors etc.) to run day cares, crèches and/or ECCE centres, with funding on a per child norm and freedom to develop their own programme, along with a support system for monitoring and guidance.
- In order to reach out to the ECCE needs of children residing in far flung and smaller community hamlets, scattered population, areas affected by floods and other disasters specially in tribal and hilly zones and children belonging to difficult circumstances, having special needs etc., the home based family day care model of ECCE; crèches with flexi time, flexi space, transitory-temporary mini AWCs would be encouraged and experimented with.
- Clear distinctions between day care, crèche and preschool would be laid down and the States will have to establish essential and desirable standards for the different ECCE provisions. Innovative use of information technology should also be explored especially for dispersed populations. The special needs of mobile community may be addressed through mobile ECCE centres that will be responsive to seasonal variations in the availability of work and income.
- ***Promoting Public Private Partnerships:*** Given that ECCE is provided by all three sectors, public, private and voluntary, the gap in coverage can be addressed through mobilizing all three channels separately, as well as through possible public-private partnerships or collaborations. Given that the private programmes are all focused on education with little or no component of health and nutrition, the ICDS could also consider supporting private and voluntary initiatives by providing complementary health, nutrition and counselling support.

- ***Urban Strategy*:** An urban strategy may be developed to address the specific unmet needs of children in urban slums. Access to ECCE in urban settlement /slums would be expanded. For this, the schedule for urban local bodies should be strengthened to ensure responsibility for allocation of space for AWCs, Crèches etc. To facilitate this, rules pertaining to area/town planning may be amended in the 12th Five Year Plan so as to provide the space for neighbourhood AWCs as well as for play spaces for children. All local bodies/municipalities, jails, hospitals, construction sites, group housing societies need to make provisions for ECCE as in the lines of the Factory Act. Mobile Centres could also be considered where necessary.
- ***Convergence*:** Convergence with all allied ministries and departments with special emphasis on MGNREGS, NRHM and SSA schemes should be creatively utilized to support/strengthen ECCE in the form of additional facilitators, infrastructure and ensuring linkages and continuity with the home at one end and the primary school at the other. Where feasible, linkages with primary schools should be established /strengthened in terms of synchronization of timings, co-location, and infrastructure sharing which has in the past shown good results under various programmes like the DPEP and SSA. . Joint efforts should be undertaken in order to streamline the provisions and make efforts to ensure that ECCE is systematically incorporated into all the related government initiatives.

b). Quality with Equity

While the previous policies and Five Year Plans have highlighted the elements of quality in ECCE, including developmentally appropriate, active learning methods, child friendly learning material, play facilities and creative play spaces, there remains a wide gap between what is advocated and what is on the ground. At the implementation level quality remains highly varied, often dismal. This applies to programmes across all sectors, the public, private and voluntary.

Suggested Strategies:

***National Curriculum Framework for ECCE*:** A National Curriculum Framework for ECE will be prepared, in a consultative mode with state level stakeholders and professionals which will be

informed by both theoretical and empirical frameworks and national and contextual priorities. While subscribing to the core national values and constitutional priorities, the national framework will be designed to promote all round development of every child below 6 years, through age appropriate experiences and interactions. In addition it will also aim towards preparing children, especially from underprivileged family backgrounds for primary schooling through an effective school readiness programme. The focus of ECCE would be on use of mother tongue or home language and promotion of joyful, activity based and experiential learning, derived from a social constructivist child development paradigm combined with relevant developmental priorities for this specific age group.

Age and developmentally appropriate curriculum guidelines should be prepared along with a model curriculum at the national level along with play and learning materials, activity books, picture story books and other such material in support of the curriculum. Capacities in the states would have to be strengthened for developing their own state specific curricula and materials through involvement of ECCE Councils, NIPCCD Regional Centers, SCERTs, University based Resource Centers and/or Regional/State level Resource Groups specially constituted from among the NGOs and other professionals with expertise in this area who may be mapped to different states for resource support and hand holding.

Quality Standards and a system of Accreditation: The current *laissez faire* situation in all sectors with regard to ECCE should not be allowed to continue. To promote quality with equity and institute a system of regulation, basic quality standards should be developed. Aligned to the quality standards for ECCE, 'Essential Specifications' for preschool centres should be drawn up in terms of space, physical facilities, facilitator –child ratio, curriculum, teaching learning and play materials, distance from home, facilitators qualifications etc. States should be encouraged to set in place a system of mandatory registration leading to regulation of quality to ensure compliance with the Essential Specifications. A system of accreditation of centres and training institutions should also be explored to promote quality and ensure standards. Inappropriate practices like admission tests, early age of enrolment, stressful assessment practices already prohibited in the RTE (2010) will be further discouraged at the ECCE level.

***Ensuring a child friendly joyful learning environment*:** For a joyful and child friendly learning ECCE environment, in which children will learn and develop at their expected pace, adequate and creative space and infrastructure are essential ingredients. Efforts will therefore have to be initiated to not only provide necessary infrastructure but also encourage states to come up with local specific and creative designs for the centers with child friendly and interesting spaces customised for learning and play for the children under 6 years. Use of low cost materials like tubes, tyres, ropes for creating adventure playgrounds for outdoor play for children may also be explored.

Professionalization of ECCE: Transaction of an ECCE curriculum that meets basic quality standards needs to be acknowledged as a professional activity which requires appropriate training and professional development opportunities and commensurate job conditions. In conformity with this acknowledgement, in the ICDS an additional facilitator should be provided for ECE who should be provided effective induction and in –service training and onsite support through the Resource Groups/BRCs / CRCs and compensated appropriately.

Training Framework: A comprehensive training framework must be developed, supported with relevant and user friendly manuals and materials and defined training standards, which will aim at initial preparation and ongoing professional development of the facilitators to the level that they can meet the defined quality standards for ECCE. Linkages and complementarities must be ensured between pre-service, in-service and on-site professional support provisions towards this end. Adequate professional development opportunities through multiple models (including direct, distance and dual mode) and appropriate incentives must be promoted.

Optimum use of latest educational technology should be made to complement the conventional training models. In convergence with SSA, the BRC s and CRCs support program could be extended to the ECCE centres also for regular onsite support and continuity with primary education. It should be mandatory for training institutions both in government and private sectors to identify and develop 'lab areas', which would provide the dual benefit of ensuring appropriate practice teaching for trainees and improving the overall quality of the system. The training package of the ICDS functionaries should be reviewed and revised to strengthen the ECE component in the current training programmes.

It should be mandatory for training institutions to get recognition from National Council of Teacher Education (NCTE) which is a statutory body for regulating quality in teacher education under the existing institutional arrangement.

Advocacy and Communication: To sensitize the public about the significance of early years and the objectives of ECCE, an extensive and sustained campaign for advocacy involving the mass media is needed.

Extensive use of media should made, both print and electronic, to reach out to parents and the community to create awareness of the appropriate kind of care and learning and strengthen the capacity of parents, families and service providers, so that they can provide protective relationships, quality care and education to the young child. This will also include information on the harms of engaging children in developmentally inappropriate curricula. It is hoped that while the Regulatory mechanisms will influence the quality of supply, such campaign will influence the quality of demand and encourage self-regulatory processes in the system. It will also promote more child friendly child care practices by care givers at home which would result in more sustained impact.

c) Institutional Capacity

Establishing a reliable and efficient Management Information System*:* Specific measurable quality related indicators must be identified beyond just enrolment and validated to monitor and supervise quality in ECCE programmes. This would also facilitate self-evaluation and process of impact evaluation in the system. A robust and reliable data base is recognised as an essential prerequisite for sound policy development, planning and management of programmes. An efficient MIS or data management system needs to be established across the country with the use of information technology. A unified database will allow for regular and timely updating of the data base on ECCE so that the statistical data concerning ECCE flows through an integrated network from the decentralized public facilities to the State/Central Government. It may be ensured that the nature and scope of data received at each level may be prioritized according to its relevance for remedial action at that administrative level and capacities developed to ensure its analysis and use for policy /administrative decisions A child tracking system may be instituted at sub district/*panchayat* levels to ensure that every child

below 6 years is reached with appropriate ECCE provisions. A user friendly system of supportive supervision should be piloted and scaled up after establishing its effectiveness within the given system.

Research: With a view to establish a sound indigenous knowledge base in the area of ECCE as well as elicit an evidence base for policy making and planning of programmes, research grants will be made available to Universities to carry out field based research. In addition, action research for development, trials and validation of different curricula models and models of training which address training strategies and materials (print and non-print) for pre service, in-service and on-going support may be undertaken and tools developed for evaluation of quality assessment and monitoring of centres, training institutions etc.

Capacity Strengthening: For effective implementation of the policy at national, state and sub state levels capacities should be appropriately strengthened in technical and administrative leadership and management. A National Child Development Resource Centre and State Resource Units should be established for the purpose and more Universities in different parts of the country may be encouraged to set up Centers for ECCE such as already in existence in Ambedkar University, Delhi and Jamia Milia Islamia University, Delhi to create an indigenous knowledge base in ECCE for strengthening the quality of the policy implementation through research and to provide resource support for effective programme implementation across the country.

The National Child Development Resource Centre would coordinate with lead institutions like NCERT, NIPCCD and Universities at the national level. State counterparts like SCERTs and regional centres of NIPCCD may be suitably strengthened and the State Resource Units would function in coordination with these. To facilitate impact across public, private and NGO sectors, partnerships may also be forged with private schools' professional organizations, NGO representatives and CBSE, and other Boards of Education that have an influence over the private preschools. National, Regional and /or State level Resource groups may be constituted from among the government, private and NGO sectors, established training institutions, professionals and academic institutions of higher learning having expertise in ECCE, in order to facilitate availability of more decentralised resource support for the states and these groups

may be required to provide professional and technical leadership in planning, monitoring and capacity strengthening of the programme implementers and through them the community.

2.6 Proposed Budget

An indicative cost of Rs 1000 crore per annum would have to be earmarked for ECCE.

Chapter Three

REPORT OF THE SUB GROUP ON

CHILD RIGHTS & PROTECTION

3.1 INTRODUCTION

India has the largest child population in the world. More than one third of the country's population, around 440 million, is below 18 years. India's children are India's future as strength of the nation lies in a healthy, protected, educated and well-developed child population that will grow up to be productive citizens of the country.

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

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

3.2 SITUATION ANALYSIS

It is estimated that around 170 million or 40 per cent of India's children are vulnerable to or experiencing difficult circumstances or vulnerable which include like children without family support, children forced into labour, abused / trafficked children, children on the streets, vulnerable children, children affected by substance abuse, by armed conflict / civil unrest / natural calamity etc. as well as children, who due to circumstances have committed offences and come into conflict with law. The survival, growth, development and protection therefore, of these very large numbers, needs priority focus and attention.

3.2 .1 Situational Analysis of Children in Difficult Circumstances

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

a) ***Crimes by children under Indian Penal Code (IPC):*** Although incidents of juvenile crime had reduced slightly in 2009 - lower by about 2.5% w.r.t. 2008, Table 3.1 below indicates an increasing trend. Under IPC crimes the highest numbers of apprehensions were, for Theft (6,540) followed by Hurt (4,386), Burglary (3,210) and Riots (2,025). These together contributed to 55.8% of the reasons for children being in conflict with law under IPC.

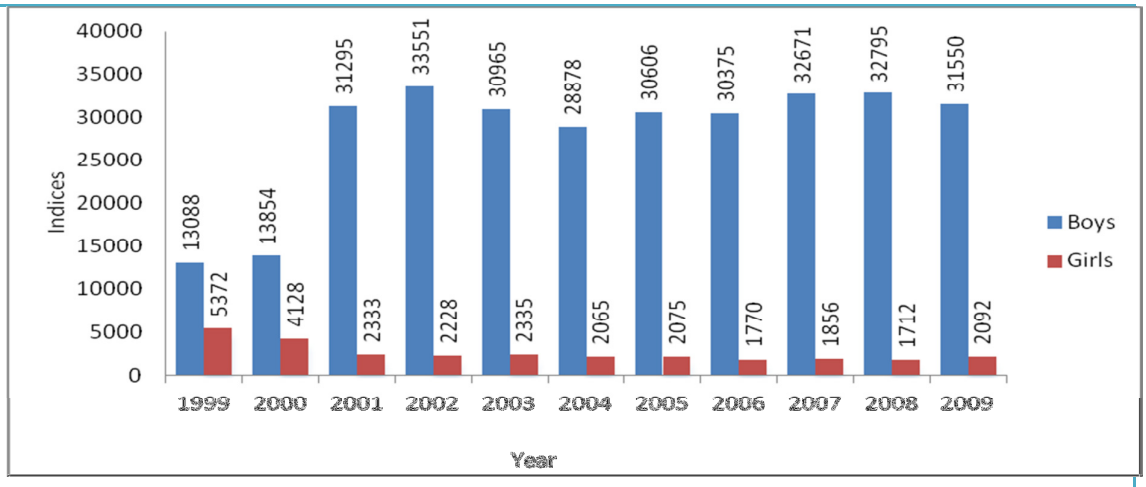
b) ***Crimes committed by children under Special and Local laws (SLL)*** includes Registration of Foreigners Act', 'SC/ST (Prevention of Atrocities) Act', ' Indian Railways Act' and 'Essential Commodities Act') have also increased by 36.9% in 2009, as compared to 2008 which is cause for tremendous concern. Out of the 4,665 juveniles arrested under SLL crimes in the country during 2009, the highest number of juveniles were arrested under the 'Gambling Act' (1,216) followed by 'Excise Act' (613), 'Prohibition Act' (476) and 'Arms Act' (234).

Table 3.1: Incidence and Rate of Juvenile Delinquency under IPC

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

Source: Crime in India, NCRB
**The Registrar General of India.*
*** Actual population as per 2001 Census*
 # the boy's age group of 16-18 years has also been considered as Juveniles since 2001 onwards as per revised definition of Juvenile Justice Act

These four heads together accounted for 54.4% of total juveniles arrested. As the graph 1 depicts, there is also a gender divide in juvenile/children in conflict with law. The use of girls in areas of civil unrest, as messengers, carriers of arms etc., has also been reported.



Boys and girls upto the age of 18 years have been taken according to new definition of Juvenile Justice (Care and Protection of Children) Act, 2000 w.e.f. year 2001: *Source: Crime in India, NCRB*

Fig. 3. 1: Juveniles Apprehended Under IPC and Sll Crimes 1999-2009

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

3.2.2 Children in Need of Care and Protection

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

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

b) Children living on Streets: The report of the Sub Group report on Child Protection for the 11th Plan stated “Street children or children living and working on the streets are a common sight in urban India. In spite of the relative high visibility of street children, there is very little information available on their exact numbers.” A constant rural-urban movement

(urbanization) combined with unsafe migration render many children homeless and working / living on the streets. A study "Surviving the Streets" (2011) on children living on the streets in all nine districts in Delhi, was conducted. The major findings are given in box below:

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

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

a) ***Crimes against Children:*** While the XI Plan did place the child at the centre of all development initiatives, the spread and severity of protection issues manifesting in crimes against children, the number of children affected by violence and the varied and the unique nature of responses necessary to address the same, within the family, schools, child care institutions and larger community, continue to be cause for grave concern. Crimes against children, increased by 18.57% from 2007 to 2009, as reflected in 'Crimes in India', 2009 published by the National Crime Records Bureau. The increase is attributed to an increase in

kidnapping and abduction, infanticide, rape and murder during the period. Details can be seen at Annexure -IV.

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

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

Factors affecting safety and protection of children: The factors contributing to children falling into difficult circumstances are manifold:

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

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

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

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

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

For children in difficult circumstances, it is also seen that the original source of abuse and exploitation, which drives the child away from home resulting in children running away or missing and being found on the streets or in conflict with law is often the family or community

of the child. This once again brings focus on the need for family strengthening and sensitisation programmes.

According to the Study on Child Abuse: India conducted by MWCD in 2007:
- 53.22 % of children reported sexual abuse
- 50% reported physical abuse, and
- In almost all cases the abuser was a known person

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

d) Impact of Globalisation : While globalisation has opened up trade and knowledge exchange; it has also resulted in an increase in inter country trafficking, smuggling and illegal/unsafe migration on the other, organized crimes all, by which children are both victimised and brought in conflict with law.. The current scenario also promotes worldwide patterns of development promoting industrialisation and consumerism which reinforce children's vulnerabilities and result in exploitation of children for commercial sex work, pornography and others-linked to expanding markets and tourism. There is also an element of confusion prevailing as traditional family support and value systems are getting either displaced or distorted.

e) Migration and Urbanisation: Internal (rural to urban migration) and international migration, of uninformed and vulnerable groups after natural and political disasters or civil unrest, for livelihood opportunities, without requisite skills and knowledge, leave many children without access to basic services and protection and often result in coercive migration (i.e. trafficking) and other forms of exploitation.

f) Inadequacy of Day-care services for children: The Government's sustained initiative on education and employment of women has resulted in increased opportunities for their employment, and more and more women are now in gainful employment, working within or outside their homes. The past few decades have shown a rapid increase in nuclear families and breaking up of the joint family system. Thus the children of these women, who were earlier

getting support from relatives and friends while their mother were at work, are now in need of day care services which provide quality care and protection for the children.

About a seventh of the female population of the country is in the category of main workers. 49.34 lakh women work in the organized sector and can avail day care facilities for their children which their employers are obliged to provide under various legislations. (Factories Act 1948, Mines Act 1952, Plantation Act, 1951, Inter-State Migrant Workers Act, 1980 and NREGA 2005 make provision of day care mandatory). On the other hand, the need of the children of the women working in the un-organised sector is, however, largely unaddressed.

To address this gap, the Rajiv Gandhi National Crèche Scheme for children of working mothers was launched on 1.1.2006 for providing day care facilities to children in the age group 0-6 years, from families with a monthly income of less than Rs. 12,000. In addition to being a safe space for the children, the crèches provide services like supplementary nutrition, pre-school education, emergency health care etc. However, recent sample inspections of crèches by the Ministry have revealed that several of the crèches were either non-existent or were not functioning. Even in those crèches that were functioning, gaps in provisioning of services like SNP, appropriate early childhood education, infrastructure etc., were noticed. Lack of reliable data on working women requiring such services and proper procedures while selecting the location, NGO and crèche worker, inadequacy of infrastructure and low financial grants have been identified as the major reasons for the lacunae. This is an area needing systematic interventions in the next Plan period.

Though a number of interventions for children were initiated in the 11th Plan period therefore, the situation of children in India, with respect to their safety and protection, still remains bleak.

3.3 REVIEW OF 11TH PLAN, EXISTING POLICIES, LEGISLATION & PROGRAMMES

The 11th Plan sought to bring Child Rights and Protection to the forefront in the Planning process. Accordingly a detailed analysis of rights and protection issues were a crucial component of the XI Plan which serves as a valuable resource for the next phase of planning for children. It acknowledged the rights of children and envisioned an inclusive growth of all children, irrespective of their vulnerabilities of class, caste, ethnicity, religion and gender. The

Plan recognized the differential needs of women and children as a heterogeneous category and acknowledged the right of every child to develop and nurture his/her full potential. It emphasised on the need for inter-sectoral convergence as well as focused measures by Ministry of Women and Child Development (MWCD) for the development of women and children.

The Plan also recognized the need for partnership with civil society to create permanent institutional mechanisms that incorporate the experiences, capacities, and knowledge of voluntary organisations in development, planning, and implementation. Further, it focussed on modifying existing schemes to fill in gaps identified and also on introducing new schemes to tackle problems related to child protection.

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

Further, the XI Plan also emphasised strongly on the need to 'adopt the paradigm that children in conflict with law also need care and protection'. Therefore the challenge was 'to reduce the delay in judicial process for children, appoint more child friendly officers and ensure the proper implementation of the JJ Act'.

3.3.1 Initiatives for Child Rights in the 11th Plan:

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

society has helped in assessing the situation of children in the country and also recognise the challenges that need to be addressed.

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

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

The NCPCR is yet to put systems in place and to make optimum use of its multi-disciplinary composition with members drawn from various fields such as education, child rights and juvenile justice. This is expected to be consolidated in coming years and expansion of its role to cover all its mandated functions will establish the Commission firmly to protect, promote and defend child rights in the country.

c) Review of the National Policy for Children, 1974: The National Policy for Children (NPC) was adopted by the Government of India on 22nd August, 1974. This policy describes children as supremely important asset and makes the State responsible to provide basic services to children, both before and after their birth, and also during their growing years and different stages of development. For its time, it was a forward looking document. However, it lacks focus on issues such as the best interest of the child, respect for the views of the child and other

current issues such as trafficking, sale of children, corporal punishment, children affected by HIV/AIDs, child pornography, etc. It also does not adequately address the issues of convergence and coordination between concerned Ministries/Departments.

Review of the National Policy for Children, 1974, to align it with current and projected needs of all children in India and with international conventions such as the United Nations Convention on the Rights of the Child (UNCRC) was initiated in 2008. The review takes into account existing and emerging challenges faced by children in a rapidly changing environment and reflects a paradigm shift from a 'needs-based' to a 'rights-based' approach. For review of the Policy, the Ministry of Women and Child Development adopted a participatory process by involving State Governments, Line Ministries and civil society.

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

Table 3.2 : Year wise Sexual Offences against Children (NCRB)

Crime Head	2005	2006	2007	2008	2009
Procurement of minor girls	145	231	253	224	237
Buying of girls for prostitution	28	35	40	30	32
Selling of girls for prostitution	50	123	69	49	57
Rape	4,026	4,721	5,045	5,446	5,368
Total	4,249	5,110	5,407	5,749	5,694

d) ***The Protection of Children from Sexual Offences Bill:*** The rising incidence of sexual offences being reported against children has been a cause of concern. Data maintained by the National Crime records Bureau shows that the number of cases relating to rape, procuration of minor girls and buying and selling of girls for prostitution, has shown a continuous increase (Table 3.2). The Study on Child Abuse conducted by MWCD in 2007 in thirteen states, also reported high incidence of sexual abuse of children (Table 3.3).

