

NATIONAL PLAN OF ACTION FOR CHILDREN 2005



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Department of Women
and Child Development



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MESSAGE

The national planning for economic and social development should aim at meeting the multiple needs of children. This requires a strong political direction for inwards investment in children, more efficient application of resources, decentralized delivery mechanisms, use of available low cost technological and organizational options including the informal sectors. A favourable climate for the development of the child should be created by disseminating information related to survival, development and protection of children, meaningfully, widely and rapidly. Community resources and community organization in the country should be used more effectively and strengthened in both traditional and modern sectors. We have to assure that services for children do not fall below the essential level.

In addition to the effort at national levels, the States should also initiate measures towards regional self reliance in child related areas and move towards progress in the field of ensuring achievement in the field of education, health, nutrition, water sanitation and hygiene, food, eradication of discrimination and exploitation, etc.

The country has made manifold progress in almost all spheres of life. We have also done commendable progress towards ensuring child survival, development and protection. Despite these, there are children who suffer from hunger, diseases, poverty, lack of clean water or inadequate sanitation. There are girl children who are discriminated and subjected to physical and sexual abuse. Some of our girl children are married before the attainment of marriageable age. Some of our children are engaged as child labour. These are challenges that we must face and find solutions. The present National Plan of Action 2005 has been prepared to remove obstacles to improve the condition of the children of our country. The goals for children can be achieved in quality and in time, if institutional arrangements, organizational requirements and resource commitments are more specifically identified and better assured in a joint endeavour by all segments of the society.

Let us join our hands and make all efforts to realize the goals and the objectives of the National Plan of Action for Children.


Arjun Singh



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MINISTER OF STATE FOR
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GOVERNMENT OF INDIA
NEW DELHI-110 001

MESSAGE

We share a deep concern about the status of children in India who comprise 40% of the country's population and we share a vision of a healthy, educated and empowered child. Government of India has a number of schemes in place to address child related issues.

However, there is little scope for complacency as indicators on child development very clearly point out to a situation which is far from satisfactory. Whether we talk about survival, development, protection or participation there are vast gaps between the desirable and existing situation which needs to be addressed with seriousness and commitment backed by appropriately designed plans and mechanisms. In the absence of such an approach, it may be difficult to reach the laudable goals as enunciated in the National Plan of Action, 2005. It must be acknowledged that children are valuable human resource who will contribute substantially to the national economy, development and progress.

Though we have achieved significant progress in the field of literacy, a large portion of girls remain outside the education system. Of those who join in, the drop out rate is high. This in turn is linked to social factors, such as gender discrimination, female foeticide, child marriage and the like. IMR and MMR are still very high. India has to accomplish universal immunization. Malnutrition of infants and young children is a consequence of material poverty and related to delayed weaning and inadequate food.

Monitoring child growth from pregnancy through infancy and early childhood needs to be promoted as a universal practice in the country, not in isolation, but as part of a composite scheme of literacy and education of mothers, infant stimulation, nutritional support and health care for the mother and child.

Policies and programmes for the development of children have to outgrow the basic strategy for organizing services for children through enhanced community consciousness. We have to recognize and value the community's processes and involve them to achieve development of children.

I wish the NPAC success and hope that it will achieve the national and international commitments.

Kanti Singh

(Kanti Singh)



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PREFACE

The future of our nation and the prosperity of our people depend on the health and happiness of our children and the care they receive from family and society to grow up as good human beings and citizens. Their upbringing in a proper environment promoting their health, education and mental development is an important commitment. Let us introspect and assess our role in improving their status, particularly of those who suffer deprivation and malnutrition, confront problems of survival and lose their childhood by taking up responsibilities of earning for them and their families early in their lives.

There are several Constitutional provisions for children, which include, among others, **Article 21A** that directs the State to provide free and compulsory education to all children of the age of 6-14 years, **Article 23** that prohibits trafficking of human beings and forced labour and **Article 24** which prohibits employment of children below the age of 14 years in factories, mines or any other hazardous occupation. **Article 39(f)** directs the State to ensure that children are given opportunities and facilities to develop in a healthy manner and in conditions of freedom and dignity and that the childhood and youth are protected against exploitation and against moral and material abandonment and Article 45 states that the State shall endeavor to provide early childhood care and education for all children until they complete the age of six years.

There are several **legislations for children** to ensure protection of their rights, which include the Child Marriage (Restraint) Act, 1929, the Child Labour (Prohibition and Regulation) Act, 1986, the Juvenile Justice (Protection and Care of Children) Act, 2000, the Infant Milk Substitutes, Feeding Bottles and Infant Foods (Regulation of Production, Supply and Distribution) Act, 1992, the Prenatal Diagnostic Technique (Regulation, Preventive and Misuse) Act, 1994, the Immoral Traffic (Prevention) Act, 1956, etc. Apart from these there are provisions for children in others legislations, like Indian Penal Code, Factories Act, Information Technology Act, etc.

There are national policies having provisions for the interests and benefits of the children. **The National Policy for Children**, adopted on 22nd Aug., 1974 lays down that the State shall provide adequate services towards children, both before and after birth and during the growing stages for their full physical, mental and social development. **The National Nutrition Policy** adopted by the Government in 1993 identified a series of actions for different Departments in the area of food production and distribution, health and family welfare, education, rural and urban development, women and child development etc. The **National Population Policy, 2000** also aims at improvement in the status of the Indian child. A **National Charter for Children, 2003** emphasizes Government of India's commitment to children's right to survival, health and nutrition, standard of living, play and leisure, early childhood care, education, protection of the girl child, equality, life and liberty, name and nationality, freedom of expression, freedom

of association and peaceful assembly, the right to a family and the right to be protected from economic exploitation.

India acceded to the **UN Convention on the Rights of the Child** on 11th Dec., 1992 to reiterate its commitment to the cause of children. The objective of the Convention is to give every child the right to survival and development in a healthy and congenial environment. India was party to the Declaration adopted in the **World Summit for Children** held in 1990 which adopted goals for the Member Countries to be achieved by 2000. The **UN Special Session on Children** held in May, 2002 set, by consensus, after negotiations lasting about a year and a half, fresh quantitative and qualitative goals for children for the present decade relating to survival, health and nutrition, early childhood care and education, and child protection.

In order to achieve the targets set by the Constitution of India and UN General Assembly the **National Plan of Action for Children, 2005** has been introduced in the Parliament. ICDS is being universalised with enhanced rate of assistance for nutrition. ITPA is being amended to save the girl child from trafficking and exploitation. Sarva Shiksha Abhiyan is being intensified to reach our goals in time. Better tie-ups are being arranged to pull out working children for their integration in regular schooling system. Rural Health Mission is another attempt to cover better health services in rural areas. Better water and sanitation facilities are being planned for covering 100% habitations. Implementation of PNMT is being made more effective to curb menace of infanticide and foeticide. Child Marriage (Restraint) Act is proposed to be replaced with a better and an effective Act. An Act is being drafted on Offences against Children.

The National Plan of Action for Children, 2005 is, therefore, dedicated to the children of the country in the hope that it will provide a road map for steps to be taken for improvement in the lives of Indian Children.


(Reva Nayyar)



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ACKNOWLEDGMENT

The action for preparing the fresh National Plan of Action for Children, subsequent to the National Plan of Action for Children 1992, was initiated in year 2002 by inviting comments and inputs from all the concerned Ministries, Departments at the Central level, from the State Governments and UT Administrations, from the Government Institutions involved in welfare and development of children, Non Government and Voluntary Organisations, Social Workers and Experts. An advertisement was also given in the newspaper for the purpose to invite comments from public as well.

A high level Working Group was constituted in the Department of Women and Child Development under the chairpersonship of the Secretary of the Department for formulation of the National Plan of Action for Children. As per the recommendation of the Working Group, four Thematic Working Sub-Groups were constituted of Representatives from relevant Ministries/ Departments, Research Organisations, International Agencies, Voluntary Organisations and Experts. The reports of the Working Groups formed the core of the document. The Department also held regional consultations with all child related departments of the State Governments/UT Administrations, International Organisations, Voluntary Organisations, Research Institutions, Social Workers and Experts and has incorporated their valuable contribution in the Plan.

The Department of Women and Child Development in the Ministry of Human Resource Development expresses its sincere thanks to all the Ministries, Departments, State Governments, UT administrations and Government Organisations who have offered their inputs for the Plan of Action. The Department also conveys its gratitude to the Voluntary Organisations, Social Workers and Experts for their valuable comments and suggestions. UNICEF has always been supporting with their expertise and aid. The cooperation and contribution of UNICEF, our close ally for children's rights is specially acknowledged. The National Institute for Public Cooperation and Child Development, an autonomous Institution under the Department of Women and Child Developments has also extended its cooperation and requires special mention for its assistance.

The Department requests all the implementing Government and Non-Government agencies to work to contribute for successful implementation of the provisions of the National Plan of Action for Children, 2005 so that the desired progress is achieved to enhance the overall status of children in the country.

(Loveleen Kacker)



**NATIONAL
PLAN
OF ACTION FOR
CHILDREN
2005**

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INTRODUCTION

1. The National Plan of Action for Children, 2005 commits itself to ensure all rights to all children upto the age of 18 years. The Government shall ensure all measures and an enabling environment for survival, growth, development and protection of all children, so that each child can realize his or her inherent potential and grow up to be a healthy and productive citizen. This calls for collective commitment and action by all sectors and levels of governments and partnership with families, communities, voluntary sector, civil society and children themselves.

2. India's commitment to children is clearly manifested in its Constitution wherein several articles are dedicated to children, viz.:-
 - **Article 14**—The State shall not deny to any person equality before the law or the equal protection of laws with in the territory of India.
 - **Article 15**—The State shall not discriminate against any citizen..... Nothing in this Article shall prevent the State from making any special provisions for women and children.
 - **Article 21**—No person shall be deprived of his life or personal liberty except according to procedure established by law.
 - **Article 21 A**—The State shall provide free and compulsory education to all children of the age of 6-14 years in such manner as the State may, by law, determine.
 - **Article 23**—Traffic in human beings and begar and other forms of forced labour are prohibited and any contravention of this provision shall be an offence punishable in accordance with the law.
 - **Article 24**—No child below the age of 14 years shall be employed to work in any factory or mine or engaged in any other hazardous employment.
 - **Article 45**— The State shall endeavour to provide early childhood care and education for all children until they complete the age of six years.
 - **Article 243G read with Schedule 11** – provide for institutionalization of child care by seeking to entrust programmes of Women and Child Development to Panchayat(Item 25 of Schedule 11), apart from education(item 17), family welfare(item 25), health and sanitation(item 23) and other items with a bearing on the welfare of children.

3. The National Policy for Children, as adopted in 1974, stands as the basis of

several national policies and programmes initiated in the last few decades to address the varied needs of children, and is the policy frame for this Plan.

4. The UN Convention on the Rights of the Child (UNCRC) shall be the guiding instrument for implementing all rights for all children upto the age of 18 years. The rights of the child as articulated in the Constitution of India and the CRC should work in synchrony to ensure all rights to all children. Building on these provisions and in recognition to India's commitment to the Millennium Development Goals and the World Fit for Children, the State shall work to progressively extend these guarantees and protections to all children upto the age of 18 years.
5. The Constitution (86th Amendment) Act was notified on 13th December 2002, making free and compulsory education a Fundamental Right for all children in the age group of 6-14 years.
6. The National Commission for Protection of Child Rights, on coming into force, shall have the powers to uphold child rights and to take suo moto cognizance of child rights violations. Similar powers will also vest in State Commissions.
7. The National Charter for Children, adopted on 9th February 2004, emphasizes Government's commitment to children's rights to survival, development and protection. It also stipulates the duties for the State and the community towards children and emphasizes the duties of children towards family, society and the Nation.
8. The National Plan of Action for Children, 2005 will be implemented throughout the country through national measures and through State Plans of Action for Children.
9. In all actions concerning children, whether undertaken by public or private institutions, courts of law, quasi-judicial bodies, executive or legislative bodies, the best interests of the child shall be a primary consideration.
10. In recognition of the fact that 41% of India's population is below 18, constituting a significant national asset, this Plan re-affirms the Nation's commitment to wisely, effectively and efficiently invest its national resources to fulfill its commitments to children.
11. The National Plan of Action for Children, 2005 is divided into following four sections; and all categories of rights apply to all age groups, including before birth.
 - Child Survival
 - Child Development
 - Child Protection
 - Child Participation

12. The guiding principles of the National Plan of Action for Children, 2005 are:
 - To regard the child as an asset and a person with human rights.
 - To address issues of discrimination emanating from biases of gender, class, caste, race, religion and legal status in order to ensure equality.
 - To accord utmost priority to the most disadvantaged, poorest of the poor and least served child in all policy and programmatic interventions.
 - To recognize the diverse stages and settings of childhood, and address the needs of each, providing to all children the entitlements that fulfill their rights and meet their needs in each situation.

