F.No.17-1/2012-CW-I
Government of India
Ministry of Women and Child Development
(Child Welfare – I Section)

Shastri Bhawan, New Delhi
Dated: 11th March 2016

Subject: Comments and Suggestions on the Draft National Plan of Action for Children 2016.

The National Policy for Children 2013 was adopted by the Government of India on 26th April 2013. It adheres to the Constitutional mandate and guiding principles of UN CRC and identifies rights of children under 4 key priority areas, namely, ***Survival, Health and Nutrition; Education and Development, Protection and Participation.***

The Ministry of Women and Child Development, Government of India has recently drafted the National Plan of Action for Children 2016, which provides a roadmap that links the Policy objectives to actionable strategies under the 4 key priority areas. It aims at establishing effective coordination and convergence among all stakeholders, including Ministries and Departments of Government of India and civil society organisations to address key issues pertaining to rights of children.

A copy of the revised draft National Plan of Action for Children 2016 is placed on the website of the Ministry for comments and suggestions from Governments of States/UTs, line Ministries concerned, civil society organizations, media and individuals who at encouraged to review the action plan and send their comments to Ministry at e-mail ids anand.prakash62@nic.in and nirmala.suman@gmail.com within 10 days of publication of this notice i.e. latest by 28th March 2016 till 6:00 PM. The title of the e-mail must mention the subject given as above.

(Anand Prakash)
Deputy Secretary to the Government of India
Telefax: 23381857

To,
All concerned.

सत्यमेव जयते

NATIONAL PLAN OF ACTION FOR CHILDREN, 2016

PUTTING THE LAST CHILD FIRST

DRAFT

Towards a new dawn

MINISTRY OF WOMEN AND CHILD DEVELOPMENT
GOVERNMENT OF INDIA

Table of Contents

Acronyms

AIDS	Acquired Immuno-deficiency Syndrome
ANC	Antenatal Care
ANM	Auxiliary Nurse Midwife
ARSH	Adolescent Reproductive and Sexual Health
ART	Anti-retroviral Therapy
ASHA	Accredited Social Health Activist
AWC	Anganwadi Centre
BBBP	Beti Bachao Beti Padhao
BEmOC	Basic Emergency Obstetric Care
CARA	Central Adoption Resource Authority
CEmOC	Comprehensive Emergency Obstetric Care
CCL	Child in conflict with law
CHC	Community Health Centres
CCI	Child Care Institutions
CSR	Child Sex Ratio
CWD	Children With Disability
DH	District Hospital
ECCE	Early Childhood Care and Education
FRU	First Referral Unit
GER	Gross Enrolment Ratio
ICDS	Integrated Child Development Scheme
ICPS	Integrated Child Protection Scheme
IFA	Iron and Folic Acid
IGMSY	Indira Gandhi Matritva Sahayog Yojana
IPC	Inter-personal Communication
IPHS	Indian Public Health Standards
IMR	Infant Mortality Rate
IMNCI	Integrated Management of Neonatal and Childhood Illness
ICDS	Integrated Child Development Scheme
ICPS	Integrated Child Protection Scheme
IUD	Intra-uterine device
IYCF	Infant and Young Child Feeding
JJ Act	Juvenile Justice (Care and Protection of Children) Act 2015
JSY	Janani Suraksha Yojana
JSSY	Janani Shishu Suraksha Yojana
KGBV	Kasturba Gandhi Balika Vidyalaya
MDM	Mid-day Meal
MGNREGA	Mahatma Gandhi National Rural Employment Guarantee Act
MMR	Maternal Mortality Rate
MWCD	Ministry of Women and Child Development
MH&FW	Ministry of Health and Family Welfare

MOSPI	Ministry of Statistics and Programme Implementation
MCTS	Mother and Child Tracking System
NER	Net Enrolment Ratio
NHM	National Health Mission
NIC	National Informatics Centre
NNMR	Neonatal Mortality Rate
NNM	National Nutrition Mission
NPAC	National Plan of Action for Children
NPC	National Policy for Children
NRC	Nutrition Rehabilitation Centre
ODF	Open-defecation Free
OOS	Out of School
PHC	Primary Health Centre
PNC	Post-natal Care
POCSO	Protection of Children from Sexual Offences Act 2012
PPFP	Post-partum Family Planning
PTR	Pupil Teacher Ratio
RBSK	Rashtriya Bal Swasthya Karyakram
RMNCH+A	Reproductive, Maternal, Newborn, Child Health plus Adolescents
RMSA	Rashtriya Madhyamik Shiksha Abhiyan
RSOC	Rapid Survey on Children 2013-14
RTE Act	Right to Education Act
SABLA	Rajiv Gandhi Scheme for Empowerment of Adolescent Girls -SABLA
SARA	State Adoption Resource Agency
SBCC	Social and Behavioural Change Communication
SBM	Swachh Bharat Mission
SC	Sub-centre (Sub Health Centre)
SC	Scheduled Caste
SNCU	Sick New Born Care Unit
SRS	Sample Registration System
SSA	Sarva Shiksha Abhiyan
ST	Scheduled Tribe
U5MR	Under 5 Mortality Rate
UNCRC	United Nations Convention on the Rights of the Child
VHND	Village Health Nutrition Day
VHSNCs	Village Health Sanitation and Nutrition Committees
VCPC	Village Child Protection Committee
WIFS	Weekly Iron and Folic Acid Supplementation

MESSAGE

M E S S A G E

F O R E W O R D

Key Definitions

i. **Child:** Means any person below the age of 18 years.

ii. **Newborn**: Means any person below the age of 28 days.

iii. **Infant:** Means any person below the age of 1 year.

iv. **Children in Need of Care and Protection:** Means all children in the category as defined by Juvenile Justice (Care and Protection) Act, 2015.

v. **Child in Conflict with Law:** Means person below the age of 18 who has come in contact with the justice system as a result of committing a crime or being suspected of committing a crime as defined by Juvenile Justice (Care and Protection) Act, 2015.

vi. **Child Sexual Abuse:** Means offences of sexual assault, sexual harassment and child pornography as defined in the Protection of Children from Sexual Offences Act, 2012.

vii. **Improved sources of drinking-water:** Include piped water into dwelling, piped water to yard/plot, public tap or standpipe, tubewell or borehole, protected dug well, protected spring, rainwater as per Joint Monitoring Programme Definition[1].

viii. **Improved sanitation:** Include Flush toilet, Piped sewer system, Septic tank, Flush/pour flush to pit latrine, Ventilated improved pit latrine (VIP), Pit latrine with slab, Composting toilet as per Joint Monitoring Programme Definition[2].

Guiding Principles and Key Concepts

1. Guiding Principles: National Policy for Children; 2013

- Every child has universal, inalienable and indivisible human rights
- The rights of children are interrelated and interdependent, and each one of them is equally important and fundamental to the well-being and dignity of the child
- Every child has the right to life, survival, development, education, protection and participation
- Right to life, survival and development goes beyond the physical existence of the child and also encompasses the right to identity and nationality
- Mental, emotional, cognitive, social and cultural development of the child is to be addressed in totality
- All children have equal rights and no child shall be discriminated against on grounds of religion, race, caste, sex, place of birth, class, language, and disability, social, economic or any other status
- The best interest of the child is a primary concern in all decisions and actions affecting the child.
- Family or family environment is most conducive for the all-round development of children.

[1] http://www.wssinfo.org/definitions-methods/watsan-categories/
[2] http://www.wssinfo.org/definitions-methods/watsan-categories/

- Every child has the right to a dignified life, free from exploitation. Safety and security of all children is integral to their well-being.
- Children are capable of forming views and must be provided a conducive environment and the opportunity to express their views in any way they are able to communicate, in matters affecting them.
- Children's views are to be heard in all matters affecting them.

2.“ Every Child” means every child (0-18 Years) within the territory and jurisdiction of India.

3. “**Child Friendly**” means any behaviour, conduct, practice, process, attitude, environment or treatment that is humane, considerate, and in the best interest of child.

3. 1000 Days Approach: Window of 1,000 days identified as the critical window to lay the nutritional foundation for a child's lifelong health, cognitive development, and future potential; in papers published by R.E.Black, L.H.Allen,et al, and C.G. Victoria,L. Adair, et. al, in The Lancet 2008 (Vol. 371). This period is between a woman's conception and when her child turns 2-years-old. The 1,000 days adopted ten essential nutrition interventions:

1. Timely initiation of breastfeeding within one hour of birth.
2. Exclusive breastfeeding during the first six months of life.
3. Timely introduction of complementary foods immediately on completion of six months.
4. Age -appropriate complementary foods for children between 6-23 months with appropriate energy and nutrient-density, quantity, variety & frequency (including IFA supplements).
5. Safe handling of complementary foods and hygienic complementary feeding practices.
6. Full immunization and bi-annual vitamin A supplementation with de-worming.
7. Frequent, appropriate, and active feeding for children during and after illness, including oral rehydration with zinc supplements during diarrhoea.
8. Timely and quality therapeutic feeding and care for all children with severe acute malnutrition.
9. Education and improved food and nutrient intake for adolescent girls particularly to prevent anaemia with marriage and/or pregnancy delayed until at least age 18 years.
10. Improved food and adequate nutrient intake for women, particularly during pregnancy and lactation and compulsory 4 ANCs.

Chapter 1
Introduction

India is a young nation; children constitute 39 per cent of the country's population (Census 2011). Recognised by policy-makers as a supreme national asset, children deserve the best in national investment, for their survival, good heath, development opportunity, security and dignity. What is done for them today will determine the pace, substance and character of national progress, the changes achieved for the benefit of children and their effective environment - and the future prospects of the country. The status and condition of children is thus the surest indicator of rights-based development.

Policy Framework for Children: Key Milestones

- National Policy for Children, 1974
- Promotion and adoption of International Year of the Child (IYC), 1979
- National Policy for Education, 1986
- Adoption of 1990s' World Child Survival and Development Goals, 1990
- Accession to UN CRC, 1992
- National Nutrition Policy 1993
- National Health Policy, 2002
- National Charter for Children, 2003
- National Plan of Action for Children, 2005
- Adoption of Guidelines for NCPCR, 2011 and 2015
- National Policy for Children 2013
- National Early Childhood Care and Education (*ECCE*) Policy 2013
- India New Born Action Plan 2014

The Constitution of India provides that the State shall direct its policy towards ensuring "*that children are given opportunities and facilities to develop in a healthy manner and in conditions of freedom and dignity and that childhood and youth are protected against exploitation and against moral and material abandonment*"[3]. This directive clearly positions children as deserving of the highest priority in national realisation of the Fundamental Rights and the special provisions for those most vulnerable to discrimination and exclusion. This is India's clear national mandate for what must be done, through policy, law, planning, and practical programming, with conscious provision of the required resources of knowledge and skills, time and attention, material and financial support, and dedicated practical effort to reach all children, throughout the period of childhood. The National Policy for Children reaffirms this as a pledge to every child.

[3] Constitution of India; Article 39

The National Plan of Action for Children therefore stands as the country's practical expression of commitment to national progress. This is a declaration of foundational investment. In setting out goals, strategies and actions for the coming years, the Government is carrying forward its dedicated effort to ensure a safe, dignified and fruitful life for all children. The adoption of the National Policy for Children (NPC) in 1974 was the first such major comprehensive initiative taken by the government. The policy set out action commitments to address and honour the national standards and obligations enshrined in the Constitution. It focused on:

- *Provision of care and protection to all children before and after birth and throughout the period of childhood.*
- *Comprehensive health and nutrition programmes for all children.*
- *Free and compulsory education until the age of 14 years (including physical education, and recreational time).*
- *Special attention to children from marginalised backgrounds or children with social handicaps.*
- *Constitution of a National Children's Board for planning and upholding the rights of children.*
- *Protection of children against abuse, neglect, cruelty and exploitation.*
- *Existing laws should be amended so that in all legal disputes whether between parents or institutions, the interest of children are given paramount consideration*

Several significant steps were taken to implement the NPC 1974. These include: implementation of the ICDS programme since 1975 to address the need for early childhood care; implementation of the immunization programme since 1978 as an essential intervention to protect children from life-threatening diseases that are avertable; and the adoption of the Child Labour (Prohibition and Regulation) Act since 1986. National action plans were adopted in 1979, 1992 and 2005.

In active recognition of international standards, the Government is a signatory to the Universal Declaration of Human Rights since its adoption in 1948, and moved the UN General Assembly to declare an International Year for the Child in 1979. It acceded to the UN Convention on the Rights of the Child (UN CRC) in 1992, and ratified its Optional Protocols on Involvement of Children in Armed Conflict, and on Sale, Prostitution and Pornography, in 2005. These acts of accession and ratification stand as treaty obligations which India has undertaken to fulfil.

India's accession to the UN CRC significantly affirms its recognition of children in the development process in the country as human beings with distinct and inalienable rights rather than as passive objects of care and charity. The UN General Assembly's Special Session on Children (UNGASS) held in May, 2002 was convened to review progress and emphasized global

commitment to children's rights. India, accepted the resulting 'World fit for Children' decisions 'without reservations.' and pledged to take affirmative steps to address the major gaps identified in terms of securing all rights of children. The Government has subsequently taken several significant measures to achieve these aims.

India has passed various child-centric legislations such as the Juvenile Justice Care and Protection Act (2000) and the new Act of 2015 keeping in line with standards of care and protection required in present time, establishment of the National Commission for the Protection of Child Rights (NCPCR) (2005), the Prohibition of Child Marriage Act (2006), the Right of Children to Free and Compulsory Education Act (2009), and the Protection of Children from Sexual Offences (POCSO) Act (2012). The Government is implementing large number of schemes and programmes for children. Notable among them are Integrated Child Development Scheme (ICDS, 1975), Swachh Bharat Mission (Total Sanitation Campaign, 1999 and Swachh Bharat Mission, 2014), Sarva Shiksha Abhiyan (SSA, 2000), National Health Mission (NHM, 2005), Integrated Child Protection Scheme (ICPS, 2009), National Skill Development Mission (NSDM, 2015) and many others. The National Nutrition Mission (NNM) is soon to be re-launched to address key issues of under-nutrition in a comprehensive way. The Government is also undertaking gender and child budgeting to ensure adequate resource allocation for women and children. While some initiatives of the Government, like Mahatma Gandhi National Employment Guarantee Act do not directly relate to children, they significantly affect children's condition. The benefits of MNREGA are extended to them by developing better infrastructure at community level through convergence, and empowering vulnerable households by providing them employment in their own village.

In recent years, the most important policy initiative taken by Government of India has been adoption of the National Policy for Children 2013 which reaffirms commitment to inclusive development and protection of all children and declares them to be a "unique and supremely important national asset".

The National Policy for Children, 2013: The National Policy for Children 2013 was adopted by the Government on 26th April 2013. It adheres to the Constitutional mandate and guiding principles of UN CRC and reflects a paradigm shift from a "need-based" to a "rights-based" approach. It emphasises that the State is committed to take affirmative measures to promote

equal opportunities for all children, and to enable all children in its jurisdiction to exercise all the constitutional rights. The National Policy for Children 2013 recognizes that:

- *A child is any person below the age of eighteen years;*
- *Childhood is an integral part of life with a value of its own;*
- *Children are not a homogenous group and their different needs need different responses, especially the multi-dimensional vulnerabilities experienced by children in different circumstances;*
- *A long term, sustainable, multi-sectoral, integrated and inclusive approach is necessary for the overall and harmonious development and protection of children*

This Policy is meant to guide and inform all laws, policies, plans and programmes affecting children. As children's needs are multi-sectoral and interconnected, and require collective action, the Policy aims for purposeful convergence and strong coordination across different sectors and levels of governance; active engagement and partnerships with all stakeholders; setting up of a comprehensive and reliable knowledge base; provision of adequate resources; and sensitization and capacity development of all those who work for and with children.

- The best interest of the child is a primary concern in all decisions and actions affecting the child. Integral to the well-being of all children is the assurance of their safety and security.
- Recognition of every child's worth, and provision for this critical protection thus stand at the heart of the Government's present resolve to formulate and carry out a new plan to benefit all children in the country.
- In setting the course of national action for the good of children, India expresses its awareness that childhood safety and security are essential components of change and progress across and above all sectors of development.
- The National Policy renews and reaffirms India's commitment to all the children it is pledged to care for.

The National Plan of Action for Children, 2016: The National Plan of Action for Children 2016 succeeds the Plan of Action adopted in 2005. The previous plan had identified 12 key areas keeping in mind priorities and the intensity of the challenges that require utmost and sustained attention:

- *Reducing Infant Mortality Rate.*
- *Reducing Maternal Mortality Rate.*
- *Reducing Malnutrition among children.*
- *Achieving 100% civil registration of births*
- *Universalization of early childhood care and development and quality education for all children achieving 100% access and retention in schools, including ECCEs.*
- *Complete abolition of female foeticide, female infanticide and child marriage and ensuring the survival, development and protection of the girl child*

- *Improving Water and Sanitation coverage in both rural and urban areas*
- *Addressing and upholding the rights of Children in Difficult Circumstances*
- *Securing for all children all legal and social protection from all kinds of abuse, exploitation and neglect.*
- *Complete abolition of child labour with the aim of progressively eliminating all forms of economic exploitation of children.*
- *Monitoring, Review and Reform of policies, programmes and laws to ensure protection of children's interests and rights.*
- *Ensuring child participation and choice in matters and decisions affecting their lives*

The NPAC 2005 was framed for a period of five years. While no formal evaluation of the plan has been undertaken, many of the goals remain unfulfilled, like reducing IMR to 30 per 1000 live births and MMR to 100 per 100,000 live births; 100% coverage for rural sanitation, universalization of early childhood care and education services, elementary education and complete abolition of child labour and child marriage by 2010. The Government of India is committed to achieving these objectives; the new National Policy reaffirms this as a national mandate, and the new plan is set to carry it forward to practical realisation.

Key Programmes and Schemes included in the NPAC 2016:

- Beti Bachao Beti Padhao
- Dindayal Disabled Rehabilitation Scheme
- Integrated Child Development Services (Including SABLA and Kishori Shakti Yojna)
- Indira Gandhi Matritva Sahayog Yojana
- Integrated Child Protection Scheme
- Integrated Rashtriya Madhyamik Shiksha Abhiyan
- Janani SurakshaYojana
- Janani Shishu Suraksha Karyakram
- Mid-Day Meal
- Mahatma Gandhi National Rural Employment Guarantee Scheme
- National Health Mission
- National Nutrition Mission
- National Rural/Urban Drinking Water Mission
- National Mental Health Programme
- National AIDS Control Programme
- Pradhanmantri Kaushal Vikas Yojna
- Rashtriya Bal Swasthya Karyakram
- Rajiv Gandhi National Crèche Scheme*
- Rashtriya Kishor Swasthya Karyakram
- Sarva Shiksha Mission
- Swachh Bharat Mission
- Scholarship Schemes
- Schemes under National Trust Act
- UJJAWALA

** New guidelines to be notified shortly.*

The **NPAC 2016** takes into account the current priorities for children in India. It is an initiative to further strengthen and activate the implementation and monitoring of national constitutional and policy commitments and the UN Convention on the Rights of the Child. It provides a road-map that links the Policy objectives to actionable programmes and strategies. In alignment with the NPC 2013, it affirms the State's responsibility to provide for all children in its territory and jurisdiction before, during and after birth, and throughout the period of their

growth and development, up to the age of 18 years. The plan takes due note of the importance of strengthening the ability of communities and families to support children and to ensure their overall survival, well-being, protection and development. The focus of the NPAC is to reach and serve to the "Last Child First". This is a commitment to give first rank to the children who are most vulnerable due to gender, socio-cultural and economic or geographic exclusion, including other vulnerable children – street children, children of migrant workers, sex workers and those suffering from HIV/AIDS or other diseases. In this context, it aims at establishing an effective coordination among all stakeholders, including Ministries, departments and civil society organisations in the planning, implementation, monitoring and assessment of all policies and programmes adopted for children. The NPAC states the initiatives to be taken by various sectors and services in a time-bound manner to achieve targets ensuring to all children their right to survival, dignity, health, nutrition, education, development, protection and participation. The Goals and Targets are in alignment with National Goals and targets envisaged for children. It also provides a framework for the States and Union Territories to develop their own state plans so as to protect children's rights and promote their development.

Key Priority Areas defined in NPC, 2013 and NPAC, 2016:

The rights of the children are categorised under four ***Key Priority Areas*** which are:

1. Survival, Health and Nutrition
2. Education and Development (including Skill Development)
3. Protection
4. Participation

In alignment with the National Policy for Children 2013, the NPAC has following objectives:

i. Ensure equitable access to comprehensive and essential preventive, promotive, curative and rehabilitative health care of the highest standard, for all children before, during and after birth, and throughout the period of their growth and development.

ii. Secure the right of every child to learning, knowledge, education, and development opportunity, with due regard for special needs, through access, provision and promotion of required environment, information, infrastructure, services and supports, for the development of the child's fullest potential.

iii. Create a caring, protective and safe environment for all children, to reduce their vulnerability in all situations and to keep them safe at all places, especially public spaces.

iv. Enable children to be actively involved in their own development and in all matters concerning and affecting them.

Strategies:

The strategies for each key priority area:

- Provision of all essential services for the survival, well-being, dignity, security and participation of all children up to the age of 18 years, as set out in the policy;
- Assurance of necessary competencies, manpower, resources and attention to the effective implementation of the plan;
- Special emphasis on creating a cadre of well-qualified professionally trained mental health service providers and counsellors
- Affirmative advocacy and public education on the NPAC aims and objectives, to build wide public awareness and support for its purpose and provisions;
- Building an overarching social protection framework to implement all NPAC priorities;
- Creating an enabling environment for the community and households to access services in an equitable, safe and dignified manner;
- Change in behaviour and practices: The plan of action will focus on promoting behaviours and practices at community level that directly improve and secure the survival, development and protection of children through public advocacy as well as social behaviour-change communication strategies.

Children in India: Key Issues

The NPAC 2016 attempts to address key issues and concerns identified **in** each key priority area. The key issues have been identified based on analysis of existing data on child survival, health, nutrition and protection as well as through consultations held with children themselves.

(See Chapter 2 for a detailed analysis of the status of *children; Annexure 3 for Voices of Children).*

Key Indicators for Children in India:

- Maternal Mortality 167 per 100,000 live births (SRS 2011-13)
- Neonatal Mortality per 28 per 1000 live births (SRS 2013)
- Infant Mortality per 40 per 1000 live births (SRS 2013)
- U-5 Mortality per 49 per 1000 live births (SRS 2013)
- 48 % of neo-natal deaths due to prematurity and low birth weight (SRS 2010-13)
- 45.4% Mothers received 4 or more ANCs (RSOC 2013-14)
- 78.7% Institutional Delivery (RSOC 2013-14)
- 39.3% Neonates received PNC within 48 hours of delivery/discharge (RSOC 2013-14)
- 38.7 % of children 0-59 months stunted; % higher for SC/ST (RSOC 2013-14)
- 15.1 % of children 0-59 months wasted; % higher for SC/ST (RSOC 2013-14)
- 29.4 % of children 0-59 months underweight; % higher for SC/ST (RSOC 2013-14)
- 44.6% children 0-23 months breastfed immediately/within 1 hour of birth (RSOC 2013-14)
- 65.3% children 12-23 month Fully immunized ; % lower for SC/ST (RSOC 2013-12)
- 49.84% HHs practice open defecation (Census 2011)
- Net Enrolment Ratio at Elementary Level: 88.45% (U-DISE 2014-15)
- Net Enrolment Ratio at Secondary level : 48.46% (U-DISE 2014-15)
- Drop-out rates at Elementary level 36.3% (Educational Statistics at a Glance, MOHRD; 2014)
- Drop-out rates for SC and ST at Elementary level 38.8% and 48.2% respectively (Educational Statistics at a Glance, MOHRD; 2014)
- 33 million children in the age group of 5-18 years engaged in the labour force (Census 2011)
- 30.3 % women in the age 20-24 married before 18 years (RSOC 2013-14)
- Rise in rate of crimes against children as well as committed by children (NCRB 2014)
- Approximately 40 percent of the reported offences against children are sexual offences (NCRB 2014**)**

The NPAC is committed to focusing on the "last" and least-served children, across the full span of childhood, to bring them into the radius of the plan provisions and safeguards. It will assure special attention, care and protection to all children of socially, economically or otherwise disadvantaged groups, such as SC/ST children, children with disabilities or other special needs, street children, child labour, trafficked children, children affected or displaced by natural hazards and climate conditions or by civil disturbance, orphans and children without family support, or in institutions, or children affected by HIV/AIDs, leprosy and other socially stigmatizing conditions. The plan will give due attention to the inter-relatedness of deprivations and needs, and thus of measures to address each of them.

