



STATUS REPORT ON CHILD RIGHTS IN INDIA

AN OVERVIEW OF THE PAST DECADE



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for children



Foreword

Children are often perceived as 'adults in the making' or as 'future citizens', and not as citizens of today. Children, as right holders must be indisputably seen and treated as individuals with their own rights, views and opinions. Though children constitute one third of India's population, our country has repeatedly failed to uphold the rights of its children and the situation of our children remains extremely dismal in all child rights related indicators viz education, nutrition, health and development and protection. There is a serious and urgent need for all of us to be committed towards children.

As our country gears up for the 16th General Elections, Child Rights and You (CRY) seriously reflects on the situation of children in India and presents the report 'Status and Trends in Child Rights in India: An Overview of the Past decade'. Through this report CRY attempts to look at the trend of child development indicators over the last decade, reveal the current status of our children and calls for urgent attention and efforts that needs to be taken in order to ensure that all children enjoy their childhood. The report comprises of the views of some eminent development thinkers and practitioners working in the arena of child rights and an analysis of each child right indicator along with recommendations and steps to be taken in order to improve the situation of our children.

Since last 34 years CRY is committed to changing the way children are perceived and treated in society as well as looking at a strategic approaches and utilization of resources to maximize our impact on children. As part of its organizational goals CRY is committed to continue its efforts to ensure that every child whether in villages or towns can access high quality education that is free for all children until they turn 18 years old. Will redouble its efforts to ensure that children survive, grow and develop in a healthy manner, more mothers and children in every village and town have access to free and quality primary health care. Will aggressively tackle malnutrition by actively focussing on bringing about a reduction in the rate of child malnutrition in CRY supported project areas. Will continue its efforts by contributing towards creating a protective environment for children that is free from violence, abuse and exploitation and ensuring that children's voices are recognized as significant and unique in issues that affect them, and amplify their cares and concerns to society at large.

CRY's years of experience working with children tells us that with concerted and sustained efforts, positive change in the lives of children is certain. During this General Election, CRY wishes to reiterate that all children are right holders and it is high time we develop zero tolerance to children's rights not being protected or realized.

CRY urges all political parties to commit their action of putting children first during these general elections. CRY calls for bringing children to top priority and ensuring commitment to change the situation of children in our country.

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Executive Summary

Introduction

India has the largest child population in the world. Over 17% of the world's children live in India, which means that every sixth child in the world today refers to India as 'home'. Of the 430 million children in the age group of 0-18 years, about 160 million are below the age of six years and about 270 million are between six to eighteen years. Though children constitute over a third of the country's 1.21 billion population; yet children appear to be the most neglected segment in India, with the rights of children being vastly ignored. From aspects related to health to that of children's education, the child related indicators paint a dismal picture.

The country's appalling child scenario is not only astounding but also puzzling, particularly because the Constitution of India accords a special status to children as deserving of special provisions and protection to secure and safeguard the entitlements of 'those of tender age.' It directs the State to ensure that children are not abused and are given opportunities and facilities to develop in a healthy manner in conditions of freedom and dignity. Over twenty years ago, in 1992, the Government of India ratified the United Nations Convention on Rights of the Child (UNCRC), requiring it to ensure the rights of all children to survival, protection, development and participation. Soon after, in its ninth plan, the government announced a move from a welfare-based to a rights-based approach when planning child-related policies and development strategies. This implies that all children are rights-holders and the State is the primary duty bearer. However, despite various child-oriented initiatives both on the legal as well as policy and programme levels, the condition of children in India remains dismal. It is obvious that even after six decades of Independence and a vibrant economic growth rate, a democratic India has drastically failed to uphold the rights of its children. Politicians and government officials often continue to refer to children as the 'future generation' of economically contributing adults or as the 'citizens of tomorrow', but it is important to remember that an individual becomes a citizen with citizenship rights, from the day of birth. Children cannot make political demands; they do not have the right to vote, and therefore do not have a say in electoral outcomes. However, access to early child care, education, nutrition, health and juvenile justice is essential for their positive development and is a right to which they are entitled to. It is thus imperative that they receive care, protection, essential services, and opportunities in their own right today.

Rationale, Objectives and Scope of the Study

The present study, '**Status Report on Child Rights in India: An Overview of the Past Decade**', has been undertaken by Ms. Neeti Daftari on behalf of Child Rights and You (CRY), with a view towards using the results obtained to draw up a child rights manifesto wherein the current issues concerning children will be highlighted. The ultimate aim, therefore, is to encourage the members of various political parties to include key children's issues as an agenda item in their own election manifestos.

The key **objectives** of the study are:

- Identify and evaluate key developments and trends in the child rights space over the past decade
- Analyse the current status of child rights in India on the basis of relevant child-centric indicators, in order to identify key challenges in the child health, education, nutrition and protection sectors
- Analyze the trends in budgetary allocations for children in the Union budget since 2000
- Recommend national policy-level priorities and strategies for ensuring the rights of all children in India

In addition to being a base document for the 2014 Child Rights Manifesto, the information presented in this report is also relevant for policy makers, child-oriented NGOs, other child rights stakeholders including activists, academics, students and all members of the general public who would like to obtain a quick overview of child rights challenges existing in India over the past ten years and the possible strategies for overcoming the same.

Methodology

The present report deliberately restricts itself to using government sourced or government approved data

in order to maintain consistency and reliability. The key secondary sources include the approach papers drafted by the Planning Commission for the Tenth, Eleventh and Twelfth Five Year Plans; the third and fourth period India reports on the Convention on the Rights of the Child; and the two sets of concluding observations of the UNCRC committee on India. In addition to these, nationwide surveys undertaken during the past ten years have also served as important reference documents during the drafting of this report. Also experts from each of the child sectors were interviewed and their inputs used to develop the broad framework and focus areas for this report.

Status of Children – Achievements and Challenges in the last decade

I. EDUCATION

Key Achievements

- Establishment of Constitutional and Legal underpinnings for achieving Universal Elementary Education
- Near universal enrolment and access to Primary Level Education
- Slight-moderate progress on all other education-related indicators over the past decade

Key Gaps and Challenges

- Investment and attention towards ensuring Early Childhood Care and Education (ECCE) extremely low in terms of prioritization at the central policy level
- Limited scope of the Right to Education (RTE) Act, 2009 where children from age group of 0-6 and 14-18 years are not included
- Gaps in Elementary Education with respect to quality of education, quality of teachers, irregularities in Mid-Day-Meal Schemes (MDMS) implementation, potential supply and demand discrepancy in secondary education, high drop-out rate at all levels,
- Gender disparity and social inequity

II. NUTRITION

Key Achievements

- Supreme Court order for universalization of Integrated Child Development Scheme (ICDS) in 2004
- Supreme Court order in 2006 for 'Anga nwadi on demand', within three months from the date of demand in a settlement that has at least 40 children below six years of age
- Formulation of the National Food Security Act 2013, as the most important national effort yet to address nutritional deficiencies in India

Key Gaps and Challenges

- India's dismal performance on child nutrition indicators with high levels of child anaemia, undernutrition and mortality
- Concerns regarding slow movement in attainment of Millenium Development Goals (MDG) Goal 1 – "Eradicate Extreme Hunger and Poverty"
- Low resources investment for universalisation of the scheme and ineffective management of ICDS

III. HEALTH

Key Achievements

- India has been polio-free for over two years, with no reported cases since February 2011
- India has accomplished mild-moderate improvements on all major child health indicators at the national level over the past decade

Key Gaps and Challenges

- Child health indicators – Infant Mortality Rate (IMR), Child Mortality Rate (CMR), Under 3 Mortality Rate (U3MR) remains a significant concern
- High levels of discrimination and exclusion continue to affect children's health status

- Concerns regarding slow movement in attainment of MDG Goals 4 and 5: Reduce Child Mortality and Improve Maternal Health
- Poor National Rural Health Mission (NRHM) functioning and poor access to child health care
- Low attention towards child health concerns of the urban poor

IV. PROTECTION

Key Achievements

- Several new legislations and legislative amendments such as Prohibition of Child Marriage Act, 2006; Integrated Child Protection Scheme (ICPS) 2009-10 and Pre-Conception and Pre-Natal Diagnostic Techniques (PC & PNDT) Act 1994, Amended in 2003 which are progressive and child-friendly in nature
- Establishment of a National Commission for Protection of Child Rights (NCPCR) in 2007, one of the few of its kind in Asia, and the subsequent setting up of State Commissions in sixteen States (NCPCR, 2013)
- Introduction of the centrally sponsored 'Integrated Child Protection Scheme' (ICPS) in 2009-10, a comprehensive umbrella scheme that covers all areas of child protection, bringing more focused attention to this sector

Key Gaps and Challenges

- India's dismal performance on all child protection indicators viz crime against children, child marriage, child labor, child trafficking, child sex ratio
- Inadequate data and documentation on child vulnerabilities
- Inadequate protection services for children with special needs
- Gaps in programme planning and implementation of Integrated Child Protection Scheme (ICPS), The National Child Labor Project (NCLP)
- Inadequacies in the Child Labour (Prohibition and Regulation) Act
- Poor enforcement and gaps in child-related legislations such as the Prohibition of the Child Marriage Act, 2006; Juvenile Justice (Care and Protection of Children) Act, 2000; Child Labour (Prohibition & Regulation) Act, 1986; Information and Technology (Amendment) Act, 2008; Immoral Traffic Prevention Act, 1956; Pre-Conception and Pre-Natal Diagnostic Technique (Prohibition of Sex Selection), 1994

Budget for Children (BfC) – an analysis (2000-01 to 2013-14)

- The proportion of total BfC to total union budget has always been less than 6%.
- From the BfC analysis, it is clear that all four child sectors including education within BfC are grossly under-funded, with budget estimates that are far too low to fulfil all programmatic requirements.
- Within BfC, the education budget has always been the highest, while child protection has consistently received the least attention.
- As a proportion of total union budget, the most substantial improvements in allocations over the past decade are noted in education followed by development.
- Overall health allocations have dropped and child protection allocations have remained relatively stagnant at an average low of about 0.04% throughout, with poor budget utilization partly to blame for subsequent low government allocations in these two sectors.
- There is no doubt that government under-investment in BfC and poor budget implementation have played a significant role in adversely impacting India's ability to meet its Five Year Plan targets and MDGs relating to children.

The Need For Immediate Change For Ensuring Child Rights In India

Overview

- The age definition for all child-related legislations and policy instruments needs to be harmonised at the earliest to include all children below eighteen years of age. This could begin with the appropriate age Amendments made to the Right to Education Act and the Child Labour Act
- Increase functional convergence and coordination between various sectoral programmes and policies that impact the lives of children, and ensure inter-ministerial coordination within all levels of governance
- Strengthen institutional mechanisms and capacities at National, State and District levels; ensure adequate training and capacity-building of personnel working with children at all levels, so that their effective implementation provides the necessary protection to children
- Develop a comprehensive and disaggregated database comprising of all child vulnerability indicators
- Address legislative gaps and improve enforcement of all existing child-related laws that contribute to protecting the rights of children
- Set well-defined norms and standards for programme delivery. At the same time, provide flexibility of norms to address critical needs at the community level by creating a wide-ranging pool of possible resources
- Increase accountability of implementing agencies by improving monitoring mechanisms
- Establish State Commissions for Protection of Child Rights (SCPCRs) in all States, which are closely monitored and mentored by the NCPCR
- Institutionalise Child Participation and incorporate children's views into mainstream policy and programme formulation processes by enabling and encouraging bal panchayats, child friendly village panchayats and urban local bodies where children's voices are heard and their rights are respected, protected, facilitated and fulfilled
- Strengthen the protective and nurturing environment for children in the family, community and in service institutions like crèches, Anganwadi centres, schools, health centres, child care homes through improved coverage and quality of services
- Facilitate national campaigns which address deep rooted social norms and traditions that contribute to violating the rights of certain groups of children, so as to help negate the root causes of their exclusion and exploitation
- Formulate a strategic approach to respond holistically to the emerging needs of children of excluded groups such as girls, Scheduled Castes, Scheduled Tribes, vulnerable minorities, and children with special needs
- With the RTE Act now in effect, schools should be made the prime site of child rights and child protection activity. Within the protective school premises, children should be able to avail the entire child rights spectrum i.e. education, health (through school health programme under NRHM), nutrition (through MDMS), and protection (through CRC and child rights awareness included in the curriculum)

A. Education

- Ensure adequate commitment to ECCE
- Ensure appropriate implementation of MDMS
- Expand the scope of Rashtriya Madhyamik Shiksha Abhiyan (RMSA)
- Attention to Important policy and programmatic priorities in elementary and secondary education
- Reduce drop-out rate by improving student attendance and quality of elementary education
- The upper primary stage should be the prime SSA focus with a specific focus on addressing residual access
- Expand secondary infrastructure and quality to meet potential high demand
- Ensure quality teacher recruitment
- Attain gender parity and social equity in education
- Extend the scope of the Right of Children to Free and Compulsory Education Act, 2009

B. Nutrition

- Reform, restructure and strengthen implementation of the Integrated Child Development Scheme (ICDS)
- Address the existing gaps in the National Food Security Act, 2013
- Universalised (as opposed to targeted) food security for children up to age eighteen years
- Extend the scope of Mid-Day-Meal Schemes (MDMS)

C. Health

- Accelerate improvement on child health indicators by strengthening primary health care systems that provide a continuum of care
- Address gaps in NRHM management, implementation and on-ground resource availability by having specific focus on marginalized group, having schemes for child mental health/substance abuse issues.
- Ensure adequate attention towards child health amongst the urban poor
- Declare Right to Health as a Fundamental Right in the Constitution of India

D. Protection

- Strengthen documentation and database on child protection indicators to develop appropriate policies and programmes
- Develop strategies to ensure the rights of Children with Special Needs
- Develop an intensive multi-pronged national strategy to improve the Child Sex Ratio (CSR) within the theme of achieving overall gender parity
- Ensure more effective Implementation of the Integrated Child Protection Scheme (ICPS) by strengthening rehabilitation and reintegration measures with the JJS
- Need for Amendment and strict implementation of the Child Labour (Prohibition and Regulation) Act

E. Financial Commitment

- Ensure 10% of total budgetary allocations as Budget for Children towards realization of child rights
- Ensure effective National, State and District-level management and utilization of outlays/ budgets
- Introduce a child budget component in all allied Ministries

I. Introduction



Children constitute over a third of the country's 1.21 billion population; yet children appear to be the most neglected segment in India, whose rights continue to be vastly ignored. Over 17% of the world's children live in India, which means that every sixth child in the world today refers to India as 'home' (MoSPI, 2012). Of the 430 million children in the age group of 0-18 years, about 160 million are below the age of six years and about 270 million are between six to eighteen years (Census, 2011). An estimated 26 million children are born in India each year (Ministry of Statistics and Programme Implementation - MoSPI, 2012).

People inclusive of parents, politicians and administrative officials often refer to children as the 'future generation' of economically contributing adults or as the 'citizens of tomorrow', but it is important to remember that an individual becomes a citizen with citizenship rights, from the day of birth. Children cannot make political demands; they do not have the right to vote, and therefore do not have a say in electoral outcomes. However, access to early child care, education, nutrition, health and juvenile justice is essential for their positive development and is a right to which they are entitled to by the state. Hence, it is imperative that they receive care, protection, essential services, and opportunities which rightfully belong to them.

The Constitution of India accords a special status

to children as deserving of special provisions and protection to secure and safeguard the entitlements of 'those of tender age.' In 1992, the Government of India also ratified the United Nations Convention on Rights of the Child (UNCRC), requiring it to ensure the rights of all children to survival, protection, development and participation. India's consistent failure to meet its own constitutional provisions as well as other international obligations like the United Nations Convention on the Rights of the Child (UNCRC) and Millennium Development Goals (MDG) for protecting children should function as a serious wake-up call.

The statistics and trends presented in this report, emanating from various census, documents, government surveys and administrative records, underline the requirement for urgent action. It also highlights the strong need for more child-centric sustainable policies, child-sensitive legislations, consistently implemented initiatives, and more realistic budgetary disbursements, if India is serious about transforming the present status of the country's children.

This report is divided into five sections. **Section I** presents a brief overview of the current status of children in India, and provides the report context, objectives, methodology, and approach. **Section II** provides the essential backdrop of the child rights scenario in the country, delineating the important child rights mechanisms, developments and trends over

the past decade. **Section III** reviews the most prominent child rights concerns existing in India today by conducting a trends analysis of key child rights indicators within each of the four child sectors namely, education, nutrition, health and protection. Important policy and legislative provisions, and the achievements, gaps and challenges within each child sector are also briefly reviewed. **Section IV** reviews and analyses the budgetary allocations for children in the Union Budget since the year 2000. The Report concludes with **Section V** by recommending the overall as well as sector-wise policy priorities and strategies for ensuring child rights in India.

Data sources, methodology and approach

At the outset, the intention has been to create a brief and concise report that not only provides a quick glimpse into the status of children in India, but also captures the essential trends and statistics within the child rights arena over the past ten years. This has necessitated the conscious exclusion of some of the less relevant child indicators, and policies/ legislations that are not primarily child focussed but may affect children nonetheless. In order to ensure that the most crucial child indicators, policies, and legislations are included and analysed, experts from each of the child sectors studied i.e. health, nutrition, education, and protection were interviewed and their inputs used to develop the broad framework and focus areas for this report.

The present report deliberately restricts itself to using government sourced or government approved data in order to maintain consistency and reliability. The key secondary sources include the approach papers drafted by the Planning Commission for the Tenth, Eleventh and Twelfth Five Year Plans; the third and fourth periodic India reports on the Convention on the Rights of the Child; and the two sets of concluding observations of the UNCRC committee on India. In addition to these, nationwide surveys undertaken during the past ten years have also served as important reference documents during the drafting of this report.

There is very limited national data available for children between 15 to 18 years age group. There have been significant advances since 2004 in terms of data collection, with some surveys now providing disaggregated data on children. However, it is noted that statistics for younger children are more easily available, while the data for the 15-18 age group continues to be limited.

The Rationale, Objectives, and Scope

The present study, 'Status Report on Child Rights in India: An Overview of the Past Decade', has been commissioned by CRY -Child Rights and You with a view towards using the results obtained to draw up a child rights manifesto wherein the current issues concerning children will be highlighted. This manifesto will be used to effectively engage in election advocacy for the upcoming general elections in 2014. CRY believes that every child, regardless of birth and circumstances is an equal right holder. The policies and the everyday choices we make, must seek concerted efforts to highlight the challenges faced by children of our country so as to ensure that their voices are heard at all levels which affect them. The primary and foremost aim, therefore, is to encourage the members of various political parties to include key children's issues as an agenda item in their own election manifestos.

