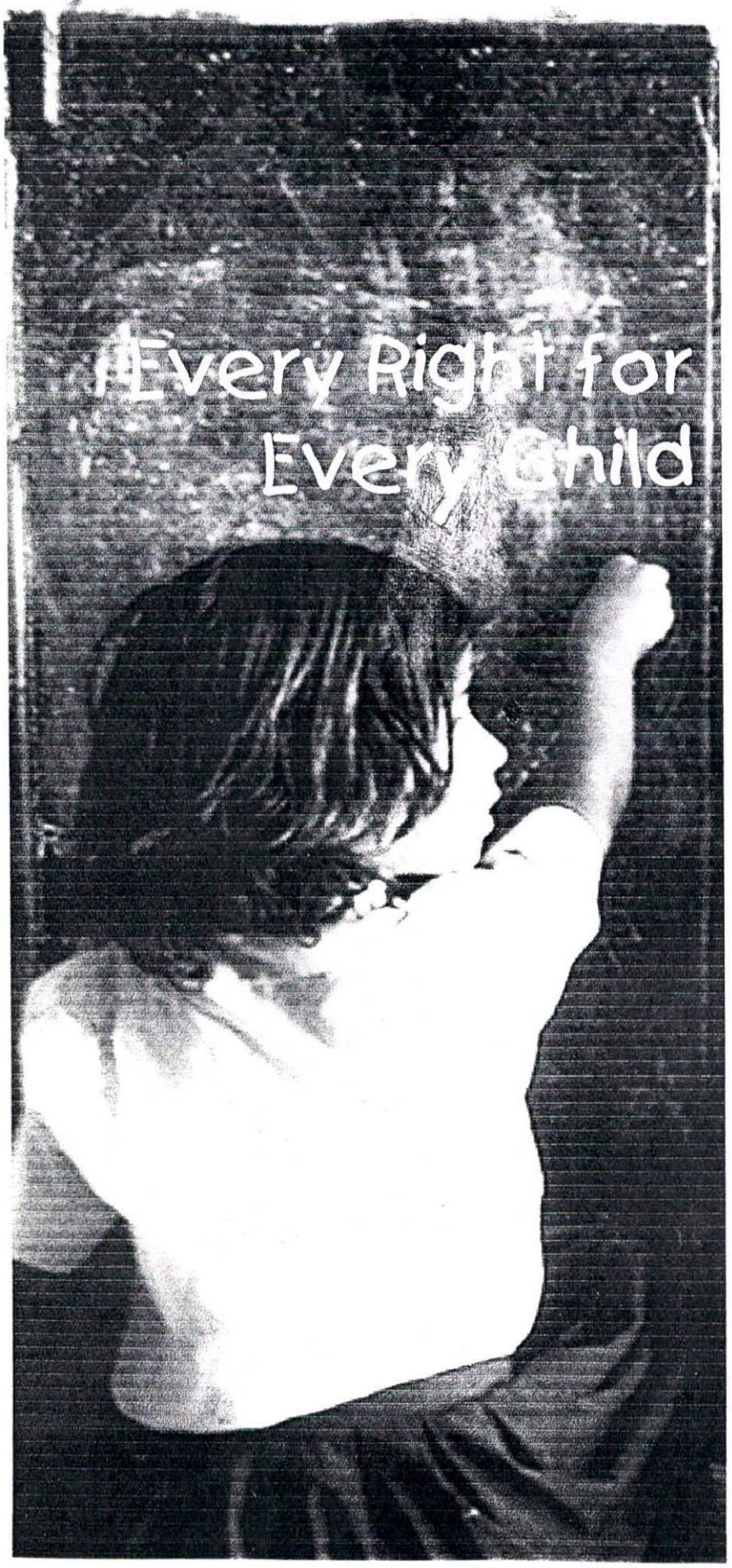

National Plan of Action for India's Children

Citizens' Alternate Proposals

First draft of
May 2003

7898

EVERY RIGHT FOR EVERY CHILD
National Plan of Action for India's Children: Citizens' Alternate Proposals First Draft of May 2003.

PROCESS & PARTICIPATION

As official response to the UNGASS decisions of May 2002, the Govt of India has initiated action to formulate a National Plan of Action for Children. This plan is expected to address priorities for the achievement of new and reaffirmed goals, with action deadlines extending to 2015.

In keeping with the UNGASS directives for government-NGO partnership, the India Alliance for Child Rights has also been engaged in a concurrent process of consultation, identification of priorities and alternate planning. As part of this process, beginning in June 2002, it has been engaging in a series of consultations with groups, individuals, organisations and networks across the country. The approach has been to make this as open and participatory a process as possible, reaching out beyond the Alliance membership and also actively seeking the ideas and suggestions of subject experts. The process has invited the Government's interest and interaction at every stage.

Since June 2002, IACR and its partners in the Alliance have convened six consultations in Delhi, two in Bangalore and one each in Ahmedabad and Mumbai. Some discussions focussing on national action priorities were also undertaken at the Asia Social Forum and in the India NGO component of the SAARC citizens' social charter process. Children participated in the July 2002 consultation and presented their recommendations to the Secretary DWCD. At another consultation in May 2003, children from 20 states once again identified their priority concerns. A series of e-mail consultations were also carried out to obtain the contributions of a wider circle. Participants in the overall process include several national networks, as well as NGOs from Jharkhand and Orissa.

An added planning partnership has begun with a consultation organised by the Voluntary Health Association of India (VHAI), with financial support from the Government of India. This linkage brings into the citizens' NPA process an organisation with a nation-wide network of branches and affiliates.

This document and its recommendations are an outcome of all these consultations. This is an interim draft reflecting recommendations made up to 30 May 2003. It is compiled jointly by IACR and VHAI, in expression of the concerns of all contributors.

CONTEXT

India is home to nearly 400 million children aged up to 18 years, which the Government claims is the world's largest child population. The proportion of children in the 0-5 age group is certainly the world's largest. Overall, children constitute 42.6 per cent of India's total population. While we are as a nation sincerely concerned about ensuring their survival, development and well being throughout their childhood, it is essential for us to realise that in any planning for national progress, being child-focussed is not kindness but commonsense.

India's concern for its children can be traced back to the time when it gave itself a Constitution that pledges equality, dignity and protection to all citizens, including children. India adopted a National Policy for Children in 1974, declaring children to be the nation's most precious asset. Dating from the Third Five-Year Plan, children have found some mention in national development plans, but insufficient attention or investment. In response to the 1979 International Year of the Child, India drew up a national plan with some long-term objectives for child survival and development, but this plan had no long-term impact on actual commitments.

An official National Plan of Action was adopted in 1992, in the wake of the 1990 World Summit for Children, with goals for the decade. Concurrently, India acceded in 1992 to the UN Convention on the Rights of the Child, thereby accepting the responsibilities of implementation as an obligation. The Constitutional commitments and the CRC constitute the bedrock of any planning that is undertaken for children. These and India's other international commitments together form the framework for action

In 2002, India reported on its performance on both the World Summit goals and the implementation of the Convention. Both reports record some positive changes in the situation of the country's children – and significant problems and performance gaps.

Poor allocation of needed resources, poor expenditure of available allocations, some faults in targeting most-needed actions – all these have undermined good intentions. A more negative influence has been the pervasive fallout from the shift in national investment away from State supports for social development. The 1990s decade was meant for children's rights, but it also launched the "era of globalisation" in India and ushered in a neo-liberal economic agenda.

The pluses and minuses are there to see. In 1992, India got moving on 27 goals for the decade. It was to halve maternal mortality rates as well as severe and moderate malnutrition of under-fives, and reduce infant and under-five mortality by a third. It did not reach anywhere near these targets. Goals for drinking water, sanitation, protective health and nutrition cover for girls and mothers were all missed. Anaemia reduction among women was narrowly reached, but the decade data flags anaemia among children under-3, which seems to have been an ignored alarm. Progress on immunisation stayed well below the 90% level set, and is currently reported at 42 % fully immunised by the age of 2 years. Official reports of first-year immunisation cover vary absurdly between a range of 85 to 99 per cent and 50 to 71 per cent. Birth registration fell from 47 per cent and an apparent 1995 peak of 55 per cent, to either 40 or 35 per cent, depending on which Govt of India report one consults. Neonatal mortality -- with low birth weight a major cause, and poor newborn care a chronic aggravation -- has continued to stagnate.
In child development, 79 % is claimed for primary and elementary school attendance, and

69 % for primary school completion by an over-age cohort, against the goal of universal (80 %) access to basic education. Guinea-worm eradication was the sole goal achieved in the 1990s' decade.

While the international shift of approach to children's issues from a needs-based approach to a rights approach is echoed in formal statements in India, it is still to be translated into actual programming approaches, which continue to be largely welfarist. At the political and ethical level, the situation calls for recognition of national obligation to the rights of all children, and a more than labelling shift from 'social welfare' to 'development,' in efforts to secure socio-economic justice.

The impact of structural adjustment has sharply reduced the capacities of families to fend for themselves. The Tenth Plan is the first expression of how India proposes to address the reality that without pro-poor planning and pro-poor guarantees, the rights of children cannot be secured. The Plan document acknowledges this when it says that State subsidies need to continue. Such supports must particularly address the early childhood risks of stunted growth, poor resistance to disease, failed learning, trauma or death. If a child's growth is interrupted by poverty, this often becomes a lifelong handicap. India has not chosen with the best interests of either the poor or their children in mind.

Planning and creating an environment for child development and children's rights must also include awareness of the destabilising effect of civil and political unrest and natural calamities. These imperil and violate the rights of children. The State's responsibility to ensure protections without discrimination is clear.

It is in a climate of uncertain commitment that the new National Plan of Action for Children is being formulated. It therefore needs to project a way out of these present constraints. The emerging NPA with its internationally agreed deadline of 2015 must project a vision and pledge a range of actions that stretches over three Five-Year Plan periods. It has to begin by carrying forward and achieve the unfulfilled tasks of the Eighth and Ninth Plans. One reason for missing goals is that the hardest-to-reach have not been reached. Even if a percentage gap in coverage appears small, extra effort will be needed to actually benefit the most marginalised children and communities. Any perception that India's task in the coming 12 years is simply to "mop-up" is a fallacy.

Any national plan must recognise the diversity of interventions that children deserve based on age, location, cultural setting and socio-economic grouping. Conscious attention must be paid to children in adverse and disadvantaged situations. Special provisions have to be made for addressing children in emergency situations, whether man-made or natural. India needs a comprehensive disaster management perspective, with planning that addresses both short-term and longer-term concerns, and distinguishes between the every-day needs of all children and those in emergency situations.

The May 2002 UNGASS decisions which have triggered the NPA process underline the need to integrate implementation of the Convention (CRC) with the pursuit of the new 2003-2015 goals. This must be reflected in any National Plan of Action for Children .

PREAMBLE
This text is proposed as an appropriate preamble to the NPAC. The present draft Government document does not have a preamble.

The children of India call for our attention not simply because they are our future, but because they are our TODAY. They are citizens of this country and are born with rights to dignity in their birth, survival, development and participation, both as individuals and as part of the community or group to which they belong. They need both targeted as well as holistic interventions. As the draft National Policy for Children declares, a Society that respects its children respects itself.

1. The Constitution of India has made a commitment to promote, guarantee and protect rights of all children based on principles of non-discrimination and equality. These constitutional commitments form the basis of any further action that the government may take towards the children of the country.

India reiterated and reinforced its commitment to every child when it ratified the U.N. Convention on the Rights of the Child, which obligates the State to ensure every child the right to survival, development, protection and participation. The UN General Assembly Special Session on Children (May 2002) reviewed the World Summit goals set out for children in 1990 and set new goals, with implementation extending till 2015. India has accepted the ensuing responsibility to secure the goals for all its children.

The Constitutional commitments and the CRC form the bedrock of any planning that is undertaken for children. These and India's other international commitments together form the framework for action.

2.The NPA takes into account the best interests of the child and adheres to the principles of democracy, equality, non-discrimination, peace and social justice. It recognises the universality, indivisibility, interdependence and interrelatedness of all human rights, including the right to development. It affirms the right to information of all persons – children, their families and the communities in which they live.

3. It reflects the necessity of integrating implementation of child rights with the pursuit of survival and development goals as part of social development of all children up to the age of 18 years.

We, the Government and the people of India, convinced of the human and civil rights of all children, and concerned with the present challenges to their survival, protection and development, and committed to sustained national action to address and overcome these challenges, and further committed to according to children the dignity of participating in decisions and actions affecting their lives, therefore adopt this National Plan of Action for Children.

- Recognising that millions of India's children are denied their basic entitlements as citizens, for reasons of poverty, caste, class and community, and recognising that the children chronically bypassed by development and justice must now come to the head of the line, this National Plan is committed to the essential task of bringing them into the radius of care, protection and opportunity;

- Being aware that children in India are not a homogeneous entity, and that their age, gender, ability, socio-economic situation, geographical location, and cultural specificity defines their vulnerability, and recognising that many children in India face multiple social disabilities, we pledge special attention to be given to the more marginalised –the

girl child, the disabled child, and those belonging to SC , ST, BC and minority groups in all policy, investment and interventions, and will work to guarantee the socio-political will that this requires.

- Recognising that all commitments must be matched with actual resources and investment, we emphasise the need to ensure adequate human and financial resources to match required policy commitments to the child. This demands the underwriting of basic social services, which is the Government's responsibility.

- We undertake the execution of this National Plan with the premise that all children have all rights.

GUIDING PRINCIPLES OF THESE ALTERNATE PROPOSALS:

1. The National Plan of Action must regard the child as an asset and a citizen, not as a welfare subject and much less as a liability or a burden on State or Society.
2. The NPA must recognise the diverse stages and settings of childhood, and address the needs of each, providing to all children the entitlements that fulfil their rights and meet their needs in each situation.
3. The NPA must therefore :
    - be age-specific, aware and attentive to the needs of each age group among children, from conception to birth, from the newborn stage to the attainment of 18 years of age;
    - must address key cross-cutting issues : gender, caste, community, class and legal status;
    - must be consciously and pro-actively geared to securing equal opportunity for all children, placing the most disadvantaged, most poor and least-served among children at the head of the line for policy attention and programme benefits.

4. The NPA must be the expression of a new National Policy for Children that affirms the Constitution of India, upholds the equal worth and equal rights of all children, and is guided by the best interests of the child. Both the new policy and the NPA must be respectful of every child.
5. In order to establish and secure a caring climate for all children, and to redress the chronic neglect and exploitation of the children of the marginalised, the NPA must be conscious of the social, economic, cultural reality of every child, and set mindful and exemplary standards in upholding the principle of non-discrimination, and assuring maximum survival, protection and development entitlements to all.
    - The NPA must address issues of policy, law, programme, investment, fact-finding and monitoring, and meet the need for change and improvement in policy and legislation, in programme intervention and implementation measures, in material investment of the scale and scope that children deserve, in planning and programming from a factual base, and in monitoring performance and accountability in all of these.
    - The National Plan of Action must be a perspective plan with the vision and resolve to sustain needed action and investment to the year 2015, and the commitment to extend over the Tenth, Eleventh and Twelfth Five-Year Plan periods.
    - The NPA must establish the primacy of the child's best interests over any

other policy or programme that may in any way erode or contradict the rights and entitlements of children. ➢ The NPA should be formulated, promoted, executed and monitored as an open plan and, along with a relevant national policy, should be the people's manifesto for India's children. ➢ The State must take central and primary responsibility to ensure that priorities of the NPA are non-negotiable national commitments, supported by State funding and with necessary resources assured, and not made subject to fluctuations or deficits in economic growth rates.
It is recommended to the Government of India that it examines these principles and takes them into consideration in the process of formulating the NPA, and in focusing final commitments of the Plan itself.

GOI draft NPA of Dec 2002	**CITIZENS' ALTERNATE NPA PROPOSALS: Draft of May 2003**
I. PROMOTING HEALTHY LIVES	**National Policy Commitment** (June 2001 Draft Nat. Policy) **Right to Survival** a. Every child has a right to survival. The State and community will undertake all possible measures to ensure that the child's right to survival is protected and realised. b. In particular, the State and community will undertake all appropriate measures to address the problems of infanticide and foeticide, especially of female child and all other emerging manifestations which deprive the girl child of her right to survival. **Right to Health** a. The State shall take measures to ensure that all children enjoy the highest attainable standard of health, and provide for preventive and curative facilities at all levels especially immunisation and prevention of micronutrient deficiencies for all children. b. The State shall take measures to cover, under primary health facilities and specialised care and treatment, all children of families below the poverty line. c. The State shall take measures to provide adequate pre-natal and post-natal care for mothers along with immunisation against preventable diseases. d. The State shall undertake measures to

	provide for a national plan that will ensure that the mental health of all children is protected. e. The State shall take steps to ensure protection of children from all practices that are likely to harm the child's physical and mental health. **Right to early childhood care** a. The State shall in partnership with community provide early childhood care for all children and encourage programmes which will stimulate and develop their physical and cognitive capacities. b. The State shall in partnership with community aim at providing a childcare centre in every village where infants and children of working mothers can be adequately cared for. c. The State will make special efforts to provide these facilities to children from SCs/STs and marginalised sections of society.
1.Health (Child Health) UNGASS GOAL/ MAJOR GOAL: 1. Reduction in IMR to45 per1000 live births by 2007 and to 28 by 2012 (Planning Commission) 2. Reduce IMR to below30/1000 live births (Nat. Population Policy) 3. Reduce IMR to 30/1000 by 2010 (National Health Policy) OBJECTIVES • Eliminate maternal and neonatal tetanus by 2005 (UN 37 (7)) • Reduce deaths due to measles by half by 2005 (UN 37 (7)) • Ensure full immunisation of children under one year of age at 90% nationally (UN 37 (7)) • Certify by 2005 the global eradication of poliomyelitis (UN 37(8)) • One-third reduction in deaths due to Acute Respiratory Infections (UN 37 (11)) • Fifty percent reduction in deaths due to diarrhoea in children under5 (UN 37 (11)) • 50% reduction in tuberculosis (UN 37 (11)) • 50% reduction in cholera (UN 37 (11))	**Section Preamble** Development of children has not just been viewed as the most desirable societal investment for the country's future, but as a right of every child to achieve her/his full development potential. Therefore, the foundations for life-long learning and human development to be necessarily laid in the very crucial years of childhood (Tenth Plan, Planning Commission, GOI). **Core Concern: If India's children are to prosper, they must first have the assurance of surviving.** **All survival and health goals and interventions must be age-specific.** **Measures to reduce U5MR and U5 morbidity must be specified.** **All measures must accord special priority to overcoming deprivations based on caste, gender and other socio-economic and cultural factors that deny children equal opportunity.** **Goals** 1. Reduction in proportion of LBW babies to one tenth of all births

- 50% reduction in sexually transmitted infections, HIV/AIDS (UN 37 (11))
- 50% reduction in all forms of hepatitis (UN 37 (11))
- Reduce by one half the burden of disease associated with malaria and ensure that 60% of all people at risk of malaria, especially children and women, sleep under insecticide-treated bed nets (UN 37 (12))
- Eradicate Polio by 2005 (National Health Policy)
- Reduce Mortality by 50% on account of TB by 2010 (National Health Policy)
- Reduce mortality by 50% on account of TB, Malaria, and other Vector and Water Borne diseases by 2010 (National Health Policy)
- Achieve Zero level growth of HIV/AIDS by 2007 (National Health Policy)
- Reduce Mortality by 50% on account of Malaria by 2010 (National Health Policy)

STRATEGIES

- To cover all women in reproductive age group with three doses of Tetanus Toxoid vaccine.
- To cover all unprotected children up to the age of 3 years with single dose of measles vaccine.
- Eliminate polio incidence and achieving polio eradication.
- Strengthen routine immunisation with the aim to raise the percentage of fully immunised children to above 80 percent.
- To support polio eradication and routine immunisation by upgradation of cold chain equipment, ensuring injection safety, training of district managers and cold chain staff and strengthening of supervision and monitoring.
- Every child under the age of five years to be given oral polio drops during NIDs/SNIDs every year on fixed days.
- Train health workers in ARI management.
- Prevent deaths due to dehydration caused by diarrhoeal diseases among children under-five years of age.
- To detect as cases of polio and effectively treat them so as to render infectious cases as non-infectious.
- To reduce spread of HIV infection in India.
- To administer Hepatitis B to infants along with the primary doses of DPT vaccine.
- To take concrete steps for early case detection and prompt treatment of malaria, selective vector control, promotion of

(this was a goal set in 1983 under the National Health Policy.