13. The Plan has identified **twelve** key areas keeping in mind priorities and the intensity of the challenges that require utmost and sustained attention in terms of outreach, programme interventions and resource allocation, so as to achieve the necessary targets and ensure the rights and entitlements of children at each stage of childhood. These are:-
 - Reducing **Infant Mortality Rate**.
 - Reducing **Maternal Mortality Rate**.
 - Reducing **Malnutrition** among children.
 - Achieving 100% civil **registration of births**.
 - **Universalization of early childhood care and development and quality education for all children** achieving 100% access and retention in schools, including pre-schools.
 - Complete **abolition of female foeticide, female infanticide and child marriage** and ensuring the survival, development and protection of the **girl child**.
 - Improving **Water** and **Sanitation** coverage both in rural and urban areas
 - Addressing and upholding the rights of **Children in Difficult Circumstances**.
 - Securing for all children all legal and social protection from all kinds of abuse, exploitation and neglect.
 - Complete abolition of **child labour** with the aim of progressively eliminating all forms of economic exploitation of children.
 - **Monitoring, Review and Reform** of policies, programmes and laws to ensure protection of children's interests and rights.
 - Ensuring **child participation** and choice in matters and decisions affecting their lives.

14. With this, we dedicate the National Plan of Action for Children, 2005 to the children of India.

CHILD SURVIVAL

To ensure Child Survival through holistic care and protection and through healthy and violence free environment for all children upto 18 years.

1.

CHILD HEALTH

1.1 GOALS

- 1.1.1 To reduce Infant Mortality Rate to below 30 per 1000 live births by 2010.
- 1.1.2 To reduce Child Mortality Rate to below 31 per 1000 live births by 2010.
- 1.1.3 To reduce Neonatal Mortality Rate to below 18 per 1000 live births by 2010.
- 1.1.4 To explore possibilities of covering all children with plan for health insurance.

1.2 OBJECTIVES

The above goals will be achieved through the following objectives:-

- 1.2.1 To reduce neonatal mortality



- rate to 26 by 2007, with special measures to bring down first day and first week mortality.
- 1.2.2 To eliminate maternal and neonatal tetanus by 2007.
 - 1.2.3 To promote breast-feeding as a measure for ensuring early childhood nutrition.
 - 1.2.4 To reduce deaths due to measles by half by 2007.
 - 1.2.5 To ensure full immunisation of all children against vaccine preventable diseases.
 - 1.2.6 To certify by 2007 the eradication of poliomyelitis.
 - 1.2.7 To reduce deaths due to Acute Respiratory Infections (ARI) by one-third by 2010.
 - 1.2.8 To reduce the incidence of childhood diarrhoea and cholera by 50 percent by 2010.
 - 1.2.9 To reduce the incidence of sexually transmitted infections and HIV/AIDS by 2010.
 - 1.2.10 To reduce all forms of hepatitis by 50 percent by 2010.
 - 1.2.11 To reduce mortality by 50 percent on account of TB, Malaria and other Vector and Water Borne diseases by 2010.
 - 1.2.12 To ensure basic standards of quality for care, treatment, hygiene, food and water, adequate shelter and qualified doctors, nurses in hospitals and other health care facilities.
 - 1.2.13 To ensure total coverage and focus on the child in primary, secondary and tertiary health and nutrition services.

1.3 STRATEGIES

The above objectives will be achieved by the following strategies: -

Reduction of IMR, CMR and NMR:

- 1.3.1 Ensure maternity entitlements to all women in order to reduce unsafe births and neonatal and Infant Mortality & Maternal Mortality and encourage breast feeding.
- 1.3.2 Ensure crèches at working places so that all young children of working women receive essential care and protection while women work.
- 1.3.3 Evolve a National Program to empower families for new born care, temperature management, breast-feeding and identifying warning signs and provide essential newborn care through skill building in community level workers.
- 1.3.4 Ensure safe birth through skilled attendance and institutional deliveries and by promoting hygienic practices.
- 1.3.5 Ensure early access in obstetric emergencies through strong referral systems and by promoting community participation and mobilisation.
- 1.3.6 Ensure three newborn care visits for every birth to minimize and prevent early neo-natal death.
- 1.3.7 Ensure the feeding of new-borns with colostrum (first breast milk) in both home and institutional deliveries.
- 1.3.8 Weigh neonates as early as possible after delivery.
- 1.3.9 Strengthen infrastructure facilities at all levels of care—Sub-Centres (SCs), Primary Health Centres (PHCs), Community Health Centres

(CHCs), Civil Hospitals, District Hospitals and Medical College Hospitals.

- 1.3.10 Train medical personnel in essential new-born care.
- 1.3.11 Ensure availability of adequately skilled manpower resources including doctors and trained nurses at all health care facilities.
- 1.3.12 Ensure reporting of all births, deaths and pregnancies.

Immunisation

- 1.3.13 Cover all women in the reproductive age group with three doses of Tetanus Toxoid vaccine. Immunize all pregnant women with 2 doses or one booster dose of Tetanus Toxoid. Also achieve high coverage of immunization of girls in the age cohort of 10 to 15 – 16 years.
- 1.3.14 Cover all children up to the age of 3 years with a single dose of measles vaccine, and administer Hepatitis B vaccine to infants along with the primary doses of DPT vaccine.
- 1.3.15 Strengthen routine immunisation with the aim of ensuring 100 percent immunization of children.
- 1.3.16 Ensure compulsory immunisation for both mother and child for protection from vaccine preventable diseases.
- 1.3.17 Cover all children by the age of 1 year with measles vaccine and also immunize those not vaccinated at appropriate age or immunize after 1 year who missed the same in first year.

Childhood Illness

- 1.3.18 Strengthen care of new-born infants at home and community level, especially of those without access to services.
- 1.3.19 Accelerate behaviour change communication and community mobilisation efforts for new born and child care.
- 1.3.20 Train health workers and anganwadi workers in integrated management of neonatal and childhood illnesses.
- 1.3.21 Ensure convergence of services between health, family welfare and ICDS service providers at village, block and district levels.

ARI, Diarrhoea, Malaria and Dengue

- 1.3.22 Reduce mortality rate due to ARI, Diarrhoea, Malaria and Dengue among all children through prevention and necessary treatment.
- 1.3.23 Widen the net of service providers by training Rural Community volunteers and community leaders in ARI management and early detection of childhood illness and disabilities.
- 1.3.24 Prevent deaths due to dehydration caused by diarrhoeal diseases among children by promoting rational case management and optimal use of new Oral Rehydration Solution (ORS). In addition, emphasize home management. Universalize use of new ORS to reduce deaths due to diarrhoea in children under five.
- 1.3.25 Provide malaria treatment through hospitals, dispensaries and malaria clinics.
- 1.3.26 Take concrete steps for prevention, early detection and prompt treatment of malaria.

- 1.3.27 Take steps for prevention, detection and treatment of dengue to prevent deaths.

HIV/AIDS

- 1.3.28. Take steps to prevent transmission of HIV/AIDS to children including from mother to child.
- 1.3.29. Ensure care, support treatment to children infected and affected by HIV/AIDS.
- 1.3.30 Ensure non-discrimination and full and equal enjoyment of all human rights through the promotion of an active and visible policy of destigmatization of children orphaned and made vulnerable by HIV/AIDS.
- 1.3.31 Take measures to raise awareness about HIV/AIDS and its prevention among all children, especially those at risk.

2

MATERNAL HEALTH

2.1 GOALS

- 2.1.1 To reduce Maternal Mortality Rate to below 100 per 100,000 live births by 2010.
- 2.1.2 To prevent and progressively eliminate child marriage and under age child bearing by enforcing Child Marriage (Restraint) Act.

2.2 OBJECTIVES

The above goal will be achieved through the following objectives: -

- 2.2.1 To achieve 80 percent institutional deliveries and 100 percent deliveries by trained persons by 2010.
- 2.2.2 To provide basic maternity services to all pregnant mothers as a health sector priority, in particular, to adolescent expectant mothers. To ensure affordable access to essential obstetric care, well-equipped and adequately staffed maternal health-care services, skilled attendance at delivery, emergency obstetric care, effective referral and transport to higher levels of care when necessary, and post-partum care in order to promote safe motherhood.
- 2.2.3 To strengthen and restructure the existing health care system to specifically target the reduction of maternal mortality and morbidity.
- 2.2.4 To ensure 3 post-natal visits and care in the first 2 weeks after birth to recognise, manage and refer post partum haemorrhage and puerperal infections. These visits will ensure both post-natal care of mother and care of newborn for the critical period.

2.3 STRATEGIES

The above objectives will be achieved by the following strategies:

- 2.3.1 Augment, strengthen and operationalise facilities for safe deliveries and emergency obstetric care at all levels and to provide basic maternity and referral services to all pregnant women.
- 2.3.2 Improve maternal health by awareness generation and early registration and screening of all pregnant women.
- 2.3.3 Strengthen health interventions under Reproductive and Child Health Programme. viz; (a) Safe management of unwanted pregnancies (b) Nutrition services to vulnerable groups (c) Prevention and treatment of Reproductive Tract Infections/Sexually Transmitted Diseases/HIV/AIDS (d) Emergency obstetrics and child health care, (e) Counseling and (d) use of Contraception.
- 2.3.4 Ensure 100 per cent coverage for Tetanus Toxoid immunization for all pregnant women for every birth.
- 2.3.5 Strengthen National Anaemia Control Programme and screen women and adolescent girls for treatment of anaemia.
- 2.3.6 Refer women with problems to Community Health Centre /First Referral Unit for care.
- 2.3.7 Motivate families for institutional deliveries and regularly train voluntary health workers and families to participate more actively in the care of the pregnant mother and her unborn baby.
- 2.3.8 Train Auxiliary Nurse Midwives and Anganwadi Workers to (a) recognise obstetric emergencies and organise appropriate referral to the first referral centres. (b) to act as depot holder for iron and folic acid tablets, ORS, disposable delivery kits and condoms; monitor and improve continued intake of iron folate medication in pregnant women.
- 2.3.9 Train Traditional Birth Attendants so as to ensure safe child births and post-partum care, to do post natal examination of both mother and babies at least 3 times in the first 2 weeks (day 1, 3-4, 8-10) and to remunerate them adequately for their services.
- 2.3.10 Promote and empower families for newborn care and post-natal care and identify those who need referral and refer them.
- 2.3.11 Strengthen First Referral Units/Community Health Centres/district hospitals to provide emergency obstetric care for all referred cases.
- 2.3.12 Promote birth spacing through access to information and services.
- 2.3.13 Create awareness on correct dietary habits and better nutritional intake amongst pregnant and lactating mothers.

3

NUTRITION**3.1 GOALS**

- 3.1.1 To eliminate child malnutrition as a national priority.
- 3.1.2 To reduce under five malnutrition and low birth weight by half by 2010.
- 3.1.3 To ensure adequate neo-natal and infant nutrition.
- 3.1.4 To reduce moderate and severe malnutrition among preschool children by half.
- 3.1.5 To reduce chronic under nutrition and stunted growth in children.
- 3.1.6 To effectively implement the Infant Milk Substitutes, Feeding Bottles and Infant Foods (Regulation of Production, Supply and Distribution) Act, 1992 as amended in 2003.

3.2 OBJECTIVES

The above goals will be achieved through the following objectives: -

- 3.2.1 To ensure adequate nutrition of the girl child at all ages, adolescent girls and mothers, and break the inter-generational cycle of malnutrition.
- 3.2.2 Universalise early initiation of breast-feeding (colostrum feeding), exclusive breastfeeding for children from birth upto first six months alongwith the continued breastfeeding upto two years or beyond and promote complementary feeding after six months.
- 3.2.3 To reduce prevalence of anaemia with special aim to address nutritional anaemia in the 0-3 age group by 50 percent and moderate and severe anaemia by 50 per cent in children, adolescents, pregnant and lactating women.
- 3.2.4 To address micronutrient deficiencies of iron, folic acid, vitamin A, iodine and zinc in a comprehensive manner through dietary diversification, supplementation, fortification and public health measures.
- 3.2.5 To reduce prevalence of severe under-nutrition in children in the 0-6 years age group by 50 percent by 2010.
- 3.2.6 To reduce of incidence of Low Birth Weight babies to below 10 per cent by 2010.
- 3.2.7 To establish nutrition monitoring, mapping and surveillance system.
- 3.2.8 To improve household food security through adequate production of food grain, vegetables and equitable distribution.
- 3.2.9 To promote appropriate diets and healthy life styles and nutrition education through awareness generation.
- 3.2.10 To align all relevant laws and policies so as to protect, promote and support breast-feeding and its integration in related policy initiatives for health.