With the above aim in mind, and in order to ensure that the statements made within the child right's manifesto are based on sound data and a well-researched trends analysis, the following are outlined as the key objectives of the study:

- Identify and evaluate key developments and trends in the child rights space over the past decade
- Analyse the current status of child rights in India on the basis of relevant child-centric indicators, in order to identify key challenges in the child health, education, nutrition and protection sectors
- Analyse the trends in budgetary allocations for children in the Union budget since 2000
- Recommend national policy-level priorities and strategies for ensuring the rights of all children in India

In addition to being a base document for the Child Right's Manifesto 2014, the information presented in this report is also relevant for policy makers, child-oriented NGOs', other child rights stakeholders including activists, academics, students, and all members of the general public who would like to obtain a quick overview of the child rights challenges existing in India over the past ten years and the possible strategies for overcoming the same.

II. Child Rights – Trends and Developments



The time period covered in this report has witnessed two Five Year Plan periods, in which there has been implementation of the Tenth Five Year Plan (2002-07) and Eleventh Five Year Plan (2007-12); and conceptualisation and beginning of the Twelfth Five Year Plan (2012-17). In 2012, India celebrated its 20th anniversary since the ratification of the United Nations Convention on the Rights of the Child (UNCRC) which means that by 2002, India had already completed ten years into implementing its international Convention on the Rights of the Child (CRC) commitments for the survival, development, protection and participation of children.

In a country such as India which is both large and diverse, it is important to bear in mind that while children are entitled to equal rights, their needs and entitlements are area-specific, group-specific, culture-specific, setting-specific, and age-specific and demand a variety of interventions. This, coupled with the problems of displaced and migrant children, children in areas of civil unrest, children belonging to marginalised groups, children who have suffered violence, abuse and exploitation, no doubt makes policy planning for children in India even more challenging. In order to provide a stronger focus and a much-needed impetus, a major step was taken in early 2006 to consolidate all child-related issues under one umbrella by upgrading the Department of Women and Child Development (under the Human Resource Development Ministry), into a full-fledged Ministry, with enhanced human and financial resources. This, thereby, dramatically increased the scope of holistic planning and programming for children.

The role of legislation

Several legislations, policies and programmes for safeguarding the rights of children have been put in place over this past decade. Most significant amongst these are the establishment of a National Commission for Protection of Child Rights (NCPCR) in 2007, one of the few of its kind in Asia, to safeguard and enforce the rights of all children in the country; the universalization of services for nutrition and development of children in the age group of 0-6 years; and the launch of a universal Integrated Child

Protection Scheme in 2009-2010 for children in difficult circumstances, working children, victims of trafficking and other vulnerable children. Further, efforts towards strengthening some of the existing policies and schemes has resulted in the expansion of the Mid-Day Meal Scheme (MDMS); progress of the Integrated Child Development Services (ICDS) into the third phase of expansion; and revamping of the rapidly-expanding social protection net through insurance schemes and pensions. Certain flagship programmes addressing rural communities and impacting children were also launched, such as the Total Sanitation Campaign (TSC), National Rural Health Mission (NRHM) and the National Rural Employment Guarantee Scheme (NREGS).

A particularly momentous development within the child rights space in India took place in 2002, when Article 21-A was added through a Constitutional Amendment to make elementary education a fundamental right and again, when the Right of Children to Free and Compulsory Education Act for every child in the age group of 6 to 14 years was adopted seven years later in 2009. This has been viewed as a highly progressive development despite the Act's exclusion of children in the age groups of 0-6 and 15-18 years. Some of the other most important legislations adopted and amended during this ten-year period include the Prohibition of Child Marriages Act, 2006; amendments made to the Juvenile Justice (Care and Protection) Act in 2006 and again in 2011 to ensure better care and protection of children; and more recently, the adoption of the Protection of Children from Sexual Offences (POCSO) Act, 2012, a stringent law specific to children that addresses crimes of child sexual abuse and sexual exploitation, while giving paramount importance to the principle of 'best interest of the child'.

India's biggest international commitment to its children has been in the form of ratification of the United Nations Convention on the Rights of the Child (UNCRC) in 1992, whereby India committed itself to ensuring all rights for all its children and adherence to the principles of non-discrimination, best interests of the child, children's participation in decision making, and accountability in all policy

and action relating to their rights. Over the past decade, the most prominent development within the child rights space took place in 2005, when India additionally ratified the two Optional Protocols to the UNCRC that deal with the involvement of children in armed conflict and with the sale of children, child prostitution, and child pornography.

A review and analysis of the UNCRC-related documents reveal that India has fully complied with only a few of the recommendations of the UNCRC committee. These include the adoption of the National Charter for Children, 2003; formulation of the National Plan of Action for Children, 2005 and the National Policy for Children, 2013 (revised after nearly 30 years) based on a child rights approach; revision of the legal framework concerning child sexual abuse through adoption of the POCSO Act, 2012; the establishment of the NCPCR*; inclusion of child rights education in elementary school curriculam. A large majority of the recommendations put forth by the committee in 2000 and 2004, however, have only been partially complied with, while several recommendations such as amendment of the Child Labour Act, 1986 to include household enterprises, agricultural labour as hazardous occupations/processes; child participation in relevant policy-making procedures at the national level; formulation of a uniform adoption law to ensure that children of all religions can be adopted; extension of application of the Juvenile Justice (Care and Protection of Children) Act, 2000, to the State of Jammu and Kashmir have been completely ignored.

Over ten years have passed since the Tenth Five Year Plan (2002-2007) set certain monitorable targets for children. These included:

- All children in school by 2003;
- All children to complete five years of schooling by 2007;
- Reduction in gender gaps in literacy rates by at least 50 percent by 2007;
- Reduction in IMR to 45 per 1000 live births by 2007 and 28 by 2012;
- Reduction of MMR to 2 per 1000 live births by 2007 and to 1 per 1000 live births by 2012; and
- Arresting decline in the child sex ratio

*The Paris Principles were defined at the first International Workshop on National Institutions for the Promotion and Protection of Human Rights held in Paris on 7-9 October 1991. The Paris Principles relate to the status and functioning of national institutions. Human Rights which are funded by the state but are independent of it and act as a bridge between civil societies and governments.

[Source: Office of the High Commissioner for human rights www.ohchr.org]



As of 2013, not a single one of these targets which were set in 2002, have been achieved. Further, an evaluation of the India Periodic Reports on the CRC reveals that the current rates of progress on child-related indicators are hugely insufficient to meet the relevant Millennium Development Goals (MDGs) by the 2015 deadline.

Noting the seriousness of the situation at the time, the following **Eleventh Five Year Plan (2007-2012) zeroed in on the development of children as its primary goal, and for the first time in the history of planned development in India, had an entire section dedicated to children's rights.** This was a big step forward in having finally moved away from the language of welfare to rights in policy documents, while also declaring a stronger commitment towards ensuring the rights of children. The Plan's approach to children also took on a paradigm shift; it strove to create a protective environment recognizing the need for investing in preventive aspects of protection. The Eleventh Five Year Plan also included-

for the first time a section on child budgeting, thereby recognising and affirming the importance of budgets as an important mechanism for ensuring the realisation of child rights.

The Twelfth Five Year Plan, drafted in 2012, takes forward the vision of the Eleventh Plan while including an additional dimension of how 'more inclusive growth begins with children'. It recognizes the need to break an intergenerational cycle of inequity and multiple deprivations, with the core focus areas of this Plan being the girl child; early child care and education; and addressing the issue of malnutrition. The current Plan declares that the highest priority must be accorded to children and women, especially those who are most vulnerable.

A review of the past decade reveals some rather progressive developments in terms of policy planning and programming. However, the prevailing dismal statistics and the consistent inability to achieve any of the set targets in even the most basic areas of child rights continue to warn us that there are likely to be serious inadequacies in the existing policy approach, its implementation, and in the financial investments being made towards the attainment of child rights in the country. These issues are further explored in the following sections of this report.

III. Child Rights Issues – Status and Trends

Sustained and equal access to early child care, education, nutrition, health, and juvenile justice is key to the positive development of the very large and varied population of children and adolescents in India. Ensuring these rights through sustained improvements on child-related indicators, particularly within the health, education, nutrition and protection sectors, therefore needs to be prioritized. This section presents a sector-wise evaluation of the progress and current status on relevant policies and indicators, while also highlighting the important achievements, gaps and challenges within each of these child sectors.

Prior to engaging with a sector-wise analysis though, it is important to first elaborate on a significant confusion that prevails within the child rights domain complicating its delivery— the numerous variations with regard to ‘age of a child’ in the different legislations and policy documents.

Definition of age

Article 1 of the United Nations Convention on the Rights of the Child (UNCRC) defines a ‘child’ as a person below the age of 18 years. While it allows State parties to follow different age definitions, it also requires them to conform to this definition as far as possible. In India, the National Plan of Action for Children (NPAC), 2005 is the only policy document that adheres to the principles and provisions of the CRC in terms of the definition of child. The NPAC makes a big leap in recognising children as persons younger than 18 and in committing itself to ensuring all rights for all children.

Similarly, in accordance with the UNCRC, the Juvenile Justice Act, 2000 and the Protection of Children against Sexual Offences Act, 2012 are the only two Indian legislations that define a ‘child’ as a person who has not completed 18 years of age. The inclusion of clear age definitions for children since 2000 in three important documents are major reforms that provide hope for the promoters of child rights. However, the heinous December 2012 Delhi gang rape case, in which one of the accused is a juvenile aged seventeen years, brought such progressive reforms into question, giving rise to heated political, judicial, public and media debates surrounding the appropriate age definition of a ‘juvenile’. A key point



of this discourse related to revision of the upper age limit of a ‘child’ in conflict with law from eighteen to sixteen years. This demand was eventually rejected by the Ministry of Women and Child Development, Government of India (MWCD) on the grounds that this would be in gross contradiction to India’s international commitments to the UNCRC, a decision wholly supported by most child rights practitioners in the country.

Unfortunately, discrepancies in age of a ‘child’ continue to persist across several other Acts and instruments. The laws regulating employment, such as the Child Labour (Prohibition & Regulation) Act, 1986, the Factories Act, 1948, and the Mines Act, 1952, prohibit employment of children under 14 years only, in line with the Constitutional provisions. Right to Education guaranteed by Article 21 A of the Constitution of India is also limited to children in the 6-14 age group. As a result, it is difficult to ensure complete education for all children up to the age of 18. The 2005 National Plan of Action committed to work towards ensuring free and compulsory education and universalisation of right to education for all children up to the age of 18. Yet, the Right of Children to Free and Compulsory Education Act, enacted in 2009, was restricted to children in the 6-14 age group.

Legislations over the years

Name of the Legislation	Age and definition of a child
Child Labour (Prohibition & Regulation) Act, 1986	'Child' means a person who has not completed his fourteen years of age.
Juvenile Justice (Care and Protection of Children) Act, 2000	A 'juvenile' or a 'child' means a person who has still not completed eighteen years of age.
Right to Free and Compulsory Education Act, 2009	'Child' means a male or female child of or between the age of six to fourteen years.
Prohibition of Child Marriage Act, 2006	'Child' means a person who, if a male has not completed twenty one years of age, and if a female, has not completed eighteen years of age.
The Protection of Children from Sexual Offences Act (POCSO), 2012	'Child' means any children below the age of eighteen years.
The Immoral Traffic (Prevention) Act, 1956	Child ' means a person who has not completed the age of eighteen years.

The existing age discrepancies impede the dispensation of juvenile justice. Children in need of care and protection, including street, working children and children in conflict with law, are often school dropouts. Protection and rehabilitation of children up to the age of 18, as provided for under the juvenile justice law, can only be possible if the right to education is extended to all children up to the age of 18, and if the child labour law is amended to prohibit employment of all children below the age of 18. Moreover, confusion emanating from the different age groups of child labour dealt with under the juvenile justice law and the child labour law, needs to be resolved in the best interest of the child.

Thus, it is painfully clear that **the lack of a uniform age definition can have great ramifications on the access and delivery of child rights**. In the absence of a clear definition of 'child', whether the same person will be viewed as a child or adult will depend upon the law that is being invoked in a given case and the interpretation of the different laws, and attempts at ensuring all rights for all children below 18 years of age are likely to remain unmet. It is strongly recommended that the age definition for all child-related legislations and instruments – primarily

those relating to child labour, education and juvenile justice – be harmonized at the earliest to include all children below eighteen years of age.

III. A. EDUCATION

Education is the key instrument for building an equitable and just society. It is the most potent tool for social and political transformation; while providing the skills and competencies for economic well-being. Though India had made a commitment towards ensuring the Right to Education when it adopted its Constitution in 1950, it was only over fifty years later, with the inclusion of Article 21-A through a Constitutional Amendment that this became a Fundamental Right for all children aged 6-14 years. In India, Elementary Education comprises primary (Class I-V) and upper primary (Class VI-VIII); Secondary Education comprises secondary (Class IX-X) and higher secondary (Class XI-XII).

Education - Policies and Legislations

The Right of Children to Free and Compulsory Education (RTE) Act, 2009: The Act provides for Free and Compulsory education to all children between 6-14 years of age. It was enforced by the



IMAGE: CRY SUPPORTED PROJECT, VANCHIT VIKAS

Central Government from April 1, 2010. A National Advisory Council, set-up in 2010, advises the Central Government on implementation of the provisions of the Act. The National Commission for Protection of Child Rights (NCPCCR) has been assigned with the responsibility of monitoring the implementation of the Act under Section-31 of the RTE Act, 2009. The Act has considerable implications for the implementation of Sarva Shiksha Abhiyan (SSA) and steps have been taken to harmonise the vision, strategy and norms under SSA with the RTE Act, 2009 mandate.

Sarva Shiksha Abhiyan (SSA): SSA is a flagship programme of the Government of India launched in 2000 for universalizing elementary education. It focuses on targeted interventions such as construction of schools; teacher training; provisioning for drinking water, textbooks, teachers, for addressing the elementary educational needs of children in the age group of 6-14 years. SSA's overall goals include universal access and retention, and enhancement of learning levels of children; it also aims to bridge social, gender and regional gaps within elementary education. SSA is being implemented in partnership with States. A 2% education cess is being levied

since 2004 on all taxes and has been earmarked to fund this programme. Over the years, SSA has shifted its focus from access and infrastructure, to enhancing retention and improving quality of learning.

Mid-Day Meal Scheme (MDMS): This scheme, launched in 1995, aims to enhance enrolment, retention, and attendance of children in schools apart from improving their nutritional levels. As part of this scheme, cooked meals with a minimum content of 450 calories and 12 grams of protein are to be provided to children in school. The Scheme, which is the largest school lunch programme in the world, covers approximately 117.4 million children in 0.95 million primary schools. The Scheme was extended, with effect from October 1, 2007, to children in the upper primary stage of education (Classes VI-VIII) in 3,479 Educationally Backward Blocks (EBBs). The scheme is implemented through the States/Union Territories. MDMS now includes madrasas and maktabs supported under the SSA as well as children under the National Child Labour Projects. Over the next four years, there are plans to converge MDMS with the school health program as well as to expand MDMS to cover pre-primary schooling.

There is evidence that the mid-day meal has enhanced enrolment in the schools as well as provided nutrition supplement to school going children (Ministry of Women and Child Development (MWCD), 2011; Twelfth Five Year Plan).

Rastriya Madhyamik Shiksha Abhiyan (RMSA):

The Government of India launched the RMSA in 2009 as part of its commitment to make good quality secondary education available and affordable to all young persons. The key objective of the RMSA is to raise the minimum level of education to Grade X; it aims at achieving universal access by 2017 and universal retention by 2020. The Central Government bears 75% of the project expenditure with 25% of the cost borne by State Governments (90:10 for Special Category and North-East States). As per the Twelfth Five Year Plan, efforts will be made to merge all other smaller schemes for secondary education such as the Girls Hostel Scheme, Inclusive Education for Disabled at Secondary Stage with this larger RMSA scheme for improved efficiency. The implementation of RMSA to date, has been less than satisfactory. Against a target of enrolling an additional 3.2 million students, only 2.4 million additional students were enrolled in secondary schools during the Eleventh Plan period. Moreover, the RMSA covers only secondary and not higher-secondary education, leaving the 17-18 age-group with no strong centrally sponsored education scheme.

Child Education Indicators

Access: Over the past decade, there has been significant spatial and numerical expansion of elementary schools. After the MDG commitments made by India, 126,336 primary schools and 48,994 upper primary schools were constructed between 2002-2003 and 2008-2009 (MHRD, Annual Report 2008-09; DISE Report 2009-10). But India hasn't seen much progress in improving transition rates from primary to upper primary level in recent years. In fact, the transition rates show a mild downward trend from 83.72% in 2006-2007 to 83.53% in 2009-10. Overall, access to primary schools is satisfactory, but upper primary access remains the unfinished agenda for SSA.

Though there has been tremendous progress in improving access in the country, with 99% of all



habitations served with a primary school/ Education Guarantee Scheme (EGS) within 1 km distance, and 92% of all habitations served with an upper primary school within 3 km distance (JRM SSA mid-term review, 2010), this still implies a shortage in the number of upper primary schools. To put this in perspective, the ratio of Primary to Upper Primary Schools/Sections for the year 2011-12 is 1 upper primary school/section for every set of 2.07 primary schools/sections. This ratio is however as high as 4.68 in West Bengal, 3.25 in Arunachal Pradesh and 3.14 in Assam (DISE, 2011-12). Thus, while there has been a steady overall improvement from 2.45 (2006-07); 2.41 (2007-08); 2.27 (2008-09); 2.23 (2009-10); 2.12 (2010-11) to 2.07 (2011-12), it is apparent that upper primary schooling continues to be inaccessible for a large number of children.

Clear data on ratio of upper primary schools to secondary schools is unavailable for a thorough trends analysis, but as of 2008, only 5.58% upper primary schools included secondary education. The trend appears to be uneven with a steady increase from 2003 (4.13%) to 2005 (5.68%), falling to 5.37% in 2006, increasing to 5.65% in 2007, before dropping again in 2008 (District Information System for Education 2009-10).

Enrollment:

Primary: The number of children enrolled in elementary education is 195 million, against an estimated child population of 192 million in the 6–14 age group (DISE 2010-11). The Gross Enrollment Ratio (GER) increased from 111.2% in 2006–07 to 115% in 2009–10 and the Net Enrolment Ratio (NER) improved significantly from 92.7% to 98% during this period. GER in excess of 100 per cent at the primary stage indicates presence of overage and underage children in the schools, and reflects the delayed provision of access to schooling and lack of pre-schooling facilities, particularly in rural areas (Twelfth Five Year Plan).