2. Reduction of the poverty ratio by more than 15 points by 2012 (Tenth Plan).
3. Provide adequate services to children, both before and after birth and throughout their period of growth, to ensure their full physical, mental and social development (National Policy for Children 1974).
4. Increase utilisation of public heath facilities from the current level of < 20 to > 75% by 2010 (National Health Policy 2002).
5. Improve efficiency of the existing health care system – in government, private and voluntary sectors (Tenth Plan).
6. Improve quality of care at all levels (Tenth Plan).
7. Mainstream ISM and H practitioners to improve utilisation and coverage (Tenth Plan).
8. Develop efficient logistics of supplies of drugs and promote rational use of drugs (Tenth Plan). Eradicate Polio by 2005 (National Health Policy 2002).
9. Reduce by 50% mortality on account of TB, Malaria and other Vector and water borne diseases by 2010 (National Health Policy 2002).
10. Reduce prevalence of blindness to 0.5% by 2010 (National Health Policy 2002).
11. Establish an integrated system of surveillance, National Health Accounts and Health Statistics by 2005 (National Health Policy 2002).
12. Reduction in the percentage of underweight children by more than half (especially those under the age of three).
13. Reduction in the prevalence of anaemia more nearly 50% in severely anaemic children and by 35% in children with moderate anaemia and bring down the prevalence of maternal anaemia to less than 25%.

selective vector control, promotion of personal protection methods, early detection and containment of epidemics, IEC and management capacity building. • To provide malaria treatment through • agencies like hospitals, dispensaries • and malaria clinics.	14. Enhance early initiation of breast feeding to more than 75 per cent by 2015. 15. Focus on eliminating polio and neo-natal tetanus and achieving hundred percent coverage for the six vaccine preventable diseases (Tenth Plan). 16. Reduction in the infant and under – five mortality rate by at least two thirds by 2015 (UNGASS). 17. Reduction of maternal mortality rate by three quarters by 2015 (UNGASS). 18. Reduction of child, malnutrition among children under five years of age by at least one third, with special attention to children under two years of age, and reduction in the rate of low birth weight by at least one third of the current rate (UNGASS). **Strategies** 1. **Neo-natal care will be a priority area for reduction of Infant Mortality Rate and Child Mortality rate**. These recommendations of the National Technical Committee on Child Health should be included in the NPA: Need for introducing community midwives, revamping of the *dai* training programme, greater co-ordination in the field level implementation of the reproductive and child health programme and the ICDS, adoption of a policy for exclusive breast-feeding upto 6 months has since been adopted, etc (Annual Report 2002 – 2003, MOHFW). 2. Evolving treatment protocols for the management of common illnesses and diseases, promotion of **rational use of diagnostics and drugs** (Tenth Plan). Specifically in the case of diarrhoea management, there should be promotion of self – reliance through home based ORS to reduce IMR and under – 5MR (Tenth plan) and against irrational use of drugs for diarrhoea. **Integrate all aspects of the current vertical programmes** (Tenth Plan). 3. In order to improve the health of children in our country, we need to

	simultaneously address the nexus between poverty and ill-health. People are poor not because of their unwillingness to work. It is often as a result of unemployment or as a result of unfair wages. These should be seriously addressed. Moreover, the concept of food-for –work was a viable concept and should be promoted. 4. Progressively improve access to **mental health care services** at the primary and secondary care levels to cover all districts in a phased manner (Tenth Plan). The state shall take measures to provide for a national plan that will endure that the **mental health of all chil**dren is protected (Art. 2d, National Policy and Charter for Children 2001, Draft). The **National Mental Health Programme**: The approach to the treatment of mental disorders is based upon the following strategy – integrating mental health with primary health care through the national Mental Health Programme; provision of tertiary care institutions for treatment of mental disorders; eradicating stigmatisation of mentally ill patients and protecting their rights through regulatory institutions like the Central Mental Health Authority and the State Mental Health Authority (Annual Report, MOHFW, 2002 – 2003). Mental Health of children in urban areas and the impact of visible stresses should be addressed as a emerging public health problem. 5. Explore **alternative systems of health care financing** including health insurance so that essential, need based and affordable health care is available to all (Tenth Plan). 6. Use the **Panchayati Raj Institutions** to boost accountability of public health care providers through sorting problems of absenteeism, inter-sectoral collaboration, etc. PRI, NGOs and communities should be actively involved in the functioning of the centres (Recommendations of the Working Group on Child Development,

	Annual Report, DWCD, MHRD, 2001-2002). Control of ARIs demand high degree of community participation and management at the grassroots. Unless the services are decentralised, PRIs are empowered, IEC becomes effective, this will only add to our list of failed programmes. IEC should make use of mass and folk media and interpersonal communication. 7. The vast **infrastructure and manpower providing primary health care needs** of the population is **not evenly distributed** and those segments of the population whose health care needs are the greatest have very poor access to health care (Tenth Plan). This is true for urban areas, especially slums, as well as rural areas. Moreover, apart from **limited access for vulnerable populations**, these services are inaccessible for children without families or attached to formal structures of representation (NGOs, etc). Thus there should be an **equitable access** to health services. 8. **Convergence of services** under various departments with the Department of Women and Child Development (TenthPlan). Bring about convergence in implementation of related social sector programmes so that family welfare becomes a people centred programme (National Socio-Demographic Goals for 2010, National Population Policy). Utilise village self-help groups to organise and provide basic services for reproductive and child health care, combined with the ongoing ICDS (National Population Policy 2000, Operational strategies). Implement at village level a one-stop integrated and co-ordinated services (cluster services) delivery package for basic health care, family planning and maternal and child health related services, provided by the community and for the community. Wherever there are no village SHGs, community midwives, practitioners of ISM and

	retired school teachers and ex – defence personnel may be organised into neighbourhood groups to perform similar functions (National Population Policy 2000, Operational strategies). 9. For the reduction of IMR, emphasis has been given to immunisation. Priority should be given to provision of social justice, especially malnutrition and better living conditions. It has been observed that 90% of IMR is associated with malnutrition. 10. There is an unfair distribution of resources across needs. Thus the most backward districts do not get the needed resources. The states that are doing well are amongst the less populous states. Improvement on health indicators should be projected on the basis of the success of these states. 11. Because of ***Ayurveda's*** **(and other branches of ISM)** cultural moorings, it can be **integrated into mainstream health strategies**. Introduce preventive measures for life-threatening respiratory conditions, measles and digestive disorders (e.g. diarrhoea), which affect children during the most vulnerable periods of their growth as components of the health programmes. **Effective and safe herbal remedies could be promoted to manage a wide range of children's diseases** using local eco-system resources. In fact, Indian systems of medicine and traditional health practitioners need to be meaningfully integrated into the country's primary health care efforts. This is crucial, considering that in many areas, **traditional healers and *dais* enjoy greater acceptance** and respect from the community than other health workers. Integrate ISM in the provision of reproductive and child health services, and in reaching out to households (National Socio-Demographic Goals for 2010, National Population Policy). 12. Set up a **Health Management**

	Information System (HMIS) in order to enhance responsiveness of the health system, better planning from the district level, monitoring and implementation (Tenth Plan). 13. Reorganise and restructure PHC institutions at the rural level as per a Geographical Information System (GIS). **Re-organise urban primary health care** institutions and linking them to existing secondary and tertiary care institutions. 14. Ensure recruitment and staffing to provide full complement of personnel. 15. Meet critical gaps in critical man-power through re-orientation, up-grading of skills, and redeployment of existing manpower. 16. Improve and sustain national effort to protect and promote the social practice of breast-feeding of infants.and support exclusive breast-feeding for the first 6-months, with subsequent introduction of **home based complementary foods** as a key public health measure. 17. Meaningful **decentralisation** will result only of the convergence of the national family welfare programme with the ICDS programme is strengthened. The focus of the ICDS programme on nutrition improvement at village levels and on pre-school activities must be widened to include maternal and child health care services (National Population Policy 2000, Operational strategies). 18. Adding hepatitis to the vaccines is likely to result in further deterioration of immunisation coverage. 19. All that is mentioned about malaria control is being said for last 50 years and malaria remains stand-fast. Unless out public health system is strengthened, malaria, tuberculosis, STDs, etc., will continue to have upper hand over man. 20. Availability and accessibility of services - a close examination of services available for children needs to be done. There should be focus on equity of accessibility.

	21. There is serious concern about the increasing privatisation and decreasing budgetary allocations as well as increasing dependence on external aid for health services. 22. Campaigns like pulse polio takes away focus from other critical diseases under the immunisation programme. 23. Need for percolation of information. 24. The impact of other policies, such as the Agricultural policy, forest policy should be taken into account for their impact on food, nutrition and livelihood security. 25. Vision 2020 (Planning Commission) has clearly identified a higher commitment of resources. This should be taken up by the government seriously. 26. The family should be identified as a unit and measures taken to strengthen it. 27. Health problems such as juvenile diabetes, cancer, anorexia should also be given its due consideration. Do we have to wait for the affected population of children to reach 'sizeable numbers' for it to be noticed? Moreover, what really is this sizeable number'? 28. There is a tremendous impact on health as a result of environment degradation. This should be addressed in the NPA. 29. Health services in urban areas should be made more child-friendly and accessible. There should be modification of the permissible age limit in the pediatric ward, since otherwise they are either sent to the general ward or to the female ward. 30. Regulation of health care has to be enforced. All states must have comprehensive legislation on infrastructure and quality standards for clinical establishments / medical institutions. A statutory /accreditation mechanism would be needed to enforce standards and quality. 31. Food and drug administration has to be strengthened at the centre and in the states.

Investment

1. Increase health expenditure by government as % of GDP from the existing0.9% to 2.0% by 2010 (National Health Policy 2002).
2. Increase State sector health spending from 5.5% to 7% of the budget by 2005 and further increase to 8% by 2010 (National Health Policy 2002).
3. Ayurveda can contribute to cost-effective and low external input strategies for managing the health of India's children.
4. Some of the other strategies suggested above have been identified as areas of focus under the Tenth Plan. Thus these would not mean 'additional costs'.
    1. Achieve 100 percent deliveries by trained personnel (National Socio-Demographic Goals for 2010, National Population Policy).
    2. 100% overage for Tetanus Toxoid immunisation

Strategies

The Tenth Plan has laid down a number of priorities and strategies including –

1. Strategise interventions needed on the basis of the performance of the district. Thus for a poor performing district, it is essential to first improve ANC coverage. On the other hand, a better performing district would need strengthening of referral services (Tenth Plan). Districts that have a high percentage of institutional deliveries should essentially start focussing on quality aspects and medical audit.
2. Make available antenatal cards to all pregnant women across all states.
3. The role of an ANM: Skill up gradation of ANMs. ANM will work closely with the AWW and will conduct material and child health clinics in anganwadis on specified days. ANM will serve as a gatekeeper for referrals.
4. Promote delayed marriage of girls, not earlier that age 18 and preferably after

	age 20 (National Socio-Demographic Goals for 2010, National Population Policy). 5. Reorganisation of PHCare services in order to fill gaps for referral services. 6. Achieve 80% institutional deliveries and 100 percent deliveries by trained personnel (National Socio-Demographic Goals for 2010, National Population Policy). However, there was an alternative view towards this – Institutional delivery for every woman is unnecessary and not cost effective. Pregnancy is a natural phenomenon. Proper antenatal care, diagnosis of problem cases for institutional delivery should be rigidly implemented. Trained persons can safely deliver the remaining cases. This will be cost-effective. TBA as well as the vast pool of traditional *dais* should be made familiar with emergency and referral procedures. This will greatly assist the ANM at the SC to monitor and respond to maternal morbidity/emergencies at village levels (National Population Policy 2000, Operational strategies). Ensure adequate transportation at village level, SC levels, zilla parishads, Primary health centres and at community health centres. Identifying women at risk is meaningful only if women with complications can reach emergency care in time (National Population Policy 2000, Operational strategies). 7. Create a national network consisting of public, private and NGO centres, identified by a common logo, for delivering reproductive and child health services free to any client. The provider will be compensated for the service provided, on the basis of a coupon, duly countersigned by the beneficiary, and paid for by a system to be devised. The compensation will be identical to providers across all sectors. The end-user will choose the provider of the service. A group of experts will devise checks and balances to prevent misuse (National Population Policy 2000,

	Operational strategies). 8. AWC be converted into AW-cum-creches, especially in areas where there is a large women work force (Recommendations of the Working Group on Child Development, Annual Report, DWCD, MHRD, 2001-2002). 9. take are of the large unmet need in induce abortion particularly in rural areas and in slums. IEC activities have to inform women that delayed abortion and unsafe procedures can cause problems. 10. All pregnant women should have access to subsidised food and nutrition security. They should be assured of a basic minimum package of not only ANC, but also postnatal care, especially for all working women.
2. MATERNAL HEALTH Reduce Maternal Mortality Rate (MMR) to 2 per 1000 by 2007 and to 1 by 2012 (Planning Commission). *Reduce MMR to below 100 per 100,000 live births (National Population Policy) *Reduce MMR to 100/100,000 by 2010 (National Health Policy). OBJECTIVES: *UN 37(1) *UN 37(6) *Achieve 80 per cent institutional deliveries and 100 per cent deliveries by trained persons (National Population Policy). STRATEGIES Provide basic maternity services to all pregnant women. Prevent maternal morbidity and mortality. *Develop a national programme to provide neo-natal care at grassroots level. *Strengthen health interventions under RCH Programme (a) effective MCH care (b) increase access to contraceptive protection (c) safe management of unwanted pregnancies (d)nutrition services to vulnerable groups (e) preventionand treatment of RTI/STD (f) prevention and treatment of gynaecological problems (g) screening and treatment of cancers. *Strengthen National Anaemia Control	**Concern/s: Present MMR incidence levels. Specific interventions required to sharply increase coverage levels. (2000: MMR: 1998/99: 540 per 100,000 births.** **Up from 437/100,000 in 1992/93).** **2/1000 = 200/100,000 : i.e. slash to less than half of present rate by 2007, and to less than a quarter by 2012: Specify how.** **RISK: With gender-blind family planning, impact on girl foetus survival prospects.** **Goals** 1. 100% overage for Tetanus Toxoid immunisation **Strategies** The Tenth Plan has laid down a number of priorities and strategies including – ⇒ Strategise interventions needed on the basis of the performance of the district. Thus for a poor performing district, it is essential to first improve ANC coverage. On the other hand, a better performing district would need strengthening of referral services (Tenth Plan). Districts that have a high percentage of institutional deliveries should essentially

	start focussing on quality aspects and medical audit. ⇒ Upgrade skills of ANMs. ⇒ Make available antenatal cards to all pregnant women across all states. ⇒ ANM will work closely with the AWW and will conduct material and child health clinics in anganwadis on specified days. ⇒ ANM will serve as a gatekeeper for referrals. ⇒ Reorganisation of PHCare services in order to fill gaps for referral services. ⇒ Promote delayed marriage of girls, not earlier than age 18 and preferably after age 20 (National Socio-Demographic Goals for 2010, National Population Policy).Study prospect of setting 2015 goal of 21 for both sexes? Project law change by then? ⇒ Achieve 80% institutional deliveries and 100 percent deliveries by trained personnel (National Socio-Demographic Goals for 2010, National Population Policy). ⇒ Achieve 100 per cent registration of births, deaths, marriages and pregnancy (National Socio-Demographic Goals for 2010, National Population Policy). ⇒ Set and implement minimum basic performance standards: TBA licensing? TBAs as well as the vast pool of traditional *dais* should be made familiar with emergency and referral procedures. This will greatly assist the ANM at the SC to monitor and respond to maternal morbidity/emergencies at village levels (National Population Policy 2000, Operational strategies). ⇒ Ensure adequate transportation at village level, SC levels, zilla parishads, Primary health

	centres and at community health centres. Identifying women at risk is meaningful only if women with complications can reach emergency care in time (National Population Policy 2000, Operational strategies). ⇒ The ANM at the SC should be responsible and accountable for registering every pregnancy and child birth in her jurisdiction and for providing universal ante natal and post natal services (National Population Policy 2000, Operational strategies). Q: Is Health Service to be made solely responsible for birth registration? Or with ICDS workers? Q: Is ANM also to be responsible for tracking/registering all neonatal/infant deaths? Q: Is ANM also to be responsible for successful /full-term completion of every pregnancy? ⇒ Create a national network consisting of public, private and NGO centres, identified by a common logo, for delivering reproductive and child health services free to any client. The provider will be compensated for the service provided, on the basis of a coupon, duly countersigned by the beneficiary and paid for by a system to be devised. The compensation will be identical to providers across all sectors. The end-user will choose the provider of the service. A group of experts will devise checks and balances to prevent misuse (National Population Policy 2000, Operational strategies). ⇒ Institutional delivery for every woman is unnecessary and not cost-effective. Pregnancy is a natural phenomenon. Proper antenatal care, diagnosis of problem cases for institutional delivery should be rigidly

	implemented. Trained persons can safely deliver the remaining cases. This will be cost-effective. 15. All pregnant women should have access to subsidised food and nutrition security. They should be assured of a basic minimum package of not only ANC, but also postnatal care, especially for all working women.
3.NUTRITION	**National Policy Commitment** **Right to Nutrition** The State shall take steps to provide all children from families below the poverty line with adequate supplementary nutrition and undertake adequate measures for ensuring environmental sanitation and hygiene.
Major Goal UNGASS Goal Reduction of child malnutrition among children under five years of age by at least one third, with special attention to children under two years of age, and reduction in the rate of low birth weight by atleast one third of the current rate. [UN36(c)] **Objectives:** *UN 37(5) *UN 37(22) *UN 37(13) *Reduction in malnutrition (National Nutrition Mission) *Reduction/elimination of micronutrient deficiencies relating to iron, iodine and Vitamin A etc. (National Nutrition Mission) *Reduction in chronic energy deficiency (National Nutrition Mission) *Address the problem of malnutrition in a holistic manner and accelerate reduction in various forms of malnutrition especially in women and children such as under-nutrition, anemia, vitamin A deficiency, iodine deficiency disorders and chronic energy deficiency in adults. STRATEGIES *Implement the National Nutrition Mission * Provide safe and adequate nutrition for infants, by promoting breastfeeding, and by ensuring the proper use of breast-milk substitutes. *Supply iodated salt in place of common salt	**Core Concern:** **Nutrition is a fallout of food insecurity, and negative social practice aggravates it. Food insecurity is a fallout of many factors converging to hit the disadvantaged: disenfranchisement, improper distribution, land use and forest policy, water access, displacement. The NPA must address underlying problems, not just deal with symptoms. The Tenth Plan says that 'State subsidies must continue;' they must. NPA should specify food security actions.** **Concerns** 1. The growing food insecurity, starvation and malnutrition in the country in the wake of higher food availability. 2. The problem lies not with availability, but improper distribution of food. The problems are of affordability and accessibility to available food stocks in the country. 3. Food security has to be understood and analysed in the context the country's policies related to agriculture, natural resources such as forests, water and land. These are manifested in the shift from food crops to cash crops, loss of access to traditional nutrition sources such as forests. The situation is compounded by

