NATIONAL PLAN OF ACTION FOR CHILDREN, 2016

Safe Children- Happy Childhood

Towards a new dawn

CHILD LINE CALL-1098

MINISTRY OF WOMEN AND CHILD DEVELOPMENT
GOVERNMENT OF INDIA
DECEMBER 2016

Article 39 (f) of the Constitution of India

"That children are given opportunities and facilities to develop in a healthy manner and in conditions of freedom and dignity and that childhood and youth are protected against exploitation and against moral and material abandonment."

Article 21 of the Constitution of Jammu and Kashmir

The State shall strive to secure to:

a) All children the right to happy childhood with adequate medical care and attention; and

b) All children and youth equal opportunities in education and employment, protection against exploitation, and against moral or material abandonment.

Safe Children – Happy Childhood

4th Ministerial Meeting, SAIEVAC, 11th May 2016, New Delhi
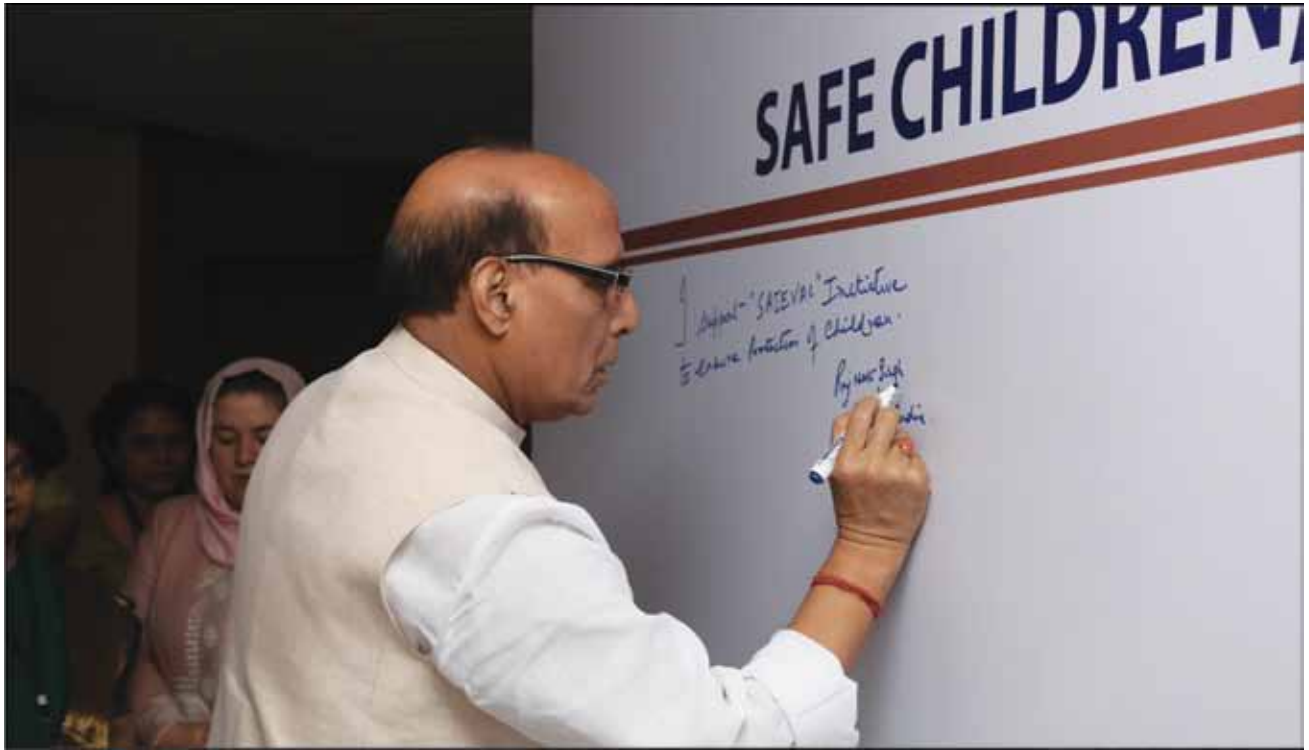
Hon'ble Home Minister, Shri Rajnath Singh

Hon'ble Minster of Women and Child Development, Smt. Maneka Sanjay Gandhi

मेनका संजय गांधी

Maneka Sanjay Gandhi

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MINISTRY OF WOMEN & CHILD DEVELOPMENT
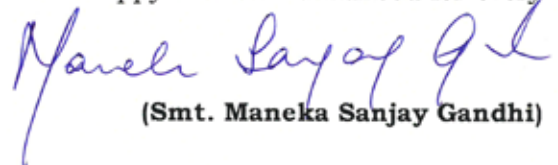**GOVERNMENT OF INDIA**
NEW DELHI-110001

MESSAGE

The National Plan of Action for Children 2016 is an expression of constitutional and policy commitments made for children of India. We as a nation strongly believe that our most important national goal is to ensure that all children have the opportunity to grow up in an environment free of abuse, violence, exploitation, poverty and neglect. Over the years, Government has notified policies and programmes to fulfill the constitutional mandate so as to ensure that our children are safe.

The legislative framework provides the parameters within which these policies and programmes are implemented. The Right of Children to Free and Compulsory Education (RTE) Act, 2009 was a historic step towards ensuring quality elementary education to all children in the age of 6 to 14 years. In 2012, the Protection of Children from Sexual Offences Act, an important legislation was enacted. The new landmark Juvenile Justice (Care and Protection of Children) Act, passed by the Parliament in December, 2015 not only provides for children in need of care and protection and those in conflict with law, it also covers a range of offences against children, which were not adequately covered under any other law.

The Government of India has recently taken many initiatives such as the widely acclaimed Beti Bachao-Beti Padhao scheme (2015) launched by Hon'ble Prime Minister of India, Mission Indradhanush (2015) to re-vamp the universal immunization programme, the implementation of New Born Action Plan (2014) to address neonatal mortality, with a view to provide a safe, healthy and secure environment to our children. While India shows a considerable progress in child-related indicators; it is also recognized that there many challenges for children. India as a nation cannot attain a comprehensive and inclusive growth without making concerted efforts to provide comprehensive nutrition, healthcare, education and development opportunities and overall protection to all children, especially those standing at the last mile. The National Policy for Children 2013 adopted by Government of India reaffirms India's constitutional pledge for ensuring that children are given opportunities and facilities to develop in a healthy manner.

The National Plan of Action for Children 2016 is based on the principles embedded in the National Policy for Children 2013 and provides a road-map that links the policy objectives to actionable programmes. It is an initiative to further strengthen and activate the implementation and monitoring of national, constitutional and policy commitments and the UN Convention on the Rights of the Child. The Plan takes into account the Sustainable Development Goals and provides a roadmap towards achieving them though co-ordination and convergence with different stakeholders.

The successful implementation of this plan calls for a strong inter-sectoral convergence and co-ordination. Each of us has a role to play in creating a better world for our children. I hope we as a nation will stand together for a better future of our children and make all necessary efforts to make the vision of a happy and safe childhood for every child a reality.

(Smt. Maneka Sanjay Gandhi)

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Date: 28.11.2016

MESSAGE

The future of any country depends upon the development its children. Hence it is necessary that children are provided with all possible opportunities to achieve their full potential. The Government of India recognizes that the inter-generational cycle of poverty and deprivation can be broken by investing adequately in children. In the past few years, the Government has been making concerted efforts through its proactive policies and programme to ensure that all children are able to lead a healthy and dignified life.

National Plan of Action for Children 2016 is based on principles of National Policy for Children 2013 and taken a miulti-sectoral approach towards realization of rights of children in the country through convergence and co-ordination between different stakeholders, including Ministries, Governments of States/UTs, civil society, NGOs and business houses. It identifies key areas of concern for children and proposes comprehensive strategies and activities to address the same.

I hope that through the proper implementation of the National Plan of Action for Children 2016, we will be able to provide a conducive, stable, safe and protected environment for children to grow and flourish. All of us have to come together and make concerted efforts to ensure that all children are able to achieve their fullest potential and are able to contribute fruitfully in the progress of our nation.

(Krishna Raj)

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लीना नायर
Leena Nair

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MESSAGE

The National Policy for Children, 2013 reiterated the nation's commitment towards providing children with a protective, supportive and caring environment so that they can realise their fullest potential as human beings. Since independence, concrete steps have been taken to fulfil this commitment. The policy identifies four key priority areas for children; Survival, Health and Nutrition; Education and Development; Protection and Participation. It recognises that in order to secure all the above rights of children; a multi-sectoral approach is required which calls for co-ordination and convergence between Ministries and various stakeholders.

The National Plan of Action 2016 translates the policy commitments into concrete actions to achieve well-defined outcomes for children in a time-bound manner. The plan builds on a strong foundation of extensive consultations and research. It delineates the schemes, programmes and required initiatives to be taken by various sectors and services in a time-bound manner to achieve the desired outcomes for all children. It also identifies areas where more knowledge building and research is required so as to develop a more comprehensive understanding of the issues which affect growth and development of children in the country.

India, along with UN member States, has adopted the 2030 Agenda for Sustainable Development, which includes a set of 17 Sustainable Development Goals (SDGs) to end poverty, fight inequality and injustice, and tackle climate change by 2030. In conformation with India's commitment to Agenda 2013, the NPAC 2016 lays down milestones towards achieving the SDGs for children.

Another dimension of NPAC 2016 is to mainstream child protection i.e. to ensure that protection of children from violence, abuse, exploitation and neglect is everybody's business.

The National Policy for Children 2013 provides for setting up of a National Co-ordination and Action Group which will be responsible for implementing the above plan and monitoring its progress. The focus is towards achieving greater co-ordination and convergence so as to ensure best possible use of available resources in the service of the children and their families.

I hope that the implementation of the National Plan of Action (2016-21) will help in ensuring a better and brighter future for all children in our country.

(Leena Nair)

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MESSAGE

The Constitution of India accords the highest priority to children. It assures a safe, dignified and a life full of growth opportunity to all children. The Government of India has taken many path-breaking initiatives for prohibiting violation of children's rights. Over the past few decades, considerable progress has been made for children in terms of providing them better health care, education and social protection. Despite the best efforts, the situation of a large section of children remains critical due to the socio-economic, cultural and traditional circumstances, natural disasters, exploitation and poverty, and on account of the child's physical and mental disability. The Government of India recognises that special safeguards and care is required for our children.

The adoption of National Policy for Children 2013 was a milestone in terms of affirming Government's commitment to address and honour the standards and obligations enshrined in the Constitution for the protection of the rights of all children The Policy provides an overarching framework for the development and implementation of services for children. It is a pledge to take affirmative steps to address the major gaps identified in terms of securing all rights of children.

The National Plan of Action for Children 2016 is based on principles laid down in the National Policy for Children 2013. It takes a multi-sectoral approach and focuses on co-ordination and convergence between various Ministries as well as other stakeholders like private sector, NGOs and community to secure all rights for all children. It also seeks to seamlessly work towards achieving Sustainable Development Goals within the national framework. It identifies major gaps and challenges on key issues related to children and suggests comprehensive strategies and action points to address the same. It provides a comprehensive monitoring and evaluation framework based on selected indicators to maximise the ongoing efforts. The focus of the plan is on strengthening systems of service delivery for children at local level.

We hope that through the implementation of this plan we will be able to ensure a brighter future for the children of our Country.

(Nutan Guha Biswas)

रश्मि एस॰ साहनी
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Joint Secretary

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FOREWORD
Safe Children – Happy Childhood

The progress of a nation can be measured by the progress made by its children. We need to provide safe and nurturing environment for them to pursue their dreams. Today, the global development agenda recognizes that sustainable and positive outcomes in development will not be achieved unless our children are safe and fully enjoy their rights.

In a vast and diverse country like India, children face multiple challenges and vulnerabilities for their survival, health, nutrition and protection. In the past two decades, concerted steps taken by the Government have resulted in some remarkable improvements. There has been a notable decline in child mortality, enrolment at elementary level has gone up considerably and there has been a decline in the percentage of child labour and sex ratio at birth has improved. Despite the progress, it has been recognised that much more is required in terms of addressing issues related to health, nutrition, child protection and participation. Besides, there are new and emerging challenges like sex tourism, on-line threats for children, increasing vulnerability of children due to climate change and natural and man-made disasters, agrarian distress, etc. Today, safety in public places – schools as well as home has become important. We read about toddlers falling into bore wells, being abused by school van drivers or losing their way in maze of cyber crimes or simply running away from home. We as a society need to be alert and receptive to their concerns and vulnerabilities. We need to listen to our children and encourage and empower them so that they achieve their full potential.

The National Plan of Action for Children 2016 identifies objectives, sub-objectives, strategies and action points under each key priority area defined in the National Policy for Children 2013, i.e., Survival, Health and Nutrition; Education and Development; Protection; and Participation. It aims at purposeful convergence and strong coordination across different sectors and levels of governance. It proposes comprehensive and actionable implementation, monitoring and evaluation framework through establishment of a National Co-ordination and Action Group (NCAG), to be headed at the level of Minister, Women and Child Development.

A consultative process was undertaken to formulate the plan of action and inputs were sought from the various Ministries, Departments, NITI Aayog, National Disaster Management Authority and National Commission for Protection of Child Rights. Inputs were also sought from Governments of all States/UTs, civil society organisations and most importantly, from children themselves. The draft was put in the public domain for wider sharing and Ministry received many valuable suggestions and comments. All suggestions were analysed in depth for their relevance and appropriateness and incorporated in the NPAC accordingly.

The plan seeks to provide a comprehensive policy focus to address vulnerabilities of children. We have made efforts to include all relevant schemes and programmes for children currently in operation in the NPAC 2016. Despite our best efforts, some schemes may have been left out inadvertently and new schemes/programmes may be announced over the period of time. These may be considered appropriately while developing State Plans by respective State/UTs Governments so that no child suffers from deficit of dignity and hope. In fact not only we need to frame policies and programmes for them but must also frame with them wherever possible.