Table 3.3: State-wise Percentage of Children reporting Abuse					
States/UTs	**Children reporting physical abuse in one or more situations**	**Children facing one or more forms of severe sexual abuse**	**Children facing one or more forms of other sexual abuse**	**Children facing one or more forms of emotional abuse**	**Girl Children facing one or more forms of neglect**
Andhra Pradesh	63.74	33.87	72.83	47.15	51.50
Assam	84.65	57.27	86.26	71.31	70.19
Bihar	74.65	33.27	67.64	53.81	67.30
Delhi	83.12	40.90	72.26	62.01	76.76
Goa	53.07	2.38	34.06	33.66	36.09
Gujarat	68.51	7.34	47.99	46.88	79.92
Kerala	56.10	17.70	44.80	40.70	61.64
Madhya Pradesh	63.41	9.87	33.30	60.22	79.04
Maharashtra	68.13	9.79	40.66	50.85	72.84
Mizoram	84.64	16.20	54.75	33.23	78.87
Rajasthan	51.20	10.82	29.36	32.36	87.22
Uttar Pradesh	82.77	5.98	35.76	47.21	85.91
West Bengal	55.63	17.20	32.29	41.55	52.41
Total	68.99	20.90	50.76	48.37	70.57

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

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

procedures for reporting, recording of evidence, investigation and trial, the Bill is a step towards strengthening child jurisprudence in the country.

3.3.2 Initiatives for Child Protection in the 11th Plan

a) ***Introduction of the Integrated Child Protection Scheme (ICPS) to comprehensively address child protection issues:*** To give a fillip to the implementation of the JJ Act, and facilitate the States/UTs, the Ministry of Women and Child Development introduced the centrally sponsored umbrella scheme 'Integrated Child Protection Scheme' (ICPS) in 2009-10, by merging aforementioned three Schemes of the Ministry - with substantially enhanced infrastructural, staffing and financial norms - and introducing a slew of new measures.

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

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

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

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

Rs. 1073 Crores were allocated for the scheme in the XIth Plan. However, as ICPS came into effect only at the middle of the Plan period (2009-10) and the States/UTs took some time to come on-board and sign the MoU with Government of India, the expenditure was initially low. The expenditure is now picking up, and as against about Rs. 43 crore released in 2009-10 and

Rs. 115 crore in 2010-11, about Rs. 150 cr. has already been approved in the current year. About one lakh children are, at present, benefiting under the Scheme.

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

Several initiatives have been taken under the Scheme including:

- **Establishing Statutory Bodies in every district and Service Delivery structures for Child Protection at State and District levels:** The numbers of statutory bodies - Child Welfare Committees (CWCs) and Juvenile Justice Boards (JJBs) - have doubled; 548 CWCs (240 before introduction of the Scheme) and 561 JJBs (211 before introduction of ICPS) have already been set up. Further, 23 State Child Protection Societies (SCPS), 18 State Adoption Resource Agencies, 438 District Child Protection Societies (DCPS,) in 16 States, have also been established under the Scheme.

- ***Upgrading and establishing standard institutional services and putting dedicated Child Protection personnel in place:*** 1363 various types of Homes have been provided financial assistance so far. Grants for up-gradation of 230 Homes and construction of 20 buildings for various types of Homes have been provided under ICPS.

- ***Expansion of Emergency Outreach services (Childline services, 1098):*** Before introduction of the Scheme, 83 locations were being provided Childline Services. They are now available in 181 locations.

- ***Promotion of non-institutional care:*** ICPS seeks to promote family based non-institutional care through adoption, sponsorship and foster care. So far 173 adoption agencies have been supported under ICPS and foster-care and sponsorship components are being implemented on a pilot basis in selected States.

- ***Initiation of Child Protection Division in the National Institute for Public Cooperation and Child Development (NIPCCD):*** As per the Scheme, NIPCCD has been designated as the nodal organisation for building a knowledge base and capacities of Child Protection

personnel at all levels. For this purpose a dedicated Child Protection division has been established in the Institute under the Scheme.

- ***Child Tracking System****:* Processes to put in place a Child Tracking system (a web enabled MIS on all children accessing protection services, including a website for missing children) have been initiated.

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

- ***Review of Guidelines for Adoption of Children:*** Adoption procedures in the country are governed by Guidelines notified by the Government of India. The Guidelines have been revised from time to time, from 1989 to 2011, to streamline the adoption procedures and processes and to clearly define the roles and responsibilities of those involved. To incorporate and give cognisance to the amended JJ Act, 2006 and Model Rules, 2007, wherein it was stated that surrendered children could be rehabilitated through adoption and that children can be given in adoption in accordance with guidelines laid down by the Central Adoption Resource Agency (CARA); various directions from different courts in India with regard to adoption procedures in the country; and further stipulations for inter-country adoptions laid down by the Special Commission of the Hague Convention, held in 2010; it became imperative to revise the Guidelines to reflect changes brought about by these new developments. Guidelines Governing Adoption of Children have been accordingly revised and notified by the Government in June, 2011. The Guidelines detail, inter-alia, procedures and principles governing the adoption process, eligibility criteria of Prospective Adoptive Parents (PAPs) as well as roles and functions of agencies implementing and monitoring the adoption programme. The aim is to ensure the best interest of the child, provide adequate safeguards to the child placed in adoption and ensure that priority is given to domestic adoption.

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

recognized by State Governments as Specialised Adoption Agencies (SAA) under the JJ Act, agencies implementing an adoption programme are required to register under CARINGS in order to be a part of CARA's network. So far, 234 agencies are already registered on CARINGS.

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

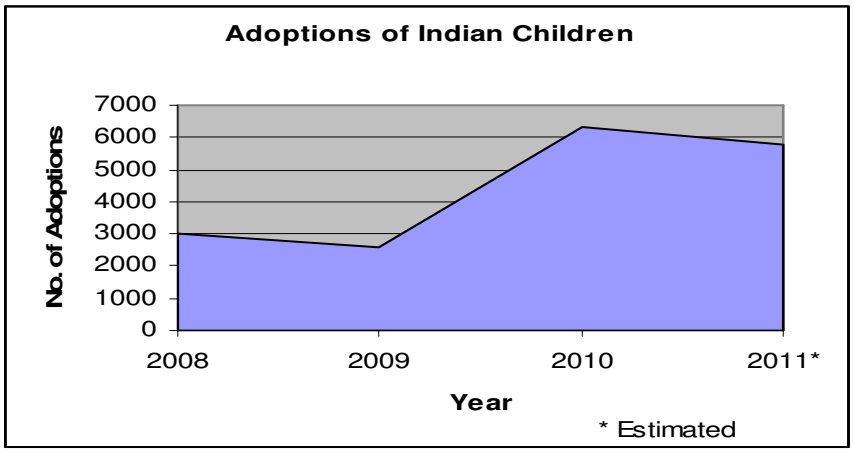


Figure 3.3: Adoptions of Indian Children

c) Enactment of 'The Right of Children to Free and Compulsory Education Act (RTE), 2009:

The RTE Act came into force on April 1, 2010, extending India's commitment to a rights-based system of development and translating the Constitutional provision for children's education to a justifiable right for 6-14 year old children. India thereby has become one of 135 countries in the world to make education a fundamental right of every child. Not only do the provisions in the Act seek to improve the access to education by ensuring enrolment, attendance and completion of the elementary cycle of education, they also envisage improvement in the quality of education through improved qualification and training standards for teachers; curriculum frameworks that are more child friendly and inclusive; allowing for preservation of local knowledge bases; evaluation systems that are continuous and comprehensive; and classroom transactions based on positive engagement.

The impact on RTE on the lives of children, with respect to ensuring their safety and protection is expected to be significant. With compulsory quality education being made available to all children up to 14 years of age, it is hoped that the number of working children would reduce as 'children at school' are not 'children at work'. The Act includes provisions against corporal punishment and makes 25% reservation for disadvantaged children in private schools mandatory. Furthermore, those children who are on the streets would also get access to better employment opportunities in the future and keep them away from a life of crime. Last, but not the least, the education would make the children aware of their rights and give them the confidence to stand up for their fulfilment.

3.4 ISSUES AND CHALLENGES FOR CHILD RIGHTS & PROTECTION IN 11TH PLAN

Though the introduction of ICPS and RTE brought Child Protection issues to the forefront in the development agenda, putting in place a strong safety net for children will still take a while. The 11th Plan threw up a lot of issues which will need to be addressed immediately and adequately so that all the children of the country can be provided a safe and secure environment to grow up in.

a) Insufficient data and inadequate documentation: Data related to children continues to be varied and piecemeal. Lack of data related to the vulnerabilities of these children makes it difficult to measure the intensity of the problems and provide appropriate services.

b) States still to build a perspective on Child Protection: Child protection issues are multifarious – ranging from physical and mental abuse; trafficking and exploitation for labour, organ sale, sexual abuse. Although through ICPS is an effort being made to create an environment conducive to children, the State functionaries are taking time to build an understanding on child protection issues in their States. The process of identifying the problems being faced by their children, and mapping the more susceptible areas, has been begun in most States. The States are being urged, through regular interactions, to assess the needs of children through district-wise studies and draw up their implementation plans accordingly.

c) Wide variation in availability of Homes and quality of care: Though the States are taking steps to review the quality and adequacy of infrastructure and staff in the Homes being run with support under ICPS, it is seen that the availability of Homes throughout the States is not uniform. Though some areas are well-serviced with adequate Homes, others do not have facilities for housing children in need of care and protection. Furthermore, the available Homes are mostly either under-utilised on one hand or highly congested on the other.

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

Rationalization of Homes with respect to availability, capacity and utilization, and appropriately upgrading the services is, therefore, imperative.

d) Lack of adequate personnel sensitised to children's issues: Child Rights and Protection being a neglected area so far, the availability of persons trained and sensitized regarding children's issues in general, and protection in particular, is limited both in the Government and voluntary sector. Though ICPS seeks to fill this gap through the service delivery structures under the Scheme at State and district levels and training of other protection personnel through them, procedural delays in States have resulted in these not being set up in several States as well as in appointment of requisite staff needed for proper planning and implementation.

The existing personnel, who are in any case appointed only on an additional charge basis, are not sensitive towards children's issues. The State Child Protection Societies have not yet been set up by Kerala, Maharashtra, Himachal Pradesh, Goa, Arunachal Pradesh, Meghalaya, Uttarakhand, Andaman & Nicobar Islands, Dadra & Nagar Haveli, Daman & Diu, and Pudducherry. Staff has been recruited by 5 States only, out of which 2 States have recruited staff partially.

Further, Members of many CWCs and JJBs are not adequately trained and sensitised, thus resulting in lack of understanding of issues and procedures and undue delays in decision–making.

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

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

f) Implementation issues of ICPS: *Delay in submission of Financial Proposals under the Scheme and low utilisation of funds:* Low priority given by the States/ UTs to child protection has resulted in lack of willingness to commit funds for ICPS. This is compounded by non-availability of adequate staff and thus, there are delays in submission of financial proposals by the States. Furthermore, the State Governments are taking from 4 months to a year to release funds to State Child Protection Societies even after release of grants from the Centre. Seven States/UTs namely, Arunachal Pradesh, Uttarakhand, Andaman & Nicobar islands, Chandigarh, Dadra & Nagar Haveli, Daman & Diu and Lakshadweep have not yet submitted their financial proposal for release of funds. The utilization of funds by the State Governments is also low. Only 4 States were able to utilize the amount released as first installment for 2010-11.

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

3. 5 STRATEGIES AND RECOMMENDATIONS FOR 12th FIVE YEAR PLAN

The Eleventh Plan has set an ambitious agenda for the Protection of the Rights of children. This has not been entirely fulfilled and thus the 12th Plan will carry a large unfinished agenda from the last Plan period. The Ministry of Women and Child Development has an expansive as well as in-depth vision for children which not only aims at completing the unfinished agenda of the past plan but also reviewing and strengthening existing schemes, programmes, legislation and policies, while at the same time addressing some of the critical gaps in identified areas.

3.5.1 Priorities for Child Rights

Review of the National Policy for Children, initiated during the 11th plan period, would be completed, with the revised Policy being an overarching document for every ministry/department that impacts the lives of children. All policies of line ministries will be studied to identify gaps and to align these to meet the overall goals and objectives of the revised Policy for Children. This process will continue throughout the 12th Plan period. The Ministry is also reviewing the National Plan of Action for Children 2005, (NPAC) to develop a new NPAC, so that it corresponds with the changes being brought about in the National Policy for Children. The aim is to develop a plan of action with better resource allocation, achievable targets, measurable indicators and deadlines.

The Bill on 'The Protection of Children from Sexual Offences' 2011, introduced in the Rajya Sabha in March 2011, regards the best interest and well-being of the child as of prime importance at every stage of the judicial process. The Bill is a step towards creating child sensitive jurisprudence, and this process will be further strengthened in the Twelfth Plan period.

The priority areas for action to be taken up in the 12th Plan period, as identified by the Ministry are described below.

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

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

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

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

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

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

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

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

Proposed Budget: For implementation of the Pilot projects, additional funds may be provided to NCPCR under the Twelfth Plan.

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

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

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

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

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

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

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

Proposed Budget: The Budget for research and data collection may need to be suitably enhanced to provide adequate funding for the above referred activities.

A well- staffed and equipped Technical support Unit would need to be funded on a recurring and non-recurring basis to make it a long term institutional set up for specialised technical support on on-going basis, for different activities under the Child Rights Bureau of the Ministry. A budget of Rupees five crores is proposed.

3.5.2 Priorities for Child Protection

While the XI Plan did place the child at the centre of all development initiatives, the spread and severity of protection issues, the number of children affected by violence and abuse as well as the varied and unique nature of responses necessary within the family, schools, child care institutions and larger community, continue to be cause for grave concern. As stated unequivocally in the last Plan period, Child Protection is the protection of children from all forms of visible or insidious, harm, abuse and exploitation. It further states that as the right to be safe is intrinsically linked to a child's enjoyment of all other rights, measures are needed to

ensure it and that while all children need protection some are in particularly difficult circumstances which must be addressed through special measures. The XII Plan will have to ensure that this vision sustains in the manner it has been conceived. Some major thrust areas would be:

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

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

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

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

c) Promoting Adoption of children: Adoption by a loving and caring family is considered world over to be the most preferred method for rehabilitation of children without parental support. However, the number of adoptions has remained very low in comparison to the number of adoptable children. We aim to find loving and caring families to adopt all young children who are orphan/ abandoned or surrendered. Reasons for this are many including lack of awareness, traditional mindsets which reject the option as appropriate, availability of other options such as surrogacy, lack of inter-state and intra-state coordination among adoption agencies, lack of data on number of parents in waiting and children free for adoption, tendency of child care institutions to hold on to children in their care, long winded adoption processes and last but certainly not the least, infrastructural and personnel deficit in the field of adoptions. Further, enhanced functionality and engagement with all stakeholders in the recent past has also resulted in reporting of a number of malpractices in this crucial area of care for children such as trafficking for adoption and unofficial adoptions through hospitals etc. These issues would be addressed through a multi-pronged approach.

d) Strengthening of Central Adoption Resource Authority (CARA): CARA was set up in 1990 to work as an autonomous body for facilitation of intra-country and inter-country adoptions. It regulates and monitors the working of recognized agencies engaged in in-country and inter-country adoptions and promotes in-country adoptions. The present structure of CARA, is however, highly inadequate to meet its huge mandate.

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

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

e) Strengthening families and communities to care for and protect the child: Families often decide to send their child on work or to Child Care Institutions, mainly due to poverty and

deprivation. Strengthening families through employment and income generation schemes such as NREGS and Self Help Groups would be strong on our agenda for the XII Plan. Financial support through sponsorship under ICPS and other Schemes of the State Governments and family counselling would also be extended.

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

f) Improving day-care services to protect children from neglect, abuse and malnutrition: As brought out earlier in this report, the Rajiv Gandhi National Crèche Scheme (RGNCS) has so far fallen short of its target of providing quality day-care services for children. Further, with the universalisation of ICDS, which caters to the same target group of children, and provides a larger gamut of services, the relevance of RGNCS needs a relook. Upgrading AWCs to AWC-cum-crèches and/or revision of norms and procedures of RGNCS would, therefore be the options that would be examined and taken forward in the next Plan period so that children can be provided community based safe spaces to grow and develop in.

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

h) Registration, Rationalization and Up-gradation of Institutional services: While the registration of all child care institutions under the JJ Act would be an area of priority to enforce the standards of care provided under the Act and Rules, focus is also needed on rationalisation of Homes with respect to their availability and utilisation. Upgradation of services in the Homes, including provision of adequate infrastructure and staff, as well as appropriate rehabilitation measures for children, including those with special needs, would also be

undertaken systematically. The States/UTs would be asked to set up at least one model Home each to service as an example of excellence for all others. The Ministry will support and follow up on development of such Models in ten (10) States, to begin with.

To improve the quality of rehabilitation services, in addition to improvements in infrastructure and improvement in capacities of staff, other initiatives would include forging linkages with RTE for education of children in the Homes, development of protocols for child participation in institutions; sharing of Best Practices & cross learning; development of Guidelines / Standard Operating Procedures (SOPs) for residential Institutions can be developed to guide the process of managing an institutional service. The past experience has shown that rehabilitation fails when it does not sufficiently prepare a child on how to deal with reality outside the institution. The training provided is more often than not, disconnected from market needs and the network of support structures is not developed for the child while he/she is living in the institution. The aim is to keep him\her occupied and not to impart professional training which will equip him\her to face world. Through mentoring, career planning and placement, the rich human resource emerging from institutional care can be made full use of. This approach will strengthen rehabilitation and reintegration processes immeasurably.

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

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

operations of the service, Childline India Foundation, the mother NGO managing and coordinating the services, would also be restructured and strengthened to enable proper delivery of services.

j) Professionalisation of Child Protection: Recognising that engaging proper quality of personnel is most important for ensuring the success of any venture**,** the Ministry will focus on not only training and capacity building of existing staff directly engaged in protection of children, but will also endeavour to create a cadre of qualified child protection personnel in the country. This would be done through NIPCCD and its Regional Centres – which would have exclusive Divisions for 'Child Rights and Protection' - State training Institutes and linkages with Academic Institutions who would be urged to introduce courses specific on this subject.

k) Putting in place training and sensitized Police personnel: More often than not, the police is the first point of contact for an abused/exploited child, lost child as well as a child alleged to have committed a crime. The sensitivity of police personnel dealing with such a child is an important factor in ensuring that the child feels protected and well-cared for. This would, in many cases also determine the child's amenability to the rehabilitation measures chosen for him/her. The JJ Act provides for a child welfare officer in every police station who is attuned to and aware of the needs and rights of children and this would, thus, be a focus area.

l) Building Convergence between various departments: To provide appropriate quality of services to all children, especially those who are most disadvantaged, the Ministry would pursue with all State Governments/UT Adminstrations to develop convergence mechanisms with other departments such as Health, Education, Police etc. Strengthening of families through other Schemes such as NREGA etc. would also be encouraged so that the children are not exploited or abused due to financial difficulties being faced by the parents.

m) Creating a database of Children availing child protection services and a system for matching 'missing' and 'found' children**:** Follow-up of the progress of children accessing services under ICPS is often hampered due lack of systems for monitoring. Further, some of these children could be run-away or lost or children rescued from trafficking, labour etc., who have been reported as missing by their parents. The Ministry has entrusted National Informatics Centre(NIC) to develop a ICT based system for follow-up of children in the system

and for matching the 'found' with 'missing' children to enable their restoration to their families. States/UTs will be actively pursued to quickly adopt/adapt this system so that the benefits could flow to the children as early as possible.

n) Establishing monitoring systems at all levels: ICPS provides for a five tier monitoring system through specifically constituted Committees at Centre, State, District, Block and Village levels. Early establishment of these Committees, through the State Governments/ UT Administrations, will be a thrust area for the Ministry.

o) Promoting Social Audits, as a tool for standards and impact assessment: *T*he XII Plan would need to measure and evaluate the impact of existing protection interventions in creating a protective environment, using already mandated methods such as Social Audits. These Social Audits, in partnership with experts on child rights, care and protection, would establish precedents of good practice, which would in turn, act as learning models reports of which, would be available in the public domain and facilitate more effective care and protection. Dedicated structures to train on Social audits, Manuals, training, use of information technology, incentivising posting and good work within the JJ system; all this would facilitate an understanding of the usefulness of the process and encourage transparency. Reviews would also necessarily have to take cognisance of whether the resources spent have reached those they were allocated for and made a meaningful difference to the lives of children.

p) Building Knowledge-base:

- *Research to facilitate effective planning:* Lack of credible data in areas concerning children makes it difficult to draw an accurate picture of the multi-dimensional vulnerabilities experienced by them. In the next five years, the Ministry therefore, will strive to commission qualitative and quantitative research, and impact evaluation studies, and would establish reliable data collection and analysis processes.

- *Impact assessments of intervention on children:* The focus area of these interventions would be to assess the overall impact of all interventions carried out for children, and their regular monitoring and evaluation. This would imply:

- Setting up an inbuilt monitoring, evaluation and review mechanism in every policy and programmatic intervention.

- Involving independent agencies for carrying out evaluation, impact assessments and institutional analysis of plans and programmes for children, through pre-defined indicators, to help identify gaps that need to be overcome.

- Building a research and technical support unit within the Ministry to work on developing a Child Rights Index and for establishing mechanisms for collecting, collating and analysing reliable data from the field.