*Provide oral dose of Vitamin A, every six months, starting after six months of birth to five years. *Improve nutritional and health status of children below the age of six-years. *Promote setting up of Energy Food/Ready-to-Eat Food units. *Generate awareness on various aspects of nutrition and promote nutrition aspects of public health. *Boost universalisation of primary education by impacting upon enrolment, attendance and retention and the nutritional needs of children studying in classes I-V.	the policies on public distribution that limits itself to only those below poverty levels. The current PDS system assumes that there is income to buy food Indeed there has been a move towards "food disenfranchisement" leading to fall in nutrition levels. 4. The entry of new commercial food products in the market and its influence on food habits has delegitimised the local nutritious food. 5. Intra-household disparity based on discrimination on the basis of gender, (dis)ability. One of the most violent and hidden form of abuse is nutritional abuse. Priorities: FOOD SOVEREIGNTY IMPROVED FOOD DISTRIBUTION FOOD FOR WORK PROGRAMME TO BE RE-STARTED LIVING WAGES FOR ADULTS INCREASE PURCHASING POWER OF INDIVIDUALS Identify, curb impact of other policies on nutrition. Concerns that call for impartial assessment and correction: COMMERCIAL MILK SUBSTITUTES CANNOT REPLACE BREAST MILK. STOP SYSTEMATIC DELEGITIMISING OF LOCAL AND NUTRITOUS FOODS AND THEIR REPLACEMENT WITH FOOD THAT MAY BE LESS NUTRITIOUS, COST MORE, AND BE PUSHED DUE TO ITS COMMERCIAL VALUE THE CURRENT PDS SYSTEM ASSUMES THAT THERE IS INCOME TO BUY FOOD. GENDER DISPARITY EVEN WITHIN FAMILIES IN NUTRITIONAL LEVELS (INTRA-HOUSEHOLD DISPARITY) ACTUAL TARGETS AND PROVISIONS OF The National Nutrition Mission provisions need to be examined in regard to these concerns. Examine the feasibility of food stamps for food security. However, primary attention should go to generating/re-generating local food security capability.

	MOVE FROM NUTRITION SECURITY TO NUTRITION SOVEREIGNTY **Accept and implement the BPNI priorities:** As a strategy, provide outreach counseling to all families on infant and young child feeding as a 'service.' Train all health workers in infant and young child feeding counselling. Promote/provide for exclusive breastfeeding for first 6 months. Promote appropriate, adequate complementary feeding from 6th to 24th month. Target mothers, young children, adolescents as priority groups for improved food security measures. **Goal** 1. Reduction in proportion of LBW babies to one tenth of all births. 2. Reduction in the percentage of underweight children by more than half (especially those under the age of three). 3. Reduction in the prevalence of anaemia more nearly 50% in severely anaemic children and by 35% in children with moderate anaemia and bring down the prevalence of maternal anaemia to less than 25%. **4.** Reduction of the poverty ratio by more than 15 points by 2015. **5.** Enhance early initiation of breast feeding to more than 75 per cent by 2015. **Strategies** 1. Improved food distribution, making it accessible of persons and this will need the redefining of "persons in need" beyond the current BPL calculations. -Ensuring the strengthening of existing nutrition interventions through National Nutrition Mission would.

	-Food security for children is inextricably linked to the income security of adults in the family. Interventions such as food for work programme to be re-started along with creation of opportunities for living wages for adults leading to increase in purchasing power of individuals and families. - Dissemination of nutrition information on infant and young child feeding, low cost nutritious foods for achieving nutrition security, significance of safe drinking water and sanitation, health and family welfare issues and research and development would be made **0-3 years** 1. Breast-feeding is the first life-guarding action. Onset of malnutrition in children should be prevented by promoting sound neonatal, infant and young child feeding practices from birth, with special emphasis on breast feeding and complementary feeding. 2. Universal colostrum feeding, exclusive breast-feeding up to six months, introduction of semisolids at six months. 3. Special priority for children below 24 months, through the ongoing direct feeding programme of the Special Nutrition Programme. 4.Encouragement of breast-feeding and discouragement of milk substitutes. This will need the provision of maternity benefits, crèches and day care centres to facilitate breast-feeding. **3-6 years** 1. Provision of supplementary nutritious food through ICDS and day care centres **Policy** 1. **Focus on nutrition security** (Tenth Plan) for families especially for the most marginalised as well as to children who do not live within families. These would need policies that specially target interventions for their benefit. 2. **Proactive identification of vulnerable groups of children** for provision of

	nutrition security and management of under-nutrition. 3. Ensure a focus **equitable distribution** (Tenth Plan) of benefits to enhance nutrition security. 4. **Nutritional security of women** should be seen as an important contributor to the nutrition security of children. 5. **Poverty alleviation programmes** (TenthPlan) and improving purchasing power of people with enhancing nutrition security of children as a crucial objective. **Goals** (by 2015) 1. Reduction in proportion of LBW babies to one tenth of all births. 6. Reduction in the percentage of underweight children by more than half (especially those under the age of three). 7. Reduction in the prevalence of anaemia more nearly 50% in severely anaemic children and by 35% in children with moderate anaemia and bring down the prevalence of maternal anemia and bring down the prevalence of maternal anaemia to less than 25%. 8. Reduction of the poverty ratio by more than 15 points by 2015. 9. Enhance early initiation of breast feeding to more than 75 per cent by 2015. 10. To ensure household level food security. 11. To ensure an inter-sectoral minimum package. **STRATEGIES** 1. Increasing production of locally available coarse grains and making these available at subsidised rates through the Targeted Public Distribution System (TPDS). **Focus on nutrition security** for families especially for the most marginalised as well as to children who do not live within families. However, is it conducive to move towards nutrition security without looking at food security? 2. Formation of **grain banks and**

	formation of self – help groups, micro finance and micro enterprise development, food for work programmes (and other programmes under the Sampoorna Gramin Rozgar Yojana), social security programmes, mid-day meals, etc. 3. Make use of the findings of the three surveys that reviewed the ICDS services for follow up action. 4. Ensuring availability of cereals and pulses and seasonal vegetables. (such as millets as proposed by the Tenth Plan). 5. The NPA draft also mentions setting up of 'energy food/ready to eat food units'. This is not culturally and financially the best option! The focus should be more on initiatives such as horticulture etc. Thus the strategies should be sustainable and locally conducive. 6. Operationalising universal screening of all pregnant women, infants, preschool children, school children, **adolescents and children not within the formal structures of targeted interventions**. 7. Preparedness to address crisis situations of food scarcity. 8. All the schemes, including the National Nutrition Mission, that have the focus of improving food and nutrition security of families need to be implemented effectively. 9. **Schemes need to be urgently put in place for children (including adolescents) that are not within families and formal structures of interventions.** Thus there should be schemes for street children, children headed households (especially in case of AIDS orphans, children orphaned as a consequence of natural and man-made disasters, children of sex workers and child sex workers, and others). 10. Create functional linkages between the community (local population in general) with formal structures – PRIs,

	ANMs and AWWs, etc. The focus should be to implement the 73rd and 74th Amendments and make them work towards addressing local needs. 11. Screening for common nutritional deficiencies especially in vulnerable groups and initiating appropriate remedial measures (Tenth Plan). 12. Focussed interventions aimed at improving the nutritional status of children under 6 years, with special priority for children below 24 months, through the ongoing direct feeding programme of the Special Nutrition Programme. 13. Nutrition education with a special focus on ensuring – Universal colostrum feeding, excusive breast feeding up to six months, introduction of semisolids at six months. The present draft of the NPA talks of 'ensuring proper use of breast milk substitutes'. 14. 14. Semantics are important. This could be translated as ready made substitutes rather than *khichdi*, mashed bananas, etc. Thus 'home based milk substitutes' seems more appropriate. 15. Promote equitable inter – family distribution. 16. Improve the purchasing power of people through income generating activities. Focus on empowerment of women. 17. **Onset of malnutrition in children should be prevented** by promoting sound infant and young child feeding practices with special emphasis on breast feeding and complimentary feeding (Recommendations of the Working Group on Nutrition, Annual Report, DWCD, MHRD, 2001-2002). 18. Production and consumption of low cost nutritious foods from **locally available food materials be promoted** in partnership with public and private sector involving SHGs and community so as **to ensure accessibility of these foods to rural masses**.

	19. National programmes to address under-nutrition and micronutrient malnutrition, including the ICDS, should be reoriented, intensified and expanded (Recommendations of the Working Group on Nutrition, Annual Report, DWCD, MHRD, 2001-2002). 20. A system of nutrition monitoring, mapping and surveillance be established in the country from community level to the national level utilising the network of ICDS (Recommendations of the Working Group on Nutrition, Annual Report, DWCD, MHRD, 2001-2002). 21. The Food and Nutrition Board had been promoting setting up Energy food/Ready-to-eat food units through State governments. Twelve units for Community based production of nutritious foods involving **social organisations and women groups are producing low cost nutritious foods at the community levels for use in supplementary feeding programmes** (Annual Report, DWCD, MHRD, 2001-2002, pg. 135). This should not be read in isolation of the governments policy on breast-feeding. 22. The critical requirement for making major progress on malnutrition is improvement in early child care practices. Care for girls and women during pregnancy and lactation; their physical health and nutritional status, autonomy and respect in the family and considerations of workload and time; birth spacing and delayed age at first birth; and equal access to education are essential components of care practices. These are all actions that need to take place within the family and are dependent on the knowledge, understanding and practices of mothers, fathers, older siblings and other caregivers. The **nutrition challenge is**, therefore, one of reaching into the communities and homes of new-borns and **inducting a massive social and cultural change in care practices** (Annual Report,

	DWCD, MHRD, 2001-2002, pg. 61). 23. National Nutrition Mission would strengthen existing nutrition interventions. Concerted efforts would be made towards dissemination of nutrition information on infant and young child feeding, low cost nutritious foods for achieving nutrition security, significance of safe drinking water and sanitation, health and family welfare issues and research and development would be made (Annual Report, DWCD, MHRD, 2001-2002, pg. 139). 24. Nutrition can improve only on improving the purchasing power. 25. Promotion of food for work programmes in order to promote food security. 26. There has been a shift from food security to nutrition security in the Tenth Plan. Is this shift beneficial considering the fact that basic food security has not be ensured to all? 27. Promotion of food for work programmes in order to promote food security. 28. The Public Distribution System: The PDS system has to be made more people centric. So far, it has not necessarily benefited the poorest as envisaged. Reportedly, there have been a number of irregularities in the functioning of the PDS. These have to be removed. Further, it has been reported that '*mitti ka tel*' (along with sugar) will be taken off the list of commodities available under the PDS. However, the poor use it as fuel. Thus it should not be removed. Moreover, there need to be more fool proof as well as effective procedures to identify beneficiaries. Moreover, the issue of subsidies needs to be looked into. The states should bear the responsibility towards the transportation costs. There are three main points that need to be highlighted that are associated with the concept of the PDS – 1. Traditional foods

	are being delegitimised, especially through the PDS. The local population in a particular area sells of the nutritious food that they have procured through traditional sources (forests etc) and sell it in the free market only to use the money to purchase less nutritious commodities available through the PDS such as polished rice. 2. Moreover, PDS is essentially a concept associated with a stable population. Thus mobile populations pass through the sieve. And these are the most vulnerable. 3. The PDS necessitates a regular monthly income to purchase essential commodities. However, regular income is not a reality of a vast majority of the 'beneficiaries' of PDS. 29. Traditional food promotion can be done through the PDS. 30. A number of poor families cannot get the BPL cards since they get 'pushed' in to the APL strata. For instance, tribals have been uprooted from their traditional habitation and are given some land and a '*pucca*' house. The land may not be necessarily fertile. Moreover, since they do not come from 'traditionally farming families' they cannot really make use of the 'benefits' and tend to even get further marginalised – and yet be categorised as APL. 31. Marginalisation gets more pronounced even in the case of the urban poor. They are unable to get the benefits of the PDS due to lack of BPL card availability. 32. The Tenth Plan looks into promotion of locally grown grains such as millets. This should be available and promoted. 33. The functioning of the PDS should be as per the local needs. Moreover, since often the PDS becomes a source of a power struggle amongst local villagers, especially if the PDS is managed by a higher caste person, marginalization sets in further. Thus

	PDS management could in fact be handed over to the community, preferable to a representative from SC/ST/BC. 34. Urban food and nutrition disorders should also be addressed. 35. Men and their roles in promoting the heath and food security of women should be addressed. 36. Promotion of exclusive breastfeeding for the first 6 months followed by promotion of home based supplementary foods along with support services for lactating mothers. **Investments** While these recommendations are in part derived from State policies and plans, including the Tenth Plan, provision of needed resources must be assured. The **national problem of malnutrition** should be addressed in a 'mission mode approach' **with enhanced budgetary support** (Recommendations of the Working Group on Nutrition, Annual Report, DWCD, MHRD, 2001-2002).
4.Water & Sanitation NATIONAL GOAL All villages to have sustained access to potable drinking water within the Plan period (Planning Commission) 50% of rural population with access to hygienic sanitation (Planning Commission) TARGETS AND DEADLINES UN 37(32) * UN 37 (25) * Adequate safe drinking water facilities should be provided to the entire population both in urban and in rural areas. Irrigation and multi purpose projects should invariably include a drinking water component, wherever there is no alternative source of drinking water. Drinking water needs of human beings and animals should be the first charge on any available water. (National Policy) * Rural habitation in the country are to be covered by drinking water supply facility by 2004 (Rajiv Gandhi Drinking Water Mission) * Generate felt need through awareness	**Concerns** **1.**Basic water security is increasingly at risk . -Increasing privatisation of water is further increasing this risk by bringing in anew dimension to both access and cost -The share of available water for agriculture is pressured by increasing urban and industrial demand. -Depletion of water is combined with contamination of water. Fluorosis and arsenic poisoning pose additional hazards.] -The proportion of population with any form of sanitation access within the compound or within reach has increased by only 6% in the last decade. Only 36% of the population (and only 19 % of the rural population)

creation and promotion of health and hygiene (Tenth Five-Year Plan) *Cover schools in rural areas with sanitation facilities (Tenth Five-Year Plan) Encourage suitable cost effective and appropriate technologies (Tenth Five-Year Plan) STRATEGIES * Cover the residual un-covered/partially covered and quality affected rural habitations. * Evolve appropriate technology mix, to improve performance and cost effectiveness of ongoing programmes and to create awareness on the use of safe drinking water. * Undertake conservation measures for sustained supply of drinking water Accelerate coverage of rural population, especially among households below the poverty line (BPL) with sanitation facilities. * Eradicate manual scavenging by converting all existing dry latrines into low cost sanitary latrines. Encourage cost effective and appropriate technologies in sanitation	currently have access to sanitation and this includes all classes. - Safe and adequate drinking water supply must remain a State priority. Water must not become a commercial commodity, and safe water provision, must not become a private sector subject.. The Tenth Plan points out that statistics of high coverage do not reveal realities of poor actual supply, poor access, poor quality and irregular supply. The Plan also proposes private sector involvement in water supply (Tenth Plan, pp 634-635). **Goals** 1. Providing adequate water and sanitation services (UNGASS 2. All villages to have sustained access to potable drinking water within the Plan period (Planning Commission) 3. 50% of rural population with access to hygienic sanitation (Planning Commission) 4. Underserved urban areas will receive minimum basic supply 5. The above goals will not be subject to achievement of 8% growth rate. 6. Achieve a per-capita right over water for drinking and sanitation. **Strategies** 1. Cover the residual un-covered/partially covered and quality affected rural and urban habitations. Provision and investment for water and sanitation must be consciously pro-poor and pro-child, targeted in favour of the most disadvantaged groups. This would mean ensuring coverage of all anganwadis, schools and progressively reducing the distance between the water source and the household. 2. All coverage must be linked to morbidity prevention connecting to actual present causes 3. Evolve appropriate technology mix, to improve performance and cost

	effectiveness of ongoing programmes and to create awareness on the use of safe drinking water. 4. Undertake conservation measures for sustained supply of drinking water. 5. Accelerate coverage of rural and urban population, consciously targeting households that are households below the poverty line (BPL), or belong to marginalized groups, with sanitation facilities. 6. Eradicate manual scavenging by converting all existing dry latrines into low cost sanitary latrines and providing alternative sources of livelihood. This will be undertaken progressively and eradication will be achieved 7. Encourage cost effective and appropriate technologies in sanitation. **Goals** 1. One fifth of the total rural households have sanitation facilities. The sanitation coverage should be expanded to all districts by the end of the X Plan by sanctioning Total Sanitation Campaign (Unstarred question no. 3045). 2. Implement the 'Swajaldhara scheme' – a demand responsive community led and participatory scheme throughout the country. the norms for providing safe drinking water to rural habitations are – 3. 40 litres of safe drinking water per capita per day for human beings, ii. One hand pump or stand post for every 250 persons, iii. The water source should exist within the habitation or within 1.6 km in the plains and within 100 metres of elevation in the hilly areas. Cover all rural habitations with drinking water by April 2004.