I take this opportunity to extend my gratitude to all those who have contributed towards development of this plan of action and hope that we will see the same dedication and commitment towards its implementation; resulting in achieving the targets for children in an inclusive way, for if children are well-developed and protected today, the future of the nation will be secure tomorrow.

(Rashmi Saxena Sahni)

Anand Prakash
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ACKNOWLEDGEMENT
Safe Children and Happy Childhood

India is committed towards providing equal opportunities for all children, and to safeguard their rights to live with dignity. The National Plan of Action for Children (NPAC) 2016 is a step taken towards achieving this goal. The encouragement and guidance of Hon'ble Minister, Women and Child Development, Ms. Maneka Sanjay Gandhi and Hon'ble Minister of State, Women and Child Development, Ms. Krishna Raj has been priceless in drafting this NPAC 2016.

It takes a multi-sectoral and integrated approach to address multi-dimensional vulnerabilities experienced by children in different circumstances. Hence, the plan has many stakeholders who were consulted for drafting it. The Ministry of Women and Child Development wishes to acknowledge support of the Governments of States/UTs, Ministry of Home Affairs, Ministry of Health and Family Welfare, Ministry of Drinking Water and Sanitation, Ministry of Tribal Affairs, Ministry of Minority Affairs, Ministry of Social Justice and Empowerment, Ministry of Labour and Employment, Ministry of Panchayati Raj, Ministry of Rural Development, Ministry of Urban Development Department of School Education and Literacy, MoHRD, National Commission for Protection of Child Rights (NCPCR), National Disaster Management Authority and NITI Aayog throughout the process of development and reviewing of the National Plan of Action for Children.

The Ministry of Women and Child Development also held consultations with various Civil Society Organisations, individuals and child rights activist and expresses its appreciation for their efforts towards making the plan holistic and inclusive. Voices of children were heard through Civil Society Organisations who gave their views and inputs and helped us to improve the action plan.

The cover page of the National Plan of Action for Children 2016 has been designed by Chameli, who is 12 years old and resides in Udayan Ghar Children's Home, Sant Nagar, New Delhi. Other illustration used in the document are from S.Barath, S.Madesh, S.Poovarasan, S.Deepika and M.Indhumathi; children of Vallalar Children's Home, Tamil Nadu.

The guidance and leadership provided by Ms. Leena Nair, Secretary, Women and Child Development is invaluable as also suggestions and inputs provided by Special Secretary, Ms. Preeti Sudan and Additional Secretary, Ms. Nutan Guha Biswas which has helped in putting together the NPAC 2016. The support provided by Shri V. Somasundaran, former Secretary, WCD and all officers of the Ministry of WCD has been immensely helpful in drafting of NPAC, 2016.

The work of compiling and analysing has been done by Ms. Nirmala Pandey, consultant for Child Rights, officials from Child Welfare (Section - I) and other officials and consultants of Ministry of Women and Child Development; with supporting inputs Dr. Razia Ismail of India Alliance for Child Rights, New Delhi and valuable assistance provided by Ms. Hemambika Varma, editor, National Institute of Public Cooperation & Child Development. The team worked under the able leadership and guidance of Joint Secretary, Smt. Rashmi Saxena Sahni who has provided valuable technical inputs at every step of the drafting and finalisation of the plan. Without their efforts and contributions of many others including Childline India Foundation, who have worked on the earlier drafts, it would not have been possible to release the NPAC 2016.
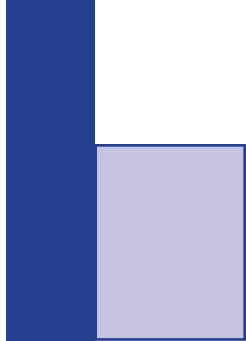
Ministry of Women and Child Development dedicates National Plan of Action for Children 2016 to the children of this country.

(Anand Prakash)

ACRONYMS

AHS	Annual Health Survey
AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Care
ANM	Auxiliary Nurse Midwife
ARSH	Adolescent Reproductive and Sexual Health
ART	Anti-retroviral Therapy
ASHA	Accredited Social Health Activist
AWC	Anganwadi Centre
AWW	Anganwadi Worker
BBBP	Beti Bachao Beti Padhao
BEmOC	Basic Emergency Obstetric Care
CARA	Central Adoption Resource Authority
CEmOC	Comprehensive Emergency Obstetric Care
CCL	Child in Conflict with Law
CHC	Community Health Centres
CCI	Child Care Institutions
CLPRA	Child Labour (Prohibition and Regulation) Amendment Act, 2016
CPS	Child Protection Services
CSR	Child Sex Ratio
CSR	Corporate Social Responsibility
CWD	Children With Disability
DH	District Hospital
DLHS	District Level Household and Facility Survey
ECCE	Early Childhood Care and Education
FRU	First Referral Unit
GER	Gross Enrolment Ratio
ICDS	Integrated Child Development Scheme
ICPS	Integrated Child Protection Scheme
IFA	Iron and Folic Acid
IPC	Inter-personal Communication
IPHS	Indian Public Health Standards
IMR	Infant Mortality Rate
IMNCI	Integrated Management of Neonatal and Childhood Illness
IUD	Intra-uterine Device
IYCF	Infant and Young Child Feeding
JJ Act	Juvenile Justice (Care and Protection of Children) Act 2015
JSY	Janani Suraksha Yojana
JSSY	Janani Shishu Suraksha Yojana
KGBV	Kasturba Gandhi Balika Vidyalaya
MDM	Mid Day Meal
MGNREGA	Mahatma Gandhi National Rural Employment Guarantee Act
MMR	Maternal Mortality Ratio
MWCD	Ministry of Women and Child Development
MHandFW	Ministry of Health and Family Welfare
MOSPI	Ministry of Statistics and Programme Implementation
MHA	Ministry of Home Affairs
MHRD	Ministry of Human Resource Development
MDWS	Ministry of Drinking Water and Sanitation
MRD	Ministry of Rural Development
MSJandE	Ministry of Social Justice and Empowerment

MPR	Ministry of Panchayati Raj
MSY	Matritva Sahayog Yojana
MTA	Ministry of Tribal Affairs
MMA	Ministry of Minority Affairs
MCTS	Mother and Child Tracking System
NAR	Net Attendance Ratio
NER	Net Enrolment Ratio
NFHS	National Family Health Survey
NHM	National Health Mission
NIC	National Informatics Centre
NNMR	Neonatal Mortality Rate
NNM	National Nutrition Mission
NPAC	National Plan of Action for Children
NPC	National Policy for Children
NRC	Nutrition Rehabilitation Centre
ODF	Open Defecation-free
OOS	Out of School
PHC	Primary Health Centre
PNC	Post-natal Care
POCSO	Protection of Children from Sexual Offences Act 2012
PCMA	Prohibition of Child Marriage Act, 2006
PPFP	Post-partum Family Planning
PTR	Pupil Teacher Ratio
RBSK	Rashtriya Bal Swasthya Karyakram
RHS	Rural Health Statistics
RMNCH+A	Reproductive, Maternal, Newborn, Child Health plus Adolescents
RMSA	Rashtriya Madhyamik Shiksha Abhiyan
RSOC	Rapid Survey on Children 2013-14
RTE Act	The Right of Children to Free and Compulsory Education Act 2009
SABLA	SABLA
SARA	State Adoption Resource Agency
SBCC	Social and Behavioural Change Communication
SBM	Swachh Bharat Mission
SHC	Sub-centre (Sub Health Centre)
SC	Scheduled Caste
SNCU	Sick New Born Care Unit
SRS	Sample Registration System
SSA	Sarva Shiksha Abhiyan
ST	Scheduled Tribe
U5MR	Under-5 Mortality Rate
UNCRC	United Nations Convention on the Rights of the Child
VHND	Village Health Nutrition Day
VHSNCs	Village Health Sanitation and Nutrition Committees
VCPC	Village Child Protection Committee
WIFS	Weekly Iron and Folic Acid Supplementation

Contents

Introduction

> *"Compassion towards the weak is what galvanizes action.*
> *We need to protect children and make the world safer for them."*
>
> *- Smt. Maneka Sanjay Gandhi*
> Minister for Women and Child Development, Government of India
> 11th May 2016, 4th Ministerial Meeting, SAIVEAC, New Delhi

India is a young nation; children constitute 39 per cent of the country's population (Census 2011). Recognized by policy-makers as a supreme national asset, children deserve the best in national investment, for their survival, good heath, development opportunity, security, and dignity. What is done for them today will determine the pace, substance and character of national progress; the changes achieved for the benefit of children and their effective environment, and the future prospects of the country. It has been argued by many that the capabilities or attributes that the adults enjoy or show are deeply conditioned by their experiences as children. Hence, investment in their survival, education and protetcion can enhance future capabilities of adult human beings to be economically more productive. Through these earnings and economic rewards, the lives of the adults are enriched. Since this in turn would influence the lives of their children and their future adult lives, it is the most effective investment made in terms of breaking the inter-generational cycle of poverty and ensuring an inclusive growth for the country.

The Constitution of India provides that the State shall direct its policy towards ensuring *"that children are given opportunities and facilities to develop in a healthy manner and in conditions of freedom and dignity and that childhood and youth are protected against exploitation and against moral and material abandonment"*[1]. This Directive clearly positions children as deserving of the highest priority in national realization of the Fundamental Rights and the special provisions for those most vulnerable to discrimination and exclusion. This is India's clear national mandate

[1]Constitution of India; Article 39

Policy and Legislative Framework for Children: Key Milestones

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

Legislations:
- Pre-Conception and Pre-Natal Diagnostic Techniques (PCPNDT) Act, 1994
- Commission for Protection of Child Rights Act, 2005
- Prohibition of Child Marriage Act, 2006
- Food Safety and Standards (FSS) Act, 2006
- The Right of Children to Free and Compulsory Education Act, 2009
- The Protection of Children from Sexual Offences Act, 2012
- National Food Security Act, 2013
- Juvenile Justice (Care and Protection of Children) Act, 2015
- The Aadhaar (Targeted Delivery of Financial and other Subsidies, Benefits and Services) Act, 2016
- Child Labour (Prohibition and Regulation) Amendment Act, 2016

for what must be done, through policy, law, planning, and practical programming, with conscious provision of the required resources of knowledge and skills, time and attention, material and financial support, and dedicated practical effort to reach all children, throughout their period of childhood. The National Policy for Children 2013 reaffirms this as a pledge to every child.

The National Plan of Action for Children 2016 flowing from National Policy for Children 2013 therefore stands as the country's practical expression of commitment to national progress. This is a declaration of foundational investment. In setting out goals, strategies and actions for the coming years, the Government is carrying forward its dedicated effort to ensure a safe, dignified and fruitful life for all children.

The adoption of the National Policy for Children (NPC) in 1974 was the first such major comprehensive initiative taken by the Government. The policy had set out action commitments to address and honour the national standards and obligations enshrined in the Constitution. It focussed on:

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

Several significant steps were taken to implement the NPC 1974. These included: implementation of the ICDS programme since 1975 to address the need for early childhood care; implementation of the immunization programme since 1978 as an essential intervention to protect children from life-threatening diseases that are preventable; and the adoption of the Child Labour (Prohibition and Regulation) Act since 1986. The National Action Plans were adopted in 1979, 1992, 2005, and finally in 2016.

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

India's accession to the UN CRC significantly affirms its recognition of children in the development process of the country as human beings with distinct and inalienable rights rather than as passive objects of care and charity. The UN General Assembly's Special Session on Children (UNGASS), held in May 2002, was convened to review progress and emphasized global commitment to children's rights. India accepted the resulting 'World Fit for Children' decisions without reservations and pledged to take affirmative steps to address the major gaps identified in terms of securing all rights of children. The Government has subsequently taken several significant measures to achieve these aims.

India has passed various child-centric legislations such as the Juvenile Justice Care and Protection Act (2000) and the new Juvenile Justice (Care and Protection of Children) Act of 2015, establishment of the National Commission for the Protection of Child Rights (NCPCR) (2005), the Prohibition of Child Marriage Act (2006), the Right of Children to Free and Compulsory Education Act (2009), the Protection of Children from Sexual Offences (POCSO) Act (2012), and Child Labour (Prohibition and Regulation) Amendment Act, 2016.

The Government has been implementing large number of schemes and programmes for children. Some of the key programmes prior to NPC 2013 are the Integrated Child Development Scheme (ICDS, 1975), Sarva Shiksha Abhiyan (SSA, 2000), National Health Mission (NHM, 2005), and Child Protection Services previously known as Integrated Child Protection Scheme (ICPS, 2009) which have focussed on providing robust health, nutrition, education and protection services that save children's lives and ensure they grow up healthy and safe.

Consequent to NPC 2013, the Government has brought in the National Food Security Act and launched the Swachh Bharat Mission (SBM, 2014), National Skill Development Mission (NSDM, 2015), the widely accepted Beti Bachao Beti Padhao (2015), and many other such initiatives. The National Nutrition Mission (NNM) is to be launched to address key issues of malnutrition in a comprehensive way among children, adolescents, pregnant and lactating mothers. The focus is now on improving the governance and service delivery through convergence as well as better monitoring to ensure measurable outcomes. The Government has also been focussing on extending the social protection safety net for all through various social protection interventions across the life-cycle. While some initiatives of the Government, like National Rural Livelihoods Mission and Mahatma Gandhi National Employment Guarantee Act do not directly relate to children, these significantly affect children's condition. The benefits are extended to them by developing better infrastructure at community-level through convergence, and empowering vulnerable households by providing them employment in their own village, most importantly, empowering households to be able to better educate and protect their children. De-institutionalization of children is being focussed through adoption, foster-care and after care.