3.3 STRATEGIES

The above objectives will be achieved by the following strategies: -

Promoting Optimal Infant and Young Child Nutrition

- 3.3.1 Translate National Guidelines on Infant and Young Child Feeding into action at State and District levels.
- 3.3.2 Ensure implementation of the Infant Milk Substitutes, Feeding Bottles and Infant Foods (Regulation of Production, Supply and Distribution) Act, 1992 as amended in 2003.
- 3.3.3 Promote adequate and appropriate complementary feeding of infants from six months of age along with continued breastfeeding upto two years of age or beyond through nutrition demonstrations, training, counseling and crèches at working places etc.
- 3.3.4 Make low cost energy foods (including locally available food and fortified with micronutrients), available in communities through local distribution systems to ensure frequent and adequate complementary feeding of infants and young children.
- 3.3.5 Prohibit all forms of advertising and promotion of Infant Milk Substitutes, feeding bottles and infant foods within the provisions of IMS Act.
- 3.3.6 Protect infants and children from health hazards of improper use of infant milk substitutes and feeding bottles.
- 3.3.7 Promote the benefits of breastfeeding as safe and natural nutrition, through the channels of health care, child development and public education systems.
- 3.3.8 Weigh and assess nutritional status of all infants and young children regularly to identify under-weight and provide supplementary nutrition to them.
- 3.3.9 Provide improved management of common childhood illness, such as, diarrhoeal diseases and Acute Respiratory Infection at home and through Anganwadi Centres and health facilities.
- 3.3.10 Strengthen monitoring and promotion of growth and development of young children, especially those under three years.
- 3.3.11 Empower families for shared parenting and nurturing responsive childcare.
- 3.3.12 Promote consumption of only adequately iodised salt.
- 3.3.13 Ensure coverage of nine-month old children with immunization for measles and for administration of vitamin A supplementation along with subsequent doses.

Addressing Anaemia and Vitamin A Deficiency

- 3.3.14 Accelerate progress towards prevention, early detection and appropriate management and treatment of micronutrient deficiencies.
- 3.3.15 Regularly de-worm women and children.

Addressing Malnutrition in Children

- 3.3.16 Ensure food availability and nutritional adequacy through utilisation of available food resources, application of effective local food technology and strengthening of the public distribution system,

- especially in the case of natural or man made disasters, such as, drought, famine, earth quake, riot, etc.
- 3.3.17 Provide nutrition security for the family with special attention to children's access to adequate nutrition.
 - 3.3.18 Encourage optimal infant and young child feeding practices, including size and frequency of meals through nutritional education and communication.
 - 3.3.19 Develop and undertake measures to monitor and assess nutritional status of all growing children, especially children from migrant and transient groups, vulnerable and disadvantaged children.
 - 3.3.20 Universalize ICDS as per the Supreme Court Orders.
 - 3.3.21 Ensure early detection and prevention of disability and give special attention to the nutritional needs of children with disabilities and children affected by other illnesses like HIV/AIDS, TB, etc.
 - 3.3.22 Review the nutrition situation of children annually by establishing a system of community-based monitoring, field survey and research and development in the field of nutrition, especially regarding the diet of vulnerable groups.
 - 3.3.23 Utilisation of Panchayati Raj Institutions for effective inter-sectoral co-ordination and convergence of services, improving community participation in monitoring of the ongoing interventions for prevention and management of under nutrition.
 - 3.3.24 Include coarse grains, pulses, edible oils, iodized salt and fortified wheat flour in the Public Distribution System to ensure nutrition security of vulnerable age groups of children.

Addressing Micronutrient Malnutrition

- 3.3.25 Use food fortification as an effective strategy for addressing the problem of anaemia in boys and girls.
- 3.3.26 Adopt double fortified salt with both iron and iodine and ensure universal consumption of adequate iodized salt. And take measures to universalize fortified salt.
- 3.3.27 Promote food to food fortification like fortifying wheat flour with soyabean.
- 3.3.28 Adopt Iron and folic acid fortification of wheat flour and distribute through Public Distribution System.
- 3.3.29 Fortify supplementary foods used under ICDS and Mid Day Meal programme with essential micronutrients.
- 3.3.30 Provide Iron and Folic acid in either dispersible tablets or syrup form to all 0-2 year old children.
- 3.3.31 Ensure universal coverage under vitamin A supplementation through mega dose.
- 3.3.32 Provide Iron and Folic acid tablets/supplements daily to adolescent girls for at-least 100 days in a year and weekly supplementation through schools and ICDS.
- 3.3.33 Encourage optimal and responsible production and use of local foods and natural products to under-pin local food access and nutrition security of children and families.

4

WATER AND SANITATION**4.1 GOALS**

- 4.1.1 Universal equitable access to and use of safe drinking water and improved access to sanitary means of excreta disposal by 2010.
- 4.1.2 All households to have sustained access to potable drinking water by 2012, to be undertaken in a phased manner with annual targets.
- 4.1.3 100% of rural population to have access to basic sanitation by 2012.
- 4.1.4 To cover 100% urban population with safe drinking water facilities as per norms and standards on a sustainable basis by 2010.
- 4.1.5 To cover 100% urban population with low cost sanitation and safe water disposal facilities by 2010 and build an enabling environment for sanitation and hygiene that promotes prevention of pollution of all fresh water bodies.

4.2 OBJECTIVES

The above goals will be achieved through the following objectives: -

- 4.2.1 To cover all schools and anganwadis in rural areas with sanitation and safe drinking water supply facilities including sufficient water for hygiene.
- 4.2.2 To ensure separate toilets for girls and boys with proper water and sanitation facilities in both urban and rural schools.
- 4.2.3 To ensure that the 'not covered' habitations are given highest priority for providing sustainable and stipulated supply of drinking water and adequate sanitation facilities.
- 4.2.4 To cover all 'partially covered' habitations having a supply level of less than 10 litres per capita per day and those habitations facing a severe water quality problem with safe drinking water facilities on a sustainable basis.
- 4.2.5 To continuously identify and monitor areas where problems are emerging and find local sustainable solutions.
- 4.2.6 To ensure that under served population and other poor and weaker sections are covered fully on a priority basis. A systematic survey of all such habitations to be undertaken to identify such areas and populations.
- 4.2.7 To cover sanitation in households and public places with special emphasis on urban poor and slum dwellers and pavement dwellers.

4.3 STRATEGIES

The above objectives will be achieved by the following strategies: -

- 4.3.1 Progressively cover the residual 'not covered', 'partially covered' and 'quality affected' rural habitations with water and sanitation facilities with annual targets.
- 4.3.2 Evolve appropriate technology mix to improve performance and cost

effectiveness of ongoing programmes and to create awareness on the use of safe drinking water and sanitation.

- 4.3.3 Give attention to the special needs of girls for provision of safe drinking water, sewage disposal, toilet facilities and sanitation within accessible reach of households, especially in rural areas and urban slums.
- 4.3.4 Ensure the active participation of community and NGOs in management and monitoring of rural water supply and sanitation programmes.
- 4.3.5 Ensure active participation of community and NGOs in Urban Water Supply and Sanitation Programmes.
- 4.3.6 Evolve and encourage cost effective technologies and replicate innovative models which have been successful elsewhere in urban areas and create awareness on the proper use of drinking water and sanitation practices.
- 4.3.7 Encourage and support water management including rainwater harvesting and recycling and reuse of water, waste water in order to reduce the increasing demand on fresh water resources.
- 4.3.8 Ensure quality construction of all facilities.
- 4.3.9 Take measures to institute strong monitoring mechanism to assess achievement of targets and impact on children.



CHILD DEVELOPMENT

5

EARLY CHILDHOOD CARE AND EDUCATION

5.1 GOALS

- 5.1.1 To universalize early childhood services to ensure children's physical, social, emotional and cognitive development.
- 5.1.2 To ensure that care, protection and development opportunities are available to all children below 3 years.
- 5.1.3 To ensure integrated care and development and pre-school learning opportunities for all children aged 3 to 6 years.
- 5.1.4 To provide day care and crèche facilities to parents in rural and urban areas.



5.2 OBJECTIVES

The above goal will be achieved through the following objectives: -

- 5.2.1 To universalise ICDS to cover all children below 6 years with specific attention to those who are malnourished and undernourished and those who have not been fully vaccinated, with special focus on the girl child.
- 5.2.2 To address the health, nutrition, survival and learning and stimulation needs of children below 3 years by providing targeted services to them.
- 5.2.3 To address the health, nutrition and developmental needs, including early childhood learning opportunities to the 3-6 years age group of children by enhancing the scope, quality and outreach of ECCD services.
- 5.2.4 To achieve 100 percent registration of births, deaths, marriages and pregnancies by 2010.

5.3 STRATEGIES

The above objectives will be achieved by the following strategies: -

- 5.3.1 Expand and improve the quality of early childhood care in remote and socio-economically backward areas with primary attention given to girls, through the ICDS.
- 5.3.2 Develop pre-school centers, day care centers and creches at work places and in the community to cover the early childhood development rights of all children.
- 5.3.3 Ensure holistic, child friendly services and approach through use of creative and joyful activities through flexible models.
- 5.3.4 Enhance the capability of parents, especially mothers, to look after the normal developmental and learning needs of children.
- 5.3.5 Train health workers/mothers/volunteers to promote, protect and support compulsory breast-feeding from birth upto first six months.
- 5.3.6 Promote introduction of adequate and appropriate complementary feeding after 6 months along with continued breastfeeding upto 2 years or beyond.
- 5.3.7 Promote affirmative action for the care and development of the girl child, disadvantaged children and children with special needs to survive, grow, achieve full developmental potential and active learning capacity without discrimination.
- 5.3.8 Develop the capacities of child care workers, Self Help Groups, Mahila Mandals and other community groups through training and refresher courses for ensuring good childcare practices, sensitive approach to the young child and development support.
- 5.3.9 Develop inbuilt mechanisms for monitoring the learning outcomes in children and undertake periodic assessment to ensure that all children acquire school readiness by the end of the programme.
- 5.3.10 Enhance the capability of both the parents to look after the mental health, psycho-social and stimulation needs of the child through effective parenting programmes that inculcate an attitude of responsive care of children.

- 5.3.11 Promote innovative community based child care approaches and community based monitoring of key indicators, to support a continuing process of assessment, analysis and informed action at different levels, to improve young child growth and development outcomes.
- 5.3.12 Expand the support services of crèche/day care services both in rural and urban areas and thus help reduce the burden of working/ailing mothers and of the girl child who is expected to bear the burden of sibling care.
- 5.3.13 Create awareness about the importance of registration of births and deaths among community leaders, Panchayati Raj members and local government functionaries to ensure compulsory registration.
- 5.3.14 Ensure that the birth and death certificates are provided free of cost and improve the system of civil registration including data retention.
- 5.3.15 Ensure collection of disaggregated data on the 0-6 age group, its analysis and use for targeted planning and monitoring.

6

RIGHTS OF THE GIRL CHILD

6.1 GOALS

- 6.1.1 Assurance of equality of status for girl child as an individual and a citizen in her own right through promotion of special opportunities for her growth and development.
- 6.1.2 To ensure survival, development and protection of the girl child and to create an environment wherein she lives a life of dignity with full opportunity for choice and development.
- 6.1.3 To stop sex selection, female foeticide and infanticide.
- 6.1.4 To eliminate child marriages.
- 6.1.5 To ensure the girl child's security and protect her from abuse, exploitation, victimization and all other forms of violence.
- 6.1.6 To protect the girl child from deprivation and neglect and to ensure the girl child equal share of care and resources in the home and the community and equal access to services.
- 6.1.7 To take measures to protect girl children from any treatment which undermines their self esteem and causes their exclusion from social mainstream and also to break down persistent gender stereotype.
- 6.1.8 To eliminate all obstacles that prevent girls from full enjoyment of human rights and fundamental freedom including equal rights in succession and inheritance.
- 6.1.9 To ensure equal opportunity for free and compulsory elementary education to all girls.