	4. Ensuring the right of children to safe drinking water is a top priority of the Government of India (Annual Report, DWCD, MHRD, 2001-2002, pg. 61). 5. Water and sanitation problems in urban slums are even more acute than in rural areas. This is a situation that needs to be taken up and addressed on a priority basis. **Strategies** 1. Implement the 'Swajaldhara scheme' – a demand responsive community led and participatory scheme throughout the country in all the not – covered (NC) and the partially covered (PC)habitations to provide at least 40 lpcd drinking water to the rural people where community participation is forthcoming. The scheme also provides for drinking water facilities to schools in rural areas. **Investments** Allocations under the 'Swajaldhara scheme' have already been made and some amount of funds already been released including to drought affected areas up to 2003.
5.Early Childhood Care	**National Policy Commitment** **Right to early childhood care** a. The State shall in partnership with community provide early childhood care for all children and encourage programmes which will stimulate and develop their physical and cognitive capacities. b. . The State shall in partnership with community aim at providing a childcare centre in every village where infants and children of working mothers can be adequately cared for. c. The State will make special efforts to provide these facilities to children from SCs/STs and marginalised sections of society.
UNGASS GOAL :UN 36 (e): Development & implementation of national early childhood development policies and programmes to ensure the enhancement of children's physical, social, emotional, spiritual and cognitive development **NATIONAL GOAL**: *Same as above. **Objectives:** UN 37(10)	**Concern:** 1. Persistent stagnation of first day, first week and first month morbidity and mortality 2. Persistent proportion of children born with low birth rate. 1/3 of all births continue to be low birth weight. 3. Persistent short-fall of minimum

STRATEGIES -* Universalise and improve quality of early childhood care in remote and socio-economically backward area with primary attention given to girls, through the ICDS. -* Provide day care services for the children (0-5 years) of mainly casual, migrant, agricultural and construction labourers. -* Improve the nutritional and health status of pre-school children in the age group of 0-6 years. -* Reduce the incidence of mortality, morbidity, malnutrition and school dropout. -* Enhance the capability of the mother to look after the normal health and nutritional needs of the child through proper nutrition and health education	basic preventive and protective services. 4. Persistent low quality of state childcare services and the persistent failure of targeting the 0-3 year age group. 5. Lack of services for the poorest, transient, "illegal" or "unauthorised" groups such as pavement dwellers and squatters. TAKE UNGASS GOAL (40(a) ADD DEVELOPMENT GOALS. Target action to address: DIFFERENTIALS BETWEEN: 0-3, 3-6. Questions: WHAT SERVICES, WHAT INFORMATION DO PARENTS NEED FOR HOLISTIC DEVELOPMENT? PROVISION FOR CRECHES TO FACILITATE BREAST FEEDING **Policy:** 1. To reaffirm the commitment of the 'Development of Children' with a special focus on the early childhood development, not only as the most desirable investment for the country's future but also as the right of every child to achieve his/her full development potential. 2. To adopt a rights based approach to the development of children, as being advocated by the Draft National Policy and Charter for Children. 3. Specific interventions to address the Tenth Plan observation that the early childhood years – especially the pre-natal to first three years -- are the most crucial and vulnerable period in life for the achievement of full human development potential and cumulative life-long learning. This is the time when the foundations for physical, cognitive, emotional and social development are laid. **Investment** Set up necessary co-ordinating mechanism for converging services, pooling resources of related sectors utilising both manpower and infrastructure to address the 'holistic' and the 'whole child approach' towards better early

	childhood care and development (Tenth Plan).
6. ADOLESCENTS	**National Policy Commitment** **Right of Adolescents to education and skill development** The State and the community shall take all steps to provide the necessary education and skills to adolescent children so as to equip them to become economically productive citizens, special programmes will be undertaken to improve the health and nutritional status of the adolescent girl.
Major Goal: **UNGASS GOAL: UN 36 (f)** **NATIONAL GOAL:** Similar as above 1. Development and implementation of national health policies and programmes for adolescents including goals and indicators, to promote their physical and mental health. **Objectives:** -* UN 37(9). -* UN 37(21) -* UN 40 (9) -* UN 40(10) -* i. Formal and non formal Mass education -* ii. Training programme for self employment -*iii. Personality development and character building -*iv. Promotion of physical fitness. (i. to iv. The National Youth Policy, 2000) -* 1. Place responsibilities on youth along with privileges. -*2. Provide youth with more access to the process of decision making and implementation thereof -*3. The thrust areas of empowerment, gender equality and inter-sectoral approach -*4. Make a distinction between adolescents in the age group of 13 to 19 years and the age of attainment of maturity from 20-30 years (1 to 4 National Youth Policy for Adolescents, Ministry of Youth Affairs and Sports) **STRATEGIES** -* Improve the nutritional and health status of girls in the age group of 11-18 years -* Provide the required literacy and numeracy skills through the non-formal stream of education to stimulate a desire for more social exposure and knowledge and to help them improve their decision making capabilities. -* Train and equip the adolescent girls to improve/upgrade home-based and vocational	**Concerns:** This is the vulnerable cohort of children passing through the final phases of childhood. Many are already thrust into adult roles and/or exposed to risks they are not adequately equipped to face. The best application of health policies cannot cover all their needs and entitlements. The principle of 'all rights for all children' must apply. This section needs thorough review. Adolescents from 10 to 18/19 sub-divide into three or four age sub-groups, with different capability levels and different needs. Concerns cover: Survival risks: Development rights: Protection risks: Parity rights: Participation potential and rights: The status and condition of the adolescent has been identified as a concern in the Tenth Five-year Plan. A working group on adolescents was set up to recommend needed action in the Plan period. It set the age-frame of 10-19 years for its assessment and recommendations, citing UN standards. An agreed age-range definition is needed. The draft National Youth Policy defines adolescents as 13-19 years of age. The ICDS definition is 11-18 years (and this is cited in the GOI draft NPA). The RCH Programme uses 10-19 years, and the Tenth Plan working group on adolescents adopted this range. . The Constitution of India infers, and most labour laws define,

skills. -* Promote awareness of heath, hygiene, nutrition and family welfare, home management and child care, and to take all measures as to facilitate their marrying only after attaining of 18 years and if possible, even later. -* Arouse social consciousness of youth, in order to encourage personality development of students through community service. -* Provide facilities for developing rural sports as grass-root level -* Organise activities for the preservation of cultural heritage especially of the rural areas -* Provide opportunity to the youth for participation in rural community development works -* Take measures to introduce adolescence education.	14 years as the end of childhood. In various official statements, Govt of India has indicated an intention to extend the official Indian recognition of 'childhood' to the 18-year age level. Whatever the eventual definition and age-range recognised, this section of the population – approximately 22 per cent of all Indians – deserves focused attention and age-specific interventions. While the rights of girl children and removal of gender disparity are critical, the boy adolescent also deserves affirmative attention as a neglected age-group and category among young Indians; measures for sports and recreation do not cover the many rights and needs that now go un-addressed. Define age group, stratify 11-14: 14-16: 16-18: NPA should have targeted age-specific interventions to address changing entitlements and needs. Adolescents deserve citizenship opportunity. Nutrition risks: anaemia, micro-nutrient deficiencies? Health /morbidity: Malaria, TB, STDs, other communicable diseases. Vulnerability to drugs, tobacco, alcohol. Elementary education: enrol/retain Personal security (girls) Right to information Define/clarify what 'adolescence education' is. Right to take part/be consulted in design, delivery of services affecting them Likely to join/be in workforce: safe-guards? Early marriage (girls, boys in some areas) Some laws adversely affect the child from age 12 onwards. This is discriminatory and undermines "equality before the law." Extend scope of NYKS to include 10-15 group? NPA must address: Full range of entitlements and rights. Right to information and participation progressively increase. Right to informed choice: does family welfare education equal reproductive health information ?

	Stress comprehensive development. DELETE [or redefine] the term 'YOUTH' (Youth in India extends from 15 to 35 years). . OTHER CONCERNS: • Survival, causes of death, preventives. • Adolescent malnutrition/morbidity • Protection • Development • Poverty and unemployment block access to services like education and pushes children into labour. • Inadequate investment in education. Failure to reach 6% of GDP. • Low education status of disadvantaged groups • Low enrolment in schools • High drop out rates • Too few upper primary and secondary schools • Poor quality of teaching • Poor teacher-student ratios • Not enough female teachers • Poor school infrastructure • No accountability in education system • Poor mechanisms for participation RECOMMENDATIONS WITH REFERENCE TO THE ABOVE CONCERNS: Enforce the Constitutional provisions in the Directive Principles of State Policy on Living Wages, to enable universal education. • Allocate the promised 6% of GDP for education and progressively implement the Tapas Mazumdar Report. • Conscious targeting of benefits and opportunities to SC, ST, BC, migrant and other hard to reach adolescents and within these groups female adolescents. Special measures for disabled. • Provide free and compulsory education, including textbooks and uniforms, upto secondary level (class 10). • Targeted effort to retain students till they complete eight years of schooling. Provide extended learning opportunities upto age 18 with provision for vocational education

	• Build more schools, including schools for girls. Target educationally backward districts. Revise SSA norm to ensure that there are as many upper primary schools as primary schools. Set and reach minimum targets. • Stop employing para-teachers and improve the skills of the regular teaching cadre through in-service training. Improve monitoring and inspection systems. Build teacher accountability into the system. • Recruit teachers to vacant posts and invest in creation of additional posts • Recruit more female teachers • Invest in pucca buildings, a classroom for every class, drinking water, separate toilets for males and females, blackboards and teaching aids as well as cooked midday meals • Build in systems of accountability for education departments, school authorities and teachers. Panchayats, Village Education Committees/Parent-Teacher Associations should be empowered to play a role. 1. Promotion of the effective participation of adolescents in the community in planning at all levels. 2. Control and prevention of drug abuse. 3. Awareness programmes, including those about sex education and early marriage. 4. Awareness programme at all levels in gender sensitisation. 5. Individualised attention to adolescents with special characteristics and needs.
7.HEALTH CARE SERVICES	
UNGASS : UN 36(g) **Access through the primary health care system to reproductive health for all individuals of appropriate ages as soon as possible and no later than 2015.** **NATIONAL GOAL** -* Achieve 80 per cent institutional deliveries and 100 per cent deliveries by trained persons (National Population Policy)	**Core Concerns:** **Question: How will this secure the health of children beyond improving chances of safe birth?** **Health care for the child must address the health entitlements of all children of all ages.** **Services must radically improve in**

-* Increase utilisation of public health facilities from current Level if <20 to >75% by 2010 (National Health Policy) **Objectives** -* UN 37(2) -* UN 37(15) -* Un 37(3) -* UN 37 (24) -* Strengthen the primary health infrastructure, and to facilitate the States to bridge the gaps in essential infrastructure and manpower (10^{th} Plan Approach of Family Welfare Programme) -* Strengthen the primary health structure to attain improved public health outcomes on an equitable basis (National Health Policy) **STRATEGIES** -* Provide primary health care infrastructure through a network of Sub-Centres (SCs), Public Health Centre (PHCs) and Community Health Centres (CHCs). -* Strengthen and revitalize the primary health infra-structure for improved provision of basic minimum services in rural areas. -* Provide out-reach services for the satellite population and referral centers for sub-district centers and primary health centres	**order to ensure reductions of morbidity and mortality.** This calls for both Policy and Investment changes. The present resource allocation for Health is too low; it must be enhanced, with conscious targeting of resource use to address critical survival needs **POLICY: Child Survival : to focus on neonatal morbidity prevention and intervention, to bring down unsafe pregnancies, unsafe deliveries, unsafe newborn and neonate care, unsafe first-week care.** **MMR reduction must be addressed with preventive/protective measures.** **Service training and standards must sharply improve.** Skill improvement and accountability of professionals and para-professionals must be ensured. District and panchayat child survival action planning must be propmoted, and local plans made, carried out and monitored. IMR/MMR reduction goals must not be options; they must be non-negotiable achievement targets and commitments. What are the exact "strengthening and revitalising" measures planned? The basic infrastructure of services exists; it does not function well. Need for 'fault analysis,'correction, and performance accountability. Specify exact measures to meet Tenth Plan IMR and MMR targets. Eleventh Plan targets of IMR and MMR reduction to 1:1000 by 2012 cannot be achieved without major health care improvements before 2007. **Strategies** 1. **Integrate all aspects of the current vertical programmes** (Tenth Plan). 2. Set up a **Health Management Information System (HMIS)** in order to enhance responsiveness of the health system, better planning from the district level, monitoring and implementation (Tenth Plan). 3. Use the **Panchayati Raj Institutions** to boost accountability of public health care providers through addressing problems of absenteeism, inter-sectoral

	collaboration, etc. 4. The vast **infrastructure and manpower providing primary health care needs** of the population is **not evenly distributed** and those segments of the population whose health care needs are the greatest have very poor access to health care (Tenth Plan). This is true for urban areas, especially slums, as well as rural areas. Moreover, apart from **limited access for vulnerable populations**, these services are inaccessible for children without families or attached to formal structures of representation (NGOs, etc). Thus there should be an **equitable access** to health services. 5. Reorganise and restructure PHC institutions at the rural level as per a Geographical Information System (GIS). Re-organising the urban primary health care institutions and linking them to existing secondary and tertiary care institutions (Ninth and Tenth Plan). 6. Meeting critical gaps in critical man-power through re-orientation, skill up gradation and redeployment of existing manpower. 7. Improving reporting, recording and monitoring of vector-borne diseases including cases treated in the private sector in order to get reliable estimates of prevalence (Tenth Plan) and thus response. 8. Progressively improve access to mental health care services at the primary and secondary care levels to cover all districts in a phased manner (Tenth Plan). 9. Convergence of services under various departments with the Department of Women and Child Development (Tenth Plan). **Investment** 1. available funds to make all the existing primary health care institutions fully functional and develop infrastructure and manpower in the states to improve quality and coverage (Tenth Plan). 2. Tenth Plan goals and strategies, give

	priority to infrastructure maintenance, development, increasing outreach (transport - example by supply of mopeds to ANMs), training etc. The commitment gets reiterated through the funding: the approved Tenth Plan outlay for these components has **doubled** against the outlay in the Ninth Plan. Funding for training, while increased, probably deserves even more.
8.Children with Disability	**National Policy Commitment** **Rights of children with disabilities** a. The State and community recognise that all children with disabilities have a right to lead a full life with dignity and respect. All measures would be undertaken to ensure that children with disabilities are encouraged to be integrated into the mainstream society and actively participate in all walks of life. b. The State and community shall also provide for their education, training, health care, rehabilitation, recreation in a manner that will contribute to their overall growth and development. c. The State and community shall launch preventive programmes against disabilities and early detection of disabilities so as to ensure that the families with disabled children receive adequate support and assistance in bringing up their children. d. The State shall encourage research and development in the field of prevention, treatment and rehabilitation of various forms of disabilities.
UNGASS GOAL. **NATIONAL GOAL...** **TARGET AND DEADLINES** UN37(16) UN 37(17) UN 37(18) -* Provide facilities to disabled children as well as special treatment, education and rehabilitation of children suffering from all types of disabilities (National Policy for Children) -* Implement the Persons with Disability (Equal opportunity, Protection of Rights	**Concerns:** **NO GOAL STATED.** The Government reports that only 5 per cent of children with disability of any kind are presently served by or able to access services. Rural areas are least served. The draft proposals do not indicate any quantum target: they must set goals and measures to achieve them. There is need to train and build capacity of teachers/service providers to enable them to actually help children with disability.

and full Participation) Act, 1995. **STRATEGIES** -* Provide services for prevention and early detection of, medical intervention and surgical correction, fitment of artificial aids and appliances, therapeutic services such as physiotherapy, occupational and speech therapy, provision of training for acquisition of skills. -* Set up hierarchical service delivery system, starting from grassroot level. -* Integrate children with disabilities in the general education system and to eliminate disparities and equalize educational opportunities so as to enable them to become equal contributing members of the society. -* Assist needy disabled persons in procuring durable, sophisticated and scientifically manufactured, standard aids and appliances, that can promote rehabilitation by reeducating the impact of disability and enhancing capacity of the assisted persons to lead normal lives. -* Promote independence, facilitate guardianship and concerns of persons with special needs who do not have their family support. -* Provide education, training and rehabilitation services through the medium of NGOs.	COMMUNITY BASED DISABILITY SUPPORT IS NOT INCLUDED DEGREES OF DISABILITY ARE NOT RECOGNISED The NPA should address the following: LEARNING DISABILITY, SLOW LEARNERS TO BE INCLUDED COUNSELLING AND PSYCHO-SOCIAL INTERVENTIONS (TRAINING FOR PARENTS AND COMMUNITIES NOT TO HIDE THEIR CHILDREN, EMPOWER THEM TO LOOK AFTER THEM) DEFINE INCLUSION AND ACCESS. INCLUDE INVESTIGATION (DATA SCAN) DISTRICT REHABILITATION CENTRES REQUIRED DISTINCTION ON THE BASIS OF TYPES OF DISABILITY MAINSTREAMING OF THE DISABLED CHILDREN INTO EDUCATION. THIS CALLS FOR INVESTMENT IN INFRASTRUCTURE AND TRAINED TEACHERS. EARLY DETECTION AND PREVENTION. LACK OF SERVICES MUST BE ADDRESSED. AGE SPECIFIC AND GENDER SPECIFIC ISSUES NEED ATTENTION DEFINE STATE RESPONSIBILITY, COMMUNITY RESPONSIBILITY, MINIMUM STANDARDS OF SERVICES 1. Training of teachers in Management of disabled should be incorporated as a very important issue for promoting inclusive education. We should emphasize holistic approach of education, vocational training, sports and cultural activities to be organized in an academic atmosphere so that children's personality is developed for economic independence and competence. 2. The Central Govt. should give directions to the State Govt. for creating an inclusive, barrier free and right based society. This needs non discrimination in several sectors of society. 3. National Strategies: The document itself reflects integration of children but it needs to have special emphasis on creating an atmosphere in the

	institutions which is necessary for integration and inclusion of children with disabilities for receiving education as their right and not as charity. 4. The point of convergence of resources between the Govt. and voluntary organisations needs to be stressed also so that the mission can be accomplished in a realistic manner. 5. The Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act 1995, through its proper implementation could yield desired results. Unfortunately, a number of people are not even aware of it. The Act must be made widely known, and its spirit and substance promoted. It should be incorporated in prescribed books and publications. ***6.*** Ensure identification of all children with developmental disabilities by health workers. 7. Improve early detection :Train health and child development workers to screen children between 0-3 years for any possible developmental delays. ***8.*** Assist needy disabled persons, especially those with mental disabilities in accessing specialised education and training. 9. Care of the disabled is a highly demanding, but the 95 per cent un-met need must be addressed. Disablement is due to several causes and requires specific preventive and rehabilitative interventions. Trained manpower and resources are essential. Without information and capacity building, to make enabling measures and programmes really operational, the list of good intentions will lead nowhere. <u>Goal</u> To reduce the prevalence of disability. <u>Strategy</u>: To invest in all possible preventive measures, and measures to reduce the adverse impact of those disabilities that are not preventable. <u>Policy</u>