One of the key challenges from policy planning perspective has been lack of adequate disaggregated data on children. This to an extent has been partially addressed in the interim by mapping of child vulnerability in 409 locations of the country by the CHILDLINE India Foundation. This mapping has been in terms of child marriage, child labour, child begging, children living on the streets, missing and run-away children, education/ school drop-outs, malnutrition as well as children affected by sexual abuse, substance abuse, disaster, etc. The map is placed at Annexure 10. The mapping of Child Vulnerability can feed into policy and programme requirements at district-level across different Ministries.

The Government is also undertaking gender and child budgeting to ensure adequate resource allocation for women and children. Also, the element of child-centric concerns should be embedded in the programme and policies, e.g., smart cities must include child safety concerns and have public spaces friendly to children. All the activities reflected in these and other schemes and programmes of the Government of India and UT governments are consolidated in Statement 22 of the Union Budget. However, over the years this commitment has got diluted and the percentage of child budget has decreased from 5.71 per cent in 2008–09 to 3.32 per cent in 2015–16 (BE). It is recommended that at least 5 per cent of the Union Budget must be spent on schemes and programmes directly related to children.

Key Definitions and Concepts used in NPAC 2016:

- **Child:** Meaning any person below the age of 18 years as defined under Juvenile Justice Care and Protection of Children Act 2015

- **Newborn:** Meaning any person below the age of 28 days

- **Infant:** Meaning any person below the age of one yea

- **Adolescent:** Meaning any person between the ages of 10–19 years

- **Every Child:** Meaning every child (0–18 Years) within the territory and jurisdiction of India.

- **Child in Need of Care and Protection under Juvenile Justice Care and Protection of Children Act 2015:** Meaning a child— (i) who is found without any home or settled place of abode and without any

ostensible means of subsistence; or (ii) who is found working in contravention of labour laws for the time being in force or is found begging, or living on the street; or (iii) who resides with a person (whether a guardian of the child or not) and such person— (a) has injured, exploited, abused or neglected the child or has violated any other law for the time being in force meant for the protection of child; or (b) has threatened to kill, injure, exploit or abuse the child and there is a reasonable likelihood of the threat being carried out; or (c) has killed, abused, neglected or exploited some other child or children and there is a reasonable likelihood of the child in question being killed, abused, exploited or neglected by that person; or (iv) who is mentally ill or mentally or physically challenged or suffering from terminal or incurable disease, having no one to support or look after or having parents or guardians unfit to take care, if found so by the Juvenile Justice Board or the Child Welfare Committee; or (v) who has a parent or guardian and such parent or guardian is found to be unfit or incapacitated, by the Committee or the Board, to care for and protect the safety and well-being of the child; or (vi) who does not have parents and no one is willing to take care of, or whose parents have abandoned or surrendered him; or (vii) who is missing or is a runaway child, or whose parents cannot be found after making reasonable inquiry in such manner as may be prescribed; or (viii) who has been or is being or is likely to be abused, tortured or exploited for the purpose of sexual abuse or illegal acts; or (ix) who is found vulnerable and is likely to be inducted into drug abuse or trafficking; or (x) who is being or is likely to be abused for unconscionable gains; or (xi) who is victim of or affected by any armed conflict, civil unrest or natural calamity; or (xii) who is at imminent risk of marriage before attaining the age of marriage and whose parents, family members, guardian and any other persons are likely to be responsible for solemnisation of such marriage.

- **Child in Conflict with Law under Juvenile Justice Care and Protection of Children Act 2015:** Meaning a child who is alleged or found to have committed an offence and who has not completed 18 years of age on the date of commission of such offence; as defined under Juvenile Justice (Care and Protection of Children) Act, 2015.

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

- **"Child Friendly":** Meaning any behaviour, conduct, practice, process, attitude, environment or treatment that is humane, considerate, and in the best interest of child.

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

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

The National Policy for Children, 2013

The National Policy for Children 2013 was adopted by the Government on 26th April, 2013. It adheres to the Constitutional mandate and guiding principles of UN CRC and reflects a paradigm shift from a "need-based" to a "rights-based" approach. It is based on the cardinal principles of right to life, survival and development, protection, non-discrimination, best interests of the child and respect for the views of the child. The National Policy for Children 2013 recognizes that:

- *A child is any person below the age of eighteen years;*

- *Childhood is an integral part of life with a value of its own;*

- *Children are not a homogenous group and their different needs need different responses, especially the multi-dimensional vulnerabilities experienced by children in different circumstances;*

- *A long-term, sustainable, multi-sectoral, integrated and inclusive approach is necessary for the overall and harmonious development and protection of children*

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

- *The best interest of the child is a primary concern in all decisions and actions affecting the child. Integral to the well-being of all children is the assurance of their safety and security.*

- *Recognition of every child's worth, and provision for this critical protection thus stand at the heart of the Government's present resolve to formulate and carry out a new plan to benefit all children in the country.*

In setting the course of national action for the good of children, India expresses its awareness that childhood safety and security are essential components of change and progress across and above all sectors of development. The National Policy renews and reaffirms India's commitment to care and protect them in an egalitarian and inclusive way.

<table>
<tr><td colspan="2" align="center">**Guiding Principles:
National Policy for Children; 2013**</td></tr>
<tr><td>•</td><td>Every child has universal, inalienable and indivisible human rights.</td></tr>
<tr><td>•</td><td>The rights of children are interrelated and interdependent, and each one of them is equally important and fundamental to the well-being and dignity of the child.</td></tr>
<tr><td>•</td><td>Every child has the right to life, survival, development, education, protection and participation.</td></tr>
<tr><td>•</td><td>Right to life, survival and development goes beyond the physical existence of the child and also encompasses the right to identity and nationality.</td></tr>
<tr><td>•</td><td>Mental, emotional, cognitive, social and cultural development of the child is to be addressed in totality.</td></tr>
<tr><td>•</td><td>All children have equal rights and no child shall be discriminated against on grounds of religion, race, caste, sex, place of birth, class, language, and disability, social, economic or any other status.</td></tr>
<tr><td>•</td><td>The best interest of the child is a primary concern in all decisions and actions affecting the child.</td></tr>
<tr><td>•</td><td>Family or family environment is most conducive for the all-round development of children.</td></tr>
<tr><td>•</td><td>Every child has the right to a dignified life, free from exploitation. Safety and security of all children is integral to their well-being.</td></tr>
<tr><td>•</td><td>Children are capable of forming views and must be provided a conducive environment and the opportunity to express their views in any way they are able to communicate, in matters affecting them.</td></tr>
<tr><td>•</td><td>Children's views are to be heard in all matters affecting them.</td></tr>
</table>

The National Plan of Action for Children (NPAC), 2016

The National Plan of Action for Children, 2016 is based on the principles embedded in the National Policy for Children 2013. It seeks to ensure convergence of ongoing programmes and initiation of new programmes so as to focus on pre-determined objectives through well-defined strategies and activities and achieve certain level of outcome.

The previous plan of 2005 which precedes the current plan had identified 12 key areas (Annexure 3) keeping in mind priorities and the intensity of the challenges that require utmost and sustained attention. The NPAC 2005 was framed for a period of five years. While no formal evaluation of the plan has been undertaken, many of the goals remain unfulfilled, like reducing IMR to 30 per 1000 live births and MMR to 100 per 100,000 live births; 100 per cent coverage for rural sanitation, universalization of early childhood care and education services, elementary education and complete abolition of child labour and child marriage by 2010. The Government of India is committed to achieving these objectives; the new National Policy reaffirms this as a national mandate, and the new plan is set to carry it forward to practical realization.

The **NPAC 2016** takes into account the current priorities for children in India. It is an initiative to further strengthen and activate the implementation and monitoring of national constitutional and policy commitments and the UN Convention on the Rights of the Child. It provides a road-map that links the Policy objectives to actionable programmes and strategies and identifies indicators for monitoring the progress.

The success of the plan depends on prioritized action for children by different stakeholders with required vigour and pace to achieve the identified outcomes by 2021. The challenge is to get over the un-even pace of implementation of various programmes and schemes along with inadequate financial and human resources; so that the SDG targets can be achieved.

Key Programmes and Schemes included in the NPAC 2016

- Beti Bachao Beti Padhao
- Child Protection Services (Previously ICPS)
- Dindayal Disabled Rehabilitation Scheme
- Janani SurakshaYojana
- Janani Shishu Suraksha Karyakram
- Mid-Day Meal
- Mahatma Gandhi National Rural Employment Guarantee Scheme
- National Health Mission
- National Nutrition Mission
- Integrated Child Development Services (Including SABLA and Kishori Shakti Yojna)
- Maternity Benefit Programme (Matritva Sahayog Yojana)
- National Rural/Urban Drinking Water Mission
- National Mental Health Programme
- National AIDS Control Programme
- Pradhanmantri Kaushal Vikas Yojna
- Pradhan Mantri Surakshit Matritva Abhiyan
- Rashtriya Madhyamik Shiksha Abhiyan
- Rashtriya Bal Swasthya Karyakram
- National Crèche Scheme
- Rashtriya Kishor Swasthya Karyakram
- Sarva Shiksha Abhiyan
- Swachh Bharat Mission
- Scholarship Schemes
- Schemes under National Trust Act
- UJJAWALA
- National Welfare Fund for Sportspersons
- National Playing Fields Association of India
- Scheme of Assistance for the creation of Urban Sports Infrastructure .

Key priority areas as identified in NPC, 2013 and Objectives of NPAC 2016

The rights of the children are categorized under four Key Priority Areas in the National Policy for Children 2013. In alignment with the NPC 2013, the NPAC 2016 has the following objectives:

Key Priority Areas of NPC 2013	*Corresponding Objectives of NPAC 2016*
1. **Survival, Health and Nutrition**	I. Ensure equitable access to comprehensive and essential preventive, promotive, curative and rehabilitative health care of the highest standard, for all children before, during and after birth, and throughout the period of their growth and development.
2. **Education and Development (including Skill Development)**	II. Secure the right of every child to learning, knowledge, education, and development opportunity, with due regard for special needs, through access, provision and promotion of required environment, information, infrastructure, services and support for the development of the child's fullest potential.
3. **Protection**	III. Create a caring, protective and safe environment for all children, to reduce their vulnerability in all situations and to keep them safe at all places, especially public spaces.
4. **Participation**	IV. Enable children to be actively involved in their own development and in all matters concerning and affecting them.

The NPAC 2016 takes due note of the importance of strengthening the ability of communities and families to support children and to ensure their overall survival, well-being, protection and development. The focus of NPAC is to reach and serve vulnerable children due to gender, socio-cultural and economic or geographic exclusion, including other vulnerable children, etc. NPAC will assure special attention, care and protection to all such children by tracking and identifying, ensuring all services for them in an inclusive manner and providing them with an overarching social protection network. The plan aims

The Vulnerable Children:

- Socio-economically or otherwise disadvantaged groups including SC/ST, children of De-notified, Nomadic and Semi-Nomadic Tribes
- Children with disabilities
- Street/Homeless children
- Child labour/Migrant children/Trafficked children
- Children in conflict with law
- Children affected or displaced by natural or man-made hazards and climate conditions/ civil disturbance
- Children without family support or in institutions
- Children affected by HIV/AIDs, leprosy etc.

at giving due attention to the inter-relatedness of deprivations and needs, and thus of measures to address each of them, while ensuring all children from all strata develop to their full potential in a holistic manner. In this context, it aims at establishing an effective coordination among all stakeholders, including Ministries, departments and civil society organizations in the planning, implementation, monitoring and assessment of all policies and programmes adopted for children. It also provides a framework for the States and Union Territories to develop their own state plans so as to protect children's rights and promote their development within the framework of NPC 2013 and Sustainable Development Goals (SDGs).

The 2030 Agenda for Sustainable Development2 adopted by UN General Assembly on 27th September, 2015 in its 70th session includes a set of 17 Sustainable Development Goals (SDGs) to end poverty, fight inequality and injustice, and tackle climate change. The SDGs are the successor to the Millennium Development Goals (MDGs), which ended in 2015. SDGs represent not just the agreement on the task unfinished as yet, but also the challenges ahead that need concerted prioritization and investment. The SDGs focus on the 5 Ps: People, Planet, Prosperity, Peace and Partnership. The SDGs focus on children in several important ways. These include ending preventable deaths, ending hunger and ensuring children's access to the nutrition that will help them thrive; promoting learning and educational outcomes for all children and ensuring children live without fear of violence, through efforts to end all forms of violence and promote peaceful and just societies. The SDG monitoring framework proposes 27 targets and 34 child-specific indicators (Annexure 3). For the first time, the global development agenda recognizes that sustainable and positive outcomes in development will not be achieved unless violence against children ends. Apart from indicators for eliminating prevalence of malnutrition, reducing maternal and child mortality, etc.; five goals and eleven targets address violence and abuse, trafficking, sexual and other types of exploitation, harmful practices such as child marriage and child labour including use of children in armed conflicts along with promotion of safe public spaces, safe and non-violent learning environments and birth registration. The National Plan of Action takes into account the SDG targets and provides a roadmap towards achieving them.

The following Table identifies the Goals and targets pertaining to children[2]:

SUSTAINABLE DEVELOPMENT GOAL AND TARGETS RELATED TO CHILDREN

Goals	Targets	
GOAL 1: *End poverty in all its forms everywhere*	1.2	By 2030, reduce at least by half the proportion of men, women and children of all ages living in poverty in all its dimensions according to national definition.
	1.3	Implement nationally appropriate social protection systems and measures for all, and by 2030 achieve substantial coverage of the poor and the vulnerable.
	1.5	By 2030, build the resilience of the poor and those in vulnerable situations and reduce their exposure and vulnerability to climate-related extreme events and other economic, social and environmental shocks and disasters.
GOAL 2: *End hunger, achieve food security and improved nutrition and promote sustainable agriculture*	2.2	By 2030, end all forms of malnutrition, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children under five years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women and older persons.
GOAL 3: *Ensure healthy lives and promote well-being for all*	3.1	By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births.
	3.2	By 2030, end preventable deaths of newborns and children under five years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births.