- Establishing mechanisms for child impact audit to ensure that government interventions do not decrease protection for children making them more vulnerable to abuse and exploitation.

q) Effective Implementation of Integrated Child Protection Scheme

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

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

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

- *Reviewing financial norms & procedures:* The financial, staffing and procedural norms of the Scheme were formulated almost 5 years ago. States/UTs are finding it difficult to maintain proper quality of care with the admissible funds and are supplementing funds from their own resources as far as possible. Staff salaries below low, has also made it difficult to recruit appropriate staff and retain those who have been already appointed. It is also felt that some flexibility is required with the States for construction, rents etc. in view of the wide variation in rates between different locations. Other changes, such as appointment of some staff on deputation basis, instead of only on contract, as presently provided, are also required to ensure continuity in the system. It is, therefore, planned to review and revise the norms and procedures for implementation of the Scheme in the 12th Plan period.

- *Building Capacities and ensuring adequate and appropriate service delivery:* While with sustained follow-up with the State Governments, structures at State and district levels will come up in some time, the challenge in the next few years would be to ensure that these are gainfully employed in protection activities. For this it would be necessary that they are made aware of their roles and responsibilities and know how to discharge the expected functions. Building of their capacities, clearly defining their role and creating mechanisms for monitoring their outputs would, therefore need focused attention.

3.6 PROPOSED BUDGET

3.6.1 Financial implication for Child Rights

For advocacy, training and analysis of budgets, funds will need to be provided for child budgeting exercise under the Twelfth Plan period with an indicative budget allocation of Rupees one crore.

For implementation of the Pilot projects, additional funds may be provided to NCPCR under the Twelfth Plan.

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

The Budget for research and data collection may need to be suitably enhanced to provide adequate funding for the above referred activities.

3.6.2 Financial implication for Child Protection

The estimated requirement of funds for taking the Integrated Child Protection Scheme forward in the 12th Plan is about Rs. 5300 cr. and the fund requirement for the Rajiv Gandhi National Crèche Scheme is about Rs. 1920 cr.

Chapter Four

REPORT OF THE SUB GROUP ON

THE GIRL CHILD

4.1 INTRODUCTION

Given that the ultimate objective of development planning is human development or increased social welfare and well-being of the people- we need to ensure that children who make up 42% of India's population are given their due share. The Twelfth Plan focuses on faster and more inclusive growth. Thus it is necessary to ensure that girls who continue to be at the bottom of the social ladder are provided a more equitable distribution of development benefits along with better environment, quality of life and ability to access opportunities for growth and upliftment. Development process therefore needs to continuously strive for broad-based improvement in the lives of all children ensuring realization of political, economic, social and cultural rights, through an inclusive development strategy that focuses on both social justice and equity. Girls in particular need specific attention, since the existing gender bias prevalent for many decades in a largely patriarchal society has led to continued discrimination against girls.

4.1.1 Rationale for Focus on Girl Child

Successive Five Year Plans have devoted special attention to women and children. Staring from the First Five Year Plan which stated, "children should receive much greater consideration than is commonly given to them," to the Eleventh Five Year Plan which recognized women as change agents and acknowledged the rights of children regardless of vulnerabilities of their class, caste, religion, ethnicity, regional, and gender status, the Eleventh Plan envisioned inclusive growth and advocated ending the exclusion and discrimination faced by women and children.

The Eleventh Plan recognized women as change agents and acknowledged the rights of children regardless of vulnerabilities of their class, caste, religion, ethnicity, regional, and gender status. The Plan envisioned inclusive growth and advocated ending the exclusion and discrimination faced by women and children. To end discrimination against girl child the **Eleventh Five Year Plan** specified the following activities and measures some of them are:

- Ensure a balanced sex ratio by strengthening implementation of PC-PNDT Act through capacity building of State machinery.
- Community vigilance groups to be formed at village level under Sarva Shiksha Abhiyan (SSA) to ensure every girl child in the village is enrolled and retained in the school.

- Conditional Cash Transfers (CCT) for the girl child with insurance cover have been introduced in the backward States and Districts on the basis of completion of certain conditionalities like-birth registration, immunization, enrolment, retention in school and delaying marriage.
- In order to curb violence against girl child, implementation of the Integrated Child Protection Scheme and a bringing about a bill for tackling proposed offences against children. Besides, community vigilance group in addition to self-help group and youth groups be created to ensure that the girl child is protected. These groups will work closely with Panchayats and DCPUs and a well thought 'Rehabilitation Package' will be introduced for specific types of violence.
- Prevent girls from being trafficked reform in the law, preventive measures, rescue and rehabilitation, awareness generation and sensitization will be focussed on.
- To prevent child marriage a stringent implementation of the PCMA 2006 will be ensured as well as partnership with civil society organizations, NGOs, PRIs, CBOs, self-help groups, religious leaders to mobilize, develop and promote community based initiatives to support delayed child marriages.
- National Programme for Adolescent Girls be initiated recognizing that crèches and day care are important for child development, empowerment of women, and retention of girls in schools.
- Ensuring survival of the girl child and her right to be born. Shift to 'lifecycle and capability approach' where the girl child's contribution in economic and social terms is recognized.
- Strengthening capacity of families and communities, police, judiciary, teachers, PRI representatives, bureaucrats, and other implementation

4.2 SITUATIONAL ANALYSIS

India is amongst the fastest growing countries in the world today, with an annual growth rate close to 8% in 2010-11. This high level of growth can, however, be sustainable only when all sections of the society become equal partners in the development process. In keeping with this principle of inclusive growth, the empowerment of women assumes utmost importance as they constitute about 48 per cent of the total population of the country.

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

The provisional data of 2011 Census shows that there has also been an improvement in social indicators such as literacy and the gender gap in effective literacy rate. Overall sex ratio has improved from 933 to 940. However, Census 2011 has shown a sharp decline in sex ratio of children in the age-group of 0-6 years, from 927 per thousand boys in 2001 to 914 in 2011. This decline has been continuing unabated since 1961. A quick look at the statistics brings out the bias against the girl child:

- Child sex ratio (0-6 years) – 914 girls for 1000 boys, as per census 2011
- Child Mortality (under 5 mortality rate) - For boys it is 70 per 1000 births, while for girls this is 79.
- Under nutrition - As per NFHS 3 data on under nutrition in children below 5 yrs., 42% of boys are undernourished while 43% of girls are undernourished. Madhya Pradesh (61%), Jharkhand (55%), Bihar (58%), Chhattisgarh (47%) and Gujarat (45) are the bottom five states where percentages of undernourished girls are very high.
- Anemia among Adolescents (15-19 years) – While only 30% of boys in age-group of 15-19 years are anemic, 56% of girls in the age-group of 15-19 years are anemic
- Immunization (12-23 months) While 55 % of total boys are fully immunized in the age of 12-23 months, only 52% of girls are fully immunized.
- Education – According to DISE data 2009-10, the gender parity index is 0.94 at the primary level and 0.93 at the upper primary level. The percentage of girls in out-of school category has declined from 7.9 % (2005) to 4.6% (2009-2010 data). However the drop-out rate is highest among adolescent girls mainly from scheduled caste and schedule tribe communities.

4.3 REVIEW OF THE 11th FIVE YEAR PLAN, EXISTING POLICIES, LEGISLATIONS & PROGRAMMES

The first half of the Plan saw the introduction of some new schemes to tackle issues of declining sex ratio, trafficking, and child protection. Dhanalakshmi was introduced to address the issue of declining Child Sex Ratio (CSR). The Ujjwala and Integrated Child Protection schemes were started to protect and address the security needs of vulnerable women and children. National Commission for Protection of Child Rights (NCPCR) was established as a statutory body to protect, promote, and defend child rights. Existing schemes were modified to plug the gaps identified by various organizations and experts. The past five years have seen path-breaking legislations like the Prohibition of Child Marriage Act, 2006, Protection of Women from Domestic Violence Act 2005 etc. While these steps are important and signify progress, there has been little visible change in the ground reality.

There are still multiplicities of discriminations faced by women that deny her equal opportunities, both within and outside the home. A major challenge thus is dealing with patriarchal mind sets which result in denial of equal opportunities for women in education, health and nutrition, in the course of employment and also results in violence against women. Women's vulnerability is affected by lack of ownership of land, denial of equal wages and detrimental working conditions, lack of educational and skill development opportunities, which leads to economic deprivation. Further, women who are part of the unorganized sector, continue to remain outside the existing social protection net, despite the constitutional guarantees of equal wages and conditions of work and special measures such as maternity benefits.

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

between the aggrieved woman and the courts/support services, Dowry Prohibition Officers and Child Marriage Prohibition Officers are required to ensure implementation of the laws.

In addition, several reforms have been made in the Indian Penal Code to incorporate and amend provisions relating to rape, cruelty to women, dowry death etc. In view of the large number of women entering the workforce, we have introduced in Parliament a Bill for the Protection of women against sexual harassment at workplace. These legislations provide protection to women at the work place, against social discrimination, violence and atrocities, child marriage, dowry demands, domestic violence, etc.

India's commitments at the international and national levels have translated into a specific focus on the development of the girl child and adolescent girls, especially on their survival, health, education and protection. India has acceded to the UN Convention on the Rights of the Child way back in 1992. It is also a party to the Millennium Development Goals and the SAARC Conventions on Child Welfare and Combating Trafficking of Women and Children in the SAARC region. India has ratified the UN Convention against Transnational Organized Crime with its Protocol to Prevent, Suppress and Punish Trafficking in Persons, especially Women and Children; and the Convention on the Elimination of All Forms of Discrimination against Women. However, as the sharp decline in child sex ratio (between 0-6 years) from 927 girls in 2001 to 914 girls per 1000 boys 2011 Census clearly shows, challenges still remain.

Declining Child Sex Ratio is a major concern, particularly looking into the spread of the issue to various parts within the country, where previously it was not an issue. To deal with this, the Government of India has already enacted the **Pre-Conception and Pre-Natal Diagnostic Technique (Prohibition of Sex Selection) Act 1994** which prohibits sex selection and regulates prenatal diagnostic techniques to prevent their misuse for sex determination leading to sex-selective abortion. Stringent implementation of the Act is but required and many steps have been taken in this direction.

Declining Child Sex Ratio is a major concern, particularly in view of the spread of the issue to different parts of the country, where it was not an issue earlier. It seems PCPNDT Act has had limited impact. Arrival of **kits based on DNA analysis techniques** in the market has the danger of making this piece of legislation toothless as ultrasound may not be the preferred route to

abort female foetuses. The kit could diagnose the sex of the unborn within about five weeks of pregnancy. Access to the kits, though limited at present, can become mass based, unless steps are taken in the right earnest.

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

To ensure stricter implementation of the PCPNDT Act, Ministry of Health and Family Welfare is taking a number of steps including: asking the Chief Secretaries in the States/ UTs to take effective measures and regularly monitor implementation of the PNDT Act, regular appraisal of effective implementation of the Act through zone and state specific reviews, empowering the National Inspection and Monitoring Committees to oversee follow-up action after inspections and take recourse under the PC & PNDT Act etc. State Inspection and Monitoring Committees would be similarly empowered. In accordance with the provisions of the PC & PNDT Act etc., MCI would consider suspension/cancellation of registration of doctors found prima facie guilty of violations.

In order to incentivise the birth of a girl child and encourage families to place a premium on her education and development, a number of States are implementing Conditional Cash Transfer schemes. Some of these are the **Laadli** Scheme of Delhi Govt., **Mukhya Mantri Kanya SurakshaYojana** of Bihar Govt, **Bhagyalakshmi** Scheme of Karnataka, **Ladli Lakshmi Yojana** of MP, **Balika Samridhi Yojana** of Gujarat and Himachal Pradesh, **Balri Rakshak Yojana** in Punjab and **Kanyadan** scheme of Madhya Pradesh.

The Government of India has also introduced a pilot '**Dhanalakshmi**', on these lines. The MWCD is also implementing "Dhanlakshmi" since 3rd March 2008 on a pilot basis in 11 blocks of 7 states of Andhra Pradesh, Chhattisgarh, Orissa, Jharkhand, Bihar, Uttar Pradesh and Punjab. *The objective of the scheme is to:*

- provide a set of staggered financial incentives for families to encourage them to retain the girl child and educate her.; and
- Change the attitudinal mind-set of the family towards the girl, by looking upon the girl as an asset rather than a liability since her very existence has led to cash inflow to the family.

The Gross Enrolment Ratios in Primary Education have improved over the years both for girls and boys, due to Sarva Siksha Abhiyan. The Right to Education Act has been operationalised which guarantees free and compulsory education to all children in the age group of 6-14 years. In this particular focus has been placed on girls. The Gross Enrolment Ratios in Primary Education have improved over the years both for girls and boys, due to Sarva Shiksha Abhiyan. The Government has enacted "The Right of Children to Free and Compulsory Education Act, 2009" which has come into force on 1.4.2010.The RTE has a special focus on girls' education. The National Literacy Mission or Saakshar Bharat Mission has female literacy as the main goal

Reaching out to the girl child is central to the efforts to universalize elementary education, the *Sarva Shiksha Abhiyan*, or 'Education for All' programme recognizes that ensuring girls' education requires changes not only in the education system but also in societal norms and attitudes. A two-pronged gender strategy has, therefore, been adopted to make the education system responsive to the needs of the girls through targeted interventions which serve as a pull factor to enhance access and retention of girls in schools and on the other hand, to generate a community demand for girls' education through training and mobilisation.

In 2008-09 Government has launched the Rashtriya Madhyamik Siksha Abhiyan (RMSA) for universalization of secondary education. The NCERT is also working towards elimination of gender bias and stereotypes from textbooks at the school stage and promote gender equality through curriculum and its transactions. Gender Sensitisation of community members, teachers and administrators has been an important part of all these programmes.

Access to higher education has been expanding for girls as also their enrolment in various courses. The number of girls in colleges, universities and professional courses like engineering, medicine, technology, etc. has increased from 2.02 million in 1996 to 5.49 million in 2005-2006. Between 1996-97 and 2005-06 number of girls enrolled for every 100 boys has gone up in every discipline viz. arts, science, commerce, medicine and engineering and technical courses etc. Education is the key to breaking the vicious cycle of ignorance.

Health is yet another important focus area. The National Rural Health Mission aims to provide quality health care for women, with provision for and focus on institutional deliveries.

SABLA, a Scheme for empowering adolescent girls, has been launched in 200 districts of the country and aims at empowering adolescent girls (11-18 years) by improving their nutritional and health status and upgrading various skills like home skills, life skills and vocational skills etc. This Scheme is conceived very innovatively and focuses on empowering adolescent girls so that they have greater control over their life, grow up to be healthier, more confident and empowered women, equipped to make informed choices as well as take decisions on their own. A new programme, Conditional Maternity Benefit Scheme (Indira Gandhi Matritva Sahayog Yojana) is being implemented which aims at improving the health and nutritional status of pregnant and lactating women.

The Indian government is striving to provide a safe environment for women to enable them to live their lives and engage in livelihoods with respect and dignity. India has enacted legislation against domestic violence, child marriage, and prenatal sex selection. To address the problem of violence against women holistically, a multi-pronged strategy has been adopted including, legislation, advocacy and awareness raising as well as programs for socio-economic empowerment of women. Recently a Bill has been tabled in the Parliament for prevention of sexual harassment at the work place.

An effective implementation of the gender budgeting initiative for mainstreaming of gender concerns across sectors/schemes/programmes has been initiated. While this is a continuing process, the budget allocation for women, as a percentage of the Union Budget, has increased from 4.5% in 2005-06 to 6.22% in 2011-12.

In order to achieve a more inclusive and sustainable growth, in the formulation of the forthcoming 12th National Five Year Plan, a multi-pronged approach to women's empowerment needs to be adopted.

4.4 ISSUES AND CHALLENGES

Violence against women manifests itself in many ways and is one of the most pervasive forms of human rights abuse in the world today. In the Indian context, some of the most commonly experienced and reported forms of violence against women include rape, sexual assault, sexual harassment, trafficking in women for commercial exploitation, domestic violence and dowry harassment, child marriages and sex selective abortions.

The problem of declining child sex ratio is not an isolated phenomenon but must be seen in the context of the low status of women and the girl child as a whole, within the home and outside. While its immediate reasons can be traced to increasing son preference as well as advances in technology that has encouraged sex selective abortions, concern of safety and security of the girl child along with the practice of dowry are no less responsible for it. Palpably, the value of the girl child in which she is looked upon as an asset rather than a burden, has not been effectively disseminated and understood in most States of the country.

A whole range of discriminatory practices including female foeticide, female infanticide, female genital mutilation, son idolization, early marriage and dowry have a negative consequences on the growth, health and well-being of a girl child, resulting in a higher mortality rate. This can be explained in part by the gender discrimination in the patriarchal system usually manifesting into lower quality of food intake and health care services provided by the family to female children vis-à-vis male. Thus, under five and infant mortality also remains high for girls. This discrimination continues throughout the life cycle extending to adolescent girls young women and up to old age. Thus, being born female in India continues to impose tremendous social costs on the girl child today. Even though discrimination towards girls is rampant across caste and class, girls belonging to socially and economically weaker categories as well as girls with disabilities face multiple discrimination on terms of identity (caste, religion, and ethnicity) in addition to gender, disability, poverty etc. They also remain the most marginalised and vulnerable to risk due to lack of financial resource and support system.

Despite decades of efforts through law, policy and civil society action, social norms that shape attitudes towards the girl child leave lasting impacts for the girls themselves, their families and communities. Biases in attitudes towards girls also negatively affect boys and men, equally imposing expectations and responsibilities that they are often unable to fulfill, and deepening gender divides in ways that affect social cohesion.

In keeping with the constitutional commitments as well as our international obligations, India has adopted a dual approach of enacting gender specific legislations and formulating schemes and policies aimed at providing social and economic means of support such as shelter, counselling, medical & legal aid, vocational training etc. to women facing violence.

Child marriage is a violation of children's rights. Not only it is a form of sexual abuse and exploitation, but it also limits the child's freedom of decision, access to education and therefore to better life opportunities in the future. Child marriage bears important health consequences and exposes young girls to early pregnancies, low birth weight babies and contraction of HIV/AIDS and other STDs. In fact, child marriage is a violation of dignity of girl child, hindering her entire prospects of development. In India, 47.4% of all women aged 20-24 were married before the age of 18. The figures vary significantly from one state to the other, with percentages as high as 69% in Bihar, 65.2% in Rajasthan and 54% in West Bengal.[2]

Factors contributing to child marriage include economic ones, limited education and vocational opportunities paired with scarce family resources, lack of security for young girls, lack of or limited implementation of relevant legislation and limited awareness of the risks attached. But social norms also play an important role in the perpetration of this practice. These include the perception of girls and women and religious and social practices around marriage that continue thriving among certain communities and groups.

PCMA, 2006 has been implemented during the Eleventh Five Year Plan period and its impact would be visible subsequent availability of detailed Census data. However, while a number of State/ UT governments have appointed Child Marriage Prohibition officers and framed Marriage Rules but wide spread implementation of the Act is yet to be achieved.

[2] NFHS-3

Another major problem afflicting young girls is trafficking. The issue of human trafficking is extremely complex as it involves intersection of factors such as migration, labour exploitation, sexuality and human rights. Its dimensions are often not fully understood, as a result. Being a clandestine activity, it is difficult to estimate the number of girls/women involved. The primary push factor for these girls and women is poverty and economic deprivation. The social factors such as low status of women, illiteracy, patriarchal mind-sets, objectification of women and continuation of tradition and cultural practices are some of the other factors that exacerbate women's vulnerability to trafficking. This is further enhanced by the migration process. Breaking this cycle, would necessitate managing both demand and supply.

Ministry of Women and Child Development is taking measures to combat trafficking for commercial sexual exploitation in the country. The Immoral Traffic (Prevention) Act, 1956 supplemented by the Indian Penal Code prohibits trafficking in human beings, including children, for purpose of commercial sexual exploitation and lays down penalties for trafficking. A Comprehensive Advisory on Preventing and combating human trafficking in India has been issued on 09.09.2009 by the Government of India to all States/Union Territories. Further, the Ministry has been implementing "Ujjawala" Scheme under which, financial assistance is provided for prevention of trafficking and for rescue, rehabilitation, re-integration and repatriation of victims of commercial sexual exploitation.

The adolescent girls in India face greater discrimination as they grapple with multiple issues of fear of violence, loss of honour and are constantly kept on vigil. In addition they are expected each day to cook, clean, fetch water, do agricultural work, and care for children and the elderly, which frees up time for other family members to work and earn money. Majority of girls have no say in major life decisions. Family and community norms often harm their well-being and their transitions to adulthood. Girls marry and have children at young ages, often against their will. Violence is commonplace, impairing their health and schooling. Economic opportunities outside the household are rare. In India, families face many barriers to getting their girls in school and keeping them there. Parents do not send their daughters to school for a number of reasons including that the distance to school is too long and unsafe for girls, or they choose to send to school a son who can support them instead of a daughter who will be married off to live with her in-laws. Many poor families may marry off their daughters because the girls are

seen as economic burdens to their households. Decisions about a girl's education and marriage are usually linked and often made without a girl's input and sometimes without her knowledge. Security of girl child also remains an area of critical concern.

Child exploitation, abuse and violence continue unabated. In a patriarchal society women are always treated as the weaker sex, therefore women face violence in every stage of their life. The earliest form of violence a girl child faces begin even before she is born and is in the womb, there are female feticide, forced abortion and infanticide. As soon as they reach their puberty there are forced to remain in the house and their social mobility without a male member is restricted.

Dowry is another huge problem faced by girls, due to their lower status within the family and communities, girls are considered a burden by the parents at the time of marriage, therefore the parents do not like to invest in her education and health because she will finally go away to another family. Therefore the state will have to take a more pro-active role in providing education and skills to girls which can later help them to get employability in the society and be independent. It is important to consider girls as individual entities rather than always a part of the family and community.