6.2 OBJECTIVES

- 6.2.1 To remove all social and familial biases and discrimination against the girl child throughout her lifecycle.
- 6.2.2 To ensure protection and promotion of rights of the girl child with specific attention to age specific needs.
- 6.2.3 To ensure that the girl child receives equal access to learning opportunities at all ages enabling her to develop a positive self-image as a full participant in society.
- 6.2.4 To take measures to enable girls to develop their full potential through equal access to education and training, nutrition, physical and mental health care and social opportunities.
- 6.2.5 To address the root causes of son preference and resultant discrimination against the girl child.
- 6.2.6 To eliminate all forms of discrimination against the girl child which result in harmful and unethical practices, like pre-natal sex selection, female foeticide and infanticide, gender stereotypes, discrimination in care and food allocation, socialization, etc.
- 6.2.7 To take steps through law, policy and programmes to eliminate all forms of violence against the girl child; and also to provide legal, medical, social and psychological support services and programmes to assist girls who have been subjected to violence.
- 6.2.8 To take measures to ensure that girls with disabilities have full and equal access to all services, including support to meet their special needs.
- 6.2.9 To create and sustain a gender sensitive education system to ensure equal education and learning opportunities to girls with the objective of ensuring gender parity at all stages of education.

6.3. STRATEGIES

The above objectives will be achieved by the following strategies: -

- 6.3.1 Advocacy through social, political and religious leaders and through all government programmes to change attitudes and practices discriminatory towards girls.
- 6.3.2 Enforce laws that protect the equal rights of the girl child, like Child Marriage Restraint Act, PNDT Act, ITPA, Juvenile Justice (Care and Protection of Child) Act, Child Labour (Prohibition and Regulation) Act etc. by generating social support and through other necessary action.
- 6.3.3 Encourage and support non-government organizations and community based organizations to promote positive attitudes and practices towards the girl child.
- 6.3.4 Take steps to ensure all girls are enrolled in schools and create an environment for their retention and learning achievement.
- 6.3.5 Take affirmative action for removal of gender discrimination against the girl child and inform and sensitize society about the traditional and customary practices which are harmful to the girl child.

- 6.3.6. Monitor all clinics and other health centers to prevent sex selection and female foeticide; further, register and monitor all pregnancies to prevent selective abortion.
- 6.3.7. Promote gender sensitization among all those in authority, including the judiciary, police and local authorities and members of the general public.
- 6.3.8. Develop and promote day care services in order to relieve the girl child from sibling care responsibilities. This will enable her to access opportunities for her own development.
- 6.3.9. Take measures to ensure that all girl children receive holistic health care and protection including preventive and curative services covering their health at all ages, including reproductive health information and services.
- 6.3.10. Address nutrition discrimination against the girl child through sensitization, awareness and outreach programmes to ensure that she has equal access to food allocation within the home.
- 6.3.11. Take preventive, protective and rehabilitative measures to address the greater vulnerability of the girl child to economic and sexual exploitation.

7

ADOLESCENTS

7.1 GOALS

- 7.1.1 To ensure full opportunities to all adolescent girls and boys in the age group of 13 to 18 years to realize their rights and develop their full potential as human beings.
- 7.1.2 To provide the adolescents with education and development opportunities so that they can participate in the life and progress of community as productive citizens.
- 7.1.3 To eliminate child marriages by 2010.

7.2 OBJECTIVES

The above goals will be achieved through the following objectives: -

- 7.2.1 To instill in the adolescents, at large, an abiding awareness of and adherence to, the secular principles and values enshrined in the Constitution of India, with unswerving commitment to Patriotism, National Security, National Integration, Non-violence and Social Justice.
- 7.2.2 To develop qualities of Citizenship and dedication to Community Service amongst all sections of the adolescents.
- 7.2.3 To develop national health policies and programmes for adolescents that include goals, targets and indicators and ensure their implementation for promoting their physical and mental health.

- 7.2.4 To promote physical, mental and emotional health among adolescents, through play, sports, recreation, artistic and cultural expression, personality development and character building.
- 7.2.5 To generate awareness among adolescents, including in-school and out-of-school adolescents, regarding health and health care, hygiene, nutrition, drugs, alcohol, tobacco and other forms of substance abuse, HIV/AIDS prevention, reproductive health, sexuality and sexual responsibility.
- 7.2.6 To generate awareness about the legal age of marriage and ensure adherence to it.
- 7.2.7 To provide education that enables adolescents to protect themselves from HIV/AIDS.
- 7.2.8 To provide requisite care, counseling and services for adolescents affected by HIV/AIDS.
- 7.2.9 To expand Nehru Yuva Kendra Sangathan and Youth Development Centers to progressively cover all districts by 2010 by Ministry of Youth Affairs and Sports so as to include all adolescents.
- 7.2.10 To develop and structure all educational programmes, including the National Curriculum Framework and State Curriculum Frameworks, to inform adolescents and develop life skills and self-esteem and decision-making.
- 7.2.11 To provide social defence and protection from all forms of social, economic and sexual exploitation.
- 7.2.12 To protect adolescents from all forms of physical, emotional and psychological violence and discrimination.
- 7.2.13 To ensure progressive provision of formal education to all adolescents.
- 7.2.14 To provide education and training opportunities to adolescents to help them prepare for sustainable livelihoods.
- 7.2.15 To provide specific rehabilitation and support programmes for adolescents at risk, especially those with disabilities, substance abuse problems, those in conflict with law, street and displaced children and victims of commercial and domestic sexual exploitation.

7.3 STRATEGIES

The above objectives will be achieved by the following strategies: -

- 7.3.1 Provide adolescents with the required literacy and numeric skills through the formal and non-formal streams of education.
- 7.3.2 Improve enrolment and retention of adolescent girls and remove gender disparity in education.
- 7.3.3 Equip adolescents with basic information on nutrition and health to promote better health seeking behaviour, including sexual health, by ensuring access to information and services.
- 7.3.4 Provide life skills education to all adolescents. Provide counseling and group education to respond to anxieties, fears, information gaps, stress, anger, aggression, depression, loneliness and related mental and emotional needs and problems for the well being of adolescents.
- 7.3.5 Sensitise and educate adolescents on gender discrimination, gender violence and other forms of abuse, exploitation and violence that exist in society.

- 7.3.6 Develop adequate sports and recreational facilities such as libraries, gymnasiums, playing areas, cultural centres, fitness and yoga in the rural and urban community and neighbourhood areas. Provide such facilities in schools and educational institutions as well.
- 7.3.7 Provide counseling for both parents and adolescents on career development.
- 7.3.8 Provide counseling, training and rehabilitation for adolescents in difficult circumstances. Build awareness and local support to strengthen Government programmes. Encourage NGOs and community based organisations to participate in the effort.
- 7.3.9 Develop sensitive programmes for adolescents who are physically and mentally challenged and build community awareness and support.
- 7.3.10 Amend the Child Marriage(Restraint) Act 1929 to make it more effective and ensure its strict implementation and also create awareness with NGO and community support.

8

CHILDREN WITH DISABILITY

8.1 GOALS

- 8.1.1 To ensure right to survival, care, protection and security for all children with disability.
- 8.1.2 To ensure the right to development with dignity and equality creating an enabling environment where children can exercise their rights, enjoy equal opportunities and full participation in accordance with the UN Convention on the Rights of the Child, the Persons with Disability Act, National Trust Act and other laws dealing with child rights in India.
- 8.1.3 To ensure inclusion and effective access to education, health, vocational training along with specialized rehabilitation services to children.
- 8.1.4 To ensure the right to development as well as a recognition of special needs and of care and protection to children with disabilities who are vulnerable, such as, children with severe multiple disabilities, children with mental illnesses, severe mental impairment, children with disabilities from poor families, girl children with disabilities and others.
- 8.1.5 To eliminate disability due to poliomyelitis by 2007.

8.2 OBJECTIVES

The above goals will be achieved through the following objectives:-

- 8.2.1 Primary prevention of disabling conditions in children through timely immunization, dietary corrections and supplementation of nutrients

to children, prevention of accidents, proper maternal care during pregnancy and at the time of child birth.

- 8.2.2 To prevent secondary level of disability through early detection and timely intervention and effective provision of information to families.
- 8.2.3 To provide early identification and integrated early childhood services and opportunities to ensure optimum development of children with disabilities up to the age of 6 years.
- 8.2.4 To provide early intervention services to prepare infants and pre-schoolers by integrating them into the general educational system.
- 8.2.5 To ensure continued rehabilitation services to all children with disabilities, whoever requires them.
- 8.2.6 To ensure inclusive and accessible education and life skill training for all children with disabilities beyond the stage of early interventions to enable them to develop their personality and abilities to their fullest potential.
- 8.2.7 To ensure the safety, security and freedom of children with disabilities with focus on children with severe disability, mental disability and mental health difficulties, from abuse, exploitation, neglect and maltreatment.
- 8.2.8 To enable all children with disabilities to participate fully in all areas of the family, community and society.

8.3 STRATEGIES

The above objectives will be achieved by the following strategies:-

- 8.3.1 Create effective links and quick referrals between ICDS, Primary health centers, mother and child programmes and hospitals (pediatric units) for the early detection of high risk babies and children with disabilities including children with mental health issues and mental illnesses.
- 8.3.2 Strengthen programmes of early childhood health and care to monitor and follow up children at risk of disability and children with disability in the early (0-6) years of development.
- 8.3.3 Train social workers, health workers in hospitals and elsewhere, early childhood care personnel in providing information support, counseling and referral services to children and their families particularly around the time of detection of disability.
- 8.3.4 States must assist needy disabled children for procuring durable, sophisticated and scientifically manufactured aids and appliances and specialized learning material and to acquire the required skills and training to be able to use the aids optimally.
- 8.3.5 Strengthening of family and family based systems to enable them to care and protect the children in a way that enables them to continue to live within the family and their community.
- 8.3.6 Include in the general school system as the first option for any child with disability, planning at a micro and community level and improve access, learning and retention of children with special needs in the school.
- 8.3.7 All school belongings to have physical access, accessible toilets and playgrounds for children with disability.
- 8.3.8 Ensure that all children with disability are able to access a neighborhood school.

- 8.3.9 Ensure adequate training and sensitization of all teachers to teach children with disability.
- 8.3.10 Develop resource centers with properly trained teachers in all educational institutions to support children with learning disabilities and ensure that entrance and examination procedures take cognizance of their learning disability and are suitably modified to enable children complete their education at all stages.
- 8.3.11 Develop vocational courses in polytechnics and other institutions to enable children who are mentally challenged, particularly girl children, to acquire skills which ensure their economic self reliance.
- 8.3.12 Decide on a case-to-case basis if a child with disability cannot develop his or her full potential in a general school and provide an alternative legitimate educational facility for that child up to the age of 18 years.
- 8.3.13 Include children with mental illness in all existing schemes for children with disability and/or frame appropriate schemes for their growth and development.
- 8.3.14 Expand coverage of all schemes and dovetail them into programmes at the local level.
- 8.3.15 Integrate the concerns of all children with disabilities in programmes, and schemes for children across the country.
- 8.3.16 Promote incountry adoption of disabled children.
- 8.3.17 Promote in every possible way the ability of the child, family and community so that the child with disability is enabled to live within the family and the community.
- 8.3.18 Create awareness and a positive view of the child with disability and the rights of children and families of children with disabilities by undertaking regular information campaigns linking with information centers of the National Trust, the local level committees of the National Trust, the state coordination committees and offices of the state commissioners of disability and others in the field.
- 8.3.19 Effective implementation of the Persons with Disability (Equal Opportunity, Protection of Rights) Act, 1995 as well as National Trust Act.

9

CHILD AND ENVIRONMENT

9.1 GOALS

- 9.1.1 To conserve and protect the natural environment and safeguard natural resources, for the good and well being of all children.
- 9.1.2 To ensure children's survival, health and food security through conservation and safe use of water, land and forest resources, and people's access to forests, waterways and other such resources as a common good.

- 9.1.3 To ensure creation of appropriate means for play, recreation and cultural development for the all round development of the child.