	The focus should be on complete child development and the approach should be holistic. (provision of equipment and artificial limbs do not address the problem sufficiently). The NPA lays more focus on children with physical disability. Mentally challenged children have very little space in the NPA. <u>Strategies</u> It is important to develop a clearer perspective on disability issues with clearer definitions and categorisations in order to understand and plan interventions. Slow learners are not mentally retarded but they have special needs. This has to be addressed in the NPA. Simply enrolling them in regular 'normal' schools where they receive no specialised attention in a crowded classroom with an adverse teacher/student ratio is no favour to them. There should be more employment opportunities for the disabled, and the focus should not be confined to the physically disabled. Information sharing with parents, community and health workers to manage needs of physically and mentally challenged children is essential. There should be focus on removal of the stigma that is often associated with disability. There should be adequate focus on prevention with public education on specific and concrete measures. • A transfer of responsibilities for the education of children with disabilities from the social welfare department to the department of education needs to be considered by the state government. • State councils for education , research and training (SCERTs) and education departments should accept all models of integrated education that have

	been accepted by the National Council for Education , Research and Training.(NCERT) • The involvement of the SCERT needs to grow in terms of training or special educators for single categories and for multi – category teaching. Prevention is better than cure. Research has shown that 50%of disability in India is due to preventable causes. Most Indian children are disabled due to poverty and its correlates : protein malnutrition , iodine deficiency , and vitamin A deficiency. The state government has worked on a polio free campaign which has been quite successful. the government now needs to take up prevention campaigns for disabilities such as hearing impairment and mental handicap. Physically and mentally challenged children need to be protected from abuse – both physical and sexual. They too have needs and sexual desires – and these should receive recognition in order to ensure sexual and reproductive rights as well as personal safety. There are limited services for mentally challenged children. Greater investment is needed in District Rehabilitation Centres, with adequate facilities and tools. Community based rehabilitation should also be promoted. NGOs can play key roles in addressing the needs of these children. However, they do not have the kind of resources needed nor can they necessarily ensure the needed continuity of programmes. There is very little data collected on disability. While the Census has made an attempt, the information search has been based on 4 visibly identifiable disabilities. Data is essential to understand the magnitude of prevalence as well as the interventions (including the nature of interventions) and resources required.
II. Providing Quality Education	

1. Education	**National Policy Commitment** Right to Education a.The State recognises the right to elementary education of all the children. Education at the elementary level shall be provided free of cost and the special incentives should be provided free of cost and special incentives should be provided to ensure that children from disadvantaged social groups are enrolled, retained and participate in schooling. b. At the secondary level, the State shall provide access to education for all and provide supportive facilities from the disadvantaged groups. c. The State shall in partnership with community ensure that all the educational institutions function efficiently and are able to reach universal enrolment, universal retention, universal participation and universal achievement. d. The State and community recognises the right of all children to education in their mother tongue. e. The State shall ensure that education is child-oriented and meaningful. It shall also take appropriate measures to ensure that the education is sensitive to the rights of the girl child and to children of various cultural backgrounds. f. The State shall ensure that school discipline and matters related thereto do not result in physical, mental, psychological harm or trauma to the child. g. The State shall formulate special programmes to spot, identify, encourage and assist the gifted children for their development in the field of their excellence.

EDUCATION Expand and improve comprehensive early childhood care and education, for girls and boys especially for the most vulnerable and disadvantaged children (UN 39(a)). Reduce the number of primary school-age children who are out of school by 50 per cent and increase net primary school enrolment or participation in alternative, good quality primary education programmes to at least 90 per cent by 2010 (UN39(b)). Eliminate gender disparities in primary and secondary education by 2005; and achieve gender equality in education by 2015, with focus on ensuring girls' full and equal access to and achievement in basic education of good quality (UN 39(c). Improve all aspects of the quality of education so that children and young people achieve recognized and measurable learning outcomes especially in numeracy, literacy and essential life skills (UN 39(d)). Ensure that the learning needs of all young people are met through access to appropriate learning and life skills programme (UN 39(e)). **NATIONAL GOAL** Make School education up to age of 14 free and compulsory, and reduce drop out at primary and secondary school levels to below 20 per cent for both boys and girls (National Population Policy) All children in school by 2003 and all children to complete 5 years of schooling by 2007 (Planning Commission) All children in school, Education Guarantee Centre, Alternate School, 'Back-to-School' camp by 2003 (Sarva Shiksha Abhiyan) All Children complete five years of primary schooling by 2007 (Sarva Shiksha Abhiyan) All children complete eight years of primary schooling (Sarva Shiksha Abhiyan) Focus on elementary education of satisfactory quality with emphasis on education for life (Sarva Shiksha Abhiyan) Bridge all gender and social category gaps at primary stage by 2007 ad at elementary education level by 2010 (Sarva Shiksha	**Concern: India is not investing in educating its children**. . Nearly half the children of school age remain out of school, and others are ill-served with notional non-formal services. The country can no longer merely tinker with this . India must seize the opportunity to break the ignorance barrier that cripples the potential of millions problem. School education for every child must become a reality. NFE must be only a bridging, supplementary mechanism, not a substitute for formal schooling. Action to ensure this must begin with the least-served, and continue to focus on them until goals are sustainably attained. This calls for policy commitment and assured investment. The NPA must not default on either. Tenth Plan monitorable goal:All children in school by 2003; all children to complete 5 years of schooling by 2007. **Universal retention in some learning stream by 2010 is not an adequate goal; children must progressively have the right to regular formal schooling.** Principle of equality demands provision of quality formal schooling to all children. The NPA perspective goal for 2015 must be to provide this. The aim and content of education must safeguard and uphold the fundamental rights and freedoms set out in the Constitution, and meet the Constitutional directive principles (38,46). Tenth Plan commitment to establish benefits of the 93rd Constitutional Amendment must be consciously and pro-actively pro-poor, and implementation must express egalitarian intent. Tenth Plan Goal: Primary Education achievement, with expansion of formal school system under way. Eleventh Plan Goal: (a)Elementary Education achievement, with expansion of formal school system under way. (b)Expansion of formal primary school system achieved. (c) Investment in teacher training/re-training.

Abhiyan)Universal retention by 2010 (Sarva Shiksha Abhiyan) **Objectives:** Develop and implement special strategies to ensure that schooling is readily accessible to all children and adolescents, and that basic education is affordable for all children(UN 40 (1)). Promote innovative programmes that encourage schools and communities to search more actively for children who have dropped out or are excluded from school and from learning, especially girls and working children, children with special needs and children with disabilities, and help then enroll, attend, and successfully complete their education, involving governments as well as families, communities and non-governmental organizations as partners in the educational process. Special measures should be put in place to prevent and reduce drop out due to, inter alia, entry into employment. (UN 40(2)). Bridge the divide between formal and non-formal education, taking into account the need to ensure good quality of the educational services, including the competence of providers, and acknowledging that non-formal education and alternative approaches, provide beneficial experiences, and develop complementarity between the two delivery systems. (UN 40 (3)). Ensure that all basic education programmes are accessible (UN 40(4)). Ensure that indigenous children and children belonging to monitories have access to quality education (UN 40(5)). Develop and implement special strategies for improving the quality of education and meeting the learning needs of all (UN 40(6)). Ensure that education programmes and materials fully reflect the promotion and protection of human rights and the values of peace, tolerance and gender equality, using every opportunity presented by the International Decade for a Culture of Peace and Non-Violence for the Children of the World (2001-2010. (UN 40(7)).	Twelfth Plan goal: (a) All children covered by formal, quality school services. (b) Sarva Shiksha Abhiyan recast as bridging measure. The resource allocation for education must be raised **to 6% (doubling present 3.3%), with pro-active priority to earmark added resource for primary education investment, and thereafter progressively for elementary education.** **TARGET: Sustain cess in Eleventh Plan. Raise to 8 % by end of Eleventh Plan.** **POLICY/STRATEGY: Mobilise resources through national cess.[One-Paisa added on All postage, railway, State-run public transport, power,water tariffs, all government-public transactions]** **Adopt 'Bal Shiksha Kosh' national education commitment above/across party lines** **TARGET : progressive increase throughout Tenth Plan. Pte sector funds can be tapped for this. But State must retain responsibility of providing primary and elementary schooling for children of the poor.** POLICY: Sarva Shiksha Abhiyan does not offer deprived children equal access to formal schooling. Therefore it must have (& be governed by its avowed exit policy of ending in 2010. STRATEGY: SSA must be implemented as a bridging mechanism to bring the least-served children from non-formal/alternate schooling streams into the mainstream formal schooling channel. **As a fundamental right, education must be a charge on the Consolidated Fund of India** **NO DENIAL OF ADMISSION TO CHILDREN WITH HIV/AIDS** **Core Concerns**: Despite increases in numbers of schools and in enrolment figures, nearly half of India's children remain out of school. Most of those who do enter the classroom get schooling of poor quality. The teacher-pupil ratio is not good enough, cutbacks in budgeting and recruitment of teachers aggravate this problem. The 6 per cent of GDP pledged a

Promote innovative programmes to provide incentives to low-income families with school-age children to increase the enrolment and attendance of girls and boys and to ensure that they are not obliged to work in a way that interferes with their schooling (UN 40(12)). Enhance the status, moral, training and professionalism of teachers including early childhood educators, ensuring appropriate remuneration for their work and opportunities incentives for their development. (UN 40(14)). Develop responsive, participatory and accountable systems of educational governance and management ant the school, community and national levels (UN 40 (15)). Meet the specific learning needs of children affected by crises, by ensuring that education is provided during and after crises, and conduct education programmes to promote a culture of peace in ways that help to prevent violence and conflict and promote the rehabilitation of victims. (UN 40(16)). Provide accessibility recreational and sports opportunities and facilities at schools and in communities (UN 40 (17)). Harness the rapidly evolving information and communication technologies to support education at an affordable cost, including open and distance education, while reducing inequality in access and quality. (UN 40(18)). Universal access and enrolment (National Policy on Education, 1986) A substantial improvement in the quality of education to enable all children to achieve essential level of learning (National Policy on Education 1986) Universal retention of children upto 14 years of age (National Policy on Education 1986) A substantial improvement in the quality of education to enable all children to achieve essential level of learning. (National Policy on Education 1986) Greater attention will be paid to the education of the minority groups in the interest of equality and social justice. This	decade ago has not yet been allocated. The 93rd Constitutional Amendment makes provision of free and compulsory education to the 6-14 age group a State obligation, but leaves out the pre-school child's learning rights. The above-14 child is similarly left out. Serious deprivations and disparities persist in the education access and achievement potential of girls, dalits, tribals, lower-rung backward castes and marginalized groups in Society. This is serious and chronic human wastage. Because education of children is regarded as a social welfare option rather than a critical development investment, the universalisation of free and compulsory primary education is now 43 years behind the only time target the Constitution declared. The Tenth Plan aims at '100 per cent school enrolment in 2003.' Even if the numbers are written into school rolls across the country, how will this ensure that children stay in school and actually receive quality education ? The Sarva Shiksha Abhiyan stratifies schooling into formal and 'other' – how will this give all children equal access to genuine education by educators who know what and how to teach? If the least-served child deserves the best chance of development, SSA is not good enough. The rupees saved on providing second class education to the poor majority will not offset the price India will pay for defaulting on securing this fundamental right yet again. **Goals:** • Need to specify goals for 2015 (pt.2) • Clarify "free" and "compulsory"(pt.1). To be meaningful, "free" should mean free tuition, books and uniforms (see strategies 17). Compulsion should be on the state to provide working schools within reasonable access, rather than penalising poor parents. • Goal should be formal education for all, or where essential, non-formal education that leads to mainstreaming

will naturally include the constitutional guarantees given to them to establish and administer their own educational institutions, and protection their languages and culture (Programme of Action, 1992)
All possible measures will be taken to promote an integration based on appreciation of common national goals and ideals in conformity with the core curriculum (Programme of Action, 1992)
Need for readjustments in the curriculum in order to make education a forceful tool for the cultivation of social and moral values (Programme of Action, 1992)
To develop and promote multiple facilities to provide access and to facilitate retention at girls and to ensure greater participation of women and girls in the field of education (National Programme for Education of Girls at the elementary level)
Improve the quality of education through various interventions and to stress upon the relevance and quality of girls education for their empowerment(National Programme for Education of Girls at the elementary level.)
Improve quality of school infrastructure, facilities, equipments, support services and human resources (Working Group Report on Education)
Improving classroom and school environment (Working Group Report on Education)
Renewal of curriculum, textbook and teaching learning material to make them relevant interesting and child friendly (Working Group Report on Education)
Increased focus on specification and measurement of learner achievement levels (Working Group Report on Education)
Improving quality of teaching, learning processes and classroom interactions (Working Group Report on Education)
Capacity building of teachers, teacher development and teacher empowerment (Working Group Report on Education) Integration of Sports and Physical Education with the Educational Curriculum, making it a compulsory subject of learning up to

education that leads to mainstreaming with formal education either by multiple entry or equivalent certification (National open Schools system). (pt.3)

- Give target date for pt. 5 (see pt.7)

"Quality" is vague.(pt.6) Mention minimum levels of learning .

Strategies

- Pt.4 of government stated should use terms stronger than "encourage" ,i.e. private schools should provide a minimum proportion of seats to such vulnerable groups.
- As mentioned in goals, open schooling (pt.5) must have equivalence with formal education and not be of lower standard or left vague (pt.19 also).

Regarding pt. 7 , enrichment of language curriculum should enable 2-3 languages including mother tongue as medium of instruction , English and another language being taught in ways which promote excellence in all. Academic subjects now take up so much time and attention that there is no scope for the other non-academic aspects mentioned. These are equally important and should be stressed (see pt. 18 also.)

- Scholarships on similar lines as for OBCs (point 12) should be given for minority groups also , whose education levels are low.
- Residential schools for SC /STs should include activities that relate to their culture , lifestyle and environment.
- Point 17 should cover groups which are below the poverty line as well as girls.

Amend pt. 4 of suggested strategies to state that school admissions should not be denied to any child on any grounds (including HIV / AIDS). If a child has no birth certificate , school authorities can give one based on own assessment of age. If a child is unable / unwilling to name either parent also , should admit her / him

- Government must increase budget allocation for elementary education and pre-school education . the target for education should be 6% as a whole , 50%of which should be for elementary

the secondary School level and incorporating thee same in the evaluation system of the student, will be actively pursued. (National Sports Policy 2001).

STRATEGIES

Improve physical resources available in the primary schools of the country.

Achieve 'education for all,' through people's mobilization and participation

Encourage public spirited organization to set up new schools in educational backward districts.

Encourage private schools to provide seats in their institutions to girls and socially and economically backward students by way of social obligations.

Promote concept of open schooling as an alternative curriculum that is flexible and relevant to the need of students in remote and rural areas

Identify and encourage the development of infrastructure that would have a bearing upon the improvement in quality in school education.

Encourage and undertake curriculum enrichment projects in areas such as science, environment, population, human rights, languages, fine arts, music folklore, yoga, sports activities etc.

Encourage networking and sharing of resources and expertise between different systems of schools –government, aided or unaided, for an overall improvement in quality education in schools

Set up of schools in school-less habitations.

Provide interventions for mainstreaming 'out of school' children.

Strengthen cultural and value education inputs in school and non-formal education system, and provide in-service training of art, craft, music and dance teachers.

Provide financial assistance to Other Backward Class (OBC) students studying at post matriculation or post secondary stage to enable them to complete their education.

Give scholarships to school going children of poorer Other Backward Class parents whose income is below double the poverty

50%of which should be for elementary and 25%for pre-school education.