Key Priority Area 1: Survival, Health and Nutrition

- Seek and establish up to date information and understanding on the nature and causes of child mortality and vulnerability at all stages and ages of childhood
- Reduce maternal and child mortality rates, particularly neonatal mortality, with special focus on girl child and children from marginalised and poor communities
- Assure adequate nutrition, safe water and shelter for all children
- Provide adequate maternal and child care services with special focus on marginalised communities
- Provide adequate mental health care services to all children
- Investigate, review and analyse all requirements of skills and competences for effective life-saving and life-guarding services; design and carry out training and capacity development for staffing the management and delivery of required services for children's survival, life-security, health and nutrition status, with regular appraisal of trends, and changing needs and enhancing of needed abilities.

Key Priority Area 2: Education and Development

- Provide Early Childhood Care and Education for all children age 3-5 years
- Enroll all children in schools with special focus on inclusion of children of all disadvantaged communities or groups.
- Improve retention and reduce drop -out rates at elementary level, especially for SC and ST children, and those from specially deprived or marginalised groups and communities.
- Provide adequate infrastructure in all schools
- Ensure quality of education at all levels
- Ensure availability of vocational and skill development training for children
- Ensure availability of adequately trained teachers at elementary level as per RTE norms
- Provide education/vocational training to all children in the 15+ age group, with special focus on SC/ST children, and those from specially deprived or marginalised groups and communities, trafficked children, migrant children and children in all child care institutions
- Regularly review learning competence and progress of children's learning achievement in both formal and non-formal education processes, and progressively enhance teaching and learning standards
- Develop and provide facilities and opportunities for children's play and recreation, with access to sports, arts and creative activities for all children throughout their childhood years.

Key Priority Area 3: Protection

- Ensure birth registration for all children
- Ensure respect for the dignity of all children, irrespective of factors of identity, socio-economic character, community or other status, without discrimination
- Eliminate all forms of child labour across the full span of childhood

- Prevent trafficking of children, take adequate measures for rescue, rehabilitation and re-integration.
- Develop and establish an alert and caring public awareness and attentiveness to children's presence in every setting and situation, at neighbourhood, community, local levels, and in all public spaces, and service points, to ensure watchfulness to any risks they may face, and prevent their going missing, and to track and rescue them if they stray from safe surroundings. Establish risk-alert systems to safeguard children's lives and safety in hazard-prone settings and situations, including natural and man-made emergencies.
- Undertake comprehensive fact-finding, research and analysis of data on child migration and child trafficking, and all factors and situations of vulnerability.
- Stop child bondage
- Reduce incidence of early marriage especially among girls
- Reduce crimes against children, especially sexual offences
- Stop exploitative, abusive or demeaning portrayal of children by any means or media. Establish and enforce preventive and punitive mechanisms and measures. Enact laws and set up controls and procedures as required.
- Use of social media platforms to generate awareness on internet and social networking safety among children and their parents.
- Ensure the training, competence, and integrity of all persons and institutions dealing with any aspect of child protection systems and services.
- Improve rates of case disposal and conviction for crimes against children
- Reduce incidence s of crimes committed by children. Ensure professional and expert counseling services for both victims and perpetrators.
- Develop and institute professional education and training in counseling, to build a national cadre of services, and make such skills and supports nationally available.
- Provide competent professional counseling services, guidance and support to households and families -- with a conscious focus on the security and best interests of all children in need or at risk.

Key Priority Area 4: Participation

- Access to adequate age appropriate information regarding rights and entitlements of children, various schemes and programmes and their own health, growth, development and protection.
- Create an enabling environment and opportunities to actively involve children in all matters concerning them.

Chapter 2

Children in India: Key Concerns

The National Plan of Action for Children identifies key issues and concerns pertaining to children's right to survival, health, nutrition, education, dignity, protection and participation, based on secondary literature review; which include data and information from Census 2011, Socio-economic and caste Census 2011, Sample Registration System, Office of Registrar General of India, National Family Health Survey 2005-06, Rapid Survey of Children 2013-14, Annual Health Survey 2014, U-DISE 2014-15 and National Crime Records Bureau 2014.

Demographic Status: India is a young country with 472 million children. Children in the age group 0-18 years constitute 39 per cent of the country's total population. An analysis of age-wise distribution reveals that 29.5 per cent of children are aged 0-5 years, 33 per cent are aged 6-11 years, 16.4 per cent are 12-14 years and 21 per cent are 15-18 years respectively. The majority of India's children (73 per cent) live in rural areas.

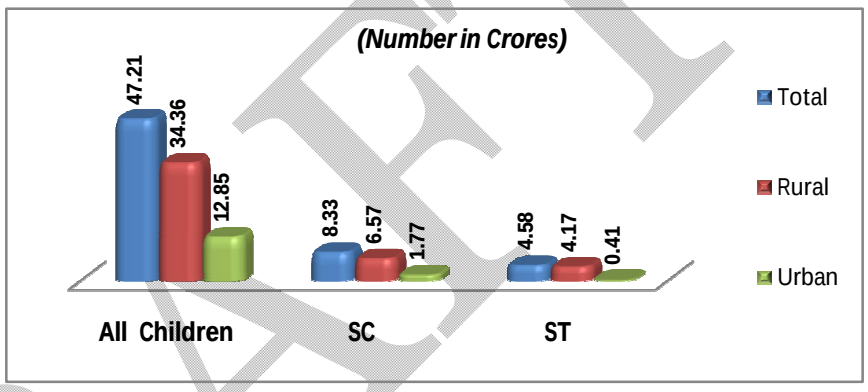


Figure 1: Children in India; Census 2011

Socio-economic Status: Approximately 27.5 percent children belong to traditionally marginalised and disadvantaged communities (17.6 percent belong to scheduled caste and 9.7 percent to the scheduled tribes). According to the Socio-economic and caste Census 2011 published by Government of India[4], 38 percent household in rural areas of the country are landless and are engaged in manual casual labour. The average monthly income of highest earning members in 75 percent of rural households is less than Rupees 5000.00 per month. The percentage is noticeably higher for SC and ST households depicting higher level of economic vulnerability for these communities in terms of conditions of economic exploitation and social discrimination. This adversely affects children of these households who live in abject poverty and are prone to malnutrition, health risks, migration, trafficking and many other risks which threaten their right to survival, development, protection and meaningful participation. There are more than 449 thousand households recorded as houseless in the Census 2011. Of these, 43 per cent were in rural areas, 57 per cent were in urban locations .

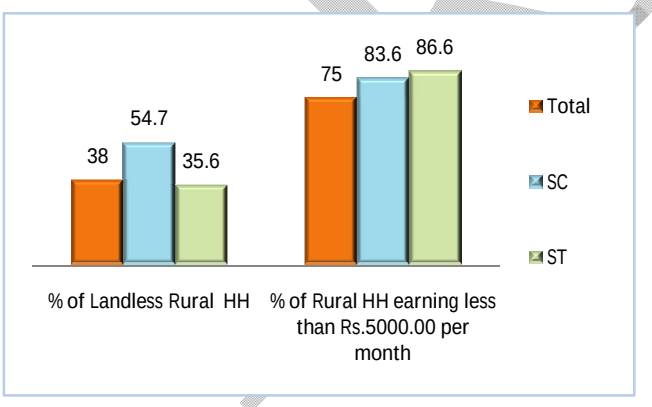


Figure 2: HH by Economic Deprivation, Socio-economic and Caste Census 2011

[4] http://www.secc.gov.in/staticSummary

Child Sex Ratio: The declining child sex ratio has been a cause of concern for India, which has steeply dropped from 945 girls per 1000 boys in 1991 to 918 girls per 1000 boys in 2011. It is attributed largely to female foeticide as well as neglect of girl children. The sex ratio is slightly

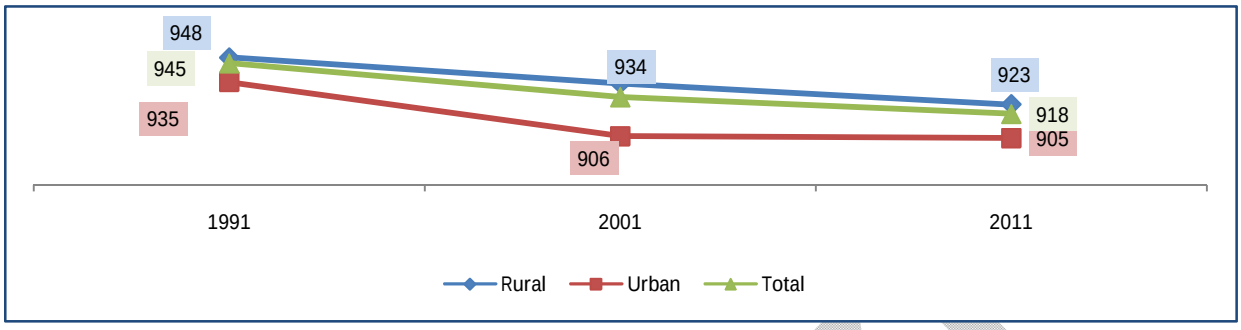


Figure 3: Child Sex ratio,Census 1991-11

better in rural areas in comparison to urban areas. The child sex ratio has declined from 935 to 905 in urban areas between 1991 to 2011 whereas it has declined from 948 to 923 in rural areas (Census of India, 1991-2011).

Children with Disabilities: According to Census 2011,there are more than 7.8 million children with disabilities, constituting approximately 2 per cent of the total child population. The majority of them (58 per cent) are in the 10+ age group. Special conditions of children in different categories is depicted below in Figure 4. Out of the total number of children with disabilities (CWDs), approximately 8 per cent suffer from mental retardedness A study carried out by Indian Council of Medical Research5 (2005) noted that the mental illness leading to disability frequently goes un-recorded. It also noted that services for mental illness, especially in rural areas are limited. It also noted that services for mental illness, especially in rural areas are limited. Approximately 36 percent children in the age group of 6-13 years sufferring from mental disability (of any type) do not have acess to any institutional service and are out of school (National Survey of Out of School Children 2014; MOHRD, SRI-IMRB)[6].

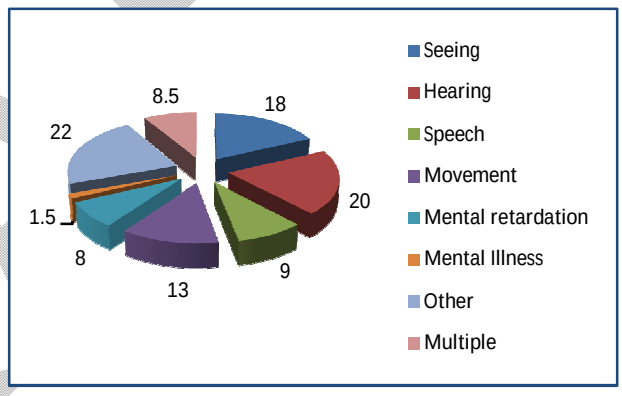


Figure 4: Types of Disability , Census 2011

Children Affected by Natural Disasters: India is among countries at high risk of damage from natural hazards, and is now increasing facing ill-effects of climate change.Over the last decade, China, the United States, the Philippines, Indonesia and India constitute together the top 5 countries that are most frequently hit by natural disasters. According to estimates from the Centre for Research on Epidemiology of Disaster, between 2013-15; more than 20 million people were affected by various natural disasters in India, including flood, drought, cyclone and earthquake, causing a damage of approximately 25 million US dollars7 (approximately 1700

[5] http://www.icmr.nic.in/publ/Mental%20Helth%20.pdf
[6] http://www.educationforallinindia.com/ssa
[7] http://www.emdat.be/country_profile/index.html

million Rupees). Man-made disasters are also a serious concern in an already hazard-prone environment. It is estimated that a large proportion of the affected population would be children who are the worst affected population in emergency situations as they face multiple protection and health risks. Therefore they need to be given special focus in terms of securing their safety, security and well being.

Key Priority Area 1: Child Survival, Health and Nutrition

i. Trends in Maternal Mortality

There has been a decline in MMR from 212 per 100,000 live births in the period 2007-09 to 167 in 2011-13 but it still remains very high. An estimated 44,000 maternal deaths (death of a woman during pregnancy or within 42 days of termination of pregnancy) occur in the country every year.

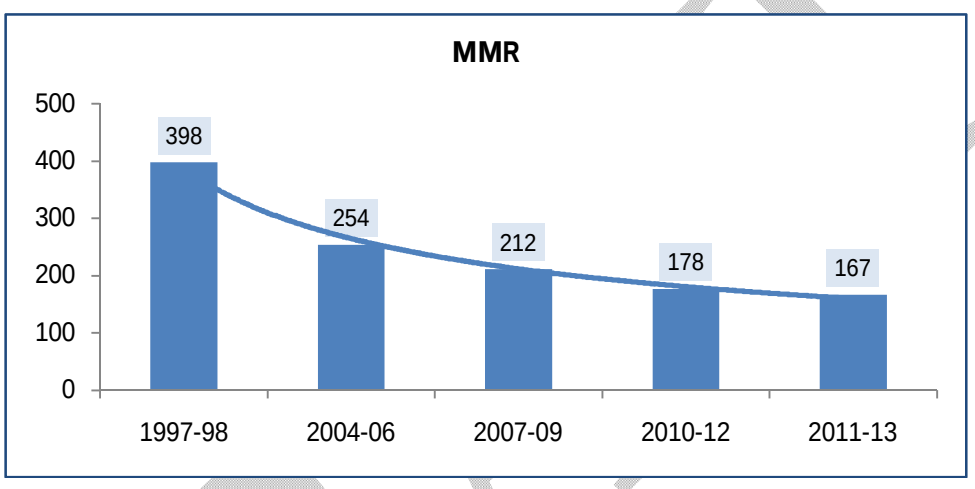


Figure 5: Trends in MMR, SRS 1997-98 to 2011-13, ORGI

There is a very sharp regional disparity in levels of maternal mortality in India. Four states (Maharshtra, Kerala, Tamil Nadu and Andhra Pradesh) have been able to reduce MMR to less than 100 while Assam still reports 300 maternal deaths per 100,000 live births.

ii. Neo-natal, Infant and Under-5 Mortality

India's U-5, infant and neo-natal mortality rates witnessed a significant decline in the past decade but still remain very high. The under-five deaths dropped by more than half since 1990. India registered 1.34 million under-five deaths in 2013 the highest in the world[8]. Neo-natal deaths are the highest contributors of under-five and infant deaths in the country. The percentage of neo-natal deaths to the total

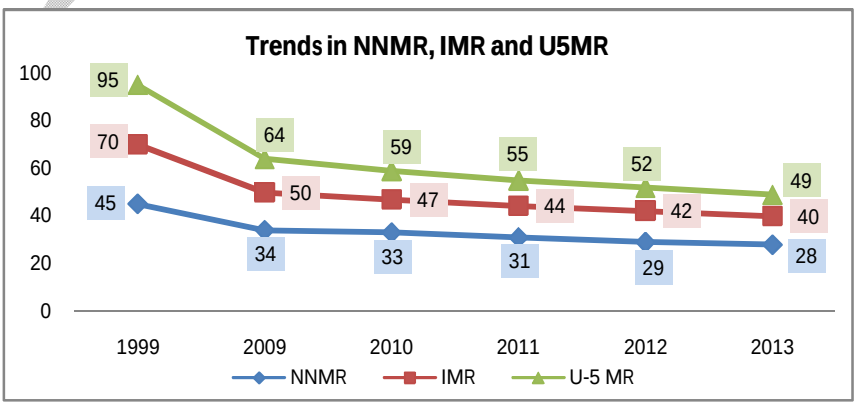


Figure 6: Trends in Child Mortality; SRS 1999-2013, ORGI

[8] Levels and Trends in Child Mortality 2014, UNICEF.

infant deaths during the year 2013 was 68 percent. According to a study published in Lancet, the major causes of newborn deaths in India are pre-maturity/preterm (35%) and neonatal infections (33%)[9]. The Sample Registration System has recently published the Causes of Death (2010-13) and 48 percent of causes of neo-natal death during this period were found to be due to prematurity and low birth weight[10]. Early marriage of girls, high rates of anaemia and poor health status of mothers-to-be, poor antenatal care of mothers and lack of proper postnatal care and treatment for mother and child are the major contributing factors for the above.

Photo – Sick New -born Care Unit (SNCU)

Source: Ministry of Health and Family Welfare

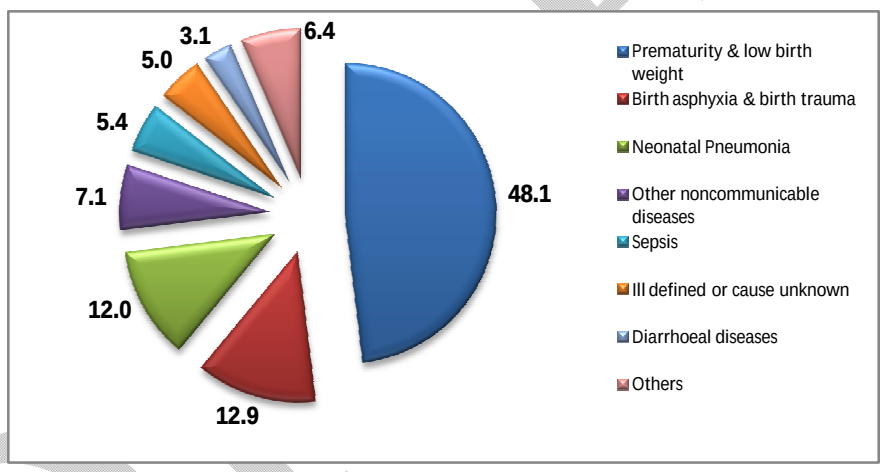


Figure 7: Causes of Neonatal Deaths, SRS 2010-13, ORGI

There is a marked gender difference in the levels of child mortality. Girls in rural areas are at much greater risk, with their U5 mortality rate as high as 59 per 1000 live births, indicating lack of adequate care of girl children from a very early age.

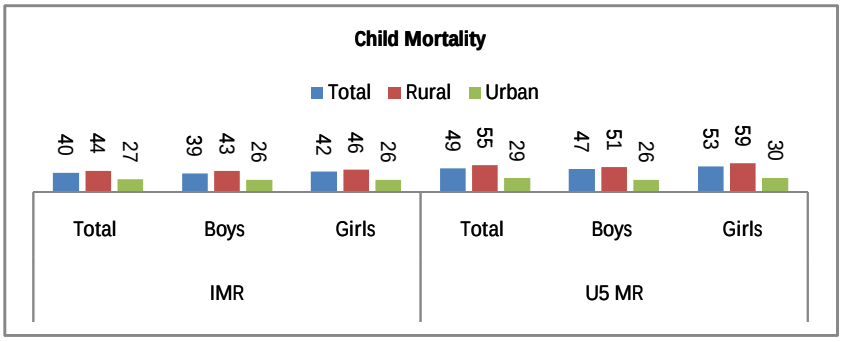


Figure 8:Child Mortality Gender/Spatial, SRS 2013, ORGI

[9] *Liu et al, Lancet 2012.*
[10] http://www.censusindia.gov.in/2011-Common/Sample_Registration_System.html

iii. Nutrition Status of Children

Malnutrition is the major cause of child mortality, childhood diseases and disability. Nutritional status is influenced by three broad factors: food, health and care and water and sanitation services. Child nutrition measured in terms of prevalence of stunting, wasting and underweight show that India has much to achieve in this field.

PHOTO – AWC
Source: Ministry of Women And Child Development

Nutritional status of children under five years of age			
Category	Stunted	Wasted	Underweight
All	48	19.8	42.5
SC	53.9	21	47.9
ST	53.9	27.6	54.5

NFHS-3 (2005-06)

According to NFHS 3 (2005-06) almost half of children under age five years (48 percent) were stunted, 43 percent were underweight and 20 percent were wasted. Children from SC and ST community had comparatively higher levels of malnutrition.

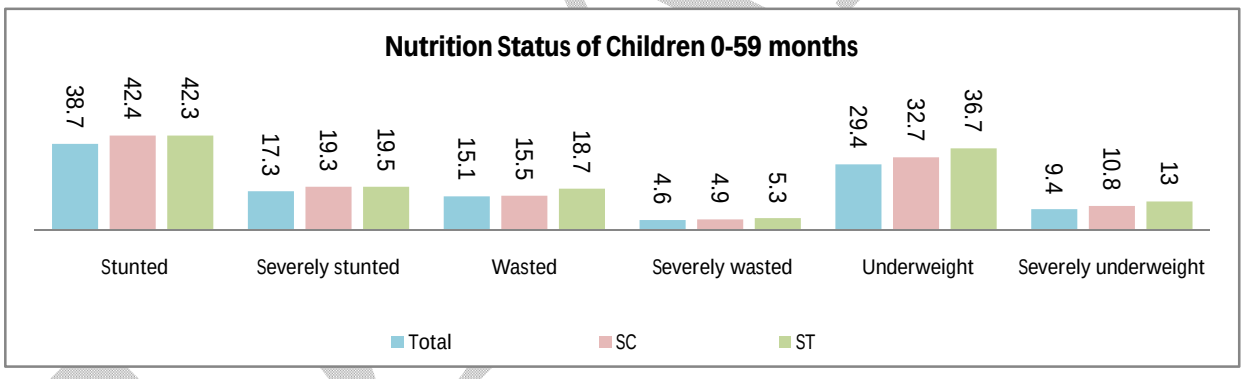


Figure 9: Nutrition Status of Children , RSOC (2013-14)

The recently published India Health Report on Nutrition, 2015[11] notes that despite significant growth in India's GDP; the nutritional status of children has not improved at the same pace. Although the Rapid Survey on Children 2013-14 conducted by Ministry of Women and Child Development and UNICEF shows considerable improvement in nutrition level of children under 5 years of age in comparison to 2005-06, yet it still remains very high. The stunting has reduced to 38.7 percent while wasting and underweight have reduced to 29.4 percent and 15 percent respectively. However, the incidence of malnutrition is much higher among children from marginalised communities (SC and ST). Eight states in India have more than 40 percent (more than National average) of stunting; Uttar Pradesh (50.4%), Bihar (49.4%), Jharkhand

[11] http://www.transformnutrition.org/wp-content/uploads/sites/3/2015/12/INDIA-HEALTH-REPORT-NUTRITION_2015_for-Web.pdf

(47.4%), Chhattisgarh (43%), Mehgalaya (42.9%), Gujrat (41.6%), Madhya Pradesh (41.5%) and Assam (40.6%).

Low birth weight is another major cause of neo-natal mortality and childhood malnutrition and about 18.6 percent children are born underweight (less than 2500 gms) in the country (RSOC 2013-14). Optimal nutritional status results when there is access to affordable, nutrient-rich food; appropriate maternal and child-care practices; adequate health services; education and empowerment of women and a healthy environment including safe water, sanitation and good hygiene practices. The Government of India is addressing these issues through an integrated approach under the re-structured Integrated Child Development Scheme for a better and effective impact. However, the implementation under ICDS platform needs strengthening.

iv. Anaemia Among Children:

Prevalence of iron-deficient anaemia among children is a major cause of concern in India. The Annual Health Survey conducted in 9 states (Assam, Bihar, Chhattisgarh, Jharkhand, MP, Odisha, Rajasthan, UP and Uttarakhand) shows a majority of children in these states to be anaemic. It affects the cognitive and psychomotor development of children as well as their general health. The prevalence of anaemia among boys age 6-59 months in 9 the surveyed states ranges between 71-94 percent and for girls it is between 70-95 percent. The prevalence is very high for both boys and girls across the age groups but is highest for adolescent girls (10-17 years).