Upper Primary: The enrollment rates for upper primary (54.47 million) are much lower than that of primary (133.4 million). The GER at upper primary level is low, even though it improved by 11.8% in the four years between 2006–07 and 2009–10. At 58.3%, the NER at upper primary level is a cause for concern; especially when this statistic is as low as 35.76% in Sikkim, 47% in Uttar Pradesh and 53.1% in Bihar. It is evident that although a larger number of children are entering the educational system, all of them are not progressing through the system and this progression is uneven across the States. The current Upper Primary NER gives a clear indication of the immense ground to be covered (Ministry of Statistics and Programme Implementation - MOSPI, 2012).

Secondary: The growth of enrollment in secondary education accelerated from 4.3% per year during the 1990s to 6.27% per year in 2009–10. However, the current GERs at the secondary (Class IX-X) and senior secondary (Class XI- XII) levels are 62.7% and 35.9% respectively, leading to a combined GER for Class IX-XII at a considerably low 49.3%. The

significant dip in GERs from secondary to senior secondary level for all categories is driven by a number of factors including general lack of access, paucity of public schools, high cost of private senior secondary education and poor quality of education, along with the very important factor of high opportunity cost of deferred entry into the workforce. India's GER at the secondary level is close to that of the average for all developing countries (63%), but substantially lower than that of emerging economies like China, Indonesia, Thailand and Brazil. At the Senior Secondary level, the GER ranges from extremely low at 6.5% in Jharkhand to a reasonable 69% in Himachal Pradesh, again indicative of wide regional and inter-State variations (Twelfth Five Year Plan).

As the data shows, over the years, there has been an increase in the number of children who have been enrolled in schools at different stages. The government figures of near universal enrolment numbers in primary education is particularly impressive, but it is important to note that these only represent official enrolment or registration numbers and not attendance/ school participation; there are no national surveys that provide school attendance information. Moreover, there are indications that even the trend of increasing enrolment may have seen some reversals. India has actually witnessed a dip in enrolment in primary classes since 2007. According to data released by the Ministry of Human Resource Development (MHRD), enrollment in classes I to IV dropped by over 2.6 million between 2008-09 and 2009-10.

Gender inequity: In general, at the national level, the number of girls enrolled in all levels, i.e. primary, secondary and higher education is less than their male counterparts even though the female-male ratio in education has been steadily improving over the years. The share of girls in the total enrollment at primary and upper primary level has increased from 19% and 46.5% respectively in the year 2005-06, to 48.5% and 48.1% respectively in 2009-10. But the dropout rate amongst adolescent girls remains particularly high at 63.5%. At the Senior Secondary level, in some States like Rajasthan and Madhya Pradesh, the gender gap in GER is as wide as 20% (Twelfth Five Year Plan; Ministry of Statistics and

III. Child Rights Issues - Status and Trends

Programme Implementation, 2012). Dual marginalization is also noted. This means that along with gender inequity other factors such as religion and social stratification has effects on a girl's education. Nationwide, just 68% of Muslim girls go to school compared to 72% dalit girls and 80% of the girls from other communities (Rajinder Sachar Committee Report, 2006).

Retention: The Eleventh Five Year Plan had targeted a reduction in dropout rates from 50% to 20% at the Elementary stage. Even though there has been some reduction, with drop-out rates declining by 8.6% at the Elementary level from 1999 to 2008 (India CRC Report, 2011), progress has not been satisfactory and the national drop-out average is still as high as 42.39% (Twelfth Five Year Plan). Data on secondary school retention rate is unavailable.

Social inequity: The dropout rates in Elementary education for Scheduled Castes and Scheduled Tribes children at 51.25% and 57.58% respectively, are much higher than that for non-SC/ ST children at 37.22% (Twelfth Five Year Plan). Similarly, in the case of Secondary education, there is a substantial gap in enrollment for these groups, compared to the overall population (India CRC Report, 2011).

Out-of-School Children (OOSC): There has been a decline in the out-of-school children aged 6-14 years from 65 million (Census, 2001) to about 21 million in 2007-08 (NSSO, 64th Round) which is nonetheless higher than the estimated government figure of 7.1 million, as noted in its Eleventh Five Year Plan.

Dropout rates are far higher in Secondary education, and it is estimated that only about 38% of children in the 14-17 age group are in school.

Children with Disabilities: Children with disabilities are largely excluded in the Indian School system. Based on the various estimates, there are between 6 million and 30 million Children with Disabilities (CWDs) in India, who have special needs (India CRC Report, 2011).

The data presented in the Twelfth Five Year Plan shows that the proportion of disabled OOSC in 2005 was 34.19% and this remained unchanged at 34.12% in 2009. The maximum number of OOSC are those with mental disabilities (48%), followed by children with speech disabilities (37%). Neither the school system nor any other institutional mechanism is equipped to address the needs of mentally challenged children who are most disadvantaged both socially and educationally in the system.

Gender and social inequity: In rural areas, 7.80% of children are out-of-school, against 4.34% in urban areas. Percentages of out of school boys and girls in the age group 6-10 years are 5.51% and 6.87% respectively. For the age group 11-13 years, the percentage of out-of-school children is relatively higher among girls (10.03%) than boys (6.46%). Amongst social groups, 9.97% of Muslim, 9.54% of ST, 8.17% of SC and 6.9% of OBC children are out-of-school, all of which are higher than the national average (Twelfth Five Year Plan Working Group Report).



Education - Key Achievements

- Establishment of Constitutional and Legal underpinnings for achieving universal Elementary Education
- Near universal enrollment and access to Primary Level Education
- Slight-moderate progress on all other education-related indicators over the past decade

Education - Key Gaps and Challenges

Inadequate efforts towards ensuring Early Childhood Care and Education (ECCE):

Early childhood, i.e. the first six years of a child's life are the most crucial years as it forms the foundation for all later development, with the critical periods for development of cognitive, linguistic and psycho-social competencies being embedded in these early years. It is also known to have a critical impact on success at the primary stage of education. India's constitutional provision through the amended Article-45 states "*The State shall endeavour to provide ECCE for all children until they complete the age of six years*". The Right of Children to Free and Compulsory Education Act, 2009, specifies under Section 11, "with a view to prepare children above the age of three years for elementary education and to provide ECCE, appropriate Government may make necessary arrangements for providing free pre-school education for such children". While the MWCD has recently drafted a National Policy on ECCE (2012) and early education is currently to be implemented both under ICDS as well as pre-school arrangements wherever existing under the Savya Siksha Abhiyan, there are presently no effective systems or mechanisms in place to achieve this on the ground level, with the majority of anganwadis complying only with the supplementary nutrition provision.

The Twelfth Five Year Plan boasts of having increased the number of pre-school beneficiaries from 30 million at the end of the Tenth Five Year Plan to 38 million until September 2011 which is an admittedly large increase of 26%. However, it fails to point out that there are around 100 million children in India in the 3-6 years age group, which means that a significant majority of children are still deprived of Early Childhood Education. It is clear then that despite ample research and evidence on the significance of early years, investment and attention

to ECCE is extremely low in terms of prioritization at the central policy level.

Limited scope of the RTE Act:

The scope of the RTE Act, 2009 is extremely limited. It is restricted to the 6-14 age group, and therefore extends to neither ECCE, nor Secondary education i.e. grades IX-XII. Key gaps in Elementary Education: The goal of universal elementary education continues to be elusive. While access and enrollment at the lower elementary level i.e. Grades I-V is near universal; attendance, retention, and quality of education continue to pose a problem. Access to upper primary schools i.e. Grades VI-VIII is extremely poor making it the biggest unfinished agenda for SSA. Poor access automatically results in poor enrollment and extremely low retention rates in the upper primary level.

Irregularities in MDMS implementation:

Many states have failed to universalise the Mid Day Meal scheme, and there have been complaints of poor quality food (Centre for Child and the Law, National Law School of India University, Bangalore, 2012).

Potential supply and demand discrepancy in Secondary Education: With enrollment in primary education reaching near universal levels and with the enforcement of the RTE Act, the demand for secondary schooling is likely to grow rapidly in the coming years. Meeting this demand will be critical. Thus, the capacity of the secondary schooling system is in urgent need for large-scale expansion.

High drop-out rate at all levels:

A matter of particular concern is the expansive dropout rate, existing even at the primary level, following which there is a sharp drop-off in enrollment at the middle school level and an even higher enrollment gap from elementary to higher secondary. Disadvantaged groups (girl children, Children with Disabilities, Scheduled Castes and Scheduled Tribes) are worse off with the dropout rates featuring higher than the national average.

Gender disparity and social inequity:

Exclusion on the basis of gender, disability, geography, religion and caste is the biggest barrier in universalising elementary education. While overall literacy levels



have risen, the gender gap in literacy and the school attendance gap between Muslims and non-Muslims continue to be high. Over a third of physically/ mentally challenged children are not enrolled in school.

Education - Conclusion

While India's overall education indicators have shown some improvements over the span of this past decade, the goal of universal elementary education is still a long way from being achieved, and the current status of Early Childhood Education and Secondary Education can only be described as appalling at best.

Good quality, formal education, has several benefits that are not available to those who are unable to access it. Education helps individuals to become aware of their rights, to make rational decisions and to protect themselves against abuse and oppression. A poor education can have significant long-term consequences for the individual and society. Low education levels can lead to the inability to obtain a well-paying job leading to low income, consequently furthering intergenerational poverty. School dropouts are often noted to come in conflict with the law, indulge in child labour or begging, resulting in protection issues and increasing the possibility of their being physically or sexually exploited.

Statistics show that children of uneducated mothers are more prone to problems like malnutrition and anaemia. Illiterate parents are also less likely to send their own children to school. Education is possibly the most powerful tool for breaking the intergenerational cycle of oppression, abuse, malnutrition, and poverty, thereby requiring more efforts by the Government of India in this regard.

III. B. CHILD NUTRITION

The rationale for investing in Nutrition is globally recognized – Nutrition is acknowledged as one of the most effective entry points for human development, poverty reduction and economic development. It constitutes the foundation for human development, by reducing susceptibility to infections, reducing the related morbidity, disability and mortality burden, enhancing cumulative lifelong learning capacities, and adult productivity. Adequate nutrition is critical for ensuring child survival and development.

Importance of addressing both mother and child nutrition issues, in ensuring children's right to survival and development: Globally, one third of child deaths are attributable to underlying maternal and child under-nutrition, suggesting that the linkage between nutrition and infection is bi-directional. Growth retardation originates early in life and most of this early damage is largely irreversible. Under-nutrition adversely affects brain formation and development which starts in the womb and continues into early childhood. It is known that stunting rises sharply from 0-20 months of age, while wasting sets in the very first month of life. This suggests that the onset of child malnutrition can take place very early in life including during pregnancy. Children who are stunted often enrol late in school, complete fewer grades and perform less well in school, while children with deficient growth before age two are at an increased risk of chronic disease as adults, especially if they gain weight rapidly in the later stages of childhood.

Poor nutrition can thus span generations; maternal under-nutrition can cause restricted growth in the womb and premature births; anaemic mothers are at a higher risk of miscarriages, maternal mortality, poor lactational performance and still-births and low-weight babies. Once damage is done, the catch up and recovery are almost impossible (Twelfth Five Year Plan). Under-nutrition of children and mothers is undoubtedly a major concern demanding high priority in India.

Child Nutrition - Policies and Legislations

Integrated Child Development Services (ICDS) Scheme: ICDS, a centrally sponsored national flagship scheme of the Government of India, is a unique early childhood development programme

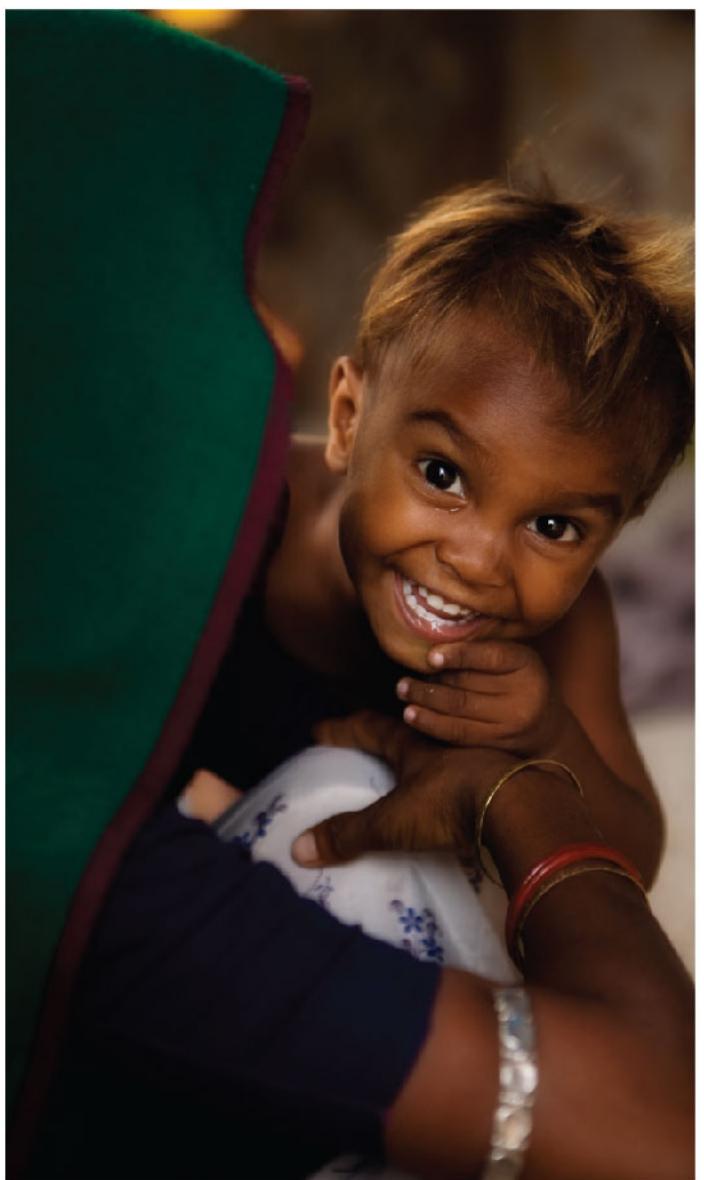
aimed at addressing health, nutrition and the development needs of young children (0-6 years), pregnant women and nursing mothers. It has been in operation since 1975 and comprises of six services namely; (i) supplementary nutrition (ii) immunization, (iii) health check-ups, (iv) referral services, (v) pre-school non-formal education and (vi) nutrition and health education.

Over 35 years of its operation, ICDS has expanded from 33 community development blocks in 1975 to cover almost all habitations (14 lakh) across the country in 2008-09, with 7076 approved projects and about 12.96 lakh operational Anganwadis/ mini-Anganwadis*. The larger part of expansion (more than 50%) has taken place post 2005. The programme benefits 1.8 crore pregnant women and lactating mothers and 7.6 crore children between 6 months - 6 years of age, through supplementary nutritional support. The early learning component of the programme benefits 3.5 crore children in the age group of 3-6 years (Twelfth Five Year Plan). The scheme was universalized in 2008-09. However, the universalisation of the scheme on account of the Supreme Court orders of April and October 2004, was not matched with resources as a result of which programmatic, management and other gaps have emerged.

An ICDS assessment shows that although 81% of children below 6 years were living in an area served by an Anganwadi centre (AWC), only 26.5 % children had received supplementary nutrition and only 12% received it regularly. A total of only 21% of pregnant women and 17 % of lactating mothers received supplementary food (NFHS-III). A major problem is that most ICDS activity occurs at the centre itself with the consequence that by the time parents bring an ailing child into the centre, the crucial period to control under-nutrition has already elapsed. Due to an extensive workload and minuscule pay, an Anganwadi worker has little motivation/time for regular home visits and counselling, or for reaching food supplements to the below three child. Other ICDS problems include weak monitoring and supervision, poor quality training, and delay in provision of supplies and food rations (Twelfth Five Year Plan Steering Committee Report).

Recent schemes that have been introduced from the platform of ICDS:

Rajiv Gandhi National Crèche Scheme for Children of Working Mothers: The Scheme, launched in 2006 by the MWCD, provides day-care crèche services to the children in the 0-6 age group and includes provisions for supplementary nutrition, emergency medicines and contingencies. The Scheme has an in-built component for monitoring of crèches. A total of 31,718 crèches had been sanctioned and were operational under the scheme in 2008 (India CRC Report, 2011). But as of 2012, only 23,785 of these crèches remained operational (Ministry of Women and Child Development (MWCD), 2012).



* Anganwadi is a Hindi word which means "courtyard shelter". Anganwadi is a commonly used word interchangeably with ICDS center or ICDS (Integrated Child Development Services) scheme.

The Indira Gandhi Matritava Sahiyog Yojana (IGMSY), and the Rajiv Gandhi Scheme for Empowerment of Adolescent Girls – SABLA: Both were launched in 2010, to address the needs of pregnant and lactating women, and adolescent girls respectively. Under the IGMSY (Conditional Maternity Benefit Scheme), a cash incentive of Rs. 4000 is provided directly to women 19 years and above for the first two live births, subject to the woman fulfilling specific conditions relating to maternal child care, health and nutrition. SABLA aims at all-round development of adolescent girls aged 11-18 years (with a focus on out-of-school girls) by making them self reliant; improving their health and nutrition status by providing iron and folic acid supplements; and promoting awareness about health, hygiene, nutrition, adolescent reproductive and sexual health, family and child care.

ICDS in Mission Mode: In order to strengthen the existing service delivery mechanism, the Government has plans to bring ICDS in a mission mode with ICDS missions at National, State and District levels. The ICDS Mission Document (2012) states that the Mission will support decentralised planning and implementation of state specific plans with measured inputs, processes, outputs and outcomes, along with shared programmatic and resource commitments. The emphasis will be on strengthening the Anganwadi Centres (AWC) as a village habitation level institution belonging to women in the community, with a provision for an additional Anganwadi Worker cum Nutrition Counselor. The Mission Mode also provides for more focus on ECCE. It is meant to allow speedy engagement of technical and management resource support for ICDS. More importantly, the Mission will be held accountable for delivery of quality services through time-bound goals. In order to carry out the functions of the mission, State and District Child Development Societies are proposed to be established. The roll-out plan, as detailed in the Mission Document, is to begin with 200 high burden districts in the first year 2012-13 and cover all districts by the year 2014-2015. The ICDS in mission mode is a welcome policy if adequately implemented as per the plan laid out in the document. However, no government data is currently available on the progress of this proposed roll out.