- Renew and improve education methodologies in light of developments world –wide in new innovative directions.
- Incentives offered by some schools meant for childen from the labour force lure parents to put their children there as (ex) child labourers, rather than formal schools. This needs to be remedied .
- There should be minimum standards and regulatory procedures for all schools-government aided and other recognised – to ensure that MLL , democratic and secular values and curriculum equivalence are maintained .
- locally relevant information / example must be included in all , especially rural and tribal schools.
- Plus two stage was supposed to include vocational skills training. This needs to be strengthened.
- **Teacher training and performance to be strengthened and monitored .**
- Goal of 75% in adult education in the 10th Plan needs addition of goals in 11th and 12th Plans to achieve 100% by 2015.(=50% increase in UNGASS resolution).
- For adolescent girls , non formal education as in strategies listed should be in addition to , not instead of , formal education until they complete elementary education stage.
- Must include strong strategies for post literacy phase to consolidate, enhance literacy gains and not let neo- literates lapse into illiteracy e.g., local news letters and stories contributed by neo literates' groups , skilled training that include writing minutes etc. and account keeping by neo literates' discussion groups where they write down points etc.
- Boys and men should also be included in such neo literate activities

line. Provide coaching for various competitive / professional examinations to weaker sections among minorities to enable them to complete on equal terms with other candidates for various jobs. Establish residential schools for Scheduled Castes/Tribes in an environment conducive to learning near their habitations. Provide financial assistance to all Scheduled Castes/Tribes students for pursuance of post matric studies in recognized institutions with in India. Provide basic education infrastructure and facilities in areas of concentration of educationally backward minorities which do not have adequate provision for elementary and secondary education. Provide academic and resource support to elementary education teachers and non-formal and adult education instructors. Offer educational concessions by way of reimbursement of tuition fees, boarding-lodging expenses, expenditure incurred on uniforms, textbooks, transport charges, etc. to school students who are wards of armed forces personnel killed or permanently disabled in the course of their duties. Generate interest in sports and games among the school children and also place greater emphasis on the organisation of tournaments at various levels Develop and promote Distance and Open Learning System as an alternative to the formal system at the school level up to the under-graduate and pre-degree level.	OTHER CONCERNS: • Survival • Adolescent malnutrition/morbidity • Protection • Development • Poverty and unemployment blocks access to services like education and pushes children into labour • Inadequate investment in education. Failure to reach 6% of GNP. • Low education status of disadvantaged groups Low enrolment in schools • High drop out rates • Too few upper primary and secondary schools • Poor quality of teaching • Poor teacher-student ratios • Not enough female teachers • Poor school infrastructure • No accountability in education system • Participation RECOMMENDATIONS WITH REFERENCE TO THE ABOVE CONCERNS: • Enforce the Constitutional provisions in the Directive Principles of State Policy on Living Wages, to enable universal education. • Allocate the promised 6% of GDP for education and progressively implement the Tapas Mazumdar Report. • Conscious targeting of benefits and opportunities to SC, ST, BC, migrant and other hard to reach adolescents and within these groups female adolescents. Special measures for disabled. • **Provide free and compulsory education, including textbooks and uniforms, upto secondary level (class 10).** • Targeted effort to retain students till they complete eight years of schooling. Provide extended learning opportunities upto age 18 with provision for vocational education • Build more schools, including schools for girls. Target educationally backward

	districts. Revise SSA norm to ensure that there are as many upper primary schools as primary schools. Set and reach minimum targets. • Stop employing para-teachers and improve the skills of the regular teaching cadre through in-service training. Improve monitoring and inspection systems. Build teacher accountability into the system. • Recruit teachers to vacant posts and invest in creation of additional posts • Recruit more female teachers • Invest in pucca buildings, a classroom for every class, drinking water, separate toilets for males and females, blackboards and teaching aids as well as cooked midday meals • Build in systems of accountability for education departments, school authorities and teachers. Panchayats, Village Education Committees/Parent-Teacher Associations should be empowered to play a role. **Policy** Evidence from around the world and India shows that education is the single most important intervention for the improvement of child survival (Annual Report, DWCD, MHRD, 2001-2002, pg. 62). **Strategies** Preschool education component of the ICDS should be strengthened (Recommendations of the Working Group on Child Development, Annual Report, DWCD, MHRD, 2001-2002). Encourage private schools to provide seats in their institutions to girls, and socially and economically backward students, and students with disabilities, by way of social obligation. Promote concept of open schooling as an alternative curriculum that is flexible and relevant to the need of students in remote and rural areas and students with disabilities Amending school admission procedures so

	that the name of either parent is accepted at the time of admission. This would facilitate education of children of prostitutes. **Allocation of budgetary resources:** • Expenditure on education should be increased to a minimum Of 6% of GDP. • Of the total allocation on education 50%should be reserved for Primary education. **Training/ dissemination and Respect for the views of the child :** The inclusion of education on the rights of the child should • become mandatory in all schools and centers of non-formal education. • Involve NGOs
2. Adult Education	
III. Protecting against abuse, exploitation and Violence	**National policy Commitment** **<u>Right to Protection</u>** a. All children have a right to be protected against neglect, maltreatment, injury, trafficking, sexual and physical abuse of all kinds, corporal punishment, torture, exploitation, violence and degrading treatment. b. The State shall take legal action against those committing such violations against children even if they be legal guardians of such children. c. The State shall in partnership with community set up mechanisms for identification, reporting, referral, investigation and follow-up of such acts, while respecting the dignity and privacy of the child. d. The State and community shall take strict measures to ensure that children are not used in the conduct of any illegal activity, namely, trafficking of narcotic drugs and psychotropic substances, begging, prostitution, pornography or armed conflicts. The State in partnership with community shall ensure that such children are rescued and immediately

	placed under appropriate care and protection. e.The State and community shall ensure protection of children in distress for their welfare and all round development. f. The State and community shall ensure protection of children during the occurrence of natural calamities in their best interest.
1. Abuse, neglect, exploitation & violence MAJOR GOAL: UNGASS goal: 1. Protect children from all forms of abuse, neglect, exploitation and violence [UN 43(a)]. National Goal: Similar as above. **Objectives** Develop and implement policies and programmes for children, including adolescents, aimed at preventing the use of narcotic drugs, psychotropic substances and inhalants, except for medical purposes, and at reducing the adverse consequences of their abuse as well as support preventive policies and programmes, especially against tobacco and alcohol. [UN, 37 (20)] 2. Urge the continued development and implementation of programmes for children, including adolescents, especially in schools, to prevent/discourage the use of tobacco and alcohol, detect, prevent and counter trafficking, and the use of narcotic drugs and psychotropic substances except for medical purposes, by, inter alia, promoting mass media information campaigns on their harmful effects as well as the risk of addiction and taking necessary actions to deal with the root causes. [UN, 40 (11)] 3. Promote comprehensive programmes to counter the use of children, including adolescents, in the production and trafficking of narcotic drugs and psychotropic substances. [UN, 44 (15)] 4. Make appropriate treatment and rehabilitation accessible for children, including adolescents, dependent on	**Concerns** There is no comprehensive definition of "children in difficult circumstances" in government's policy documents and plans. Such children should be included.. Violence and abuse faced by children inside their homes is an area completely unaddressed by law and policy. These measures should receive priority: • Child rape to be incorporated in existing law • Boys should be included in existing law • Incest should be separately addressed • The term rape should be broadened to include "sexual offences" • Child should be allowed in camera trial. • Trials should be held within 6 months of the complaint being filed • Medical services for rape victims should be coupled with counseling.

narcotic drugs, psychotropic substances, inhalants, and alcohol. [UN, 44 (16)] 5. To adopt and enforce laws, and improve the implementation of policies and programmes to protect children from all forms of violence, neglect and abuse and exploitation, whether at home, in school or other institutions, in the workplace, or in the community. .6. Adopts special measures to eliminate discrimination against children on the basis of race, colour, sex, language, religion, political or other opinion, national, social or ethnic origin, property, disability, birth or other status and ensue their equal access to education, health and basic social services. [UN, 44 (3)] . End impunity for all crimes against children by bringing perpetrators to justice and publicizing the penalties for such crimes. 8. Raise awareness about the illegality and the harmful consequences of failing to protect children from violence, abuse and exploitation. [UN, 44 (6)] 9. Promote the establishment of prevention, support and caring services as well as justice systems specifically applicable to children, taking into account the principle of restorative justice and fully safeguard children's rights and provide specifically trained staff that promote children's reintegration in society (UN, 44 (7)] 10. Protect children from foster care and adoptive practices that are illegal, exploitative or that are not in their best interests. (UN, 44 (120] 11. Address cases of international kidnapping of children by one of the parents (UN, 44 (13)] 12. Encourage measures to protect children from harmful or violent websites, computer programmes and games, that negatively influence the psychological development of children, taking into account the responsibilities of the family, parents, legal guardians and caregivers [UN, 44 (19)] 13. Drug Demand Reduction Strategy,	

Ministry of Social Justice and Empowerment: The Government of India has adopted a 3-pronged strategy consisting of: - i) Building awareness and educating people about ill effects drug abuse. ii) Dealing with the addicts through programme of motivational counselling, treatment, follow-up and social-reintegration of cured drug addicts. iii) Provide drug abuse prevention/ rehabilitation training to volunteers with a view to build up an educated cadre of service providers. 14) [Implement the]Street Children and Juvenile Justice Work plan – 2000, Ministry of Social Justice and Empowerment: The objective of the work plan is to develop coordinated city level actions to address the needs of street children, including those who come in conflict with the law. The work plan has 4 sub-plans with the objectives to : i) to strengthen family integration for preventing children from working on the streets, (ii) to demonstrate and replicate workable approaches and actions to protect street children, (iii) to strengthen development of database and formulation of policy for children affected by armed conflict, (iv) to promote public awareness of the JJ Act. 15) The provide a sound basis for adoption within the framework of the norms and principles laid down by the Supreme Court of India [Guidelines for Adoption of India Children (1995)] **STRATEGIES** 1. Provide the full range of services viz., Counselling and Awareness Centres; Treatment-cum-Rehabilitation Centres, De-addiction camps and Awareness Programmes 2. Build partnerships with the allied systems for child protection and promotion of child rights. 3. Provide full coverage of services envisaged under the Juvenile Justice Act, 1986 so as to ensure that no child under any circumstances is lodged in prison.	

5. Bring about qualitative improvement in juvenile justice services. 6. Promote voluntary action for the prevention of juvenile social maladjustment and rehabilitation of socially maladjusted juveniles. 7. Develop infrastructure for an optimum use of community based welfare agencies. 8. Respond to children in emergency situations and refer them to relevant governmental and non-governmental agencies. 9. Create a structure to ensure protection of the rights of the child as ratified in the UN Convention on the Rights of the Child and the Juvenile Justice (Care and Protection of Children) Act 2000. 10. Provide a platform for networking amongst organisations and to strengthen the support systems to facilitate the rehabilitation for children in especially difficult circumstances. 11. Sensitise agencies such as the police, hospitals, municipal corporations, and the railways towards the problems faced by these children. 12. Provide an opportunity to the public to respond to the needs of the children in difficult circumstances, 13. Initiate programmes focusing on children in crisis situations such as street children, children who have been abused, abandoned and orphaned children, children in conflict with the law and children affected by conflicts and diseases. 14. Prevent destitution of children and facilitate their withdrawal from life on the streets. 15. Provide infrastructure facilities required, ensuring the implementation of Juvenile Justice (Care and Protection of Children) Act 2000. 16. Support NGOs for maintaining destitute and orphan children with a view to rehabilitating them through In-Country Adoptions. 17. Provide assistance in the field of social defence to Voluntary Coordinating Agencies involved in the promotion of In-Country Adoptions. 18. Develop counselling services for	

women and children affected by psycho-social trauma, such as desertion or abandonment, familial discord, sexual abuse, victimisation in trafficking or prostitution, disability or terminal illness. **19) Develop an Action Plan for Counselling Service in the country**	
2. Sexual exploitation and trafficking	

UNGASS GOAL Protect children from all forms of sexual exploitation including pedophilia, trafficking, and abduction (UN, 43 C) NATIONAL GOAL: same as UNGASS goal. Objectives 1.Take concerted national and international actions as a matter of urgency to end the sale of children and their organs, sexual exploitation and abuse, including the use of children for pornography, prostitution and paedophilia and to combat existing markets. [UN 44 (40)] 2.Raise about the illegality and harmful consequences of sexual exploitation and abuse including through the Internet and the trafficking of children [UN 44 (41)] 2.Enlist the support of the private sector, including the tourism industry and the media, for a campaign against sexual exploitation and trafficking of children [UN 44 (42)] 3.Ensure the safety, protection and security of victims of trafficking and sexual exploitation and provide assistance and services to facilitate their recovery and social integration [UN 44 (44)] 4.Take necessary action at all levels as appropriate to criminalise and penalise effectively, in conformity with all relevant and applicable international instruments, all forms of sexual exploitation and sexual abuse of children, including within the family or for commercial sale of children and their organs and engagement in forced child labour and any other form of who are victims, the best interests of the child shall be a primary consideration (UN 44 (47)] **STRATEGIES** 1.Implement the Plan of Action to Combat Trafficking and Commercial Sexual Exploitation. 2.Provide assistance to women in difficult circumstances (destitute widows, women prisoners, women disasters of natural disasters, trafficked girls/ women and mentally disordered women) by providing shelter, food, clothing, health care, counseling and social and economic	. **Concerns:** **Trafficking of children is also for several exploitative purposes other than for the sex trade. NPA measures need to address the range of causes.** **This provision needs to be age-specific in its range of interventions.** **The section needs to be renamed as 'Child Trafficking' because trafficking is a process and sexual exploitation may happen during the process or may be an end result or purpose.** The strategies fail to address the various purposes for which children are trafficked such as labour, marriage, adoption, circus and other entertainment, camel jockeying and similar sports, organ trading, smuggling of drugs and arms etc. The objectives listed out for this section on the basis of UNGASS Goals are not matched with corresponding strategies to fulfil them. The Strategies for this section primarily focus on women or at best the girl child. This ignores the fact that boys are equally vulnerable to trafficking as well as to sexual exploitation. The Goa Children's Act 2003 is an exemplary legislation, in its comprehensive definition of child trafficking. The National Plan of Action should also adopt a similar definition, and can benefit from the content of this state legislation. . **The NPA must recognise child trafficking as a crime. It must also recognise that the various purposes beyond sexual exploitation for which children are trafficked are largely criminal, and all anti-social, and this should result in stronger and clearer NPA provisions**. . **Goals** 1. Eliminate child trafficking in all its forms by 2015. 2. Protect children from all forms of child trafficking through child-friendly policies, law and action. **Objectives** It is recommended that Government's proposed objectives be reworked as follows

rehabilitation. 3.Provide assistance to voluntary organisations for preventing trafficking of women and girls and to provide temporary shelter for the victims, help in their repatriation to hometown, rehabilitation, and prosecution	• Take concerted national and international actions as a matter of urgency to end child trafficking in its various forms. • Take necessary action at local, national, regional and international levels to provide care and protection to children against sale-purchase, movement, recruitment, transfer, harbouring or procurement for purposes that result in their exploitation or where exploitation, use of force or threat, fraud or deception are implicit in the very process. This shall include children trafficked for labour, marriage, adoption, sports, entertainment, organ trade and illegal activities including begging, drug peddling and smuggling, children trafficked for sexual exploitation and abuse, including the use of children for pornography, prostitution and paedophilia. • Take concerted national and international actions as a matter of urgency to combat existing markets that perpetuate child trafficking. • To tackle the root causes leading to child trafficking through holistic planning and implementation of programmes. • Raise awareness of the illegality and harmful consequences of child trafficking, sexual exploitation and abuse including through the Internet. • Enlist the support of the private sector, including the tourism industry and the media, for a campaign against trafficking of children and their economic and sexual exploitation. • Ensure the safety, protection and security of victims of trafficking and provide assistance and services to facilitate their recovery and social integration. • Take necessary action at all levels as appropriate to criminalise and penalise effectively, in conformity with all relevant and applicable international instruments, all forms of child trafficking, sale of children and their

	organs, their engagement in forced child labour, sexual exploitation and sexual abuse of children, or use and abuse of children for unconscionable gain. In all action undertaken to eliminate child trafficking the best interests of the child shall be a primary consideration. • Monitor and share information locally, nationally, regionally and internationally on the cross-border trafficking of children; strengthen the capacity of border and law enforcement officials to stop trafficking and provide or strengthen training for them to respect the dignity, human rights and fundamental freedoms of all children (girls and boys) who are victims of trafficking. **Strategies** Recommended that the proposed Govt. strategies be replaced by the following: • Extensive documentation of the various forms and purposes of child trafficking to enable a better understanding of the magnitude of the problem and a mapping of routes used by the traffickers. • Legal reform to recognise all forms of child trafficking as a crime and to make registration of birth and marriage compulsory as well as to declare child marriage null and void and increase the punishment for those responsible for it. • Adoption of a comprehensive definition of Child Trafficking in law and policy, especially in the IPC. The proposed definition shall read as follows: *"The procurement, recruitment, transportation, transfer, harbouring or receipt of persons up to the age of 18 years, (legally or illegally), within or across borders, by means of threat or use of force or other forms of coercion, of abduction, of deception, of the abuse of power or of position of vulnerability or, of the giving or receiving of payments or benefits to achieve the consent of a person*

	having control over another person, with the intention or knowledge that it is likely to cause or lead to exploitation." *- Adapted from the UN ODCCP definition by CACT (a national campaign against child trafficking).* • Ratification of International Protocols on Human Trafficking such as the UN protocol to Prevent, Suppress and Punish Trafficking in Persons and the Optional Protocol to the CRC on sale of children, child prostitution and child pornography. • Effective mechanisms for recording, investigation and inquiry and monitoring of cases of child trafficking, without further victimising the victim e.g. testimonies of children shall be taken by the Child Welfare Committees and/or Juvenile Welfare Boards. All Courts of law shall accept these testimonies in matters involving children. • Easy access for the victims to trauma counselling and free legal assistance and qualified interpreters during all proceedings. • Adoption of extra-territorial laws to deal with international offenders who are booked for child sex-tourism. • Developing guidelines for intervention and arriving at an agreement between the concerned countries to prevent trans-border trafficking. • Witnessing protection procedures and victim services in countries of origin for cases of repatriation. • A comprehensive rescue and rehabilitation package for all States to follow. This shall include provision of social, medical and psychological counselling by trained personnel, and services like health check-ups and treatment, nutrition, education, vocational education etc. • Establishment of crisis-intervention centres. • Establishment of short stay homes and drop-in centres for both girls and boys in all districts.