Annual Health Survey 2014	6-59 Months		5-9 Years		10-17 Years	
	Boys	Girls	Boys	Girls	Boys	Girls
Assam	78.0	79.8	88	90.4	84.4	89.2
Bihar	79.4	82.1	86.7	89.0	82.7	82.1
Chhattisgarh	84.8	62.7	78.5	78.4	74.2	75.4
Jharkhand	78.9	77.8	84.7	86.9	74.1	83.1
Madhya Pradesh	76.7	75.8	84.3	85.6	80.2	84.8
Odisha	71.4	70.2	81.2	81.3	70.5	71.1
Rajasthan	77.7	76.1	84.9	86.6	79.4	83.7
Uttar Pradesh	86.3	87.4	91.9	93.0	89.6	92.3
Uttarakhand	93.9	95.0	94.5	95.8	89.5	92.9

Annual Health Survey 2014

v. Access to Mother and Child Health Care and Nutrition Services:

According to WHO, maternal and child deaths are preventable by providing a continuum of care through integrated service delivery for mothers and children from pre-pregnancy to delivery, the immediate postnatal period, and childhood (within a period of 1000 days from conception)[12]. The Government of India is now promoting at least 4 or more Ante-natal check-ups for mothers. A comparison between NFHS-3 (2005-06) and RSOC (2013-14) show that the institutional

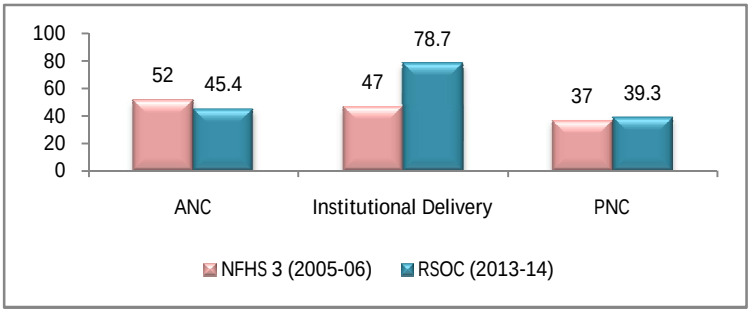


Figure 10: Maternal and Neonat Care, NFHS-3 (2005-06), RSOC(2013-14)

[12] Black, R.E and L.H.Allen et. al, Lancet 2008

delivery has considerably gone up from 47 percent to 78.7 percent which shows an impact of schemes like JSY and IGMSY. However, the same cannot be said about ante- and postnatal care services which have not shown any significant improvement between 2005-06 and 2013-14. If we look at full package of services during ANC, only 19.7 percent women have received full ANC and even less women belonging to SC (18%) and ST (15%) communities (RSOC 2013-14).

Photo – Village Health and Nutrition Day

Source: Ministry of Health and Family Welfare

Early and exclusive breast feeding is one of the most important safety measures for new-borns. Study[13] published in "Pediatrics" (2006) shows that initiation of breastfeeding within an hour of birth decreases neonatal death by 22 percent. In India, only 45 percent children aged 0-23 months are breastfed immediately or within an hour of birth, which points out to a lack of proper awareness and counselling for mothers and community (RSOC 2013-14). Despite the fact that 78.7 percent deliveries take place in institutions, the breastfeeding figures remain low. If we look at introduction to complementary feeding to children age 6-8 months, RSOC (2013-14) shows a decline at 50.5 percent as compared to NFHS-3 (2005-06).

In terms of immunization, only 65.3 percent of children are fully immunized and the percentage is lesser in rural areas as well as for SC and ST children (RSOC 2013-14).

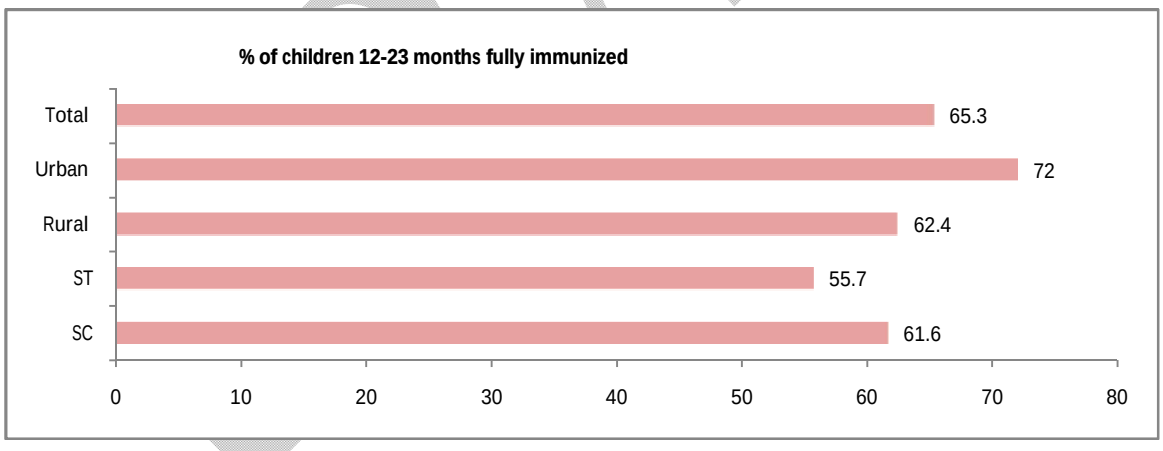


Figure 11: Immunization, RSOC (2013-14)

Childhood diarrhea is one of the leading cause of deaths in children under five years old[14]. WHO recommends use of ORS along with Zinc for effective management of diarrhea, however, only 12.8 percent children suffering from diarrhea were administered the combination of Zinc and ORS (RSOC 2013-14).

[13] Edmond,K.M.; Zandoh, C.et.al. Pediatrics 2006 (http://www.scielo.br/pdf/jped/v89n2/en_v89n2a05.pdf)
14 http://www.who.int/mediacentre/factsheets

vi. **Access to Safe Water and Sanitation:**

Safe and sufficient drinking-water, along with adequate sanitation and hygiene positively impacts survival, health and nutrition status of the population. A study by World Bank[15] (June 2010) in 70 countries shows a robust association between access to water and sanitation and child morbidity and mortality. The results show that good water and sanitation infrastructure lowers the odds of children of suffering from diarrhea by 7-17 percent and reduces the mortality risk for children under the age of five by approximately 5-20 percent.

Photo – Handpump/toilet

Source: Ministry of Drinking Water and Sanitation

In India, access to water and sanitation remains a challenge. According to Census 2011, only 31.97 percent household have access to tap water from treated sources and 33.4 percent from hand pump. Overall, 75.5 percent use drinking water from improved sources (Census 2011)[16].

Further, 67.3 percent rural households practiced open defecation in rural areas. The RSOC (2013-14) shows improvement in terms of access to safe drinking water (91 percent) and in the practice of open defecation (45.5 percent). Access to safe water and sanitation in rural areas and SC and ST household are much lower than national average.

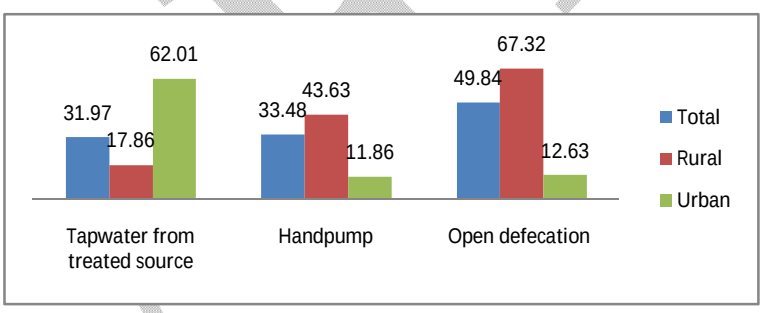


Figure 12: Water and Sanitation, Census 2011

Key Priority Areas 1: Survival Health and Nutrition
Major Concerns:

- High maternal and child mortality rates, particularly neonatal mortality
- Child mortality rates higher for girls in rural areas
- High rates of under-nutrition and anaemia among children
- Lack of adequate maternal and child care
- Poor access to water and sanitation, particularly in rural areas and urban slums
- Children from poor and marginalised communities show poor indicators for survival, health and nutrition

[15] https://openknowledge.worldbank.org/bitstream/handle/10986/376
[16] Tap water from treated sources/hand pump/tube well or bore well/ covered well as per Joint Monitoring report Definitions

Key Priority Area 2: Education and Development

i. Enrollment

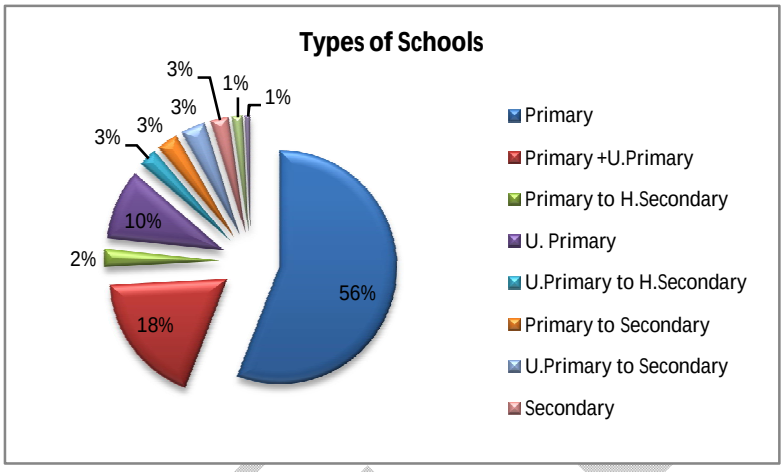


Figure 13 Distribution of Schools by Level; U-DISE 2014-15, NUEPA

India has made considerable progress in terms of ensuring universal access to elementary education. The Right to Free and Compulsory Education Act came into force in 2010 granting right to quality education for all children in the age group of 6-14 years. It had a huge impact on infrastructure development for elementary education in terms of ensuring basic infrastructure, teacher availability, quality education and social inclusion. However, there are still many challenges. In 2014-15, the U-DISE recorded information from 1518160 schools all over the country out of which majority are primary schools (56 percent) while another 18 percent are primary schools with upper primary section. Total number of primary schools/sections are 1207427 and Upper Primary schools/sections are 598662; thus the ratio of primary to upper primary is 2.02. It means large number of children who pass out of primary levels do not have access to upper primary level.

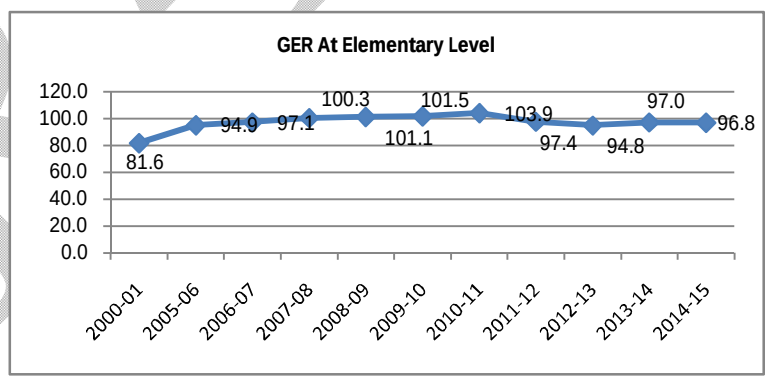


Figure 14: GER , U-DISE 2014-15, NUEPA

The enrollment at elementary level, propelled by the Sarva Shiksha Abhiyan has steadily gone up over the years. The Gross Enrollment Ratio (GER)[17] at elementary level has increased from 81.6 percent in 200-01 to 96.8 percent in 2014-15. However, the Net Enrollment Ratio (NER) especially at upper primary level still remains low (72.48 percent) and it is lower for boys in comparison to girls, pointing to the fact that more girls are enrolled in formal government/aided schools in comparison to boys.

[17] National University of Educational Planning and Administration (DISE reports 2000-01 to 2014-15)

Net Enrollment Ratio			
Level	**Total**	**Boys**	**Girls**
Primary (I-V)	**87.41**	**86.28**	**88.88**
Upper Primary (VI-VIII)	**72.48**	**69.65**	**75.72**
Elementary (I-VIII)	**88.45**	**86.49**	**90.64**
Secondary (IX-X)	**48.46**	**48.11**	**48.87**
Higher Secondary (XI-XII)	**32.68**	**32.55**	**32.82**

U-DISE 2014-15, NUEPA

Access to good quality pre-primary education has an enormous impact on a child's primary education outcomes, with effects often lasting into later life (Berlinski et al., 2009)[18]. An analysis of age-specific enrollment of children in educational institution (Census 2011) reveals that majority of children in the pre-school age group are not attending any educational institution (AWC or pre-primary schools). This has a huge impact in the retention and achievement of children at primary levels. The attendance rates (in any type of educational institution including vocational/technical training) for girls is lower than that of boys. In the age group 12-14 years, only 83.8 percent girls were attending educational institutions (any type) in comparison to 86.4 percent boys (Census 2011).

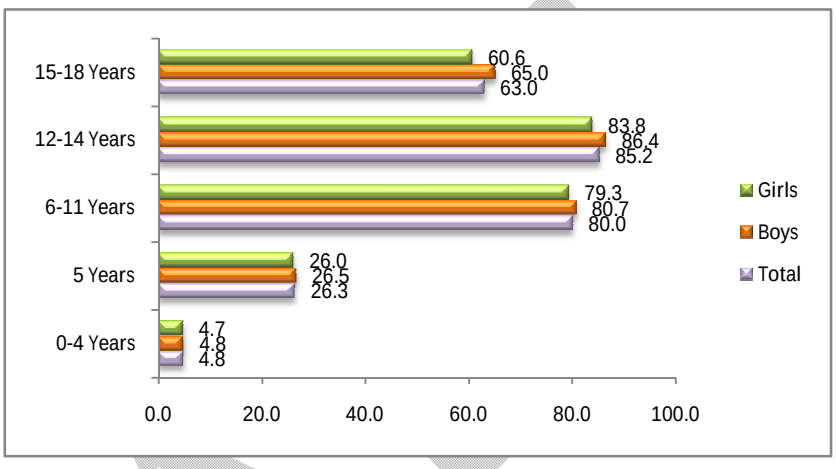


Figure 15: Age-Specific Attendance in any Educational Institution; Census 2011

Photo – school

Source: Department of School Education and Literacy, Ministry of Human Resource Development

18 S. Berlinski, S Galiani, P Gertler - Journal of Public Economics, 2009.

ii. Retention and Drop-out:

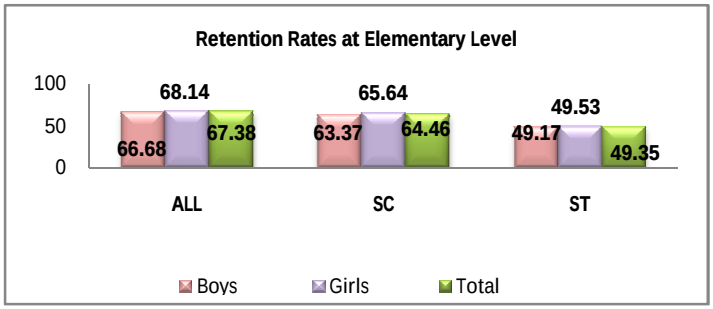


Figure 16: Retention Rates, U-DISE 2014-15, NUEPA

About one third of the children (33 percent) enrolled in Class I discontinue their education before completing Class VIII. The retention rates are lower for SC and ST children (U-DISE, 2014-15, NUEPA). Only half of the ST children enrolled in Class I are able to complete Class VIII (MoHRD, 2014)[19]. The "Educational Statistics At a Glance", 2014 published by Ministry of Human Resource Development, Government of India reveals that 36.3 percent children drop out between Class I-VIII but this percentage is much higher for SC (38.8 percent) and ST (48.2 percent) children. Regular school attendance is another matter of concern and ASER (2014)[20] reveals that about 71 percent of enrolled children are attending school regularly in government schools of rural areas.

Level	All			SC			ST		
	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total
I-V	21.2	18.3	19.8	17.7	15.4	18.6	31.9	30.7	31.3
I-VIII	39.2	32.9	36.3	42.4	34.4	38.8	49.8	46.4	48.2
I-X	48.1	46.7	47.4	51.8	48.0	50.1	63.2	61.4	62.4

Drop-out Rates; Educational Statistics at a Glance, MOHRD; 2014

iii. Out of School Children:

According to the third round of the National Sample Survey of Out of School children in the age 6-13 years (2014)[21], there are 6.041 million (2.97percent) of children in the age group who are not enrolled in school. The proportion of out of school children in this round is estimated to be lower than both the previous rounds, 2009 (4.28 percent), and 2006 (6.94 percent); recording a 26 percent drop in out-of-school children in the country since 2009. A higher proportion of girls (3.23 percent) are out of school than boys (2.77 percent). Also, more children from rural areas (3.13 percent) are out of school than from urban areas (2.54 percent). The study reveals that a higher proportion of ST (4.36 percent) children are out of school than any other social category, pointing to their lack of access to elementary education despite RTE Act. This round's findings also show that an estimated 28.07 percent children with special needs are out of school. A study undertaken by NCERT (2013)[22] showed that there was an extreme shortage of trained teachers as well as educational materials for children with disabilities in most of the government schools surveyed.

% of OOS Children 6-13	Rural	Urban	Total
All	3.13	2.54	2.97
Boys	2.94	2.30	2.77
Girls	3.36	2.86	3.23
SC	3.45	2.78	3.28
ST	4.80	1.75	4.20

SSA, 2014

[19] http://mhrd.gov.in/sites/upload_files/mhrd/files/statistics/EAG2014.pdf
[20] *www.asercentre.org*
21 http://www.educationforallinindia.com/ssa
[22] Soni, R.B.L.; Status of Implementation of RTE Act 2009 in Context of Disadvantaged Children at Elementary Stage. NCERT 2013.

iv. Quality of Education

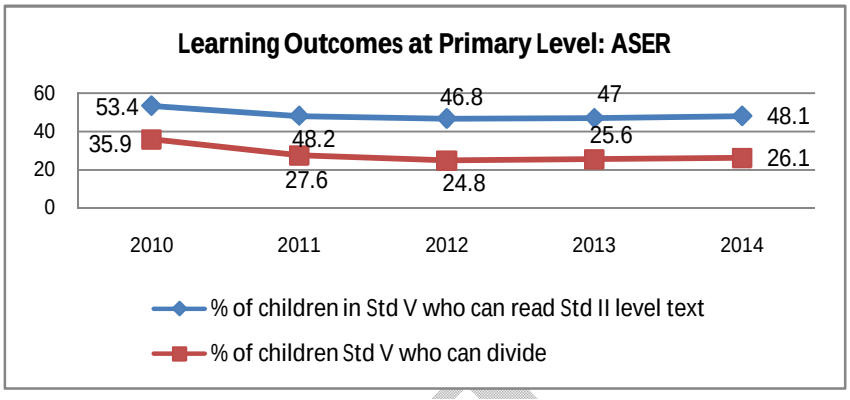


Figure 17: Learning Outcomes at Primary Level; ASER 2014

The Right of Children to Free and Compulsory Education (RTE) Act 2009 puts a great emphasis on the quality of education. However, the recently published Annual Status of Education Report (2014) shows that only 48 percent children in rural areas enrolled in standard V could read text of standard II level. Only 26 percent children could do simple division. Without a strong foundation at primary level, children are unable to cope with the requirements of elementary level and many of them discontinue education. The quality of education is affected by high teacher –pupil ratio and unavailability of adequately trained teachers, lack of adequate school infrastructure and lack of constructive engagement between school and community. The Ministry of Human Resource Development has taken many initiatives to improve the quality of education. One such key initiative is the "Padhe Bharat Badhe Bharat" programme launched in 2014 which focused on developing early reading, writing, comprehension and mathematical skills among children. The Ministry is also taking initiatives to improve the teacher training and education system and developing an accreditation system for all teacher education institutions[23].

v. Infrastructure and Teacher Availability

Grades	% of Schools with Drinking water		% of schools with Girls Toilet	
	2013-14	2014-15	2013-14	2014-15
Primary	95.29	96.0	84.12	86.76
Upper Primary	97.18	97.74	90.20	92.23
Secondary	98.08	98.56	95.57	96.53
Higher Secondary	98.75	99.21	95.56	97.43

Drinking water and toilets, U-DISE 2014- 15, NUEPA

Over the years the number of schools and infrastructure has improved in India. On an average, there are 5 rooms available per school at elementary level. According to U-DISE (2014-15); 98 percent of the schools (primary to higher secondary) have drinking water facility and 93% of them have girl's toilet. It means that more than 60 thousand schools at elementary level do not have access to drinking water and more than 2 Lakhs elementary schools do not have separate toilets for girls.

Often, available toilets are not in usable conditions, as revealed by the Annual Status of Education Report (ASER 2014) which shows that only 55.7 percent schools at elementary level have useable girls' toilets and only 75.6 percent have drinking water. The lack of proper infrastructure at elementary level also impacts the learning outcomes and is one of the main reasons of poor retention and high drop-out rates.

[23] http://mhrd.gov.in/sites/upload_files/mhrd/files/Press%20Release%2008-02-2016.pdf

According to U-DISE (2014-15), 82 % schools have libraries overall but the percentage was lower in primary schools (78.9 percent). Only 60.47 percent schools have play grounds but only 53 percent of primary schools have playground. The overall Pupil Teacher Ratio (PTR) at primary and upper primary levels are 24 and 17 respectively (U-DISE 2014-15). However, there are many teachers who are not professionally trained, especially at primary level. Lack of adequately trained teachers impacts the quality of education as well as retention and drop-out rates of children. ASER 2014 found that only 49 percent of the surveyed primary and upper primary sections/schools comply with the pupil-teacher ratio norms of RTE Act. In terms of availability of infrastructure and trained teachers, it is evident that schools which have secondary/higher secondary sections have a better infrastructure and teacher deployment. But there is a dearth of adequately trained teachers as well as basic infrastructure like drinking water, girls' toilet, library and playground in primary schools not attached to higher levels. Since 56 percent schools are primary only (more than 12 Lakhs schools); it means that a very large number of schools are not properly equipped to meet the requirements of RTE Act.

Section	Libraries	Playground
Primary Only	78.93	53.42
Primary + Upper Primary	87.73	63.79
Primary + Upper Primary + Secondary	88.21	73.87
Upper Primary Only	77.30	66.82
Upper Primary + Secondary	93.29	77.67

Play Ground and Library: U-DISE 2014-15 NUEPA

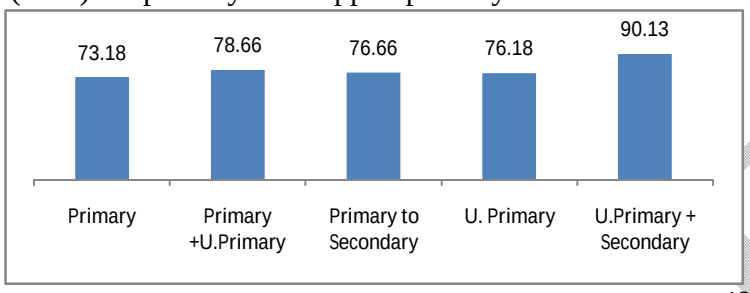


Figure 18: Trained Teachers; U-DISE 2014-15 NUEPA

Key Priority Areas 2: Education and Development

Major Concerns:

- ECCE education accessed by very few children
- Poor retention and high drop –out rates at elementary level, especially for SC and ST children
- Large number of children with special needs and SC/ST children are out of school
- Lack of adequate infrastructure in primary schools
- Poor quality of education at elementary level
- All children in 15+ age group do not have access to education/vocational training
- Lack of adequately trained teachers at elementary level as per RTE norms

Key Priority Area 3: Protection

i. Trends in Birth Registration:

Birth Registration is a right of every child and the first step towards establishing their identity. There has been considerable progress in registering the births of children. The number of registered births has reached to 22.5 million in 2013[24]. The level of registration of births has increased from 82 percent in 2010 to 85.5 percent in 2013. However, more boys have birth registration in comparison to girls; the share of male birth registration is 53 percent while that of female is 47 percent only. Some states like Bihar (57.4 percent) and Uttar Pradesh (68.6 percent) show poor achievements in comparison to the national average. It has also been revealed that many of the children whose births are registered do not have registration certificates issued by authorities concerned[25]. According to RSOC 2013-14, only 37.2 percent children (below 5 years) have birth registration certificates.