The National Food Security Act, 2013: The much debated, the National Food Security Bill was passed in Lok Sabha and Rajya Sabha on 26th August'13 and 2nd September'13 respectively. Later on 10th September'13 the Bill received Presidential assent after which it was officially declared as - The National Food Security Act 2013.

The National Food Security Act, 2013 is path breaking insofar as it promises to give entitlements to identified eligible households at subsidized prices which extends up to 75% of the rural and up to 50% of the urban population and seeks to provide every person, at all times to, quantitatively and qualitatively adequate sufficient and safe food. (The National Food Security Act, 2013). The Act has specific entitlements for vulnerable groups such as pregnant women, lactating mothers, adolescent girls and children below fourteen years. As per the Act, every pregnant woman, lactating mother and child aged 6 months to six years shall be entitled to a meal free of charge, through the local AWC; mothers will also receive a maternity benefit of Rs 1000/- for a period of six months. For children in the age group of 6-14 years every school going child is entitled to a mid-day meal free of charge in all government and government-aided schools up to class VIII on all days except school holidays through the Mid-Day Meal Scheme. However, it is important to note here that the protein intake sanctioned in the National Food Security Act for pregnant women and nursing mothers has been reduced to 18-20 gms, as against Supreme Court's of India order (dated November 28,2001) of 20-25 gms (CCL, NLSIU).

Status on Child Nutrition Indicators*

Malnutrition: Child malnutrition is a consistently serious problem in India. India is home to one in three malnourished children in the world; the number having increased by an average of 8.5% over the last four years.

Almost half of children under five years of age (48%) are stunted i.e. chronically malnourished, and 43% are underweight. The proportion of severely undernourished children is 24% according to height-for-age (stunting) and 16% according to weight-for-height (wasting). Even during the first six months of life, when most babies are breastfed, 20-30% of children are under-nourished, according to the three nutritional indices. It is notable that at the age of 18-23 months, when many children are being weaned from breast milk, 30% of children are severely stunted and one-fifth are severely underweight (National Family Health Survey (NFHS)-III; India CRC Report, 2011; Ministry of Statistics and Programme Implementation (MoSPI), 2012).

A comparison of nutritional status of children under three years of age through NFHS-II (1998-99) and NFHS-III (2005-06) shows that over a period of seven years, there has been a slight decrease in height-for-age (stunting) from 51% to 45%, combined with a somewhat slower decrease in weight-for-age (underweight) from 43% to 40%. But a notable 15% increase in wasting (weight-for-height) from 20% to 23% has been observed over the same period. Most victims of malnutrition are children of the Scheduled Castes and Scheduled Tribes. For instance, 52.2% of SC and 56.7% of ST children under 3 years are underweight, as against 37.3% of the general under 3 years population (NFHS-III).

A few other characteristics of children affected by under nutrition, as indicated by NFHS-III and noted in the India CRC Report, 2011 & Ministry of Statistics and Programme Implementation (MoSPI) Report, 2012, are presented below:

- Overall, young girls and boys are almost equally undernourished
- Under nutrition is much more common for children of mothers who are underweight
- Under nutrition is substantially higher in rural areas than in urban areas

* In assessing the progress on goals and the current nutrition situation, it is important to point out that there has been no nationwide survey on nutrition since the National Family Health Survey (III) in 2005-06.

- There are large inter-state variations in the patterns and trends in underweight prevalence
- Children from households with a low standard of living are twice as likely to be undernourished, compared to children from households with a high standard of living
- Although breastfeeding is almost universal in India, only 46% of children under six months of age are exclusively breastfed, while 53% are given complementary feeding (breast milk and complementary food), and only 21% are fed according to Infant and Young Child Feeding (IYCF) recommendations
- Under nutrition has a strong correlation with the mother's education. The percentage of severely underweight children is almost five times higher in case of children whose mothers have no education, compared to children whose mothers have 12 or more years of education

Anaemia: Anaemia, an underlying determinant of maternal mortality and low birth weight, is a significant concern. **NFHS-III shows that 70% of children in the age group of 6-59 months are anaemic, thus jeopardising their right to survival and compromising their potential to learn.** In the 6-35 months age group, the prevalence of anaemia increased from 74% in NFHS-II to 79% in NFHS-III. The increase is seen primarily in rural areas, where anaemia rose from 75% to 81% between the two NFHS surveys. Amongst under five children, boys (3.2%) are more likely than girls (2.7%) to be severely anaemic. However, amongst adolescents, girls are more at risk of anaemia than boys, with 56% adolescent girls being anaemic as against 30% adolescent boys (NFHS-II,III; Ministry of Statistics and Programme Implementation (MoSPI), 2012).

Further, **according to NFHS-III, 56% of women in the country are anaemic.** Percentage of children with severe anaemia among severe anaemic mothers is nearly seven times higher than that among mothers who are not anaemic. Several States including Andhra Pradesh, Bihar, Gujarat, Haryana, Karnataka, Kerala, Madhya Pradesh, and Rajasthan – showed an increase in the incidence of

anaemia among women in the reproductive age group. There has been significant worsening in a state such as Kerala, best known for its social indicators, where the percentage of anaemic women in the 15-49 age group increased by 9 percentage points from 23.4 (1998-99) to 32.4 (2005-06). This leads to the conclusion that despite high economic growth rates, the situation of children and women with respect to anaemia has actually worsened during the past decade.

Low Birth Weight (LBW): 22% of babies born are low birth weight (NFHS-III). Children with LBW (less than 2.5 kg at birth) are more likely than other children to be undernourished. Almost half of the children with LBW are currently stunted compared with about one third of children who weighed 2.5 kg or more. The proportion of LBW children is higher in rural areas (23%) than in urban areas (19%). The proportion of children with a low birth weight is found to decline with increase in the wealth quintile and with higher levels of education (Twelfth Five Year Plan; MoSPI, 2012). The babies born with low birth weight is largely due to their mothers' poor health and nutritional intake, which results in increased vulnerability to infection and a high risk of developmental problems. LBW has also been associated with maternal age, with mothers less than 20 years being at 50% higher risk. Many stillbirths and newborn deaths could be averted if more women were in good health and well-nourished (Twelfth Five Year Plan).



Child Nutrition - Key Achievements

- Supreme Courts order for universalization of ICDS in 2004
- Supreme Courts order in 2006 for 'Anganwadi on demand', within three months from the date of demand in a settlement that has at least 40 children below six years of age.

Formulation of the National Food Security Act, 2013 with an aim to ensure adequate quantity of quality food at affordable price to a large section of eligible households.

Child Nutrition - Key Gaps and Challenges

India's dismal performance on child nutrition indicators: High prevalence of anaemia and under-nutrition amongst women, adolescent girls and children remains a source of great concern.

Statistics present a significant worsening trend in child malnutrition and child anaemia over the past decade, with India continuing to be home to the largest number of malnourished children in the world. Most victims of malnutrition are children of the Scheduled Castes and Scheduled Tribes. All nutritional issues are more pronounced in rural than in urban areas.

Concerns regarding attainment of Millennium Development Goal 1 – Eradicate Extreme Poverty and Hunger:

At the current rate of decline, the prevalence of underweight children is expected to be 29% by 2015, and 27% by 2017. An achievement of the MDG of reducing undernourished children under 3 years to 26% by 2015 would require an acceleration of this historical rate of decline (Twelfth Five Year Plan).

Low resources and ineffective management of ICDS:

The universalisation of the ICDS Scheme has resulted in a significant expansion of Anganwadi centres, taking them to the door steps of children in smaller clusters. However, this grand vision of universalization has not been matched with adequate financial resources, leading to huge material and personnel resource requirements as well as challenges of effective management, programmatic gaps and operational issues. There continues to be lack of access to food and inadequate knowledge of appropriate feeding, care practices and services,

especially among vulnerable populations (Twelfth Five Year Plan; India Third and Fourth Combined Periodic Report on the Convention on the Rights of the Child 2011 Report, 2011).

The Gaps in the National Food Security Act, 2013.

The Act is path-breaking as it seeks to ensure food security as a legal entitlement to people covered in its ambit and provides for food at subsidized prices to identified eligible households which extend up to 75% of rural and 50% of urban population. (The National Food Security Act, 2013)

However, there are few key concerns that need to be addressed. The universalization of the ICDS involves extending all ICDS services (supplementary nutrition, growth monitoring, nutrition and health education, immunization, referral and pre-school education) to every child under the age of 6 years, all pregnant women and lactating mothers and all adolescent girls. However, services such as immunization, health check-ups, which have been part of the ICDS have been left out while drafting the Act. The Act does not talk about coverage of adolescent girls for providing supplementary nutrition or about coverage of out-of-school children in the 6-14 age group. The Act is also silent on the nutritional requirements of children affected by and living with HIV/AIDS. It also keeps all children between 14-18 years out of its ambit, which us in contravention to the definition of child according to UNCRC. The protein intake sanctioned in the Act for pregnant women and nursing mothers has been reduced to 18-20 gms, as against the Supreme Court order of 20-25 gms. (CCL, NLSIU, CRY & NLUD, 2012).

Child Nutrition - Conclusion

India represents the largest number of malnourished children in the world and performs dismally on all child nutrition indicators. In January, 2012, Prime Minister Manmohan Singh aptly described the status of malnourishment amongst children in India as a "national shame". Under-nutrition in infants, young children and adolescents leads to growth failure, lowered resistance to infections, increased rates of morbidity, increased risks to survival, impaired growth and cognitive development, reduced learning capacity and poor school performance. In adult women, it can contribute to adverse outcome of pregnancy, low birth weight



babies, and poor lactational performance. Nutrition is thus a complex and multi-dimensional issue requiring a multi-dimensional approach.

Poor nutrition starts before birth, and generally continues into adolescence and adult life spanning generations. **The inter-generational cycle of under-nutrition ensures that an undernourished and anaemic mother gives birth to an undernourished baby, who goes on to become an undernourished and anaemic child, experiencing cumulative growth and development deficits, which are largely irreversible.** And then the cycle is perpetuated, with undernourished and anaemic adolescent girls and women facing early marriage, early and frequent child bearing, and being locked in a cycle of multiple deprivations. It is critical to detect and prevent under-nutrition as early as possible across the life cycle, to avert irreversible cumulative growth and development deficits that compromise maternal and child health and survival, ultimately impacts on productivity at work and at home, and thereby has adverse consequences for income and economic growth.



III. C. CHILD HEALTH

Health in this context is not merely the absence of disease but a state of complete physical, mental and social well-being (Twelfth Five Year Plan). At present, India's health care system consists of a mix of public and private sector providers of health services. Networks of health care facilities at the primary, secondary and tertiary level, run mainly by State Governments, they provide free or low cost medical services. There is also an extensive private health care sector, covering the entire spectrum from individual doctors and their clinics, to general hospitals and super speciality hospitals. A focus on child health depends on a large number of factors such as the condition of the mother, the care that the young child receives, and the ability of the family to access health and nutrition services.

Child Health – Policies and Legislations

National Rural Health Mission (NRHM): The NRHM was launched in 2005 to provide universal access to equitable, quality and affordable healthcare that is accountable and responsive to people's needs. This programme promised a major upgrading of health centres through strengthening of rural hospitals and Primary Health Centres (PHCs). It introduced, as a key component, the provision of a female health worker in each village, called Accredited Social Health Activist (ASHA).

NRHM, along with the Reproductive and Child Health (RCH) Programme under it, pursues the goals of reduction in maternal, neonatal and child mortality rates by focusing on the major strategies/ Interventions, including:

- Provision of quality Antenatal care
- Ensuring access to skilled birth attendant
- Promotion of Institutional delivery
- Free and cashless services to pregnant women and sick new borns through JSSK (Janani Shishu Suraksha Karyakram)
- Provision of Emergency Obstetric and Neonatal Care at First Referral Units (FRUs)
- Facility based newborn care and Facility Based Integrated Management of Neonatal and Childhood Illnesses (F-IMNCI)
- Home based Newborn Care
- Immunization and Micronutrient supplementation
- Integrated Management of neonatal and childhood illnesses like diarrhoea and ARI (Acute Respiratory Infection)
- Management of Severe under-nutrition, setting up Nutrition Rehabilitation Centres (NRC)
- Referral Linkages, transport, and promotion of institutional deliveries by providing cash assistance to pregnant women– Janani Suraksha Yojana (JSY)
- Intervention of care at birth through NSSK (Navjaat Shishu Suraksha Karyakram)

Even though there are numerous programmatic efforts under National Rural Health Mission (NRHM), it has come under severe criticism for poor management and on-ground implementation, and due to the government having failed to allocate adequate resources. By the fourth year of its existence in 2009, the NRHM had received only 57.5% of its total Eleventh Plan allocation of Rs 89,500 crore (National Health Systems Resource Center (NHSRC), 2011 , Technical Support Institution with National Rural Health Mission, Ministry of Health & Family Welfare, Government Of India).

There is also the significant issue of weak uptake of NRHM funds by the states. The more expensive hospital services and the elaborate health bureaucracy continue to be located in the urban areas, showing a continued urban bias. A significant component under NRHM is the Accredited Social health Activist (ASHA) scheme. Despite considerable improvement in health personnel in position Auxiliary Nurse Midwife (ANM) 27%, nurses 119%, doctors 16%, specialists 36%, pharmacists 38%), the gap between staff available and staff required at the end of the Eleventh Plan was 52% for ANM and nurses, 76% for doctors, 88% for specialists and 58% for pharmacists. These shortages have been attributed to delays in recruitment and to postings not being based on work-load or sanctions. Public health cadre as envisioned in the Eleventh Plan to manage NRHM is not yet in place. Similarly, lack of sound HR management policies has resulted in irrational distribution of available human resource/ medical drugs, unpaid ASHA workers and suboptimal motivation (Twelfth Five Year Plan; National Rural Health Mission (NRHM), 2013).

National Urban Health Mission (NUHM): The NUHM is to be launched soon within the current year. The Union Cabinet approved a budget of Rs. 22,507 crore for NUHM for the Twelfth Five Year Plan period, with a Central Government share of Rs. 16,955 crore. NUHM aims at providing essential primary health-care services for the urban poor. It will cater to the healthcare needs of street children, street vendors, slum dwellers, homeless population and other marginalised urban dwellers in 779 cities and towns, and will cover about 7.75 crore people. The existing Urban Health Posts and Urban Family Welfare Centres will be upgraded in order to continue under

NUHM. The NUHM will be on the lines of the NRHM; the existing institutional mechanism and management systems created and functioning under NRHM will be strengthened to meet the needs of NUHM. Under the NUHM scheme, the government proposes to set up one Urban Primary Health Centre for a population of 50,000-60,000, one Urban Community Health Centre for five to six Urban PHCs in big cities, an ANM for a population of 10,000 and an ASHA worker for 200 to 500 households. The interventions are aimed towards reduction of IMR and MMR, universal access to reproductive health care and the convergence of all health-related interventions. The scheme has been pending for a long time but had not been cleared due to 'shortage of financial resources'. The funds earmarked for National Urban Health Mission (NUHM) in the current year (2013-14) are abysmally low at Rs. 1 crore only (Ministry of Health and Family Welfare (MOHFW), 2013).

Status on Key Child Health Indicators

Maternal Mortality Ratio (MMR): Maternal mortality is a sensitive indicator of the quality of the health care system and is defined as the death of a woman during pregnancy or delivery or within 42 days of delivery from a pregnancy - related cause. MMR has declined from 400 maternal deaths per 100,000 live births in 1997-98 to 254 in 2004-06 (Sample Registration System, 2009) to 212 in 2007-09 (Sample Registration System, 2011). However, this decline is well short of the goal set by the Government of India i.e. an MMR of 100 by 2012, and the changes have been considerably slower than in many other Asian countries such as China, Indonesia, Thailand, Malaysia, the Republic of Korea, and Sri Lanka (NFHS-III).

Infant Mortality Rate (IMR): IMR i.e., death of a child before the age of one year per 1,000 live births, has come down to 47 in 2010 from 58 in 2005, a decline of 11 points over 5 years and an annual average decline of about 2.2 points (Sample Registration System, 2010). This implies a 5% decline per year over the 2006-11 period, an improvement over the 3% decline per year in the preceding five years, but is nonetheless far short of the target of 28. Thus, even though the decline in IMR has accelerated, it is still below the required pace.

Under 5 Mortality Rate (U5MR): Child mortality in children under 5 years was 59 in 2010, showing a decline of 5 points since 2009 (Ministry of Statistics and Programme Implementation (MOSPI), 2012; SRS, 2010). The under 5 mortality as per NFHS-III (2005-06) was 74 per thousand, which came down to 69 per thousand in 2008 as per the SRS Report of 2008 (RGI, 2009). Thus, U5MR too presents a declining trend, but at a much slower pace than IMR.

Urban v/s Rural: Though the IMR national average is 47%, it varies from 51 in rural areas to 31 in urban areas. IMR has declined in urban areas from 44 in 2000 to 31 in 2010, whereas in rural areas IMR has declined from 74 to 51 during the same period. U5MR varies from 66 in rural areas to 38 in urban areas, against a national average of 59. Though the Urban and Rural gap in infant and child mortality has declined over the years, there continues to be a notable difference (Sample Registration System, 2010; India CRC Report, 2011; Ministry of Statistics and Programme Implementation (MOSPI), 2012).

Gender differentials in Mortality Rates: Female infants continue to experience a higher mortality rate than male infants. The IMR for girls is 49 as against 46 for boys, with differentials of over 5 points seen in states such as Gujarat, Chhattisgarh, Rajasthan, Uttar Pradesh and Himachal Pradesh in 2010. Significant gender differentials (9 points) are reflected in India's U5MR, which was 64 for girls as against 55 for boys in 2010. Even sharper gender differentials of 10 points or more in U5MR are seen in states such as Rajasthan (19), Uttar Pradesh (16), Jharkhand (14), Himachal Pradesh (14) and Punjab (10) (SRS, 2010; Registrar General of India, 2012). As children get older, females are exposed to higher mortality than males, possibly due to the preferential treatment meted out to sons over daughters in a majority of Indian households. Females have 36% higher mortality than males in the post-neonatal period, but 61% higher mortality than males at age 1-4 years (NFHS-III).

Caste differentials in Mortality Rates: Scheduled Tribes and Scheduled Castes have higher-than-average infant and child mortality rates. The under-five mortality rate is 88.1 for SC children and 95.7 for ST

children as compared to the national average of 59.2 (NFHS-III).