	• Establishment of Children's homes, Observation homes, Special homes and After-care homes in all States for both boys and girls. • Establishment of information dissemination cells in each district on missing children. This shall involve the Panchayat, Block and District level bodies of local self-governance. • Appointment of special officers for child trafficking in every police station • Deputation of vigilance teams at strategic points to check illegal migration. • Establishment of a strong child protection network. • Co-operation and Co-ordination between Child Line, National Institute of Self Defence, Police and the Government. • NCRB shall collate and produce statistics on child trafficking • Sensitisation and training programs for Parliamentarians, Police, Judiciary, Health Personnel, Passport Officials, Immigration Officials, Media, NGOs and other Government officials and funtionaries such as members of the Child welfare Committees, Juvenile Justice Boards, Probationary Officers, Special Police Officers etc. • Mass awareness drives and community education to combat the lack of awareness and apathy among the general public. • Wide and sensitive media coverage of child trafficking incidents. • Extensive use of both national and paid TV channels as well as radio for raising awareness on child trafficking. Dedicate time for spots on child trafficking as part of public service broadcasting on national channels. Involve NGOs in developing the TV spots. • Ensuring children their right to adequate housing and right to education • Living wages for adults • Recognition of trafficked children as

	'children in difficult circumstances' in all policies and for programmatic intervention. • Mandatory license or certification for agencies/agents providing domestic servants. All States/Districts to maintain a list of such agencies and regularly updated it and make it public. Regular monitoring of and surprise checks in such placement agencies by the District Magistrate/District Collector/SP/any other competent authority notified to do so in the official gazette. • Disaster management policies and plans with specific activities to check child trafficking in the event of a natural calamity or man-made disaster or conflict situations.
3. Combating child labour	**National Policy Commitment** **Right to be protected from economic exploitation** a The State shall provide protection to children from economic exploitation and from performing tasks that are hazardous to their well-being. b. The State shall ensure that there is appropriate regulation of conditions of work of a non-hazardous nature and that the rights of the child are protected. c. The State shall move towards a total ban of all forms of child labour.
UNGASS GOALS Take immediate and effective measures to eliminate the worst forms of child labour as defined in the International Labour Organisation Convention No. 182, and elaborate and implement strategies for the elimination of child labour that is contrary to accepted international standards. [UN 43 (D)] **NATIONAL GOAL** To eliminate child labour from hazardous occupation from 2005 and progressively move towards complete elimination of child labour (working paper on the 10th Plan)	Concerns India has the highest number of working children in the world. More & more children are joining the legions in the wake of globalisation & liberalisation. As per 1991 census there are 89 million "nowhere children". They are not in school and therefore potentially child labourers. Child labour includes children prematurely leading adult lives, working with or without wages, under conditions, damaging to their physical, mental, social,

OBJECTIVES 1.Take immediate and effective measures to secure the prohibition and elimination of the worst forms of child labour as a matter of urgency. Provide for the rehabilitation and the social integration of children removed from the worst forms of child labour through inter alia ensuring access to free basic education and, whenever possible and appropriate, vocational training. [UN 44 (33)] 2.Elaborate and implement strategies to protect children from economic exploitation [UN 44 (350] 3.Take appropriate steps to assist one another in the elimination of the worst forms of child labour through enhanced economic co-operation and/or assistance including support for social and economic development, poverty eradication programmes and universal education [UN 44 (340] 4.Promote international cooperation to assist one developing countries upon request in addressing child labour and its root causes, inter alia, through social and economic policies aimed at poverty eradication, while stressing that labour standards should not be used for protectionist trade purposes [UN, 44 (37)] 5.Mainstream action relating to child labour into national poverty eradication and development efforts, especially in policies and programmes in the areas of health, education, employment and social protection. [UN, 44 (39] 6. National Child Labour Policy: Future Action Plan under the Policy includes:)Legislative action plan ii)Focussing on general development programmes for benefiting child labour – focus on education, health, nutrition and anti-poverty programmes coverage. iii)Project based Plan of Actions **STRATEGIES** 1.Establish special schools to provide non-formal education, vocational training, supplementary nutrition, stipend, healthcare etc., to children withdrawn from employment.	emotional and spiritual development, denying them their basic rights and entitlements to education, health and development. Under these conditions all forms of child labour are hazardous and so it is fallacious to make such distinctions. The severe violation of rights of domestic child workers, not listed as a hazardous occupation in the child labour law goes to show the short-sightedness of its understanding. The present understanding of child labour concentrated on hazardous occupations limits the interventions by and large to the sectors in the organised and urban sectors. This leaves out the 80% rural child labourers. Child labour is the result of direct exploitation of labour Lack of a comprehensive understanding of the problem. There is a strong correlation between basic education--formal, quality schooling--livelihood insecurity and the persistence of child labour. Any concerted efforts requires a holistic understanding and approach. The strong co-relation between lack of education and perpetuation of child labour has been well established over the years. Any intervention on child labour needs to be linked to the fundamental right to education and read together with recommendations on education in this draft. All children must have equal right to the same quality education . Non-formal education can only be a short term strategy to acting as bridge between no schooling and formal schooling. In spite of the existing legal provisions and interventions by the Supreme Court, very few convictions have taken place based on provisions of the Child Labour Act. The Committee on the Rights of the Child has recommended the withdrawal of the declaration with respect top Article 32 of

2.Effectively enforce child labour laws and make provisions for non-formal education, adult education, income and employment generation, direct rehabilitation of child labour, raising of public awareness and survey and evaluation. 3.Provide financial assistance to voluntary organisations for taking up welfare projects to rehabilitate working children	the Convention and the amendment of the 1986 Child Labour Act so that household enterprises and government schools and training centers are no longer exempt from prohibitions on employing children ,and the coverage is extended to include agriculture and other informal sectors. It also recommended the amendment of the Factories Act, Beedi Act and the provision for all employers to provide proof of age of persons they employ. Goals The State shall provide protection to children from economic exploitation and from performing tasks that are hazardous to their well-being. (Draft National Policy, 2001) The State shall move towards a total ban of all forms of child labour. (Draft National Policy, 2001) Eliminate child labour from hazardous occupation from 2005 and progressively move towards complete elimination of child labour (working paper on the 10th Plan) Elimination of all forms of child labour by 2015 among children upto the age of 14 years. Elimination of hazardous forms of child labour in the age group of 15-18 years. Strategies Multi-pronged approach to child labour based on intersectoral and inter-departmental co-odination. All departments must ensure that component of elimination of child labour in the implementation of their programmes specially in the issue of licenses, contracts and bids. Amend the Child Labour (Regulation and Prohibition) Act 1986 to address the elimination of all forms of child labour upto the age of 14years by 2005 based on a comprehensive definition of child labour and the other labour laws.

	Village Level of mapping of children by 2005 with the help of Panchayati Raj institutions, municipal corporations and NGOs. Regular surveys to assess the number of child labour in the country and monitoring and evaluation of interventions. State district level plan by 2005 based on a common holistic definition of child labour. Setting up of state and district level vigilance committees as recommended by the Committee on the Rights of the Child.(CRC Committee) Labour officials must be held responsible and liable to penalty for non-prosecution of employers employing children. Effectively enforce child labour laws Make provisions for non-formal education as a stop gap bridge course to enable the mainstreaming of all rescued child workers upto the age of 14 years into formal schooling. All children born as on Jan 1st 2005 are admitted and retained 8 years in school. Residential schools in special areas for special category of children by 2007 run by Panchayati Raj Institutions and Municipal corporations. Day care child facilities in every village of 500 population enabling children engaged in Provisions for vocational education for children in the 15-18 age group Replacement of child labour by adults and income employment generation for parents. Raising of public awareness. Schools in drought prone areas which are

	needs of the child are met—food, health care , child care for addressing the needs of children engaged in sibling care. Mainstream action related to child labour into poverty eradication and development efforts, especially policies and programmes in areas of health, education, employment and social protection.(UNGASS) CAN WE HAVE THE LEGAL PRESUMPTION THAT EMPLOYING CHILDREN IS EQUIVALENT TO BONDED LABOUR ?
4. Child in especially difficult circumstances*	**National policy Commitments** **Rights of children from marginalised and disadvantaged communities.** • The State and community shall respect the rights of children from all marginalised and disadvantaged communities, to preserve their identity. • The State recognises that children from disadvantaged communities, especially from the Scheduled Castes and Tribes, are in need of special intervention and support in all matters pertaining to education, health, recreation and supportive services. It shall make adequate provisions for providing such groups with special attention in all its policies and programmes.
Improve the plight of millions of children who live under especially difficult circumstances [UN 43 (E)] **NATIONAL GOALS:** same as the UNGASS ones **OBJECTIVES** 1.Adopt and implement policies for the prevention, protection, rehabilitation and reintegration, as appropriate, of children living in disadvantaged social situations and who are at risk, including orphans, abandoned children, children of migrant workers, children working and/or living on the street and children living in extreme poverty, and ensure their access to education, health and social services as appropriate. (UN 44 (11)]	**Concerns:** 1. There is no comprehensive definition of "children in difficult circumstances" in government's policy documents and plans. 2. Violence and abuse faced by children inside their homes is an area completely un-addressed by law and policy. The NPA must not assume that all homes and family settings are 'caring' or protective of the child's best interests. * Children in difficult circumstances include street children, working children, child sex

2.Establish mechanisms to provide special protection and assistance to children without primary caregivers [UN 44 (10)] 3.Ensure that children affected by natural disasters receive timely and effective humanitarian assistance [UN 44 (18)] 4.Provide protection and assistance to refugees and internally displaced persons, the majority of whom are women and children, in accordance with International Law, including international humanitarian law. [UN 44 (17)] 5.Ensure that children affected by natural disasters receive timely and effective humanitarian assistance through a commitment to improved contingency planning and emergency preparedness, and that they are given all possible assistance and protection to help them resume a normal life as soon as possible. [UN 44 (18] 6.The objectives of National Policy on Natural Disasters are: (i)To empathise with the sufferings of the people affected by natural calamity (ii) To subserve long term and short term policy objectives of the Government. **STRATEGIES** 1.Prevent destitution of children and facilitate their withdrawal from life on the streets. 2.Provide for shelter, nutrition, health care, education, recreation facilities to street children. 3.Protect destitute children against abuse and exploitation.	workers, child drug addicts, children in conflict with law, children with disabilities, children with HIV/AIDS, tuberculosis, leprosy, children affected by various disasters (natural and manmade), children affected by national and international conflicts and children whose families are in crisis, including those belonging to broken families, or suffering domestic abuse.
IV. Combating HIV/AIDS	

UNGASS GOAL	3 CATEGORIES : CHILDREN WHO ARE INFECTED CHILDREN WHO ARE AFFECTED CHILDREN WHO ARE AT RISK Interventions must be AGE SPECIFIC CHILDREN MUST FEATURE IN NATIONAL AIDS CONTROL POLICY. Measures must also address: STIGMATISATION RELATED TO HIV/AIDS INCLUDE SEXUAL HEALTH IN LIFE SKILLS MYTHS REGARDING HIV/AIDS No child should be denied access or admission to services, including schooling, for the reason of being infected or affected.
1.By 2003, establish time-bound national targets to achieve the internationally agreed global prevention goal to reduce by 2005 HIV prevalence among young women and men aged 15 to 24 in the most affected countries by 25 per cent and by 25 per cent globally by 2010, and to intensify efforts to achieve these targets as well as to challenge gender stereotypes and attitudes, and gender inequalities in relation to HIV/AIDS, encouraging the active involvement of men and boys [UN 469A)] **2.**By 2005, reduce the proportion of infants infected with HIV by 20 per cent, and by 50 per cent by 2010, by ensuring that 80 per cent of pregnant women accessing antenatal care have information, counselling and other HIV prevention services available to them, increasing the availability of and by providing access for HIV-infected women and babies to effective treatment to reduce mother-to-child transmission of HIV, as well as through effective interventions for HIV-affected women, including voluntary and confidential counselling and testing, access to treatment, especially anti-retro-viral therapy and, where appropriate, breast milk substitutes and the provision of a continuum of care. [UN 46 (B)] 3.By 2003, develop and by 2005, implement national policies and strategies to: build and strengthen governmental, family and community capacities to provide a supportive environment for orphans and girls and boys infected and affected by HIV/AIDS including by providing appropriate counselling and psycho-social support; ensuring their enrolment in school and access to shelter, good nutrition, health and social services on an equal basis with other children; to protect orphans and vulnerable children from all forms of abuse, violence, exploitation, discrimination, trafficking and loss of inheritance [UN 46 ©]	
NATIONAL GOAL	

1.Achieve Zero level growth of HIV/AIDS by 2007 (National Health Policy) **OBJECTIVES** 1.By 2003, ensure the development and implementation of multicultural national strategies and financing plans for combating HIV/AIDS that: address the epidemic in forthright terms; confront stigma, silence and denial; address gender and age-based dimensions of the epidemic; eliminate discrimination and marginalisation; to involve partnerships with civil society and the business sector and the full participation of people living with HIV/AIDS, those in vulnerable groups and people mostly at risk, particularly women and young people; are resourced to the extent possible from national budgets without excluding other sources, inter alia, international co-operations; fully promote and protect all human rights and fundamental freedoms, including the right to the highest attainable standard of physical and mental health, integrate a gender perspective; and address risk, vulnerability, prevention, care, treatment and support and reduction of the impact of the epidemic; and strengthen health, education and legal system capacity. [UN 47 (1)] 2.By 2005, ensure that at least 90 per cent, and by 2010, at lest 95 per cent of young men and women aged 15 – 24 have access to the information, education, including peer education and youth specific HIV education, and services necessary to develop the life skills required to reduce their vulnerability to HIV infection; in full partnership with youth, parents, families, educators and health-care providers [UN 47 (2)] 3.By 2005, develop and make significant progress in implementing comprehensive care strategies to: strengthen family and community based care including that provided by the informal sector, and health care systems to provide and monitor treatment to people living with HIV/AIDS, including infected children, and to support	

individuals, households, families and communities affected by HIV/AIDS; to improve the capacity and working conditions of healthcare personnel and the effectiveness of supply systems, financing plans and referral mechanisms required to provide access to affordable medicines, including anti-retroviral drugs, diagnostics and related technologies, as well as quality medical, palliative and psycho-social care. [UN 47 (3)] 4.By 2005, implement measures to increase capacities of women and adolescent girls to protect themselves from the risk of HIV infection, principally through the provision of health care and health services, including reproductive and sexual care, and through prevention education that promotes gender equality within a culturally and gender sensitive framework [UN 47 (4)] 6.By 2003, develop and/ and begin to implement national strategies that incorporate HIV/AIDS awareness, prevention, care and treatment elements into programmes or actions that respond to emergency situations, recognising that populations destabilised by armed conflict, humanitarian emergencies and natural disasters, including refugees, internally displaced persons and, in particular women and children, are at increased risk of exposure to HIV infection; and where appropriate, factor HIV/AIDS components into international assistance programmes. [UN 47 (6)] 7.Develop strategies to mitigate the impact of HIV/AIDS on education systems and schools, students and learning [UN 40 (19)] 8.Ensure non-discrimination and full and equal enjoyment of all human rights through the promotion of an active and visible policy of de-stigmatisation of children orphaned and made vulnerable by HIV/AIDS [UN 47 (7)] 8.The specific objective of the National AIDS Prevention and Control Policy are: (i)Reaffirm/reiterate strongly the Government's firm commitment to prevent the spread of HIV infection and to reduce	

personal and social impact. 3.By 2005, develop and make significant progress in implementing comprehensive care strategies to: strengthen family and community based care including that provided by the informal sector, and health care systems to provide and monitor treatment to people living with HIV/AIDS, including infected children, and to support individuals, households, families and communities affected by HIV/AIDS; to improve the capacity and working conditions of healthcare personnel and the effectiveness of supply systems, financing plans and referral mechanisms required to provide access to affordable medicines, including anti-retroviral drugs, diagnostics and related technologies, as well as quality medical, palliative and psycho-social care. [UN 47 (3)] 4.By 2005, implement measures to increase capacities of women and adolescent girls to protect themselves from the risk of HIV infection, principally through the provision of health care and health services, including reproductive and sexual care, and through prevention education that promotes gender equality within a culturally and gender sensitive framework [UN 47 (4)] 6.By 2003, develop and/ and begin to implement national strategies that incorporate HIV/AIDS awareness, prevention, care and treatment elements into programmes or actions that respond to emergency situations, recognising that populations destabilised by armed conflict, humanitarian emergencies and natural disasters, including refugees, internally displaced persons and, in particular women and children, are at increased risk of exposure to HIV infection; and where appropriate, factor HIV/AIDS components into international assistance programmes. [UN 47 (6)] 7.Develop strategies to mitigate the impact of HIV/AIDS on education systems and schools, students and learning [UN 40 (19)] 8.Ensure non-discrimination and full and equal enjoyment of all human rights	

through the promotion of an active and visible policy of de-stigmatisation of children orphaned and made vulnerable by HIV/AIDS [UN 47 (7)] 8.The specific objective of the National AIDS Prevention and Control Policy are: (i)Reaffirm/reiterate strongly the Government's firm commitment to prevent the spread of HIV infection and to reduce personal and social impact. (ii)Generate a feeling of ownership among all the participants both at the Government and non-governmental levels, to truly make it a national effort. (iii)Create an enabling social-economic environment for the prevention of AIDS/HIV to provide care and support to people and to ensure protection and promotion of their human rights, including right to access healthcare system, right to education, employment and privacy. (iv)Mobilise support of a large number of NGOs and community based organisations for an enlarged community initiative for prevention and alleviation of the HIV/AIDS problem. v)Decentralize HIV/AIDS control programme to the field level with adequate financial and administrative delegation of responsibilities. (vi)Strengthen programme management capabilities at the State governments, municipal corporations and leading NGOs participating in the programme. (vii)Prevent women, children and other socially weak groups from becoming vulnerable to HIV infection by improving health education, legal status and economic prospects. (viii)Provide adequate and equitable provision of health care to the HIV-infected people and to draw attention to the compelling public health rationale for overcoming stigmatisation, discrimination and seclusion in society. (x)Constantly interact with international and bilateral agencies for support and cooperation in the field of research in vaccines drugs, emerging systems of health care and other financial and managerial inputs.	