The weak protective environment negatively affects the other rights of the child and threatens a normal development trajectory. The Integrated Child Protection Scheme (ICPS) which provides preventive, statutory care and rehabilitation services to vulnerable children was launched in 2009 and focussed attention would be paid to implementation of the scheme by the State government and the/UTs administration.

Health is another area where the state must focus on as girls from vulnerable groups are married at a very early age and high fertility rates affects their health.

4.5 STRATEGIES AND RECOMMENDATIONS FOR THE 12th FIVE YEAR PLAN

Women and children need to be considered as distinct categories since clubbing them together reduces women and children to exclusive reproductive and dependent roles, therefore no productive or social potential of the two groups can be realized. Advancing the rights of the girl child and ensuring gender equality is a critical development challenge. While studies and

analyses raise key themes and produce important insights, formulating recommendations requires understanding of perspectives of women and young people, girls in particular. The recommendations for the 12th FYP centre around four main conceptual issues intended at addressing the underlying and root causes. These are:

- Protection and advancement of rights of the Girl Child
- Gender equality
- Empowerment and enhancement of Self Esteem
- Institutional arrangements

***Girl Child Specific District Plan of Action*:** An integrated approach focusing on the girl child is needed. Entry point should be through **focus on low CSR and high Child Marriage Districts/ Blocks** through launch of **Girl Child Specific District Plan of Action as a Pilot** in about 100 non-SABALA Districts. The action plan from the perspective of advancing rights of the Girl Child with measurable outcomes on increased CSR and age at marriage should be developed through partnership between civil society organizations and the local administrative machinery. An amount of Rs.10 lakh per district per annum is indicated as pilot. It comes to Rs 10 crore per annum and Rs.50 crore for the 12th FYP period. Effective enforcement of the Child Marriage Prohibition Act needs to be encouraged through several actions including the development of State Rules across the country and the establishment and capacity building of Child Marriage Prohibition Officers at the district level. The Government of India run pilot scheme on conditional cash transfer with insurance benefit, titled, '**Dhanalakshmi**' needs to be revisited to remove the bottlenecks.

Girl Child's Years in School: Studies have indicated that increasing girls' access to and motivation for additional schooling can be a key intervention strategy. Deficiencies of government run schools in providing accessible and high quality education must be addressed. All above efforts are needed to ensure that girls can continue beyond the fifth year of school in those places where middle and secondary schools are located at a significant distance outside the village. Residential education camps *(shivirs)* offer a promising solution to this problem. The *shivirs* can encourage former school drop outs to come back into the school system, and to give them sufficient education for re-enrolment in regular classrooms. Programmes for promoting more years of schooling for girls should also be explored, which can include financial support to

low income families, increasing vocational and livelihoods training, providing or subsidising girls' transportation to school and increased parent-teacher communications. Educating, protecting and empowering young girls through life skills classes is a proven strategy and should be adopted. More model schools focusing on the girl child, as a benchmark of excellence in Educationally Backward Blocks (EBBs), should be set up through State Governments. Residential hostels for girls to facilitate better access to these model schools should be set up. These hostels may also be set up and run by the Civil Society Organizations. This may involve an amount of Rs.1000 crore for 500 hostels during the 12th FYP period.

Dowry and marriage: While recognizing the need for proper implementation of the Dowry Prohibition Act, 1961, the whole issue of dowry needs to be looked into. Key messages about saying no to dowry, sharing of marriage expenses by bridegroom's family, keeping marriages simple, not marrying off girls before they are eighteen, supporting girls who raise their voice against abuse etc. should be communicated through an integrated strategy that will depend on developing effective **advocacy and information dissemination campaigns** at the village, district and state levels to encourage individual behaviour change. Positive role models should be showcased. An amount of Rs50 crore is proposed during 12th FYP.

Son-preference: The issue of son preference can be addressed by ensuring that gender equality is mainstreamed in policy interventions across sectors and in relevant laws. For instance, enforcement of the Hindu Succession (Amendment) Act and the Maintenance and Welfare of Parents Act (2007) should be promoted, thus ensuring female inheritance of properties and maintenance of elderly women. Strategies need to be devised for providing preferential access to parents of girls to resources such as bank loan, health insurance, house allotment etc.

Child Sex Ratio: Multi-pronged approach to improve child sex ratio (CSR) has to involve men, youth, adolescents, PRIs, society leaders, religious bodies, judiciary and media for achieving behaviour change. Capacity enhancement of PRI members should be built on the PCM Act as well as importance of girl child. Special incentive schemes should be designed for Panchayats showing a positive CSR. Awareness generation through an integrated strategy is a pre-requisite as much as having a re-look at PCMA and its enforcement. Compulsory registration of marriages should be aimed at. A **new scheme to give support to and to improve livelihood of**

the widow due to untimely death of her partner and her children needs to be put in place as pilot in 100 Blocks out of the Districts which have shown alarming downward trend in CSR. An amount of Rs.500 crore for the 12 FYP period is proposed for multi-pronged action and the new scheme.

Prevention: Investing in the promotion of preventive efforts at all levels should become a key priority. Prevention should rely on existing social protection schemes, based on early detection of vulnerabilities. Awareness raising, information campaigns and mobilization efforts should be fostered. Community protection models such as vigilance groups should be strengthened through capacity building and monitored at the district and Panchayat levels. Connection with existing programs on life skills and empowerment for girls (such as SABLA) should also be promoted to ensure girls have the capacity to detect risk and have the possibility of choosing alternatives.

Interventions for improving Self Esteem of Women: For enabling girls challenge the norms of a patriarchal and male-dominated society, they have to be empowered with high self-esteem. The ways to do this is to treat her as an equal, to educate her equally, to give her equal opportunities, to encourage her assume responsibilities that are normally considered to be in the male domain while ensuring that she will get equal share in inheritance. In addition to adoption of comprehensive awareness generation strategies with the objective of improving the self-esteem of women and girls, formalizing **gender and girl child impact analysis** based on disaggregated data based on gender, caste, minority status and geographic location, in benchmarking, designing, implementation and monitoring policies and programmes is recommended. A **Child Development Index** may be developed on the lines of **'Women Development Index.'** Concerns of girl child, which are unique, and which need special attention and provisions, should be addressed within the framework of existing and new interventions. Efforts should be made to ensure that sponsorship, foster-care, and other models of community-based care programmes being implemented under existing schemes will cater to victims (survivors) of trafficking and sexual exploitation, child marriage, child labour, violent conflict and other situations. An amount of Rs200 crore is proposed during 12th FYP.

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

The Twelfth Plan must break the cycle of multiple deprivations faced by girls and women because of gender discrimination and under-nutrition. Ending gender based inequities, discrimination and violence faced by girls and women must be accorded the highest priority and these needs to be done in several ways such as achievement of optimal learning outcomes in primary education, interventions for reducing under-nutrition and anaemia, and strengthen their service delivery etc. It will also take up training and capacity building of all personnel involved in child protection sectors throughout the country. Facilitating comprehensive research to assess the cause, nature, and extent of specific child protection issues and documentation of best practices is required. Initiating web-enabled child protection data management system and a national website for missing children, child tracking using the Mother and Child Protection Card, developing comprehensive advocacy and communication strategy for child rights and protection should be adopted.

The National Commission for Protection of Child Rights has been set up. The Commission can play a proactive role and monitor and report on implementation of child rights in India. The Twelfth Plan will set out proactive, affirmative approaches and actions necessary for realizing the rights of the girl child and providing equality of opportunity. The situation of the girl child in this country is a result of deep-rooted biases that can only improve with a change in attitudes. This will be the overarching philosophy cutting across many schemes of the Twelfth Plan that will entail coordination with other sectors plus monitoring and documentation of the impact of measures undertaken by the State. The status of the girl child will be used to gauge the effectiveness of development measures in reaching out to all children and in removing inequalities. Panchayats, Gram Sabhas, community-based organizations and local self-government bodies will play a proactive role in ensuring survival, protection, care nurture and

holistic development of the girl child. At district level, the District Magistrate, District Collector will take responsibility for monitoring the overall progress of the girl children.

The 12th FYP Plan has to break the stereotypical image of the girl child. All sectors would work in a harmonised manner to ensure that the girl takes birth, completes her schooling and continues to function as a productive member of the society. An entire lifecycle approach would be adopted focussing on an inclusive approach. The Twelfth plan has to reach the last girl.

Sex selection/female foeticide will be treated as a crime and not just a social evil. Preventive, corrective/ regulatory, and punitive actions to address foeticide and sex selection will be strengthened by ensuring coordination with the MoHFW. It will ensure stricter implementation of the PC & PNDT Act with law enforcement authorities to ensure its implementation. The MOHFW has already taken several steps in this regard. Twelfth Plan will create of Resource Base of Best Practices of what has worked and why and work towards replicating of the same on a large scale basis.

The goal of holistic empowerment of girl and women cannot however, be achieved without transformation in the mind-sets and societal perceptions relating to women, their roles within the family, community and the nation. To realise this goal, our approach towards awareness generation and sensitization of all actors must embrace women's voices and their participation. Education is the key to breaking the vicious cycle of ignorance and exploitation and empowers women and girls to improve their lives and plays a critical role in demographic transition. Female education in particular is recognized as a determining factor in lowering fertility and mortality rates. The relationship between education and development is mutually reinforcing.

The patriarchal mind-set which results in denial of equal opportunities to girls and women in various spheres such as nutrition, education and employment and also result in violence against women continues to be a challenge. With the active involvement of vibrant Civil Society, Government has made significant strides in addressing it. But the effort has to be an on-going one.

A change in societal attitudes and perceptions about women is, however, the key to achieving gender justice. As a majority of the forms of violence against women find their basis in the traditional gender roles assigned to women as well as the belief that the girl child is a burden to the family, it is essential that concerted efforts are made at educating both men and women at the grassroots level. Women must also be empowered to understand their rights and must be encouraged to access existing remedies.

4.6 PROPOSED BUDGET

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

Chapter Five

REPORT OF THE SUB GROUP ON

ADOLESCENTS

5.1 INTRODUCTION

Adolescence, a vital stage of growth and development, marks the period of transition from childhood to adulthood. It is characterized by rapid physical, changes resulting in sexual, psychosocial and behavioral maturation. Adolescence is also the stage when young people extend their relationships beyond parents and family and are intensely influenced by their peers and the outside world. It is also a phase of experimentation and risk taking, negative peer pressure, taking uninformed decisions on crucial issues, especially relating to their bodies and their sexuality. A desire to experiment and explore can manifest in a range of behaviors- exploring sexual relationships, alcohol, tobacco and other substances abuse. The anxiety and stress associated with achievement failure, lack of confidence etc. are likely to lead to depression, anger, violence and other mental health problems. As adolescents mature cognitively, their mental process becomes more analytical. They are now capable of abstract thinking, better articulation and of developing an independent ideology. These are the years of creativity, idealism, buoyancy and a spirit of adventure. Thus, if nurtured properly, youth can be mobilized to contribute significantly to national development.

The Oxford English dictionary defines, 'adolescent' as the process of developing of a young person from a child into an adult. The word finds its origin in the late Middle English via French from Latin *adolescent* - 'coming to maturity', from *adolescere*. Adolescence is difficult to define as there is no internationally accepted definition for this word. In many societies, adolescence was not recognized as a phase of life. Most societies simply distinguished between childhood and adulthood. Stanley Hall[3] is generally credited with "discovering" adolescence with his 1904 study "Adolescence" in which he describes the developmental phase now recognized as adolescence.There are several factors on which adolescence can be defined – age of onset of puberty, minimum age thresholds for participation in activities considered the preserve of adults, including voting, marriage, military participation, property ownership and alcohol consumption. This 'age of license' may vary from activity to activity and from one country to another. In most democratic countries, a citizen is eligible to vote at 18. For example, in the United States, the Twenty-sixth amendment decreased the voting age from 21 to 18. In a minority of countries, the voting age is 17 (for example, Indonesia) or 16 (for example, Brazil).

[3] Stanley Hall was a pioneering American psychologist and educator.

By contrast, some countries have a minimum voting age of 21 (for example, Singapore) whereas the minimum age in Uzbekistan is 25. The sale of selected items such as cigarettes, alcohol, and videos with violent or pornographic content is also restricted by age in most countries. Although there is no internationally accepted definition of adolescence, the United Nations defines adolescents as individuals aged 10–19 years of age. While the term 'adolescents' is not mentioned in international conventions, declarations or treaties, all adolescents have rights under the Universal Declaration of Human Rights and other major human rights covenants and treaties. The Convention on the Rights of the Child, adopted by the United Nations in 1989 defines the rights of all persons under age 18 and adolescent girls are protected under the Convention of All Forms of Discrimination against Women (CEDAW), Beijing Platform of Action, and regional instruments such as Protocol to the African Charter on Human and People's Rights on the Rights of Women in Africa.

The world is home to 1.2 billion individuals aged 10-19 years.[4] The vast majority of adolescents live in developing countries and India has the largest national population of adolescents. Studies show that millions of adolescents today do not enjoy access to quality education, basic sexual and reproductive health care, and support for mental health issues and disability, protection from violence, abuse and exploitation, and forums for active participation. Adolescents who are marginalized or poor are less likely to transition to secondary education and are more likely to experience violence, abuse and exploitation. While adolescents are often referred to as the 'future generation' of adults, they are also firmly part of the present generation – living, working, contributing to households, communities, societies and economies. Hence, they deserve recognition, protection and care, essential commodities & services, and opportunities & support[5].

Rationale for focus on Adolescents

The interventions for the adolescents have been advocated largely on ethical, political, economic and equity grounds. It has been argued that since the ultimate goal of public policy should be the well-being and fulfillment of the rights of all citizens, particularly children, it is ethically imperative on the part of the State to design policies and programs for the protection

[4] Adolescence-An age of Opportunity, *The state of the world's Children2011*,New work, UNICEF
[5] UNICEF 2011. State of the World's Children Report: Adolescents: an age of opportunity.

and development of its children including adolescents. The economic argument seeks to highlight the complementary links between social and economic policy, and the positive implications of social investment for economic development and productivity. Investing in the adolescents can accelerate the fight against poverty, inequity and gender discrimination. Almost half of the world's adolescents do not attend secondary school. Their right to be knowledgeable, informed and aware is left unfulfilled and they lack certain necessary skills, which makes them incompatible with the high-level competencies increasingly required by modern globalized economy. The skill deficit contributes to the youth unemployment. It is argued that the investment in adolescents is a political imperative. Inadequate social investment, high levels of inequality and severe poverty, compound to become a real obstacle to their personal growth and understanding and fulfillment and for the development and consolidation of democracy. This condition of social deprivation not only weakens the institutional dimension of democracy, but also diminishes participation and solidarity, which are essential values for a democratic life. Hence, investments in adolescents will lead them to a well-informed and empowered citizenry.

Last but not the least, interventions on adolescents is an equity issue. Inequity is a major barrier to the fulfillment of adolescents rights outlined in the Convention on the Elimination of All Forms of Discrimination against Women. Adolescent girls are particularly vulnerable. The importance of equal access to education, health, employment, juvenile justice is key to the positive development of the adolescents. According to the UN Convention on Child Rights, all children are equal, and have human rights such as the right to food, shelter, health care, education and freedom from violence, neglect and exploitation. The Convention also states that children have the right to participate in decision-making and due weight should be given to their opinions, according to their age and maturity. Hence adolescents' issues require to seen from the perspectives of **survival, protection, care, participation and development** and informed inclusion in citizenry and society.

5.2 SITUATION ANALYSIS

5.2.1 Lack of uniformity in the age group: In India, lack of uniformity in the age parameter for defining the group of adolescents is a major constraint. Adolescents are most often

subsumed either with youth or with children or with young adults. Different policies and programs define the adolescents' age group differently. For example, adolescents in Youth Policy (2003) have been defined as the age group between 13-19 years; under the ICDS program adolescent girls are considered to be between 11-18 years; the Constitution of India and labour laws of the country consider people up to the age of 14 as children; whereas the Reproductive and Child Health Program mentions adolescents as being between 10-19 years of age. It is observed that the age-limit of adolescents have been fixed differently under different programs keeping in view the objectives of that policy/program. Internationally, the age group of 10-19 years is considered to be the age of adolescence. The lack of reliable data and information on adolescent age-group is a major impediment in preparing the profile for adolescents. Moreover, the emphasis on youth (15-35) results in greater and better quality of information on older adolescents than the younger ones. In many cases, gender disaggregated data is not available. **Hence, this age-group needs a robust data system so that specific interventions can be designed for them.**

5.2.2 Demographic profile: As per Census, 2011(provisional), there are more than 225 million adolescents in India, who account for almost 21 percent of the country's population. Sex-wise proportion of adolescents and adolescent sex ratio is available from Census, 2001, which shows that female adolescents comprise almost 47 percent of the total population and the sex ratio in the 10–19 years bracket is 882 females for 1000 males and the sex-ratio of 858/1000 in the 15-19 years bracket is really alarming. The strong preference for a male child, which manifests itself in the form of sex selective abortions, infanticide, malnutrition, neglect and exploitation of girls and women, is a major cause behind the adverse sex ratio. Gender disparities are persistent at all levels. India ranked 122 in the United Nations Development Program's (UNDP) Gender Inequality Index (GII) in 2010. **It is therefore, becomes imperative to consider the gender dimension in any plan/progamme for adolescents**.

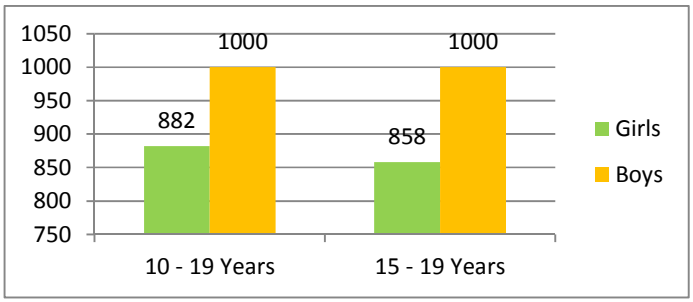


Figure 5.1: Adolescent Sex Ratio (Census, 2001)

5.2.3 Early marriage of girls: According to NFHS-3, 2005-06, almost 50% of women marry before the legal age of 18 verses 10% of young men. Wide disparities are evident in the age of marriage: poor, rural and poorly educated young women and those from scheduled castes and tribes are considerably more likely than other women to have experienced child marriage. Few are aware of what to expect of marriage and sex, large proportions experience both physical and sexual violence within marriage, exposing them to unplanned pregnancy and infection. The practice is particularly rampant in states like UP, Rajasthan, MP, Bihar and West Bengal. The reason for this are the deep rooted social issues and are many - traditional gender norms, the value of virginity and parental concerns surrounding premarital sex, pressure of marriage transactions (or dowry), and poverty, etc. These girls are highly prone to malnutrition and STDs. Early pregnancy, extreme living conditions, preference for a male child etc. lead to other problems like increase in infant mortality rate, birth of weaker children, and death of the mother. Lack of awareness about legal age of marriage is a common phenomenon and Publicity of Child Marriage Restrain Act is poor and enforcement virtually non-existent especially in rural areas [6]. The eradication of this social evil could be hope for a better future for many of these innocent girls.

5.2.4 Teenage pregnancy: According to NFHS-3, 2005-06, the teenage pregnancy is common. Overall, one in six women in age group of 15-19 have begun childbearing. Among women age 20-49, half had delivered children before they were 20 years old. Early childbearing is most common in rural areas and among women with no education. Around 41% of all maternal deaths take place among those aged 15-24. Neonatal mortality rates are also hugely influenced by maternal health. NMR is as high as 54/1000 among those aged 15-19. It is therefore; very

[6] UNFPA 2003. Adolescents in India: A profile.

important for teenagers to have proper knowledge and understanding of their body and its functions before they become sexually active. Responsible sexual behaviour prevents pregnancy.

5.2.5 Under-nutrition: Under-nutrition is a matter of concern in adolescents; 47% adolescent girls and 58% adolescent boys 15-19 years with Body Mass Index less than 18.5 kg/m^2. Intake of nutrients is less than the Recommended Daily Allowances for adolescents below the age of 18 years both for boys and girls[7] in the area of female teens' nutrition[8].Girls are more at risk of malnutrition than boys because of their lower social status. 56% adolescent girls are anaemic (verses 30% adolescent boys). Anaemic adolescent mothers are at a higher risk of miscarriages, maternal mortality and still-births and low-weight babies. Under nutrition in adolescents also leads to poor academic performance in schools and low productivity in the work force later in life.

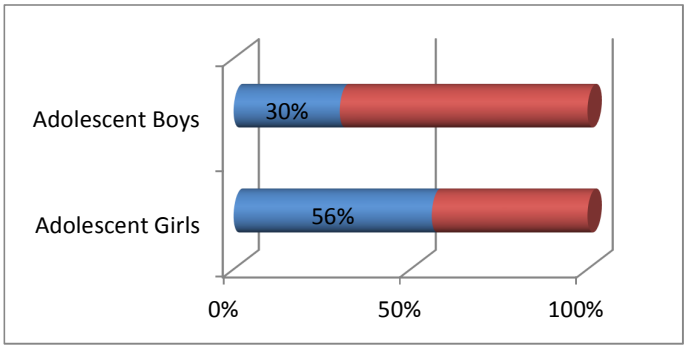


Figure 5.2: Anaemia Status

5.2.6 Educational status: School enrollment figures have improved but gender disparities are persistent at all levels. NFHS-3 data shows that 21% adolescent girls and 8% adolescent boys have no education. As per Selected Educational Statistics (SES 2010), in 2007-08, the dropout rate among girls was 24.41 percent in primary classes (I – V), 41.34 percent in elementary classes ((I – VIII) and 57.33 percent in secondary level (I to X)[9]. Economic compulsion force adolescents to take up employment, resulting in high dropout rate for education. Dropout

[7] Sulabha Parasuraman, Sunita Kishor, Shri Kant Singh, and Y. Vaidehi. 2009. A Profile of Youth in India. National Family Health Survey (NFHS-3), India, 2005-06. Mumbai: International Institute for Population Sciences; Calverton, Maryland, USA: ICF Macro.