9.2 OBJECTIVES

The above goals will be achieved through the following objectives: -

- 9.2.1 To ensure a safe and healthy living environment for all children.
- 9.2.2 To ensure creation of adequate opportunities and facilities at neighborhood level for play, recreation and cultural activities like drawing, painting, music, dance, theatre and other art.
- 9.2.3 To ensure access to safe drinking water and environmental sanitation.
- 9.2.4 To ensure access to all basic physical and social services.
- 9.2.5 To protect children from the negative impact of environmental degradation and natural disasters, including depletion or damage to land, water and forest resources.
- 9.2.6 To improve/provide basic standards in living conditions of slum dwellers.
- 9.2.7 To improve safety standards and the safety of the child's environment and to prevent accidents.
- 9.2.8 To reduce/address the negative environmental fallout of poverty factors underlying environmental risks to children, families and communities (low income, inadequate public services, inadequate legal/civic standards and low political will; socio-economic discrimination).
- 9.2.9 To ensure that damaged eco-systems are protected and/or restored to productivity, and are responsibly utilized for the benefit of children and their communities.
- 9.2.10 To ensure that children are given the knowledge and motivation to understand and support eco-restoration and conservation.
- 9.2.11 To ensure control of air pollution to protect children from respiratory ailments, including asthma.

9.3 STRATEGIES

The above objectives will be achieved by the following strategies:-

- 9.3.1 Create space and institutions for play, recreation and cultural activities for children in the neighborhood.
- 9.3.2 Take measures to prevent or minimize and where possible reverse environmental hazards, (toxic) wastes, chemicals and pesticides, plastic wastes, lack of sanitation, inadequate housing and infrastructure.
- 9.3.3 Encourage community understanding and children's knowledge of conservation and environmental protection and its relationship to health and well-being.
- 9.3.4 Prevent unsustainable patterns of production and consumption including exploitation and depletion of natural resources for commercial purposes that undermine local livelihoods.
- 9.3.5 Ensure eradication of water borne, vector borne and water related diseases and those caused by congestion and contamination of the living surroundings with affordable and accessible measures to protect children's lives.

- 9.3.6 Enact laws, policies, and programmes to prevent the exposure of children to harmful environmental contaminants in air, water, soil and food.
- 9.3.7 Address and reduce micronutrient deficiencies caused by depletion of iodine, iron and other micronutrients in the environment.
- 9.3.8 Ensure environmental sustainability by integrating principles of sustainable development into national policy and programme.
- 9.3.9 Create community processes for local management and utilization of natural resources, to promote and protect children's health and well being, and encourage children's informed involvement in such processes.
- 9.3.10 Ensure reforestation and tree-planting, to meet fuel, fodder and green cover needs; provide children a constructive role in developing tree nurseries and involve children in promoting social forestry.
- 9.3.11 Encourage children's knowledge of and involvement in, watershed management and grassland use to strengthen viability of the local environment.
- 9.3.12 Encourage children's knowledge and use of water-saving and hygiene technologies in the home, home surroundings and local setting, to make them informed actors in safe and responsible water use and local sanitation.
- 9.3.13 Promote community knowledge and use, consciously including children, to prevent damage from toxic and other wastes and contaminants that poison the environment.
- 9.3.14 Take steps to improve standards and provision of urban housing and shelter, sanitation and waste disposal, to improve and protect the health and hygiene of children and families.
- 9.3.15 Ensure municipal and/or local government action to meet child-safe norms in sanitation, drainage, garbage collection and public health services.

10

EDUCATION

10.1 GOALS

- 10.1.1 To provide free and compulsory education of good quality to all children in the 6-14 years age group.
- 10.1.2 To achieve universal elementary education through school system for all children, through provision of free and compulsory services.
- 10.1.3 Progressively provide compulsory secondary education to all children.
- 10.1.4 All children to be in school by 2005.
- 10.1.5 Universal retention by 2010.
- 10.1.6 Bridging gender and social gaps in primary education by 2007 and elementary education by 2010.

- 10.1.7 To introduce the syllabus for environment education prepared by NCERT for classes 1 to 12 by every State in their respective schools.

10.2 OBJECTIVES

The above goals will be achieved through the following objectives: -

- 10.2.1 To universalise the understanding that the foundations for the capacity to learn, personality and competence are laid in the first six years of a child's life.
- 10.2.2 To provide ECCD opportunities to all children and pre-schools and school readiness for children of 5 plus age group.
- 10.2.3 All children in the 6-14 age group to have access to primary schools, upper primary schools or their alternatives within a distance of 1 km. and 3 kms respectively and all schools to have buildings, toilets, drinking water, electricity, playgrounds, blackboards and other basic facilities, with special attention to disadvantaged children.
- 10.2.4 To improve the quality of education through various interventions and stress upon the relevance and quality of girls' education for their empowerment and to facilitate retention of girls in schools.
- 10.2.5 To improve quality of school infrastructure and environment, facilities, equipment, support services and human resources and to ensure that every child at the elementary school gets cooked mid day meals and progressively move towards providing cooked mid-day meals to all children in higher classes in Government, local bodies and Government aided schools.
- 10.2.6 To generate interest in sports and games among school children and also place greater emphasis on the organisation of tournaments at various levels.
- 10.2.7 To enhance the effectiveness of the roles of NGOs in educational development programmes.
- 10.2.8 In the case of drop-outs motivate community and parents to bring children back to school to complete their education.
- 10.2.9 To provide suitable alternative education systems such as bridge courses, remedial teaching, back to school camps for school drop-outs, so that they can be mainstreamed into the formal system.
- 10.2.10 To develop a community based monitoring system to ensure cooperation between community and PRIs.
- 10.2.11 To encourage opening of new secondary schools, expansion of capacity of the existing schools including double shifts, upgrading of upper primary schools in backward, unserved and underserved areas, as also expansion and diversification of open schooling and distance education systems.
- 10.2.12 To ensure inclusion of all children with disabilities in regular schools with special facilities for those with severe disabilities; to establish and recognise existing special schools and admission, testing and examination systems; to recognise learning disabilities and ensure alternative and flexible testing procedures.

- 10.2.13 To ensure that financial allocation matches the child education goals.
- 10.2.14 To eliminate all forms of discrimination and exclusion in the curriculum, structure and services of education.
- 10.2.15 To universalise child centred education and teacher training.
- 10.2.16 Ensure quality education through curriculum development, textbooks and TLM, proper infrastructure and teacher training.
- 10.2.17 Take measures to prohibit and eliminate corporal punishment in all schools and learning facilities.
- 10.2.18 Ensure that NCERT prepares appropriate syllabus for environment education for classes 1 to 12 that has to be adopted by every State in their schools.

10.3 STRATEGIES

The above objectives will be achieved by the following strategies: -

- 10.3.1 To set up schools in school-less habitations and ensure availability of schools closest to the habitation.
- 10.3.2 To identify and encourage the development of infrastructure that would have a bearing upon the improvement in quality in school education while ensuring inclusion of children with disabilities.
- 10.3.3 Ensure inclusion of all children with disabilities in regular schools with special facilities and for those with severe disabilities to establish new special schools and recognise existing special schools.
- 10.3.4 Integrate Sports and Physical Education with the Educational Curriculum, making it a compulsory subject of learning up to the Secondary School level.
- 10.3.5 Provide for interventions for mainstreaming 'out of school' children with special interventions and strategies to include girls, SC/ST children, working children, children with special needs, urban deprived children, children from minority groups, children below the poverty line, working children, migratory children and children in the hardest-to-reach groups.
- 10.3.6 Ensure enrolment and make available mobile schools for migrant children and children from transient communities.
- 10.3.7 Establish residential schools and provide basic education infrastructure and facilities in areas of concentration of educationally backward minorities and provide financial assistance to school going children of poorer, Scheduled Castes/Tribes/Other Backward Class parents, and coaching for various competitive examinations to weaker sections of society.
- 10.3.8 Provide suitable alternative education systems such as bridge courses, remedial teaching, back to school camps for school drop-outs, so that they can be mainstreamed into the formal system.
- 10.3.9 Encourage opening of new secondary schools, expansion of capacity of the existing schools including double shifts, upgrading of upper primary schools in backward, unserved and underserved areas, as also expansion and diversification of open schooling and distance education systems.

- 10.3.10 Intensify efforts through the National Institute for Open Schooling to ensure that the open school system is made available to the under-privileged groups and underserved areas.
- 10.3.11 Educate, motivate and involve community and parents in enrolment and retention of children in schools. Create vibrant parent-teacher associations to create local partnership for universalization of education.
- 10.3.12 Develop a mechanism for monitoring in cooperation with Panchayati Raj Institutions and community, teachers and parents to ensure accountability and transparency for effective service delivery in all aspects like health, education, youth and early childhood development services, etc. with a focus on children.
- 10.3.13 Create curricula, text books and TLM that are non-discriminatory, relevant and child friendly with the specific objective of achieving age specific learning goals.
- 10.3.14 Improve quality of teaching, learning processes and classroom interactions through capacity building of teachers, teacher development and teacher empowerment.
- 10.3.15 Develop and conduct training and capacity building of teachers to enhance the performance of teachers in helping children learn and ensuring learning goals.
- 10.3.16 Build the capacity of teachers to detect learning disabilities and support children with special learning needs.
- 10.3.17 Ensure quality and adequacy of mid-day meal and guarantee regular supply and safe provision to the beneficiaries.
- 10.3.18 Implement a cooked mid day meal programme of good quality to all children at a primary stage, with possible extension to higher stages in due course.
- 10.3.19 Remove class, caste and gender disparity by actively encouraging children of these categories to enrol and attend schools and by ensuring an inclusive teaching learning environment.
- 10.3.20 Take appropriate legal and administrative action to prohibit and punish corporal punishment in schools and learning facilities.
- 10.3.21 Establish counselling services / centres in all schools to provide for mental, emotional, social, psychological, learning, cognitive and health needs and career guidance for all children. Address the needs for building professional capacity and establish standards for counselling services.
- 10.3.21 Ensure regular general health check ups of all children in all schools.
- 10.3.22 Efforts to be made to explore areas of public-private partnership in education by Government, Local Bodies, and recognized aided schools.
- 10.3.23 Integrate comprehensive life skills related to HIV/AIDS, health, hygiene and sanitation in the school's curriculum.
- 10.3.24 Ensure preparation of syllabus on environment education for schools by NCERT.
- 10.3.25 Ensure introduction of syllabus on environment education in all schools for classes 1 to 12.
- 10.3.26 Prepare a comprehensive plan for designing the school curriculum including the textbook screening, training of teachers, introduction

of hands-on environment learning programme and environment awareness programme like eco-clubs, environmental quiz/debates etc.

- 10.3.27 Ensure that all children in the 6-14 years of age group have access to elementary education within a walking distance and that all schools have buildings, toilets, drinking water, electricity, playgrounds, blackboards and other basic facilities, with special attention to disadvantaged children.
- 10.3.28 Encourage modernization of Madrasas/Maktabs and other such educational institutions by adoption of mainstream syllabus and teaching methods with specific attention to the education of the girl child.



CHILD PROTECTION

11

CHILDREN IN DIFFICULT CIRCUMSTANCES

11.1 GOALS

- 11.1.1 To ensure that best interest of the child is upheld in all policies, plans, programmes, interventions and in strategies for children in difficult circumstances.
- 11.1.2 To create and uphold a safe, supportive and protective environment for all children within and outside the home.

11.2 OBJECTIVES

- 11.2.1 To protect all children against neglect, maltreatment, injury, trafficking, sexual and physical abuse of all kinds, pornography, corporal punishment, torture,



- exploitation, violence, and degrading treatment.
- 11.2.2 To address the survival, development, protection and participation rights of children in difficult circumstances, such as, orphans, street children, beggar children, migrant children, children affected by man made and natural disasters, drug addicts, children of nomads, refugee children, slum and migrant children, children of commercial sex workers, children of prisoners, children affected by/in armed conflict, displaced children, evicted children, young children in charge of siblings, children born as eunuchs or brought up by eunuchs and all other children in need of care and protection.
- 11.2.3 To meet the special needs of children in difficult circumstances and those in situations of particular vulnerability by ensuring equal applicability of all laws.
- 11.2.4 To create an effective support system for all children in all kinds of difficult circumstances and vulnerable situations through creation of an appropriate Authority for Child Protection.
- 11.2.5 To give priority for non-institutional services for the rehabilitation of children by restoring them to their families and ensuring their reintegration into the home and community, or through foster care sponsorship, adoption, giving primary consideration to the best interest of the child.
- 11.2.6 To prevent children from falling into distress and vulnerability by developing strategies for food and livelihood security for families and provision of basic minimum services, ensuring special attention to the most vulnerable.
- 11.2.7 To provide a home for every orphan or destitute child through creation of a mechanism of foster care or adoption within the framework of the norms and principles laid down by the Supreme Court of India [Guidelines for Adoption of India Children (1995)].
- 11.2.8 To promote in-country adoption of all children with special emphasis on the girl child.
- 11.2.9 To create a system for foster care for children in need of care and protection or in especially difficult circumstances ensuring the best interest of the child.
- 11.2.10 To develop appropriate strategies for prevention and rehabilitation of child substance abuse and envisage an integrated approach to supply and demand reduction for curbing the growing problems of alcoholism and drug abuse in the country.
- 11.2.11 To generate awareness through preventive education, mass-media, special campaigns and sensitisation programmes to make the younger generation conscious of the ill effects of alcohol/drug addiction, tobacco products.
- 11.2.12 To encourage greater participation of voluntary organizations to extend welfare-cum- rehabilitation services for children in difficult circumstances, and non-institutional care, with minimum standards of service.
- 11.2.13 To address the needs of shelter, education, health, rehabilitation and prevention from exploitation of children affected by disasters (natural or man made) and displaced children.