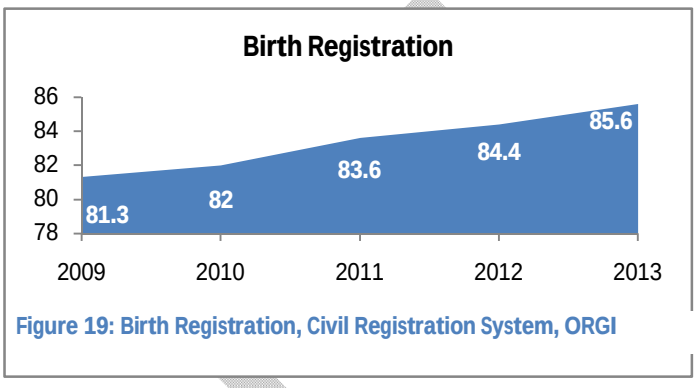


Figure 19: Birth Registration, Civil Registration System, ORGI

ii. Child Labour:

According to Census 2011, there are about 33 million children in the age group of 5-18 years engages in the labour force (main + marginal workers); forming 9 percent of the child population. 62 percent of them are boys. More than 10 million of them are in the age group of 5-14 years (3.9 percent).

Child Labour (Numbers)	Total	Boys	Girls
15-18 Years	22,871,908	14,887,455	7,984,453
5-14 Years	10,128,663	5,628,915	4,499,748

Census 2011[26]

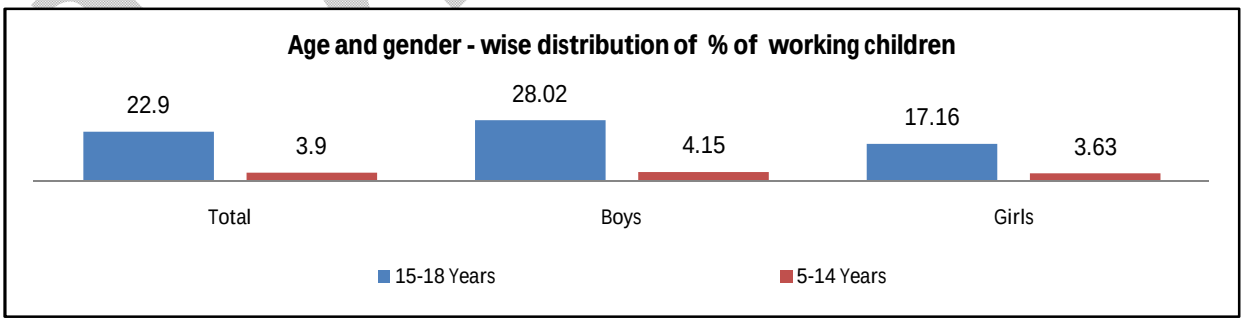


Figure 20: Percentage of Child Labour, Census 2011

24 Vital Statistics of India based on the Civil Registration System, 2013. ORGI, MHA, New Delhi.

25 Vital Statistics of India based on the Civil Registration System, 2013, Annexure A, Civil Registrations Authorities at State, District and Local levels. ORGI, MHA, New Delhi

26 http://www.censusindia.gov.in/2011census/population_enumeration.html

Approximately 60 percent children are engaged in the agriculture sector either as agricultural labourers or as cultivators. About 3.3 million children in the age group of 5-14 and more than 9 million in the age group of 15-18 are engaged as agricultural labourers in the country. The category of "other workers" includes children employed as daily wage labourers in non-agricultural sector and a large percentage of them (35.83 percent in the 5-14 years and 33,76 percent in the 15-18 years) are employed here. These also include children who migrate for work, though exact number of children migrating for work is not known. Child migration occurs due to various factors, in response to particular circumstances (such as poverty, lack of employment for adults, indebtedness) , in various ways including migration with or without the family, and may turn into trafficking for child labour or for sexual exploitation. A NCPCR report on rescued children from bangle industry found that the children were trafficked by organised traffickers for child labour:

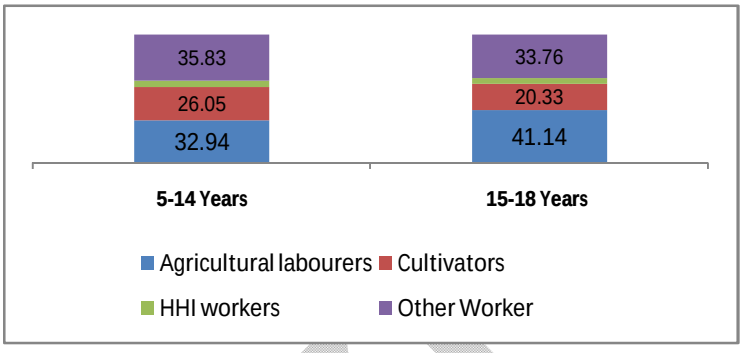


Figure 21: Distribution of working children by sectors: Census 2011

"The traffickers approached the poor children in different places and would lure their parents to send their children with them and promised them good salaries." NCPCR, 2013[27]

iii. Early Marriage:

A large number of children, especially girls are married before the legal age in India. According to NFHS 3 (2005-06), 47.4 percent[28] of women in the age 20-24 were married before 18, the percentage being higher for rural areas. The situation has improved in 2013-14 as the RSOC data shows that 30.3 percent women in the age 20-24 were married before their legal age. Early marriage poses various risks for the survival, health and development of young girls and to children born to them. It is also used as a means of trafficking.

iv. Crimes Against Children:

According to National Crime Record Bureau report[29] "Crime in India 2014: Compendium" , a total of 89,423 cases of crimes against children were reported in the country during 2014 as compared to 58,224 cases during 2013,

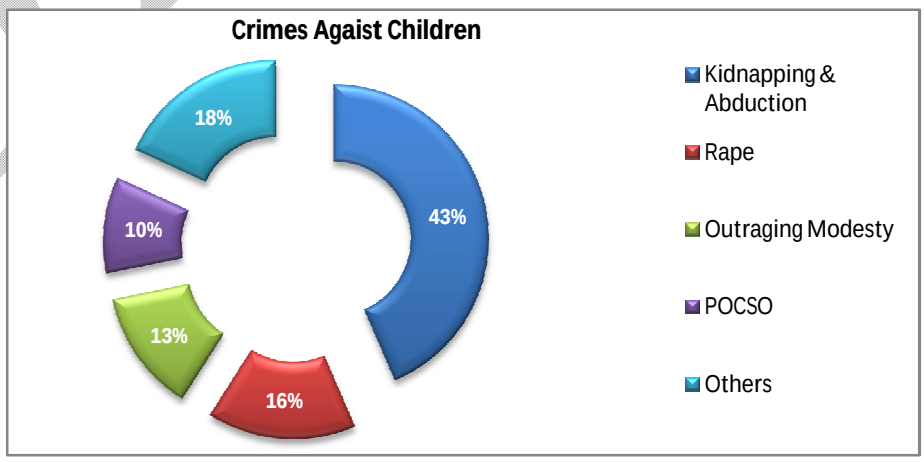


Figure 22: Crimes Against Children :"Crime in India 2014 Compendium" NCRB 2014

[27] http://ncpcr.gov.in/showfile
[28] http://rchiips.org/nfhs/pdf/India.pdf
[29] http://ncrb.nic.in/

showing an increase of 53 percent. The crime rate i.e. incidence of crimes committed against children per one lakh population of children was recorded as 20.1 during 2014 in comparison to 13.23 in 2013. There has been a considerable rise in number of registered cases of crimes against children over the years. It is known fact that many crimes against children also go unregistered, so there is a high probability that the incidence of crimes against children is actually higher, which is a matter of great concern.

Photo – Observation Home

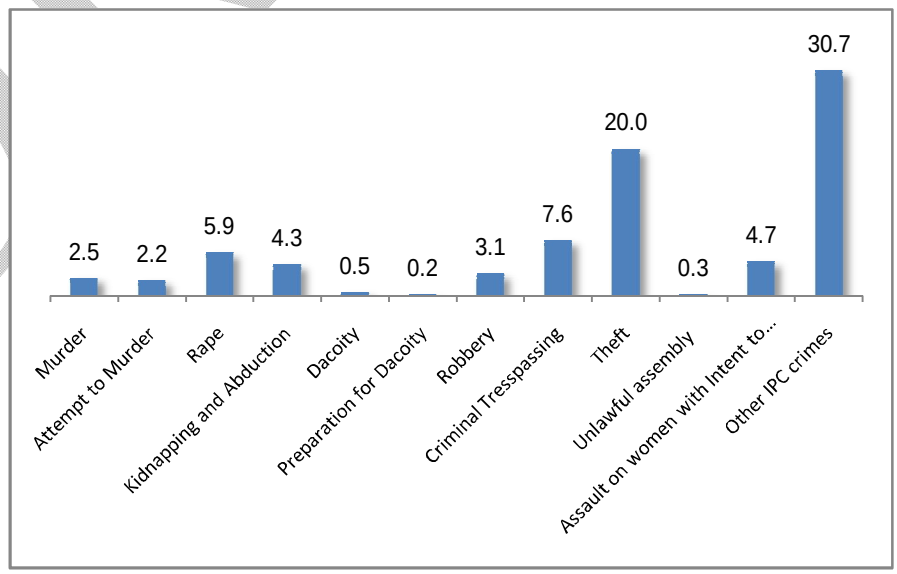
Source: Ministry of Women and Child Development

According to the above mention report published by NCRB (2014), major crime heads recorded under 'Crime Against Children' during 2014 were kidnapping & abduction (42.7 percent), rape (15.4 percent), assault on women/girls with intent to outrage her modesty (12.7 percent) and POCSO Act (10 percent). Thus approximately ***40 percent*** of the reported offences against children are sexual offences. It is reported that a total of 18,763 children were sexually assaulted (13,833 children reported under section 376 IPC and 4,930 children under section 4 & 6 of the Protection of Children from Sexual Offences Act) during 2014. Since many cases of CSA go unreported due to social stigma attached to it, the actual incidence of sexual offences against children may be higher.

An analysis of disposal of cases shows that the conviction rates are very poor and majority of the offenders are acquitted or discharged. The conviction rate in 2014 was only 33 percent. The disposal of cases takes a huge amount of time and a large number of cases remain pending; the pendency rate being 86 percent in 2014 (Crime in India 2014: Compendium; NCRB).

v. Children in Conflict with Law:

The "Crime in India 2014: Compendium" published by NCRB notes a sharp increase in number of children who were in conflict with law since 2010. The rate of crimes under "children in conflict with law"(CCL) has gone up from 1.9 in 2010 to 2.7 in 2014. However, majority of these cases are petty crimes and are preventable by providing proper guidance and counseling to children.



Children in Conflict with Law:"Crime in India 2014: Compendium" IPC cases, NCRB 2014

An analysis of children who were in conflict with law shows that a 74 percent of children apprehended were in the age group of 16-18 years. Majority of them belonged to economically weaker section (55.6 percent). 22 percent of them were illiterate while another 31 percent were educated up to primary level only (Crime in India 2014: Compendium; NCRB).

vi. Child Trafficking:

Trafficking in human beings, especially women and children in India has become a matter of serious national and international concern The Global Slavery Index 2014[30] puts India as one of the topmost countries (5th Rank) in terms of having "modern form of slavery" which includes being victims of forced/bonded labour and of trafficking . The report also indicates that India and Pakistan alone account for over 45 percent of total global enslaved population and have highest prevalence of modern slavery in Asia. India is a source, destination and transit point for men, women and children subjected to forced labour and sex trafficking. It is a well-known fact that a large section of these "modern slaves" are children. Children are trafficked mainly for two reason; for Child labour and for sex trafficking. It would seem that child trafficking is on the rise. According to NCRB, in 2010, approximately 33 percent of missing children were untraced. But in 2013 this rose to approximately 50 percent. There is a possibility that many of these children may have been trafficked for various reasons, although exact number is not known. It has also been noted that at present, there is a lack of well-researched database and analysis of trafficking in the country.

Photo : Home/or open shelter

Source: Ministry of Women and Child Development

Key Priority Areas 3: Protection
Major Concerns:

- Large number of child labour
- Trafficking of children on the rise
- Lack of comprehensive information, research and data on child migration and child trafficking
- Large number of girls being married before legal age
- Rise in crimes against children, especially sexual offences
- Poor rates of case disposal and conviction for crimes against children
- Rise in JCL cases
- Majority of juveniles in conflict with law appear to have discontinued education after primary level and also belong to economically weaker

[30] http://www.globalslaveryindex.org/

Key Priority Area 4: Participation

The National Policy for Children 2013 recognises the right to meaningful participation as one of basic rights of all children. In order to ensure a meaningful participation of children that goes beyond tokenism, all children need to be made aware of their rights and entitlements. Further, initiatives need to be taken to create an enabling environment for all children to freely express their views, seek help without any inhibitions when in any kind of distress and actively participate in their own development. The policy also emphasizes that there is a need to promote respect for the views of the all children and that voices of all the children must be heard and given due regard. A study on child participation[31] in South Africa show that respecting children's views and hearing to their voices had a positive impact on protection programming for children. Learning from this experience and voices within the country in order to ensure participation of children in all matters concerning them, there is a need to:

- Orient Teachers, health workers and parents to give due respect to voices of children.
- Building children's confidence in their own abilities so that they are able to express their views freely and are able to deal with stress and trauma through life skills and leadership development trainings
- Need to develop age-appropriate methods of disseminating information to children regarding their rights and entitlements, policies and programmes.
- Provide adequate counselling and support to children dealing with physical or emotional distress through CHILDLINE. Strengthen CHILLDLINE services to disseminate information and provide support and counselling.
- Orient children on all forms of abuse, exploitation and violence; build their confidence to report any such incidence to CHILDLINE, police or local authorities and seek help.
- Actively engage with children to ensure their safety and security in public and private spaces.

Key Priority Areas 4: Participation
Major Concerns:

- Children lack information on their own rights, entitlements and on policies and programmes concerning them.
- Children's voices are seldom heard and their views are seldom given due respect by adult community members
- Children's abilities and confidence to be built to enable them to express their views freely , dealing with stress and trauma and participate meaningfully

[31] http://resourcecentre.savethechildren.se/sites/default/files/documents/4547.pdf

Chapter 3

The National Plan of Action for Children

The Plan of Action defines objectives, sub-objectives, strategies and action points under the four key priority areas. While the strategies and action points largely draw upon the existing programmes and schemes of various Ministries/Departments; some strategies are new for which specific programmes may need to be developed. (Refer to Tables 1-4 for the detailed action matrix along with indicators for monitoring).

Key Priority Area 1: Survival Health and Nutrition

Objective: Ensure equitable access to comprehensive and essential preventive, promotive, curative, and rehabilitative health care of the highest standard for all children before, during, and after birth, and throughout the period of their growth and development.

Sub-objective 1.1: ***Improve maternal health care, including antenatal care, safe delivery by skilled health personnel, post natal care and nutritional support***

Strategies:

- Ensure universal access to Quality ANC and PNC for pregnant and lactating mothers
  - Register all pregnancies and give priority access to Mother and Child Protection Cards
  - Review and monitor consumption of IFA tablets and supplementary nutrition
- Modernise AWCs as per the norms of restructured ICDS and link them with digital database so as to monitor real-time data on services provided
  - Construction of Anganwadi Centres with adequate facilities in convergence with MGNREGS and 14th FC Devolutions
- Universal access to Quality Obstetric and Newborn Care
- Provide adequate maternal and child care services with special focus on , marginalised communities , high risk mothers and high risk children in terms of nutritionally backwardness
- Provide universal access to information and services for making informed choices related to birth and spacing of children
- Improve health and nutrition status of all parents-to-be.
- Improve health and nutrition status of all pregnant and lactating mothers
  - Monthly health check of all rural women at Anganwadi Centres by NHM team

Sub-objective 1.2: ***Secure the right of the girl child to life, survival, health and nutrition***

Strategies:

- Enforcement of laws that protect rights of the girl child
- Ensure education and participation of girl child, monitor drop outs and increase girls enrolment in secondary education and vocational courses
  - Provide functional girls toilets in all schools

- Ensure adequate health care and nutrition support for the girl child
  - Establish and strengthen Village Convergence and Facilitation Services at GP level in all high burden and BBBP districts
- Advocacy to change attitude and practices discriminatory towards the girl child (including female infanticide, early marriage and other discriminatory practices)
- Implement and monitor the outcomes of schemes/programmes giving special incentives to the girl child

Sub-objective 1.3: ***Address key causes and determinants of child mortality and morbidity through interventions based on continuum of care, with emphasis on nutrition, safe drinking water sanitation and health education***

Strategies:

- Universal Immunization
- Provide universal and affordable access to services for prevention, treatment, care and management of neo-natal and childhood illnesses and protect children from all water borne, vector borne, blood borne, communicable and other childhood diseases
  - Universal access to services for all children for the prevention and treatment of water and vector-born diseases
  - Universal and affordable services to all children for life-threatening diseases like cancer/others
  - Adequate diagnostic and treatment facilities for diseases, deficiencies, birth defects and disabilities at all district hospitals
  - Increased access to improved toilets at household and institutions
  - Increased access to safe drinking water , including implementation of measures for ensuring water quality
  - Solid and Liquid Waste Management
  - Availability of qualified Mental Health professionals and treatment facilities in all district hospitals
  - Create a cadre of professionally trained mental health service providers and counsellors, promote professional courses for the same in Universities
- Increase access to health care at community and district level with required infrastructure and human resources
- Prophylaxis and treatment of disabilities, childhood diseases (including mental health), birth defects, deficiencies and development delays for all children (0-18 Years):
- Child Health Screening & Early Intervention Services for :
  - Birth defects
  - Deficiencies
  - Childhood diseases
  - Development delays
  - Disabilities
- Develop decentralized integrated plans at block and district level and ensure regular check-ups for boys and girls between ages 0-5 years of age, 6-10 years of age, and 11-18 years of age
- Increase coverage of health insurance schemes
- Health care services for women and children during natural and man-made disasters

Sub-objective 1.4: ***Encourage focused behaviour change communication efforts to improve maternal care, new born and childcare practices at the household and community level***

Strategies: Focused public advocacy and behaviour change communication efforts to improve child care and feeding practices

- Integrated communication strategy developed in coordination with NHM, ICDS and SBM
- Social Behaviour change communication strategies implemented through Village Convergence and Facilitation Services and SHGs in high-burden and BBBP districts to promote key behaviours maternal care, new born and childcare practices at the household and community level
- Key messages on childcare care of pregnant and lactating women, nutrition, and sanitation delivered through mass media
- Use of folk media for delivering key messages at the community level
- Educate and train mothers and caregivers about preventive healthcare for new-borns and young children for common ailments such as diarrhoea and respiratory diseases

Sub-objective 1.5: ***Prevent disabilities, both mental and physical, through timely measures for pre-natal, peri-natal and post-natal health and nutrition care of mother and child, provide services for early detection, treatment and management***

Strategies:

- Child Health Screening & Early Intervention Services for birth defects and disability
- Ensure availability of disability certificates by organising camps at block/panchayat level
- Implement schemes for persons with Autism, cerebral palsy, mental retardation and multiple disabilities under National Trust Act (Disha, Vikaas and Samarth).

Sub-objective 1.6: ***Ensure availability of essential services, supports and provisions for nutritive attainment in a life cycle approach, including infant and young child feeding (IYCF) practices***

Strategies:

- Increased access and use of diverse and adequate nutritious food at household level
  - Promote use of affordable, appropriate, and nutritious recipes based on local food resources and dietary practices
- Implement 1000 Days[32] Approach, Infant and Young Child Feeding (IYCF) practices
- Establish and strengthen Village Convergence and Facilitation Services at GP level in all high burden and BBBP districts
- Reduce prevalence of micro-nutrient deficiency among women, children and adolescents
- Strengthen referral mechanism and linkage between the community and Nutrition Rehabilitation Centres
    a. Setting-up of Nutritional Rehabilitation Centers as facility based units providing medical and nutritional care to children under 5 years of age who have medical complications

[32] Refer to page 8, Key definitions and concepts

b. Greater involvement of PRIs for leadership and steering role at grassroots level to identify severely malnourished children and mobilize parents to go to NRCs
c. Develop comprehensive strategy to detect and address under-nutrition among boys and girls in the age group of 6-18 years

- Strengthen nutrition management and information system through web-based Rapid Reporting System
- Promote proper food handling, hygiene and sanitation practices at household and intuitional (AWC/School) level

Sub-objective 1.7: ***Provide adolescents access to information, support and services essential for their health and development, including information and support on appropriate life style and healthy choices and awareness on the ill effects of alcohol and substance abuse***

Strategies:

- Availability of information on children's rights and entitlements and different schemes and programmes using different communication methods including use of social media
- Counselling and health services for adolescents
- Provide Menstrual Health Management knowledge & life skills training
- Civil Society Organisations, Business houses and Media meaningfully engage with institutions of education and training to create awareness on appropriate life style, healthy choices the ill effects of alcohol and substance abuse
  - Awareness on alcohol and substance abuse as a part of regular school activity and curriculum

Sub-objective 1.8: ***Prevent HIV infections at birth and ensure infected children receive medical treatment, adequate nutrition and after-care, and are not discriminated against in accessing their rights***

Strategies:

- Services for RTI, STI, and HIV/AIDS
- Provision of universal HIV testing services of all pregnant women
- Provision of ART/ARV prophylaxis to mother and baby to minimise the risk of HIV transmission from mother to baby
- Availability of Community Care Centres and Anti-Retroviral Therapy Centres
- Provision of Early Infant Diagnosis (EID) services
- Awareness generation and counselling on STI, RTI, HIV/AIDS

Sub-objective 1.9: ***Ensure that only child safe products and services are available in the country and put in place mechanisms to enforce safety standards for products and services designed for children***

Strategies:

- Enforcement of Consumer Protection Law , 1986
- Develop standards for child safe products
- Ensure mandatory compliance of standards for foods manufactured in India or imported from abroad

- Spreading awareness on nutrition and knowledge about cost-effective Indian traditional food systems and use of local foods/preparations for providing wholesome and nutritive diet
- Implement guidelines to ban junk food (food with high fat, salt and sugar) developed by National Institute of Public Cooperation and Child Development (NIPCCD)

Sub-objective 1.10 : ***Provide adequate safeguards and measures against false claims relating to growth, development and nutrition***
Strategies:

- Focus on IEC strategies
- Develop and enforce safeguards and measures against false claims relating to growth, development and nutrition by manufacturers of products for children
- Develop monitoring mechanisms for regular checks of claims

Key Priority Area 2: Education and Development

Objective: Develop each child's fullest potential by securing the right of every child to learning, knowledge, and education, with due regard for special needs, and the provision and promotion of the requisite environment, information, infrastructure, and support.

