STATE PLAN OF ACTION

FOR

CHILDREN 2000 A.D.

GOVERNMENT OF ORISSA
PANCHAYATI RAJ DEPARTMENT
BHUBANESWAR

STATE PLAN OF ACTION FOR CHILDREN 2000 A. D

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Introductions:-

Under Article 40 of the Constitutions a solemn affirmation has been made to provide opportunities and facilities to the children to enable them to develop in healthy manner with freedom and dignity. This was reaffirmed is the National Policy for Children - 1974.

The National Plan of Action has focussed some of the major interventions as under:

a) Reduction of Child Mortality Rate within 5 years by one third, to a level of 70 per 1000 live births.

b) Reduction of Maternal Mortality Rate by half of 1990 level.

c) Reduction of severe and Moderate Malnutrition among children under 5 by one half of 1990 level.

d) Universal access to Safe Drinking Water and Sanitary facilities.

e) Reduction of Adult literacy rate atleast half of 1990 level.

f) Protection of children in especially difficult circumstances.

The National Plan of Action has the following commitments;

1. Access to enrolment in Primary Education for atleast 80% of the Boys and 75% of the Girls by the year 1995.

2. Completion of Primary Education by atleast 50% of girls as well as boys by the year, 1995.

3. Reduction of Adult & Adolescent illiteracy from 1990 level by 25 % by the year, 1995.

4. Universal use of Rehydration Therapy for home based treatment of Diarrhoea and Universal access to Oral Rehydration salt (ORS) by 1995.

5. Access to Iron fortification by the year,1996.

6. Access to Family Planning Services in order to increase contraceptive prevailance level by 50% from the current rate by the year 2000 A.D

7. Progressive and accelerated elimination of Child Labour.

8. Access of safe Drinking Water to not less then three fourth of both Rural and Urban Population by 1996 and universal access by the year, 2000 A.D

9. Double the current level of access to sanitary means and excreta disposal by the year, 1996.

STATE COMMITMENT

The National and State Policy, especially in the recent times, has focussed on Human Resource Development and perhaps for the first time we also have the means like, materials, technology and institutions to achieve the targets. The emphasis has also rightly been given just on sustained growth and development of children instead of survival alone.

The basic needs of children are known to be safe drinking water, nutritious food, preventive and primary health care, clean environment, basic education and loving care. Towards achieving these for all children of the State especially to the disadvantaged groups, the State Government have now formulated the detailed State Plan of Action for Children 2000 A.D.

NUTRITION

1. Reduction of severe and Moderate Malnutrition among children by 50 % of the existing gap.

2. Elimination of Micronutrient Deficiencies.

   a) Elimination of Vitamin - A deficiency in children under 5 years.

   b) Reduction of Iron deficiency (Anaemia) in children of 0-5 years and mothers.

3. Declaration of all Hospitals and Maternity Centres as "Baby Friendly"

MATERNAL & CHILD HEALTH

4. Increase average birth weight of children to 3 Kg.

5. Elimination of Vaccine Preventable Diseases.

a) Elimination of Poliomyelitis.

b) Elimination of Nneo-natal Tetanus.

c) Elimination of Measles.

6. Reduction of Infant Mortality Rate (IMR) to less than 50 per 1000.

a) Elimination of deaths due to diarrhoea in children under 5 years.

b) Elimination of deaths due to Acute Respiratory Infections (ARI)

(c) Reduction of prenatal and Neonatal Mortality rates by 50% if 1992 level.

EDUCATION

7. Universalisation of compulsory primary Education ensuring 5 years of Primary Education for every child.

8. Raising Women Literacy & Status.

9. Universal access to Non-formal Education by the children/residuals to Formal Education.

10. Reduction of early and frequent child bearing among women.

a) Raising & ensuring the age of marriage of girls to 21 years through level sanctions and awareness compign.

b) Spacing birth intervals to 3 years.

c) Limiting the families to two children norm.

GIRLS CHILD

11. Popularising of Girls Child Protection Schemes.

a) Improvements in the existing girl child protection scheme.

12. Eradication of gender discrimination and female infanticide.

a) Establishment of a high level task force and a Monitoring Cell for the evaluation of programmes of children exclusively.

b) Establishment of a "State Institute for Child Development" for Research. Training Documentation and Dissemination on Information of programmes relating to Child Welfare and Development.

The forthcoming pages of the Draft Plan will speak in detail about the comprehensive "State Plan of Action for Children 0 2000 A.D. " outlined as a firm commitment for the welfare and Development of Children of the State.

STATE PLAN OF ACTION

POINT ONE

REDUCTION OF SEVERE AND MODERATE MALNUTRITION AMONG CHILDREN

GOAL:- The State will ensure that current levels of severe ad moderate malnutrition among children are reduced by half.

1995 : Reduce severe Energy Protein Malnutrition (EPM) to less than 2 % and moderate malnutrition to less than 30 % in the children under three years of age.

1998 : Reduce severe EPM to less than 1 % and Moderate EPM to less than 25 % in children under five years.

2000 : Reduce severe EPM to less than 0.1% and Moderate EPM to less than 20 % in the children of the above categories.

CURRENT STATUS

Energy Protein Malnutrition (EPM) is one of the major nutrition problems among children. Children who suffer from lack of energy and protein in their diets are not able to grow to their full genetic potential and weigh less for their age or have too less height for their age or suffer from both. The current levels of severe malnutrition is expected to be around 2.5% while the Moderate Malnutrition is expected to be around 37%

ACTION :-

1. Extend and strengthen existing Maternal and child nutrition programmes in the state with specific focus on reacting the most needy areas.