- 11.2.14 To address needs of education, shelter and reintegration of children in need of care and protection and children of migrant and nomadic parents and refugee children.
- 11.2.15 To develop special interventions for children of commercial sex workers and children of prisoners.
- 11.2.16 To develop a system of constant and authentic data collection about the extent, magnitude and nature of children in especially difficult circumstances and vulnerable children and also put in place a system of tracking and monitoring of all interventions made for the benefit of such children.
- 11.2.17 To promote inter-sectoral coordination and convergence of all services for the holistic development of children.

11.3 STRATEGIES

The above objectives will be achieved by the following strategies: -

- 11.3.1 Develop a system of identification, investigation, reporting, follow-up and referral of children at risk within and outside homes/institutional care.
- 11.3.2 Prevent destitution and exploitation of children by ensuring the outreach of all care, protection and developmental programmes for all children.
- 11.3.3 Focus and initiate special programmes for withdrawal of child beggars from the streets and their reintegration into the educational/vocational mainstream.
- 11.3.4 Mobilise families, civil society and community to respond to the needs of children in difficult circumstances and help them access protective and developmental services for children.
- 11.3.5 Facilitate convergence with related Ministries/Departments at Central and State levels and sensitise allied systems such as the police, hospitals, Municipal Corporations and the railways/roadways towards the problems of children in difficult circumstances, so as to increase the effectiveness and outreach of programmes.
- 11.3.6 Respond to children in emergency situations by expanding child help-lines and providing necessary support service infrastructure for referral.
- 11.3.7 Rehabilitate all children in need of care and protection and in vulnerable situations through collaboration and convergence of all government and non-government services.
- 11.3.8 Provide temporary shelters and in some cases institutional care for street and other children in exploitative circumstances, in partnership with NGOs and community based organisations.
- 11.3.9 Develop and provide professional counseling services for children affected by psychosocial trauma due in any of the above given situations.
- 11.3.10 Support creation of accredited training courses/ institutions for counseling services which meet international standards.
- 11.3.11 Facilitate early repatriation of children in institutions to families thereby promoting/encouraging de-institutionalisation of children.
- 11.3.12 Ensure that all institutions, housing or care facilities and protective services where children live , meet established standards and upgrade and expand existing services.

- 11.3.13 Ensure that children affected by disasters (natural or man made) receive timely and effective humanitarian assistance through a commitment to improved contingency planning and emergency preparedness, and that they are given all possible assistance and protection to help them resume a normal life as soon as possible.
- 11.3.14 Provide infrastructure facilities and support non-governmental organisations for maintaining destitute and orphan children with a view to rehabilitating them through in-country adoptions, thereby providing the child with a family environment.
- 11.3.15 Enhance awareness regarding adoption, foster-care and sponsorship and putting systems, including programmes and schemes in place to facilitate these.
- 11.3.16 Provide effective mechanisms for full coverage of services including holistic treatment and rehabilitation of child substance-abusers through counseling and awareness centres, treatment-cum-rehabilitation centres, de-addiction camps and awareness programmes.
- 11.3.17 Combat and prevent the use of children, including adolescents, in the illicit production and trafficking of narcotic drugs and psychotropic substances.
- 11.3.18 Arrange for Raen Baseras, drop in centres, temporary shelters and night shelters for safety of the children, in order to ensure adequate and secure shelter and prevention from forced evictions and displacements.
- 11.3.19 Ensure access to all developmental and protective services to children of sex workers and of prisoners. Sensitize and train all functionaries and service providers dealing with such children.
- 11.3.20 Strengthen protective and developmental services to children affected by armed conflict or civil disorder.
- 11.3.21 Ensure that children are not used in armed conflict. Also ensure that children affected by armed conflict or civil disorder receive timely and effective humanitarian assistance through a commitment to improved contingency planning and emergency preparedness, and that they are given all possible assistance and protection to help them resume a normal life as soon as possible.

12

CHILDREN IN CONFLICT WITH LAW

12.1 GOALS

- 12.1.1 To prevent children from getting into conflict with law.
- 12.1.2 To recognize, promote and protect the rights of children in conflict with law through preventive, protective, reformatory and

rehabilitative policies, laws, plans, strategies, programmes and interventions.

12.2 OBJECTIVES

The above goals will be achieved through the following objectives:-

- 12.2.1 To develop appropriate strategies to prevent crimes by children.
- 12.2.2 To recognise the separate set of needs for children in conflict with law and develop measures for their effective care, treatment and rehabilitation.
- 12.2.3 To create child friendly judicial and administrative procedures dealing with children in conflict with law.
- 12.2.4 To train and sensitize all personnel dealing with children in conflict with law.
- 12.2.5 To ensure expeditious disposal of all child related cases and provide appropriate support services throughout the legal process to children in conflict with law.

12.3 STRATEGIES

The above objectives will be achieved by the following strategies:-

- 12.3.1 Compile, comprehend and address factors leading to crimes by children.
- 12.3.2 Educate parents, communities and schools to create a healthy environment for the growth and development of children.
- 12.3.3 Establish and implement suitable guidelines for media, IT centres and cyber cafes to reduce their harmful impact on children.
- 12.3.4 Ensure convergence of services and programmes to deal with children in conflict with law and their circumstances effectively.
- 12.3.5 No child, under any circumstance, should be lodged in prison.
- 12.3.6 Implement the JJ Act to ensure that all institutions under it are put in place and adhere to international standards of care and protection. To rehabilitate juvenile offenders in a child-friendly environment, and by utilizing the network of institutional and non-institutional facilities.
- 12.3.7 Set up Juvenile Police Units in every district and sensitise the enforcement machinery to extend humane treatment of children in conflict with law.
- 12.3.8 Upgrade basic infrastructure such as water and sanitation, recreational and sports facilities to provide protective and developmental services to children in all Juvenile Justice Institutions.
- 12.3.9 Ensure quality institutional and alternative care to promote protection and development of children in conflict with law.
- 12.3.10 Identify and set up Model Rehabilitation Centres in each State/UT for children in conflict with law.
- 12.3.11 Build partnership with allied services to ensure holistic social re-integration of such children.
- 12.3.12 Ensure access to free legal aid and advice. Ensure that children are heard in all legal proceedings against them by involving them, taking into account their dignity and best interest.

- 12.3.13 Training and sensitization of judiciary about child rights and the international and national legal framework for child protection.
- 12.3.14 Ensure that any restriction on liberty of any child is registered and reported and that the situation and treatment of such children is regularly reviewed by the appropriate national or state authority.

13

SEXUAL EXPLOITATION AND CHILD PORNOGRAPHY

13.1 GOAL

- 13.1.1 To protect all children, both girls and boys, from all forms of sexual abuse and exploitation.
- 13.1.2 To prevent use of children for all forms of sexual exploitation, including child pornography.
- 13.1.3 To develop new and strengthen existing legal instruments to prevent sexual abuse and exploitation of children.

13.2 OBJECTIVES

The above goal will be achieved through the following objectives: -

- 13.2.1 To identify and address the root causes leading to sexual abuse and exploitation of children, both girls and boys, and implement preventive and rehabilitative strategies against sexual abuse and exploitation of children.
- 13.2.2 To ensure the safety, protection, and security of victims of sexual exploitation and provide assistance and services to facilitate their recovery and social reintegration
- 13.2.3 To criminalize, prosecute and penalise effectively, all forms of sexual exploitation and sexual abuse of children and child pornography.
- 13.2.4 To ensure that in the treatment by the criminal justice system of children who are victims, the best interests of the child are a primary consideration.
- 13.2.5 To undertake legislative reform to place burden of proof on exploiters and enhance punishment.
- 13.2.6 To enlist the support of the private sector, including the media, in programmes to prevent and combat sexual exploitation of children.
- 13.2.7 To eradicate harmful, traditional or customary practices that sexually exploit women and children.
- 13.2.8 To take necessary measures to combat the criminal use of information technologies, including the Internet, for purposes of the sale of children, for child prostitution, child pornography, child sex tourism, paedophilia and other forms of violence and abuse against children and adolescents.

- 13.2.9 To recognise that children are sexually abused within homes by members of the family and those in positions of trust and to mobilize community to report such incidents to authorities with the view to penalise the abusers.
- 13.2.10 To recognise that children are also at risk in institutions and services that the children are at risk of being sexually abused and to take corrective and punitive action.

13.2 STRATEGIES

The above objectives will be achieved by the following strategies: -

- 13.3.1 Undertake research to identify the nature and magnitude of all forms of child sexual abuse and exploitation with a view to improve policy and interventions for the safety and protection of children.
- 13.3.2 Set up Crisis Intervention Services and Centres with adequately trained personnel to deal with child victims of abuse.
- 13.3.3 Review, revise and enact laws for prohibition and prevention of child abuse and punishment of offenders.
- 13.3.4 Sensitize police, judiciary and medical authorities towards victims of sexual abuse and exploitation, especially during the investigation process and trial of victims of rape, incest and sexual abuse.
- 13.3.5 Sensitize media to accept social responsibility in reporting cases of child sexual abuse and to respect the dignity and privacy of the child.
- 13.3.6 Establish sound information systems regarding trafficking routes, networking of NGOs and other agencies engaged in prevention, rescue and rehabilitation of victims of sexual exploitation.
- 13.3.7 Create quality foster care and other alternative services for care and protection of victims who need to be removed from the home/ institutions where they are being abused.
- 13.3.8 Protect the identity and respect the privacy of child victims and take measures to prevent publicising information that could lead to their identification.
- 13.3.9 Ensure assistance to child victims for their full physical and psychological recovery, development and social reintegration.
- 13.3.10 Promote public awareness of the dangers and harmful effects of such offences with the view to sensitise parents, caregivers and the community.
- 13.3.11 Build public, private and NGO partnership to address this social challenge.

14

CHILD TRAFFICKING

14.1 GOAL

- 14.1.1 To stop sale of children and all forms of child trafficking, including for

sexual purposes, marriage, labour, adoption, sports and entertainment and illegal activities, like organ trade, begging and drug peddling.

14.2 OBJECTIVES

The above goal will be achieved through the following objectives: -

- 14.2.1 To identify and address the root causes leading to trafficking of children.
- 14.2.2 To implement preventive, protective and rehabilitative strategies for trafficked children and those at risk.
- 14.2.3 To ensure the safety, protection, and security of victims of trafficking and provide assistance and services to facilitate their recovery and social reintegration.
- 14.2.4 To criminalize, prosecute and penalise effectively, all forms of sale and trafficking of children including for sexual purposes, marriage, labour, adoption, sports and entertainment and illegal activities, like organ trade, begging and drug peddling.
- 14.2.5 To ensure that the best interests of the child shall be a primary consideration in the criminal justice system dealing with child victims.
- 14.2.6 To undertake legislative reform to place burden of proof on traffickers and enhance punishment.
- 14.2.7 To enlist the support of the private sector, including the tourism industry and the media, in programmes to prevent and combat trafficking of children.
- 14.2.8 To eradicate harmful, traditional or customary practices that lead to trafficking of women and children for sexual exploitation.
- 14.2.9 To take necessary measures to combat the abuse of information technologies, including the Internet, for trafficking of children for the purposes of sale, prostitution, pornography, sex tourism, paedophilia and other forms of violence and abuse against children

14.3 STRATEGIES

The above objectives will be achieved by the following strategies: -

- 14.3.1 Implement the Plan of Action to Combat Trafficking and Commercial Sexual Exploitation, 1998.
- 14.3.2 Address the root causes of vulnerability arising out of poverty, especially in chronic supply areas, through female literacy, school attendance, improved economic conditions of women through formation of Self Help Groups (SHGs), skill development, economic enterprise and better livelihood options for adults to prevent women and children from becoming victims of trafficking.
- 14.3.3 Establish facilities for shelter, food, clothing, health care, counseling, education, training, skill development, so as to facilitate social and economic rehabilitation of rescued victims.
- 14.3.4 Provide assistance to voluntary organisations to organise temporary shelters for the victims, to facilitate repatriation to their homes, provide assistance during trial, and for rehabilitation of the victims.
- 14.3.5 Sensitize police, judiciary, media and medical authorities towards

- trafficked victims, especially during the investigation process and trial of victims of trafficking and improve quality of services.
- 14.3.6 Establish sound information systems regarding trafficking routes and networking of NGOs and other agencies engaged in prevention, rescue and rehabilitation of victims.
 - 14.3.7 Establish communication with neighbouring countries and NGOs to prevent cross-border trafficking of children and facilitate repatriation and rehabilitation of victims.
 - 14.3.8 Create regional mechanisms to prevent cross-border trafficking and for promotion of rescue and rehabilitation.
 - 14.3.9 Prevent trafficking of boys and extend care and protection services to the victims.
 - 14.3.10 Capacity building of State Governments and NGOs to facilitate better coordination in prevention, rescue and rehabilitation.
 - 14.3.11 Create Central and State Nodal Authorities to exclusively deal with the problem of trafficking.
 - 14.3.12 Ratify UN Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children by 2007.