Sub-objective 2.1: ***Provide universal and equitable access to quality Early Childhood Care and Education (ECCE) for optimal development and active learning capacity of all children below six years of age.***
Strategies:

-
- Ensure universal access to ECCE, with inclusion through AWC, Crèche and day care schemes and ECCE centres
- Provide and promote crèche and day care facilities for children of working mothers, mothers belonging to poor families, single parents and migrant labourers.
- Ensure universal quality of ECCE in all AWCs

Sub-objective 2.2. ***Ensure every child in the age group of 6-14 years is in school and enjoys the fundamental right to education as enshrined in the Constitution.***
Strategies:

- Ensure access to elementary schools with adequate physical infrastructure as provisioned under RTE 2009
  - Set up stringent mechanisms to ensure that all children with disabilities are given admission without any discrimination
  - Develop capacity and awareness among teachers and non-teaching staff about issues and obligations regarding access to quality education for students with disabilities
- Provide services to Children With Disabilities (CWD) in regular schools and ensure that these are inclusive
  - Assessment and screening of CWD
  - Functionalise all State and District Resource Centres
  - All schools to be made inclusive as per provisions of RTE Act

  - In-service teacher training on inclusive education
  - Incorporate resource rooms in schools as per need
  - Capacity building of resource persons and teachers to respond to special needs of CWSN in schools
  - Provide Special Educators and Rehabilitation Council of India (RCI) foundation course for Special Educators and members of resource groups
  - Aids and appliances made available as per need
  - Co-ordination of Child Development Centres with multi-disciplinary trained professionals established by Ministry of H&FW
- Ensure availability of trained teachers in all schools as per RTE Act 2009
- Ensure Quality of Elementary Education in all schools as provisioned under RTE Act 2009
- Provide access to ICT tools for equitable, inclusive and affordable education for all children especially in remote, tribal and hard to reach areas
- Ensure continuation of education for the children affected by natural and man-made disasters

Sub-objective 2.3. ***Promote affordable and accessible quality education up to the Secondary level for all children***

Strategies: Ensure availability of secondary schools, open schools and learning centres as per the norms with adequate infrastructure

- Establish Secondary and Higher secondary schools with adequate infrastructure
- Scholarship schemes for SC/ST/Minority children
- Open schools /distant education facility for children 15-18 years old
- Hostel facilities for boys and girls from hard to reach areas, scheduled caste and tribal children
- Appropriate bridge courses and counselling facilities for children rescued from child labour/trafficking and their subsequent enrolment in age appropriate classes
- Train teachers to adapt and implement child friendly teaching learning process

Sub-objective 2.4. ***Foster and support inter sectoral networks and linkages to provide vocational training options including comprehensively addressing age specific and gender-specific issues of children's' career choices through career counselling and vocational guidance***

Strategies:

- Include vocational training courses as a part of regular secondary and higher secondary curriculum
- Include industry driven special courses with National Council of Vocational Training (NCVT) certification under vocational training programmes and National Skill Development Mission
- Develop IT-based tools to capture disaggregated data on children receiving vocational training and merge it with U-DISE
- Develop a national roster of vocational courses available across the country. Carry out a national information search for this purpose.

Sub-objective 2.5. ***Ensure that children's health is regularly monitored through the school health programme and arrangements are made for health and emergency care of children***
Strategies: Implement School Health Programme

- Health check-up and record keeping for all children in schools
- Availability of first-aid kits in all schools
- Awareness generation on health and hygienic practices in all schools
- Health and emergency referral system in place in all schools

Sub-objective 2.6. ***Ensure that all out of school children are tracked, rescued, rehabilitated and have access to their right to education***
Strategies: Co-ordinate with state and district administration, SMCs, PRIs and NGOs to track all Out of school Children and enrol them in schools

Sub-objective 2.7. ***Prioritise education for disadvantaged groups***
Strategies:

- Scholarship and other special assistance schemes (residential school and hostels, DBTs) and residential Schools for SC/ST/Minority/Disabled Children.
- Map gaps in availability of education and vocational training services especially in backward areas and address their needs
- Disha (Early Intervention and School Readiness Scheme)
- Vikaas Day Care (Day care scheme for persons with autism, cerebral palsy, mental retardation and multiple disabilities, above 10 years for enhancing interpersonal and vocational skills)
- Samarth Respite Care (Scheme to provide respite home for orphans, families in crisis, Persons with Disabilities from BPL, LIG families)

Sub-objective 2.8. ***Address discrimination of all forms in schools and foster equal opportunity, treatment, and participation of all children***
Strategies:

- Regularly review text books, curriculum and teaching learning materials to avoid discriminatory images and references
- Sensitise SMC members, PRIs and parents
- Train Teachers on non-discriminatory practices
- Develop stringent mechanisms to monitor and address cases of discrimination

Sub-objective 2.9. ***Develop and sustain age-specific initiatives, services and programmes for safe spaces for play, sports, recreation, leisure, cultural and scientific activities for children in neighbourhoods, schools and other institutions***
Strategies:

- Include visual and performing arts as part of the school curriculum
- Provide neighbourhood parks for play
- Set-up sports facilities close to habitations in both urban and rural areas
- Develop norms and guidelines for the safety and security of children and ensure safety norms are adhered to in all sports facilities

- Sports facility for disabled children
- Develop standards for regulating of media and internet in the best interest of the child so that physical, cognitive, emotional and moral development of any child is not adversely affected

Sub-objective 2.10. ***Ensure Physical safety of the child and provide safe and secure learning environment***
Strategies:

- Provide physical safety of all children by ensuring the following:
  - Safe and secure school premises
  - Regular safety and security audit of all school premises
  - Boundary walls in all schools
  - Safe drinking water and toilets
  - Maintenance of food safety standards as per norms for MDM
  - Regular health check-ups under RBSK and School Health Programme
  - All teachers, members of School Management Committees (SMCs)/state and district level functionaries and teachers oriented on JJ (Care and Protection) Act 2015 and POCSO Act 2012

Sub-objective 2.11. ***Ensure no child is subject to physical or mental harassment or any form of corporal punishment. Promote positive engagement to impart discipline.***
Strategies:

- Public advocacy campaigns against corporal punishment and physical and mental abuse of children in all forms
- All teachers trained in methods of positive discipline
- School Management Committees and Village and block level child protection committees established and functionalised

Sub-objective 2.12. ***Identify, encourage and assist gifted children particularly those belonging to disadvantaged groups through special programmes.***
Strategies:

- Teachers oriented to identify children with special talents
- Scholarship schemes/ special awards to encourage gifted children so that they can pursue their talents

Key Priority Area 3: Protection

Objective: Protect all children from all forms of violence and abuse, harm, neglect, stigma, discrimination, deprivation, exploitation including economic exploitation and sexual exploitation, abandonment, separation, abduction, sale or trafficking.

Sub Objective 3.1: ***Create a caring, protective and safe environment for all children to reduce their vulnerability in all situations and to keep them safe at all places***
Strategies:

- Support development of community-based management of Child labour, child migration, trafficking, early marriage, and all forms of exploitation and violence against children
    - Establish and strengthen Village level Child Protection committees at Gram Panchayat, revenue village, ward and block level and orient them to develop Integrated Child Protection plans.
    - Village and Block-wise mapping of vulnerable children by type of vulnerability and their social background developed by VCPCs and compiled at Block level
    - Orient parents , SMC members and teachers on provisions against corporal punishment in schools under RTE Act.
    - Orient parents , children, SMC members, AWWs, ASHA, ANM and teachers on child sexual abuse and provisions of POCSO Act.
    - Create a protective environment for vulnerable children by linking them and their families with government social protection and livelihoods schemes
    - Strengthen community based rehabilitation services (including barefoot counsellors) to respond to the needs of victims of abuse, exploitation, and neglect and trafficking of children.
    - Promote identifying and reporting of sexual offences and seeking support from local police stations and CWC/CPCs to address the same
    - Strengthen SMCs and Village Child Protection Committees to monitor and support regular functioning of schools and ensure an environment free of any form of abuse, violence or discrimination
    - Create a supportive environment for children and families affected by HIV/AIDS, cancer and other non-communicable diseases through awareness and inter-personal communication
- Orient parents, teachers, on Child Sexual Abuse
- Prevent early marriage of girls
- Ensure protection of children during natural and man-made disasters

Sub-objective 3.2: ***Legislative, administrative, and institutional redressal mechanisms for Child Protection strengthened at National, State and district level.***

Strategies:

- Establish a robust NCPCR and SCPCRs at state level
- Strengthen Institutional mechanisms for rescue and rehabilitation of children who are victims of Child Sexual Abuse/ trafficked children/Child labour and other vulnerable children
- Strengthen mechanisms for tracking missing children
    - Establish the link between missing person's bureau and anti-human trafficking units and strengthen the response mechanism of law enforcement agencies in cases of child kidnapping and abduction
    - Special cells/Units for tracing children in districts where incidences of missing children are higher
    - Strengthen Trackchild portal and ensure timely data uploading by all police stations, JJBs, CWCs and CCIs.

- Encourage use of Khoya paya a citizen centric web-based portal for quick dissemination of information for missing /sighted children
- Strengthen Institutional Mechanisms for rehabilitation children in conflict with law as per provisions of Juvenile Justice Care and Protection Act 2015
- Ensure protection of children in all child care institutions as per provisions of Juvenile Justice Care and Protection Act 2015
- Provide effective reform and rehabilitation system to children in conflict with law.
- Deal with crimes against children as per provisions of Juvenile Justice Care and Protection Act 2015

Sub-objective 3.3: ***Mainstream Child Protection component in all programming designed for children and humanitarian assistance***.

Strategies:

- Sensitise Teachers/ANMs/AWWs/ ASHA/Doctors/Police /legal fraternity on Child protection issues
- Ensure no child is subject to any physical/ mental abuse and exploitation at schools/hospital/public spaces
- Ensure Child protection in all humanitarian action
  - Safeguard children from exploitative situations, displacement , separation from family, deprivation of basic services, and disruption of education
  - Ensure all aid and response work adhere to 4 SPHERE Protection Principles[33]
  - Ensure safety and dignity of children are preserved while providing aid/support
  - Create a system of disaggregated data collection on the total number of children affected by natural disasters
  - Train officials to respond to child protection needs during natural and man-made disasters as a priority to prevent abuse and exploitation
  - Ensure all Humanitarian Aid agencies have a child protection policy and aid workers are aware of it and adhere to it
  - Create stringent systems of monitoring and reporting of any case of child abuse/exploitation/discrimination informed by POCSO Act/ JJ Act 2015.
  - Create child-friendly spaces for children at disaster rescue sites and ensure children are protected from violence and abuse
  - Psycho-social support services for children affected by disaster
  - Develop appropriate public advocacy tools and materials to generate awareness among parents and children regarding enhanced threats of trafficking/child abuse/violence and other risks during natural and man-made disasters
  - Provide information to community and children on existing response and referral mechanisms (whom to contact/ where to go to seek help)

Sub-objective 3.4: ***Partnerships with media, business houses, NGOs and bilateral agencies strengthened for a wider advocacy and networking for ensuring protection of children***

Strategy:

[33] Refer to Pg 8; Key Definitions and Concepts

- Develop a "do no harm" policy and guidelines for all business houses /media houses/agencies working with children to ensure protection against any possible action taken by them which violates rights of the children
- Policy for promoting greater public-private partnership for child protection issues like child abuse, ill effects of substance abuse etc.
- Orient Media houses on protection issues and call for their support in terms of creating a greater public awareness on child rights and child protection
- Identify good practices by NGOs/Media and business houses on initiatives taken for child protection and highlight them, upscale good practices.

Sub-objective 3.5: Rights of all of children temporarily/permanently deprived of parental care secured by ensuring family and community-based arrangements, including sponsorships and kinship care and adoption

Strategy:

- Ensure that CARA and SARAs are able to coordinate inter-state information exchange and cooperation to promote adoption and foster care within the country
- Formal linkages between SAAs and all other CIIs , increase the pool of children suitable for adoption and foster care
- Enhance awareness regarding adoption, foster-care and sponsorship Encourage SAAs, RIPAs, and CHILDLINE to attempt restoration of children through sponsorship support
- Strengthen system of regular follow-up and monitoring for adopted and sponsored children
- Ensure availability of all information of children on CARINGS
- Ensure timely submission of Home Study reports
- Capacity building of CWC, DCPU members and Judicial officials on new adoption guidelines

Key Priority Area 4: Participation

Objective: Enable children to be actively involved in their own development and in all matters concerning and affecting them

Sub-objective 4.1: ***Enable cchildren to express their views freely on all matters concerning them.***

Strategy:

- Create a positive environment for children to express their views and promote respect for the views of all children (including girl child, CWSN, Children from marginalised community).

Sub-objective 4.2: ***Ensure that Children actively participate in planning and implementation of programmes concerning them and their community.***

Strategies:

- Provide children with age-appropriate information on their rights and entitlements; schemes and programmes
- Strengthen country and local mechanisms for participation of children

- Provide adequate counselling and support to children dealing with physical or emotional stress through CHILDLINE. Strengthen CHILLDLINE services to disseminate information and provide support and counselling.
- Orient children on all forms of abuse, exploitation and violence; build their confidence to report any such incidence to CHILDLINE, police or local authorities and seek help.
- Actively engage with children to ensure their safety and security in public and private spaces.
- Provide children with an enabling environment to participate meaningfully in all plans and programmes

KEY PRIORITY 1: SURVIVAL, HEALTH, AND NUTRITION[34]

Objective 1: Ensure equitable access to comprehensive and essential preventive, promotive, curative, and rehabilitative health care of the highest standard for all children before, during, and after birth, and throughout the period of their growth and development.

Indicator and Current Value	Target 2021 (or before)
Maternal Mortality Ratio (167; SRS 2011-13)	<100
Neo-natal Mortality Rate (28; SRS 2013)	21 (India New Born Action Plan, MH&FW)
Infant Mortality Rate (40; SRS 2013)	25 (NHM target)
U5 Mortality Rate (49; SRS 2013)	25 (NHM target)

Sub-Objectives	***Corresponding Strategies***	***Action***	***Indicator and Current Value***	***Target (2021)***	***Programme /Scheme***	***Agencies***
1.1. Improve maternal health care, including antenatal care, safe delivery by skilled health personnel, post natal care and nutritional support	Ensure universal access to Quality ANC and PNC for pregnant and lactating mothers	1. Availability and regular training of NHM and ICDS functionaries including ANMs, ASHAs, AWWs, as per norms 2. Establish/Provide Anganwadi and Sub-Health Centres with drinking water and toilet at every village with special focus on providing coverage to SC/ST/Minority dominated habitations as per norms • Prepare detailed plans for improvement of infrastructure of AWCs in convergence with MNREGA. • 14th FC devolution for drinking water and toilet in AWCs and SHCs in state plans 3. Modernise AWCs as per the norms of restructured ICDS and link them with digital database so as to monitor real-time data on services provided 4. Establish Medical/Nursing & Paramedic	• 45.4% Mothers received 4 or more ANCs(RSOC 2013-14) • 39.3% of Neonates received PNC within 48 hours of delivery/discharge (RSOC 2013-14)	90% (NHM target) 90% (NHM target)	NHM, ICDS MNREGA& 14th FC Devolution (for construction of AWCs)	Ministries of Health and Family welfare, Women and Child Development Ministry of Panchayati Raj Ministry of Rural Development

[34] For many indicators, data from Rapid Survey on Children (2013-14) has been used, these may be replaced with NFHS 4 data once published .

		training schools in tribal concentrated Special Focus Districts under Vanbandhu Kalyan Yojana 5. Establishment and regular functioning of Village Health, Sanitation and Nutrition Committees (VHSNCs) and appropriate orientation of VHSNC members and PRIs to plan and monitor VHND 6. Quality antenatal care (4 ANCs) through proper implementation of VHNDs at all AWCs every month • Register all pregnancies and give priority access to Mother and Child Protection Cards • Review and monitor consumption of IFA tablets and supplementary nutrition 7. Special outreach camps for ANC and immunization drives organised for hard to reach areas including those affected by disasters/LWE 8. Ensure PNC for all mothers (48 hours stay in institution after delivery and thereafter follow-up for 42 days after delivery) through proper co-ordination between AWWs, ASHAs, and ANMs 9. Home visits till six weeks by trained ASHA to provide counselling for prevention of hypothermia, cord care, clean postnatal practices, early identification of danger signs and early and exclusive breastfeeding 10. Efficient implementation of Mother and Child Tracking System (MCTS) 11. Promote use of IT-based solutions for monitoring of real time data on ANC,				

		PNC and immunization 12. Regular review and evaluation of ANC, PNC services				
	Improve health and nutrition status of all parents to be	1. Adequate nutrition and health services, counselling for would be fathers and mothers 2. Promote healthy life style including prohibition of alcohol and other substance abuse for both and women 3. Improve nutrition status of all pregnant and lactating mothers – Monthly health check of all rural women at Anganwadi Centres by NHM team – Generate awareness among immediate care givers (husband, family members and community) regarding nutrition needs of pregnant and lactating mothers. – Supplementary nutrition and nutrition counselling provided to all pregnant and lactating mothers – Additional support to all pregnant and lactating mothers (IGMSY, additional food grain under Nation Food Security Act) 4. Promote participation of men in care of pregnant and lactating mothers and childcare				MWCD, MoH&FW
			• 78.7% Institutional Delivery (RSOC 2013-14) • 32% shortfall in no of CHS available as	90 (NHM target)	NHM, JSY, JSSK. IGMSY	Ministry of Health and Family welfare, Ministry of Women and Child

	Universal access to Quality Obstetric and Newborn Care	1. Prioritize and strengthen public health facilities at all levels for conducting safe delivery, including provision of emergency obstetric care and new born care • Identify and strengthen sufficient number of facilities for 24 x 7 institutional deliveries (SHCs, PHCs, FRUs, SDHs, and DHs) as per Indian Public Health Standards (IPHS) norms to ensure optimal geographical coverage • Ensure availability of trained personnel (doctors and ANMs and nurses) at all First Referral Units (FRUs) on 24 x 7 basis • Provision of Basic Emergency Obstetric Care (BEmOC) at PHCs • Comprehensive Emergency Obstetric Care (CEmOC) and Neonatal Care at CHCs (First Referral Units) and DHs • Availability of ambulance services in all PHCs and FRUs • Promote public-private partnership to ensure access of Quality Obstetric and Newborn Care in Urban and hard to reach areas • Availability of Mobile Medical Units for geographically excluded areas • Proper implementation of IGMSY, JSSK, and JSY 2. Establish fully Facility-based new born care Units (New- born Care Corner, New Born Stabilization Units, Special	per population norms (Rural Health Statistics 2015) • 34.5% of CHCs with New born Stabilization Units (Rural Health Statistics 2015) • 24% of Gynaecologists and obstetricians available at CHCs as per IPHS Norms (Rural Health Statistics 2015) • 18% of Paediatricians available at CHCs as per IPHS Norms (Rural Health Statistics 2015) • 17% of Physicians available at CHCs as per IPHS Norms (Rural Health Statistics 2015)			Development ,

		New born Care Units) as per norms with requisite HR 3. Saturate all facilities conducting deliveries with NSSK-trained staff 4. Implement standardized clinical protocols for essential newborn care, including resuscitation 5. Develop Quality Assurance mechanisms/cells to monitor training quality and adherence to standard protocols 6. Ensure availability of Injection Vitamin K at all delivery points 7. Promote package of practices for home based new born care for the integrated management of neonatal and childhood diseases by ANM, ASHA and AWW 8. Regular review and evaluation of quality of care and services at all health care centres and hospitals 9. Provide adequate maternal and child care services with special focus on , marginalised communities , high risk mothers and high risk children in terms of nutritionally backwardness				
	Provide universal access to information and services for making informed choices related to birth and spacing of children	1. Bouquet of Contraceptive services available at all Sub-health centres, PHCs and CHCs 2. Promotion of IUDs as a short and long term spacing method 3. Increasing male participation in planned parenthood by involving PRIs, NGOs and community-based organizations 4. Quality assurance in family planning through stringent monitoring of	2.3 Total Fertility Rate (SRS 2013) 12.8% Total unmet need for Family Planning (NFHS 3)	2.1 (12th Five Year Plan target)	NHM ICDS	Ministry of Health and Family welfare, Ministry of Women and Child Development , NGOs , Private Hospitals, and Panchayati Raj Institutions

		services 5. Postpartum Family Planning (PPFP)Services at all delivery points 6. IEC and Inter-personal communication to generate awareness on VHNDs, all health facilities, availability of couple counselling services, awareness as part of adolescent health programme 7. Provision of MTP services at 24*7 PHCs, CHCs and FRUs				
1.2. Secure the right of the girl child to life, survival, health and nutrition	Enforcement of laws that protect rights of the girl child	1. Effective enforcement of Pre-Conception and Pre-Natal Diagnostic Techniques (PCPNDT) Act, 1994 and Prohibition of Child Marriage Act 2006 2. Establish and strengthen Village Convergence and Facilitation Services at GP level in all high burden and BBBP districts	918 Child Sex Ratio (Census 2011) 42 IMR for Girls (SRS 2013) 30.3 % of Currently married women age 20-24 who were married before 18 (RSOC 2013-14) 48.87 Net Enrollment Ratio (NER)for girls at Secondary level (U-DISE, 2014-15) % of girls age 15-18 years having bank account (Data currently not available) % of girls having ADHAAR cards(Data	950		Ministry of Home Affairs MWCD PRIs/NGOs
	Ensure adequate health care and nutrition support for girl child	1. Collect disaggregated data (by age group/Social Category/Geography) on mortality, morbidity and nutrition status of girl child 2. Ensure health and nutrition services for all girls, including adolescents 3. Public advocacy for ensuring proper care of girl child including providing adequate health and nutrition support			RBSK, RMNCH+A ,MDM, SABLA, Kishori Shakti, National Food Security Programme	MWCD, M H&FW,
	Advocacy to change attitude and practices discriminatory towards the	Public advocacy and behaviour change communication strategy to change attitude and practices discriminatory towards the girl child			Beti Bachao Beti Parhao; Campaigns for ending child	MWCS MHFW Dept of School Education and Literacy PRIs

	girl child (including female infanticide, early marriage and other discriminatory practices)		currently not available)		marriage and discrimination against girl child under NHM and SSA,	NGOs CBOs
	Implement and monitor the outcomes of schemes/programmes giving special incentives to girl child	1. Ensure education and participation of girl child, monitor drop outs and increase girls enrolment in secondary education and vocational courses – Provide functional girls toilets in all schools 2. Implement incentive schemes for the girl child (DBTs for girl child, scholarship schemes, residential schools, SABLA/Kishori Shakti Yojna) 3. Regular monitoring and review of impact of the schemes			RMSM, SBA, Pradhanmantri Kaushal Vikas Yojna, DBTs for Girl Child , Kasturba Gandhi Balika Vidyalaya/ Residential Schools for SC and ST Girls/ Scholarships for girls/SABLA/Kishori Shakti Yojna	Various ministries/State Governments
1.3. Address key causes and determinants of child mortality and	Universal Immunization	1. Compulsory and complete immunisation for protection of the child from vaccine preventable diseases as per National Immunization Schedule at village and facility level (diphtheria, whooping cough, tetanus, polio, tuberculosis,	65.3% of children 12-23 months fully immunized (RSOC 2013-14)	90%	Mission Indradhanush under NHM, ICDS, Additional	Ministry of Health and Family welfare, Ministry of Women and Child Development ,

morbiditythrough interventions based on continuum of care, with emphasis on nutrition, safe drinking water sanitation and health education		measles and hepatitis B). 2. Japanese Encephalitis vaccine in 112 endemic districts 3. Ensure availability of vaccines and logistic support for immunization at all delivery points 4. Improve the monitoring system and quality of HMIS 5. Improve immunisation quality by: use of hub cutter, noting down reconstitution time, and cold chain management at session sites 6. Introduce community monitoring of UIP rounds by strengthening VHSNCs 7. Ensure tracking of partially vaccinated or unvaccinated children as per UIP schedule and immunise them under Mission Indradhanush • Special focus on migrant/street /disabled children • Motivate VHSNC members, SHG group members and PRIs to track such children along with ASHA and AWW through special drives • Special focus on hard to reach areas			Central Assistance (ACA) for the LWE affected districts, National and State Disaster Response Fund	National and State Disaster Management Authority, NGOs , Private Hospitals, and Panchayati Raj Institutions
	Provide universal and affordable access to services for prevention, treatment, care and management of neo-natal	1. Prophylaxis and treatment of disabilities, childhood diseases (including mental health), birth defects, deficiencies and development delays through Child Health Screening & Early Intervention Services for : – Birth defects – Deficiencies – Childhood diseases – Development delays			RBSK, RKSK, ICDS	

	and childhood diseases	– Disabilities 2. Adequate diagnostic and treatment facilities for diseases, deficiencies, birth defects and disabilities at all district hospitals 3. Availability of qualified Mental Health professionals and treatment facilities at all district hospitals 4. Create a cadre of professionally trained mental health service providers and counsellors, promote professional courses for the same in Universities 5. Universal and affordable services to all children for life-threatening diseases like cancer/others. 6. Investigate, review and analyse all requirements of skills and competences for effective life-saving and life-guarding services; design and carry out training and capacity development for staffing the management and delivery of required services for children's survival, life-security, health and nutrition status, with regular appraisal of trends, and changing needs and enhancing of needed abilities 7. Disaggregated data collected on nutrition and health status of all children (0-18) at local level (Gender/SC/ST/OBC/Disability, Children from single parent HHs, migrants/casual agricultural and non-agricultural labours/urban slums/street children/affected by HIV/AIDS and others) 8. Monthly/Quarterly Audit of Infant Mortality				