2. Strengthen supplementary nutrition Programme for children under three year with weaning food and for children above three years.

3. Involve parents and communities in growth promotion and monitoring of childrens' nutritional status.

4. Strengthen nutrition-health-education programmes for mothers and communities.

POINT - TWO

ELIMINATION OF MICRONUTRIENT DEFICIENCES

A. Elimination of Vitamin - A Deficiency in children under 5 years.

B. Reduction of Iron deficiency (Anaemia) in children and mothers.

A Elimination of Vitamin - A deficiency in children under 5 years.

Goal : To be one among the states to eliminate vitamin-A deficiency in the children under five years.

1995 : Reduction of Vitamin -A deficiency by 70% of current levels in the children under three years.

1998 : Elimination of vitamin - A deficiency.

2000 : Sustain Achievement.

CURRENT STATUS

Vitamin -A deficiency has been recognised as a major controllable public health and nutrition hazard. In Orissa the prevelance of Vitamin -A deficiency is on declining trend from 50:80% in 1984-85.

Vitamin -A deficiency has a direct link with increase in mortality and morbidity in children and is precipitated by frequent infections like diarrhoea, measles and acute respiratory infection. lack of awareness of importance of vitamin - A rich food, contribute to the low-intake and consequent deficiency. Weaning Children suffer most since many of the Vitamin -A rich foods are excluded from their diet due to traditional beliefs that such foods would cause diarrhoea.

ACTIONS:-

1. Provide Vitamin -A in 2 lakh I.U. to all children between 6-36 months and to child population at risk at six months interval.

2. Awareness generation on importance of Vitamin A and Vitamin - A rich foods available locally.

3. Promote exclusive breast - feeding for the first 4-6 months of life.

4. Promote consumption of vitamin -A rich foods among pregnant and the nursing women.

5. Intensify nutrition education to increase production and consumption of Vitamin-A rich foods especially among vunerable groups.

6. Carrying out Research in applied nutrition on locally available food items to get low-cost vitamin-A rich diet.

B. REDUCTION OF IRON DEFICIENCY (ANAEMIA) IN CHILDREN (0-5 YEARS) AND MOTHERS.

GOAL : To reduce iron deficiency in children and mothers by 30% from 1990 levels.

1995 : Reduce 1990 levels by 10%

1998 : Reucde 1990 levels by 20 %

2000 : Reduce 1990 levels by 30 %

CURRENT STATUS

In Orissa a large number of children in 0-5 years age group and 80% of women in the reproductive age group suffer from anaemia. This has been a chronic problem. It is related to General level malnutrition and reflects less access to iron rich food, worm infections and greater physical stress and burden. The adverse effects of malnutrition and anaemia among children and pregnant women are reflected in high incidence of children born with low birth weight and maternal mortality.

ACTIONS

1. Strengthening supply and distribution of therapeutic dose of Iron and ensure intake of the same by the beneficiaries.

2. To explore possibilities fortification food items.

3. To intensify nutrition education to increase production and consumption of foods rich in iron.

4. Awareness generation on importance of Micronutrients and measures to tackle the deficiencies.

POINT THREE

RENEWAL OF ALL HOSPITALS & MATERNITY CENTRES WITH "BABY FRIENDLY" SCHEMES

GOAL : To make all hospitals and maternity centres "BABY FRIENDLY"

1995 : All hospitals with ever 800 deliveries annually to become Baby Friendly".

1998 : All hospitals and Maternity Centres in the State to become "Baby Friendly".

2000 : Correct infant and child feeding practices by all mothers.

CURRENT STATUS

More and more mothers use feeding bottles and there is decline in the practice of breast-feeding both in urban and rural areas. In order to curb the aggressive marketing of breast milk substitutes the Infant Milk Substitutes Feeding Bottles and infant Food Regulation of Production, Supply and distribution Act was passed in December, 1992 and was enacted as Law in August, 1993. enforcement by this Act can be facilitated by directing all hospitals and maternity Centres to strictly follow the ten steps to successful breast-feeding developed by UNICEF/WHO. The Baby Friendly" institutions will be awarded certificates of recognition by the National Task Force of the Baby Friendly Hospital Initiative Programme.

ACTIONS :

1. All hospitals and maternity Centres, both public and private will operate as "Baby Friendly" and follow the guidelines for breast-feeding.

2. All health care functionaries both public and private will be trained in the Ten Steps and in Lactation Management.

3. The law related to Infant Milk substitutes, Feeding Bottles and Infant Food (Regulation of Production, Supply and Distributions) will be introduced.

4. The public will be educated on the benefits of breast-feeding and the dangers of bottle feeding.

POINT FOUR

INCREASE AVERAGE BIRTH WEIGHT OF CHILDREN TO 3 K.G

GOAL : The average birth of children born in Orissa will be 3 Kg.

1995 : Increase in average birth weight to more than 2.5 Kg.

1998 : Increase average birth weight to more than 2.8 Kg

2000 : Increase in average birth weight to 3 Kg.