15

COMBATING CHILD LABOUR

15.1 GOALS

- 15.1.1 To eliminate child labour from hazardous occupations by 2007, and progressively move towards complete eradication of all forms of child labour.
- 15.1.2 To protect children from all kinds of economic exploitation.

15.2 OBJECTIVES

The above goals will be achieved through the following objectives: -

- 15.2.1 To ensure regular and systematic enumeration of all child labour.
- 15.2.2 Institute a rights-based uniform definition of child labour and bonded child labour in existing labour laws.
- 15.2.3 To rescue and remove children below ten years of age from the workforce by 2010.
- 15.2.4 To expand the list of hazardous occupations to facilitate progressive elimination of all forms of child labour.
- 15.2.5 To universalise and accelerate school enrolment, attendance and retention so that children are prevented from being employed as labour.
- 15.2.6 To intensify and implement strategies to protect children from economic exploitation.

- 15.2.7 To take immediate and effective measures to prohibit and eliminate the worst forms of child labour and to provide for the rehabilitation and social integration of the rescued children.
- 15.2.8 To prevent and prohibit trafficking of children for the purpose of labour including domestic service and other informal sectors.
- 15.2.9 To create programmes and preventive interventions specially targeted towards the high supply areas, linking these with anti-poverty and developmental measures.
- 15.2.10 To recover and rehabilitate children from socially stigmatised occupations like manual scavenging, rag picking etc.

15.3 STRATEGIES

The above objectives will be achieved by the following strategies: -

- 15.3.1 Request the Census of India 2011 to enumerate the number, gender, caste, religion, occupation and ages of children engaged in all kinds of child labour.
- 15.3.2 Country-wide survey to ascertain the existence, prevalence and nature of child labour below ten years of age in both the organised and un-organised sectors.
- 15.3.3 Encourage surveys and researches to gather data on working children including informal sector and children working in domestic service.
- 15.3.4 Effectively enforce child labour regulatory legislation and rehabilitation of working children through enrolment in schools, bridge courses of education/life skills training/counseling/recreational facilities and advocacy.
- 15.3.5 Link the child labour elimination efforts with education measures with an attempt to ensure that all children in the age group of 5-8 years get directly linked to school and the older children are mainstreamed to the formal education system through the rehabilitation centers by 2012.
- 15.3.6 Strengthen the formal school mechanism in the endemic child labour areas in the country both in terms of quality and access so as to motivate parents and children to regard school as beneficial and worthwhile.
- 15.3.7 Ensure convergence of national poverty eradication and developmental programmes aiming at prevention and progressive elimination of all forms of child labour.
- 15.3.8 Educate society not to employ children or economically exploit them.
- 15.3.9 Safeguard the health, safety and developmental rights of working children with interim protective measures.
- 15.3.10 Ensure involvement of committed voluntary organizations at the district level to assist in the running of the National Child Labour Project schools.
- 15.3.11 Introduce bridge schools for all working children after which they have to be enrolled in the formal schools.
- 15.3.12 Develop mechanisms to ensure that children, presently working in the informal sector including domestic service, have access to basic nutrition, clothing, education and protection from all forms of abuse and neglect.

- 15.3.13 Ensure prevention of trafficking of children for domestic work and their sexual exploitation and physical and mental abuse and neglect. Establish a system for reporting of such incidents.
- 15.3.14 Encourage PRIs to maintain records of migration and make the information available to the appropriate authority.
- 15.3.15 Licence and regulate placement services to ensure that children are not offered for employment
- 15.3.16 Ensure implementation of Inter State Migrant Workman's Act.
- 15.3.17 Strengthen and enforce the Child Labour (Prohibition and Regulation) Act, and the Bonded Labour System (Abolition) Act to ensure prosecution of offenders.

16

CHILDREN AFFECTED BY HIV/AIDS

16.1 GOALS

- 16.1.1 To stop the growth of HIV/AIDS and sexually transmitted infections by 2010.
- 16.1.2 To reduce the proportion of infants infected with HIV by 20 per cent by 2007 and by 50% of all such children by 2010.

16.2 OBJECTIVES

The above goals will be achieved through the following objectives: -

- 16.2.1 To undertake a country-wide assessment of children infected and affected by HIV/AIDS to ascertain the spread, reasons and nature of disease among children and facilitate child specific HIV/AIDS policy development and interventions.
- 16.2.2 To ensure a supportive and enabling environment for care, treatment, protection and rehabilitation of children infected and affected by HIV/AIDS.
- 16.2.3 To ensure access and availability of quality health services, including health education, to reduce the risk of HIV/AIDS and to treat and support those infected.
- 16.2.4 To scale up prevention of mother-to-child transmission at all levels, i.e. during pregnancy, child birth (ensuring correct birthing practices as per global guidelines and administering Nevirapine) and breast-feeding.
- 16.2.5 To ensure availability of treatment including Anti-Retroviral Therapy, free of cost, to all children living with HIV/AIDS from initial stages of infection and to also ensure availability of medicines in pediatric dosages and regimes for such treatment.
- 16.2.6 To implement policies and legislations to promote inclusive community

based approaches at national and state level with the aim to reduce vulnerability of children infected and affected by HIV/AIDS and their improved access to health, education and other support services without any biases or discriminatory practices.

- 16.2.7 To provide psychological, education and health services to children affected or vulnerable to HIV/AIDS.
- 16.2.8 To promote community based approaches and build capacity of families to deal with HIV/AIDS.

16.3 STRATEGIES

The above objectives will be achieved by the following strategies: -

- 16.3.1 Ensure non-discrimination through the promotion of an active and visible policy of de-stigmatisation of children infected, orphaned and made vulnerable by HIV/AIDS.
- 16.3.2 Ensure easy accessibility, adequate supplies of safe and quality blood and blood components for all, irrespective of economic or social status.
- 16.3.3 Raise awareness, improve knowledge and understanding among the general population about AIDS infection and STD routes of transmission and methods of prevention.
- 16.3.4 Ensure effective education to children and community on reproductive health, responsible sexual behaviour, blood safety, safe clinical practices, protective hygiene and prevention of substance abuse.
- 16.3.5 Include information on sexual and reproductive health, including on HIV/AIDS, in school curricula.
- 16.3.6 Develop appropriate counselling services in schools.
- 16.3.7 Ensure ongoing training of health workers (doctors, nurses, counsellors and other paramedical professionals) in communication and coping strategies for strengthening technical and managerial capabilities.
- 16.3.8 Create awareness among students through Universities Talk AIDS (UTA) programme and other programmes.
- 16.3.9 Enable children affected by HIV/AIDS to attend schools without discrimination.
- 16.3.10 Provide special packages for children abandoned on account of HIV/AIDS, provide extended care and protection, especially for disadvantaged and stigmatised children.
- 16.3.11 Ensure availability of "Prevention of Mother to Child Transmission Services" in all Ante natal care clinics as close to the home of mothers as possible. Availability of Nevirapine and maternal care to ensure safe birth to HIV positive mothers.
- 16.3.12 Strengthen linkages with other agencies (Government and NGOs) working towards the prevention of HIV/AIDS. Link programmes for prevention of trafficking for commercial sexual exploitation with HIV/AIDS prevention.
- 16.3.13 Create linkages between TB control programme and HIV/AIDS programmes.

- 16.3.14 Create a legal provision to ensure that an HIV positive child is not deprived of his dignity, liberty and rights, including right to property.
- 16.3.15 Ensure access to medical health services without discrimination faced because of HIV/AIDS.
- 16.3.16 Support and promote community based care for children affected by HIV/AIDS and ensure their access to shelter and services on an equal basis with other children.
- 16.3.17 Provide services for youth specific HIV education to develop life skills to reduce risks of HIV infection through peer education and partnership with parents, families, educators and health-care providers.
- 16.3.18 Provide for effective supply and service system referral mechanism and quality psycho-socio care to all affected children.
- 16.3.19 Promote Community based approaches at National and State level to enable non relation adoption/fostering of children(without separation of siblings) orphaned by HIV/AIDS within the community itself wherever possible.
- 16.3.20 Develop/promote community based institutions that protect and promote the rights of all children including those affected and infected by AIDS.

IV

CHILD PARTICIPATION

17

CHILD PARTICIPATION

17.1 GOALS

- 17.1.1 To promote within the family, community, schools and institutions, as well as in judicial and administrative proceedings, respect for the views of all children, including the views of the most marginalized, especially girls, and facilitate their participation in all matters affecting them in accordance to their age and maturity.
- 17.1.2 To make all children aware of their rights and provide them with opportunities to develop skills to form and express their views, build self-esteem, acquire



knowledge, form aspirations, build competencies in decision-making and communication, and gain confidence which will empower them to become actively involved in their own development and in all matters concerning and affecting them.

- 17.1.3 To empower all children as citizens by promoting their participation in decisions that affect their lives, the lives of their families and communities and the larger society in which they live.

17.2 OBJECTIVES

The above goals will be achieved through the following objectives:

- 17.2.1 To ensure all families and programme planners, administrators in government and NGOs and other civil society organizations are aware of child rights and respect the views of children and integrate opportunities for participation in accordance with their age, in programmes and services being planned for them.
- 17.2.2 To ensure that all professionals working with children i.e. judges, lawyers, police, persons working in institutions and places of care, observation and detention homes for children, teachers, health personnel, including psychologists and social workers have the knowledge of child rights and the skills to make services and proceedings child friendly, inclusive and participatory in nature.
- 17.2.3 To ensure information on child rights, laws and policies are made available in a way that children belonging to all classes and in different situations have access to them and are in a position to internalise their importance and understand them as their right.
- 17.2.4 To ensure informed participation of children in decision making by providing access to information that aims at the promotion of their well-being, health, development, protection and participation.
- 17.2.5 To ensure that all institutions and structures created for the planning, coordination, monitoring and safeguarding of the rights of children provide access to children and provide the space and opportunity for listening to their views, according to their age and maturity.
- 17.2.6 To develop strategic partnerships with families and local communities, administrative and social structures including school management, village councils, local governance committees etc. to address the traditional constraints to children's participation and create the enabling environment and spaces for participation in the daily lives of children.
- 17.2.7 To regularly review the extent to which children's views are taken into consideration, including their impact on relevant policies and programmes.

17.3 STRATEGIES

The above objectives will be achieved by the following strategies:

- 17.3.1 Advocate for child participation, especially for the girl child participation, at all levels.