	Universal access to services for all children for the prevention and treatment of water and vector-born diseases	**1. Universalize access to improved toilets at household level and institutions per SBA guidelines** • Availability of household and community toilets as per Swachh Bharat Mission guidelines • Availability of functional child friendly toilets at all AWCs • Availability of functional toilets for boys and girls in all schools 2. Develop integrated plans for Solid liquid waste management 3. Use of relevant low-cost technologies, promote wider involvement of private sector **4. Universalize availability of potable drinking water at household and facility level(schools, AWC, health facilities) and for populations affected by natural and man-made disasters with special focus on coverage of SC and ST population concentrated habitation, urban slums and hard to reach areas** 5. Carry out drinking water quality surveillance and monitoring throughout the country 6. Promote community awareness of basic health education on clean water, sanitation, food, nutrition and hygiene, and proper waste and sewage disposal 7. Cholera Antigen Rapid Test and Cholera early detection and treatment available at all health facilities 8. Implementation of Acute Diarrhoeal Disorder (ADD) control plan	• 45.5% HH practicing open defecation (RSOC 2013-14) • 12.8% urban HH practicing open defecation (RSOC 2013-14) • 91% HH having access to access to any improved source of drinking water (RSOC 2013-14) • 92.8% of urban HHs having access to any improved source of drinking water (RSOC 2013-14) • 93% of schools having girls toilet (UDISE 2014-15) • 12.6% of children 0-59 months with diarrhoea given ORS and Zinc (RSOC 2013-14)		Swacch Bharat Abhiyan, National Rural Drinking Water Mission, NHM, National Vector Borne Disease Control Programme, Intensified Diarrhoea Control Fortnight (IDCF)	Ministry of Health and Family welfare, Ministry of Women and Child Development , Ministry of Panchayati Raj, Ministry of Rural Development, Ministry of Drinking Water and Sanitation, NGOs , ULBs/Municipalities and Panchayati Raj Institutions

		• Ensure availability of ORS and zinc at AWCs and with ASHAs, for diarrhoea management 9. Screening and treatmnet all fever cases suspected for Malaria, Dengue , Kala-azaar and Lymphatic Filaria at all block/district health facilities 10. Equipping all health Institutions (PHC level and above), especially in high-risk areas, with microscopy facility and essential drugs for treatment of Malaria, Dengue , Kala-azaar and Lymphatic Fileria. 11. Appropriate measures taken for control of mosquitoes including use of pesticides as per need 12. Promote use of insecticide treated mosquito nets 13. Partnership with Urban Local Bodies, Panchayats and civil society to generate awareness regarding control of vectors like mosquitoes and early reporting of cases of fever/other symptoms of vector-born diseases 14. Strengthen National Disease Surveillance system and collect age-and gender disaggregated real-time data 15. Seek and establish up to date information and understanding on the nature and causes of child mortality and morbidity at all stages and ages of childhood				
	Health care and nutrition services for	1. Identify high risk districts and develop preparedness and response plans for ensuring delivery of health and nutrition			NHM, RMNCH+A , ICDS,	Ministry of Health and Family Welfare

	women and children during natural and man-made disasters	services to pregnant women , mothers and children during disasters – Special plans for draught-affected districts under National Food Security Act 2. Inclusion in the Community-Based Disaster Management (CBDM) Plan and training of Panchayati Raj Institution (PRI) members 3. Specific nutritive food supply for children below 6 years of age 4. Availability of safe drinking water and appropriate toilet facilities • Flood proofing measures like providing raised platforms for hand-pumps and adding chlorine tablet in the water • Ensure separate and safe bathing space and toilet facility for women and children in all temporary shelters. 5. Psycho-Social Support and Mental Health Services (PSSMHS) as per NDMA Guidelines			National and State Disaster Response Fund	Ministry of Women and Child Development, National and State Disaster Management Authority, NGOs and Panchayati Raj Institutions
1.4. Encourage focused behaviour change communication efforts to improve new born and childcare practices at the household	Focused public advocacy and behaviour change communication efforts to improve child care and feeding practices	1. Integrated communication strategy developed in coordination with NHM, ICDS and SBM 2. Key messages on childcare, nutrition, and sanitation delivered through mass media 3. Social Behaviour change communication strategies implemented through Village Convergence and Facilitation Services and SHGs in high-burden and BBBP districts to promote key behaviours related to maternal care, new born and			ICDS NHM SBM	MWCD MHFW MDWS

and community level		childcare practices at the household and community level 4. Use of folk media for delivering key messages at the community level 5. Educate and train mothers and caregivers about preventive healthcare for new-borns and young children for common ailments such as diarrhoea and respiratory diseases				
1.5. Prevent disabilities, both mental and physical, through timely measures for pre-natal, peri-natal and post-natal health and nutrition care of mother and child	Prophylaxis and treatment of all forms of disabilities	1. Child Health Screening & Early Intervention Services for all birth defects and disabilities 2. Ensure availability of disability certificates by organising camps at block/panchayat level 3. Implement schemes for persons with Autism, cerebral palsy, mental retardation and multiple disabilities under National Trust Act (Disha, Vikaas and Samarth). 4. Collect disaggregated data(age group/gender/social category/ geography) on number and percentage of children accessing above services	% of children covered and treated under RBSK % of Disabled children received disability certificates % of disabled children covered under any government benefit/scheme No of DHs with adequately staffed mental health facility (Currently data is not available on these indicators)		Rashtriya Bal Swasthya Karyakram , National Mental Health Programme (NMHP) , National Trust Schemes (Disha, Vikaas & Samarth), ICDS	Ministry of Health and Family welfare, Ministry of Social Justice and Empowerment, Ministry of Women and Child Development, Department of School Education and Literacy.
1.6. Ensure availability of essential services, supports and provisions for nutritive attainment in	Increased access and use of diverse and adequate nutritious food at household level	1. Availability of adequate and affordable nutritious food as per the provisions of National Food Security Act, 2013 2. Promotion of dietary diversification and food fortification – Promote use of affordable, appropriate, and nutritious recipes	38.7% of children 0-59 months who were stunted (RSOC 2013-14), (48% NFHS 3) 15.1% of children 0-59 months who were wasted (RSOC 2013-	24 (12th Plan target)	National Nutrition Mission, Multi-Sectoral Program to Address	Department of Food & Public Distribution Ministry of H&FW Ministry of Women and Child Development

a life cycle approach, including infant and young child feeding (IYCF) practices		based on local food resources and dietary practices 3. Ensure availability adequate nutrition support for children of all ages 4. Develop comprehensive strategy to detect and address under-nutrition among boys and girls in the age group of 6-18 years 5. Collect disaggregated data (gender/social category/geography) on nutrition status of children in all age groups (0-18)	14), (19.8 % NFHS 3) 29.4% of children 0-59 months who were underweight (RSOC 2013-14), (42.5% NFHS 3) 44.6% of Children aged 0-23 months breastfed immediately/ within an hour of birth (RSOC 2013-14) 64.9% of children 0-5 months exclusively breastfed (RSOC 2013-14) 18.6% of children 0-35 months with birth weight less than 2500 gm(RSOC 2013-14) 50.5% of children 6-8 months who were fed complementary foods (RSOC 2013-14) 13.4% of children 6-59 months received IFA supplement (RSOC 2013-14) 30% of anaemic boys and 55% of anaemic	21.2 (12th Plan Target) (90; NHM Target) (90; NHM Target)	Maternal & Child Under-nutrition; Targeted Public Distribution System (TPDS) NHM: RMNCH+A, ICDS, SABLA	

			Girls in age group 15-19 (NFHS 3)			
	Implement 1000 Days[35] Approach, Infant and Young Child Feeding (IYCF) practices	1. Supplementary nutrition, growth monitoring, nutrition, health and hygiene education and counselling in all AWCs 2. Rigorous implementation of Sneha Shivir 3. Identification of severely undernourished children, and supplying additional supplementary nutrition, treatment and counselling 4. Targeted home visits by frontline workers during key contact points over the 1,000 day period 5. Focusing on under 3s for implementing key strategies to promote optimal IYCF practices a. Early and exclusive breast feeding 0-6 months b. Age-appropriate complementary feeding practices in the period of 6 to 24 months c. IFA and de-worming				
	Reduce prevalence of micro-nutrient deficiency among women, children and adolescents	1. Iron and Folic Acid syrups administered to all children aged 0-5 years under National Iron Plus Initiative 2. Iron supplement to all adolescent girls through convergence between WIFS and SABLA 3. Home visit and group meeting for promotion of household level food diversification by AWWs and			NHM: RMNCH+A, School Health Programme, WIFS, ICDS SABLA Kishori	Ministry of Health and Family Welfare Ministry of Women and Child Development

[35] Refer to page 8, Key definitions and concepts

		monitored at sector and block level 4. Advocacy for collaboration with food & civil supplies for introduction of double fortified salt and distribution through PDS and use in ICDS			Shakti	
	Strengthen referral mechanism and linkage between the community and Nutrition Rehabilitation Centers	1. Setting-up of Nutritional Rehabilitation Centers as facility based units providing medical and nutritional care to children under 5 years of age who have medical complications 2. Greater involvement of PRIs for leadership and steering role at grassroots level to identify severely malnourished children and mobilize parents to go to NRCs	No of NRCs available % of Occupancy in NRCs			
	Strengthen nutrition management and information system	1. Monitor and evaluate the outcomes of all nutrition schemes and programmes periodically 2. Ensure reliable and regular collection and analysis of data on indicators along with a sturdy nutrition surveillance system at national, state , district , block and community levels 3. Promote use of ICT to strengthen the information base and generating data on real time basis to support the programmatic actions and timely interventions through web-based Rapid Reporting System 4. Social Audit of AWCs			ICDS National Nutrition Mission	Ministry of Women and Child Development

	Promote proper food handling, hygiene and sanitation practices at household level and intuitional (AWC/School) level	1. Generate awreness on hand washing and hygienic food handling at household level, AWCs and Schools (for MDM) 2. Training of all front-line workers (cooks and Anganwadi workers and assistants) on hygienic food handling norms 3. Collect disaggregated data on hygiene knowledge and practice at HH level			ICDS MDM SBM	Ministry of Women and Child Development, Dept of School Education and Literacy PRIs, NGOs and CBOs
	Promote need-based operational research to identify positive indigenous dietary practices and good/innovative practices for managing under-nutrition	Partnership with reputed research institutions and universities				Ministry of Women and Child Development,
1.7. Provide adolescents access to information, support and services essential for their health and development, including	Availability of information on children's rights and entitlements and different schemes and programmes using different communication methods	1. Develop age-appropriate means of communication, including use of social media to generate awareness on all rights, entitlements, schemes and programmes including information on alcohol and drugs rehabilitation centres and related counselling services			NHM, SSA, RMSM, National Skill Development Mission, SABLA	MWCD, MH&FW, Department of School Education and Literacy, Ministry of Labour and Employment

information and support on appropriate life style and healthy choices and awareness on the ill effects of alcohol and substance abuse	Counselling and health services for adolescents	1. Increase availability and access to information about adolescent health 2. Increase accessibility and utilisation of quality counselling and health services for adolescents health through WIFS, Adolescent Friendly Health Clinics, SABLA and Kishori Shakti Yojna 3. Reduce the prevalence of iron-deficiency anaemia (IDA) among adolescent girls and boys 4. Availability of alcohol and drug rehabilitation centres in all districts	% of Boys age 10-17 with anaemia (All India data not available) % of girls age 10-17 with anaemia(All India data not available)		NHM: RMNCH+A Rashtriya Kishor Swasthya Karyakram, WIFS, CHILDLINE, SABLA, Kishori Shakti	MWCD, MH&FW, Department of School Education and Literacy
	Provide Menstrual Health Management knowledge & life skills	Menstrual Health and Life skills Programme implemented in all secondary schools				
	Civil Society Organisations, Business houses and Media meaningfully engaged with institutions of education and training	1. Develop guidelines for NGOs, Business houses and Media houses to engaged with schools and other institutions of education and training with emphasis on good health, hygiene, sanitation and sensitization on ill-effects of alcohol and substance abuse. 2. Awareness on alcohol and substance abuse as a part of regular school activity and curriculum – Develop age-appropriate means of communication, including use of social media to generate awareness on ill-effects of alcohol and substance abuse			NHM SSA RMSM	MH&FW, Department of School Education and Literacy, MWCD

		– Include counselling and information sharing sessions on alcohol and substance abuse as a part of regular school curriculum and activity				
1.8. Prevent HIV infections at birth and ensure infected children receive medical treatment, adequate nutrition and after-care, and are not discriminated against in accessing their rights	Services for RTI,STI, and HIV/AIDS	1. Provision of universal HIV testing services of all pregnant women 2. Provision of ART/ARV prophylaxis to mother and baby to minimise the risk of HIV transmission from mother to baby 3. Availability of Community Care Centres and Anti-Retroviral Therapy Centres 4. Provision of Early Infant Diagnosis (EID) services 5. Awareness generation and counselling on STI, RTI, HIV/AIDS	0.35 HIV prevalence among ANC clinic attendees (HIV Sentinel Surveillance Systems 2013)		National AIDS Control Programme, National Health Mission, Prevention of Parent to Child Transmission	Ministry of Health and Family Welfare ,NACO Ministry of Women and Child Development Ministry of Panchayati Raj

1.9. Ensure that only child safe products and services are available in the country and put in place mechanisms to enforce safety standards for products and services designed for children		1. Enforcement of Consumer Protection Law , 1986 2. Develop standards for child safe products 3. Ensure mandatory compliance of standards for foods manufactured in India or imported from abroad 4. Spreading awareness on nutrition and knowledge about cost-effective Indian traditional food systems and use of local foods/preparations for providing wholesome and nutritive diet 5. Implement guidelines to ban junk food (food with high fat, salt and sugar) developed by National Institute of Public Cooperation and Child Development (NIPCCD)				Ministry of Consumer Affairs, Food and Public Distribution
1.10. Provide adequate safeguards and measures against false claims relating to growth, development and nutrition		1. Focus on IEC strategies 2.Develop and enforce safeguards and measures against false claims relating to growth, development and nutrition 3.Develop monitoring mechanisms for regular checks of claims				Ministry of Consumer Affairs, Food and Public Distribution

KEY PRIORITY 2: Education and Development

Objective 2: Develop each child's fullest potential by securing the right of every child to learning, knowledge, and education, with due regard for special needs, and the provision and promotion of the requisite environment, information, infrastructure, and support.

Indicator and Current Value	**Target 2021 (or before)**
Net Enrollment Ratio at Primary (I-V) (87.41, UDIESE 2014-15)	100
Net Enrollment Ratio at Upper Primary (VI-VIII) (72.48, UDISE 2014-15)	100
Net Enrollment Ratio at Secondary (IX-X) (48.46, UDISE 2014-15)	90
Net Enrollment Ratio at Higher Secondary (XI-XII) (32.68, UDISE 2014-15)	75

Table 2

Sub-Objectives	***Corresponding Strategies***	***Action***	***Indicator and Current Value***	**Target 2021 (or before)**	***Programme/ Scheme***	***Agencies***
2.1. Provide universal and equitable access to quality Early Childhood Care and Education (ECCE) for optimal development and active learning capacity of all children below six years of age	Ensure universal access to ECCE, with inclusion through AWC, Crèche and day care schemes and ECCE centres	1. Orient parents and immediate care givers on Parenting and care of children age 0-3 years with focus on care, stimulation and interaction –(Survival, safety, protective environment, health care, nutrition including IYCF practices for the first six months, attachment to an adult, opportunity of psycho-social stimulation and early interaction in safe, nurturing and stimulating environments within the home and appropriate child care centres - AWCs / crèches etc.). 2. Functionalise all sanctioned AWCs and provide them with own/government building with adequate space 3. Co-locate AWCs with primary schools as far as possible 4. Make available adequate classroom space (35 square meters for every 30 children)	• 26.3% of children 5 years of age enrolled in any educational institution (Census 2011) • % of AWWs trained in ECCE (ICDS MIS)		ICDS SSA SBM MNREGA	MWCD, Dept of School Education and Literacy, Dept of Drinking Water and Sanitation

		5. Ensure child-friendly toilets, drinking water, and hand washing facilities in all AWCs 6. Ensure availability of safe open spaces—for children to engage in play and recreational activities—adjacent to each AWC as per directives of NCPCR 7. Provide 4 hours of ECCE in all AWCs 8. AWC Buildings as Learning Aids in line with BaLA concept (as per guidelines issued by Govt. of India) 9. Encourage different languages (Multilingualism) for expression by children in the AWCs / ECCE Centres 10. PSE kits and teaching learning materials available in all AWCs 11. Formalise linkages between AWCs and primary schools and facilitate mentoring of AWWs by trained school teachers for better school readiness and transition 12. AWWs trained to identify and address Special Education Needs (SEN) of special children 13. Provision of special educators, where required 14. Advocacy and counselling with parents and peers to accept children with Special Education Needs 15. First aid/medical kits available at the centre				
	Provide and promote crèche and day care	1. Provide and promote crèche and day care facilities for children of working mothers, mothers belonging to poor families, ailing mothers, and single parents under			Rajiv Gandhi National Crèche	MWCD

	facilities for children of working mothers, mothers belonging to poor families and single parents	MGNREGA and Rajiv Gandhi National Crèche Scheme 2. Strengthen the role of SHGs/ mothers' committees in monitoring the functioning of anganwadi centres 3. Low-cost day care centres for working mothers in urban areas including slums through PPP model			Scheme, ICDS	
	Ensure universal quality of ECCE in all AWCs	1. Ensure all AWWs are trained in mapping age-appropriate development indicators for children under each domain: a. Physical b. Cognitive c. Language d. Social and emotional e. Creative 2. Ensure that eight key standards of quality are maintained for: a. Interaction b. Health nutrition, personal care, and routine c. Protective care and safety d. Infrastructure/physical environment e. Organisation and management f. Children's experiences and learning opportunities g. Assessment and outcome measures h. Management to support a quality system 3. Improve families' and caregivers' ability to provide childcare through information, education and communication (IEC) campaigns and skills building 4. Strengthen community participation in the functioning and monitoring of			ICDS	MWCD

		anganwadi centres, (for example, through mothers' committees). 5. Early Gender socialization by providing Gender Training to AWWs / ECCE care				
2.2. Ensure every child in the age group of 6-14 years is in school and enjoys the fundamental right to education as enshrined in the Constitution	Ensure access to elementary schools with adequate physical infrastructure as provisioned under RTE 2010	1. Primary and upper primary schools with adequate infrastructure as per RTE norms(including additional classrooms, toilets for boys and girls, safe drinking water, playground and libraries). 2. Availability of trained teachers as per RTE norms. 3. Availability of safe spaces for sports and recreational activities in all schools as per the RTE Act 4. School infrastructure adheres to safety norms as per National Building Code 2005 5. Availability of teaching aids and TLM as per norms 6. Residential schools for children in geographically excluded areas, tribal children and girls 7. Implement RTE norms for neighbourhood school 8. Quality and nutritious Mid-day Meal, free text books and uniforms 9. Direct cash transfer and scholarship schemes 10. Adequate measures in areas affected by emergency or civil strife to ensure that children have access to education	• 67.38% Retention Rate at elementary level (UDISE 2014-15) • 36.3% Drop out rates at elementary level (Education Statistics at a glance, MOHRD 2014) • 48% of children in Std V who can read Std II text (ASER 2014) • 26% of Std V children who can divide (ASER 2014) • 96 % of Primary and 97.7% Upper Primary schools having drinking water and 86.7% of		SSA, KGBV, MDM, Scheme For Infrastructure Development In Minority Institutes (IDMI), Pre-metric scholarships for SC/ST/minority /Disable children	Department of School Education, Ministry of Tribal Affairs, Ministry of Social Justice and empowerment, Ministry of Minority Affairs , MoH& FW
	Provide services to Children With Disabilities in regular	1. Set up stringent mechanisms to ensure that all children with disabilities are given admission without any discrimination 2. Develop capacity and awareness among			SSA, NHM, Scholarships/ aids and	

	schools and ensure that these are inclusive	teachers and non-teaching staff about issues and obligations regarding access to quality education for students with disabilities 3. Assessment and screening of CWD 4. Functionalise all State and District Resource Centres 5. All schools to be made inclusive as per provisions of RTE Act 6. In-service teacher training on inclusive education 7. Incorporate resource rooms in schools as per need 8. Capacity building of resource persons and teachers to respond to special needs of CWD in schools 9. Provide Special Educators and Rehabilitation Council of India (RCI) foundation course for Special Educators and members of resource groups 10. Aids and appliances made available as per need 11. Co-ordination of Child Development Centres with multi-disciplinary trained professionals established by Dept of H&FW	Primary and 92.2% Upper Primary schools having Girls toilet (UDISE 2014-15) • 78.9% of Primary schools with Libraries and 53.4% with Playground (UDISE 2014-15) • 73.18% of Primary and 76.18% Upper Primary schools with Trained teachers (UDISE2014-15) • 28.07% of CWSN out of school age 6-13 years (National Sample Survey of Out of School children 2014)		appliance for disabled children	
	Ensure	1. Availability of adequately trained	73.18% of trained		SSA	

	availability of trained teachers	teachers as per the norms in all schools, including Ashram Schools (Ministry of Tribal Welfare), Maqtabs, Madrashas, Dar-ul-ulooms and other institutions imparting education 2. Pre- and in-service training for teachers as per NCTE norms 3. Review and upgrade all teachers training, to ensure knowledge and competence. 4. Phase out para-teachers 5. Training of educational administrators, from the state to the block level 6. Teacher support and academic supervision to strengthen SCERT, DIETs, CLRCs, and CRCs 7. Orient all teachers on provisions of RTE Act 2009, POCSO Act 2012 and JJ (Care and Protection) Act 2015	teachers at Primary level (U-DISE, 2014-15) 76.18% Upper Primary schools with Trained teachers (UDISE2014-15)		Scheme to Provide Quality Education in Madrasas	
	Ensure Quality of Elementary Education in all schools as provisioned under RTE 2010	1. Curriculum, syllabus, and textbooks regularly reviewed and revised to ensure quality in accordance with the NCF 2005 and RTE act 2009 2. Learning enhancement programme at the primary level: • Quality Early Literacy and numeracy programme at Primary level (for classes 1 and 2, and 3 and 4) • Capacity building of teachers • Classroom library/ reading corners in all primary/ upper primary schools 3. Availability of adequate grade and subject-specific teaching learning materials and aids in all schools, including Maktabs, Madrasahs and Ashram schools 4. Regular monitoring of learning			SSA, Padhe Bharat Badhe Bharat, Scheme to Provide Quality Education in Madrasas	Dept of School education &Literacy, Ministry of Minority Affairs

		achievement of children by SMC and block and district level functionaries 5. Ensure identification of slow learners and provide them special learning programmes i.e., children having learning disability e.g. dyslexia 6. Ensure no child is subjected to any physical punishment or mental harassment or punishment				
	Provide access to ICT tools for equitable, inclusive and affordable education for all children	1. Universalise the roll-out of U-DISE 2. Use GIS mapping 3. Internet connectivity in remote areas 4. ICT based age-appropriate teaching learning materials developed and disseminated				
	Ensure continuation of education for the children affected by natural and man-made disasters	1. Mapping of schools and localities liable to be affected by natural disasters and preparing mitigation plans 2. Orient teachers and SMC members on disaster risk reduction and preparedness 3. Include disaster risk reduction and preparedness as a part of regular curriculum 4. Ensure continuation of education of children by developing safe child-friendly spaces as a necessary part of all response plans and providing age-specific education kits and materials 5. Train teachers and children regarding key steps to be taken during disasters **or any disturbance of a regular service.** 6. Identify alternative spaces for rescue camps and not use schools for the same				