[8] UN Data. UNDP. Gender Inequality Index

[9] Selected Educational Statistics (SES 2010), Report of working group on youth and adolescent development on 11th five year plan

rates among girls are high due to distance from schools, male teachers, sanitation facilities at school, early marriage and early assumption of domestic responsibilities etc.

5.2.7 Awareness about sexual and reproductive health matters: Adolescent groups are poorly informed, even about the most basic sexual and reproductive health facts, though most of them have curiosity for information about these matters. They have limited Sex education exposure in school. Pre-marital sex is experienced by 11% of young men and 5% of young women in adolescence, i.e., before age 20. Rural young women are twice as likely (6% vs 3%) and rural young men almost three times as likely (14% v/s 5%) to have experienced pre-marital sex as their urban counterparts. Very few have had protected sex (13% and 3% of young women and men, respectively) in all their sexual encounters. Adolescent girls are more disadvantaged than adult women as far as abortion related health hazards are concerned.

5.2.8 Mental Health: As per the UNICEF report 20% of world's adolescents have a mental or behavioral problem. [10]Studies have indicated that depression, due to academic pressures, among adolescents is on the rise. The inability to find appropriate vocational avenue, lack of information and social pressures further compound this trend. These psychological problems along with stress and strain of the growing years lead to aggression, deviancy and anti-social behaviour. The NCRB data shows an increasing trend towards youth suicides in India in the last decade, highlighting social, occupational and family conflict areas as major domains. The overall prevalence of child and adolescent mental health disorders is 12-14%.[11]

5.2.9 Vocational Education: In a highly populous country like ours, vocational training to adolescents who are citizens in the making, amply contribute to nation's development. Adolescents have a yearning to learn something new and find a decent job for their living. It is not child labour, but some orientation to work, besides the usual knowledge-based education. Such an effort inculcates dignity of labour in them and prepares them well for taking up suitable vocations. Though the stage of adolescence should be ideally a period of schooling and early college education, it often, due to circumstances, continues to be a period of disruption and dislocation in education.

[10]UNFPA Report on Adolescents in India,2003
[11] World Health Organisation Report,2005

Table-5.1 Mental Health Disorders in different Age Groups

S. No	*Diagnosis*	*0-5 years (N=188)*		*6-11 years (N=632)*		*12-16 years (N=1015)*	
		No.	%	No.	%	No.	%
1.	Psychoses	4	2.1	45	7.1	412	40.6
2.	Hysterical neurosis	3	1.6	142	22.5	274	27.0
3.	Conduct disorders	12	6.4	83	13.1	72	7.1
4.	Emotional disorders of childhood and other neurosis	8	4.3	39	6.2	50	4.9
5.	Hyperkinetic syndrome of childhood	62	33.0	92	14.6	9	0.9
6.	Enuresis	3	1.6	39	6.2	19	1.9
7.	Stammering and stuttering	5	2.7	33	5.2	25	2.5
8.	Specific disorders of sleep	2	1.1	8	1.3	14	1.4
9.	Psychalgia (Tension headache)	0	0	12	1.9	10	1.0
10.	Academic problem (Scholastic backwardness)	1	0.5	46	7.3	20	2.0
11.	Adjustment reaction	3	1.6	5	0.8	10	1.0
12.	Others	10	5.32	30	4.7	50	4.9
13.	No psychiatric diagnosis in Axis I	75	39.9	58	9.2	50	4.9

(*Source: ICMR – Mental Health Research in India – 2005)*

Poor teacher-student ratios, uninteresting teaching methods, and uncertainty about the future, among others, resulting in high dropout rates at school level are the ominous features of educational development in India, in general. As a result, almost 50 percent of adolescents (especially those who drop out from the School system after 6^{th}/7^{th} Class and the failures in the 10^{th} and 12^{th} Examinations) are emerging as semi literates and 'unemployables'. These youngsters are unwilling and untrained to do any manual work.

There is an acute need of educational/vocational programs that address unemployment and self-development needs of adolescent boys and girls. Adolescents do not have opportunities for skill development at school or at the community level. An increasingly technological labour market requires skills that many adolescents do not possess. This not only results in a waste of young people's talents, but also in a lost opportunity for the communities in which they live. At the terminal stages in secondary and higher secondary school, options should be available to youth to enter into the world of employment or pursue higher education. A vocational bias to education has been recommended for long in the educational system. It needs to be focused at enhancing capacities of youth to have employability, reduce mismatch between demand

and supply of skilled man power and provide an alternative to higher education for those who cannot pursue further education due to economic or family reasons. The contemporary formal education system in India does not have these provisions

5.2.10 Employment and Work Force Participation: The Indian sub-continent probably has the largest number of working children. Estimating the magnitude and number of working children/adolescents is difficult due to the problem of definition of a worker. Census includes only those children who are engaged in economic activity as workers. In rural areas several activities undertaken within household or outside household are not included in the category of worker, for instance collecting wood, fetching water, taking care of cattle or assisting in the farm or crop growing. These and several other activities, though generate income, but are left out during enumeration. Census figures, therefore, have a shortfall in numbers and are commented upon as being under estimates. It is difficult to draw the profile of child and adolescent workers, disaggregated data and empirical evidence are sparse. According to the 2001 census, there are 12.6 million children under the age of 14 engaged in child labour.

5.2.11 Drug Abuse: In recent years, drug abuse amongst adolescents has emerged as a major problem having far reaching socio-medical and economic consequences. As a consequence of industrialization and urban drift, stresses, unemployment, family disharmony and strains of modern life have rendered adolescents vulnerable to substance abuse more than ever before. Street children are another vulnerable group. Adolescents and youth with their penchant for experimentation and exploration are in particular vulnerable to drugs. Drug addiction is especially severe in the North-eastern states of the country. It is estimated that the most drug users are in the age group of 16-35 years with a bulk in the 18-25 years age group. 21% of 40,000 male drug users in a house hold survey were in the age group of 12-18 years (UNODC 2003). Drug abuse rate is low in early adolescence and high during late adolescence. The use of drugs is closely associated with anti-social behaviour and higher crime rates as well increased risk of contracting HIV/AIDS.

Table-5.2 Prevalence of Drug Use for select Drug Type

Drug Type	12-18 Years (N=8,587)	19-30 Years (N=13,216)
Alcohol	21.4	19.3
Cannabis	3.0	2.6
Opiates	0.1	0.7

5.2.12 Sexually Transmitted Diseases (STDs) including HIV/AIDS: The spread of HIV among young people in India is a growing cause for concern. Large numbers of reported AIDS patients in India are in the age group of 15-24 years (31%)[12]. Young women are biologically more vulnerable to HIV infection than young men – a situation aggravated by heir lack of access to information on HIV and even lesser power to exercise control over their sexual lives. Early marriage also poses special risks to young people, particularly women. Violence against women and HIV/AIDS continue to be inextricably linked: rapes, incest, assault by family members or friends, violence in the course of trafficking or at workplace expose them to HIV infection.

5.2.13 Violence against Adolescents: There is no separate classification of offences targeted particularly at adolescents. Indian penal code and the various protective and preventive `Special and Local Laws' specifically mention the offences wherein children are victims. The National Crime Records Bureau provides data for age of child has been defined to be below 18 years as per Juvenile Justice Act, 2000. The cases in which the children are victimized and abused can be categorized under two broad sections: 1) Crimes committed against Children which are punishable under Indian Penal Code (IPC). 2) Crimes committed against Children which are punishable under Special and Local Laws (SLL).

[12] National AIDs control organisation

Table-5.3 Crimes against Children in the country, 2009

S.N.	Crime Head	Numbers
1	Murder	1,488
2	Infanticide	63
3	Rape	5,368
4	Kidnapping & Abduction	8,945
5	Foeticide	123
6	Abetment of Suicide	46
7	Exposure & Abandonment	857
8	Procuration of Minor Girls	237
9	Buying of Girls for Prostitution	32
10	Selling of Girls for Prostitution	57
11	Other Crimes	6,985

5.2.14 Trafficking in Young Women and Girls: Crimes against girls range from eve teasing, abduction, rape, prostitution and violence to sexual harassment. Most rape victims are in the age group of 14–18 years. The magnitude of prostitution and number of young girls in brothels are difficult to be ascertained. The adults and pimps who control the trade are aware of their crime and they keep young girls hidden, virtually under detention, from the view of authorities. The setting of young women into sexual bondage is a serious violation of their rights. Extreme poverty, low status of women and girls, lax border checks and the collision of law enforcement officials all contribute to its expansion. Extreme poverty, low status of women and ineffective implementation of laws has resulted in sexual abuse & exploitation, expansion of human trafficking and clandestine movement of young girls.

5.2.15 Adolescents in conflict with the law: The causative factors for adolescent crime are many. However, there is growing recognition that many juveniles are not sufficiently prepared to deal with the demands of modern society and due to maladjustments with the modern life styles, they resort to criminal ways to fulfil their demands. Studying the background of the children who became deviants and are in conflict with the law will invariably reveal an absence

of love and protection in their childhood. Some adolescents are found ignorant of legal implications when they take to deviancy. Additionally, a sense of security and feeling of inferiority propel the adolescents to search for their identity in the company of their peer group who sometimes draw them into the crevices of crime. Incidences of vagrancy, delinquency and crime have been growing in the last few years. Children, who are homeless, come from broken homes or have been abandoned are a vulnerable group. [13]Out of the total juveniles involved in various crimes 7,781 were illiterate and 11,653 had education up to primary level. These two categories have accounted for 57.8% of the total juveniles arrested during the year 2009. A large chunk of juveniles (64.1%) belonged to the poor families whose annual income was up to Rs.25, 000/ and juvenile delinquency found largely in the older age-group. The Juvenile Justice Act, 2000 is landmark legislation for the care and protection of the children, the implementation has not been very effective.

The situational analysis has highlighted the wide ranging threats and risks faced by majority of Indian adolescents. It may be appreciated, that generalization of the profile of Indian adolescents is not possible due to socio economic, ethnic and cultural diversities. There are some cultural themes and characteristics common to the growing process of most Indian adolescents. The family continues to play an important role in socialization during growing years. Gender discrimination prevails across all sections of the society. Organizing services for adolescents in India are constrained by several interlinked factors, such as: large target population, wide spread poverty, illiteracy, inadequacy of resources for universal access to basic services of good quality and poor implementation and management of programs. Multi-pronged strategies involving several stakeholders concerned at different levels of program implementation, convergence of inter-sectoral services of health education, nutrition and skill building at the community/family level are required to provide inputs for ensuring holistic development of adolescents.

The situation analysis also presents a gamut of issues of Adolescents. There are various sub-group on Adolescents set up by different Ministries such as Department of Youth Affairs, Ministry of Human Resource Development, Ministry of Health and Family affairs and sub-

[13] Crime in India, 2009Natioanl Crime Records Bureau, Ministry of Home Affairs,chapter-10

groups set up by the Ministry of Women and Child Development to address to varied needs of Adolescents from sectoral perspectives. While delving into the gamut of issues concerning Adolescents, and advocating for the **Ministry of Women and Child Development as the nodal Ministry for Adolescents**, this sub-group has focused on adolescent issues from the developmental perspective.

5.3. REVIEW OF 11TH FIVE YEAR PLAN, EXISTING POLICIES, LEGISLATIONS & PROGRAMMES

This section of the Report reviews some of the existing policies and identifies aspects contained therein relevant to adolescents. From the previous section, the issues pertaining to rights, protection and development have emerged. In this section, an analysis of existing policies and interventions are being made to assess the extent to which the existing frame-work takes care of adolescents, and what course of action is to be taken in the XIIth Plan, to improve their situation.

5.3.1 Adolescents under the Constitution

There are certain constitutional guarantees under Indian constitution for children which include Adolescents. **Article 24** states that, no child below the age of 14 years shall be employed to work in any factory or mine or engaged in any other hazardous employment. **Article 23** states that, traffic in human beings and beggar and other similar forms of forced labour are prohibited and any contravention of this provision shall be an offence punishable in accordance with law. **Article 39** enunciates the rights of children and the young to be protected against exploitation and is given opportunities for healthy development, consonant with freedom and dignity. A**rticle 39e** states 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 39f** states that Children shall be 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 moral and material abandonment. **Article 45** states that the state shall endeavor to provide within a period of ten years from the commencement of the constitution for free and compulsory education for all children until they complete the age of fourteen years.

5.3.2. Adolescents in Planning

Specific mention of adolescents in the Ninth Plan includes its commitments towards the child to universalise supplementary feeding with a special emphasis on adolescent girls, to expand the Adolescent Girls' Scheme and to assess the health needs of adolescents in the Reproductive and Child Health (RCH) program. During the Ninth Plan, the Department of Women and Child Development also initiated in selected blocks the Kishori Shakti Yojana, a comprehensive intervention aimed at improving nutritional and health status of adolescent girls. Nevertheless, adolescents continue to be a sub-group of women, children or youth. 2.3.2 For the first time the importance of adolescents as a distinct subgroup was highlighted by the Planning Commission's Working Group on the Development of Adolescents for the 10th Plan in 2001. The Working Group had emphasized the need to view adolescents as a valuable human resource for nation building and as a representative of the nation's unique economic opportunity for the future. The Working Group also emphasized on reaffirming a rights perspective with adolescent as a human being with human rights and entitlements.

The Working Group on Youth Affairs and Adolescent Development for the XIth Plan recommended that in order to appropriately articulate the concerns of adolescents as a distinct group and to provide directions for operationalizing the vision for adolescents' development in the XI Plan, a separate Policy for Adolescents should be formulated. It emphasized on shift from the welfare approach to a rights and empowerment oriented approach. It recognized that adolescents are not a homogeneous group – they are subject to and influenced by wide social, economic, geographic and cultural variations, and will require different strategies to address these. However, the starkest diversity is between adolescent girls and boys, especially in rural areas. The approach will be to avoid stereotyping girls and boys and look at girls as much more than just future wives and mothers, as individuals in their own right and equal partners in development and nation building. This flags the importance of a just gender and equity framework. It is also recommended for inclusion of priority groups such as those infected and affected by HIV/AIDS, victims and survivors of crime and violence, those vulnerable to substance abuse, trafficked adolescents, street adolescents, those in urban slums, juvenile delinquents, adolescents from minority groups and other disadvantaged sections, and mentally and physically challenged adolescents.

5.3.3 Important Legislations concerning Adolescents:

Immoral Traffic Prevention Act (ITPA), 1956: In 1950 the Government of India ratified an International Convention for the Suppression of Immoral Traffic in Persons and the Exploitation of the Prostitution of others. Under Article 23 of the Convention, traffic in human beings is prohibited and any contravention of the prohibition is an offence punishable by law. Under Article 35, such a law has to be passed by Parliament soon after the commencement of the Constitution. In these circumstances ITPA, 1956 was enacted on the 31st December, 1956. ITPA is a premier legislation for prevention of trafficking for commercial sexual exploitation. The Act also provides for setting up protective homes by State Government.

Child Labour (Prohibition & Regulation) Act, 1986: Based on the recommendations of Gurupadaswamy Committee constituted in 1979, the Child Labour (Prohibition & Regulation) Act was enacted in 1986. The Act prohibits employment of children below fourteen years of age, in certain specified hazardous occupations and processes and regulates the working conditions in others. The Act has identified 57 processes and 13 occupations which have been considered dangerous to the health and lives of children. This Act provides to prohibit the engagement of children in certain employments and to regulate the conditions of work of children in certain other employments. This Act prohibits the employment of children below the age of 14 years in hazardous occupations and processes and regulates the working conditions of children in non-hazardous occupations.

Juvenile Justice (Care and Protection of Children) Act, 2000: Juvenile Justice (Care and Protection of Children) Act, enacted in 2000, defines the 'child' as a person below eighteen years of age and is the primary law in the country relating to welfare of juveniles in conflict with law as well as children in need of care and protection. The Act provides for proper care, protection and treatment for such children by catering to their development needs and by adopting a child friendly approach in dealing with matters in the best interest of children. The Act lays emphasis on rehabilitation and reintegration of such children into the society through various processes.

The JJ Act was amended, in 2006, to make it more effective by providing time-lines for setting up of Juvenile Justice Boards and Child Welfare Committees and compulsory registration of Child Care Institutions, etc. The scope of the Act was also widened to include working children,

children living on the streets, those found begging, etc. To encourage quicker establishment of structures and procedures under the Act, the Ministry of Women & Child Development introduced, in 2009-10, a comprehensive scheme, namely, the Integrated Child Protection Scheme (ICPS) under which financial and technical support is provided to the State Governments/ UT Administrations. ICPS brings several existing child protection programs, under one umbrella, with improved norms.

Prohibition of Child Marriage Act, 2006: To eradicate the evil of child marriage, the **Prohibition of Child Marriage Act** was passed in 2006 with the objective of eliminating this social evil. Here the word "Child" means a person who, if a male, has not completed 21 year of age, and if a female, has not completed 18 years of age. Protection against child marriage is a human right, for girls as well as for boys.

Right to Education Act, 2010: In line with the goal of nation building, India has been committed to providing free and compulsory education to all children. The Parliament of India has enacted a legislation **Right to Education Act (RTE, Act)** making free and compulsory education a Right of every child in the age group 6-14 years. This Act has come into force from 1st April, 2010. Every child between the ages of 6 to 14 years has the right to free and compulsory education. This is stated as per the 86th Constitution Amendment Act added Article 21A. The government schools shall provide free education to all the children and the schools will be managed by school management committees (SMC). Private schools shall admit at least 25% of the children in their schools without any fee. The National Commission for Protection of Child Rights (NCPCR) has been given the responsibility to monitor implementation of this Act.

With the enforcement of this Act, India became one of 135 countries to make education a fundamental right of every child. One of the provisions of **RTE** is the arrangements for special training for older children within school time; eventually to mainstream them to age appropriate class.

5.3.4 Important Policies

National Policy for Children, 1974: The National Policy for Children, 1974 was founded on the conviction that child development programs are necessary to ensure equality of opportunity to children. It provides the framework for assigning priorities to different needs of children,

and for responding to them in an integrated manner and recommends 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 and that the State shall progressively increase the scope of such services so that, within a reasonable time, all children in the country enjoy optimum conditions for their balanced growth.

National Policy on Child Labour, 1987[14]***:*** The National Policy on Child Labour was announced in August, 1987. The Policy seeks to adopt a gradual & sequential approach with a focus on the rehabilitation of children working in hazardous occupations & processes in the first instance.
The Government has accordingly been taking proactive steps to tackle this problem through strict enforcement of legislative provisions along with simultaneous rehabilitative measures. State Governments, which are the appropriate implementing authorities, have been conducting regular inspections and raids to detect cases of violations. Since poverty is the causal factor of this problem, and enforcement alone cannot help solve it, the Government has been laying a lot of emphasis on the rehabilitation of these children and on improving the economic conditions of their families.

National Policy on Education (as modified in 1992)[15]***:*** The National Policy on Education of 1968 was revised in 1992, laying greater emphasis on the reorganization of the educational system. It includes taking measures towards a Common School System, re-iterating what has been given in the 1968 policy. Besides strengthening of the existing educational systems, it lays emphasis on providing quality and equal opportunity of education to women, STs / SCs and other backward classes, as well as in areas to do with the education of the physically / mentally challenged. The Policy has also stresses on adult education (15 – 35 year age group) through the National Literacy Campaign for improvement in the livelihood options for them. Besides reorganizing the holistic nature of early childhood education under elementary education, emphasis is given to the universal access to education and school retention of children till the age of 14 years, both girls and boys. It also states that access to secondary education will be widened with emphasis on adolescent girls and also the Non-Formal Education Program for dropout children to be in places where there is no access to schools. To develop a healthy

[14] http://www.indg.in/primary-education/education-as-fundamental-human-right/national-legislation-and-policies-against-child-labour-in-india
[15] National Policy on Education (as revised in 1992, published in 1998)

approach to life and work, vocational education will also be a focus of the education system, wherein the courses will be ideally provided after the secondary stage, but may be introduced after class VIII. With regard to Adolescents and Youth, the policy envisages that Non formal flexible and need based vocational programs will also be made available to neo literate, youth who have completed primary education, school drop-outs, persons engaged in work, and unemployed or partially employed persons. Special attention will be given to women. However the relevance of this policy needs to be examined in the context of RTE Act, which limits the possibilities of Adolescents to realize full learning rights.

National Nutrition Policy, 1993: National Nutrition Policy identifies nutrition as a multi-sectoral issue and needs to be tackled at various levels. Nutrition affects development as much as development affects nutrition. It is therefore important to tackle the problem of nutrition both through direct nutrition intervention especially for vulnerable groups as well as through various development policy instruments which will create conditions for improved nutrition. Within the direct interventions, the policy includes reaching the Adolescent Girls, for which the Government's initiative of including the adolescent girl within 'the ambit of' ICDS should be intensified so that they are made ready for a safe motherhood. Their nutritional status (including iron supplementation in the body) is improved and they are given some skill up-gradation training in home-based skills. They are also covered by non-formal education particularly nutrition and health education. All adolescent girls from poor families should be covered through the ICDS by the year 2000 in all CD blocks of the country and 50% of urban slums.