- 17.3.2 Promote good governance in public institutions and civil society organizations and make the provisions and principles of child rights widely understood by decision-makers.
- 17.3.3 Promote access to parents, families, legal guardians, caregivers to a full range of information and services to promote child survival, development, protection and participation.
- 17.3.4 Use public media, print and electronic, to disseminate information on child rights, Constitutional commitments and all child related legislations so that all children are made aware of their rights and protection available to them.
- 17.3.5 Strengthen the capacity of NGOs and children's organisations towards facilitating child participation and providing children with opportunities to advocate with adult institutions for greater respect for their rights.
- 17.3.6 Produce literature on policies, plans, legislations and programmes in a language and format that all children can understand i.e. produce child-friendly versions, including one of the National Plan of Action for Children, 2005.
- 17.3.7 Include information on child rights and children's participation in all training programmes and literature on parenting and for professionals dealing with children.
- 17.3.8 Strengthen children's capabilities for advocacy and participation by supporting their own organisations, building networks, by dissemination of rights information and training, helping them access local, national and global processes and policy making forums.
- 17.3.9 Train children and equip them with life skills, develop their leadership skills and skills to participate effectively in all situations in their daily life along with adults.
- 17.3.10 Undertake legal and policy reforms to guarantee that children in difficult situations, get full access to information and to ensure that they are heard and their views are taken into account.
- 17.3.11 Ensure that children have appropriate access to effective complaints procedures in relation to family-life, including ill treatment, alternative care of all kinds, schools and educational services, health services and institutional services, all forms of detention, all aspects of the juvenile justice system, environmental, planning, housing and transport issues and other services affecting children.
- 17.3.12 Encourage establishment of children's groups, councils, associations, and forums and projects in order to create environments in which children are invited to participate and feel comfortable participating.
- 17.3.13 Establish a child-friendly education system that enables effective development and participation of children, encourages democratic, gender-sensitive curriculum, teaching methods, eliminates corporal punishment and incorporates the principle of involving children in designing and managing effective, safe and protective learning environments.
- 17.3.14 Develop capacity of media personnel and children to produce programmes for and by children and establish monitoring

mechanisms to assess the impact of child-centred public-information and media services.

- 17.3.15 Engage with children's forums/ groups in order to regularly assess and review children's needs, encourage them to speak out on issues, expose abuse and exploitation, make complaints of services, ask questions, raise awareness of problems, press for change in policy etc.
- 17.3.16 Undertake research to document best practices on child participation. Research on participation in early childhood and middle childhood is important in addition to the traditional focus on adolescence.
- 17.3.17 Undertake special measures to ensure that children in difficult circumstances, particularly in situations of conflict and natural disasters, have opportunities to have their views heard and considered in matters affecting them.
- 17.3.18 Ensure that all programmes are assessed for their impact on children along with indicators developed by children themselves and including their views.
- 17.3.19 Take measures to enable participation of children in the monitoring of the NPA and preparation of the CRC report by supporting local, state and national consultations with children and young persons.

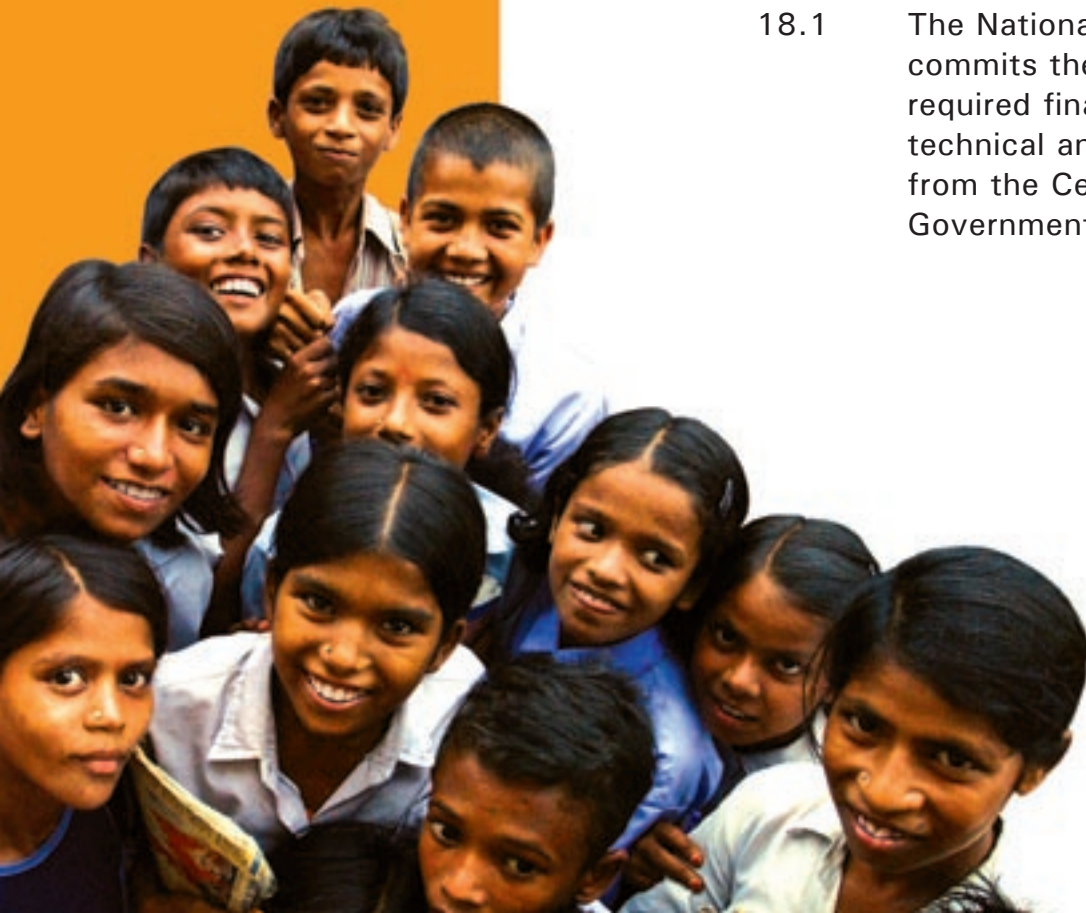
V

MOBILISING RESOURCES, IMPLEMENTATION OF THE PLAN AND MONITORING

18

MOBILISING RESOURCES

- 18.1 The National Plan of Action commits the allocation of the required financial, material, technical and human resources from the Central and the State Government to ensure its full



implementation. Investing in children lays the foundation for a just society, a strong economy, and a world free of poverty.

- 18.2 To secure required financial, material, technical and human resources from all international organizations cooperating with Government of India to ensure the rights and well being of all Indian children.
- 18.3 To mobilize financial, material, technical and human resources from the civil society, private sector and non-government organizations committed to ensure the rights and well being of all Indian children.
- 18.4 Efforts will be made to mobilize new and substantial additional resources for children's programmes, to reduce disparities within the country and ensure the effective and efficient use of existing resources. It will also be ensured that social expenditures that benefit children are protected and prioritized in States and Panchayati Raj Institutions and that new ways of generating public and private financial resources are explored.

Child Budgeting

- 18.5 Ministries and Departments with specific child budgets and plans should ensure 100% spending and should also enhance budget in view of large child population.
- 18.6 Where no overt child budget is available, the demarcation should be made of child budget, spending and monitoring.
- Establish a systematic assessment of the impact of budgetary allocations and macroeconomic policies on the implementation of children's rights.
 - Based on assessment of budgetary expenditure on children, review and enhance financial provisions and allocation.
 - Ensure that priority is given to economic, social and cultural rights of children in budget allocations, with particular emphasis on the enjoyment of these rights by children belonging to the most disadvantaged groups.
 - Ensure that adequate proportion of social expenditure is devoted to children at national, regional and local level.
 - Ensure that all competent national, regional and local authorities are guided by the best interests of the child in their budgetary decisions and evaluate the priority given to children in their policy-making.
 - Ensure coordination between economic and social policies.
 - Ensure that disparities between different regions and groups of children are bridged in relation to the provision of social services.

19

IMPLEMENTATION OF THE PLAN

- 19.1 The primary responsibility for the implementation of this National Plan of Action for Children, 2005, and for ensuring an enabling environment for securing the rights and well-being of children rests with the Central, State and local Governments.
- 19.2 Meeting our goals and aspirations for children merits new partnerships with the community, and with the Non-Government and voluntary organizations and the private sector.
- 19.3 National Planning to be strengthened to ensure integration of the goals of this Plan of Action into national Government policies, and in the state and district Plans, development programmes, poverty eradication strategies, multisectoral approaches and other development plans.
- 19.4 Ensure inter sectoral coordination and convergence of all Departments, Ministries and programmes affecting children.
- 19.5 Ensure co-operation with the community and Non-Government and voluntary sector working for and with children.
- 19.6 Ensure that efforts are made by the Government agencies for creating awareness and multimedia publicity, through mass communication in the print and electronic media, for promoting child rights.
- 19.7 Media units under the Ministry of Information and Broadcasting to ensure preparation of programmes on children and programmes for children on child related issues.
- 19.8 The media programmes should also be developed for developing self confidence and self participation among children.
- 19.9 Publicity material should also be prepared by all implementing Ministries and Departments for dissemination of information on child rights.
- 19.10 The non-governmental organization and the civil society should also be encouraged for promotion of child rights.

Institutional Mechanism for Implementation of the Plan

- 19.11 The responsibility for implementation of every aspect of the Plan rests with States that should be on the principle of subsidiary i.e. that which can be most effectively done at the lowest hierarchical level should be done at that level.
- 19.12 Panchayats can specifically be assigned the following role:
- (a) Effective service delivery in all aspects-health, education, youth services, ICDS-with a focus on children. The Activity Mapping framework is recommended by the Ministry of Rural Development's Task Force 2001.
 - (b) Panchayats should best perform at their level, by creating awareness, specifically on the need for eliminating child labour; trafficking of children; violence against children, domestic or public; vagrancy and drug addiction and take measures for giving refuge to street children and combating HIV/AIDS.

- (c) Provide space for participation in planning by children taking an example from States where 'Child Panchayats' are operating successfully.
- (d) Panchayati Raj Institutions can be the mechanism providing a feedback on the effectiveness of interventions through regular periodic reports.
- (e) Networking of Panchayats is planned by the Ministry of Panchayati Raj, working together with the Department of Information and Technology, through a host of measures. Good practices under the National Plan of Action for Children, 2005 can be best disseminated through this medium.

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MONITORING

- 20.1 The National Plan of Action, 2005 shall be monitored by the National Coordination Group created for implementation and monitoring of the Convention on the Rights of the Child.
- 20.2 The Department of Women and Child Development, which is entrusted with the overall responsibility of the coordination of the implementation of the child rights, shall create suitable mechanisms to ensure this by establishing:
 - (a) National Commission for the Protection of Child Rights, including the setting up of State Commissions;
 - (b) Central Nodal Authority for combating trafficking for commercial sexual exploitation, including the setting up of the State Authorities.
 - (c) Creation of other need based mechanisms for child protection as and when required.
- 20.3 This Plan will be regularly monitored at the national, state and district levels, to assess progress towards the goals and targets. A comprehensive system would be developed and operated to collect and analyse disaggregated data on children, based on age, gender, cultural and socio-economic grouping, and special needs and circumstances. Disaggregated data and analysis would be used to assess progress in achievement of child rights goals. A range of child-focused research will also be supported to gather data and understanding in areas where information on the situation is inadequate.
- 20.4 Efforts will be made to strengthen the existing data collection mechanisms so that quality data on various measurable development indicators is generated and used for programme assessment and improvement as well as for monitoring progress in achievement of goals.
- 20.5 National Plan of Action for Children, 2005 will be linked with

State Plans of Action for Children in order to direct the States to develop/amend their Plans of Action for Children to address all needs of children with special reference to their regional, cultural and social milieu.

- 20.6 Periodic and annual reviews will be conducted at the national and state levels in order to more effectively address obstacles and accelerate progress on the NPA goals. States will be urged to effectively monitor and review district plans, so as to enable implementing agencies to focus on chronically backward pockets to bring them at par with the rest of the country.
- 20.7 Appropriate mechanisms for effective monitoring and evaluation will be set up at the national, state, district, block and village level for reporting and periodic review of the targets.
- 20.8 The Department of Women and Child Development will regularly publish annual reports on the status of implementation of the NPA and the status of India's children.
- 20.9 Appropriate steps should be taken to ensure child budgeting.

ABBREVIATIONS

AIDS	Aquired Immuno Deficiency Syndrome
ARI	Acute Respiratory Infections
CHC	Community Health Centre
CRC	Convention on the Rights of the Child
DPT	Diphtheria, Pertusis and Tetanus
ECCD	Early Childhood Care and Development
HIV	Human Immuno-deficiency Virus
ICDS	Integrated Child Development Services
IMR	Infant Mortality Rate
ITPA	Immoral Traffic (Prevention) Act
MMR	Maternal Mortality Rate
NCERT	National Council for Educational Research and Training
NGO	Non-governmental Organisation
NPAC	National Plan of Action for Children
ORS	Oral Rehydration Salt
ORT	Oral Rehydration Therapy
PHC	Primary Health Centre
PNDT Act	Pre-natal Diagnostic Techniques(Regulation and Prevention of Misuse) Act
PRI	Panchayati Raj Institutions

NOTES





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