		as far as possible				
2.3. Promote affordable and accessible quality education up to the secondary level for all children	Ensure availability of secondary schools , open schools and learning centres as per the norms with adequate infrastructure	1. Establish Secondary and Higher secondary schools with adequate infrastructure 2. Scholarship schemes for SC/ST/Minority children 3. Open schools /distant education facility for children 15-18 years old 4. Hostel facilities for boys and girls from hard to reach areas, scheduled caste and tribal children 5. Appropriate bridge courses and counselling facilities for children rescued from child labour/trafficking and their subsequent enrolment in age appropriate classes 6. Train teachers to adopt and implement child friendly teaching learning process	91.5% Transition rate from Elementary to Secondary (UDISE 2014-15) 47.4% Drop-out rate between I-X (Education Statistics at a glance, MOHRD 2014) Ratio of Upper primary to secondary schools -2.5 (UDISE 2014-15)		Integrated Rashtriya Madhyamik Shiksha Abhiyan, National Means Cum-Merit Scholarship Scheme	Dept of School education and Literacy NGOS ULBs and PRIs
2.4. Foster and support inter sectoral networks and linkages to provide vocational training options including comprehensively addressing age specific and gender-specific issues of childrens' career choices through career counseling	Foster and support inter sectoral networks and linkages to provide vocational training options for children as per their choice	1. Include vocational training courses as a part of regular secondary and higher secondary curriculum • Include industry driven special courses with National Council of Vocational Training (NCVT) certification under vocational training programmes and National Skill Development Mission 2. Develop IT-based tools to capture disaggregated data on children receiving vocational training and merge it with U-DISE 3. Develop a national roster of vocational	% of Secondary and Higher secondary schools imparting vocational training (Data currently not available) % of Boys and Girls in the age group 15-18 years received any vocational/techni		Vocationalisation of Secondary and Higher Secondary Education, Pradhanmantri Kaushal Vikas Yojna, Integrated Rashtriya Madhyami	Dept of School education and Literacy, National Skill Development Corporation (NSDC), NGOS, ULBs and PRIs

and vocational guidance		courses available across the country. Carry out a national information search for this purpose.	cal training		k Shiksha Abhiyan,	
2.4. Facilitate concerted efforts by local governments, non-governmental organisations/community based organisations to map gaps in availability of educational services	School Management committees established and functionalised in all school	1. Establish SMCs in all schools and all train SMC members to prepare and implement School development plans 2. Orient PRIs to provide adequate support to schools and use 14th FC and state FC devolutions for need-based school infrastructure improvement	No o schools having school development plans prepared by SMCs (Data currently not available)		***SSA***	Dept of School education and Literacy NGOs, Business houses and Media houses ULBs and PRIs.
2.5. Ensure that children's health is regularly monitored through the school health programme and arrangements are made for health and emergency care of children	Implement School Health Programme	1. Health check-up and record keeping for all children in schools 2. Availability of first-aid kits in all schools 3. Awareness generation on health and hygienic practices in all schools 4. Health and emergency referral system in place in all schools				Dept of School education and Literacy, Ministry of Health and Family welfare, PRIs/ULBs NGOs
2.6. Ensure that all out of school children are tracked, rescued, rehabilitated and have access to their right to education	Co-ordinate with state and district administration, SMCs, PRIs and NGOs to track all Out of school Children and	Co-ordinate with state and district administration, SMCs, PRIs and NGOs to track all Out of school Children (child labourers, migrant children trafficked children, children of migrant labour, street children, children of manual scavengers child victims of alcohol and substance abuse, children in areas of civil			***SSA,*** Rashtriya Madhyamik Shiksha Abhiyan	Dept of School education and Literacy, Ministry of Labour and Employment, MWCD

	enrol them in schools	unrest, orphans, children with disability children, with chronic ailments, married children, children of sex workers, children of prisoners)				
2.7. Prioritise education for disadvantaged groups	Scholarship schemes and residential Schools for SC/ST/Minority/Disabled Children	1. Scholarship and other special assistance schemes (residential school and hostels, DBTs) • Residential Schools for SC/ST/Minority/Disabled Children. 2. Map gaps in availability of education and vocational training services especially in backward areas and address their needs 3. Disha (Early Intervention and School Readiness Scheme) 4. Vikaas Day Care (Day care scheme for persons with autism, cerebral palsy, mental retardation and multiple disabilities, above 10 years for enhancing interpersonal and vocational skills) 5. Samarth Respite Care (Scheme to provide respite home for orphans, families in crisis, Persons with Disabilities from BPL, LIG families)	% of children accessing scholarship or other special assistant schemes disaggregated by gender/social category/disability/geography (Data currently not available)		SSA, Rashtriya Madhyamik Shiksha Abhiyan	Dept of School education and Literacy, Ministry of Tribal Affairs, Ministry of Social Justice and Empowerment, Ministry of Minority Affairs
2.8. Address discrimination of all forms in schools and foster equal opportunity, treatment, and	Regularly review text books, curriculum and teaching learning	• Ensure all text books adhere to the guidelines of National Curriculum Framework • Regularly review text books and other TLM			SSA, Rashtriya Madhyamik Shiksha Abhiyan	Dept of School Education and Literacy

participation of all children	materials to avoid discriminatory images and references					
	Sensitise SMC members, PRIs and parents	Public advocacy to sensitise SMCs, PRIs and parents to address discriminatory behaviour and practices				
	Train Teachers on non-discriminatory practices	Train teacher to inculcate non-discriminatory practices in everyday classroom transaction, mid-day meal distribution and other school activities				
	Develop stringent mechanisms to monitor and address cases of discrimination	1. Train SMC, PRI members and Child cabinet/Meena Manch members to identify and report cases of discrimination 2. Strengthen block and district level child protection committees to address the issues of discrimination				
2.9. Develop and sustain age-specific initiatives, services and programmes for safe spaces for play, sports, recreation, leisure, cultural and		1. Include visual and performing arts as part of the school curriculum 2. Provide neighbourhood parks for play 3. Set-up sports facilities close to habitations in both urban and rural areas 4. Develop norms and guidelines for the safety and security of children and ensure safety norms are adhered to in all sports facilities				Department of School Education and Literacy, Ministry of Youth Affairs and Sports

scientific activities for children in neighbourhoods, schools and other institutions		5. Sports facility for disabled children 6. Develop standards for regulating of media and internet in the best interest of the child so that physical, cognitive, emotional and moral development of any child is not adversely affected				
2.10. Ensure Physical safety of the child and provide safe and secure learning environment	Provide physical safety of all children	Provide physical safety of all children by ensuring the following: • Safe and secure school premises • Regular safety and security audit of all school premises (both government and private schools) • Boundary walls in all schools • Safe drinking water and toilets • Maintenance of food safety standards as per norms for MDM • Regular health check-ups under RBSK and School Health Programme • All teachers, members of School Management Committees (SMCs)/state and district level functionaries and teachers oriented on POCSO Act 2012				Department of School Education and Literacy, PRI and ULBs
2.11. Ensure no child is subject to physical or mental harassment or any form of corporal punishment.		1. Public advocacy campaigns against corporal punishment and physical and mental abuse of children in all forms 2. All teachers trained in methods of positive discipline 3. School Management Committees and				Department of School Education and Literacy

Promote positive engagement to impart discipline		Village and block level child protection committees established and functionalised				
2.12. Identify, encourage and assist gifted children particularly those belonging to disadvantaged groups through special programmes		1. Teachers oriented to identify children with special talents 2. Scholarship schemes/ special awards to encourage gifted children so that they can pursue their talents				Department of School Education and Literacy, MWCD

KEY PRIORITY 3: Protection

Objective 2: Protect all children from all forms of violence and abuse, harm, neglect, stigma, discrimination, deprivation, exploitation including economic exploitation and sexual exploitation, abandonment, separation, abduction, sale or trafficking

Indicator and Current Value	Target 2021 (or before)
% of children with birth registration (85.6, CRS 2013)	100
% of children (below 5 years) having birth registration certificates (37.2; RSOC 2013-14)	90
% of children in the age group of 5-14 employed as child labour (3.9, Census 2011)	
% of children in the age group of 15-18 employed as child labour (22.9, Census 2011)	
% of Out of School Children (6-13 years) (2.97, SSA&SRI-IMRB) 2014	
% of girls 20-24 years married before 18 years (30.3, RSOC 2013-14)	15
Rate of Crime Against Children (20.1, NCRB 2014)	

Table 3

Sub-Objectives	***Corresponding Strategies***	***Action***	***Indicator and Current Value***	***Target (2021)***	***Programme /Scheme***	***Agencies***
3.1. Create a caring , protective and safe environment for all children to reduce their vulnerability in all situations and to keep them safe at all places	3.1.1.Support development of community-based management of Child labour, child migration, trafficking, early marriage , and all forms of violence against children	1. Establish and strengthen Village level Child Protection committees at Gram Panchayat, revenue village, ward and block level and orient them to develop Integrated Child Protection plans. 2. Village and Block-wise mapping of vulnerable children by type of vulnerability and their social background developed by VCPCs and compiled at Block level 3. Orient parents , SMC members and teachers on provisions against corporal punishment in schools under RTE Act.	Number of Block and Village Child Protection Committees preparing Integrated Child Protection Plans No of training programmes held for SMC/VCPC and PRI members on issues of child rights		ICPS, SSA National Social Assistance Programmes (NSAP) NRLM MNGREGA	MWCD, Dept of School Education and Literacy, Ministry of Social Justice and Empowerment, Ministry of Rural

		4. Orient parents , children, SMC members, AWWs, ASHA, ANM and teachers on child sexual abuse and provisions of POCSO Act/ JJ Act2015. 5. Create a protective environment for vulnerable children by linking them and their families with government social protection and livelihoods schemes • Facilitate registration of all births and issuance of birth certificate • Village-wise mapping of vulnerable children (having poor school attendance/drop-outs/child labour/migrant children) with the help of SHG groups, VCPCs and local youth groups • Link family members and children with government schemes on priority basis • Create a greater awareness on risks of trafficking, abuse and violence for children who migrate • Children's vigilance group/Peer groups formed and strengthened (like Meena groups) to create a greater vigilance for child migration/trafficking 6. Strengthen community based rehabilitation services (including barefoot counselors) to respond to the needs of victims of abuse,				development NGOs PRIs

		exploitation, and neglect and trafficking of children. 7. Promote identifying and reporting of sexual offences and seeking support from local police stations and CWC/CPCs to address the same 8. Strengthen SMCs and Village Child Protection Committees to monitor and support regular functioning of schools and ensure an environment free of any form of abuse, violence or discrimination 9. Create a supportive environment for children and families affected by HIV/AIDS through awareness and inter-personal communication				
	3.1.2. Orient parents, teachers, AWWs, ASHA, ANM and children on Child Sexual Abuse	1. Develop appropriate IEC materials to disseminate information and guidance for parents, communities and front-line service providers about warning signals of Child Sexual Abuse and POCSO Act. 2. Orient teachers, PRI members and medical service providers on CSA and POCSO Act.	Number of training programmes held for teachers and PRI members on CSA and POCSO Act, 2012		ICPS	Ministry of Panchayat , MWCD, M H&FW
	3.1.3. Prevent early marriage of girls	1.Public advocacy on ill-effects of early marriage and value of girl child 2.Implement special schemes for Girl Child (scholarship, Cash Transfer Schemes incentivising marriage after 18 years) 3. Stringently implement Prohibition of Child Marriage Act 2006 and its provisions 4. Orient Religious Leaders on ill effects of early marriage and on	30.3% of women 20-14 married before 18 years (RSOC 2013-14)			MWCD MSJ&E ML&E MH&FW

		provisions of Prohibition of Child Marriage Act 2006 and POCSO Act 2012				
	3.1.4 Ensure protection of children during natural and man-made disasters	1. Orient parents, teachers, PRI members, VCPC and SMC members and children on various protection risks faced by children during disaster (like separation from family, sexual abuse, violence, child labour, trafficking) in villages and districts liable to be hit by disasters. 2. Provide adequate information to parents/teachers and community members on existing reporting/referral mechanisms for cases of child abuse/ violence/trafficking/separation from family. 3. Undertake Child-centred risk assessment at block and district level in co-ordination with District Disaster Management Authorities, District Child Protections Units, PRIs and NGOs. 4. Map existing services for children in the affected locality and analyse the capacity of existing service providers to prevent and address child protection 5. Adequate interim care for children separated from families until they are united and ensure their care and protection: • Register all displaced/separated children • Locate family/relatives on a priority basis	No of training programmes organised for PRIs No of Training Programmes organised for VCPC and SMC members			NDMA SDMA MWCD PRIs NGOs All relevant Ministries/ departments

		• Place children at temporary institutional care with caregivers who are trained in child-friendly methods 6. Availability of Child Friendly Spaces (CFS) at all rescue sites 7. Pre, during and Post emergency Child Protection Rapid Assessments conducted in co-ordination with community members, teachers, ASHA, AWW, PRIs and NGOs				
3.2. Legislative, administrative, and institutional redressal mechanisms for Child Protection strengthened *at* National, State and district level	Establish a robust NCPCR, and SCPCRs	1. Appointment and orientation of members as per norms for NCRPC 2. Adequate and timely availability of infrastructure and other resources (like support staff) 3. Strengthen national/state capacity to monitor and evaluate programme effectiveness and quality	No of vacancies in NCPCR No of vacancies at SCPCRs No and types of monitoring/evaluation undertaken by NCPCR/SCPCRs			MWCD
	Institutional mechanisms for rescue, and rehabilitation of children who are victims of Child Sexual Abuse/ trafficked children/Child labour/street children /Children in Conflict Zones	1. State, District and block child protection structures in place and functioning, as stipulated under the Juvenile Justice Act 2015 and the ICPS, including DCPS, DCPU, CWC, SJPU and CHILDLINE. 2. Ensure adequate IEC to generate awareness on CHILDLINE services available through toll free number 1098 across the country as well as railway childline services on select railway platforms. 3. Develop a comprehensive	No of functional DCPUs with 100% staff as per ICPS norms including outreach workers No of districts with functional CHILDLINE % of cases disposed by CWCs against total no of cases before CWCs (MWCD QPR) % of cases disposed by JJBs against total no of		ICPS NCLP SSA/RMSA NHM	MWCD MHA Ministry of Labour and Employment Ministry of Health and Family Welfare Dept of

		strategy for capacity development at all levels • Development of appropriate training materials • Development of training capacity • Undertaking training • Monitoring of training 4. Ensure all structures and mechanisms have appropriate skilled human and financial resources 5. Qualitative studies on different categories of children in need of care and protection, and their vulnerabilities 6. Research on emerging areas of concerns/threats to children i.e online safety, rapid urbanization, changing family structures, impact of conflict, violence and crime etc. 7. Mandatory registration of all CCIs **<u>Migration and Trafficking/Child Labour</u>** 8. Expand and strengthen AHTUs 9. Develop a comprehensive system of collection and compilation of data on child trafficking and migration 10. Strengthen CHILDLINE in all districts 11. Strengthen National State and district task forces on elimination of child labour and implement	cases before JJBs (MWCD QPR)			Education and Literacy

		State action plans on elimination of child labour 12. Capacitate state government functionaries, police and NGOs to facilitate effective coordination in prevention, rescue, and rehabilitation of trafficked children/child labour 13. Partnership between the Panchayats, police and NGOs to improve collection of evidence on trafficking 14. Mapping of child labour at rural/urban areas with support of teachers, Labour dept. officials, PRIs, ULBs, CPCs and NGOs 15. Ensure enrolment of all children 6-14 in schools as per provisions of RTE Act 16. Special training centres under NCLP scheme for children engaged as child labourers & mainstreaming them in formal schools 17. Set up adequate number of transit homes, shelters in collaboration with NGOs 18. Strengthen inter-agency convergence and co-ordination to address issues of street children/abandoned children and for elimination of child labour 19. Build coalitions with NGOs, police and local community to track vulnerable children in urban areas			

		20. Photograph all children 5-18 years every year at panchayat level and maintaining a record of children through online portal with safe storage and authorized retrieval 21. Stringent monitoring of all placement agencies and their activities **<u>Street/Homeless Children</u>** 22. Develop and implement integrated programmes for street/homeless children in convergence with Municipal/local bodies, Police, NGOs and community • Mapping of street/homeless children • Establishment of 24 hours drop-in shelters and night shelters with adequate arrangement of safety and security • Programmes offering counselling, guidance and referral services including nutrition, health and education • Work with police and local bodies to re-unite children with families • De-addiction and counselling services for addicted children including establishment of de-addiction centres **<u>Child Sexual Abuse</u>** 23. Maintain register of all sex offenders and monitor their				

		movement 24. Establish special courts as provisioned under POCSO Act in all districts and appoint special prosecutors 25. Training of police, judiciary and medical authorities regarding CSA and POCSO Act, 2012 and adopting Central Rules on POCSO in all states. 26. Adequate infrastructure and trained staff in all children's homes and Ujjwala Homes 27. Creation of child friendly one-stop crisis centres to respond cases of sexual violence against children 28. Special wards/arrangements for survivors in all district hospitals 29. Create models of Child friendly police stations 30. Provide compensation to all survivors (Central victim compensation Fund and Nirbhaya fund) 31. Ensure assistance to child victims for their full physical and psychological recovery, development, and social reintegration 32. Develop a cadre of professionally trained counsellors to be recruited at all police stations, children's homes, Ujjwala homes as well as one stop crisis centres 33. Information on trafficking, sexual				

		and reproductive health, and HIV/AIDS and other STIs in school curricula Children in Conflict Zones 34. Ensure co-ordination among all agencies concerned, including the state/district officials, police, armed forces, local bodies and NGOS to protect children and uphold their best interest 35. Develop programmes for recovery and reintegration of children associated with armed forces or armed groups and for all children affected by armed conflict 36. Provide assistance to all victims of war/conflict to protect their life and health and to alleviate their suffering 37. Ensure continuation of education for children in conflict zones 38. Psycho-social support and counselling services for children 39. Safe shelter with adequate facilities for drinking water, toilets and play areas for orphaned children/ those temporarily separated from families				
	Strengthen mechanisms for tracking missing children	1. Establish the link between missing person's bureau and anti-human trafficking units and strengthen the response mechanism of law enforcement agencies in cases of child	50% of Missing children recovered (NCRB 2013)			Ministry of Home Affairs

		kidnapping and abduction 2. Special cells/Units for tracing children in districts where incidences of missing children are higher ***3.*** Strengthen Trackchild Paya portal and ensure timely data uploading by all police stations, JJBs, CWCs and CCIs ***4.*** Encourage use of Khoya-paya a citizen centric web-based portal for quick dissemination of information for missing /sighted children				
	Strengthen Institutional Mechanisms for rehabilitation children in conflict with law as per provisions of JJ Care and Protection Act 2015	1. Establish and strengthen all JJBs and SJPU 2. Place of safety for 18 years and above in all districts 3. High level committee to review pendency of cases in JJBs 4. Maintain minimum standards of care at all observation and special homes as per norms defined under J. J. (Care and Protection) Act 2015 and ensure regular monitoring as against these standards. 5. Set up safe spaces for play and recreation in all CCIs as per NCPCR directives 6. Ensure education and vocational training for children in CCIs 7. Provide adequate facilities, like counselling services, and vocational and life skill trainings to ensure social and psychological re-integration	Number of districts with functional SJPU % of cases disposed by JJBs against total no of cases before JJBs (MWCD QPR) % of Children in conflict with law completed age-specific education and/or vocational training courses		ICPS SSA/RMSA Distance Education Schemes, Vocational Training programmes, Pradhanmantri Kaushal Vikas Yojna	MWCD, Dept of School Education and Literacy, National Skill Development Corporation (NSDC)

		8. Set up Children's Courts and resources along with access to legal aid for children to deal with long-pending cases 9. Develop and expand the non-custodial rehabilitative care options for de-institutionalisation of children who are not serious offenders 10. In-depth qualitative analysis of the processes and procedures adopted by the police and judicial system on child friendly approach in the handling of cases and administration of justice				
	Ensure protection of children in all child care institutions (Shelter Homes, Children's Homes, Observation Homes, Specialised Institutions for Children with special need, Open shelters and transit homes, SAAs) as per provisions of JJ Care and Protection Act 2015	1. Minimum standards of care for all childcare institutions and service providers developed and implemented 2. Regular social audit of all CCIs as per guidelines 3. Protocol of care for all service providers developed and implemented • CC TVs in all CCIs • CCIs mandatorily visited by SCPCR/DCPS/DCPU/ CWC and JJB members to monitor standard of services • Mandatory online reporting of all children • Orient all CCI staff on POCSO Act • Mandatory reporting of any case of Child Sexual Abuse in CCIs • Establish safe and confidential	No of CCIs where social audits have been conducted No of Children's homes having safe and confidential mechanism of reporting grievances and violence/ abuse by children		ICPS NCLP SSA/RMSA NHM	MWCD MHA Ministry of Labour and Employment Ministry of Health and Family Welfare Dept of Education and Literacy Panchayts/ Municipalities/ NGOs and

		mechanism of reporting grievances and violence/ abuse by children in all homes (like drop boxes which may be opened only by NCPCR/SCPCR/CWC/JJB members and CHILDLINE phone) • Availability of professionally trained counsellors 3. In-depth qualitative analysis of the processes and procedures adopted by CCIs				Bilateral and UN Agencies
3.3. Mainstream Child Protection in all programming designed for children and humanitarian assistance	Sensitise Teachers/ANMs/AWWs/ ASHA/Doctors on Child protection issues	1. Orient all teachers, health providers and AWWs to identify and report all forms of child abuse and exploitation and report it 2. Develop a "do no harm" policy and guidelines for all teachers and health providers 3. Train teachers and health providers on guidelines for care support to victims of CSA 4. Encourage Media and business houses to adopt and adhere to a child protection policy	Child protection policy developed and endorsed by all actors dealing with children including private actors and media houses		NMH ICPS ICDS	MWCD, MH& FW
	Ensure no child is subject to any physical mental abuse and exploitation at schools/hospital/public spaces	1. Orient the teachers , SMC members and school authorities (including private schools) on a code of conduct for behaviour with children – acceptable and unacceptable behaviour) 2. Teachers to be trained to identify abuse and child protection concerns 3. Develop a "do no harm" policy and guidelines for all staff members/caregivers (including			SSA RMSA ICPS ICDS	MWCD Dept of School Education and Literacy

		support staff/security guards). 4. Sensitise allied systems such as the police, hospitals, municipal corporations, and the railways/roadways about child protection so as to facilitate their rescue and rehabilitation				
	Ensure Child protection in all humanitarian action[36]	1. Safeguard children from exploitative situations, displacement , separation from family, deprivation of basic services, and disruption of education 2. Create a system of disaggregated data collection on the total number of children affected by natural disasters 3. Ensure safety and dignity of children are preserved while providing aid/support 4. Train officials to respond to child protection needs during natural and man-made disasters as a priority to prevent abuse and exploitation 5. Ensure all Humanitarian Aid agencies have a child protection policy and aid workers are aware of it and adhere to it 6. Create stringent systems of monitoring and reporting of any case of child abuse/exploitation/discrimination. 7. Create child-friendly spaces for			National and State Disaster Management Authorities, Ministries of WCD, H& FW, Home Affairs, Dept of School education and Literacy Humanitarian Aid Agencies including INGOs and other NGOs.	