National Population Policy, 2000: This policy addresses the unmet needs for contraception, health care infrastructure, and health personnel. It provides for integrated service delivery for basic reproductive and child health care. The policy emphasizes on bringing down the TFR to replacement levels by 2010, through vigorous implementation of inter-sectoral operational strategies and achieving a stable population by 2045, at a level consistent with the requirements of sustainable economic growth, social development, and environmental protection. In the policy, 12 strategic themes have been identified to be perused through inter-sectoral programs. One of the themes is –“Empowering Women for Improved Health and

Nutrition" and makes a special mention on adolescents and addressing their special requirements.

National AIDS Prevention and Control Policy, 2000: The general objective of the policy is to prevent the epidemic from spreading further and to reduce the impact of the epidemic not only upon the infected persons but also upon the health and socio-economic status of the general population at all levels. The policy envisages effective containment of the infection levels of HIV/AIDS in the general population in order to achieve zero-level of new infections by 2007. One of the specific objectives of the policy is to prevent women, children (including adolescents) and other socially weak groups from becoming vulnerable to HIV infection by improving health education, legal status and economic prospects.

National Policy for Empowerment of Women (NPEW), 2001*:* National Policy for Empowerment of Women was formulated in 2001 for addressing the women needs and brining about their advancement, development and empowerment. NPEW addresses discrimination against women strengthen existing institution which includes legal system, provide better access to health care and other services, equal opportunities for women's participation in decision making and mainstreaming gender concerns in development processes. The launch of the National Mission for Empowerment of Women (NMEW) on 8th March, 2010 by the Ministry of Women and Child Development was an important development, which provided the much required fillip for a coordinated assessment of current Government interventions and aligning future programs so as to translate the NPEW prescriptions into reality.

National Health Policy, 2002: The Policy provides for equitable access to health services to all citizens across the social and geographical expanse of the country. It stresses on increasing access to the decentralized public health system by establishing new infrastructure in deficient areas, and by upgrading the infrastructure in the existing institutions, increasing the aggregate public health investment by Centre, investment in training in public health and primacy on preventive and first-line curative initiatives through increased sectoral share of allocation. The policy also mentions regarding rational use of drugs within the allopathic system, strengthening school health programs along with enhanced spending in public health research and partnership with private sector and civil society.

National Youth Policy, 2003: The National Youth Policy, 2003 reiterates the commitment of the entire nation to the composite and all-round development of the young sons and daughters of India and seeks to establish an All-India perspective to fulfil their legitimate aspirations so that they are all strong of heart and strong of body and mind in successfully accomplishing the challenging tasks of national reconstruction and social changes that lie ahead. This Policy covers all youth in the country in the age group of 13 to 35 years. It is divided into two broad sub-groups viz. 13-19 years and 20-35 years and the age group **13-19,** which is a **major part of the adolescent age group is regarded as a separate constituency**. The Policy stresses the need for adequate nutrition for the full development of physical and mental potential and the creation of an environment which promotes good health, and ensures protection from disease and unwholesome habits. In the chapter entitled **Key Sectors of Youth Concerns**, the policy recognizes the following areas as key sectors of concern for the youth:- (i) Education; (ii)Training and Employment;(iii) Health and Family welfare;(iv) Preservation of Environment, Ecology and Wild life;(v) Recreation and Sports; (vi) Arts and culture; (vii) Science and technology; and (viii) Civics and good Citizenship.

National Charter for Children 2004: The National Charter for Children highlighting the roles and responsibilities of both the Govt. and the community towards children and duties of children towards their family, community and society was notified on 9th February, 2004. **This Charter for Children** secures 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 Charter provides that the State and community shall undertake all possible measures to ensure and protect the survival, life and liberty of all children. For **empowering adolescent**, the Charter states that the State and community shall take all steps to provide the necessary education and skills to adolescent children so as to equip them to become economically productive citizens. Special programs will be undertaken to improve the health and nutritional status of the adolescent girl.

5.3.5 National Programs and Schemes for Adolescent Development

Although all Department and Ministries in some manner or another may be implementing programs that are benefiting adolescents, only five Ministries have actively integrated adolescents in their programs. These are Ministry of Health and Family Welfare, Ministry of Human Resource Development, Ministry of Labour and Employment, Ministry of Youth and Sports Affairs, and Ministry of Women and Child Development. Other departments take care of adolescents as subsidiary target groups in their programs covering specific areas within their purview.

Adolescent Reproductive and Sexual Health (ARSH) Program: The government has launched a Program called the Adolescent Reproductive and Sexual Health Program (ARSH) under National Rural Health Mission (NRHM) as a part of Reproductive and Child Health (RCH) Program. The focus on ARSH and special interventions for adolescents is in anticipation of the following outcomes: delay in age of marriage, reduce incidence of teenage pregnancies, meet unmet contraceptive needs and reduce the number of maternal deaths, reduce the incidence of sexually transmitted diseases and reduce the proportion of HIV positive cases in 10-19 years age group. Focus areas under the ARSH program are: (a) Reorganising and strengthening the existing public health system in order to meet the reproductive and sexual health needs of adolescents,(b) Mobilising the community for creating an enabling social environment and creating demand among adolescents for health services, and (c) Providing preventive, promotive, curative and referral health services to adolescents.

Adolescent Anemia Control Program: The Adolescent Anaemia Control Program is a component of the National Nutritional Anaemia Control Program. It provides adolescent girls with micronutrient supplements for prevention of iron and folic acid (IFA) deficiency. The program strategy includes weekly IFA (100mg elemental iron + 500 microgram of folic acid), biennial de-worming (Albendazole 400mg) for prevention of helminthes infestation and information, counselling and support on how to improve dietary intake and how to prevent anaemia.

School Health Program: School age population is extremely vulnerable to health risks and illness. Illnesses and maladaptive behavior formed in this age can have detrimental effects on

health during the adult years. The effective School Health Program ensures that children are healthy and able to learn and is an essential component of an effective education system. Good health increases enrolment and reduces absenteeism. It attempts to provide easy access to health, nutrition and hygiene education and services to children in school in a simple and cost-effective way. It includes various components i.e. screening, healthcare and referral, immunization, micronutrient (Vitamin A & Iron Folic Acid) management, de-worming, Health Promoting Schools, capacity building of teachers and the health personnel involved, monitoring & evaluation and mid-day meal. It also works towards addressing specific health problems.

Adolescence Education Program (AEP): AEP is implemented by the Department of Education in collaboration with the State AIDS Prevention and Control Society. The major components of the Adolescence Education Program (AEP) are providing guidance and counseling to adolescents, both boys and girls regarding the process of growing up during adolescence, prevention of HIV/AIDS and prevention of substance/drug abuse. The program aims to reinforce development of behaviours that will empower adolescent to make healthy choices, to provide opportunities for the reinforcement of positive behaviours, and to strengthening of life skills that enable young people to grow up healthy, cope with challenges and optimize opportunities effectively. The peer educator approach is central to the program for reaching out to the adolescent population.

Mid-Day Meal Scheme: The Mid-Day Meal Scheme has been introduced with a view to provide cooked mid-day meal to the children studying in classes I – VIII for 220 working days (on each school day). The key objectives of the program are: protecting children from classroom hunger, increasing school enrolment and attendance, improved socialisation among children belonging to all castes, addressing malnutrition, and social empowerment through provision of employment to women. It is also envisaged that children would learn important social values and foster equality as they learn to sit together and share a common meal. The scheme is extended to all schools run by Government, Local bodies and Government Aided, Education Guarantee schools/ AIE, Madarsas, etc.

Kasturba Gandhi Balika Vidyalya (KGBV): Kasturba Gandhi Balika Vidyalaya (KGBV) is a scheme launched in July 2004, for setting up residential schools at upper primary level for girls

belonging predominantly to the SC, ST, OBC and minority communities. The objective of KGBV is to ensure access and quality education to the girls of disadvantaged groups of society by setting up residential schools at upper primary level. The scheme is being implemented in educationally backward blocks in 24 States of the country where the female rural literacy is below the national average and gender gap in literacy is above the national average. The scheme provides for a minimum reservation of 75% of the seats for girls belonging to SC, ST, OBC or minority communities and priority for the remaining 25%, is accorded to girls from families below poverty line. The scheme of the KGBV is merged with the Sarva Shiksha Abhiyan (SSA) program in XI Plan w.e.f 1st April, 2007.

National Program for Education of Girls for Elementary Level (NPEGEL): National Program for Education of Girls for Elementary Level **(**NPEGEL) has been formulated for education of under privileged / disadvantaged girls from class I to VIII. It is a separate and distinct gender component plan of Sarva Shiksha Abhiyan (SSA) and initiated as an amendment to SSA for providing additional components for education of girls at elementary level which is necessary to achieve Universal Elementary Education for girls in educationally backward areas.

For girls in the upper primary level stage, the scheme will provide waiver of fees of girls for courses under National Open School and State Open Schools, setting up of specially designed open learning centers. This will facilitate bringing to the educational system those girls who have dropped out from regular schools for some reason.

National Child Labour Project (NCLP) Scheme: Under this National Child Labour Project (NCLP) scheme was launched in 12 child labour endemic districts in 1988. The number of the districts covered under the scheme has been substantially enhanced to 271 in XI Plan. The NCLP scheme provides for establishment of special schools/transitional education centers to impart non-formal/formal education, vocational training, supplementary nutrition, monthly stipend and regular health check up to children withdrawn from hazardous employment so as to prepare them to join mainstream schools. More than ten thousand schools have been sanctioned with enrollment of approximately 5 lakh children. Under the Scheme, funds are given to the District Collectors for running special schools for child labour. Most of these schools are run by the NGOs in the district.

National Program for Youth and Adolescent Development Program (NPYAP): Ministry of Youth affairs and Sports have two sets of programs for the adolescents at present:-One set covers the programs conducted in the UNFPA project and the other set draws its programs from the National Program for Youth and Adolescents (NPYAD).

A. Programs with support of UNFPA:

A project with UNFPA has been underway since 2007, under which 3840 teen clubs have been formed with 60 teen clubs in two Blocks of each one of 64 districts in the country. Teen club activities included:-

(i) Counseling sessions in the teen clubs on Adolescent Reproductive and Sexual Health (ARSH), and on Life Skills;

(ii) Peer education on the above matters and on general health concerns;

(iii) Wall Magazines in the Teen Clubs to provide a platform for creative understanding of the above and related matters;

(iv) Teen Club theatre activities, in that scripts have been written by the teen club members on the themes of Life Skills and ARSH.

B. National Program for Youth and Adolescents (NPYAD):

Ministry of Youth Affairs & Sports (MOYAS), has started the adolescent development program as a vital part of its newly-formed National Program for Youth and Adolescent Development (NPYAD). It has various programs dealing with the adolescent development carrying forth the above-mentioned vision, which are mostly implemented by the national implementation bodies like **Nehru Yuva Kendra Sangathan (NYKS):-**

(i) Environment building within society to recognize the special needs of adolescents and their development;

(ii) To sensitize the stakeholders, i.e. parents, teachers, government functionaries, the community, the youth group and the media about the needs, strengths and promise of the adolescents;

(iii) To provide counseling and career guidance to the adolescents through counselors, career guides, telephone-help lines and counseling centres;

(iv) The Life Skills Education with a special focus on health/ sexual and reproductive health through seven-days Life Skills Education camps.

Ujjawala: This is a comprehensive Scheme for the prevention of trafficking and rescuing, rehabilitation and re-integration of victims of trafficking for commercial sexual exploitation. The scheme covers women and children who are vulnerable to or are victims of trafficking for commercial sexual exploitation. The implementing agencies for this Scheme are Social Welfare/Women and Child Welfare Department of State Government, Women's Development Corporations, Women's Development Centres, Urban Local Bodies, reputed Public/Private Trust or Voluntary Organizations.

Dhanalakshmi: "Dhanalakshmi" is a Conditional Cash Transfer Scheme for Girl Child with Insurance Cover (CCT) on a pilot basis in March, 2008. Under the scheme, cash transfers are made to the family of the girl child (preferably to mother), on fulfilling certain specific conditionality's related to birth and registration, immunization, school enrollment , retention upto Class VIII and delay in marriage of girl child till the age of 18 years. The Scheme is being implemented in eleven blocks across seven States (Andhra Pradesh, Chhattisgarh, Jharkhand, Uttar Pradesh, Bihar, Punjab and Orissa) in the country.

Integrated Child Protection Scheme: The Integrated Child Protection Scheme (ICPS) has been formed to instill Government responsibility for creating a system that will efficiently and effectively protect children. It is based on cardinal principle s of "protection of child rights" and "best interest of the child". ICPS brings several existing child protection programs, under one umbrella, with improved norms. These include, (i) A Program for Juvenile Justice; (ii) An Integrated Program for Street Children; and (iii) Scheme for Assistance to Homes (Shishu Greh) to promote in-country Adoption. ICPS focuses its activities on Children in need of care and protection; Children in conflict with the law; who are alleged to have committed an offence; Children in contact with law; who have come into contact with the law as a victim, witness or under any other circumstance; Any other vulnerable child (including but not limited to) - children of migrant families, children living on the street.

Kishori Shakti Yojana (KSY): The Ministry of Women and Child Development, Government of India, in the year 2000, came up with a scheme called *KSY,* which was implemented using the

infrastructure of the Integrated Child Development Services Scheme (ICDS). The objective of this scheme was to improve the nutrition and health status of Adolescent Girls (AGs) in the age-group of 11 to 18 years, to equip them to improve and upgrade their home-based and vocational skills, and to promote their overall development, including awareness about their health, personal hygiene, nutrition and family welfare and management.

Nutrition Program for Adolescent Girls (NPAG): NPAG was initiated as a pilot project in the year 2002-03 in 51 identified districts across the country to address the problem of under-nutrition among AGs. Under this program, 6 kg of free food grain per beneficiary per month were given to undernourished AGs. NPAG has ceased to operate with the launch of ***Sabla*** as all the districts of NPAG have been subsumed in ***Sabla***.

Rajiv Gandhi Scheme for Empowerment of Adolescent Girls (RGSEAG) or Sabla:A new comprehensive scheme, called **RGSEAG** or ***Sabla*****,** merging the erstwhile KSY and NPAG schemes has been formulated to address the multi-dimensional problems of AGs. ***Sabla*** is being implemented initially in 200 districts selected across the country, using the platform of ICDS. In these districts, RGSEAG has replaced KSY and NPAG. In the rest of the districts, KSY continues as before.

Programmes for Development of Adolescent Girls

Ministry of Women and child development was implementing two schemes for development of Adolescent Girls (AG) viz, Kishori Shakti Yojana (KSY) and Nutrition Program for Adolescent Girls. **Kishori Shakti Yojana** (**KSY)** has been made effective from year 2000 onwards using the infrastructure of ICDS and is meant to improve the nutritional and health status of girls in the age group of 11-18 years by equipping them in home-based skills and vocational skills; and promote their overall development by increasing awareness about the health, personal hygiene, nutrition, family welfare and management. Supplementary nutrition of 500 calories & 20-25 grams of protein per beneficiary per day for 300 days in a year was being provided under KSY. Under the scheme, grant-in-aid of Rs. 1.10 lakh per annum per ICDS project is released to the State Governments and UT Administrations for all the components except nutrition and the expenditure on nutrition component under KSY is borne by the State Government. As per the evaluation of KSY conducted by National Institute of Medical Sciences (NIMS), ICMR, the impact

of KSY is visible in the community as a whole and AGs are getting benefit under the program. Though the coverage of KSY was almost universal, only 2-3 AGs per Anganwadi Center have been the beneficiaries under this scheme.

Nutrition Program for Adolescent Girls (NPAG) was initiated as a pilot project in the year 2002-03 in 51 identified districts across the country to address the problem of under-nutrition among adolescent girls. Under the program 6 kg of free food grains per beneficiary per month are given to under nourished adolescent girls (11-19 years). The program was implemented by Planning Commission in 2002-03 and 2003-04 and by MWCD from 2005-06 onwards.

Evaluation of Nutrition Program for Adolescent Girls was undertaken by Nutrition Foundation of India, New Delhi in 2006 in 10 districts in each of the states of Rajasthan, Delhi, Uttaranchal, Orissa, Mizoram, Kerala, Gujarat, Uttar Pradesh, Chhattisgarh and Tamil Nadu. Major lessons learnt and important suggestions made are as follows:-

(i) Present mechanism of fund release from MWCD to State DWCD to continue.

(ii) Allocation of food grains based on estimated number of under nourished persons is a reasonable approximation for the first year. Subsequently, data from districts on number of under nourished girls may be used to modify the requirement for next year.

(iii) Anganwadi workers have been able to get community cooperation in weighing and identification of under nourished girls. They may be given this responsibility in future also.

(iv) Problems in collection of food grains from ration shop may get minimized, if food grains are given on monthly health and nutrition days.

(v) Food-grain supplements upto 12 months in adolescent girls resulted in less than 10% of girls crossing the cut-off point of 35 kg. NPAG has not been implemented continuously for 2 years. It may be preferable to continue with the program in the States, before taking a final decision regarding the program.

(vi) A program of iron and folic acid supplementation once a week to begin with in the 51 districts and later extended to all districts may be considered.

Limitations of the Programmes for Adolescent Girls Although the two schemes have performed well, there were limitations in the way of their making the desired impact on health and nutrition status of adolescent girls. KSY is not being implemented to its full potential due to **i.** limited financial assistance available under the scheme (Rs. 1.1 lakh per project per annum); **ii.** limited coverage (2-3 AGs per AWC) ; **iii.** too many options (girl to girl approach, Balika Mandal, functional literacy, vocational training and any other option) under the scheme and **iv.** As the expenditure on nutrition was being borne by the State Government, requests were being received from States for central support for nutrition for AGs under the scheme. Similarly, in case of NPAG, **i.** limited coverage (51 selected districts in the country), **ii.** lack of regular supply of foodgrains have come in the way of having full intended benefits under the scheme.

The limitations and gaps of the two schemes require to be bridged by bringing a new scheme which is focused on the nutritional, health and life cycle needs of AGs in a comprehensive manner. ***Sabla*** was launched, recognizing the unmet needs of AGs; the mandate of the National Nutrition Policy (NNP),1993 for inclusion of adolescent girls within the ambit of ICDS; and recommendation of the **Working Group Report on Youth Affairs and Adolescent Development for formulating XI Plan as enumerated below:-**

> **"***Current efforts for addressing issues of adolescent girls should be stepped up substantially and in integrated manner. The Kishori Shakti Yojana (KSY) under ICDS and Nutrition Program for Adolescent Girls (NPAG) are being implemented for AGs, it would be advisable to merge these schemes, enrich their content, and expand their coverage."*

Rajiv Gandhi Scheme for Empowerment of Adolescent Girls- Sabla: During XI Five Year Plan, to address the multi-dimensional needs of adolescent girls, a new comprehensive scheme **Rajiv Gandhi Scheme for Empowerment of Adolescent Girls-** ***Sabla*** was introduced in the year 2010 by merging the erstwhile KSY and NPAG schemes. The scheme ***Sabla***, a Centrally-sponsored scheme, is primarily for out of school adolescent girls (11-18 years).

The scheme is being implemented in 200 districts across the country on a pilot basis. In the remaining districts, Kishori Shakti Yojana (KSY) continues to be operational. All districts of NPAG are now part of the *Sabla*. The Scheme ***Sabla*** is being implemented using the platform of

Integrated Child Development Services Scheme. Anganwadi Centre (AWC) is the focal point for the delivery of services under the scheme.

The scheme is being implemented through the State Governments/UTs with 100% financial assistance from the Central Government for all inputs other than nutrition, for which 50% Central assistance to States/UTs is provided. The scheme aims at an all-round development of adolescent girls of 11-18 years by making them self-reliant; improving their health and nutrition status; facilitating access to public services. This is to be achieved through various interventions on health, education and vocational training at AWC.

3.5.1 Scope of the scheme: The scheme focuses on all out-of-school AGs in the age group of 11 to 18 years under all ICDS projects in selected 200 districts across the country on a pilot basis. It also covers school-going girls in the same age group who meet at AWC twice a month or more**. Nearly 100 lakh adolescent girls per annum are expected to benefit under the scheme**. The scheme has two major components Nutrition and Non Nutrition Component.

Nutrition Component:

To improve the nutritional status of adolescent girls, supplementary nutrition is provided to AGs by either Take Home Rations (THR) or Hot Cooked Meals as feasible. Each AG is given at least 600 calories and 18-20 grams of protein and recommended daily intake of micronutrients per day, @ Rs 5 per day per beneficiary, for 300 days in a year. Eligibility for Supplementary Nutrition is as under:

i. 11-14 years: Only out-of-school AGs (as school going 11-14 years girls are covered under Mid-Day Meal scheme)
ii. 14-18 years: All girls, regardless of whether they are out-of-school or school-going.
iii. 50% cost for nutrition to AGs is shared by Government of India.