Common neonatal and childhood illnesses: Respiratory infections and diarrhoeal diseases together contribute to about one-third of all deaths in children under-5 years of age, with Acute Respiratory Infection (ARI) being one of the leading cause of childhood morbidity and mortality. A comparison of NFHS-III and NFHS-II for ARI prevalence data is not meaningful, because the criteria used have changed between the two surveys. In NFHS-III, 36.2% of children under five years of age reported symptoms of ARI. Following ARI, diarrhoea is the most significant causes of death among children under-five worldwide. A comparison of NFHS-II and NFHS-III reveals that there is very little change in the seven-year period in the percentage of children with diarrhoea in the two weeks prior to the survey, who received Oral Rehydration Solution (ORS) - 26% in NFHS-II and 27% in NFHS-III. Further, as per DLHS-3 (2007–08), the coverage rate of treatment of diarrhoea with ORS has been a low 34%.

Immunisation: Full Immunisation (all vaccinations) remains a challenge, despite improvements in the recent past. The full immunization includes one dose of BCG, three injections against DPT, three doses of Polio and one vaccine against measles. At the national level, in 2007-08, the proportion of children who received full vaccination is 54%, while about 5% of the children did not receive a single vaccine (DLHS-III). As per Coverage Evaluation Survey (CES), 2009, full immunisation in children aged 12-23 months at the national level has improved from 54.5% in 2005 to 61%. Nearly 8% children in the same age group did not receive a single vaccine in 2009. Immunisation cover remains particularly low in Uttar Pradesh (41%), Madhya Pradesh (43%), Bihar (49%), Rajasthan (54%), Gujarat (57%) and Chhattisgarh (57%). The coverage of immunization is significantly higher in urban areas (67.4%) compared to that in rural areas (58.5%). A slight gender differential is noted, with 62% of the male children having received full immunization, as against 60% of females (Ministry of Statistics and Programme Implementation (MOSPI), 2012). **A major milestone is that India has been polio-free for the past two years.**



Child Health amongst the Urban Poor - Slum v/s Non-Slum:

Non-Slum: India has the world's second largest urban population and the world's largest population living in slums. In 2005-06, the U5MR for all India was 73 per 1000 live births in the poorest quartile i.e. slum, and 42 per 1000 live births in the rest of the urban population i.e. non-slum (The poorest quartile is a wealth index drawn from NFHS-III based on housing conditions and assets ownership). 40% of children are fully immunized in the poorest quartile, compared to 65% for the rest of the urban population. 54% of children are stunted and 47% are underweight in the poorest urban quartile, compared to 33% and 26% respectively, for the remaining urban population. Only 51% births are assisted by health personnel among the poorest quartile of India's urban population; whereas 84% are assisted by health personnel among the rest of the urban population (National Family Health Survey (NFHS)-III; Urban Health Resource Center (UHRC), 2011).

Access to child-related health care services:

Overall, the availability of health care services from the public and private sectors taken together is itself quantitatively inadequate and this is starkly evident from the data on medical personnel per lakh of the

population. For instance, in 2007, the number of Nurses and Auxiliary Nurse and Midwives (ANMs) available was only 75 per lakh population whereas the required number was 255. This overall shortage is exacerbated by a wide geographical variation in availability across the country, with rural areas being especially poorly served. Though institutional deliveries have substantially increased in rural (39.7% to 68%) and urban areas (79% to 85%) over the 2005–2009 period, low levels of full Ante-Natal Care (22.8 in rural and 26.1 in urban; The Coverage Evaluation Survey CES), 2009 and poor quality of care, are areas of major concern.

Child Health – Key Achievements

- India has been polio-free for over two years, with no reported cases since February 2011
- India has accomplished mild-moderate improvements on all major child health indicators at the national level over the past decade

Child Health – Key Gaps and Challenges

Child health remains a significant concern: A positive albeit slow downward trend is noted in all major child (and mother) health indicators i.e. MMR, IMR, U5MR at the national level over the past decade. However, India has been unable to meet any of its set monitor-able targets over the past two Five Year Plans. Immunization cover has also improved, though it is far from universal as envisioned in the Eleventh Plan, while interventions for common childhood diseases such as diarrhoea has not produced any notable improvements. Thus, children's health statistics, despite some improvements, remain shocking in a country that claims to have one of the highest GDPs in the world.

High levels of discrimination and exclusion continue to affect children's health status:

The available data reveals that while there has been progress at the national level, this has not been equally distributed. Instead, a wide variation in child health indices has been noted across different states and different groups, with the children in these regions or groups being far more vulnerable to health issues and mortality than others. On the one hand, there are states like Kerala and Tamil Nadu that have good indicators of child health, comparable with

those of developed countries. On the other hand, there are states like Orissa, Madhya Pradesh, Uttar Pradesh, Rajasthan and Bihar that have very poor child health indicators. These five states put together account for almost 40% of India's total population and 60% of child deaths. Infant and child mortality rates are considerably higher in rural areas than in urban areas; and is significantly higher than the national average for SCs and STs. Gender discrimination is rampant; as children get older, females are exposed to higher mortality than males. Moreover, there exists a strong gender bias against care seeking for female newborns at all levels of the health system; for every two sick male newborns admitted to a facility, only one female infant is admitted (NFHS-III; India CRC Report, 2011; Ministry of Statistics and Programme Implementation (MOSPI), 2012). There is a strong need to make quality health services available to all children in the country, irrespective of class, caste, gender and location.

Concerns regarding attainment of Millennium Development Goal 4 - Reduce Child Mortality and

Goal 5 - Improve Maternal Health: At the current rate of decline of 5% per year, India is projected to have an IMR of 36 by 2015 and 32 by 2017. Similarly, at the current rate of decline of 5.8% per annum, India is projected to have an MMR of 139 by 2015 and 123 by 2017. An achievement of the MDG Goals 4 and 5, of reducing IMR to 27 and MMR to 109 by 2015, would require an acceleration of these historical rates of decline (Twelfth Five Year Plan).

Poor NRHM functioning and poor access to child

health care: There are numerous gaps in NRHM management, implementation and on-ground resource availability, leading to extremely poor and varied access to free/ affordable health care services for children, adolescents, pregnant women and mothers. The data available on various child health indicators suggest that the public health system has also been largely ineffective in promoting healthy practices such as breastfeeding, use of ORS, and other preventive and care seeking behaviours (Twelfth Five Year Plan; India CRC Report, 2011).

Low attention towards child health concerns of the urban poor: The issue of child health status of

the urban poor is one of the most unnoticed and unaddressed issues. India with its fast growing economy and rapid urbanization faces the major problem of increasing urban poverty. With a growing number of slums and a swelling urban population that includes migrants, casual labourers, and millions who live in encampments and unofficial dwellings that lack basic amenities for water and sanitation, the impact on child health is devastating! While urban areas fare better than rural areas in nearly all child indicators, the health and nutrition indicators amongst the urban children living in slums when analysed and compared separately against those living in non-slums, are noted to be very low. While the government has recently acknowledged the non-availability of primary health care facilities in urban areas by approving the launch of the 'National Urban Health Mission' to provide better health facilities to the urban poor, the current year's budgetary allocation of Rs.1 crore indicates that there is a lack of government commitment towards this scheme.

Child Health – Conclusion

India has been unable to meet its targets on any of the child health indicators, and continues to present a disturbing picture of the status of child health in India. Poor child health has debilitating consequences - similar to those of under nutrition, and can span a lifetime. Children with poor health are noted to spend less time in school, thereby affecting learning outcomes, implying that programs or policies that increase children's health status could also improve education outcomes. Poor child health adversely influences survival, development, productivity, and economic growth. To ensure the true social, psychological, and economic potential of its citizens, India needs to first ensure that its children grow healthily.



IV. D. CHILD PROTECTION

Child Protection has received significant policy and legislative attention over the past decade. It comprises a wide range of child rights issues; and accepts within its ambit children who commit crimes as well as children who have been victims of violence, and all children who lack adequate adult care or are vulnerable to any form of exploitation. With 40% of India's children estimated to fall under any one of these categories (Twelfth Five Year Plan), it is imperative that the Government continue to undertake special preventive and legislative measures for protection of all its children.

Child Protection – Policies and Legislations

The Juvenile Justice (Care and Protection of Children) Act, 2000, (JJ Act, 2000): The JJ Act, 2000, amended in 2006, is the primary legislation for children in difficult circumstances. It provides for care and protection, rehabilitation and social re-integration of children, who are vulnerable or victims of any form of abuse, torture, neglect or exploitation. India is the only country in the world where the juvenile justice law provides for both children in need of care and protection as well as children in conflict with the law. It is applicable in the entire country, except in the State of Jammu & Kashmir (J&K) where the J&K JJ Act, 1986, still

prevails. The Act was further amended in 2011 to remove discriminatory provisions against children affected by certain diseases such as leprosy and tuberculosis.

Protection of Children from Sexual Offences (POCSO) Act, 2012: This Act came into force in November 2012 and seeks to protect children from sexual offences. The Act, defines a child as any person below eighteen years of age, regards the best interests and well-being of the child as of prime importance at every stage of the judicial process, and incorporates child friendly procedures for reporting of cases, recording of evidence, investigation and trial of offences. The Act is a step towards creating child-sensitive jurisprudence. The Act mandates the NCPCR/ SCPCRs to monitor the implementation of the provisions of the POCSO Act. In June 2013, the NCPCR set up a new POCSO division to ensure appropriate implementation and monitoring of the Act.

The Child Labour Prohibition and Regulation Act (CLPRA), 1986 (with two new Government notifications in 2006 and 2008): While the child labour law is yet to be amended, there have been additions from time to time to the list of hazardous occupations and processes where employment of children below 14

years of age is prohibited. The two notifications in the past decade expanded the list of banned and hazardous processes and occupations. Among the additions are domestic work, work in hotels, dhabas, spas and recreation centres, diving, processes involving exposure to excessive heat and cold, such as mechanised fishing, food processing, beverage industry, timber handling and loading, mechanical lumbering and warehousing. At present, employment of children under 14 years is prohibited in 65 occupations (such as mines, transport, construction, plastic, and handloom) and 15 processes (such as bidi making, soap manufacturing, tanning, making of agarbatti (incense sticks), brick kiln, and gem cutting.)

In August 2012, nearly three decades after the passing of the CLPRA, the Union Cabinet passed a proposal to ban all forms of work for children under the age of 14 years, and ban hazardous work for anyone under the age of 18 years. The proposed amendment categorizes children into two groups – ‘child’ and ‘adolescent’. All persons below 14 years are defined as ‘child’ and persons between the ages of 15 to 18 are defined as ‘adolescents’. The proposed legislation, renamed as “The Child and Adolescent Labour (Prohibition and Regulation) Act, 1986, aligns the Child Labour Act with the Right to Education Act by aligning the upper age limit with that of the RTE, whichever age limit being higher. Thus by interpretation, if the RTE Act were to be expanded to include children under 18 years in the future, the same age limit would be applicable for prohibiting all forms of employment under the CLPRA. This proposed amendment is still awaiting passage in Parliament.

Integrated Child Protection Scheme (ICPS): The ICPS is a first of its kind centrally sponsored umbrella scheme introduced in 2009-10, with a view to provide a safe and secure environment for the overall development of children who are in need of care and protection, as well as children in conflict with law. The scheme also aims at prevention by helping reduce their vulnerabilities to situations and actions that lead to abuse, neglect, exploitation, abandonment and separation of children (India CRC Report, 2011). Financial assistance is provided under ICPS for

construction of new Juvenile Homes; up-gradation of existing Homes; setting up a system to track missing children; providing emergency help through child help lines. At the same time, it emphasizes family based non-institutional care, as provided in the JJ Act, and supported under the Scheme through Adoption, Sponsorship and Foster Care.

Significant Acts/ Legislative Amendments made over the past decade are as follows:

Pre-Conception and Pre-Natal Diagnostic Techniques (PC & PNDT) Act 1994, Amended in 2003: is a legislation that pre-empts the use of technologies, to curb their misuse for detection & disclosure of sex of the foetus, lest it should lead to sex-selective abortion. The ‘All India Conference of State Secretaries’ held in 2005, however concluded that “no significant impact of the Act has been felt at the grassroots level because of the difficulties associated with the implementation of the Act”.

The Commissions for Protection of Child Rights Act, 2005: This Act provides for the setting up of independent Commissions at the National and State levels to look into all laws, policies, programmes and administrative mechanisms, from a child rights' perspective.

Prohibition of Child Marriage Act, 2006 (PCMA): This law replaced the Child Marriage Restraint Act, 1929 and has been in force since November 2007. The Act declares that every child marriage shall be voidable at the option of the contracting party who was a child at the time of marriage, within a period of two years of attaining adulthood.

Status on Key Child Protection Indicators

Crimes by children (Juvenile in Conflict with Law):

According to the Children in India 2012 Report by the Ministry of Statistics and Programme Implementation, there is an increasing trend in the incidence of Juvenile Crimes under Indian Penal Code (IPC). The Juvenile IPC crimes in 2011 have increased by 10.5% over 2010 as 22,740 IPC crimes by juveniles were registered during 2010 which increased to 25,125 cases in 2011. Major Juvenile crimes were under 'Theft' (21.17%), Hurt (16.3%) and Burglary (10.38%) in 2011. With regard to gender, the

of girls to total juveniles was 5.84% whereas the percentage share relating to 2010 was 5.1%. Thus, even though crimes by girls are very low when compared to boys, this number appears to be increasing. The percentage shares of juveniles apprehended under the age groups 7-12 years, 12-16 years, 16-18 years are 3.3%, 32.5% and 63.9% respectively. An increase has been observed in number of juveniles apprehended in all the age groups in 2011 over 2010, and the highest percentage increase, was in fact for the 7-12 age group (30.6%) whereas the rise in crimes in 12-16 years and 16-18 years were 8.9% and 12.5% respectively. A significant number of juveniles brought before the Juvenile Justice Board (JJB) are released after advice, and sent to families or to institutions certified 'fit for children' on probation by the presiding magistrate (Ministry of Statistics and Programme Implementation (MOSPI), 2012; NCRB, 2007; NCRB, 2011). While the number of cases registered against children have certainly increased, it needs to be pointed out that the percentage of juvenile crimes to total crimes has only been around 1% during 2001 to 2011 (Ministry of Statistics and Programme Implementation (MOSPI), 2012). The description of juvenile crime rise in terms of percentages in many official documents, could thus be misleading as the absolute number of children coming into conflict with law remains minuscule when compared to total child population or total number of crimes. **Lack of a protective environment and several social and economic factors are likely to be the reasons that push children to commit crimes. The upward trend in juvenile crime**

is a reflection of increasing stress and distress in the lives of children in India.

Crimes against children: Data from the National Crime Records Bureau (NCRB) shows that crimes against children have been steadily increasing. 2011 saw crimes against children increase by an alarming 24% from the previous year. A total of 33,098 cases of crimes against children were reported in India during 2011 as compared to 26,694 cases during 2010, and 20,410 in 2007. In 2011, among the IPC crimes, an increase of 43% was registered in kidnapping and abduction, while rape cases increased by 30% in the course of just one year. A 26.6% increase in child murders were also noted between 2001-2009 (Ministry of Statistics and Programme Implementation (MOSPI), 2012; NCRB, 2011; NCRB, 2007). It is also important to point out that the NCRB's 'crimes against children' data is incomplete, as it does not include data on cases registered under the PC&PNDT Act and the Child Labour Act. Moreover, the available data is limited to crimes that get reported to the police. Many crimes go unreported due to varying reasons. For instance, parents often shy away from filing an First Information Report (FIR), particularly when it comes to sexual crimes against their children, due to the stigma attached. Sometimes, police refuse to file an FIR on missing cases, preferring instead to file a daily diary entry, failing to account for the fact that many of these missing children often turn out to be victims of trafficking or kidnapping. Thus, officially available data provides a far lower range of statistics on overall crimes against children, than is actually the case.



Significant indicators that fall under ‘crimes against children’ or ‘child protection’ are further explored below:

Trafficking: Calculations of trafficked people are generally made with reference to commercial sexual exploitation. In India, the stigma attached to prostitution and the clandestine nature of operations make it doubly difficult to arrive at authentic numbers. During 2006-2011, the trend in human trafficking cases reported under the heads of ‘Procuration of Minor Girls, Importation of girls, Selling of girls for prostitution, Buying of girls for prostitution Immoral Traffic (Prev.) Act’, shows an uneven trend, with year to year variation. From nearly 5000 cases in 2006, it declined over the years, touching the lowest in 2009 at 2848 cases, increased to 3422 cases in 2010, and 3517 cases in 2011 (Ministry of Statistics and Programme Implementation (MOSPI), 2012; NCRB, 2011).

Child Labour: According to the Census 2001, about 12.6 million child labourers in the age group of 5–14 years were engaged in hazardous occupations. A survey conducted by NSSO showed 9.07 million working children in 2004–05, which came down to 4.94 million in 2009–10. As per NFHS-III data, about 11.8% children are engaged in some form of work. Amongst major States, Gujarat has the highest proportion of children working at 32%. While there is no difference in work participation rates between boys and girls, the rate in rural areas at 11% is higher than in urban areas at 9%. The available NSSO (2004–05) data also shows a direct correlation between poverty and child labour. While official records show a declining trend, it is important to point out here that due to differing definitions and methods of estimation, there are varying estimates of the number of working children in the country, thereby bringing into question the validity of these statistics.

Child Marriage: Early marriages are associated with a number of health problems among adolescent girls, as early sexual activity often leads to early pregnancy. Early pregnancy not only leads to a high risk of abortion, but also causes severe health damage to the adolescent girls. The NFHS surveys show that the number of child marriages taking place in India continue to be extremely high, even though



there is an overall downward trend from 50% in 1999 (NFHS-II) to 44.5% in 2006 (NFHS-III); 44.5% of women aged 20-24 years at the time of the survey were married before the age of 18 years, with 58.5% belonging to rural areas and 27.9% belonging to urban areas. The number of child marriages exceeded 50% in eight states. Overall, one in six women (16%) aged 15-19 years had begun child bearing; 12% had become mothers; and 4% were pregnant with their first child at the time of the survey. Further, **NCRB data on child marriage cases show inadequate use of the present child marriage law as only 3 cases were registered in 2009 under the Prohibition of Child Marriage Act, 2006.**

Child Sex Ratio (CSR): Successive Census figures reveal a sharp decline in the Child Sex Ratio. The CSR in the age group of children 0-6 years has declined from 927 girls per thousand boys in 2001 to 914 girls per thousand boys in 2011. The CSR in rural India is 919, which is 17 points higher than that of urban India at 902. The steep decline is especially disturbing as it is occurring in spite of legal and policy frameworks; various government initiatives, including cash transfers and incentive schemes; and various media and messaging efforts (Census, 2001, 2011).