CURRENT STATUS

It has been well established that the birth weight of the child is an important factor in child survival and development. In a developing country like ours, many children start their lives as an infant with disadvantage of low birth weight. A child with less than 2.5 Kg birth weight, is treated to be vulnerable. The low birth weight rate in Orissa is still reported to be around 33 %. It is an accepted fact that maternal malnutrition directly lead to low birth weight among the children. Major factors contributing to extensive maternal malnutrition include early marriage, early pregnancy, short birth intervals, anaemia, iodine deficiency, heavy work during last trimester etc. Report indicates that the problem is perhaps greater in urban slums.

CURRENT STATUS:

The number of Polio cases in Orissa has dropped to 97 cases in 1992.

ACTION

1. 100% coverage of oral polio vaccine (OPC in 5 doses) will be achieved through special efforts. Catch-up rounds in urban slum, S.C., S.T., colonies, Tribal and inaccessible areas will be conducted every year on Immunization days. Special campaigns will be conducted in remote districts.

2. Additional resources will be allocated for additional vaccine requirements for primary immunization (5 dose schedule) for catch-up rounds, for mop-up rounds and for containment immunization.

3. The coverage during containment, immunization and mop-up rounds will be increase to 100%

B. ELIMINATION OF NEONATAL TETANUS

GOAL: To be one among the States to eliminate neonatal tetanus.

1995: 100 % coverage with Tetanus Toxoid 2 doses
100 % deliveries attended by trained persons.
100 % districts Neo-Natal Tetanus (NNT) free.

1998: Sustaining achievement.

2000: Achieve a NNT free Orissa.

CURRENT STATUS

There were 154 reported cases of NNT in 1992. No districts have reported zero cases of NNT till date. According to the latest coverage Evaluation survey the TT2 coverage is above 73.4% and the particulars of deliveries attended by trained persons in rural areas and Urban areas are not available.

ACTIONS

1. Tetanus Toxoid coverage of pregnant women will be increase to 100% by taking special steps to register Antenatal mothers early, in the first trimester itself by conducting special immunization camps/sessions and by

ensuring booster dose of TT atleast 4 weeks before expected date of delivery.

2. Traditional Birth Attendants in the State will be trained on "Clean Deliveries" use of disposable delivery kits and timely referral for complications.

3. Disposable delivery kits will be made available in sufficient quantities for distribution to every pregnant women well before the expected date of delivery.

4. The public will be educated on the importance of clean delivery practices, use of disposable kits and reporting neo-natal tetanus.

5. Institutional deliveries in PHCs,CHCs, Maternity Centres and Private Hospitals will be promoted by providing appropriate facilities.

6. Additional resources will be allocated to area projects undertaken by the committed professional groups to communicate, ensure availability of disposable delivery kits and conducting training for the local Traditional Birth Attendants (TBA)

C. ELIMINATION OF MEASLES DEATHS AND CASES:

GOAL: To be one among the states to eliminate Measles deaths and cases.

1995: More than 95% reduction in measles deaths and more than 90% reduction in measles cases.

1998: Sustain achievement.

2000: Elimination of measles deaths and cases.

CURRENT STATUS

The number of measles cases in 1992 is 1312. According to the latest coverage Evaluation Survey, the Measles vaccination coverage is 80.73%.

ACTIONS

1. The reporting of cases of measles will be made mandatory under Orissa Public Health Act. All health care providers (Govt. & Private) will be directed to report cases and deaths due to attack of measles.

2. The coverage for Measles vaccine to be improved to 100%.

3. A second dose of measles vaccine will be given to infants immunised before 9 months of age.

4. Children above one year age will be given a second dose of measles as a special State Policy.

5. Vitamin-A concentrate 2 lakh I.U. will be administered to all children affected by measles during outbreaks.

6. Government of India will be obtained for ring immunization of all children under 3 years of age during measles outbreaks in surrounding 5000 population in rural areas and 10,000 population in urban areas.

7. Correct case management of all acute respiratory infections and post measles complications will be ensured through training of all health care providers both the public and private sector.

POINT SIX

REDUCTION OF INFANT MORTALITY RATE (IMR) TO LESS THAN 50 PER 1000 LIFE BIRTHS

A. Elimination of deaths due to diarrhoea in children under 5 years.

B. Elimination of death due to acute respiratory infection.

C. Reduction of infant mortality rate of less than 50 per 1000 live births and reduction of prematal and neonatal mortality rates by 50% from current levels.

A. ELIMINATION OF DEATHS DUE TO DIARRHOEA IN CHILDREN UNDER 5 YEARS

GOAL : To be one among the states to eliminate deaths due to diarrhoea in children under 5 years.

1995: * ORS available 24 hours at every village and urban slum through depot holders.

* ORS use rate for diarrhoea management is 100% among health care providers in the public and private sector.

* Deaths due to diarrhoea among 0-5 year children reduced by 30%.

1998 Diarrhoea deaths among 0-5 year children reduced by 60%

2000 Diarrhoea deaths among 0-5 year children reduced by 100%

CURRENT STATUS

In Orissa, the Oral Rehydration Therapy (ORT) use rate is increasing. The incidence of diarrhoea among 0-5 year children in 1991 was 28%.

Among private medical practitioners, the use of ORS needs to be improved and the use of anti-diarrhoeal drugs and anti-biotics for watery diarrhoea needs to be discouraged.

Many unsafe preparations of ORS are now available in the market. The WHO-UNICEF citrate formula with the Govt. of India logo alone is to be recommended.