Goals	Targets
	3.3 By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other diseases.
	3.7 By 2030, ensure universal access to sexual and reproductive health-care services, including family planning, information and education, and the integration of reproductive health into national strategies and programmes.
	3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.
	3.9 By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination.
	3.c. Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing states.
GOAL 4: *Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all*	**4.1** By 2030, ensure that all girls and boys have access to complete free, equitable and quality primary and secondary education leading to relevant and effective learning outcomes.
	4.2 By 2030, ensure that all girls and boys have access to quality early childhood development, care and pre-primary education so that they are ready for primary education.
	4.4 By 2030, substantially increase the number of youth and adults who have relevant skills, including technical and vocational skills, for employment, decent jobs and entrepreneurship.
	4.5 By 2030, eliminate gender disparities in education and ensure equal access to all levels of education and vocational training for the vulnerable, including persons with disabilities, indigenous peoples and children in vulnerable situations.
	4.a. Build and upgrade education facilities that are child, disability and gender sensitive and provide safe, non-violent, inclusive and effective learning environments for all.
GOAL 5. *Achieve gender equality and empower all women and girls*	**5.2** Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation.
	5.3 Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation.
GOAL 6. *Ensure availability and sustainable management of water and sanitation for all*	**6.1** By 2030, achieve universal and equitable access to safe and affordable drinking water for all.
	6.2 By 2030, achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations.
GOAL 7. *Ensure access to affordable, reliable, sustainable and modern energy for all*	**7.1** By 2030, ensure universal access to affordable, reliable and modern energy services.
GOAL 8. *Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all*	**8.7** Take immediate and effective measures to eradicate forced labour, end modern slavery and human trafficking and secure the prohibition and elimination of the worst forms of child labour, including recruitment and use of child soldiers, and by 2025 end child labour in all its forms.

Goals	Targets
GOAL 10. *Reduce inequality within and among countries*	**10.2** By 2030, empower and promote the social, economic and political inclusion of all, irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or other status.
GOAL 11. *Make cities and human settlements inclusive, safe, resilient and sustainable*	**11.5** By 2030, significantly reduce the number of deaths and the number of people affected and substantially decrease the direct economic losses relative to global gross domestic product caused by disasters, including water-related disasters, with a focus on protecting the poor and people in vulnerable situations.
GOAL 16. *Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels*	**16.1** Significantly reduce all forms of violence and related death rates everywhere. **16.2** End abuse, exploitation, trafficking and all forms of violence against and torture of children. **16.9** By 2030, provide legal identity for all, including birth registration.

Key Indicators identified for Developing Strategies in the NPAC 2016[3]

The NPAC 2016 builds upon a foundation of existing data and information available for children as well as consultations held with various stakeholders which included civil society organizations (Refer to Chapter 2 for a detailed analysis of situation of children). The plan also specifically identifies areas where there is a lack of adequate data and information for measuring progress for children in terms of their survival, health, nutrition, education, development, protection and participation and suggests research and knowledge development to address the same.

Based on the review of secondary literature and suggestions provided during consultations; the following key indicators were identified under the four priority areas to develop strategies responsive to the specific situation of children in our country:

Strategies of NPAC 2016 are built upon the following current indicators*:
- Maternal Mortality 167 per 100,000 live births (SRS 2011-13)
- Neonatal Mortality 26 (Rural – 30, Urban – 15) per 1000 live births (SRS 2014)
- Infant Mortality 39 (Rural – 43, Urban – 26) per 1000 live births (SRS 2014)
- U-5 Mortality 45 (Rural – 51, Urban – 28) per 1000 live births (SRS 2014)
- 48 per cent of neo-natal deaths due to prematurity and low birth weight (SRS 2010-13)
- 45.4 per cent (Rural - 39.6, Urban - 58.9) Mothers received 4 or more ANCs (RSOC 2013-14)
- 78.7 per cent (Rural - 74.6, Urban - 88.5) Institutional Delivery (RSOC 2013-14)
- 39.3 per cent (Rural - 34.2, Urban - 51.1) Neonates received PNC within 48 hours of delivery/discharge (RSOC 2013-14)
- 38.7 per cent (Rural - 41.6, Urban - 32) of children 0-59 months stunted; per cent higher for SC/ST (RSOC 2013-14)
- 17.3   per cent (Rural - 19.1, Urban - 13.2) of children 0-59 months severely stunted (RSOC 2013-14)
- 15.1 per cent (Rural - 15.1, Urban - 15) of children 0-59 months wasted; per cent higher for SC/ST (RSOC 2013-14)
- 4.6 per cent (Rural - 4.5, Urban - 4.8) of 0-59 months children are severely wasted (RSOC 2013-14)
- 29.4 per cent (Rural - 31.6, Urban - 24.3) of children 0-59 months underweight; per cent higher for SC/ST (RSOC 2013-14)

*As on date, only RSOC 2013-14 data is available at National Level for many indicators.

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[3]As on date, only RSCOC 2013-14 data is available at National Level for many indicators.

- 44.6 per cent (Rural - 44.2, Urban - 45.6) children 0-23 months breastfed immediately/within 1 hour of birth (RSOC 2013-14)
- 50.5 per cent (Rural - 47.1, Urban - 58.1) Children aged 6-8 months were fed complementary foods (RSOC 2013-12)
- 65.3 per cent (Rural - 62.4 , Urban - 72.0) children 12-23 month Fully immunized ; per cent lower for SC/ST (RSOC 2013-14)
- 13.4 per cent   (Rural - 12.7, Urban - 15.2) children aged 6-59 months received Iron and Folic Acid supplement (RSOC 2013-14)
- 45.2 per cent (Rural - 43.8 , Urban - 48.3) children aged 6-59 months received Vitamin A dose (RSOC 2013-14)
- 27.6 per cent (Rural - 26.6 , Urban - 30) children aged 6-59 months received de-worming medication (RSOC 2013-14)
- Majority of boys and girls (60-90 per cent) in the age 17-19 years suffer from Anaemia   (AHS 2013-14)
- 49.84 per cent (Rural -67.32 , Urban – 12.63) HHs practice open defecation, per cent higher for SC/ST habitations (Census 2011)
- Only 45.3 per cent of HHs in rural and 88.8 per cent HHs in urban areas have sanitary toilets and 52 per cent of rural and 7.5 per cent urban population go for open defecation (Swacchata Status Report 2016, NSSO)
- Net Enrolment Ratio at Elementary Level: 88.45 per cent (U-DISE 2014-15)
- Net Enrolment Ratio at Secondary level : 48.46 per cent (U-DISE 2014-15)
- Drop-out rates at Elementary level 36.3 per cent (Educational Statistics at a Glance, MOHRD; 2014)
- Drop-out rates for SC and ST at Elementary level 38.8 per cent and 48.2 per cent respectively (Educational Statistics at a Glance, MOHRD; 2014)
- 33 million (26.6 million in rural, 6.4 million in urban areas) children in the age group of 5-18 years engaged in the labour force (Census 2011)
- 30.3 per cent (Rural- 33.5, Urban - 22.4) women in the age 20-24 married before 18 years (RSOC 2013-14)
- Rise in rate of crimes against children from 13.23 in 2013 to 21.1 in 2015 (NCRB 2015)
- Approximately 40 per cent of the reported offences against children are sexual offences (NCRB 2015)
- Rate of conviction 35.6 per cent   in all cases of crimes against children (NCRB 2015)

Key Priority Area 1 of NPC 2013: Survival, Health and Nutrition

NPAC 2016 strategy to focus efforts on:

- Reducing maternal and child mortality rates, particularly neonatal mortality.
- Preventing sex selective elimination.
- Seek and establish up to date information and understanding on the nature and causes of child mortality and vulnerability at all stages and ages of childhood.
- Provide adequate maternal and child care services.
- Provide adequate mental health care services to all children.
- Exclusive breastfeeding for six months and complementary feeding thereafter.
- Immunization and de-worming.
- Clean water and sanitation.
- Assure frequent, appropriate, and active feeding for children during and after illness, including oral rehydration made with safe drinking water with zinc supplements during diarrhoea.
- Investigate, review and analyse all requirements of skills and competencies for effective life-saving and life-guarding services.
- Design and carry out capacity development through continuous training for staffing the management and delivery of required services for children's survival, security, health and nutrition status, with regular appraisal of trends, and changing needs and enhancing of needed abilities.

Key Priority Area 2 of NPC 2013: Education and Development

NPAC 2016 strategy to focus efforts on:

- Providing Early Childhood Care and Education for all children between the ages 3-5 years.
- Enrolling all children in schools with special focus on inclusion of girl child and children of all disadvantaged communities or groups.
- Improving retention and reduce drop-out rates at elementary level, especially for girl child, SC and ST children, and those from specially deprived or marginalized groups and communities.
- Providing adequate infrastructure in all schools including toilets for girls.
- Bridging courses for OOS children.
- Ensuring quality education at all levels for all children of all strata.
- Ensuring availability of vocational and skill development training for children.
- Ensuring availability of adequately trained teachers at elementary level as per RTE norms.
- Providing education/vocational training to all children in the 15+ age group, with special focus on SC/ST children, and those from specially deprived or marginalized groups and communities, trafficked children, migrant children and children in all child care institutions.
- Reviewing regularly learning competencies and progress of children's learning achievement in both formal and non-formal education processes, and progressively enhance teaching and learning standards.
- Providing gender sensitive and value-based education
- Ensuring education of all CWDs.
- Developing and providing facilities and opportunities for children's play and recreation, with access to sports, arts and creative activities for all children throughout their childhood years.
- Providing educational opportunities of higher learning so that children are not manipulated on joining spurious institutions.

Key Priority Area 3 of NPC 2013: Protection

NPAC 2016 strategy to focus efforts on:

- Ensuring birth registration and ADHAAR for all children.
- Ensuring respect and sensitivity for all children without discrimination irrespective of factors of identity, gender, socio-economic character, community or other status.
- Eliminating all forms of child labour till 14 years and from hazardous industries till 15-18 years.
- Providing adequate and appropriate infrastructure and ensure safety and security of children in all residential care facilities including CCIs, Hostels and Ashram Shalas, established under domestic laws that house children.
- Encourage linkages between CCIs and old age homes as part of mentoring.
- Preventing trafficking of children, take adequate measures for prevention, rescue and rehabilitation, re-integration of children and prosecution of traffickers.
- Ensuring advocacy for public awareness, community vigilance and attentiveness to children's presence in every setting and situation such as neighbourhood, community, school, local levels, and in all public spaces, service points.
- Establishing risk-alert systems to safeguard children's lives and safety in hazard-prone settings and situations, including natural and man-made disasters.
- Undertaking comprehensive fact-finding, research and analysis of data on child migration, all forms of child abuse and child trafficking, and all factors and situations of vulnerability.
- Preventing child marriage.
- Preventing crimes against children, especially sexual offences and ensure prosecution of offenders.
- Ensuring that portrayal of children in media and use of children in different programmes is not exploitative, abusive or demeaning.

- Ensuring positive use of social media platforms and generate awareness among children and their parents about the possible dangers of internet and social networks.
- Ensuring the training, competence, and integrity of all persons and institutions dealing with any aspect of child protection systems and services.
- Improving rates of case disposal and conviction for crimes against children.
- Reducing incidences of crimes committed by children through effective preventive measures at school and community level, awareness generation and engagement with children themselves.
- Ensuring adequate rehabilitative measures for all children in conflict with law.
- Ensuring professional and expert counselling services for both victims and perpetrators.
- Develop and institute professional education and training in counselling, to build a national cadre of services, and make such skills and supports nationally available.
- Providing competent professional counselling services, guidance and support to households and families - with a conscious focus on the security and best interests of all children in need or at risk.
- Undertaking advocacy and awareness generation campaigns to protect children from abuse by persons who are at position of trust.

Key Priority Area 4 of NPC 2013: Participation

NPAC 2016 strategy to focus efforts on:
- Providing access to children relating to age and gender appropriate information regarding their own health, growth, development and protection.
- Providing access to children relating to information regarding their rights and entitlements under various schemes and programmes.
- Creating an enabling environment and opportunities in school and community to actively involve children in all matters concerning them.
- Ensuring stress-free learning environment in schools, elimination of corporal punishment, ragging or humiliation of children.
- Providing an effective platform for the voices of children so that they are able to freely speak out on sensitive issues such as child protection.

Children in India: New and Emerging Areas

The National Plan of Action brings attention to some new and emerging areas for the survival, development and protection of children. The vulnerability of children has increased manifolds due to easy access to modern technology which, unfortunately, many times is being used against children threatening their survival and well-being and putting at risk their safety and security. A large number of children are getting adversely affected due to natural disasters and climate change. New types of diseases, some of them showing drug-resistance are being recorded in various degrees of outbreak. Moreover, a child's life and recovery potential are imperiled by the acuteness of a situation, not just the quantum scale. These are India's "silent emergencies" destroying childhood one by one, because each individual childhood at risk is a case of 'silent urgency'.

Agrarian distress has become a reality today, caused by multiple factors which often adversely impact children, forcing their education to a come to a halt, especially if they have to work in order to provide for their needs. They also become extremely vulnerable to other forms of exploitation and violence. Social protection interventions reduce child labour and also comprehensively impact nutritional status of women and children. Therefore, a comprehensive social protection network is needed to ensure that these children are able to break free from the cycle of poverty and insecurity and lead a life with dignity.

The extent of these vulnerabilities, their nature and their effect on children is not well-documented and there is lack of adequate data including sex-disaggregated data and relevant research on these topics.