(xi)Ensure availability of adequate and safe blood and blood products for the general population through promotion of voluntary blood donation in the country. (xii)Promote better public understanding of HIV infection, especially among students, to generate awareness about the nature of it transmission and to adopt safe behavioural practices for prevention . **STRATEGIES** 1.Ensure easy accessibility, adequate supplies of safe and quality blood and other blood components for all, irrespective of economic or social status. 2.Reduce STD cases and control HIV transmission by minimising the risk factor. 3.Prevent short and long term morbidity and mortality due to STD. 4.Raise awareness, improve knowledge and understanding among the general population about AIDS infection and STD, routes of transmission and method of prevention. 5.Train health workers in AIDS communication and coping strategies for strengthening technical and managerial capabilities. 6.Create a supportive environment for the care and rehabilitation of persons with HIV/AIDS.	
V. Cross-cutting Themes	**National Policy Commitments** **Rights of children from marginalised and disadvantaged communities.** • The State and community shall respect the rights of children from all marginalised and disadvantaged communities, to preserve their identity. • The State recognises that children from disadvantaged communities, especially from the Scheduled Castes and Tribes, are in need of special intervention and support in all matters pertaining to education, health, recreation and supportive services. It shall make adequate provisions for providing such groups with special attention in all its policies and programmes.
	1. Caste and Community

	Concern: These children have been too long marginalized in the development process. Policies and programmes designed for these communities and groups are not child-focused enough. : Children of Scheduled Castes, Scheduled Tribes, Backward Castes, members of minority communities who originate from SC/BC communities, in particular those in marginalised or poverty situations, now deserve to come to the head of the line for NPA attention. All NPA measures for all ages of children must give priority attention to children from these settings. If they are hardest to reach, the greatest investment of effort should be made in order to reach them.
1. Girl Child	**National Policy Commitment** **Right to Protection of the Girl Child** a. The state and community shall ensure that offences committed against the girl child, including child marriage , forcing girls into prostitution and trafficking are speedily abolished . b. The state shall in partnership with community undertake measures , including social, educational and legal , to ensure that there is greater respect for the girl child in the family and society. c. The state shall take serious measures to ensure that the practice of child marriage is speedily abolished.
UNGASS GOAL **NATIONAL GOAL:** 1.Reduction in gender gaps in literacy by at least 50 per cent by 2007 (Planning Commission) **OBJECTIVES** * Promote child health and survival and reduce disparities between and within developed and developing countries as quickly as possible, with particular attention to eliminating the pattern of	**CORE CONCERNS.** The status and condition of the girl child reveals a basic fault in social attitude and practice. Girl children are simply not valued. The low value and 'service' role accorded to women in society sets unjust limits to the Indian girl child's prospects of achieving equality and of growing up as a person. Government policy on women has traditionally dithered between safe motherhood concerns and human rights. The socialisation and community schooling

excess and preventable mortality among girls and children (UN 37(4)).
Develop and implement programmes that specifically aim to eliminate gender disparities in enrolment and gender-based bias and stereotypes in education systems, curricula and materials, whether derived from any discriminatory practices, social or cultural attitudes or legal and economic circumstances (UN, 40(13))

STRATEGIES

1.Improve the nutritional and health status of girls in the age group of 11-18 years.
2.Provide the required literacy and numeracy skills through the non-formal stream of education to stimulate a desire for more social exposure and knowledge and to help them improve their decision making capabilities.
3.Train and equip adolescent girls to improve their home-based and vocational skills.
4.Raise the overall status of the girl child and bring about a positive change in the family and community attitudes towards her
5.Provide a package of educational inputs, through residential schools, to SC/ST girls in areas of very low ST/SC female literacy.

of girl children is aimed at making them accept a service role as wives, mothers, housekeepers, child-rearers and workers. As female citizens they deserve equal opportunity to develop as persons. The conventional 'life cycle' approach used by planners sets them as mothers in the making. This is not good enough.

It is a welcome feature of the National Plan of Action for Children, 2003, that it recognises the "Girl Child" as a Cross cutting theme across the Plan.
Discrimination against the girl child from the moment of her birth is a recognised fact in India and has attracted the attention of Government and social action/child rights groups. With time new threats have been added in the form of sex selective abortions, female infanticide, child sexual abuse and increased trafficking and sale of girl children. In most cases, the girl child is regarded as a liability and not as an asset.

Under the CRC, India has a commitment to achieving equality and best standards of well being and opportunity for all children. India's ratification of CEDAW and commitment to the Beijing Platform of Action, also places a responsibility on the Government of India to address this priority issue in through investments in programmes and reform/implementation of law/special policy relating to the girl child.

GOALS:
It is crucial to look at the girl child and her rights to survival, protection, development and participation in an age disaggregated manner, right from the foetal stage to adulthood.
The need of the hour is to eliminate negative cultural attitudes and strengthen the role of both family and State in improving the status of the girl child.
Therefore it is important to have specific action points for the girl child in each specific issue – health, nutrition, education, abuse,

- A perusal of the draft NPA reveals good intentions in terms of targets and

	strategies that aim to guarantee rights to every child. However, keeping in mind the cross cutting theme of the girl child some recommendations have been made, that the Government needs to consider seriously: GIRL CHILD SURVIVAL ➢ The alarming decline in the juvenile sex ratio as established by the latest Census indicates the need to focus priority attention on the prospects, status and condition of the 0-6 age group. Analysis of Census data shows that in 1981 the sex ratio among children below the age of 19 was 925 which came down to 919 in 1991. ➢ The NPA must clearly state actions to be taken on an urgent basis to improve the declining juvenile sex ratio. To this end all efforts, including the implementation of the PNDT Act, media campaign and community sensitisation, targeting medical profession with IEC are actions that need to be taken on an urgent basis. ➢ Strict implementation of the PNDT Act,1994 and compulsory registration of all Genetic Counselling Centres, genetic Laboratories and genetic Clinics. ➢ A distinction also needs to be made between female feoticide and female infanticide and strategies separately to eradicate each practice. ➢ Media campaign by the government must project the girl child as an individual who is an asset to the family, capable of earning and living independently. ➢ examine national and state schemes [as in TN and Haryana] to prevent female foeticide and female infanticide, as well as neglect, and promote those that work best HEALTH: ➢ All measures addressing preventive and curative health care, including immunisation must specifically target the infant girl child, whose health is

	often ignored after birth, owing to social/cultural reasons. ➢ Health, hygiene and nutrition education for adolescents [both boys and girls] with a focus on problems they then experience [in the case of boys, sensitise them to needs of girls/women] NUTRITION ➢ Promotion of breast feeding of infant girls keeping in mind the tendency to wean girls earlier than boys in most regions. ➢ Targets like reduction in micro nutrient deficiencies and malnutrition must have a special focus on the girl child, whose dietary needs are often ignored by the family including the mother. ➢ Educate families and communities about food taboos and the need to give nutritious food to girls and young women particularly in her growing years and during pregnancy and lactation [when taboos are most damaging]. ➢ Focus on the girl's nutrition in the under six age group and again in her puberty years. WATER AND SANITATION ➢ Separate toilets for girls in school ➢ Improved provision of water [and fuel] for the home to reduce burden on girls and allow them to go to school EARLY CHILDHOOD ➢ GOI can take up a process of sensitising communities through official media such as radio and television and even through vernacular newspapers, regarding the need to care equally for the boy and girl child. also through SHGS and panchayat/urban local bodies, school curriculum/teachers' guides, health education classes by PHC and AW. ➢ Provision of day care services for the children of casual, migrant, agricultural construction labourers, regular workers such as urban domestic help and self-employed women. This may relieve

	young girls of their duty of sibling care and this may reduce the dropout rate for girls. ADOLESCENTS ➢ At the Planning/Policy level it is necessary to look at the adolescent girl child primarily as a citizen with rights, as an individual having equal rights and opportunity and not merely as a future mother. ➢ At the level of law enforcement, the GOI must take firm steps to implement the Child Marriage Restraint Act. It is a well recognised fact that a large number of girls are married as adolescents which leads to early pregnancy, economic dependence, violence at home and associated denial of rights. ➢ Compulsory registration of all marriages must become a reality and existing community level services can be assigned this task. GOI has to set up system to enforce and monitor, civil registration of birth/death and marriage. ➢ Campaign against traditional approaches to the girl child is a must to bring about awareness as regards the disadvantages of early marriage and also to stress on the career oriented personalities of the girl child. HEALTH CARE SERVICES CHILD WITH DISABILTY Girl child less likely to receive support, remedial care and fair access to opportunity and therefore GOI needs to have a pro active outreach in respect of female children. EDUCATION ➢ Education for girls must be the formal stream just as for boys. If some cannot complete the eighth grade, despite all efforts, they should be channelled to the NOS system. If that is not possible,

	Only if a few cannot make it, then non-formal education can be the alternative. ➢ Special efforts need to be made to bring and retain girl children in school and for this there should be separate strategies focusing on different age groups. Such efforts could include: i. Enhancing access to schools by reducing distance of school from home, providing transport, separate girls' toilets, etc. ii. Increasing the number of female teachers in the primary, middle and high school levels. iii. Develop a community based campaign against child marriage ➢ Focus must be also to facilitate the access to schooling for girl students from socially and economically backward communities and those from minority communities. ➢ Syllabi and curricula should be gender neutral in a positive sense, offering all children all subjects and building citizens. Portrayal of men and women, boys and girls in texts, teaching and tasks given in school also needs to be gender neutral. ➢ Sensitisation programmes for teachers especially in rural areas to the rights of the girl child. ABUSE, NEGLECT, EXPLOITATION AND VIOLENCE ➢ It is a fact that girl children are more vulnerable to abuse, neglect and violence, especially of a sexual nature. ➢ A law on child sexual abuse is urgently required and GOI must pass it at the earliest. Recommendations and suggestions have been already submitted by NGOs to GOI and it is time that a law is enacted and implemented. ➢ There is also a need for training and sensitisation of the lower judiciary and the police on issues like Child Sexual Abuse, Child Sexual Exploitation and Child Marriage. ➢ Enhance the infra structural capacity

	for shelter, rehabilitation of girl victims of neglect violence and abuse. SEXUAL EXPLOITATION AND TRAFFICKING ➢ Recognize that the girl child today is trafficked not for prostitution alone but also for begging, domestic work and marriage. There is need for a law to address human trafficking for different purposes. ➢ The Immoral Traffic Prevention Act needs to be amended to protect the rights of the woman/girl who is a victim of circumstance. ➢ Local government institutions such as Panchayats and administrative officials must be made accountable for tracking outbound movements of girl children, including through marriage. COMBATING CHILD LABOUR ➢ Recognise domestic service as a major problem, often heavy workload and lack of access to schooling and recreation are compounded by physical and sexual abuse. ➢ also work at home that interferes with education and affects health, recreation such as sibling care, fetching water and fuel, cooking and cleaning. CHILDREN IN ESPECIALLY DIFFICULT CIRCUMSTANCES ➢ Recognising the vulnerability of girl children, it is important to have schemes for their protection, skill training and reintgration in society. ➢ Government-NGO partnership is required to have effective preventive programmes in communities and also for prosecution of exploiters of such children. COMBATING HIV/AIDS ➢ An increasing number of girl children are trafficked into prostitution due to prevailing myths on sexuality and the scare of HIV/AIDS. The vulnerability of these girls to HIV/AIDS is great and

	the NPA needs to have specific programmes to protect and provide medical care for such girls. EMPOWERMENT ➢ Equal property rights; registration in name of both husband and wife; agricultural and crafts and skills training of all types to women; loans in name of women, etc. ➢ Make national the recent TN ruling that children can be admitted in name of mother only and not in father's name alone. ➢ Reservation bill ➢ Special incentives and recognition for girls and women who succeed in either education, career, enterprise or extra-curricular activities ➢ Girl survival cum Education completion incentives ➢ Target boys and men to sensitise them on women/girls' problems, issues, empowerment spin-offs for all.
4. Women	
UNGASS GOAL. **NATIONAL GOAL.** **OBJECTIVES** 1.The objectives of National Policy for the empowerment of Women include: i. Creating an environment for the positive economic and social policies for the full development of women to enable them to realize their full potential ii. Equal access to participation and decision making of women in social and political and economic life of the nation. iii. Equal access to women to health care, quality education at all levels, career and vocational guidance, employment equal remuneration occupational health and safety, social security and public office etc. iv. Strengthening legal systems aimed at elimination of all forms of discrimination against women	**Goals** 1. Eliminating gender discrimination and creating an enabling environment of gender justice, which would encourage women and girls to act as catalysts, participants and recipients in the country's development process. Undertake women specific interventions to bridge the gaps. 2. Reduction in gender gaps in literacy and wage rates **Strategies** (Tenth Plan, National Policy on Empowerment of Women) 2. Changing societal attitudes and community practices by active participation and involvement of both men and women (National Policy on Empowerment of Women). 3. Mainstreaming gender perspectives in all sectoral policies and programmes and plans of action. 4. To adopt a Sector specific 3 – fold

v. Changing societal attitudes and increase their control over their income through their involvement in skill development and income generation activities.	strategy for empowering women based on the National policy for the Empowerment of Women – Social empowerment, Economic empowerment and gender justice. Traditional health remedies have not only been an essential part of women's domain and their survival skills, but it is essentially the only health care they have access to. Spiralling health care costs, presently one of the commonest causes of rural indebtedness, further reduce women's and girls access to health care (Shiva, M., in Seen, but not heard: India's marginalized, neglected and vulnerable children, edts. Satyanand K. and Barai-Jaitly, T., VHAI, 2002).
VI. Birth Registration	**National policy commitment** **Right to life and liberty, name and nationality** Every child has a right to life, liberty, a name and to acquire a nationality.
Major Goal: UNGASS Goal. **National Goal: Achieve 100% registration of births, deaths, marriage and pregnancy (National Population Policy).** Objectives: Develop systems to ensure the registration of every child at or shortly after birth, and fulfil his or her right to acquire a name and a nationality, in accordance with national laws and relevant international instruments (UN 44(1)). The Registration of Births and Deaths Act, 1969, Ministry of Home Affairs.	**There is no stated strategy for this to be achieved.** There is no time target either. **See recommendations under 'early childhood.'** NAME AND NATIONALITY • Ensure the registration of all births in the country • Street children who may not have parents or guardians, should be provided with an official document equivalent to a birth certificate. • It is necessary to make provisions for those children whose births were not registered and if registered , to issue birth certificates. • The domestic legislation must ensure that age limits conform to the principles and provisions of the CRC.

	The Government reports that India has 200,000 local registration units, and 100,000 local registrars. What are they doing? The Government reports that the annual registration of 25 million births is a mammoth task. It is not mammoth if it is seen in disaggregated terms, spread over 365 days per year, and over all the millions of human settlements where babies are born.
	VII. OTHER ENTITLEMENTS:
	1.ADEQUATE STANDARD OF LIVING
	Concerns 1. Children continue to live in unsafe and insecure living conditions. The CRC Committee in its concluding observations expressed concern at the high percentage of children living in inadequate housing, including slums, and their inadequate nutrition, and access to safe drinking water and sanitation. The Committee is concerned at the negative impact on families and the rights of children due to structural adjustment projects. 2. Children and their families continue to be forcibly displaced and evicted from their homes and habitats, without adequate and appropriate rehabilitation. This displacement continues in the name of development, conservation and environmental improvement. Most of the displaced belong to the already marginalized groups such as the dalits and the tribals 3. Urban evictions disrupt schooling of children, especially as there are no schools in the areas to which people are forcibly moved. Schooling of girls is often stopped because they cannot safely travel long distances to their old schools. 4. Increasing number of children are

	living and working on the streets. 5. India's housing deficit is 8.7 million units of which Economically Weaker Section housing deficit is 3.79 million units. 6. Globalisation has seen the regression of the right to adequate housing, partly as a result of pressure to privatise civic servies like water, electricity, sanitation and land development. 7. Insufficient data on the number of homeless, including children, all over India. Insufficient data on the number of those inadequately housed. **Goal** ❑ Provide secure and adequate housing to all children by the year 2010 for most disadvantaged (bottom of BPL, SC, ST, BC, those termed 'unauthorised), and by 2015 for all BPL children. ❑ Develop child friendly cities and villages. Access for the physically challenged and other disadvantaged groups. **Objectives** • Ensure protection from forced eviction, displacement, natural disasters, war and civil strife that cause disproportionate amount of stress on children. **Strategies** • Primary health care facilities to be planned near homes. • Stop forced evictions. • Minimum space requirement for a family of four in urban area: 50 sq

	meters. Fairer, proportionate allocation of land to Economically Weaker Sections. • Stop forced evictions. Upgrade in situ the housing that people have built for themselves. • Relocation, if at all, only after schools have been built on alternative sites. • Government/ Private Enterprise to provide street children with group homes and means to become self-sufficient. This should be done only after trying to reintegrate them with their families. Such homes should be open to proper supervision, monitoring and evaluation systems. • Governments must continue to subsidise basic services like water, electricity and sewerage for the poorest. • Ensure security of tenure in housing for children and their families. • Upgrade existing housing stock with adequate infrastructure. Provide cheap housing loans. • Adopt alternate development models like transfer of development rights (TDR) that will help to redensify prime land resources and precincts and infrastructure costs will get shared. This way more people can stay near their sources of employment. • Increasing budgetary outlays and expenditure on children's spaces and child participation in maintaining and planning their spaces. • Homes and services should

	be provided on the basis of proper planning and child friendly design with adequate space for play. • Safe environment with management of solid wastes, streetlights, covered drainage systems secure public places to provide protection from abuse and exploitation, support systems like crèches and day care centres for care and protection of children of working parents. • Ensuring livelihood of parents near the homes. • Relocation last option that too only after proper rehabilitation that ensures a certain quality of life. • Relocations if they have to occur, only at the time of school vacations with children's consent. • Collect more data on the numbers of the homeless and those inadequately housed. • Plan primary health care facilities near homes
	National Policy Commitments **Right to a family** 18.a. In case of separation of children from their families, the State shall ensure that priority is given to re-unifying the child with the parents. In cases where the State perceives adverse impact of such a re-unification, the State shall make alternate arrangements immediately, keeping in mind the best interests and the views of the child. b. All children have a right to maintain contact with their families, even when they are within the custody of the State for various reasons. c. The State shall undertake measures to

	ensure that children without families are either placed for adoption, or foster care or any other family substitute services. d. The State shall ensure that appropriate rules with respect to the implementation of such services are drafted in a manner that they are in the best interest of the child and that regulatory bodies are set up to ensure the strict enforcement of these rules. e. All children shall have the right to meet their parents and other family members who may be in custody. **Temporary alternate Family Care and Other Non-Institutional Services:** • Measures should be taken to harmonize laws, policies and Schemes with the convention . • The process of having a non-institutional approach to childcare should be accepted as the norm. The Foster Care Scheme should be extended to other areas to cover more children. • The government should develop a "holistic" model with a focus on non-institutional services. • Enact a common or special enabling Adoption law that will be applicable to all Indian citizens. Modify the existing H.A.M.A. to take care of the existing lacunae in the law. • Enforce present government guidelines until common adoption Law comes into effect.

Acknowledgements

More than 350 non-governmental organisations, networks and professional bodies, and research and policy insititutions have joined the collective process to assess the situation of India's children and to propose priorities for national action. Academics, activists, students and concerned citizens have come together to share ideas, experience, infomation and proposals. Their contribution to the consultative process, to fact-finding and analysis and to drafting the concerns and recommendations is gratefully acknowledged. The participation and contributions of children from 20 states is especially recognised and appreciated .

Representatives of the Government and of official bodies. Institutions and commissions have also joined the process and we greatly appreciate their interest and involvement.

Current participation in the consultative process and the planning process now stretches country-wide through national organisation membership and networks, and has the active involvement of organisations and volunteers in 13 states. Children provide a wider linkage.

The process of further developing and finalising these alternate proposals is still ongoing. It is an open and participatory process, and invites the interest and energies of anyone concerned with children's rights and in broad agreement with the principles guiding the collective endeavour.

Names and particulars of the members, partners, and affiliates of the Voluntary Health Association of India (VHAI) and the India Alliance for Child Rights (IACR) are available on request.

Those wishing to join this process are invited to contact the IACR Secretariat at wecan03@yahoo.co.uk, or fax number 011 24326025.