ACTIONS

1. ORS (WHO-UNICEF) Citrate formula will be made available in sufficient quantities on 24 hour basis at every village and urban slum neighbourhood level through appropriately trained depot holders.

2. Availability of commercial preparations of ORS WHO-UNICEF Citrate formula in the open market will be ensured at the lowest possible price.

3. Government and private sector health care providers will be trained on the correct case management of diarrhea disease.

4. The public will be educated on (i) The use of home available fluids and ORS for prompt home management of diarrhoea (ii) timely referral if dehydration develops and (iii) continued and additional feeding during diarrhoea.

5. All district hospitals to establish DTUs and all Municipal hospitals and PHCs and CHC to establish ORT corners for management of diarrhoea.

6. The public will be educated on appropriate Home management and timely referral if complications develop.

7. Referral facilities and Municipal and district hospitals will be strengthened for diagnosis and treatment procedures for severe pneumonia.

C. REDUCTION OF IMR TO LESS THAN 50 PER 1000 LIVE BIRTHS AND REDUCTION OF PRENATAL & NEONATAL MORTALITY RATES BY 50% FROM 1990 LEVELS

GOAL : To reduce IMR to less than 60 per 1000 live births in Orissa

1995 : To reduce IMR to 60 per 1000.
To reduce perenatal & Neontal Mortality rates by 30% from 1990 levels.

1998 : To reduce IMR to 40 per 1000.

To reduce perental & Neonatal MR by 40% from 1990 levels.

2000 : To reduce IMR to 30 per 1000.

To reduce P & NMR by 50% from 1990 levels.

CURRENT STATUS:

The infant mortality in Orissa was 126 per, 1000 live births in 1988 and reduced to 123 in 1990 and 114 in 1992 as per SRC Survey made recently. Currently nearly 60% of the IM occurs in the first one month of life and especially in first week of life. Therefore, any further reduction of IMR in Orissa would need a reduction of the Neonatal and Perenatal Mortality rates.

B. ELIMINATION OF DEATHS DUE TO ACUTE RESPIRATION INFECTION

GOAL: To achieve success to eliminate ARI of Children under 5 years.

1995: Reduce ARI Mortality by 30%

1998: Reduce ARI Mortality by 60%

2000: Reduce ARI Mortality by 90%

CURRENT STATUS

Acute Respiratory infections (Pneumonia) causes of all 0-5 year deaths in Orissa. In rural areas, use of wood as fuel for cooking causes indoor smoke pollution which contributes to ARI while over crowding and air pollution affect urban children. Most mothers seek the help of private sector medical practitioners for treatment for Acute Respiratory infections. The antibiotic "Co-trimoxazole" is available both in Government and Private health care facilities. But the case management has not been standardized among all health care practitioners.

ACTIONS
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1. Training will be organised for Governments well as private health care units on the correct case management of ARIs.

2. Availability of Co-trimoxazole will be ensured in all Health Sub-Centres, PHCs and Hospitals on a regular basis.

3. Purchase policies will be simplified to allow local purchase of Co-trimoxazone by PHC Medical Officers.

4. Smokeless Chulahs will be promoted in the ICDS Centres to prevent indoor smoke pollution. This will also popularise use of the chulahs. The cause of infant deaths are now birth weight, prematurity, birth asphyxia (baby not breathing immediately due to delivery complications) respiratory infections and diarrhoea. The causes of perenatal mortality (still births) are ascribable to complications during delivery and lack of emergency obstetric care.

In rural areas more than 90% of births are conducted at home by untrained birth attendants. There is lack of emergency transport facilities for mothers/ babies to reach the referral hospitals in time.

Even if mothers do reach the hospitals, there is inadequate facilities at the sub-division and district hospitals for emergency obstetric care and new born care.

ACTIONS
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1. The nutritional status of pregnant women will be improved by adequate food supplementation especially during second and third trimester to ensure a minimum weight gain of 7 kg. so that the babies birth weight can be increased to 3 kg.

2. Institutional deliveries in Health Sub-Centres, Primary Health Centres and Hospitals will be promoted by improving facilities for delivery.

3. Delivery booths will be constructed in populated village where trained traditional birth attendant can conduct normal deliveries.

4. Traditional Birth Attendants will be trained to conduct clean deliveries to practice simple resuscitation techniques for management of birth asphyxia and in the recognition of high risk conditions in new borns such as jaundice, respiratory distress and congenital anomalies for appropriate and timely referrals.

5. Referral facilities at Municipal and District Hospitals will be improved for providing emergency obstetric care and new born care. Low cost neonatal care units for referral care of new borns will be established in all district and Municipal hospitals in the entire state.

6. Emergency transportation will be organised through Panchayats for emergency referrals of mothers and babies.

7. Mothers will be educated on home care of new born infants (especially low birth weight infants) by promotion of early breast feeding, colostrum feeding, provision of wormth, prevention of infection and exclusive breast feeding.

POINT SEVEN

UNIVERSALIZATION OF PRIMARY EDUCATION ENSURING 5 YEARS OF PRIMARY EDUCATION FOR EVERY CHILD

GOAL : To achieve universal primary education.

1995 : All children 5-6 years to be enrolled in formal school and children residential to formal education shall be enrolled in non-formal stream. Reduction in overall dropout rates by 40% of 1990 levels.

1998: All 6-11 years enrolled in formal schools, staying on to complete upto Class-5.

All drop out of school children upto 14 years to be enrolled in Non-formal Education.