Hence, there is a need to recognize these issues and NPAC 2016 highlights them, seeking appropriate strategies and actions to be designed by Ministries, agencies or institutions concerned at the Centre- and State-level, to address them comprehensively. The following emerging issues specifically need attention and deliberation:

- Online threats to children, child pornography and sex tourism.
- Comprehensive plan for safeguarding children in all disaster situation including psycho-social support for children affected by natural and man-made disasters.
- Comprehensive preventive protocols to prevent children from being in conflict with the law.
- Mainstreaming child protection: Developing a comprehensive safety net for children by sensitizing ALL service providers, parents, community and children on Child Sexual Abuse/Trafficking/Child Marriage/Migration and all forms of violence, abuse, exploitation and neglect.
- Providing social protection network for children affected by agrarian distress.
- Ensuring holistic child development with special focus on stress management.
- Addressing disconnect within family relations leading to stress and depression among children.
- Regulating use of science and technology in areas which adversely impact children.
- Safeguarding children from unrecognized educational institutions for higher/technical education.
- Undertaking comprehensive research to seek and establish up to date information and understanding on all the above mentioned issues and develop comprehensive plan to address them.

By giving due recognition to these issues as emerging threats that prevent realization of rights of children and undermine their best interest; the NPAC seeks to put them on the agenda of the country so that specific strategies may be devised by stakeholders concerned to mitigate their effect on children.

The NPAC 2016 attempts to address issues and concerns identified in each key priority area of NPC 2013 by aligning its objectives, strategies and implementation mechanism to these four priority areas. The strategies for addressing new and emerging challenges need to be developed through a consultative process with different stakeholders including children themselves. Chapter 2 analyses in detail the current status of children and their voices are incorporated in **Annexure 6**.

Children are most vulnerable and we must ensure that there is no loss of childhood and its innocence

Created by Children of Vallalar Children's Home, Tamil Nadu

Children in India:
Key Concerns

The National Plan of Action for Children identifies key issues and concerns pertaining to children's right to survival, health, nutrition, education, dignity, protection and participation, based on secondary literature review; which includes data and information from Census 2011, socio-economic and caste Census 2011, Sample Registration System, Office of Registrar General of India, Rapid Survey on Children 2013–14[4], Annual Health Survey 2014, U-DISE 2014–15, and National Crime Records Bureau 2015.

Demographic Status

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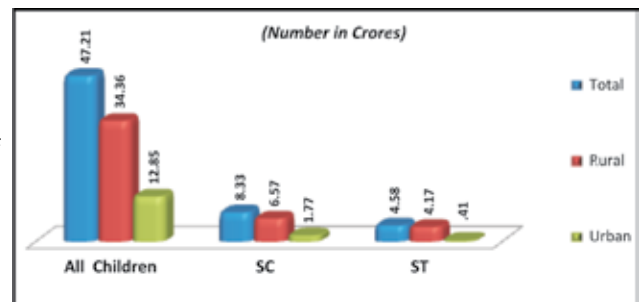

Figure 1: Children in India; Census 2011

Socio-economic Status

Approximately 27.5 per cent children belong to traditionally marginalized and disadvantaged communities (17.6 per cent belong to scheduled caste and 9.7 per cent to the scheduled tribes). There are more than 449 thousand households recorded as houseless in the Census 2011. Of these, 43 per cent were in rural areas and 57 per cent in urban locations. According to the socio-economic and caste Census 2011 published by the Government of India[5], 38 per cent households in rural areas of the country are landless and are engaged in manual casual labour. The average monthly income of highest earning members in 75 per cent of rural households is less than Rupees 5000/- per month. This adversely affects children of these households who then are prone to malnutrition, other health risks, migration, child labour, trafficking, etc., which in turn threaten their right to survival, development, protection, and meaningful participation in the society.
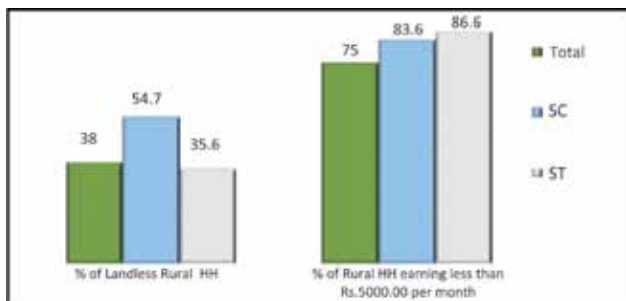

Figure 2: Households by Economic Deprivation, Socio-economic and Caste Census 2011

Child Sex Ratio:

As per Census 2011, the Child Sex Ratio (CSR), an indicator of gender discrimination, stands at 918 girls per 1000 boys in the age group of 0–6 years. The unabated decline in CSR from 976 in 1961 to 918 in 2011 is a matter of grave concern as it indicates their disempowerment over a life-cycle continuum. This
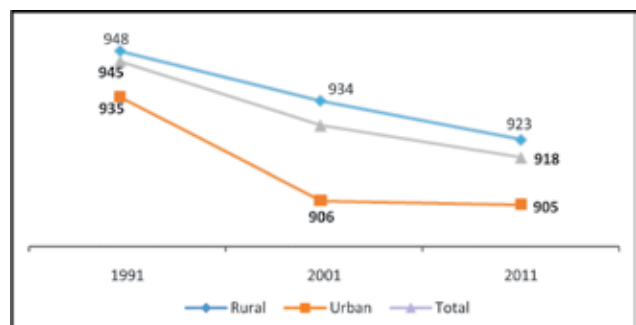

Figure 3: Child Sex ratio, Census 1991-11

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[4]RSCO data is used where no other data is available
[5]http://www.secc.gov.in/staticSummary

decline is largely attributed to gender- biased sex selection before birth and subsequent neglect of girl child after birth.

The Census data of 1991, 2001 and 2011 *(Map 1: Declining CSR, Census 1991, 2001 and 2011)* shows a very disturbing trend in CSR (0–6 years) and its continuous spread over the last three decades.

In 1991, the decline was mainly limited to the northern parts of the country, in particular, in the states of Punjab and Haryana. In 2001, this decline spread gradually to western parts of India, and in 2011, it covered the entire of India. This trend was also marked with north-eastern states having CSR above 976 and above in 1991, disappearing completely in 2011.
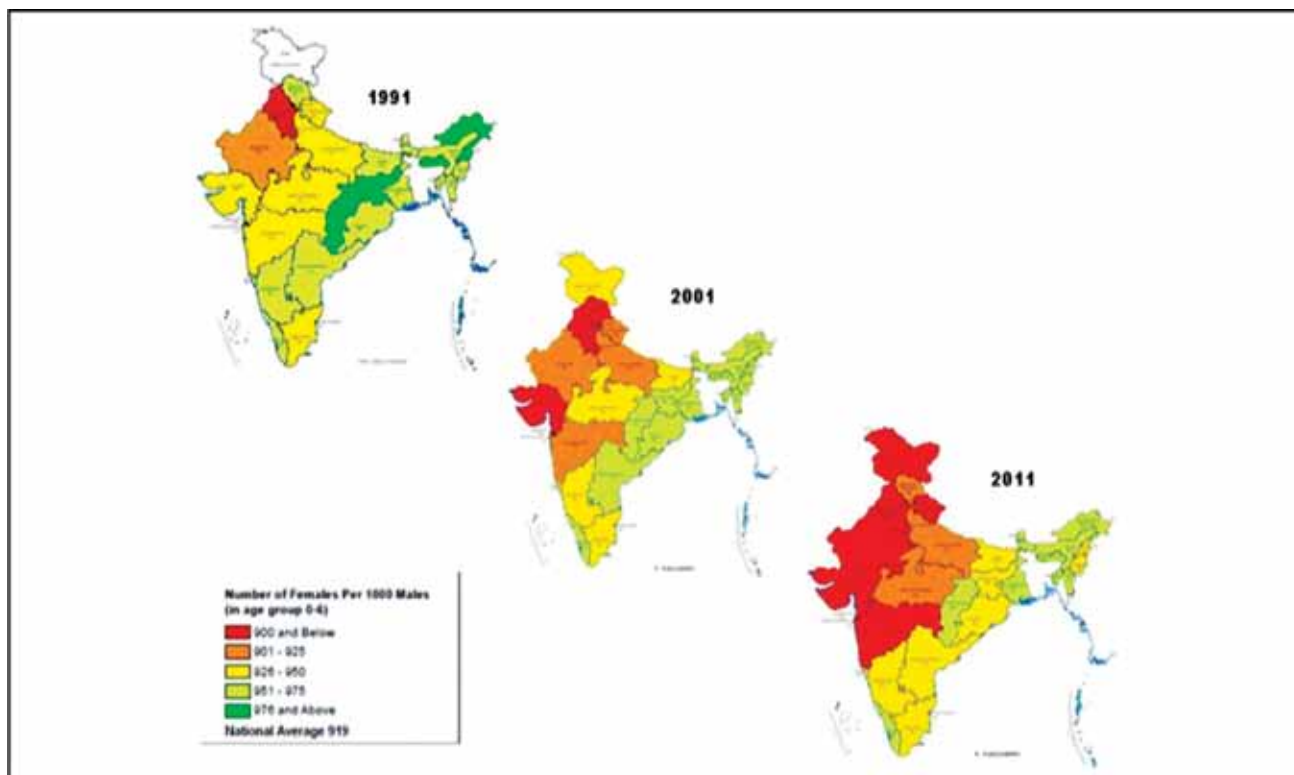
Map 1: Declining CSR, Census 1991, 2001 & 2011

According to SRS (2012–14), the Sex Rato at   Birth (SRB) has shown some improvement over the years; however,   between 2011–13 to 20112–14, SRB declined from 909 to 906 per 1000 boys. The sex ratio at birth (total) varies from 974 in Kerala to 866 in Haryana. The situation is more critical in Urban India, where SRB is only 905. There are 10 states who show urban SRB less than national average (906); they are Bihar, Delhi, Gujarat, Haryana, Himachal Pradesh, Jammu and Kashmir, Jharkhand, Punjab, Rajasthan, and Uttar Pradesh.
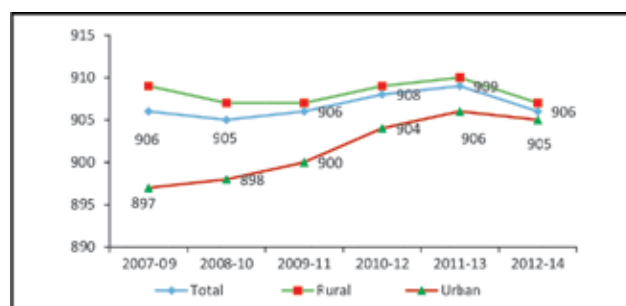

Figure 4: Sex Ratio at Birth; SRS 2013

The Beti Bachao Beti Padhao (BBBP) scheme of the Ministry of Women and Child Development, launched by Hon'ble Prime Minister of India in January 2015, aims at prevention of gender-biased sex selection and ensuring survival, protection, education and empowerment of the girl child. It takes multi-sectoral approach through convergence and co-ordination and a nationwide mass campaign to ensure that girls are born, nurtured and educated without discrimination to become empowered citizens of this country. Initially, 100 districts were identified for multi-sectoral intervention. The scheme has been well received and is showing encouraging results. It has now been expanded to 61 additional districts across 11 states.

Children with Disabilities (CWDs):

According to Census 2011, there are more than 7.8 million children with disabilities, constituting approximately 2 per cent of the total child population. The majority of them (58 per cent) are in the 10+ age group. Special conditions of children in different categories are as depicted in Figure 5. A study carried out by the Indian Council of Medical Research[6] (2005) noted that the mental illness leading to disability

Figure 5: Types of Disability , Census 2011

frequently goes un-recorded. It also noted that services for mental illness, especially in rural areas are also limited. Approximately 36 per cent children, in the age group of 6–13 years suffering from mental disability (of any type), do not have access to any institutional service and are out of school (National Survey of Out of School Children 2014; MOHRD, SRI-IMRB)[7].
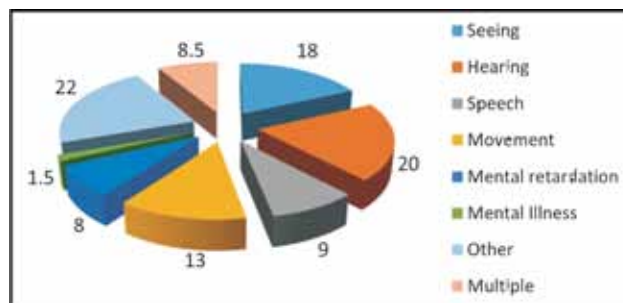
Children Affected by Natural Disasters and Climate Change

India is among the countries which are at high risk of damage from natural disasters including climate change. Over the last decade, China, the United States, the Philippines, Indonesia and India constitute together the top five countries that are most frequently hit by natural disasters. According to estimates from the Centre for Research on Epidemiology of Disaster, between 2013 and 2015; more than 20 million people in India were affected by various natural disasters in India, such as flood, drought, cyclone and earthquake, causing a damage of approximately 25 million US dollars[8] (approximately 1700 million Rupees). Rapid climate change has also affected the agrarian economy causing agrarian distress which affects not only nutrition but also the overall well-being of affected population, especially children. Man-made disasters also pose a serious concern in an already disaster-prone environment. It is estimated that a large proportion of the affected population would be children who are the worst-affected population in emergency situations as they face multiple protection and health risks. Therefore, they need to be given special focus in terms of securing their safety, security and well-being.