The services under the scheme ***Sabla*** are expected to impact the following aspects:-

Non- nutrition Component:

a. Improving the health status of AGs: Following four services are provided.

i. Supply of IFA tablets: Prevalence rates for anaemia are high among AGs in India. Evidence suggests that IFA supplementation helps in combating anaemia and enhancing adolescent growth. Under ***Sabla*** convergence with Health & Family Welfare department is established for procuring *adult* tablets of IFA for out of school adolescent girls. A provision of Rs. 20,000/- per project has been made for IFA procurement and supply, where there is problem for sourcing it from the Health Department. **ii. Health check-up and referral services:** The scheme provides for easy access to health services to AGs such as screening, healthcare and referral, immunization, micronutrient (Vitamin A & Iron Folic Acid) management, de-worming etc. General health check-up of all AGs, at least once in every three months on Kishori Diwas is conducted by Medical Officer/ANM.**iii.Nutrition and Health Education:** AGs require nutritious food, coupled with correct and relevant information on nutrition and health, as their bodies get geared up physically for motherhood. Sustained information on these issues result in better health of AGs, leading to overall improvement in family health, and also help in breaking the vicious intergenerational cycle of malnutritionNutrition. In order to address this requirement, ***Sabla*** ensures nutrition and health education (NHE) to AGs jointly by the ICDS and health functionaries and resource persons/ field trainers from NGOs. **iv. Guidance on Family Welfare, ARSH:** Adolescents face numerous risks and problems relating to reproductive and sexual health, including sexually transmitted infections and HIV/AIDS, substance abuse, violence and injury, nutritional, psychological and behavioural problems relating to the rapid physical and emotional changes during the period of adolescence. ***Sabla*** also aims imparting Guidance on Family Welfare, ARSH***,*** this service is provided through the ANM/ ASHA and AWW. The Counsellors who are trained under AIDS Control and are available at every Integrated Counselling and Testing Centre are also used for providing family welfare and ARSH education under the scheme.

b. Mainstream Out of School AGs into formal/non formal Education: The Right to Education Act envisages all 11-14 year old AGs to be in school and ***Sabla*** is the ideal platform to encourage them to join school by explaining to them the benefits of education. The school authorities are invited to address the out of school AGs on pre-decided days, to motivate these AGs and to enrol them, if possible. To Mainstream out of school AGs into formal/non formal education is one of the objective under ***Sabla***.

Further, to achieve this, the data of baseline survey conducted by the State / UT for identification of in school and out of school AGs (11 – 18 years) may be used to work towards getting these girls in school. The District Level Committee for ***Sabla*** may effect convergence in this matter and also monitor progress in terms of enrolment of out-of-school adolescent girls in regular schools and non-formal education centres. The convergence is to be affected effectively with Sarva Shiksha Abhiyaan, Kasturba Gandhi Balika Vidyalayas (focusing on girls belonging to SC/ST/minority and poor communities), etc.

c. Life Skill Education (LSE): Under ***Sabla*** AGs to acquire knowledge and develop attitudes and life skills which support and promote among them the adoption of healthy and positive behaviour to deal effectively with the demands and challenges of everyday life. NGOs are involved for imparting LSE. National Program for Youth and Adolescent Development (NPYAD) and existing **youth / teen clubs** under the Adolescent Health Development Project of Department of Youth Affairs and Sports are to be involved in awareness generation for all the activities of the scheme where the districts are common.

d. Vocational Training**:** A large number of school drop outs do not have a**c**cess to skill development for improving their employability. Vocational Education and Training (VET) is a major contribution to the socio-economic enhancement of an individual and the society at large focusing on income generating skills leading to decent living and empowerment. The scheme ***Sabla*** envisages that adolescent girl above 16 years of age are provided at least one trade related skill so that she can consequently get self/wage employment or establish micro-enterprise with other partners. Ministry of Labour & Employment developed a new strategic framework for skill development for early school leavers and existing workers, especially in the un-organised sector in close consultation with industry, micro enterprises in the un-organised sector, State Governments, experts and academia. Linkages with Modular Employable Skills (MES) under Skill Development Initiative Scheme (SDIS) is established under ***Sabla*** for vocational Training.

Involvement of Panchayati Raj Institutions (PRIs**)** are involved with promotive activities for generating awareness of the scheme among the community by participation of members of the target community in Kishori Diwas, community monitoring, and Information, Education &

Communication (IEC) activities. The PRI members are part of the Monitoring Committees at all levels. ***Sabla*** is a new scheme of government and for optimal publicity and impact, community participation and involvement of PRIs is being carried out.

Convergence Strategy under the Scheme: Coordination of efforts of different Ministries/ Departments at all levels is an essential component for the success of the scheme ***Sabla***. There should be convergence of services with various schemes/ programs of Health, Education, Youth Affairs, Labour & Employment and PRI.

Expected Outcomes of Sabla Scheme: Implementation of the scheme ***Sabla*** will empower adolescent girls along with brining improvement in the nutritional and health status and upgrading various skills like home skills, life skills and vocational skills of adolescent girls. It also aims at equipping the girls on family welfare, health hygiene etc. and information and guidance on public services. It also aims to main stream out of school girls into formal and non-formal education**. While yield as such cannot be quantified, regular supply of services under the Scheme to the beneficiaries will help in bringing down the high levels of anaemia, MMR, Child Marriages and break the inter-generational cycle of malnutrition as also enhance the self-esteem of the girls**. The results of the scheme implementation so far have been encouraging. States / UTs are demanding the expansion of the scheme to all districts with modifications and additions in the scheme. Although there is a general demand from the States / UTs for its expansion, a formal evaluation will be done of the scheme before the actual scaling up.

5.4 ISSUES AND CHALLENGES

(i) The adolescent age-group has a scattered presence in Policy Frameworks, whether it is the National Policy for Children 1974 or the National Charter for Children 2004.

(ii) There is hardly any convergence in the programs being implemented by different ministries. Presently, various stakeholders are working for adolescents to address varied needs in the following areas: Education; Personality Development, Life Skills and Empowerment; Health and Nutrition; and Vocational Training. These issues are handled by different Ministries in the Government. Some integrated programs such as ***Sabla,*** which addresses the holistic needs of adolescents, is needed. For successful

implementation of ***Sabla*** or similar program, an integrated approach is required by establishing a coordinating mechanism among the various governmental and non-governmental stakeholders.

(iii) The health programme references are silent on general health needs and provisions. ARSH only addresses one issue. There is a tendency to over-emphasize reproductive health issues due to vulnerability of the age group. The 'adolescence' has several health needs which are equally important and needs to be emphasised. Boys also suffer from anaemia. Boys also suffer from nutrition deficits. There are hardly any targeted interventions for boys.

AEP is clearly targeting reproductive health and related behaviour goals. This is a programme of limited scope and thus of limited health-building value. The message to adolescents from the health sector should be of the right to be a healthy person, physically, mentally and emotionally, not only a 'safe' person in the context of sexual conduct/ marriage/ childbearing and protection against HIV/AIDS. AEP requires an overhaul.

(iv) During the last two decades, gender disparities and discrimination within the Indian culture have received considerable attention of the policy makers. Girls and women have been identified as a target group in all developmental efforts; a positive indication that deserves appreciation. While the focus of all ongoing government interventions is as the girl child, boys are equally in need of appropriate attention, as they are similarly impacted by society, in psycho-social terms, and adolescence represents a difficult age for them as well. Addressing the needs of adolescent boys and the male youth is virtually 'missing' in policy frame work.

(v) Little empirical evidence is available on the impact of programs, constraints in implementation strategies or formulation of new policy thrusts. The need for such a feedback should be in built in all intervention and programs.

(vi) Vocational Skill Development Programs preparing adolescents for work participation are scanty, both in coverage and content. Programs for career guidance are also

required for adolescents to enable them to select courses of study /vocation as per their aptitude and abilities.

(vii) Skill up-gradation of the service providers to address issues of adolescents in a comprehensive manner not planned.

(viii) Standardisation of adolescent programs and implementation at various levels is not ensured. For example issues like nutrition, life-skills, and empowerment are being covered differently by programs of MHRD, MWCD and MHFW.

(ix) Weak delivery network of services for adolescents. For example under the ARSH program of the MHFW, adolescent friendly health clinics should be functional in all public health facilities for taking care of the health needs of all adolescents.

5.5 STRATEGIES AND RECOMMENDATIONS FOR THE TWELFTH PLAN

5.5.1 Strategies

Mainstreaming of Adolescents in the Policy-Framework: While developing the approach for adolescents in the Twelfth Plan, it is important to adopt a mainstreaming strategy. As seen from the various national policies, programmes and plans, adolescents' issues have remained on the sidelines. They have been clubbed either with the youth or with children. Adolescents as a group need to be addressed separately as their issues, concerns, problems and aspirations are lost when they are aggregated with other groups. Mainstreaming requires recognition of adolescents as individuals with their own rights, aspirations and concerns. The requirements of adolescents need to be identified and dealt with in an inclusive and specific manner, across policies and programmes, and also while planning at various levels.

Key principles & strategy for XIIth Plan

- Mainstreaming
- Inter-Sectoral convergence
- Greater inclusion
- Participation
- Rights & Duties
- Capability Approach

Inter-sectoral Convergence: Given the complexities and the inter-sectoral nature of requirements of the target group, it has to be recognised that a single sector can not intervene to influence the entire gamut of issues. As has been brought out in the discussion in Section-2,

convergence is a major gap area in implementation of programmes for adolescents.Any policy /scheme should invariably involve sectors of Education, Training and Employment Health and Family welfare, Sports and Arts and culture.

Such coordination needs to be supported by a nodal Ministry, and this role may appropriately be taken on by the Ministry of Women & Child Development. Further, various existing delivery platforms like ICDS, schools, health centres and training institutions need to converge their sectoral adolescent activities and also serve as outreach institutions for adolescent activities related to other sectors. Such outreach may be in terms of Information, Education, Communication (IEC) / Behaviour Change Communication (BCC) and delivery of services to adolescents. For example, the anganwadi workers and the peer leaders under ***Sabla*** (Sakhis and Sahelis) can also serve as outreach agents for various health sector activities like iron - folic acid distribution, AIDS control and reproductive & child health related IEC/BCC, referral under ASHA's guidance to adolescent-friendly health clinics, etc. and, conversely, ASHAs, health centres and Integrated Counselling & Training Centres under the National AIDS Control Programme can serve as health information and healthcare service access points for guiding the anganwadi workers and peer leaders.

Another opportunity for inter-sectoral convergence lies at the district, local government and community levels. At the district and local government levels, sectoral machinery converges under a common administrative arrangement, while at the community level, the user community has a holistic perspective and a strong stake in ensuring convergence. Therefore, the implementation arrangements at these levels for various adolescent interventions across sectors may be invested with cross-sectoral and community representation under cross-sectoral/community leaders like District Collectors, CEOs of District Panchayats, chairpersons of panchayat raj institutions / urban local bodies, and chairpersons of user organization bodies (like Rogi Kalyan Samiti, School Management Committee, etc.).

At the national level, inter-sectoral convergence could be strengthened by the involvement of relevant sector Ministries in programme design and review processes. For example, joint guidelines have been issued for some initiatives by the Ministries of Women & Child Development and Health & Family Welfare viz. for the Mother & Child Protection Card.

Greater Inclusion: At present, most of the programmes and schemes relevant to adolescents are actually designed for various segments of the overall adolescent population. Some relate to children of various age-groups, others to school-going or out-of-school children, some others to youth, and yet others to girls only. While such schemes appropriately define target groups for their respective objectives, there are several gaps and inequities in coverage of various segments of the adolescent population. Most conspicuous is the near absence of interventions to address boys in the adolescent age-group. Even among girls, there are differences in provision for out-of-school girls older than 14 years, *vis-à-vis* other girls. There are also differences on account of different age limits under protective laws and developmental schemes. Such inequities need to be reduced on priority. Sectoral interventions may be relooked at by the Ministries concerned, with such reduction in view.

Apart from a relook at existing interventions, there is also a need to bridge the gap in addressing adolescent boys. The few programmes that exist for adolescent boys mostly stem from concerns related to sexual behaviour, juvenile offenders, and livelihood training. Therefore, in respect of adolescent boys, a specific intervention is needed under the 12th Plan since socio-cultural expectations and economic pressures working on adolescent girls and boys are different. The educational, nutrition, health, livelihood and empowerment interventions for boys need to be designed keeping in view such differences. However, while doing so, care has to be taken to avoid reinforcing gender stereotypes.

In respect of programmes for girls, it is unfortunate that government policy and programme documents at times appear to look at girls primarily in terms of their prospective roles as wives, mothers and care-givers. This needs to be corrected.

It is desirable that programme interventions include both girls and boys. There is enough evidence to show that working with one group to the exclusion of others does not lead to sustained impact. For instance, self-development programmes for girls alone – without similar interventions for boys – may not stop eve-teasing and other forms of abusive behaviour in the community. On the other hand, programmes that work simultaneously with both boys and girls in a community have registered a positive impact in the larger social milieu. Likewise, programmes that cater seamlessly to requirements across the adolescence years, and across divisions on account of age or school-going status, have a more positive impact, and such an

impact may be attributed not only to the programme being more equitable but also to the fact that their seamless coverage ensures that the gains achieved continue to be available to individuals in this vulnerable age-group regardless of transitions of age or school-going status.

Participation: Adolescents not only constitute individuals having the potential to actively participate in and contribute to social and economic activity, but are also existing participants in such activity. As such, it is necessary that their right to appropriately participate be recognized and due weight be given to their opinions, while keeping in view their age and maturity. In operational terms, such a rights-based approach will have to address both an enabling environment in society and the ability of adolescents to equip and empower themselves to participate effectively. Such participation has to be in all spheres of life, including in family decisions, schools, community activities, cultural activities, sports, etc. Under schemes like ***Sabla***, the Adolescent Education Programme and Youth Clubs, a beginning has been made in acknowledging the role of adolescents as empowered agents of their own development, through establishment of an appropriate framework for their involvement and participation, in the form of peer leaders and adolescent groups.

This approach needs to be further encouraged to fully harness the potential and the youthful drive of adolescents for the betterment of all aspects of their lives. For this, suitable ways need to be found for involving them in the processes of programme development, design, implementation and monitoring. This will require both local flexibility in programmes and support to adolescents in terms of building up their capacities, making available information, and improving their access to resources, facilities and services. Further, viable and responsive institutions and systems to promote adolescent participation, in all aspects and at all levels, will need to be put in place.

Rights and Duties: Recognition of adolescents as instruments of change in the nation's development by not only exercising their rights but also discharging their duties as responsible citizens, where the attempt will have to be to empower them for their own development and also to equip them to prevent and contain distortion of culture, criminalization and fundamentalist tendencies. It is important for adolescents to understand their duties towards their family, society and nation in order to grow up as responsible citizens in future.

Capability Approach to Adolescent Development in Policy-Making: The capability approach to well-being and development evaluates policies according to their impact on people's capabilities. It asks whether people are healthy and whether the resources necessary for this capability, such as clean water, access to medical doctors, protection from infections and diseases, and basic knowledge on health issues, are present. It asks whether people are well-nourished, and whether the conditions for this capability, such as sufficient food supplies and food entitlements, are met. It asks whether people have access to a high quality education, to real political participation, to community activities which support them to cope with struggles in daily life and which foster real friendships, to religions that console them and which can give them peace of mind. In case of adolescent developmental plans/policies it is important to adopt such an approach. For example adolescents in the age-group of 11-14 have right to education or right to be educated, knowledgable which is possible if he has access to school; he can afford school; there is proper infrastructure with quality teaching etc.

5.5.2 Recommendations for the 12th Plan

For Nodal Ministry for Adolescents

The analysis of the existing policies and interventions in the previous chapters has established the need and urgency for addressing the varied issues of adolescents under the policy framework. Nodal department in the Government to plan, implement, monitor and coordinate endeavours related to adolescents needs to be identified. Ministry of Women and Child being the nodal Ministry for Children should be the nodal Ministry for Adolescents as children also include Adolescents.

Policy and its execution are to be tied up and existing gaps between policy and program implementation to be addressed effectively to rollout various interventions for adolescents. This requires establishing a coordinating mechanism among various Central Government Ministries and Departments for reviewing on-going activities/ schemes to fill gaps and remove existing overlap, if any.

Uniformity in the age-group: The age group for adolescents and children under various schemes and statutes need to be standardised. For adolescents, the age group 10 to 18 may be taken. The sub-group is of opinion upper age adolescents may be taken as 18 as this is the legal

age of voting. India is also a signatory to the Convention on Rights of the Child and child is defined therein as 'human being' below the age of 18.

Evidence based policy-making, planning, programme design and programme review: While data disaggregated by sex, territory and category have been available all along for the education sector, and data gaps in the health sector have progressively been addressed over the last decade, similar disaggregated data are not available on a comprehensive basis for adolescents in respect of other sectors like nutrition, skill development, etc. This gap needs to be addressed so that evidence-based policy-making, planning, programme design and programme review are enabled.

Further, while children have been a focus area for research and dedicated national level institutions like NIPCCD exist for research on children, there is no corresponding focus or institutional arrangement for research into the entire gamut of issues relating to adolescence.

Apart from the national level, the state and field levels also lack resource institutions for such activities, which are necessary also for purposes of dissemination of authentic information of relevance to adolescents. While State Health Resource Centres have been set up for the health sector, and State Council Educational Research and Training Centres (SCERTs), State Resource Centres, DIETs, Block Resource Centres and Cluster Resource Centres exist for the education / literacy sector, there are no institutions available to support comprehensively the needs of adolescents as a distinct group having requirements that are peculiar to it and which cut across sectors. Therefore, setting up of Adolescent Resource Centres at appropriate levels is an area requiring priority attention.

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

Investing in Vocational Training: Vocational Education and training has a major contribution to the socio-economic enhancement of the individual and the society at large. Large number of school drop outs doesn't have access to skill development opportunities for improving their employability. Skill Development Initiative (SDI) of Ministry of Labour and Employment, a new

strategy framework for early school-leavers and existing workers in unorganized sector needs to be expanded to all the villages.

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

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

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

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

Life Skills: Life skills have been defined by World Health Organisation (WHO) as `the abilities for adaptive and positive behavior that enable individuals to deal effectively with the demand and changes of everyday life. Life skills are those abilities that help to promote mental well-being and competency of young people as they face the realities of life. Effective acquisition of life skills can influence the way one feels about oneself and others and can enhance one's productivity, efficacy, self-esteem and self-confidence. Life skills can also provide the tools and techniques to improve interpersonal relations. It is strongly argued that any existing network and program for out of school adolescents need to have strong component of life skills education which gives comprehensive learning package with a fine balance among the following components: **i)** Understanding their own self and their external environment; **ii)** Technical knowledge related to reproductive and sexual health; **iii)** Knowing their rights and entitlements; **iv)** Develop life skills and understanding their relevance with their reproductive and sexual life and **v)** Career counseling.

Gender Dimension in Policy and Institutional Frame-work: The 2011census data has highlighted the extensive and significant decline in child sex ratio, which has underscored the need to act with urgency and effectiveness on the issues of gender discrimination and empowerment of women and girl child. Gender dimensions to form an integral part of the policies to deal with age old discrimination. It is to be ensured that:

i. Every girl child and adolescent girl, young woman have access to education and would also be a primary target of efforts to spread literacy.
ii. Adolescent girl, women have access to adequate health services (including reproductive health programmes) and will have full say in defining the size of the family.
iii. Young men, particularly the male adolescents shall be properly oriented, through education and counseling to respect the status and rights of women for attitudinal and behavioural changes.
iv. Action to be pursued to eliminate all forms of discrimination in respect of the girl child, negative cultural attitudes and practices against girls, discrimination against girls in education, skill development and training, and the socio-economic exploitation of women, particularly young women.

Extension of Right of Children to Free and Compulsory Education Act, 2009 (RTE Act) upto Senior Secondary: The Right of Children to Free and Compulsory Education Act, 2009 has been passed by the Parliament, and has come into force from 1st April, 2010. The RTE Act provides for free and compulsory education for all children up to 14 years age in a neighborhood school, till the completion of elementary education. The extension of RTE upto senior secondary level is strongly recommended to arrest early marriages of girls, teenage pregnancy and juvenile delinquency and more importantly expanding the possibilities of the adolescents to realize their full learning rights.

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

Addressing Psychosocial Well Being: The issues related to psychosocial well-being, anxiety, depression, drug abuse and smoking needs to be addressed as majority of mental health problems originate during adolescence. Presently, there is a weak system of counseling for the school going children. To some extent, the psychological needs of out of school AGs are being addressed under ***Sabla*** in 200 selected districts. There is no mechanism to address such needs of the out of school going boys. Hence, there is a pressing need to strengthen the counseling system for the school going children, in addition to the setting up counseling system for all out of school adolescents, especially the boys. Strengthening of *SABLA* in the next plan will take care of psychosocial needs of the AGs.

Abolition of all forms of Child labour: The sub-group advocates the abolition of all forms of child labour for the effective implementation of RTE Act. Child labour in any form is detrimental to the physical, mental and cognitive growth and development of the child. The RTE Act, which guarantees the right to every child between the ages of 6 and 14 to free and compulsory elementary education whereas the Child Labour (Prohibition and Regulation) Act makes a distinction between hazardous and non-hazardous categories of work for children under 14 years. Children cannot be both working and in school at the same time. Hence the sub-group advocates for amendment in the Child Labour Prohibition and Regulation Act and bring it in line with the RTE.