[36] Services for people and communities affected by natural and man-made disasters

		children at rescue sites and ensure children are protected from violence and abuse 8. Psycho-social support services for children 9. Develop appropriate public advocacy tools and materials to generate awareness among parents and children regarding enhanced threats of trafficking/child abuse/violence during disasters 10. Provide information to community and children on existing response and referral mechanisms (whom to contact/ where to go to seek help)				
3.4. Partnerships with media, business houses, NGOs and bilateral agencies strengthened for a wider advocacy and networking for ensuring protection of children	Promote partnerships with above to create a wider advocacy and networking for ensuring protection of children	1. Develop a "do no harm" policy and guidelines for all business houses /media houses/agencies working with children to ensure protection against any possible action taken by them which violates rights of the children 2. Policy for promoting greater public-private partnership for child protection issues like child abuse, ill effects of substance abuse etc. 3. Orient Media houses on protection issues and call for their support in terms of creating a greater public awareness on child rights and child protection 4. Identify good practices by NGOs/Media and business houses on initiatives taken for child			Ministries of WCD, H& FW, Home Affairs, Dept of School education and Literacy Humanitarian Aid Agencies, Media and Business Houses	

		protection and highlight them, upscale good practices.				
3.5.Rights of all of children temporarily/permanently deprived of parental care secured by ensuring family and community-based arrangements, including sponsorships and kinship care and adoption	Strengthen SARA and CARA	1. Ensure that CARA and SARAs are able to coordinate inter-state information exchange and cooperation to promote adoption and foster care within the country 2. Formal linkages between SAAs and all other CIIs , increase the pool of children suitable for adoption and foster care 3. Enhance awareness regarding adoption, foster-care and sponsorship Encourage SAAs, RIPAs, and CHILDLINE to attempt restoration of children through sponsorship support 4. Strengthen system of regular follow-up and monitoring for adopted and sponsored children 5. Ensure availability of all information of children on CARINGS 6. Ensure timely submission of Home Study reports 7. Capacity building of CWC, DCPU members and Judicial officials on new adoption guidelines	% of children de-institutionalised against total number of children in SAAs (SARA records) % of children de-institutionalised against total number of children in CCIs (ICPS MIS)		MWCD MHA	

KEY PRIORITY 4: Participation

Objective 4: Enable children to be actively involved in their own development and in all matters concerning and affecting them

Table 4

Sub-Objectives	*Corresponding Strategies*	*Action*	*Indicator and Current Value*	*Target (2021)*	*Programme /Scheme*	*Agencies*
4.1. Enable cchildren to express their views freely on all matters concerning them	4.1.1.Create a positive environment for children to express their views and promote respect for the views of all children (including girl child, CWSN, Children from marginalised community).	1. Train teachers, health service providers and other service providers who come in contact with children to respect views of children and encourage children ask questions 2. Develop IEC materials for parents and community to respect children's views and give them space to express their views regarding matters concerning them 3. Awareness generation among children through Meena Manch and child cabinets on child rights with special emphasis on their right to participation 4. Recognise and reward initiatives taken by children to protect their own and other children's rights (example: stopping child marriage / child migration and other initiatives for social change) 5. Life skills and leadership development programmes under SABLA	No of active child cabinets, Meena Manch and SABLA groups		ICDS SABLA SSA/RMSA	MWCD Dept of School Education and Literacy NGOs PRIs
4.2. Ensure that Children actively participate in planning and implementation of programmes	4.2.1. Strengthen country and local mechanisms for participation of children	1. Establish forums with active participation of school teachers , ASHA, ANM, AWW, PRIs, SHG members and NGOs to ensure children's participation in the planning process 2. Develop age –appropriate tools and materials for disseminating information to children regarding various plans and programmes so that they are able to meaningfully participate 3. Create a clear framework for coordination of activities and initiatives designed for children				
	4.2.2. Provide	1. Provide children with age-appropriate				

concerning them and their community.	children with an enabling environment to participate meaningfully in all plans and programmes	information on their rights and entitlements; schemes and programmes 2. Build capacities at different levels, especially among caregivers, as they should have understanding and skills for involving children's views in matters affecting them 3. Provide adequate counselling and support to children dealing with physical or emotional stress through CHILDLINE Services available easily on toll free number 1098 across the country. Strengthen CHILLDLINE services to disseminate information and provide support and counselling. 4. Orient children on all forms of abuse, exploitation and violence; build their confidence to report any such incidence to CHILDLINE services, police or local authorities and seek help. 5. Actively engage with children to ensure their safety and security in public and private spaces. 6. Sensitise the judiciary and court officials for enabling processes and creating an environment, where children's views are heard and considered in judicial proceedings affecting them 7. Ensure that panchayats, districts and cities progressively become child friendly 8. Develop monitorable indicators of child participation 9. Undertake research and documentation of best practices				

Chapter 4

Institutional Mechanisms for Implementation, Monitoring and Evaluation

The National Plan of Action for Children (NPAC) of Government of India sets out and details strategies and action points to ensure the execution and realisation of rights-based measures and outcomes for children envisaged in the National Policy for Children 2013. **The implementation of the plan will be largely through the identified programmes and schemes of various ministries and will be executed by the State/UTs governments**. **However, there are certain areas, identified in the plan for which new strategies and programmes need to be developed**. The Ministry of Women and Child Development will be the nodal Ministry for overseeing and co-ordinating the implementation and monitoring of the NPAC. The National Policy for Children (2013) provides for formation of a **National Co-ordination and Action Group (NCAG)**[37] under the **Minister, Ministry of Women and Child Development** and it will monitor the progress with other Ministries concerned as its members.

The States/UTs will also form State Co-ordination and Action Groups (SCAGs). The State CAGs will facilitate development, implementation and monitoring of State and District Plans based on key priorities for children identified for that state under the umbrella of NPAC. The SCAGs will send their annual report to the NCAG and also work with NCAG to facilitate better multi-sectoral co-ordination and convergence.

I. Role and Responsibilities of the NCAG:

The NCAG will be responsible for:

- *Implementation, regular monitoring and evaluation of strategies and action points outlined in the National Plan of Action for Children*
- *Provide strategic guidance and directions to respective Ministries/ Departments and governments of States/UTs to realise goals and targets envisaged for children in the NPAC*
- *Facilitate multi-sectoral co-ordintaion and convergence across Ministries/Departments, civil society organisations, multi-lateral bodies*
- *Undertake need-based research and documentation on child related issues*
- *Develop strategies for advocacy and social behaviour change communication*
- *Highlight any new areas of concern which may emerge for children and advise government on developing new strategies and programmes to address the same.*

[37] Point 6.2 of the National Policy for Children, 2013.

The major functions of the NCAG have been described below:

1. Implementation of NPAC: The NPAC provides a framework for developing state and district level action plans for its implementation. The NCAG will facilitate the same by providing strategic guidance and directions to respective Ministries/ Departments and governments of States/UTs.

2. Facilitate Co-ordination and Convergence: The NCAG will be the platform for facilitating convergence and co-ordination between Ministries and Departments of Government of India as well as governments of States/UTs and other stakeholders for effective implementation and monitoring of the NPAC. The agencies responsible for implementation of strategies and action points described in the NPAC under each key priority area for children have been identified. NCAG would address gaps and challenges identified during implementation of the plan in terms facilitating co-ordination and convergence across all levels (National, State, District, block and community level).

3. Monitoring and Evaluation: It is important that a robust monitoring system for NPAC involving Ministries, Departments, State/UTs governments as well as civil society organisations concerned may be put into place. The NPAC monitoring frameworks seeks to use and strengthen the existing monitoring and evaluation systems under each sector and not create any parallel structures. Currently all major programmes for children under various Ministries have their own monitoring systems. These systems include routine monitoring based on MIS, review missions jointly undertaken by government and non-government actors as well as community monitoring systems. For example, there are Common review Missions under NHM and Joint Review Missions for SSA. The NHM also provisions for Integrated Field Monitoring in all high focus districts by Central Government officials and monitoring reports are filed. To monitor the proper implementation of SSA, independent Monitoring Institutes (MI) have been identified who review the progress and give their recommendations annually. It is expected that the monitoring and evaluation framework adopted by National Co-ordination and Action Group (NCAG) for NPAC will take a comprehensive approach and lay the foundation for wider and longer-term accountability in terms of quality service delivery for children. An annual review will be undertaken where state CAGs will present their own reports and also highlight major gaps and challenges. The annual review will also provide a platform for the civil society organisations, multi-lateral bodies, media and business to place their concerns and provide suggestions to

NCAG for effective and efficient implementation of various programmes (refer to Annexure 2 for the details of 2 days Annual review of NCAG). Regional consultation and review meetings will also be held annually to address specific issues related to children in respective states of the region. The State SCAG, relevant departments and nominated members from NCAG will participate in regional consultation and review meetings. The following tools/methods may be adopted for an effective monitoring and evaluation of NPAC:

3.1. **Result-based review of the progress:** The NITI Aayog has suggested the need for a countrywide M&E system to for continuous results-based M&E activities tied to planning, budget decision making, and accountability. This calls for identification and setting out of input, output, outcome and impact indicators. Based on selected indicators, an integrated assessment model may be followed by categorising programmes into the four key priority areas of survival, health and nutrition; education and development, protection and participation. A results-based review of inputs, processes, outputs, and outcomes of these programmes may be periodically undertaken.

3.2. **Process review based on key priority areas:** In order to better utilize the resources and to ensure outcomes, it is important that existing monitoring structures for process review take a holistic approach. For example, the Integrated Field Monitoring Report by MoH &FW may also include monitoring of existing water and sanitation services, ICDS services and also identify issues of convergence and co-ordination for better service delivery. Similarly, the ToR of the Monitoring Institutes for SSA may include a review of early childhood care and education in Anganwadis and crèches, School Health Programme under Rashtriya Bal Swasthya Karyakram, and so on. The mechanisms for monitoring quality of services defined under Juvenile Justice Care and Protection Act 2015 may also be implemented through an integrated strategy involving government functionaries and civil society organisations.

3.3. Strengthen Information System and Data Gathering: There should be adequate emphasis on strengthening data gathering and information systems on children. It is suggested that a key strategy should be to develop a comprehensive database on child survival, development, protection and participation, with supportive resources and links to similar state portals/networks of other sectors. NIC and Ministry of Statistics and Programme Implementation may undertake the responsibility with the support of NCAG and other agencies engaged in collecting data. It is also suggested that there is a need to develop Child Development Index (CDI) on the lines of "Women's Development Index" and MOSPI may

develop a standardized CDI for the country in collaboration with MWCD under the guidance of NCAG. It is also important to initiate a Data Gap Analysis Study to examine the scarcity of data on children between 15-18 years of age as well as limitations of the type of data collected which do not cover all areas mentioned under UNCRC and NPC 2013. MOSPI may lead the study and findings should inform actions for improving the scope of the data set on children's rights

3.3. The Community Score Card: It is another tool that has been used to monitor services provided by the government. It includes establishing and strengthening community forums to engage with government service providers. This tool generates information through focus group interaction to facilitate a joint decision between recipients and the service provider on the quality of the services. The civil society organisations may facilitate the process of developing community score cards based on key services with e active participation of PRI/ULB members, SHG members and children.

3.4. Social Audit: Social Audits got formal recognition since the launch of the National Rural Employment Guarantee in 2006. According to National Institute of Rural development (NIRD), social audit is a way of measuring, understanding, reporting and ultimately improving an organization's social and ethical performance. The Government of India seeks to include it as a means of public accountability for other programmes like ICPS, SSA, Mid Day Meal, etc. It is important that the social audit findings should be incorporated in the next cycle of planning and budgeting. NCAG will include reports of the social audits as a part of its monitoring framework and address issues identified in those reports.

3.5. Child Budgeting: In order to ensure budgetary accountability on commitments made for children in the NPAC by different Ministries as well as State/UTs governments it is necessary to analyse trends in the government's allocations and expenditure on child-specific programmes and schemes. Statement 22 of the Union Expenditure Budget Vol. I presents a comprehensive picture of the provisions for expenditure on schemes that are meant for children under different Central Government Ministries. However, it needs to be understood that with the revised financial norms as per the 14th FC recommendations, the Central's share will not adequately reflect on the government's allocations and expenditure for children. Therefore it is necessary that a comprehensive analysis of budgetary provisions for children should be undertaken which should include total allocation and expenditure by Central and State Governments as well at Panchayats and ULBs.

A comprehensive review of the NPAC spearheaded by NCAG, in consultation with all stakeholders, including children, should be conducted once in two years as there is rapid change in all fields especially information technology, family relationships, peer group etc., which affect the children at present.

4. Research and Documentation: There is a need to undertake Child-focused research, documentation and analysis, both qualitative and quantitative; to inform policies and programmes for children and NPAC should make adequate provisions for the same. The following actions are suggested:

- Develop a clear research and documentation strategy and set up research advisory committee under the guidance of NCAG to guide and monitor research on all aspects of the NPC 2013.
- Set up a platform for research on child rights to strengthen potential collaboration, sharing of findings and to bring together several institutes focusing on policy and programme research drawn from civil society, media, autonomous government bodies and UN agencies for promoting children's agenda and knowledge development.
- Develop guidelines for child impact assessments of policies and programmes in other sectors (non-child sectors like rural livelihoods, etc.).

5. Advocacy and Social Behaviour Change Communication: In order to facilitate collective action for social change in favour of child rights, a strong and comprehensive Public Advocacy and Social Behaviour Change Communication Strategy needs to be developed and implemented on all key priority areas identified under NPAC with the active involvement, participation and collective action of stakeholders such as individuals, families, local communities, youth, children, non-governmental organisations, multi-lateral agencies, media and private sector. All key flagship programmes for children have a component of advocacy and SBCC. Many times similar messages are required to be disseminated by multiple Ministries. There is a need to facilitate pooling of resources for interlinked interventions on the above component and NCAG will facilitate the same. At the same time, effective engagement with media is also required so as disseminate key messages for children's outcomes envisaged in the NPAC and create a greater awareness on child rights. Appropriate communication materials for public advocacy on key issues like child sexual abuse, street children, child trafficking, children affected by natural

and man-made disasters, child nutrition and health and others identified in NPAC will be developed and disseminated in a time-bound manner.

In order to achieve the goals envisaged for children in the National Policy for Children 2013 and NPAC, behaviour change at community level in terms of taking pro-active steps for securing child rights is an absolute requirement. Therefore, a comprehensive Social and Behaviour Change Communication (SBCC) strategy will be developed under the aegis of the NCAG to facilitate the same. Social and Behaviour Change Communication (SBCC) is understood as planned process to facilitate change in knowledge, attitudes and practices of a specific group by addressing key barriers which prevent communities and individuals from adopting the required behaviour. These barriers may be social or cultural, pertaining to existing value system in the society (for example, early marriage of girls). On the other hand they may also include other factors like access to certain facilities (for example, availability of soap and water for hand washing). The SBCC strategy would focus on maximising the likelihood of behaviour change in each of the prevention priorities outlined in NPAC. It will also have monitorable indicators to measure change in behaviour and NCAG would undertake evaluation studies to measure the same.

6. Developing new Strategies and Programmes: The NCAG will identify key areas of concern for children for which there is a need to develop new strategies and programmes such as addressing the health and nutritional needs of boy above the age of 6 years, special programmes for protection of migrant/trafficked boys age 15 years and above, providing psychosocial support to children affected by disasters, counselling and career guidance for all children age 15 years and above, etc. It will provide guidance to respective Ministries/Departments of Government of India and to Governments of States/UTs to develop such strategies and programmes.

III. Roles and responsibilities of Different Stakeholders:

1. **Ministries of Government of India and Statutory Bodies:** The Action matrix clearly identifies the Ministries, Departments and statutory bodies responsible for actions under each strategy. Under the aegis of National Co-ordination and Action Group, the respective Ministries, Departments and statutory bodies will ensure the implementation of the plan and its monitoring in collaboration of their respective line departments at State level. They will also ensure that

adequate resources are available to address key concerns for children in the given time frame. The NCAG will communicate and consult with other Ministries and Departments whose programmes affect children, to encourage necessary awareness and due attention to impact on children and their rights and entitlements.

2. **Governments States and UTs:** The State/UT Governments are expected to develop State/UT Plan of Action for Children in alignment with the National Plan of Action for Children. Each State/UT will identify key concerns for children under each priority area described in NPAC and develop **integrated plans** for addressing them. ***The State Governments will implement the welfare measures as per the welfare needs of the children in the State on the priority basis as envisaged by the State Governments along with provisions of the NPAC***. The state and district plans will focus on achieving the desired outcomes through convergence and co-ordination between Central, State and local level initiatives. A State Co-ordination and Action Group (SCAG) will be formed to facilitate required convergence and co-ordination. At the district level, the existing committees for children under the chairpersonship of the District Collector, as decided by the State Government; may be given the responsibility of ensuring required co-ordination and convergence. While many successful efforts have been undertaken for ensuring co-ordination between various government agencies, there is a need to streamline these efforts in order to optimize the utilization of resources and ensure better outcomes. There is also need to give greater space for receiving and incorporating feedbacks from community to enhance accountability in public services and the State Co-ordination and Action Group will ensure that voices from community forums and civil society organisations are given due recognition. The State/UTs governments will also ensure that adequate resources are available to for the plan. A lack of resources may extend beyond financial resources and also mean lack of expertise and trained personnel. The State Co-ordination and Action Group may also consider collaboration with corporate houses, various technical agencies and civil society organisations to address the gaps in specific areas in terms of availability of resources. At the district level, an integrated District Plan of Action for Children may be developed accordingly and the outcomes for children monitored.

3. Community Forums, Civil Society, Media and Business Houses: Various community forums and Civil Society Organisations have been the voice of those numerous voiceless children in India who are hard to reach and are therefore deprived from various social security

and safety programmes of the government. They include child labours, trafficked children, children from socially disadvantaged sections and hard to reach geographical locations, children with special needs, from urban slums and many others. While the state is primarily responsible for ensuring services to all children, whether in difficult situation or otherwise, to ensure that rights of all children are protected, a wider coalition is essential.

The media has an important part to play in terms of articulating concerns related to children and pointing out policy and programmatic gaps for securing children's rights. In the past few years, many Media houses have joined hands with Government to promote and advocate for rights of the girls child, Swachh Bharat Abhiyan and many other initiatives. Based on priorities identified by the NCAG for children, the Media houses may be encouraged to develop a comprehensive public advocacy strategy. Under the guidance of the NCAG, guidelines for positive portrayal of all children and their rights in the media will be developed and a clear code of ethics to guard against cheap/ negative/exploitative/ discriminatory or demeaning portrayal of children will be strongly endorsed.

The business houses have been playing a key role in strengthening government and NGO initiatives to extend outreach by providing additional human and financial resources. The Ministry of Women and Child Development is initiating a programme of adoption of children's homes under CSR in partnership with CCI. More such initiatives and Public–Private Partnerships (PPPs) should be encouraged. The Companies Act, 2013 mandates all corporate houses to spend at least 2 per cent of their average net profit (of the previous three years) on CSR activities. Corporate Social Responsibility (CSR) should be the guiding framework for the private sector's involvement.

There are certain areas where the civil society and NGOs are required to play a larger role:

- **Ensuring child participation:** It is important that views of children must be taken into account while formulating a plan of action for them. So as to make their participation meaningful and not just symbolic, it is required that that they should be provided required information, be informed and enabled to access information and opportunities and given a platform to express their views freely.
- **Creating a positive environment and awareness for protection of rights of the children**: It is essential to generate a larger awareness regarding the rights of the children among children themselves, their parents as well as frontline service providers through

public advocacy campaign as well as regular engagement. The CHILDLINE services will be strengthened on a priority basis so that children are able to access information and seek required counselling and help when they are in any kind of physical or emotional stress or feel threatened in any way.

- **Effectively operationalise the process of community monitoring and feedback mechanism**: All major government programmes have a component of community based structures for planning, implementation and monitoring. However, very little progress has been made so far on this aspect. Majority of the Village Health, Sanitation and Nutrition Committees (NHM), School Management Committees (SSA), Village Child Protection Committees (ICPS) and such other committees lack the capacity to fulfil their roles. The civil society organisations may work with government functionaries to strengthen these structures and support them to provide feedback on government services. The NCAG will facilitate the process of compilation of the feedback from local level and as well as redressal mechanisms. Involving panchayats in child centric measures and thereby mobilising local community will provide a safety net to children and reduce incidence of runaway and missing children.
- **Monitoring and Supportive Supervision**: Civil society organisations are a part of all district and state level structures for monitoring and supportive supervision under National Flagship programmes. However, their roles are often limited to due to lack of proper guidelines and clear articulation of responsibilities. They may play an important role in terms of providing supportive supervision to front line functionaries under different programmes like ICDS, ICPS, SSA, NHM and SBM. For example, Railway CHILDLINE setups in select railway platforms are helping in restoration of children to their families and stay within a safety net.
- The NCAG and State CAGs may develop clear guidelines for their involvement. **Develop innovative models and e-solutions for better implementation, monitoring, reviewing and follow-up action for programmes meant for children:** In order to reach out to all children in a vast and diverse country like India, there is a need have a timely flow of information to support implementation as well as monitoring. There is a need to develop IT-based up-scalable, cost-effective and easy to implement models for better monitoring, reporting, review and recording the follow-up action to ensure better

outcomes for children. Such models can be developed by civil society/private players and may be up-scaled by government if found relevant.

- **Children affected by disasters:** It is a well documented fact that vulnerability of children increases vastly during both natural and manmade disasters. Children are more prone to be affected by various kinds of abuse and exploitation, may be separated from their families and are at greater risk per se. Further, there is a lack of specialised services like psycho-social counselling and support which is also required for them. A much more co-ordinated action is required to address these issues and positively, civil society has an important role to play here. NCAG will co-ordinate with CSOs and develop a comprehensive framework for risk mapping, preparedness, rescue and rehabilitation of children affected by disasters.

Annexure 1:

The Vaccination Schedule under the UIP:

1. BCG (Bacillus Calmette Guerin); 1 dose at Birth (up to 1 year if not given earlier)
2. DPT (Diphtheria, Pertussis and Tetanus Toxoid) 5 doses; Three primary doses at 6weeks,10weeks and 14 weeks and two booster doses at 16-24 months and 5 Years of age
3. OPV (Oral Polio Vaccine) 5 doses; 0 dose at birth, three primary doses at 6,10 and 14 weeks and one booster dose at 16-24 months of age
4. Hepatitis B vaccine 4 doses; 0 dose within 24 hours of birth and three doses at 6, 10 and 14 weeks of age.
5. Measles 2 doses; first dose at 9-12 months and second dose at 16-24months of age
6. TT (Tetanus Toxoid) 2 doses at 10 years and 16 years of age
7. TT – for pregnant woman two doses
8. In addition, Japanese Encephalitis (JE vaccine) vaccine was introduced in 112 endemic districts in campaign mode in phased manner from 2006-10 and has now been incorporated under the Routine Immunisation Programme.

Annexure 2:

List of Ministries/Departments/Agencies identified for NPAC

i. Ministry of Women and Child Development
ii. Ministry of Home Affairs
iii. Ministry of Health and Family Welfare
iv. Ministry of Drinking Water and Sanitation
v. Ministry of Tribal Affairs
vi. Ministry of Minority Affairs
vii. Ministry of Social Justice and Empowerment
viii. Ministry of Labour and Employment
ix. Ministry of Panchayati Raj
x. Ministry of Rural Development
xi. Ministry of Urban Development
xii. Department of School Education and Literacy, MoHRD
xiii. National Disaster Management Authority
xiv. NITI Aayog

Annexure 3: Voices of Children:

The Ministry of Women and Child Development engaged with children to incorporate their voices in the NPAC 2016. The following issues were raised by children during various consultations held:

- Need information regarding different schemes and programmes for children.
- Need information regarding their own health, growth and development and on specific issues like trafficking, violence, abuse.
- Need information regarding disasters, everyday hazards and risks and safety measures.
- Need to use various forms of interactive media to increase awareness.
- Safe and adequate spaces for play, sports and recreation for both boys and girls, adequate sports facilities in schools.
- Girls &boys should be taught self defence.
- Child-friendly and free transport system: special buses for children during school hours.
- Greater outreach of quality education, age-appropriate vocational training and medical services for all children.
- Tracing missing children should also be a priority, special camps should be made for these groups.
- Disability certificates should be easily available.
- More institutions required for children with disabilities with adequately trained staff.
- Vocational and technical training and career counseling for adolescents which will ensure their employability.
- Children in the age group of 15-18 in all CCIs to be linked to vocational courses so they have a source of income & good standard of living after 18 years.
- Guardianship and family care for each child without a family.
- Parents and teachers need to be oriented to listen to children and take their views seriously.
- Spaces to voice their concerns regarding service delivery, and/or behaviour of teachers or health service providers.
- Awareness camp, street plays, short films on social evils and their disadvantages should be organised and shown in each and every villages, especially with the parents.
- Need freedom of speech and expression
- Opportunity to participate in various development initiatives concerning them and chance to showcase their own leadership skills and qualities.

Annexure 4

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