Key Concerns of Priority Area 1: Child Survival, Health and Nutrition

i)   Trends in Maternal Mortality

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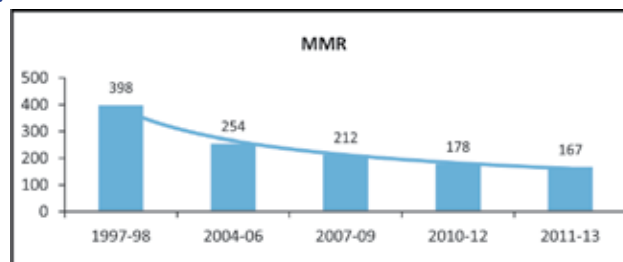

Figure 6: Trends in Maternal Mortality, SRS 1997-98 to 2011-13

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

The Government has been implementing a number of schemes and programmes to ensure survival and health of all pregnant women which include cash incentive schemes like Janani Suraksha Yojana (JSY) and Matritva Sahayog Yojana (MSY). Recently, the Pradhan Mantri Surakshit Matritva Abhiyan was launched by the Hon'ble Prime Minister. The scheme aims at boosting the health care facilities for pregnant women, especially the poor. It also seeks to protect pregnant women from infectious diseases by providing them free health check-up and required treatment on the 9th of every month at all health facilities.

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

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

India's Under-5 (U-5), infant and neo-natal mortality rates witnessed a significant decline in the past decade but still remains very high. The under-five deaths dropped by more than half since 1990. India registered 1.34 million under-five deaths in 2013—the highest in the world[9]. Neo-natal deaths are the highest contributors of Under-five and infant deaths in the country. The percentage of neo-natal deaths to the total infant deaths during the year 2013 was 68 per cent. According to a study published in The Lancet, the major causes of new-born deaths in India are pre-maturity/pre-term (35%) and neonatal infections (33%)[10]. The Sample Registration System has recently published the Causes of Death (2010–13) and 48 per cent of causes of neo-natal death during this period were found to be due to prematurity and low birth weight[11]. Early marriage of girls, high rates of anaemia and poor health status of mothers-to-be, poor antenatal care of mothers and lack of proper post-natal care and treatment for mother and child are the other major contributing factors for the above (The Lancet, Volume 376, No. 9755, P1853-1860, 27 November, 2010).
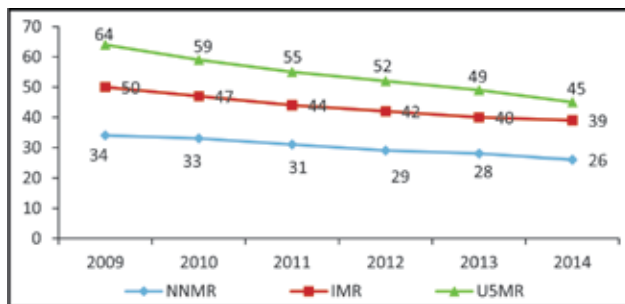
Figure 7: Trends in Child Mortality; SRS 2009-2014, ORGI
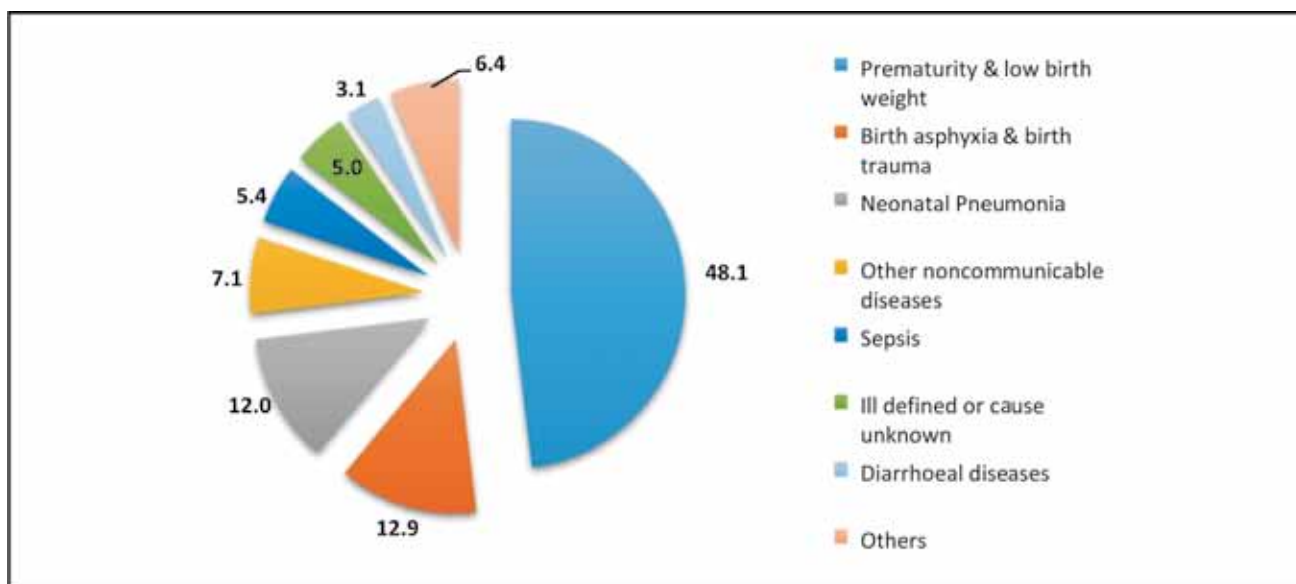
Figure 8: Causes of Neonatal Deaths, SRS 2010-13, ORGI

There is a marked difference in the gender-levels of child mortality, and it was observed that the mortality levels of girls were higher than boys.
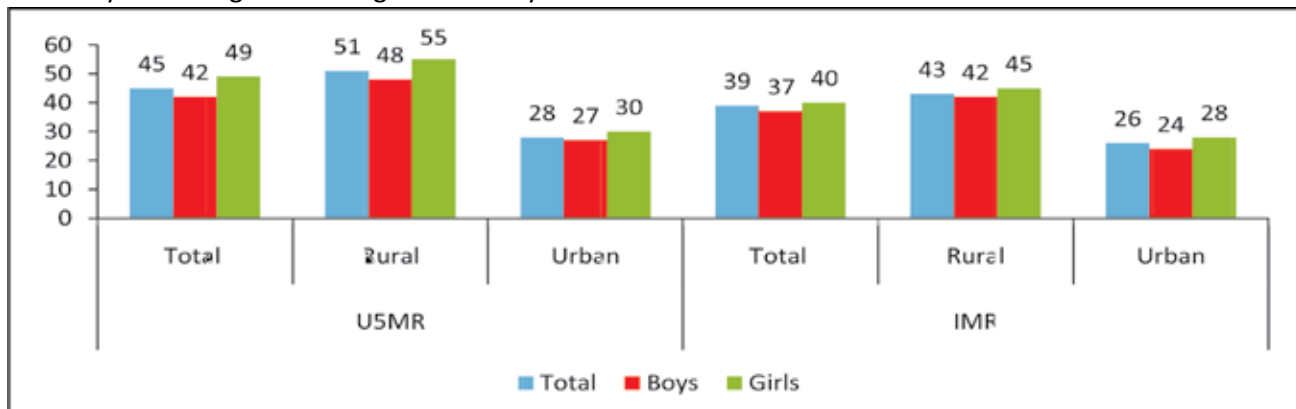
Figure 9: Child Mortality Gender/Spatial, SRS 2014, ORGI

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[9]Levels and Trends in Child Mortality 2014, UNICEF.
[10]*Liu et al, Lancet 2012.*
[11]http://www.censusindia.gov.in/2011-Common/Sample_Registration_System.html

iii) Availability of Health Infrastructure

According to the Rural Health Survey 2015, published by the Ministry of Health and Family Welfare, there are currently 1,53,655 Sub Centres, 25,308 Primary Health Centres (PHCs) and 5,396 Community Health Centres (CHCs) functioning in the country. While the Sub Centres, PHCs and CHCs have increased in number in 2014–15, the current numbers are not sufficient to meet their population norm, as laid down in the IPHS[12]. Only 20.7 per cent PHCs and 26.3 per cent CHCs in rural areas are currently functioning as per IPHS norms (RHS 2015).

The Specialist doctors at CHCs have increased from 3,550 in 2005 to 4,078 in 2015. However, as compared to requirement for existing infrastructure, there was a shortfall of 83.4 per cent of Surgeons, 76.3 per cent of Obstetricians and Gynaecologists, 83 per cent of Physicians and 82.1 per cent of Paediatricians. Overall, there was a shortfall of 81.2 per cent specialists at the CHCs as compared to the requirement for existing CHCs.
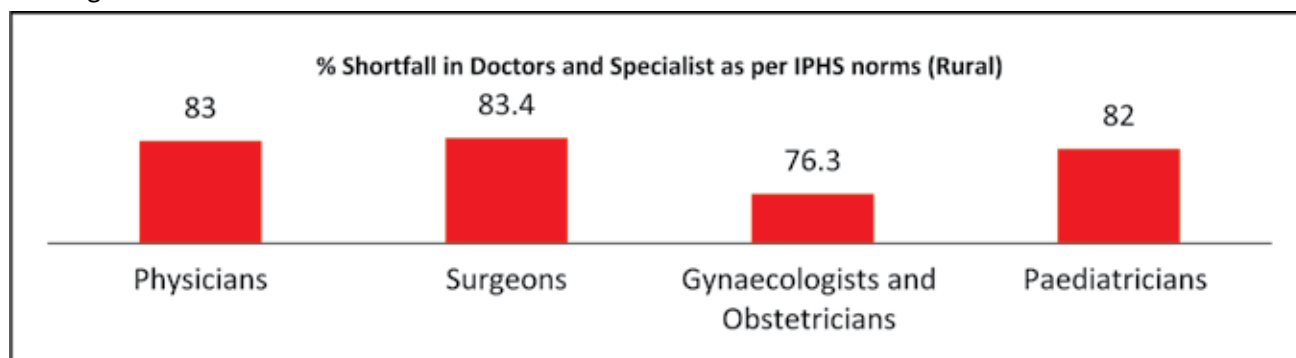
Figure 10: Rural Health Survey 2015, MHandFW

Lack of doctors and adequate infrastructure adversely affects health care of women and children. According to the 71st round of the NSSO (January–June 2014)[13], more than 70 per cent (72 per cent in rural and 79 per cent in urban) spells of ailment were treated in the private sector (consisting of private doctors, nursing homes, private hospitals, charitable institutions, etc.). The report points out that highest percentage of total medical expenditure by households is made towards buying medicines (72 per cent in rural and 68 per cent in urban areas).

iv) Nutrition Status in Children

Malnutrition is the major cause of child mortality, childhood diseases and disability. Nutritional status is primarily influenced by three broad factors: food, health and care and water and sanitation services. However, optimal nutritional status can be gained by a child only in a safe and caring environment.

NFHS -3 (2005-06)	Total	SC	ST
Stunting	48.0%	53.9%	53.9%
Wasting	19.8%	21.0%	27.6%
Underweight	42.5%	47.9%	54.5%

NFHS 3, 2005-06
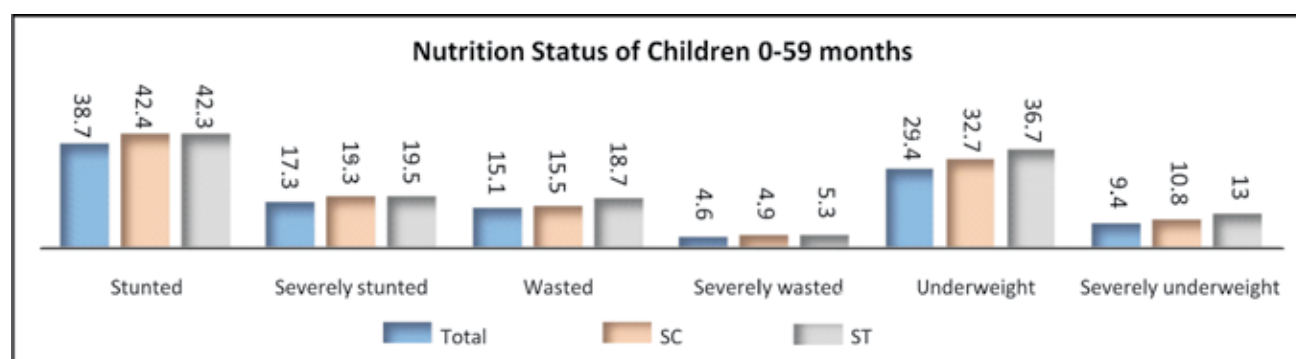
Figure 11: Nutrition Status of Children , RSOC (2013-14)

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[12]Indian Public Health Standards, nrhm.gov.in/nhm/nrhm/guidelines/indian-public-health-standards.html
[13]http://mospi.nic.in/Mospi_New/upload/nss_rep574.pdf

Nutrition in children, measured in terms of prevalence of stunting, wasting, and underweight, show that India has much to achieve in this field. The recently published India *Health Report on Nutrition, 2015*[14] notes that despite significant growth in India's GDP; the nutritional status of children has not improved at the same pace.

The Rapid Survey on Children (RSOC) 2013–14 conducted by the Ministry of Women and Child Development and UNICEF shows considerable improvement in nutrition level of children under 5 years of age in comparison to 2005–06; but it still remains very high. The stunting has reduced from 48 per cent (2005–06) to 38.7 per cent (2013–14).Underweight and wasting have reduced from 42.5 per cent to 29.4 per cent in 2005–06 and from 19.8 per cent to 15 per cent in 2013–14. Around 4.6 per cent of children in the age group 0–59 months were found to be severely wasted. With nearly 47 million children Under-five years suffering from stunting in 2015, India has, unfortunately, become the epicentre of the global stunting crisis. A total of eight states in India have more than 40 per cent (more than the national average) of stunting; Uttar Pradesh (50.4%), Bihar (49.4%), Jharkhand (47.4%), Chhattisgarh (43%), Meghalaya (42.9%), Gujarat (41.6%), Madhya Pradesh (41.5%), and Assam (40.6%). Around 53 per cent (24.9 million) of stunted children are in four states alone, which include Uttar Pradesh, Bihar, Maharashtra, and Madhya Pradesh.