Child Protection – Key Achievements

- Several new legislations and legislative amendments which are progressive and child-friendly in nature
- Establishment of a National Commission for Protection of Child Rights (NCPCR) in 2007, one of the few of its kind in Asia, and the subsequent setting up of State Commissions in sixteen States (NCPCR, 2013)
- Introduction of the centrally sponsored ‘Integrated Child Protection Scheme (ICPS)’ in 2009-10, a comprehensive umbrella scheme that covers all areas of child protection, bringing more focussed attention to this sector

Child Protection – Key Gaps and Challenges

India’s dismal performance on all child protection indicators: The majority of child protection indicators such as those on crimes by children, crimes against children and sex ratio differentials present a distinctive worsening trend over the past decade. The consistent and steep decline in child sex ratio, despite several programmatic and legislative efforts, presents a particularly difficult challenge for policy-makers. Even where official data on indicators show a flat or mildly positive trend such as child labour, child marriage and trafficking, the current numbers are far too high presenting a highly disturbing picture of the child protection scenario in India.

Inadequate data and documentation on child vulnerabilities: Data in this sector is piecemeal. Lack of data related to the vulnerabilities of children makes it difficult to measure the intensity of the problems and provide appropriate services. For most protection indicators, there are no specific targets and timelines to the goals laid out, partly due to this lack of adequate data.

Inadequate protection services for children with special needs: The current capacities of the National and State governments are very limited to address the needs of Children with Disabilities (CWD) children with special needs. There is a severe lack of residential or non-residential services and facilities for these children. This is a severe failure of the country’s child protection system.

Gaps in programme planning and implementation:

Integrated Child Protection Scheme (ICPS): The ICPS was formulated on the recognition of glaring gaps in the infrastructure, set-up and outreach services for children, and to achieve the desired goals of prevention, protection, rehabilitation and reintegration of growing numbers of children in need of care and protection as well as those in conflict with the law. While there has been some progress in terms of setting up of support structures, several significant gaps exist such as inadequate staff, poor infrastructure, low coverage, lack of appropriate rehabilitation and reintegration services. **Despite the introduction of the scheme, there continues to be no holistic, comprehensive approach to addressing child protection issues in practice, and the efforts are at best piecemeal with different protection issues being mandated to different government departments. Far from being child-friendly, it is noted that the existing on-ground procedures and systems often contribute to further trauma and re-victimization.** Thus, the efforts made are clearly not commensurate with the requirements or vision of the ICPS. Low financial norms under ICPS have further contributed to hampering improvement in quality of services and in appointment of qualified personnel. Moreover, delays in submission of financial proposals under the Scheme and low utilization of funds by States, has resulted in the ICPS budget being reduced in subsequent years.

Within the Juvenile Justice system, the availability of Children’s Homes throughout the country is not uniform. As a result, the existing Homes are largely either under-utilized on one hand or highly congested on the other. Standards of care practiced in most of the Homes are appalling, with rehabilitation and reintegration services being virtually non-existent in these Homes. For children in need of care and protection, the law seeks to provide for alternative forms of care for children such as adoption, foster care, sponsorship and after care, with institutional care being the last resort. However, institutional care has so far remained the most preferred option. There is, in fact, no national sponsorship programme or foster care programme in India; and there are currently no mechanisms in place to design/ implement such a program, or to monitor children placed in these non-institutional care options. Therefore, besides

adoption, very little effort is made to place children in alternative forms of care; and within adoption itself, several irregularities in procedures have been noted. With regard to children in conflict with the law, the upward trend in juvenile crime is aggravated by insensitive police dealing, long delays in judicial processes including pendency of cases before the Juvenile Justice Boards (JJBs), an inadequate rehabilitation mechanism and hardly any initiatives of after care and follow up, even though mandated by law. There is also a lack of adequate personnel trained and sensitized towards child protection issues. Child Protection functionaries, including several Members within Child Welfare Committees (CWCs) and Juvenile Justice Boards (JJBs) are not adequately trained or sensitized resulting in a lack of clarity on roles and mandates. This, in turn, often leads to devastating consequences for the children they seek to protect (Twelfth Five Year Plan; Expert Interviews).

The National Child Labour Project (NCLP): The NCLP, a flagship programme of the Ministry of Labour and Employment has also produced insufficient results. The Ministry admits that there are two million children engaged in hazardous occupations. Yet, its Annual Report, 2008-09 shows that ever since the NCLP came into existence in 1998, only 0.48 million working children have been mainstreamed to regular education under the said scheme while there are 9000 NCLP schools. While trafficking of children has been recognised as a serious problem in the country, there are virtually no large-scale programmes for addressing issues of prevention, protection and rehabilitation of the victims. Those that exist are limited to pilot schemes for girls trafficked for commercial sexual exploitation. Large-scale trafficking of both girls and boys for labour remains unaddressed both in law and in action.

Inadequacies in the Child Labour (Prohibition and Regulation) Act: In addition to the need for age amendment discussed earlier, several other gaps exist in the legal provisions against child labour. Deadline for elimination of child labour from hazardous sectors by 2007 and mainstreaming rescued children through education by 2012 is far from being

met as more and more children join the informal workforce. Moreover, **despite being strong sources of child exploitation and the cause of serious child health hazards, household enterprises and agriculture-related manual labour on the fields continue to be listed as non-hazardous occupations in the Act (UNCRC Committee Concluding Observations, 35th Session).**

Even twenty years after ratification of the UNCRC, India is not yet ready to remove the declaration made on Article 32 of the Convention regarding progressive elimination of child labour. Another problem requiring consideration is that a child younger than 14 years may work under regulated conditions in occupations and processes that are not "hazardous" under the Child Labour Act but s/he cannot enter into a legal contract for employment under the Indian Contract Act, 1872. This restricts realisation of children's rights under various labour legislations. The recent piecemeal notifications are premised on the belief that child labour needs to be prohibited in hazardous occupations only, but does not take a clear view of the other rights of children such as the right to a safe and facilitating environment for development and the right to education. **As the current child labour law allows regulation of child labour in some sectors, it is violative of the Fundamental Right to Education guaranteed under Article 21-A of the Constitution of India.**

The Union Cabinet has approved some positive amendments to this existing legislation through seeking a total ban on employing children under 14 years, and a ban on employing children in the 15 - 18 years age group in hazardous occupations. However, an examination of the proposed amendment reveals that there are still some gaps that need to be addressed. Children between the age group of 15 to 18 years are equally if not more vulnerable to exploitative and abusive situations; children in this particular age group are often employed as labourers in construction sites, motor garages, as helpers of transport and travel services, road side dhabas, at the agricultural fields; sectors that render them vulnerable to abuse, exploitation and hazards. But these have not been specifically listed as 'hazardous' occupations under the proposed amendment. Moreover, while the amendment seeks to ban complete employment of children under 14



years, the expansion of the provision that a child can help his family after school hours or can help his family in agricultural fields (putting the child at risk of being in contact with poisonous pesticides and fertilizers), home-based work, forest gathering or can attend technical institutions during vacations for the purpose of learning; leaves a major gap unattended as children can be made to work for very long hours even if it is after school hours. Further **it is unclear as to how the state plans to ensure that children will ‘assist’ only after school hours. The proposed legislation is therefore still not child centric, and does not bring about uniformity in the definition of age of the child as being all children below the age of 18 years.**

Poor enforcement and gaps in child-related legislations: There are several legislations that provide for protection and care of children, such as the Prohibition of the Child Marriage Act, 2006; Juvenile Justice (Care and Protection of Children) Act, 2000; Child Labour (Prohibition & Regulation) Act, 1986; Information and Technology (Amendment) Act, 2008; Immoral Traffic Prevention Act, 1956; Pre-Conception and Pre-Natal Diagnostic Technique (Prohibition of Sex Selection), 1994 etc. While the majority of these child-related legislations are progressive and

child-friendly, the same cannot be said about the enforcement of these legislations. State capacity to enforce legislation and prosecute offenders is extremely limited, as a result of which several of the crimes committed against children go unreported or are denied timely justice. For instance, NCRB data shows that only 3 cases were registered under the PCMA in 2009. When legislation enforcement is so poor, the punishments and provisions within the above mentioned laws fail to act as a deterrent for preventing child-related crimes.

Moreover, legislative gaps exist. For instance, the PCMA does not actually prohibit child marriage or declare it illegal, rather it only creates a distinction between void and voidable marriages; wherein a child marriage is not void until such time that either party, on attaining majority, seeks to declare it to be so. There appears to be an underlying assumption in the Act that girls on attaining majority will have the agency to approach the courts for nullity of marriage. Further, despite amendments to the JJ Act providing for adoption of all orphaned, abandoned and surrendered children, the absence of a secular law on adoption denies children belonging to certain communities the option of alternate care and the right to a family environment.

Child Protection – Conclusion

The lack of adequate data and the current dismal status on Child Protection indicators show that this is the most neglected sector in the child rights space in India. The absence of a protective environment for children can have serious consequences. The effects of child maltreatment can appear in childhood, adolescence, or adulthood, and can affect various aspects of an individual's development including physical, cognitive, psychological and behavioural development. Children who lack adequate care and protection are more likely to drop out of school, engage in juvenile delinquency, adult criminality, drug abuse and violent behaviour. They are more prone to poor health and to have inadequate social skills and job skills that prevent them from earning an adequate income. Their poor overall life skills and parenting skills can once again promote the cycle of intergenerational poverty, maltreatment and ill-health, leading to a next generation of equally victimised, unproductive, and disempowered individuals.

IV. Budget for Children (BfC) – An Analysis

The Annual Union Budget is the most important economic instrument of the government. It is a concrete expression of the government's intention, its policies and priorities, its decisions and performance, and therefore reflects India's development and growth priorities. A budgetary analysis for child-specific sectors was undertaken for the first time in 2001 by a national child rights organization, HAQ: Center for Child Rights. The Ministry of Women and Child Development (MWCD) followed in 2002-03 (Eleventh Five Year Plan). The Eleventh Five Year Plan (2002-07) states that child budgeting is now institutionalized and will be carried out regularly "to monitor the 'outlays to outcome' and examine the adequacy of investments in relation to the situation of children in India." The budgetary data, including sector-disaggregated data compiled in this section is mainly sourced from the Eleventh Five Year Plan, government websites, and yearly budgetary-related documents published online by HAQ on its website www.haqcrc.org.

Share of Budget for Children in the Union Budget:

Fig. 1 presents a compilation of the yearly Budget Estimates (i.e. the aggregate government allocation for child specific schemes announced in the Union Budget) as a proportion of the total Union Budget, for the past decade and a half. Between 2000-01 to 2013-14, there has been an overall increase in both the absolute allocation, as well as the proportion of child sector allocation to total government allocation.

The Annual Budget Estimates have seen an increase from Rs. 8,086 crore in 2000-01 to Rs. 77,236 crore in 2013-14; and an overall increase from 2.39% to 4.64% of the Union Budget. The overall Child Budget expenditure has increased mainly due to the expansion of flagship programmes in nutrition - ICDS and education - MDMS, SSA.

An analysis of the broad trends in budgetary allocations in India shows that there is no regular pattern of increase or decrease in the children's share in the Union Budget. When viewed as a proportion of the Union Budget, the years 2006-07 and 2012-13 have seen the highest allocations at 5.24% and 5.3% respectively, with the steepest declines in the years 2009-10 and 2013-14 of 0.77 and 0.66 percentage points respectively. During the four years between 2009 and 2013, a steady increase in child budgeting from 4.21% to 5.3% is noted, but this is broken by an unexplained sudden decline to 4.64% in the most recent child budget allocation of 2013-14.

The average share of budget allocation for children in the Union Budget between 2000-2001 and 2013-2014 was 3.95%. With children constituting around 40% of the country's population and the majority of the outcome indicators pointing to the dismal status of children in India, the proportion of Child Budget in the Union Budget seems grossly inadequate.

**Fig 1: Allocation in BfC as percentage of Union Budget (BE)
2000-01 to 2013-14**

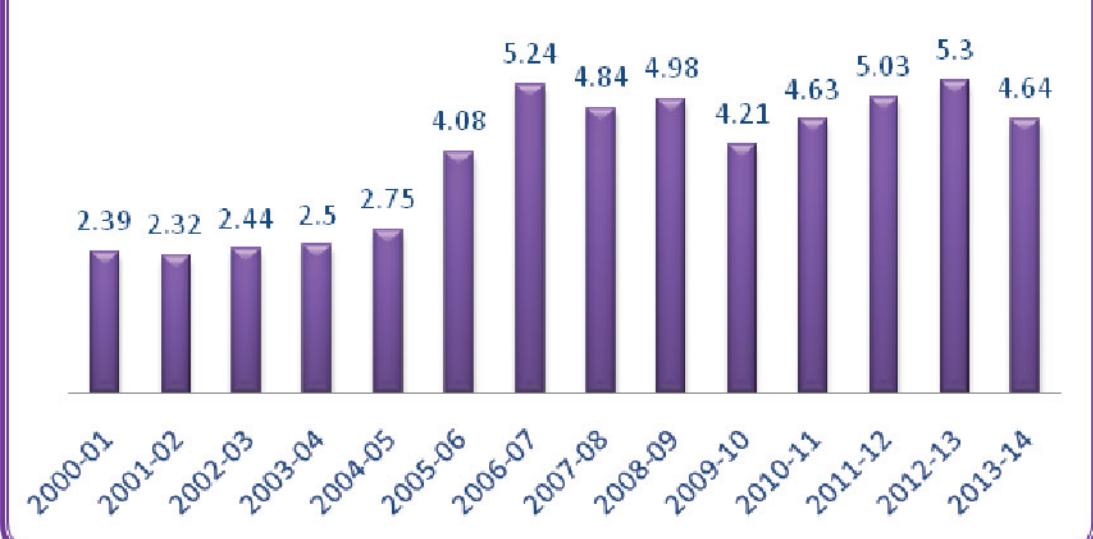
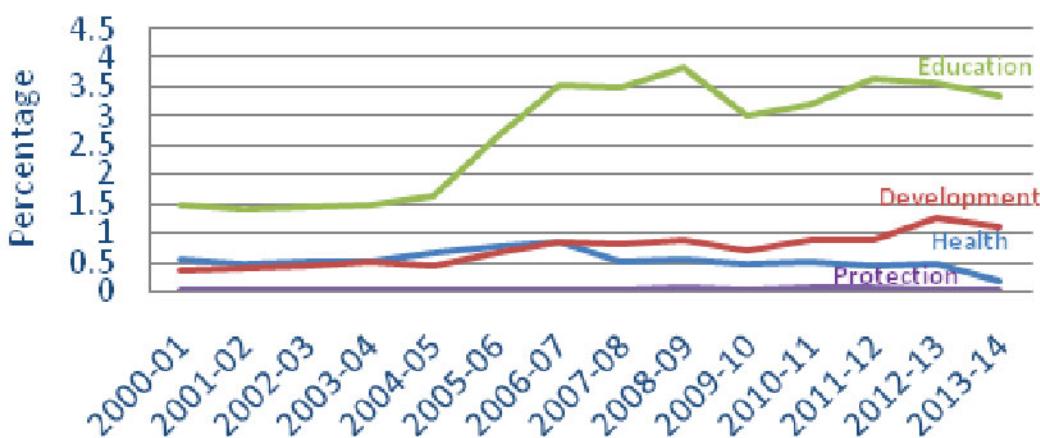


Fig. 2: Budgetary Allocation on Child Sectors as percentage share of Union Budget 2000-01 to 2013-14



Sectoral allocations within Budget for Children:

In the current year, of every 100 rupees spent by the Union Government, only 4 paise is allocated for child protection, while the share of child health is 16 paise followed by child development (Rs. 1.10 paise) and education (Rs. 3.34 paise). The percentage allocation for different sectors in the Child Budget i.e. education, health, development and protection, as a proportion of total Union Budget outlays, over the past decade and a half is depicted in Fig. 2.

This graph clearly shows that of all the child sectors, the education budget has always been the highest, while child protection has consistently received the least attention. This is so despite the introduction of a comprehensive scheme on child protection in the Eleventh Five Year Plan.

Education: Budgetary provision for child education has increased from 1.47% in 2001-02 to 3.34% of the total Union Budget in 2013-14. A significant proportion of these resources are being raised through an education cess imposed on all services. In 1966, the Kothari Commission had recommended investment of 6% of GDP on primary education. Even today, this recommendation remains unmet. In fact, even though the share of child education has remained the highest amongst all child sectors throughout, public spending on overall education and not just elementary level has never crossed 5% of GDP.

Fig. 2 shows a strong upward trend in allocations

towards child education post 2004. This can be primarily attributed to the expansion in the SSA and MDM schemes. During 2004-09, the Central Government allocation for SSA increased significantly, from Rs 30,570.8 million in 2004-05, to Rs 1,31,000 million in 2008-09. During the same period, allocation for MDMS increased five-fold — from Rs 16,750 million to Rs 80,000 million. The year 2011-12 again noted a high 40% hike in the allocation for SSA, constituting 65.32% of the total allocation made for elementary education at the time. In the 2012-13 and 2013-14 budgets, the Rashtriya Madhyamik Shiksha Abhiyan (RMSA) got the maximum push with an increase of 29% and 27.5% respectively, along with smaller increases for SSA and MDMS. An increased budgetary focus on RMSA is a good move as it shows that the government has begun to pay more attention towards secondary level schooling. The last two child education budgets however failed to live up to the expectations raised by the Eleventh Plan allocations, dipping from 3.64% in 2011-12 to 3.56% in 2012-13 to 3.34% of total Union Budget in 2013-14, raising questions regarding the government's seriousness to implement the Right to Elementary Education.

In the current year, the budget for Elementary Education is Rs. 41,273.66 Crore (74.22% of total education budget) and that for Secondary Education is a mere Rs. 10,734.67 Crore (19.30%). Considering the existing dismal and inaccessible status of secondary

IV. Budget for Children - An Analysis

schooling in India and the potential increase in its demand, the budget for secondary schooling appears to be extremely low requiring urgent and larger increments. Further, Inclusive Education for the Disabled at Secondary Education (IEDSS) has declined by 28.57% this year, bringing into question the seriousness of the Government in its Twelfth Plan vision of 'more inclusive growth begins with children'.