Reduction in overall dropout rates by 50% of 1990 levels.

2000 : All children aged 6 to 11 will have atleast 5 years of Primary education.

CURRENT STATUS

The literacy rate in Orissa is 48.55% . However the disparity between male and female literacy is still glaring (male 62.37%, female 34.40%). The dropout rate at the Primary school level is declining. The same gender disparity exists: SC/ST girls have the highest dropout rate. What is required now in the final concerted push, as a priority to improve the quality of education to achieve the goals.

ACTIONS

1. Orissa is the first State to declare legislate on compulsory Primary Education. This is likely to be operationalised by 1994-95 academic year.

2. Wide publicity on legislation and creating awareness among parents on the need to send children to school, especially girls, will be undertaken.

3. Compulsory registration of all children eligible to get education in Primary schools through village education Committees and Mother-Teacher Councils, who will also ensure that all children are enrolled and attend the school.

4. Priority targeting of girls, SC/ST children working children and other educationally backward children.

5. Recognition and awards for Panchayats, Wards, Blocks and districts which achieve full enrolment, retention and completion.

6. Qualify of education to be improved for better teaching, learning for every child to attain the minimum levels of learning through in service teaching training, introduction of MLL approach and provision of adequate facilities and materials.

7. District Plans will be prepared for all districts and implementation which will be monitored by Collector of the district.

8. Establish linkage with total literacy and post-literacy campaign activities and with early childhood care, education and development.

9. Flexibility of the system to allow adoption to local needs with possible introduction of shift system, varying school timing and calender especially in child labour intensive areas.

10. Integration of children with mild to moderate disability into the main stream of formal education.

11. Ensure access to pre-school services for children (3-5 years) with improved activity-based learning as the main approach.

12. Introduce expanded non-formal activities, through education volunteers service scheme and other NFE approaches.

POINT NINE

UNIVERSAL ACCESS TO NON FORMAL EDUCATION BY THE CHILDREN RESIDUALS TO FORMAL EDUCATION

GOAL: Orissa shall achieve 100% enrolment of children (5-14 years) residual to formal education and ensure 5 years of Non-formal education.

1995 to achieve 80% of the goal

1998 to achieve 90% of the goal

2000 to achieve 100% of the goal

CURRENT STATUS

The efforts to achieve universal access to non-formal education by children of 5-14 years will ensure that there will be no generation of un-educated by 2000 A.D.

ACTIONS:

1. Compulsory enrolment of children residual to formal Education shall be made in the non-formal centres both in urban and rural areas with the existing centres and additional centres to be established as per the requirements.

2. Local Self-Govt. units shall be directed to identify children residual to formal education and compulsory enrolment to NFE centres.

3. Resources shall be provided adequately to the families of children residual to Formal Education on the ground of dependence on earnings of such children; on the certification by the local administration.

4. Every child of the State residual to Formal Education shall be ensured access to NFE at least for five years.

POINT TEN

REDUCING EARLY AND FREQUENT CHILD BEARING AMONG WOMEN

A. Ensuring the age of marriage of girls to 18 years and above through legal sanction.

B. Spacing birth intervals to 3 years.

C. Limiting the families within two children strictly.

A. RAISING & ENSURING THE AGE OF MARRIAGE OF GIRLS TO 18 YEARS.

GOAL: Every girl getting marriage is commenced at not less than 18 years strictly.

1995: To achieve 30% of the goal.

1998: To achieve 60% of the goal.

2000: To achieve 100% of the goal.

CURRENT STATUS

The legal age of marriage is 18 years. The Social, Cultural and economic pressures result in many rural girls getting married before they can achieve physical, psychological and emotional maturity. It is essential that every girl child gets the opportunity to fully develop her potential as a self-relieant individual. The ill effects of early marriage and pregnancy reflected in low health and nutritional status for the mother and child, low social, educational and economic status of girls and women.

ACTIONS:

1. Intensive awareness creation for raising age of marriage to 18 years.
2. Curricullum and educational system to be modified to encourage all girls to complete education.
3. All girls and women to be come aware of the message.
4. Intensive campaign among male youth, parents and elders on adverse affect of early marriage and pregnancy.

5. Compulsory registration of all marriages and enforcing laws to punish offenders.

6. Skill development programme for adolescent girls and income generating schemes and self-employment opportunities for rural women.

7. Formation of cohesive groups for adolescent girls and women for building self confidence and self defence.

B. SPACING BIRTH INTERVALS TO 3 YEARS.

GOAL : To reduce crude birth rate to less than 25/1000 and ensure birth interval to 3 years.

1995 : Reduce crude birth rate to 28/1000. and ensuring birth intervals to 3 years.

1998 : Reduce CBR to 26/1000 and minimum birth interval to 3 years.

2000 : Reduce CBR to 25/1000.

CURRENT STATUS :

The CBR in Orissa was 31.9 in 1988. The birth rate trend in the State shows a steady decline and the status achievement is praiseworthy. However, a continuing reduction in the CBR is essential to maintain maternal and child health to reach the goal by 2000 AD.

It is being recognised that achievement of sterilisation targets and couple protection rates do not absolutely corrlate with trends in birth rates. Factors that influence the prevention of birth are many viz. literacy, and educational status of women. Age at marriage being above 18 years, chances of survival of children as influenced by birth weights above 3 Kg. and birth interval 3 years or more. Currently, the family welfare programmes in Orissa is focussed pre-dominently on sterilisation and contraception and not sufficiently on the factors listed above.