Low birth weight is another major cause of neo-natal mortality and childhood malnutrition and about 18.6 per cent children are born underweight (less than 2500 gm) in the country (RSOC 2013–14). Optimal nutritional status can be achieved only when there is access to affordable, nutrient-rich food; appropriate maternal and child-care practices; adequate health services; education and empowerment of women, a safe and violence-free environment for children, and a healthy environment including safe water, sanitation and good hygiene practices.

The Government of India is addressing malnutrition among mothers and children through an integrated approach under the Integrated Child Development Scheme (ICDS) for a better and effective impact. The scheme provides six services which are essential for child development i.e., supplementary nutrition, health check-up, immunization, referral services, pre-school education and health and nutrition education through the platform of Anganwadi Centre. A new National Nutrition Mission (NNM) is under active consideration of the Government. The Government is digitising the functioning of 1 Lakh Anganwadi Centres in 8 states where there is high burden of malnutrition.

v)   Anaemia among Children

The Annual Health Survey conducted in nine states (Assam, Bihar, Chhattisgarh, Jharkhand, Madhya Pradesh, Odisha, Rajasthan, Uttar Pradesh and Uttarakhand) shows a majority of children in these states to be anaemic. This affects the cognitive and psycho-motor development of children as well as their general health. The prevalence of anaemia among boys aged 6–59 months in the nine surveyed states ranges between 71–94 per cent and for girls it is between 70–95 per cent. The prevalence has been very high for both boys and girls across the age groups; but it is highest for adolescent girls (10–17 years), noted the survey.

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

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

Annual Health Survey 2014

vi)   Access to Mother and Child Health Care and Nutrition Services

According to WHO, maternal and child deaths are preventable if continuum care is provided through the integrated service delivery mechanism for mothers and children from pre-pregnancy to delivery, the immediate post-natal period, and childhood (within a period of 1000 days from conception)[15]. The Government of India is now promoting at least four or more ante-natal check-ups for mothers. A comparison between NFHS-3 (2005–06) and RSOC (2013–14) shows that the institutional delivery has considerably

Figure 12: Maternal and Neonat Care, NFHS-3 (2005-06), RSOC(2013-14)

increased from 47 per cent to 78.7 per cent which indicates an impact of schemes like JSY and MSY. However, the same cannot be said about ante- and post-natal care services which have not shown any significant improvement between 2005–06 and 2013–14. If we look at full package of services during ANC, only 19.7 per cent women have received full ANC and even less women belonging to SC (18%) and ST (15%) communities (RSOC 2013–14). Early and exclusive breastfeeding is one of the most important safety measures for new-borns. A study[16] published in Paediatrics (2006) shows that initiation of breastfeeding within an hour of birth decreases neonatal death by 22 per cent. In India, only 45 per cent children aged 0–23 months are breastfed immediately or within an hour of birth, which indicates a lack of proper awareness and counselling for mothers and community (RSOC 2013–14). Despite the fact that 78.7 per cent deliveries take place in institutions, the breastfeeding figures, however, continues to remain low. If we look at introduction to complementary feeding to children age 6–8 months, the RSOC (2013–14) shows a decline at 50.5 per cent as compared to NFHS–3 (2005–06).

In terms of immunization, only 65.3 per cent of children are fully immunized and the percentage is lesser in rural areas as well as for SC and ST children (RSOC 2013–14). The Ministry of Health and Family Welfare launched the **Mission Indradhanush** on 25th December, 2014 to ensure that all children under the age of two years as well as pregnant women are fully immunized for seven vaccine-preventable diseases—Diphtheria, Pertussis or Whooping Cough, Tetanus, Tuberculosis, Polio, Hepatitis B and Measles. In addition to this, vaccines for Japanese Encephalitis (JE) and *Haemophilus influenzae* Type B (HIB) are also being provided in selected states.

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[15]Black, R.E and L.H.Allen et. al,   Lancet 2008
[16]Edmond,K.M.; Zandoh, C.et.al. Pediatrics 2006 (http://www.scielo.br/pdf/jped/v89n2/en_v89n2a05.pdf)
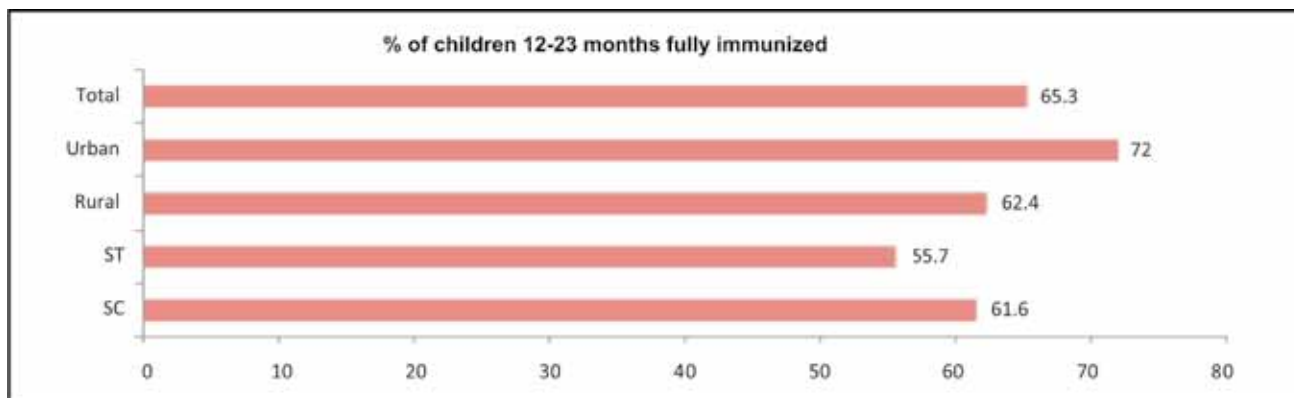
Figure 13: Immunization, RSOC (2013-14)

Childhood diarrhoea is one of the leading causes of deaths among children under five years old[17]. WHO recommends use of ORS along with zinc for effective management of diarrhoea, however, only 12.8 per cent children suffering from diarrhoea were administered the combination of zinc and ORS (RSOC 2013–14). Recently, the **Rota virus** vaccine was introduced by the Ministry of Health and Family Welfare, Government of India to address the problem of diarrhoeal deaths among children.

vii)   Access to Safe Water and Sanitation

Safe and sufficient drinking-water, along with adequate sanitation and hygiene positively impacts survival, health and nutritional status of the population. A study by the World Bank[18] (June 2010) in 70 countries shows a robust association between access to water and sanitation and child morbidity and mortality. The results show that good water and sanitation infrastructure lowers the odds of children suffering from diarrhoea by 7–17 per cent and reduces the mortality risk for children under the age of five by approximately 5–20 per cent.
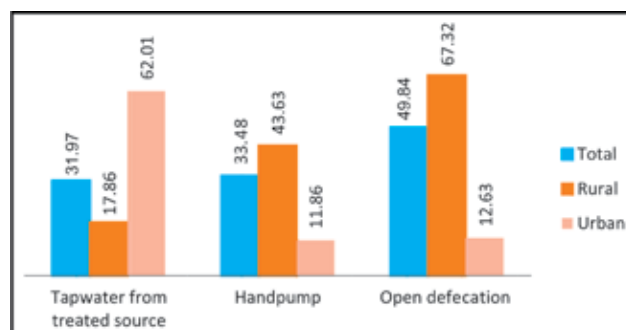
Figure 14: Water and Sanitation, Census 2011

In India, access to water and sanitation facilities remains a challenge. According to Census 2011, only 31.97 per cent households have access to tap water from treated sources and 33.4 per cent from hand pump. Overall, 75.5 per cent use drinking water from improved sources (Census 2011)[19]. The quality of water is also a major concern. According to Water Quality Surveillance Report (2015–16) by the Ministry of Drinking Water and Sanitation[20]; out of total habitations where water testing was undertaken, contamination (chemical and bacteriological) was reported from water sources of 35 per cent habitations. The Ministry of Drinking Water and Sanitation is setting up an International Centre for Drinking Water Quality in Kolkata, West Bengal, which would be a world class Research and Development Institution.

Number of Habitations and Population Affected by Chemical Contamination, MDWS, FY 2015–16						
	Fluoride	**Arsenic**	**Iron**	**Salinity**	**Nitrate**	**Heavy Metal**
Habitation	14055	2033	36599	14109	2123	2158
Population	11.5 million	2.6 million	20.5 million	4.28 million	2.14 million	2.76 million

Source: **Ministry of Drinking Water and Sanitation, 2015-16**

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[17]http://www.who.int/mediacentre/factsheets
[18]https://openknowledge.worldbank.org/bitstream/handle/10986/376
[19]Tap water from treated sources/hand pump/tube well or bore well/ covered well as per Joint Monitoring Report Definitions
[20]www.indiawater.gov.in

According to Census 2011, 67.3 per cent rural households practiced open defecation in rural areas. The RSOC (2013–14) shows improvement in terms of access to safe drinking water (91 per cent) and in the practice of open defecation (45.5 per cent). Access to safe water and sanitation in rural areas and in SC and ST households are much lower than the national average (Census 2011).

The **Rapid Survey on Swachhta Status** conducted by the NSSO during May–June 2015 reported on: availability of household toilet, community toilet and solid and liquid waste management. It was reported that only 45.3 per cent households in rural and 88.8 per cent households in urban areas have sanitary toilet. In terms of solid and liquid waste management, the report points out that only 36.7 per cent villages had *pakki nali* and 19 per cent villages had *kacchi nali* as drainage arrangement for waste water coming out of the rural households. Around 44.4 per cent villages had no drainage arrangement at all.

The Government of India has been focussing on increasing access to toilets through Swachh Bharat Mission launched by the Hon'ble Prime Minister of India on 2nd October, 2014. Since its launch, more than 186.61 lakh toilets have been built.

Summary: Major Concern—Survival Health and Nutrition

- High maternal and child mortality rates, particularly neo-natal mortality.

- Child mortality rates are higher for girls in rural areas.

- High rates of undernutrition and anaemia among women and children.

- Lack of adequate health infrastructure, maternal and child care facilities including medicines.

- Lack of adequate paediatric doses and appliances, especially surgical appliances.

- Poor access to water and sanitation, particularly in rural areas and urban slums, SC/ST dominated areas.

- Children from poor and marginalized communities show poor indicators for survival, health and nutrition.

Key Concerns of Priority Area 2: Education and Development

i) Enrollment

India has made considerable progress in terms of ensuring universal access to elementary education. The Right to Free and Compulsory Education Act came into force in 2009 granting right to quality education for all children in the age group of 6–14 years. It had a huge impact on infrastructure development for elementary education in terms of ensuring basic infrastructure, teacher availability, quality of education and social inclusion.
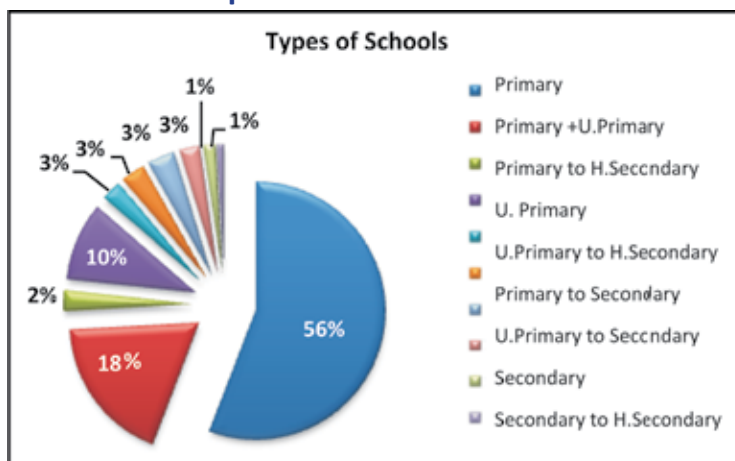
Figure 15: Distribution of Schools by Level; U-DISE 2014-15, NUEPA

According to NSSO 71st Round (2014), more than 12 per cent of rural households in India did not have any secondary schools within five kilometers whereas in urban areas such cases are insignificant (less than 1 per cent).

However, there are still many challenges. In 2014–15, the U-DISE recorded information from 15, 18,160 schools all over the country out of which majority are primary schools (56 per cent) while another 18 per cent are primary schools with upper primary section. Total number of primary schools/sections are 12, 07,427 and Upper Primary schools/sections are 5, 98,662; thus the ratio of primary to upper primary is 2:1.