Education currently receives over 70% share of the budget for children. Despite this, the overall allocations in terms of GDP, the proportion of budget to total Union budget, as well as education budget to total social sector budget remains low and is inadequate to meet India's constitutional commitment of universal access to quality elementary education. With declining trends in the proportion of child education allocations to total Budget noted since 2011-12, the scenario becomes even less hopeful.

Health: India's healthcare is financed primarily by State Governments; India has one of the highest levels of private financing for health care, and many of its health schemes are externally aided. Total public spending on health in India is only about 1% of GDP. Of this, the share of Central/Union government in public spending on health is a mere 0.32% of GDP. It is nowhere near the government's previously set target of 3% of GDP or the World Health Organisation (WHO) recommendation of 5% of GDP. It is also lower than the average of many low-income countries, and well below the global average of 5.5%. **The India CRC Report, 2011, states that "Efforts will be made to increase the total expenditure by the Centre and the States to at least 2% of GDP by the end of the Eleventh Five Year Plan period". The Government has clearly made no attempts to this end.**

The status on current child health indicators implies a huge gap between the needs on the ground and the allocation each year. An analysis of the allocations reveal that child health received an average of only 0.52% of the total Union Budget during the period 2000-01 to 2013-14. The graph clearly shows that since 2007-08, child health has consistently maintained the second lowest priority in budget for children. The current 2013-14 allocation

in fact shows the steepest dip and the lowest allocation of this fourteen year period, at 0.16% of total Union Budget. One possible reason for this is that the child health budget does not reflect any allocation in relation to routine Immunization, Pulse polio Immunization or Reproductive and Child Health, and a flexi-pool has been created instead to cover these programmes.

A far more serious concern, however, within the child health sector is that what is allocated is not being spent. A HAQ analysis shows an average under-spending of up to 10.59% during the period of 2004-05 to 2008-09, the second-highest under-spending within the budget for children - after child protection. The maximum under spending of 25.03% in child health was seen in the year 2006-07, which was a result of massive under-spending in the Reproductive and Child Health (RCH) and Immunization programmes. In a scenario where child health targets are far from being achieved and where the sector is in urgent need of a budget increment, such massive under-utilization of the budget is shocking and is clearly unacceptable.

Nutrition: The graph shows that in 2000-01, at 0.36% of total Union Budget, child development was an even lower priority for India than it is today. A steady rise is seen during the period of 2004-05 to 2008-09, when the development sector clocked the highest annual average growth in allocation of 35.37%. Over this period, the physical budget outlay rose three times from Rs 2,013.37 crore to Rs 6,464.20 crore, and doubled as a percentage of the Union budget from 0.42% to 0.87%. Most of this increase though came about in 2005-06 which noted an overall 68% increase over the previous year, and 70.23% rise in total allocation for the ICDS. The second similar big push for child development came about in 2012-13 which noted a 66.2% rise in the sector, largely due to the 71.6% increase in allocations towards ICDS. The current year 2013-14 however saw a large drop of 0.16 percentage points from 1.26% to 1.1% of total Union Budget.

India has the highest rates of malnutrition in the world. Yet, in India, besides the efforts to achieve universal primary education that dominates national and international policy agendas, minimal attention is paid to what happens to the child in the first six years of life. Even though allocations towards child

development have seen a substantial increase over the past decade, and about 80% of the MWCD budget goes to ICDS, its proportion to total Union Budget is just a little over 1%. This allocation is still extremely inadequate to meet the demand of early childhood care, nutrition, education and development of children in the 0-6 age category as well as nutrition needs of pregnant mothers and adolescent girls.

Protection: The neglect of vulnerable children in policy and financial statements is apparent when budgetary allocations over the years are reviewed. Despite a worsening trend in indicators, child protection has always been the least attended sector and continues to be so. The child protection budget was 0.02% of the total Union Budget in 2000-01, going up to 0.06 in 2008-09 and 2011-12; it is currently at 0.04%. On an average, child protection constituted only 0.04% within the total Union Budget during 2000-01 to 2013-14. Allocation made for child protection is clearly negligible when compared to the number of children falling out the safety and protective net. In the Sub Group Report on Child Protection for the Eleventh Plan, it was acknowledged that poor investment on child protection is a reflection of the low priority this sector has received in government planning and implementation.

In order to address the low focus on child protection, the MWCD initiated the centrally sponsored ICPS in 2009-10, which not only brought all existing child protection schemes of the Ministry under one window but also promised an increased allocation for child protection programmes in the Union Budget. While the two subsequent years showed a marginal increase from 0.04% in 2009-10 to 0.05% in 2010-11 to 0.06% in 2011-12, this fell back to 0.04% in 2012-13 and remained constant at 0.04% in 2013-14 year as well. Worse still, these extremely limited allocations have remained largely unutilized. Spending has always been significantly lower than the allocated budget and this sector has consistently recorded the biggest under-spending. For instance, during 2000-01 -2006-07, 15.06% of the allocated budget remained unspent.

The most recent allocation in 2013-14 has been particularly disappointing with a decline of 7.67% in absolute allocation over the previous year. The NCPCR received a budgetary allocation raise of only

Rs 1 crore as against the Rs 12 crore announced in 2012-13, and the ICPS saw a 25% drop in allocation from Rs 400 crore budgeted in 2012-13 to Rs 300 crore in 2013-14. As calculated by HAQ, recurring costs as per the ICPS norms for basic structures required in the implementation of ICPS comes to Rs. 505 crore. If the cost of other components of ICPS such as setting up a functional child tracking system, adoption services, grant-in-aid for innovative projects are to be added, the budget requirement would increase even further. Despite this, the ICPS has only been allocated Rs. 300 crore. With such a minuscule child protection budget which comprises of less than 1/ 200th of the Union Budget, very little is likely to be achieved in terms of building a protective environment for India's children.

Conclusion

The proportion of total Budget for Children to total Union Budget has always been less than 6%. A national budgetary allocation of less than 6% for a population of about 40% is clearly disproportionate. Thus, while allocations in terms of absolute gross amount may have increased over the years, these do not commensurate with the overall increase in national productivity and income. From the above BfC analysis, it is clear that all four child sectors including education within BfC are grossly underfunded, with budget estimates that are far too low to fulfil all programmatic requirements.

Within Budget for Children, the education budget has always been the highest, while child protection has consistently received the least attention. As a proportion of total Union Budget, the most substantial improvements in allocations over the past decade are noted in education followed by development. Overall health allocations have dropped and child protection allocations have remained relatively stagnant at an average low of about 0.04% throughout, with poor budget utilization partly to blame for subsequent low government allocations in these two sectors. There is no doubt that government under-investment in budget for children and poor budget implementation have played a significant role in adversely impacting India's ability to meet its Five Year Plan targets and MDGs relating to children.

V. Recommendations - Key Policy Priorities and Strategies for Ensuring Child Rights in India

The Government's commitment to protect the rights of its children is reflected in its policies, legislations, budgetary allocations, various institutional mechanisms and programmatic frameworks. This commitment, as contained in the Constitution of India and several other national and international legal instruments that are binding on the nation, falls far short of realization despite various child-oriented programs and policies being currently in place. Unmet targets or worsening trends have been noted in nearly all child rights indicators over the past decade, with the statistics particularly appalling in the areas of child nutrition and child protection.

As noted in Section III, Childhood is a particularly sensitive period and the effects of poor childhood education, nutrition, health and development can span a lifetime and across generations. These problems accrue to the whole society in the form of increased social inequality, reduced productivity and high costs associated with entrenched intergenerational disadvantage. From the moment of conception, important developments occur that affect the brain, the physical body, and the psychological well-being. All these have an impact on the individual's ability to learn, to thrive, to grow and be healthy. Children have different needs as they grow. Early childhood, which refers to the first six years of life, is the most crucial period, when the foundations are laid for cumulative lifelong learning and human development. Research evidence from neuro-science and other disciplines confirms that some 'critical periods' for development of cognitive, linguistic and psycho-social competencies are embedded in these early years. The first six years of a child's life, thus, form the foundation for all later development. The next stage in a child's life from seven to fourteen years constitute the formative years calling for care and protection, with formal learning and opportunities for play, recreation, creative expression and participation as the child grows to become an adolescent.

The last stage is of adolescence, variously defined in policy documents, but is considered here as children aged fifteen to eighteen years. This group has been consistently ignored in policy and legislative documents, ignoring the fact that adolescents who are marginalized or poor are less likely to



transition to secondary education and are more likely to experience violence, abuse, child marriage, trafficking, child labour and other forms of exploitation. While adolescents remain largely invisible to policy-makers, it is important to point out that they are nonetheless actively contributing to households, communities, societies and economies. Hence, it is imperative that they receive recognition, protection and care, essential services, and opportunities in their own right. In other words, every child aged 0-18 years should be equally able to claim their right to an enabling and stimulating environment for growth and development, for survival and protection, and be treated with dignity and respect.

In the face of growing numbers of child rights violations in the country, India needs to urgently commit itself to addressing the challenges in survival, development, protection and participation faced by the world's largest child population. Children should be given access to their rights not because it raises the potential of a demographic dividend (which is no doubt an added advantage), but primarily because children are equal citizens of India deserving of rights in their own right. Moreover,

if the intergenerational cycle of poverty, inequality and oppression is to be broken, then the only effective way to move forward is to invest in children through enhanced policy efforts and budgetary allocations. If the Government of India wishes to bring about any form of development in the country, it is important that it realizes that children must come first.

On the basis of the official data and discussions presented in this report and the information gathered from the various policy documents, this section begins by recommending the overarching and general policy priorities and strategies for attaining optimal realization of child rights in India, followed by more detailed sector-wise suggestions on the way forward.

Overarching Policy Priorities and Strategies

- First and foremost, the age definition for all child-related legislations and policy instruments needs to be harmonized at the earliest to include all children below eighteen years of age. This could begin with the appropriate age Amendments made to the Right to Education Act and the Child Labour Act
- Increase functional convergence and coordination between various sectoral programmes and policies that impact the lives of children, and ensure inter-ministerial coordination within all levels of governance
- Strengthen institutional mechanisms and capacities at National, State and District levels; ensure adequate training and capacity-building of personnel working with children at all levels, so that their effective implementation provides the necessary protection to children
- Develop a comprehensive and disaggregated database comprising of all child vulnerability indicators
- Address legislative gaps and improve enforcement of all existing child-related laws that contribute to protecting the rights of children
- Set well-defined norms and standards for programme delivery. At the same time, provide flexibility of norms to address critical needs at the community level by creating a wide-ranging pool of possible resources
- Increase accountability of implementing agencies by improving monitoring mechanisms
- Establish State Commissions for Protection of Child Rights (SCPCRs) in all States, which are closely monitored and mentored by the NCPCR
- Institutionalise Child Participation and incorporate children's views into mainstream policy and programme formulation processes by enabling and encouraging bal panchayats, child-friendly village panchayats and urban local bodies where children's voices are heard and their rights are respected, protected, facilitated and fulfilled
- Strengthen the protective and nurturing environment for children in the family, community and in service institutions like crèches, Anganwadi centres, schools, health centres, child care homes through improved coverage and quality of services.
- Facilitate national campaigns which address deep rooted social norms and traditions that contribute to violating the rights of certain groups of children, so as to help negate the root causes of their exclusion and exploitation
- Formulate a strategic approach to respond holistically to the emerging needs of children of excluded groups such as girls, SCs, STs, vulnerable minorities, and children with special needs
- With the RTE Act now in effect, schools should be made the prime site of child rights and child protection activity. Within the protective school premises, children should be able to avail the entire child rights spectrum i.e. education, health (through school health programme under NRHM), nutrition (through MDMS), and protection (through CRC and child rights awareness included in the curriculum)

A. Education

Ensure adequate commitment to ECCE: The universalisation of ICDS has been a major policy step forward in bringing ECCE as an integrated package to all children. However, implementation of early education has been negligible with extremely limited to no access. In order to resolve this, integrating pre-school education with primary schooling is essential. This will further help ensure a strong foundation for learning during primary school. As envisaged by the Twelfth Five Year Plan, every primary school should be facilitated to have a pre-primary section to provide pre-primary education with a school readiness programme for at least

one year for children in the age group of four to six years. Educationally lagging States/Districts/Blocks need to be covered on a priority basis.

Ensure appropriate implementation of MDMS: A detailed survey requires to be carried out and correctional measures taken to ensure that the MDMS nutrition scheme is in fact, being implemented in both spirit and letter as per the intended nutritional values detailed in the scheme. Efforts must be made to strengthen the overall implementation and monitoring mechanisms to ensure that the child beneficiaries receive the full benefits of the scheme.

Expand the scope of RMSA: The RMSA should be extended to the higher secondary stage so as to include the 17-18 age-group and should cover all government and government-aided schools.

Important policy and programmatic priorities in elementary and secondary education: For the next five years, policy and programme priorities should include a focus on meeting the residual needs of access with sharper focus on meeting the needs of the disadvantaged social groups such as girls, SCs, STs, Muslims, and CWDs; and the difficult-to-reach areas; improving the school infrastructure in keeping with the RTE stipulations; increasing enrollment at the upper primary and secondary school levels; lowering dropout rates across the board; and, broad-base improvement in the quality of education with special emphasis on improving learning outcomes.

Reduce drop-out rate by improving student attendance and quality of elementary education: It is crucial to concentrate on the problem of low retention rate in elementary education. A near universal enrolment at the lower level holds no benefits, if it is accompanied with low/ no attendance and a high drop-out rate. It is therefore far more important to ensure that the children enrolled in schools, participate and progress through the system to complete the full cycle of elementary schooling. In order to do this, there is a need to track attendance and develop effective strategies for boosting attendance along with improving the teaching-learning

process that affects learning outcomes.

The upper primary stage should be the prime SSA focus with a specific focus on addressing residual access:

There is an urgent need for improvement of upper primary level indicators, to balance the demands of the two stages of elementary education, so as to be able to achieve universal elementary education. The first step to ensure this would be to improve access such that in all habitations, there is an equally proportionate number of upper primary classrooms/sections per grade as in primary, preferably by upgrading primary schools to include upper primary schooling.

Expand secondary infrastructure and quality to meet potential high demand:

There are very large inequalities in access to secondary education, by income, gender, social group and geography. The average quality of secondary education is very low. Thus, urgent efforts are needed to dramatically improve access, equity and quality of secondary education, simultaneously with that of upper primary school, to meet the potential increase in demand for secondary schooling.

Ensure quality teacher recruitment: Recruit adequate number of teachers who meet the minimum professional qualification under the RTE Act. Improve teacher training with an emphasis on effective pedagogy given the realities of Indian classrooms such as multi-age, multi-grade and multi-level contexts.

Attain gender parity and social equity in education:

Inclusive approaches need to be prioritized to address the low educational attainment amongst scheduled castes, scheduled tribes, minority groups, girls and urban deprived groups living in difficult circumstances. The education system should be made more responsive to the needs of girl children by providing adequate infrastructure such as separates toilets. In order to bring down the high drop-out rate of adolescent girls, it is important to provide community-level effective child care support that releases girls from the burden of sibling care, to participate effectively in elementary education. For CWDs, there is a need to increase programmatic

efforts on early identification, educational placement in general schools, school readiness programmes, provision of aids and appliances, development and production of Braille books and construction of ramps and disabled-friendly toilets.

Extend the scope of the Right of Children to Free and Compulsory Education Act, 2009: The right to receive free and compulsory education ends at the age of 14 years, leaving those aged 15 years and above at risk of entering into vocations unsuitable to their age and maturity, as well as to crime. This is also a breach of the commitment made under the CRC. The extension of RTE up to senior secondary level i.e. up to age 18 years, is strongly recommended for expanding the possibilities of adolescents to realize their full learning potential and to possibly curb early marriages and teenage pregnancies. Similarly, early childhood education for the age group of 3-6 years is not covered under the RTE Act. Pre-school education too should be made a fundamental right. In other words, the RTE Act should be extended to all children below the age of 18 years.

B. Nutrition

Reform, restructure and strengthen implementation of the ICDS Scheme: Based on the dismal child nutrition statistics presented, the adverse effects of poor maternal nutrition on children, and the expansive problems in programmatic and resource management identified within ICDS functioning, it is essential that the ICDS be reformed and strengthened, while adopting an integrated life cycle approach to ensure child survival and development. As recommended by the National Advisory Council (NAC), there should be a strong commitment towards transforming Anganwadi Centres (AWCs) into vibrant, child-friendly Early Childhood Development (ECD) centres that also include crèche facilities, which are well-resourced with adequate supplies, and that would serve as the first outpost for health, nutrition and early learning activities. There is also a need for strong institutional convergence so as to provide flexibility for local action and empower mothers in particular and the community in general to have a stake in the programme. It needs to be ensured that the ICDS is implemented in mission mode as proposed and provided with the necessary financial resources to accomplish universalization of

provisions.

Address Gaps in the Food Security Act, 2013.

It is highly appreciable that one of the recommendations put forward by civil society organizations was taken into cognizance of while finalizing the Bill. The Food Security Act 2013, now has re-defined meal as 'hot cooked or pre-cooked and heated before it is served and has removed 'packaged food' from the definition. However there are still some existing gaps in the Act which would require attention in the future. Some of the gaps which need to be addressed are as follows:

Inclusion of services such as immunization, health check-ups and provision for adolescent girls: Universalization of ICDS implies extending all ICDS services (not just supplementary nutrition) to all children below six years, all pregnant or lactating women, and all adolescent girls. Therefore, services such as immunization, health check-ups and provision for adolescent girls that have been left out from the Act, should be included.

Universalized (as opposed to targeted) food security for children up to age eighteen years: It is recommended that the food security entitlement in the Act be universalized rather than targeted, especially when it comes to children. This principle becomes all the more important to ensure that all children irrespective of whether they are within the family set up or in alternate care option, whether they are in school or out of school, whether they are living alone on streets, will be assured of food security. If it is targeted, such as in current legislation, then the chances of exclusion of some children, such as of vulnerable out-of-school children will become much higher. Further, the Indian government should aim at providing food security till the age of 18 years so as to be in consonance with the spirit of UNCRC.

Extending the scope of MDMS: It is important to extend the MDMS to cover out-of-school children and also school going children during vacations, especially in drought-affected areas. There is also a need to consider the supply of nutritional provisions for the 25% children from Economically Weaker Section (EWS) in private schools.