ACTIONS :

1. The Achievement goal set for family welfare will be recognised as an inter-departmental and Inter-Sectoral responsibility. Programmes will be planned jointly by concerned sectors and departments in Co-ordinated manner. to address the issues of right age of marriage, birth interval birth weight, age at last birth and availability and acceptance of a range of contraceptive services.

2. Particular attention will be focussed on organising women at village level for enabling health action by all members of the community through persuation. This will help to shift the programme away from being an intensive health based programme to a community movement.

3. Intensive political and administrative support to the programme will be provided through regular monitoring and review at Panchayat, District & State levels.

C. LIMITING THE FAMILIES WITHIN TWO CHILDREN STRICTLY

GOAL : To reduce children per couple to two children strictly.

1995 : Reduce average children per couple to two children strictly.

1998 : Reduce minimum children per couple to 2 children strictly.

2000 : Ensure Orissa a two children per couple State.

ACTION :

1. Raising life expectancy of new borns to raise confidence in couples to limit families within two children.

2. Strengthening and ensuring provision of Incentive to couples following the norm of two children family planning.

3. Strengthening and accelerating mass education on family planning programmes.

4. Educating eligible mothers through prevailing specific programmes relating to two children norms and family planning.

POINT ELEVEN

POPULARISING OF GIRL CHILD PROTECTION SCHEMES.

A. IMPROVEMENT IN THE EXISTING GIRL CHILD PROTECTION SCHEME

GOAL : To remove all obstacles for smooth implementation of scheme for the girl child.

1995 : To ensure a minimum of five district level implementation of GPs in each district.

1998 : To ensure priority of programmes for girl children in each state & district level projects for children in general and for women in particular.

2000 : Ensuring a total coverage of girl children throughout the State availing/access to any of the projects/programmes implemented in State of local level.

CURRENT STATUS:

Access to programme and projects/schemes developed for the benefit of girl children by the target group in Orissa was very slow in the decades past and it is now gathering momentum.

The women liberalisation and development policy of the present State Government clearly reveals the emphasis putforth for popularising of girl child protection schemes.

The sex ratio in Orissa has shown a declining steadily trend from 1001 in 1961 to 972 in 1991 for 1000 men. Female infant mortality rate in higher than the male.

ACTIONS :

1. Awareness creation and social mobilisation for improving the status of girls, value of basic education, evils of child labour, early marriage and pregnancy.

2. Coverage in all public information chanels for improving the condition of girl child.

3. Economic development programmes for women and skill development for adolescent girls.

4. Provision of vocational skills and self-employment opportunities for drop-out adolescent girls.

5. The Government will rededicate all development programmes to improve the status of girls and women.

POINT TWELVE

ERADICATION OF GENDER DISCRIMINATION AND FEMALE INFANTICIDE

GOAL : Improve status of girl children and women by achieving equal opportunities and equal sex ratio for both the sexes.

1995 : Arrest the declining rate in sex ratio.

1998 : Ensuring equal and even distribution of both the sexes in access for opportunities.

2000 : Ensuring equality of status and representation of both the sexes in all sectors including public and private enterprises.

CURRENT STATUS

The indicators of gender disparities in the State include :

a) Literacy - Male/Female :- 62.37/34.40

b) Agricultural - Male/Female :- Rs.25/-,Rs.15/- wages per day.

c) Representation in legislative Male/Female :- 139/8
Assembly :-

d) Women are found to be malnourished and Anemic

e) Women are married early and there is a high risk of life due to too frequent pregnancy and child birth.

f) Women are illterate and get often abused for dowry during marriage.

g) Because of poor education and awareness the employment opportunities are low.

These indicators reflect the fundamental preference for a male child and lead to a reflection that a girl child is more an economic and social burden and liability than a contributing member of the family with value and worth.

ACTIONS :

1. Legalisation and strict enforcement of existing laws relating to female infanticide, compulsory birth & death registration, registration of marriage, and enforcement of the dowry prohibition Act be ensured.

2. Removing gender desparities in health & nutrition care and education and achieving universal primary education for girls and women.

3. Special initiatives shall be taken as short-term measures to ensure survival of female children.

4. Ensure availability of sex agreegated data in all sectors to monitor desparity reduction progress.

5. The law related to foetal abortion (Medical termination of pregnancy Act, 1971) will be strictly enforced in the State & suitable monitoring mechanism will be introduced.

6. All efforts will be put to discourage prevalence of unau-thorised clinical sex determination with enforcement of sex determination prohibition Act in genetic counselling centres, laboratories, clinic Gynaecologist & Medical practioners.

7. Legal intervention will be made for those who use ultrasonography prenatal diagonostic techniques for the purpose of determination of sex with the possible objective termination of pregnancy.

POINTTHIRTEEN

PREVENTION OF CHILDHOOD DISABILITY AND EARLY DETECTION FOR REHABILITATION

GOAL : By 2000 A.D. childhood disability will be prevented or detected early for rehabilitation within the community.

1995 : Community based prevention, early detection and rehabilitation coverage in 10 districts

1998 : Extension to 20 districts.

2000 : Coverage in the whole state.

CURRENT STATUS :

The member of disabled children (0-14 years) is not available.