Strengthening of RGSEAG - Sabla Scheme: The *Sabla* scheme at present is being implemented in 200 districts across the country, benefiting approximately one crore Adolescent girls. The scheme needs to be strengthened in the next two years in those 200 districts in the country. Since ICDS will be in Mission Mode after two years, *Sabla* being implemented on the ICDS platform will be on pilot mode for the first two years of the XIIth Plan. As per the feedback received from the States / UTs, the pace of implementation of the scheme has been slow particularly in the Non-nutrition component as it involves convergence with various line Ministries in addition to the limited financial resources provisioned for the various Non-nutrition services under the scheme. Hence the scheme requires strengthening in the next two years' time. The proposed strengthening of *Sabla* in the XIIth Plan should, inter-alia, include:

i. ***Revision of Nutritional norms:*** Currently, the nutrition norms under ***Sabla*** are to provide supplementary nutrition of 600 calorie and 18 to 20 grams of protein and micronutrients @ Rs. 5 beneficiary per day for 300 days in a year. These norms were fixed under ICDS in the year 2005. With the cost escalation over the period of time, this needs to be revised upwards. 50% cost of nutrition will be shared by the GOI. For some states, the pattern of cost sharing of nutrition between Centre and State should be 90:10 as being practiced under ICDS.

ii. ***Revision of financial norms for Non–Nutrition****:* Currently, for non-nutrition activities Rs. 3.8 lakh per ICDS project per annum is provided under ***Sabla***. This includes cost of training kit at each AWC, Nutrition and health education, Life Skill Education, vocational

training (tie up with NSDP), IEC, flexi-funds for transportation, printing of registers, Health cards referral slips for all trainings, organization of guidance & counseling sessions, vocational training, organization of exposure visits of the adolescent girls, printing of register etc. This is too meager to achieve effectiveness in the delivery of the services and needs upward revision.

iii. ***Urban Counselling Centres:*** To address the mental health problems and issues of the adolescent girls and to ensure their psychological well-being, there is a need to have convergence of Sabla scheme with the existing Counselling Centres of Health and Education Ministry's in Urban areas.

iv. ***Adolescent Reproductive & Sexual Health:*** To address the overall health problems and issues of the adolescent girls and to ensure their physical well-being, there is a need to have convergence of *Sabla* scheme with the existing ARSH programme of the Ministry of Health. This may be done by the trained service providers under ARSH of MoHFW should come to the Anganwadi Centre once in a month for 2-3 hours to organise the Adolescent Friendly Health Clinic at the Centre. The modalities for this will be worked out with MoHFW.

v. ***Convergence with Scheme for Promotion of Menstrual Hygiene of MoHFW:*** The MoHFW has introduced a new scheme for supplying low cost sanitary napkins to adolescent girls on a pilot basis in 153 districts across the country. Convergence of this scheme with Sabla can be worked out in common districts, where the Sabla platform (Kishori Samooh meetings) may be used for the implementation of the Menstrual hygiene scheme for providing sanitary napkins to the adolescent girls as well as for organising counselling sessions on menstrual hygiene.

vi. ***Strengthening Vocational Training:*** As per the scheme, vocational training has to be imparted through the National Skill Development Initiative (NSDI). The issues of availability, affordability and accessibility for imparting vocational training to adolescent girls need to be addressed. NSDI does not have universal coverage (ie. at village level at all Sabla centres). Moreover, the fee for various courses under NSDI, including the evaluation fee, has to be borne by the trainees. Hence there is a need for effective

convergence with NSDI at State, District and Block levels. Since the NSDI coverage is not universal, the option of obtaining certified training by the *Sabla* beneficiaries through recognised State institutions / trainers other than NSDI also needs to be considered for this component.

vii. ***Incentive:*** The Anganwadi Worker (AWW) and Anganwadi Helper (AWH), who are involved in implementation of ***Sabla*** are honorary workers. They are spending minimum 5-6 hours per week under ***Sabla*** and are playing a great role in delivering all the services under the scheme, including opening AWCs in addition to ICDS timings, liaison work for providing services, filling up registers, monitoring reports etc. At present no incentive is given to the AWW or to AWH. There is a need to provide ***performance linked*** incentive to AWWs and AWHs to ensure effective implementation of the scheme.

viii. ***Training:*** Capacity building of functionaries is an important aspect for successful implementation of any scheme. Currently no budget exists under ***Sabla*** for training of ICDS functionaries. Therefore, cost of training needs to be included within the scheme budget in the XII plan period.

ix. ***Publicity & IEC:*** The Scheme currently has no budget for publicity, IEC activities for promotion of ***Sabla*** and for dissemination of information among the community to mobilise the potential beneficiaries for availing the services under ***Sabla***. A separate provision needs to be made under the scheme.

x. ***Staff Cost:*** For the implementation of any new scheme, the existing system needs to have additional manpower for handling the operational issues involved in it. Currently, the scheme is being implemented using the existing ICDS infrastructure and thereby putting additional strain on them. In case ***Sabla*** is expanded to all the districts in the XII plan, this would put further strain the ICDS system. Considering that ***Sabla***, will remain a part of ICDS system, there is a need to have additional manpower at central, state, district and project level for ensuring effective implementation and monitoring.

xi. ***Resource Centre:*** Adolescent Resource Center (ARC) needs to be set up at block or village level. ARC will act as nodal center for girls to interact and have an access to information, recreation and receiving counseling. Books, manuals, CDs, films related to

issues concerning health, nutrition, life skills, career plans, self- empowerment, legal rights, vocational guidance material, gender issues etc. will be available at the ARC. The reading and reference material as well as relevant IEC literature available at ARC can be carried by the field trainer to the AWC so that girls who live far away from ARC can also have access to them.

xii. ***Evaluation & Studies****:* For judging the success of any scheme, it is imperative to have a budget provision for conducting evaluation of the scheme as well as organizing studies and documentation of best practices, etc. This component does not exist at present and needs to be included in the proposal.

Scheme for the Adolescent Boys -Saksham

It needs to be recognized that while the focus of all ongoing government interventions is the girl child, boys are equally in need of appropriate attention, as they are similarly impacted by society, in psycho-social terms, and adolescence represents a difficult age for them as well. Thus, Adolescent Boys (ABs) too constitute a vulnerable section of society. Presently, ABs have considerable unmet needs in terms of nutrition, health, education and skills for employment. This can be attributed to a number of factors, like a lack of targeted services for adolescent boys, the education and employment opportunities, extreme poverty, health, environment, drugs, juvenile delinquency, leisure-time activities etc. Once boys cross the age of 14 years, there is no legal mandate to enforce continuance of their school education, and they face constant pressure to add to the wages of the family and go to work. This suggests the need for appropriately channeling the energies and skills of young boys to make them responsible human resource for development of the nation.

At present, there are no comprehensive national policies and programs addressing multi-dimensional needs of ABs including not just reproductive health and sexuality needs and problems but also education, employment, empowerment, food security and nutrition. Existing national programs are limited in size and scope, for addressing these issues. In the context of human rights, particularly relevant to adolescents include the rights to gender equality, education, health (including reproductive and sexual health), and information and services, appropriate to their age, capacities and circumstances. Suitable measures are needed to ensure

these rights and also to make boys aware of their duties and responsibilities. ABs need to be addressed not just in terms of their own needs as ABs but also as individuals who have the potential to become productive members of society. It is proposed to bring a new scheme for holistic development of ABs, on the pattern of ***Sabla***. This scheme may be called ***Saksham*****,** **(**the self-reliant individual) aiming at the all-round development of Adolescent Boys to make them self-reliant, gender-sensitive and aware citizens, when they grow up. In the first phase, the scheme may be implemented in 100 selected districts on a pilot basis.

The scheme will have the following objectives --

(i) enable the processes of self-development and empowerment of Adolescent Boys;

(ii) improve their nutrition and health status;

(iii) mainstream out of school boys to schools;

(iv) promote among them awareness about health, hygiene, nutrition and adolescent reproductive & sexual health (ARSH);

(v) prepare them for work participation in future through skill development

(vi) provide information/guidance about existing public services, such as public health centres, community health centres, post offices, banks, police stations, etc.

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

Suggestive integrated package of services to be provided to ABs may include:

(i) Nutrition provision in the form of Ready to Eat ration

(ii) Regular health check-up of all boys once a quarter by the Medical Officers (through Ministry of Health and Family Welfare).

(iii) IFA and de-worming interventions (through Ministry of Health and Family Welfare).

(iv) Imparting life skill education and accessing public services practical demonstrations (through Ministry of Youth Affairs and Sports/ NGOs).

(v) To provide Nutrition & Health Education (NHE) and Counseling/Guidance on family welfare and ARSH (through Ministry of Health and Family Welfare NGOs).

(vi) To provide vocational training through skill development initiative (SDIs) (through Ministry of Labour and employment).

(vii) To mainstream out of school ABs to join school through Non-formal education-bridge courses or formal education (through Department of School Education & Literacy).

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

5.6 PROPOSED BUDGET

Scale up of SABLA: Rs. 32000Crores

Saksham in 100 selected districts: Rs. 9729 Crores

Annexure I

Coordination Tasks at different levels

Level	**Major Responsibilities**	**Specific Coordination Tasks**
Central	Policy and control	• Providing linkages with allied programmes and services and departments/agencies • Laying down priorities, procedures, norms and guidelines • Ensuring regular flow of information, feedback and close monitoring of the programme • Training and orientation of staff
State/UT	Organization and administration	• Provision of inputs and smooth flow of supplies and equipment's • Linkages with allied scheme at the State/Union Territory level • Monitoring at the State/Union Territory level • Solving operational problems
District	Support and technical guidance	• Ensuring regular flow of supplies and equipment • Solving problems faced at the implementation level • Technical support, guidance training and orientation of project staff
Block/ Project	Implementation	• Procurement, storage and distribution of supplies • On the spot coordination in day-to-day functioning • Recruitment, placement deployment and on-job training and supervision of field staff • Mobilization of community support and participation • Absorption of allied services and inputs • Synchronization of various services and activities
Intermediate	Supportive Supervision and guidance	• Ensuring coordinated functioning of health and on health programme staff at the cluster level • Providing guidance and supportive supervision • Maintaining liaison with local and project level functionaries
Local	Delivery of services	• Ensuring maximum coverage of the target population • Community education and preparation • Mobilizing community support and participation for better utilization of programmes and services

Annexure II

List of Results Indicators with Targets

Indicators	***Current Status***	***Target*** *(End 12th Plan)*
i. Reduction in underweight children below 3 and 5 years *(separately)*	42.5 % (NFHS-3) for below 5 yrs yrs 40.4 % (NFHS-3) for below 3 yrs	10 percentage point
ii. Reduction in prevalence of anaemia in under-5 children	78.9 % (NFHS-3)	20 %
iii. Reduction in prevalence of anaemia in pregnant women	57.9 % (NFHS-3)	20%
iv. Percentage of 5-6 yrs children at the AWCs who are school-ready	NA	60%
B. Outcome Level		
ICDS Core:		
i. Percentage of children initiated breastfeeding within one hour of birth	40.5% (DLHS-3)	75%
ii. Percentage of children exclusively breastfed till 6 months of age	46% (NFHS-3)	75%
iii. Percentage of children 9-23 months who have been given complementary feeding after 6 months in addition to breastfeeding	57.1% (DLHS-3)	90%
iv. Percentage of mothers of 0-3 yrs children who are using MCP card and are aware of early stimulation practices	NA	70%
v. Percentage of children 3-6 years achieved age appropriate developmental milestone tracked through child progress card	NA	50% of those attending ICDS PSE
Common with Health:		

i. Percentage of children 12-23 months received full immunization	20 % (NFHS-3)	(85 %)
ii. Percentage of children who received Vitamin A dose in last 6 months	24.9% (NFHS-3)	(75%)
iii. Percentage of children below 3 years with diarrhoea treated with ORS	34.2 (DLHS-3)	(70%)
iv. Percentage of pregnant women receiving at least 3 or more ANC checkups	50.7 (NFHS-3)	(80%)
v. Percentage pregnant women who consumed at least 100 IFA tablets	46.6 (DLHS-3)	(80%)
Process level		
i. Percentage of registered children who received supplementary nutrition		100%
ii. Percentage of registered pregnant and lactating women receiving supplementary nutrition		100%
iii Percentage of eligible children below 3 yrs who are weighed every month		100%
iv Percentage of AWCs organized VHNDs every month		80%
v Percentage of AWWs who have conducted *SnehaShivirs*		50%
vi Percentage of AWC organized ECCE day		50%

Annexure III

Child Labour in Hazardous Occupations in India

S.No	Occupations/Processes	No. of Children (5-14 years)
1.	Bidi Workers etc.	252574
2.	Construction	208833
3.	Domestic workers	185505
4.	Spinning/ weaving	128984
5.	Brick-kilns, tiles	84972
6.	Dhabas/ Restaurants/ Hotels etc.	70934
7.	Auto-workshop, vehicle repairs	49893
8.	Gem-cutting, Jewellery	37489
9.	Carpet-making	32647
10.	Others	167639
11.	TOTAL	1219470

Source: Office of the Registrar General of India, Census of India, 2001

Annexure IV

Crimes against Children and % Variation in 2009 Over 2007

SERIAL NO.	CRIME HEAD	YEAR			% VARIATION IN 2009 OVER 2007
		2007	2008	2009	
1.	Murder	1,377	1,296	1,488	8.06% increase
2.	Infanticide	134	140	63	52.9% decrease
3.	Rape	5,045	5,446	5,368	6.4% increase
4.	Kidnapping & abduction	6,377	7,650	8,945	40.3% increase
5.	Foeticide	96	73	123	28.1% increase
6.	Abetment of Suicide	26	29	46	76.9% increase
7.	Exposure & abandonment	923	864	857	7.2% decrease
8.	Procuration of minor girls	253	224	237	10.3% decrease
9.	Buying of girls for prostitution	40	30	32	2.5% decrease
10.	Selling of girls for prostitution	69	49	57	17.4% decrease
11	Other Crimes	6,070	6,699	6,985	15.1% increase
12	Total	20,410	22,500	24,201	18.57 % increase

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

Annexure V

Terms of Reference of the Working Group

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

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

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

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

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

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

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

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

viii. To assess existing **institutional capacity** for the development, implementation and

monitoring of child related programmes and interventions and to suggest measures for capacity development and improved training capability, in partnership with civil society.

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

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

Annexure VI

List of Working Group Members on Child Rights for 12th Plan

Group I: Child Survival & Development, ICDS		
1.	Dr Shreeranjan, Joint Secretary, Ministry of Women and Child Development, Shastri Bhawan, New Delhi	Chairperson
2.	Dr. Ajay Khera, Ministry Health and Family Welfare, Nirman Bhawan, New Delhi	Member
3.	Department of AYUSH,IRCS Building, New Delhi	Member
4.	Ministry of Urban Employment & Poverty Alleviation, Nirman Bhawan New Delhi	Member
5.	Ministry of Rural Development, Krishi Bhavan, New Delhi	Member
6.	Ministry of Science and Technology, Technology Bhavan, Mehrauli Road, New Delhi New Delhi	Member
7.	Ministry of Information and Broadcasting, Shastri Bhawan, New Delhi	Member
8.	Ministry of Tribal Affairs, Shastri Bhawan, New Delhi	Member
9.	Ms. Deepika Shrivastava, OSD WCD & Nutrition, Planning Commission, New Delhi	Member
10.	Secretary (DWCD), Govt. of Maharashtra, Mantralay, Mumbai	Member
11.	Secretary (DWCD), Govt. of Orissa, Bhubaneswar - 751001	Member
12.	Prof Vinod Paul ,Prof. and Head of Department of Pediatrics, AIIMS, Ansari Nagar, New Delhi	Member
13.	Dr. G.N.V. Brahmam, Deputy Director NIN, Jamia Osmania, Hyderabad – 500 007	Member
14.	Ms. Neelima Khetan, Sewa Mandir, Old Fatehpura, Udaipur – 313004, Rajasthan	Member
15.	Dr Mithu Alur, ADAPT, Upper Colaba Road, Mumbai – 400 005, Maharashtra	Member
16.	President, Indian Association of Pediatricians, Department of Pediatrics, Maulana Azad Medical College & L.N.J.P Hospital, New	Member

	Delhi	
17.	Dr. Rajib Haldar, CINI, Pailan, 24 Paraganas (S), West Bengal	Member
18.	Dr. N.K.C Nair- Director Centre for Child Development, Trivandrum	Member
19.	Dr. Dinesh Paul, Director , NIPCCD, 5 Siri Institutional Area, HauzKhas, New Delhi	Coordinator
20.	Mr. Gulshan Lal, Deputy Secretary, MWCD, Sahstri Bhawan , New Delhi	Coordinator
Group II: Early Childhood Care and Education		
1.	Dr Shreeranjan, Joint Secretary, Ministry of Women and Child Development, Shastri Bhawan, New Delhi	Chairperson
2.	Dr Venita Kaul, Director CECED, Ambedkar University, New Delhi	Co- Chairperson
3.	Ministry of Elementary Education and Literacy, Shastri Bhawan, New Delhi	Member
4.	Ministry of Urban Employment and Poverty Alleviation, Nirman Bhawan, New Delhi	Member
5.	Senior Advisor WCD , Planning Commission, New Delhi	Member
6.	Director, NCERT, Sri Aurbindo Marg , New Delhi	Member
7.	Smt. Mridula Bajaj, Mobile Creches, DIZ Area Raja Bazaar, Sector IV Near Gole Market, New Delhi	Member
8.	Ms Sukanya Bharatram, NCPCR, 5th Floor, Chanderlog Building, Janpath, New Delhi	Member
9.	Dr Vrinda Dutta, TISS, Deonar, Mumbai - 400088	Member
10.	Ms. Vasanthy Raman, Forum for Creches & Child Care Services, 25 BhaiVir Singh Marg, New Delhi	Member
11.	Mr. Vinayak Lohani, Parivaar Education Society, Bonogram, Bakhrahat Road, Kolkata - 700104	Member
12.	Dr Kiran Devendra, HOD, Elementary Education , NCERT, Sir Aurbindo Marg , New Delhi	Co opted member
13.	Dr G .C Upadhaya, NCERT, Sir Aurbindo Marg , New Delhi	Invitee
14.	Ms. Rupa Dutta, Director, MWCD, Shastri Bhawan , New Delhi	Coordinator

Group III: Child Rights and Protection		
1.	Dr Vivek Joshi, Joint Secretary, Ministry of Women and Child Development, Shastri Bhawan, New Delhi	Chairperson
2.	Ms Priti Madan, Joint Secretary, Ministry of Women and Child Development, Shastri Bhawan, New Delhi	Co- Chairperson
3.	Ministry of Labour, Shram Shakti Bhawan, New Delhi	Member
4.	Ministry of Social Justice & Empowerment, Shastri Bhawan, New Delhi	Member
5.	Ministry of Home Affairs, North Block, New Delhi	Member
6.	Ms. Deepika Shrivastava, OSD WCD & Nutrition, Planning Commission, New Delhi	Member
7.	Secretary (DSW and WCD),Govt. Of Jharkhand, HEC Project Building, Dhurwa, Ranchi - 834004	Member
8.	Shri Amod Kanth, Prayas Juvenile Aid Centre, F-IX,4X, Jahangirpuri, Delhi	Member
9.	Ms. Athiya Bose, Aangan Trust, 2nd Floor Candelar Building, Bandra, Mumbai 400 050	Member
10.	Dr. R. Govinda, Vice Chancellor, NEUPA, 17-B, Sri Aurbindo Marg, New Delhi	Member
11.	Executive Director, Child Line India Foundation 2nd Floor, Nana Chowk, Municipal School, Near Grand Road Station, Mumbai – 400 007	Member
12.	Ms. Bharti Ali, HAQ Centre for Child Rights, 208, ShahpurJat, New Delhi – 110 049	Member
13.	Ms. Arlene Manoharan, Centre for Child and the law, P. B. No. 7201, Nagarbhavi, Banglore (Karnataka)	Member
14.	Mr.Vinayak Lohani, Parivaar Education Society, Bonogram, Bakhrahat Road, Kolkata – 700 104	Member
15.	Dr. Rajib .K. Haldar, CINI, Pailan, 24 Paraganas (S), West Bengal	Member
16.	Ms. Anju Bhalla, Director, MWCD, Shastri Bhawan , New Delhi	Coordinator
17.	Kalyani Chadha, Director, MWCD Shastri Bhawan , New Delhi	Coordinator
Group IV: The Girl Child		

1.	Ms Sangeeta Verma, Economic Advisor, Ministry of Women and Child Development, Shastri Bhawan , New Delhi	Chairperson
2.	Dr Paul Diwakar, The National Alliance of Women (NAWO), U-9,2ND floor, Green Park Extn, New Delhi	Co- Chairperson
3.	Ministry of Home Affairs, North Block, New Delhi	Member
4.	Senior Advisor WCD, Planning Commission, New Delhi	Member
5.	Secretary (DSSW and WCD), Government of Punjab, Mini Secretariate, Sector 9, Chandigarh	Member
6.	Executive Director, CSWB ,B-12, Tara Crescent, Qutab Institutional Area, New Delhi	Member
7.	Representative Indian Council for Child Welfare, 4, Deendayal Upadhyaya Marg, New Delhi	Member
8.	Ms. Neelima Khetan, Sewa Mandir, Old Fatehpura, Udaipur – 313004, Rajasthan	Member
9.	Mrs. Nighat Shafli Pandit, Human Effort for Love and Peace Foundation, Shehjar, 50 Tulsi Bagh, Srinagar, Jammu & Kashmir	Member
10.	Ms Nalini Jeneja, NEUPA, 17-B, Sri Aurbindo Marg, New Delhi	Co-opted Member
14.	Ms. Rupa Dutta, Director, MWCD, Shastri Bhawan, New Delhi	Coordinator
Group V: Adolescents		
1.	Dr Vivek Joshi, Joint Secretary, Ministry of Women and Child Development, Shastri Bhawan, New Delhi	Chairperson
2.	Ms Razia Ismail, India Alliance for Child Rights	Co- Chairperson
3.	Department of Secondary Education, ShastriBhawan, New Delhi	Member
4.	Ministry of Youth Affairs and Sports, ShastriBhawan, New Delhi	Member
5.	Secretary (DSW) , Govt. of Tripura, Agartala - 799001	Member
6.	Secretary (WCD) , Govt. of U.P, Bapu Bhawan, 7th Floor, UP Sachivalay, Lucknow	Member
7.	Ms.Kavita Saxena, Rescue Foundation, Plot No. 39, Fatimadevi Road, Poinsur, Kandivali (W), Mumbai – 400 067	Member

8.	Dr. N. K. C. Nair, Director, Centre for Child Development, Trivandrum	Member
9.	Mr. Awdesh K. Singh, RCUES , University of Lucknow, Uttar Pradesh	Member
10.	Mrs. Sukanaya Bharatram, NCPCR, , 5th Floor, Chanderlog Building, Janpath, New Delhi	Member
11.	Ms. Lopamudra Mohanty, Deputy Secretary, MWCD, Shastri Bhawan, New Delhi	Coordinator