C. Health

Accelerate improvement on child health indicators by strengthening primary health care systems that provide a continuum of care: Experts

suggest that unless the overall public health system is strengthened, singular neonatal or child health programs are unlikely to produce effective results. Ensuring a continuum of care requires enhanced maternal and early child care facilities and practices; disease prevention, early detection and intervention, treatment and follow-up; quality reproductive health services – including adequate antenatal and postnatal care, skilled assistance at delivery, and comprehensive emergency obstetric and newborn care and Integrated Management of Neonatal and Childhood Illnesses. Curative services are primarily located in urban areas whereas the rural institutions mainly provide preventive and promotive services; this needs to be more evenly distributed. In order to accelerate the pace of improvements on child health, and to ensure children's right to life and survival, there needs to be intensification of care not only across the life cycle but also improved links between the family, community, Anganwadis, health centres and facilities, converging health and child care services. Establishing an effective continuum of care will therefore involve taking practical steps to strengthen primary health care systems.

Address gaps in NRHM management, implementation and on-ground resource availability: There is a strong need to increase overall efficiency, infrastructure and number of health personnel staff to match requirement, improve effectiveness in deployment of existing resources, ensure drug availability at health centres, and strengthen trained healthcare personnel at all levels. There is also a need to increase health personnel motivation by matching pay to services rendered.

Specific focus on marginalised groups: On the basis of available data, there is a crying need to develop large-scale intensive measures to ensure health care access for vulnerable child groups that have been discriminated against and excluded from adequate health care on the basis of gender, caste and geographical location. These groups must be given special attention while making provisions for, setting up and renovating Sub-Centres and Anganwadis.

Include schemes for child mental health/substance

abuse issues: Among the child-specific schemes in the health sector, there are none that address problems of mental health or substance abuse among children. These need to be made available.

Ensure adequate attention towards child health amongst the urban poor: There is a need to ensure immediate delivery of all of the provisions sanctioned under the long-promised National Urban Health Mission (NUHM), along with an appropriately increased budgetary allocation towards this scheme from the current low of Rs. 1 crore so as to ensure its adequate implementation.

Declare Right to Health as a Fundamental Right in the Constitution of India: Healthcare is becoming increasingly unaffordable and inaccessible to the common citizen with an ever-increasing move towards privatization. In such a scenario, children and women, i.e. those with the least decision-making power in a household, are the ones most adversely affected. There is no specific law in India that deals with the right to health, nor is it yet a Fundamental Right, unless read along with the Right to Life (Article 21). Article 39 of the Constitution of India, however, upholds that children are to be provided opportunities and facilities to develop in a healthy manner. There is therefore a strong need to recognize free healthcare as a Fundamental Right, especially for children.

D. Protection

Strengthen documentation and database on child protection indicators to develop appropriate policies and programmes: Data on indicators such as child trafficking, street children, missing children, number of children with special needs are inadequate, thereby affecting policy planning efforts and the setting of time-bound targets. Government national surveys should clearly define and include such data. Once such data is available, appropriate policies and schemes for these currently ignored categories need to be planned and implemented.

Develop strategies to ensure the rights of Children with Special Needs: Major relevant flagship programmes should include specific earmarked allocations for reaching out to and including children



with special needs, as has been initiated with SSA. Programmes/ Schemes that provide support for prevention, early detection, early intervention and community based management of childhood disabilities/ special needs should be undertaken as a policy priority.

Develop an intensive multi-pronged national strategy to improve the Child Sex Ratio (CSR) within the theme of achieving overall gender parity: A multi pronged approach to improve CSR needs to involve men, youth, adolescents, society leaders, religious bodies, judiciary and media for achieving behaviour change. The issue of son preference should be addressed by ensuring that gender equality is mainstreamed in policy interventions across sectors and in relevant laws. For instance, enforcement of the Hindu Succession (Amendment) Act and the Maintenance and Welfare of Parents Act (2007) should be promoted, thus ensuring female inheritance of properties and maintenance of elderly women. Strategies need to be devised for providing preferential access to parents of girls to resources such as bank loan, health insurance or house allotment. Special incentive schemes should be designed for Panchayats showing a positive CSR. Since it is an issue of traditional attitudes, awareness generation and advocacy through innovative methods should receive more policy attention. Stricter implementation of PC & PNDT Act is also

urgently required (Twelfth Five Year Plan; India CRC Report, 2011).

Ensure more effective Implementation of the Integrated Child Protection Scheme (ICPS): The ICPS has been an effective catalyst in generating interest on child protection issues in both the Government and the voluntary sectors. However, its progress on implementation has been sluggish and far from adequate. The financial norms included under ICPS need a relook as they are currently too low, thereby affecting implementation in terms of quality of services and the appointment of qualified personnel.

Strengthen rehabilitation and reintegration measures within the Juvenile Justice System (JJS): As was its original aim, the ICPS needs to place more emphasis on non-institutional family-based care and convergence of child protection services of various sectors. Despite the enactment of the progressive and child-friendly JJ Act over a decade ago, the continued upward trend in crimes by children and crimes against children is a matter of grave concern. To establish and sustain a Justice System that is truly child centric, there is an urgent need to strengthen rehabilitation and reintegration measures for children, including for those in conflict with law, as these children return to their homes to face the same pressures, often with no new skills and increased police harassment (Twelfth Five Year Plan).



It is also important to strengthen community based alternate care programmes that can raise the capacity of the family to adequately support and retain a child, as opposed to seeking institutionalization. Active efforts are required to link the vulnerable child's family to various State schemes for poverty alleviation, social protection and economic.

Significant areas within the JJS that the ICPS needs to develop strategies and deliver on are as follows:

- Design of a larger perspective and vision for child protection that goes beyond the current mandate of the JJ Act
- Creation of a protective environment to prevent children from getting into various situations of destitution and conflict with law
- Setting up the required number of decentralised administrative mechanisms, as mandated under the JJ Act, 2000, supported by strong monitoring and evaluation
- Ensuring the registration of all child care institutions under the JJ Act, 2000
- Capacity-building of manpower at every level of implementation, including the law-enforcement agencies such as judiciary and police
- Setting up well-resourced children's courts along with access to free legal aid for children, to deal with long-pending cases
- Expanding the non-custodial rehabilitative care options for de-institutionalisation of children, includ-

ing the initiation of National programmes for Sponsorship and Foster Care

- Model probationary programme to effectively respond to the increasing number of children in conflict with law
- Provide effective provision for review and re-consideration of the child's placement in institutions at regular intervals
- Adequate facilities, especially counselling services and vocational skills training to strengthen physical and psychological re-integration
- Ensuring functionality of the newly developed child tracking system to match missing and found children, with an Management Information System on Child Protection for accurate data collection

Need for Amendment and strict implementation of the Child Labour (Prohibition and Regulation) Act:

The CLPRA Act requires to be harmonised with the RTE Act in consonance with the Constitution of India. The CLPRA currently makes a distinction between hazardous and non-hazardous categories of work for children under 14 years; it needs to instead be amended to abolish all forms of child labour, as children cannot be both working and in school at the same time. The proposed CLPRA Amendment by the Union Cabinet in August 2012 attempts to achieve these, but several gaps persist and the Bill has not yet been passed by Parliament so as to become law. It is hoped that the Government of India will demonstrate its commitment to address the issue of child labour by addressing the existing gaps in the Bill and thereafter ensure its ratification in Parliament. In keeping with the provisions of the UNCRC and in an attempt to harmonize the age definition for all child-related legislations and instruments, it is further recommended that the proposed CLPRA amendment include prohibition of all forms of child labour, whether hazardous or non-hazardous, for all children below 18 years.

The Government of India needs to take more proactive measures to tackle the problem of child labour through strict enforcement of legislative provisions, along with simultaneous rehabilitative measures. Transition measures and support for families, enhanced opportunities for skill development, vocational training and rehabilitation for children needs to be given priority attention. Strict enforcement of



of RTE, a revised child labour law, prosecution and conviction of offenders, and strengthening inter-ministerial convergence on elimination of child labour can ensure that child labour is eradicated from the country.

E. Financial Commitment towards Child Rights

Ensure sufficient budgetary allocations towards realization of child rights: The Government of India needs to ensure adequate resourcing of its progressive policy framework if it is serious about fulfilling its constitutional and other national policy commitments towards children. It is recommended that the current extremely meagre BfC at 4.64% be increased to at least 10% of total Union Budget. Significant budget increments to match proposed policy plans and targets are urgently required in all four child sectors. Based on the current status of child indicators, the child protection and child development sectors are likely to require the maximum budgetary push.

Ensure effective National, State and District-level management and utilisation of outlays/ budgets: It is recommended that trainings be provided to ensure enhanced capacities for utilization of allocated budgets; and strong accountability mechanisms related to budget management be put in place, wherein Departments failing to meet the pre-set budget management norms could be penalised.

Introduce a child budget component in all allied Ministries:

While the MWCD has embraced child budgeting in recent years, the demand for inclusion of a child budget component in the budget of all allied ministries/departments remains unaddressed. Such a provision, as has been done in the case of public financing of gender initiatives, could help improve coordination amongst ministries and resolve issues of duplication if any. Moreover, a commitment towards children will be ensured from all quarters, thereby mainstreaming children's concerns into all developmental agenda.

CONCLUDING REMARKS

A nation's development is measured by the status of its children. Investing in children is worth doing for its own sake and India's children clearly deserve to be placed at the forefront of Government policy and budgetary decisions. While there are no doubt several competing demands on the Government, the current dismal status and worsening trends on many child-related indicators suggest that the well-being and rights of children can no longer be ignored. The best interest of the child needs to be put at the centre of all policy, legislation and practice affecting their young lives. India's large child population deserves nothing less than a Government that is truly committed to and stands up for the rights of its children.

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Did you Know?

- Every sixth child in the world lives in India (*MoSPI, 2012*)
- Every second child in India is malnourished (*NFHS-III, 2005-06*)
- The child sex ratio is at the lowest it has ever been with just 914 girls for every 1000 boys (*Census, 2011*)
- Maternal Mortality Ratio (MMR) continues to be high at 212 per 100, 000 live births (*SRS, 2011*)
- Girls have 61% higher mortality than boys at age 1-4 years (*NFHS-III*)
- 22 % babies are born with low birth weight (*NFHS-III*)
- About 55% of Scheduled Castes and Scheduled Tribes children under 3 years are underweight compared to about 37% of children from the general population (*NFHS-III*)
- The Under-5 Mortality Rate (U5MR) is 88.1 for SC and 95.7 for ST children, against the national average of 59.2 (*NFHS-III*)
- 47 out of every 1000 live births do not complete their first year of life (*SRS, 2011*)
- 79% children (6-35 months) are anaemic (*NFHS-III*)
- 56% adolescent girls (15-19 years) are anaemic, as against 30% adolescent boys (*NFHS-III*)
- Only 54 % children received full immunization (*DLHS-III, 2007-08*)
- 11.8% children in India are engaged in some form of child labour (*NFHS-III*)
- Over 25% increase in child murders is noted since 2000 (*NCRB, 2011*)
- Net Enrollment Ratio (NER) at the Upper Primary Elementary Level is only 58.3% (*MoSPI, 2012*)
- National Dropout Rate at the Elementary Level is over 40% (*DISE, 2011-12*)
- Gross Enrollment Ratio (GER) at the Secondary Level is below 50% (*DISE, 2011-12*)
- About 35% children with disabilities remain out of Elementary school (*DISE, 2011-12*)
- School dropout rate amongst adolescent girls is a high 63.5% (*MoSPI, 2012*)
- Nearly 45% girls get married before the age of eighteen years (*NFHS-III*)

The statistics affirm that children are accorded a low priority in national policy and governance decisions.

THE CHILD RIGHTS MANIFESTO

16th General Elections 2014

Child Rights and You (CRY) call on all political parties to become campaigner of rights of all children in India.

India, with about 430 million children, has the world's largest child population with every sixth child in the world today referring to India as 'home'. Although children constitute over a third of India's population, they are accorded a low priority in national policy and governance decisions.

A cursory glance at the current status on some of the child-related indicators in India

- Every second child in India is malnourished
- The child sex ratio is at the lowest it has ever been with just 914 girls for every 1000 boys
- 47 out of every 1000 children die before completing their first year of life
- 4 out of every 5 children aged 6 - 35 months are anaemic
- Only about half of the children in India (54%) receive full immunization
- Net Enrollment Ratio at the Upper Primary Elementary Level is less than 60%
- National Dropout Rate at the Elementary Level is over 40%
- Gross Enrollment Ratio at the Secondary Level is below 50%
- Girls have 61% higher mortality than boys at age 1-4 years
- Nearly 45% girls get married before the age of eighteen years

Even after six decades of independence and vibrant economic growth, India has drastically failed to uphold the rights of its children. It is highly unfortunate that children are not top priority and issues related to children are not debated enough in political spaces.

Child Rights and You (CRY), a non-government organization working on the issue of child rights in India for the last thirty four years, believes that concerted efforts are needed to ensure that children's issues and concerns are heard and put on priority. Through this manifesto, CRY hopes to remind politicians about the Government of India's national and international obligation to take all appropriate measures in ensuring that children's rights are promoted and protected. The manifesto also aims to sensitize all stakeholders that it is time that we demonstrate our commitment as a nation to our children and that develop a zero tolerance approach towards children's rights not being protected or realized.

CRY urges political parties and governments in power to take heed and '**Put children first**' and include the following commitment suggestions that can impact over a third of this nation's population, when designing their own election agenda.

- **Harmonize the age definition for all child-related legislations in line with National Policy for Children 2013 where child is any person below the age of eighteen years.**
- **Ensure Right to Education is fully exercised as fundamental right and Amend and expand the scope of Right to Free and Compulsory Education (RTE) Act, 2009** such that: All Children between 6-14 years get enrolled, regularly attend Elementary school and avail quality education. Also, all children from 0-6 years and 14-18 years should come under the purview of the Act.
- **Strengthen implementation of Integrated Child Development Scheme (ICDS)** such that all six services viz Supplementary nutrition, Health Check-ups, Immunization, Nutrition & Health Education, Pre-school non-formal education and referral services are effectively functioning. Also ensure that there is an adequate investment carried out in decentralized planning, universal coverage and trained personnel.
- **Reduce child mortality and morbidity and ensure that no child remains malnourished** through carrying out sustained efforts towards complete immunization, regular health check-ups and growth monitoring, proper nutritional support and health counselling of all children under 18 years.

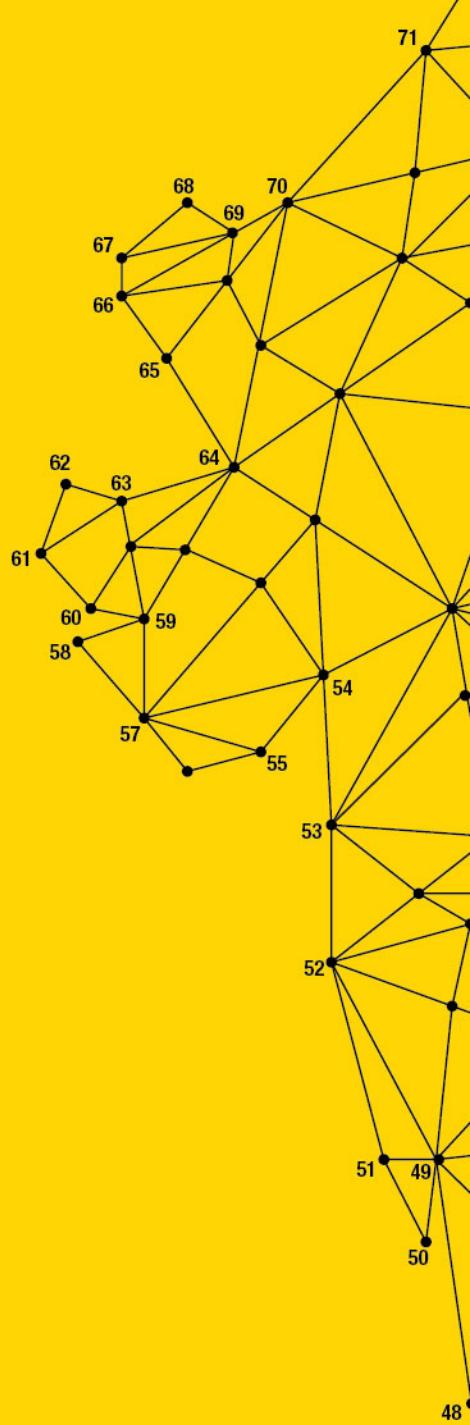
- **Declare access to quality primary healthcare a Fundamental Right** in the Constitution of India and strengthen Primary Health Care systems and child health amongst the urban poor.
- **Ensure Food security at household level for all marginalized groups of people** with proper implementation of the National Food Security Act, 2013 and consider amendments **(i)** increasing the protein/fat intake for pregnant mothers and children to 20-25 gms (according to Supreme court order) instead of current provision of 18-20 gms **(ii)** including services such as immunization, health check-ups etc which have been part of the ICDS as part of the Act **(iii)** making provision of supplementary nutrition for children in the 14-18 age group.
- **Amend the Child Labour (Prohibition and Regulation) Act, 2012:** to abolish all forms of child labour by removing the distinction between hazardous and non-hazardous categories of work for all children up to 18 years of age.
- **Invest adequately in ensuring protection for children by:** **(i)** implementing policies and programme that protect children from abuse, violence and exploitation; **(ii)** investing in appropriate referral services for the recovery, rehabilitation and reintegration of victims of abuse, violence and exploitation; investing in creating a cadre of trained professional **(iii)** creating robust monitoring of implementation of child protection mechanisms, schemes and policies **(iv)** creating a proper database for child trafficking, street children, missing children and ensuring a fully functional newly developed child tracking system – ‘Track child’.
- **Ensure Gender Parity, Social Equity, and the rights of Children with disabilities** with providing equal opportunities for all social groups – SC, ST, Minority group and urban deprived groups. Become more responsive to needs of girl children and children with disabilities.
- **Allocate sufficient Budget for Children (BfC)** allocations by increasing the allocation from 4.64% to at least **10% of total Union Budget.** Also introduce a child budget component in the budget of all allied Ministries and ensure effective National, State and District-level management and utilization of outlays/ budgets.

The best interest of the child needs to be put at the centre of all policy, legislation and practice affecting their young lives. India's one third population deserves demonstration of commitment as a nation. It calls for action to express zero tolerance towards violation of children's rights so that every child attains happy, healthy and creative childhood.



About CRY: CRY - Child Rights and You is an Indian NGO that believes in every child's right to a childhood - to live, learn, grow and play. For over 30 years, CRY and its 200 partner NGOs have worked with parents and communities to ensure lasting change in the lives of more than 2,000,000 underprivileged children, across 23 states in India. For more information please visit us at www.cry.org

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