ACTIONS

1. Services for prevention, early detection and rehabilitation of disable children will be provided through an integrated Community Based Rehabilitation (CBR) approach strengthening efforts by NGOs and linking with Govt. infrastructure and network.

2. All ICDS workers and village level health nurses and traditional birth attendant will be trained in early detection and simple early stimulation techniques.

3. Simplified techniques will be developed for screening of new borns at all maternity centres at municipal and District level Hospitals.

4. Existing facilities and assistance will be extended for greater coverage through establishment of early detection institutions, genetic laboratory, regular supply of aids and appliances etc.

POINT FOURTEEN

EMPHASIS TO BE GIVEN IN PREFERNTIAL TREATMENT TO SPECIAL NEEDED CHILDREN (MENTALLY RETARDED)

GOAL : Orissa will ensure a fair and just treatment to all special need children categorically.

1995 : Achieve early identification of special need children 100%

1998 : Ensure all special need children avail the services both institutional and community based specifically established for them.

2000 : Strengthening preventive, curative and rehabilitative services for a sustained achievement in providing preferential treatment to children, in special need.

CURRENT STATUS

Data not available.

ACTIONS :

1. Registration of children in need of special care will be made compulsory.

2. Legilisation for protection and integration of the children in special need will be prepared.

3. Barrier free environment will be promoted for these children.

4. Communication through media and field functionaries will be made for increased awareness of ;

a) Risks involved in having children when maternal age is below 18 and above 30 years.

b) Care during pregnancy against accidents and communicable disease and avoidance of smoking alcohol, X-ray, heavy work and non-prescribed medication.

c) Child care to avoid accidents.

d) The children in need of special care be given care for integration into the society.

POINT FIFTEEN

PREVENTIVE, CURATIVE AND REHABILITATIVE MEASURES FOR A GRADUAL ELIMINATION OF CHILD LABOUR.

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GOAL : Bonded child labour, child labour in hazardous industries (children under 15 years) and child labour of children under 12 in all industries and categories will be eliminated.

1995 : Eliminate child labour in fire work industries withdraw children under 12 years from heavy industries.

Eliminate bonded child labour & children under 15 years from Bidi industry.
Withdraw children under 10 years in all categories of un-organised sectors.

1998 : Eliminate child labour from domestic and restaurant services.

Withdraw children under 12 in all categories

Eliminate all bonded labours.

2000 : Eliminate child labour in hazardous industries, and from domestic and unorganised sectors.

CURRENT STATUS :

While the exact scale of child labour is not known, that is extensive in some areas/industries (Mine, Construction and Bidi industries) is well known. It is estimated that over 55,000 no. of child labourers including girls are now working in Bidi industries in the remote districts of Orissa. And much more than the figures are working in the unorganised sector of the Urban areas like ; Hotels, Restaurants and construction works.

Bonded Child Labour is found in varying degrees in the remote areas.

ACTIONS :

1. Situation analysis of the extent of child labour in the hazardous industries and to identify industries and areas with bonded labour throughout the State (to be completed by mid- 1994)

2. Introduction of an integrated and multi-sectoral approach which addresses the problem from different dimensions for each hazardous industries, i.e. raising adult income levels, rural and agricultural development in drought prone areas, spreading of selected industries to alleviate concentration of labour demand, formation of workers co-operatives and union etc.

3. Strong enforcement of the child labour Act 1986 :

   * State rules under the Act will be immediately framed.

   * Enforcement machinary will be strengthened in child labour in extensive areas.

   * Special codes will be established in child labour intensive areas with special public prosecutors.

   * Designation of a panel of medical officers for certification of proof of age.

4. Link-up with compulsory primary education with common communication and social mobilization activities.

5. Enlisting the co-operation and partnership of industrialist, unit-owners, associations, trade unions and working in close collaboration with non-governmental organisations.

6. Shifts and flexible timing/calender for schools to be introduced for teaching the children engaged for household occupations in the family.

7. Consumption credit facilities to be made available for parents to prevent begging by the street children.

8. Counselling and support systems for parents through NGO's Teachers and field functionaries to disguide them from bonding their children.

9. Strict and immediate action by revenue officials, police and other authorities to proceed against employers engaging child labour.

10. Institutions with multipurpose support systems shall be established in the urban sectors to avoid migrant child labours from the remote areas.

POINT SIXTEEN

PROTECTING CHILDREN FROM NEGLEGENCE, ABUSE DELINQUENCY AND ENGULFED SOCIAL EVILS :

GOAL : To protect each emerging child endangered to be neglected, abused.

1995 : Reduce Child negligence by 50% of 1992 level.

1998 : Reduce child abuse by 50% of 1992 level.

2000 : To ensure protection of existing as well as the emerging children identified to be neglected, abused and prone to Evils by 50% of 1992 levels.

CURRENT STATUS :

The exact statistics of the child population under this category is yet to be known. An informal study fin s the incidence of these category is almot 9 to 10% of the total population in urban sector and 2 3% in rural sector.

ACTIONS :

1. Identification and situation analysis of the extent of child neglegence, abuse and Evil-prone children is to be completed by end of 1994.

2. Strong enforcement of the juvenile justice Act 1986 is to be ensured.

   * Reconstitution of juvenile boards and juvenile court both at State & District levels.

   * Review of the boards shall be at a regular frequency.

   * Non-institutional and de-institutional approaches shall be initiated, strengthened and emphasized.

   * A State Council for juvenile justice shall be established in a State level with it's district branches.

3. Counselling & family support system for parents through NGOs for adequate parental attention and ensuring alternaties for children under that of various social evils.

4. Services and measures shall be imparted for both the neglected juvebiles and delinquent juveniles and render single administration i,e., either by social defence administration of child welfare administration or by constituting a separate juvenile justice administration.

5. Educating people on the preventable social causes that lead to above abnormalities in children.

6. Family life Education, Moral Education and prevocational & vocational education shall be made available to all the identified targated juveniles under those categories.

POINT SEVENTEEN

PROTECTING BASIC HUMAN RIGHTS OF CHILDREN TARGET GROUP

GOAL : To ensure, all the children of the State, irrespective of social origin, to have access to their basic right to families and birth right to nationality.

1995 : To achieve 30% of the goal.

1998 : To achieve 60% of the goal.

2000 : To ensure 100% of the achievement.

CURRENT ACHIEVEMENT

The exact percentage of children deprived from their basic rights to families and birth right to own nationality is yet to be found. However, a calculated number of 10,000 children are found to be of such categories in the State.

Actions :

1. Identification and situation analysis of the extent of the children to be completed within 1994.
2. Re-union of such children with families, original or alternative i.e. Adoption/ Foster Care shall be strengthened within the communities.
3. Enforcement of Emigration & Immigration Laws shall be strict.
4. Enforcement machinery will be strengthened to investigate check and control the violation of laws related to children basic right to families and birth right to own nationality.
5. More resources shall be allocated towards promotion of non-institutional and de-institutional services like In-country Adoption, Foster Care etc. to provide and protect the above rights of the deprieved children.
6. Educational and campaign programme shall be strengthened through NGOs to communicate the general public on the basic needs and rights of the children irrespective of their social origin.

POINT EIGHTEEN

ENSURING EQUAL PREVELENCE OF JUSTICE AND OPPORTUNITIES TO CHILDREN BORN TO UNEQUAL SOCIAL ORIGIN.

GOAL: To be first State in India to ensure equality of justice and opportunities for children instutionalised with those who are socialized in the common social system.

1995: Achieve 30% of the goal.

1998: Achieve 60% of the goal.

2000: Achieve 100% of the goal.

CURRENT STATUS:

The no. of children born to unequal social origin, stigmatically deprived from general social system and institutionalised, is calculated to be more than 8000 in our State and the rate of emerging cases is 600 annually.

ACTIONS :

1. Identification and situation analysis of the children born to unequal social origin and deprived of general social system throughout the State to be completed within 1994.

2. The district juvenile Board/ Collector shall ensure compulsory registration of children of such category before enrolling them into care institution.

3. Strict and immediate action by Police and other authorities at district levels shall be directed to co-operate the district administration for identification and registration of such cases.

4. Designation of a panel of juvenile board as well as local self-government authorities shall be made to certify proof of inequality of justice on the ground of birth/unequal social origin before putting them into institutions.

5. Ammendment shall be made on the criteria of enrolment/institutionalisation of children to avoid unjust deprivation to children born to excepted social origin.

POINT NINETEEN

ENSURING SAFE DRINKING WATER & ENVIRONMENTAL SANITATION :

ENSURING SAFE DRINKING WATER AND BETTER ACCESS TO SANITARY FACILITIES AT ALL CHILDREN'S INSTITUTIONS AND CHILD CARE CENTRES.

GOAL : One source of safe water will be provided for every 150 persons within 1 Km. and coverage of households with sanitary facilities will be increased to 25% household in rural and to 50% in urban areas.

CURRENT STATUS :

The current level of water supply coverage is 1 source for every 250 persons. Many areas have problems of poor quality of drinking water because of high levels of chemical contents and salinity. Increasing number of wells are becoming dry because of insufficient rainfall and over exploitation of ground water for irrigation and industrial use, Many Schools, Primary Health Centres, health Sub-Centres, Child Welfare Centres, Anganwadi Centres do not have drinking water and sanitation facilities.

For diarrhoeal diseases to be reduced, water supply, sanitation and health services must be provided as an integrated package. 8% of rural households and 60% of urban households have sanitary facilities. The main problem has been a combination of low demand as well as low coverage of sanitation programmes.

ACTIONS

1. Integrated approach to water sanitation and diarrhoeal diseases control.

2. Provide sanitary latrines and water supply to all government community service institutions such as schools, health centres, child welfare ICDS Centres.

3. Support to research and development programmes for improved and develop appropriate technology for provision of drinking water in problem areas and find suitable cost effective techniques for improved re-charging of the ground water.

4. State level appex body to be set up to deal with problems related to water and district level monitoring mechanisms to ensure sustained availability of drinking water.

CURRENT STATUS :

The problem of Environment - Development has been perceived as a prioritiesed factor since the last decade. Programmes pertaining to the problem is gradually spreading of over the globe.

The increasing deterioration of the environment will affect the future citizens.

Although efforts has been made to bring about social awareness still a lot has to be done.

ACTIONS :

1. Environmental education shall be a part & parcel in the course curriculum for both formal & non-formal education system upto the secondary level.

2. Additional short-term course curriculum shall be provided to ensure access to all as an extra subject in the academic curriculums.

3. All educational institutions upto the secondary level shall be allocated resources to celebrate bi-annual (twice a year) PARIVESH MELA, as they use to celebrate VIGYAN MELA.

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