GER at Elementary Level
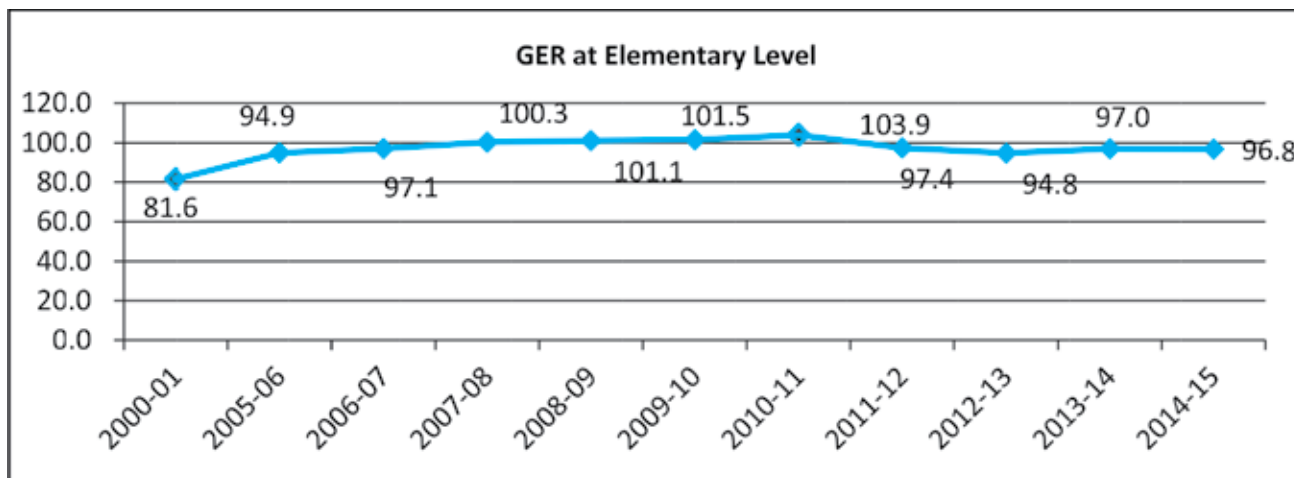
Figure 16: GER , U-DISE 2014-15, NUEPA

The enrollment at elementary level, propelled by the Sarva Shiksha Abhiyan has steadily gone up over the years. The Gross Enrollment Ratio (GER)[21] at elementary level has increased from 81.6 per cent in 200–01 to 96.8 per cent in 2014–15. While at primary level, GER is universal, at upper primary level, it declined though not significantly. The Net Enrollment Ratio (NER) which indicates enrollment according to age at upper primary

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

U-DISE 2014-15, NUEPA

level still remains low (72.48 per cent) and it is lower for boys in comparison to girls, pointing to the fact that more girls are enrolled in formal government/aided schools in comparison to boys. NER declines further at secondary and higher secondary levels indicating that approximately half the children in the age group of 15–16 years and two-third of children in the age group of 17–18 years are not enrolled in schools.

Access to good quality pre-primary education has an enormous impact on a child's primary education outcomes, with effects often lasting into later life (Berlinski et al., 2009)[22]. An analysis of age-specific enrollment of children in educational institution (Census 2011) reveals that majority of children in the pre-school age group are not attending any educational institution (AWC or pre- primary schools). According to RSOC (2013–14), close to one-third (30 per cent) of the children aged from 3–6 did not attend any pre-school session. Of those not attending any pre-school, a majority were from rural areas. This had a huge impact in the retention and achievement of children at primary levels. The Ministry of Women and Child Development has issued the National Early Childhood Care and Education Framework (2014) (Annexure 9) which focuses on improving the quality of education at pre-school level. In 2016, Ministry has also developed the draft Operational Directives

for services to children under 0-3 years focusing on early stimulation and early detection of development delays and disabilities which is to be finalized soon.

The attendance rates (in any type of educational institution including vocational/technical training) for girls was found to be lower than that of boys. In the age group 12–14 years, only 83.8 per cent girls were attending educational institutions (any type) in comparison to 86.4 per cent boys (Census 2011).
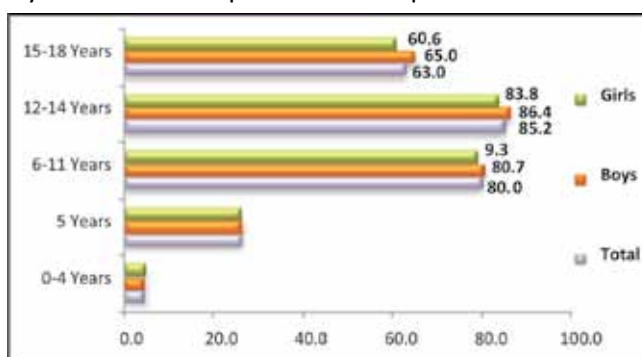

Figure 17: Age-Specific Attendance in any Educational Institution; Census 2011

[21]National University of Educational Planning and Administration (DISE Reports 2000–01 to 2014–15).
[22]S. Berlinski, S Galiani, P Gertler; Journal of Public Economics, 2009.

According to NSS 71st Round, 2014, the Net Attendance Ratio (NAR) was 84 per cent boys 83 per cent for girls in the age-group 6–10 years, the official age-group for Classes I–V. There is significant decline in NAR between primary level and upper primary level and further between upper primary and secondary level for both boys and girls. SC and ST children, especially girls, have lower Net Attendance Ratio in comparison to other social category for upper primary and secondary levels.

Net Attendance Ratio (NAR) : Percentage of children attending school										
Level	Boys					Girls				
	ST	SC	OBC	Others	Total	ST	SC	OBC	Others	Total
Primary	84	82	83	87	**84**	83	83	82	84	**83**
U. Primary	63	62	63	69	**64**	61	57	61	69	**62**
Secondary	46	46	52	60	**52**	46	52	49	57	**51**

Source: **NSSO 71st Round (January-June 2014)**

Technical/Vocational Training: The NSS 71st Round reports data for 5–29 age group attending technical/vocational courses. Only 24 (0.024%) students out of 1,000 were attending technical/professional courses and only 7 (0.007%) were found to be attending vocational courses at the time of survey (January–June, 2014).

ii) Retention and Drop-out

About one-third of the children (33 per cent) enrolled in Class I discontinue their education before completing Class VIII. The retention rates are lower for SC and ST children (U-DISE, 2014–15, NUEPA). Only half of the ST children enrolled in Class I are able to complete Class VIII (MoHRD, 2014)[23]. The transition rate from primary to upper primary was only 89.74 per cent.
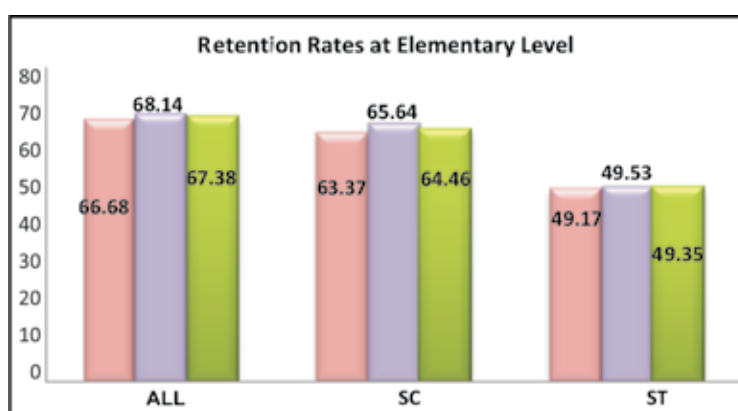
Figure 18: Retention Rates, U-DISE 2014-15, NUEPA

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

Drop-out Rates; Educational Statistics a Glance, 2014; MoHRD

The *Educational Statistics At a Glance, 2014,* published by the Ministry of Human Resource Development, Government of India, reveals that 36.3 per cent children drop out between Class I–VIII; but this percentage is much higher for SC (38.8 per cent) and ST (48.2 per cent) children. It means more children drop out as they move from primary to secondary level. Regular school attendance is another matter of concern and Annual Status of Education Report 2014 (ASER)[24] reveals that about 71 per cent of enrolled children are attending school regularly in government schools of rural areas.

According to NSSO 71st round (January–June, 2014), after completing primary level education, 37 per cent of boys and 39 per cent of girls among the enrolled persons (aged 5–29 years) left their study after primary level.

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[23]http://mhrd.gov.in/sites/upload_files/mhrd/files/statistics/EAG2014.pdf
[24]www.asercentre.org

iii)   Out of School Children (OOS)

According to the third round of the National Sample Survey of Out of School children in the age 6–13 years (2014)[25], there are 6.041 million (2.97 per cent) of children in the age group who are not enrolled in school. The proportion of out of school children in this round is estimated to be lower than both the previous rounds, 2009 (4.28 per cent), and 2006 (6.94 per cent); per cent drop in out-of-school children in the country

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

Sarva Shiksha Abhiyan, 2014

since 2009. A higher proportion of girls (3.23 per cent) are out of school than boys (2.77 per cent). Also, more children from rural areas (3.13 per cent) are out of school than from urban areas (2.54 per cent). The study reveals that a higher proportion of ST (4.36 per cent) children are out of school than any other social category, pointing to their lack of access to elementary education despite RTE Act. The findings of this round also show that an estimated 28.07 per cent children with special needs are out of school. A study undertaken by NCERT (2013)[26] showed that there was an extreme shortage of trained teachers as well as educational materials for children with disabilities in most of the government schools surveyed.

iv)   Quality of Education

The Right of Children to Free and Compulsory Education (RTE) Act 2009 puts a great emphasis on the quality of education. However, the recently published *Annual Status of Education Report* (2014) shows that only 48 per cent children in rural areas enrolled in Standard V could read text of Standard II level. Only 26 per cent children could do simple division. The Ministry of Human Resource Development has recently undertaken many initiatives. One such key

Figure 19: Learning Outcomes at Primary Level; ASER 2014

initiative is the *"Padhe Bharat Badhe Bharat"* programme launched in 2014 which focused on developing early reading, writing, comprehension and mathematical skills among children. The Ministry is also taking many initiatives to improve the teacher training and education system and developing an accreditation system for all teacher education institutions[27].

v)   Infrastructure and Teacher Availability

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

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

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

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[25]http://www.educationforallinindia.com/ssa
[26]Soni, R.B.L.; Status of Implementation of RTE Act 2009 in Context of Disadvantaged Children at Elementary Stage. NCERT 2013.
[27]http://mhrd.gov.in/sites/upload_files/mhrd/files/Press%20Release%2008-02-2016.pdf

than 2 lakhs elementary schools do not have separate toilets for girls.

Overall, 86.13 per cent schools in rural and 92.82 per cent schools in urban areas have separate girl's toilets. Often, available toilets are not in usable conditions, as revealed by the Annual Status of Education Report (ASER 2014) which shows that only 55.7 per cent schools at elementary level have useable girls' toilets and only 75.6 per cent have drinking water. The lack of proper infrastructure at elementary level also impacts the learning outcomes and is one of the main reasons of poor retention and high drop-out rates.

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

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

According to U-DISE (2014-15), overall 82 % schools have libraries but the percentage was lower in primary schools (78.9 per cent). Only 60.47 per cent schools have play grounds but only 53 per cent of primary schools have playground. Overall, 81 per cent schools in rural and 86 per cent schools in urban areas have libraries. In terms of availability of playgrounds, only 58 per cent schools in rural and 69.5 per cent schools in urban areas have them (U-DISE 2014–15).

The overall Pupil Teacher Ratio (PTR) at primary and upper primary levels are 24 and 17 respectively (U-DISE 2014–15). More than half of the primary schools have one or two teachers. The Pupil Teacher Ratio has improved from 36 in 2005–06 to 25 in 2014–15. However, there are still 27 per cent Primary schools with a PTR > 30 and 14 per cent Upper Primary Schools with PTR > 35 (U-DISE, 2014–15). Also, there are many teachers who are not professionally trained, especially at primary level. Lack of adequately trained teachers impacts the quality of education as well as retention and drop-out rates of children. The ASER 2014 found that only 49 per cent of the surveyed primary and upper primary sections/

Figure 20: Trained Teachers; U-DISE 2014-15 NUEPA

schools comply with the pupil-teacher ratio norms of RTE Act. In terms of availability of infrastructure and trained teachers, it is evident that schools which have secondary/higher secondary sections have a better infrastructure and teacher deployment. But there is a dearth of adequately trained teachers as well as basic infrastructure like drinking water, girls' toilet, library and playground in primary schools not attached to higher levels.

Taking cognizance of the above mentioned issues, recently, the Department of School Education and Literacy, the MoHRD has launched the National Programme on School Standards and Evaluation (NPSSE). The initiative aims at setting up performance standards for evaluation of all schools both at elementary and secondary level to improve the quality of school education. The NPSSE visualizes 'School Evaluation' as the means and 'School Improvement' as the goal. It refers to evaluating the individual school and its performance in a holistic and continuous manner leading to school improvement in an incremental manner. The programme aims at reaching to 1.6 million schools in the country through a comprehensive system of school evaluation.

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Summary: Major Concern—Education and Development

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

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Key Concerns of Priority Area 3: Protection

The term "Child Protection" has been defined in the ICPS guidelines as protecting children from or against any perceived or real danger or risk to their life, their personhood and childhood; reducing vulnerability to any kind of harm and ensuring that no child falls out of the social safety net; and in case children fall out of safety net, then ensuring that they receive necessary care, protection, and support so as to bring them back into the safety net. The importance of child protection has also been highlighted in the Sustainable Development Goals (SDGS), particularly No.4 (Education), No.5 (Gender Equality), No. 8 (Economic Growth), and No. 16 (Peace and Justice).

i)   Trends in Birth Registration

Birth Registration is a right of every child and the first step towards establishing the identity of the child. There has been considerable progress in registering the births of children. The number of registered births has reached to 22.5 million in 2013. The level of registration of births has increased from 82 per cent in 2010 to 85.5 per cent in 2013[28]. Some states like Bihar (57.4 per cent) and Uttar Pradesh

Figure 21 : Birth Registration, Civil Registration System, ORGI

(68.6 per cent) show poor achievements in comparison to the national average. It has also been revealed that many of the children whose births are registered do not have registration certificates issued by authorities concerned[29]. According to RSOC 2013–14, only 37.2 per cent children (below 5 years) have birth registration certificates.

ii)   Child Labour

According to Census 2011, there are about 33 million children in the age group of 5–18 years engaged in the labour force (main + marginal workers); forming 9 per cent of the child population. Around 62 per cent of them are boys. Approximately 80 per cent of them are in rural areas. More than 10 million of them are in the age group of 5–14 years (3.9 per cent).

Child Labour (Numbers)	Total	Boys	Girls
15-18 Years	28,71,908	1,48,87,455	79,84,453
5-14 Years	1,01,28,663	56,28,915	44,99,748

Census 2011[30]

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[28]Vital Statistics of India ……based on the Civil Registration System, 2013. ORGI, MHA, New Delhi.
[29]Vital Statistics of India based on the Civil Registration System, 2013, Annexure A, Civil Registrations Authorities   at State, District and Local levels. ORGI, MHA, New Delhi
[30]http://www.censusindia.gov.in/2011census/population_enumeration.html
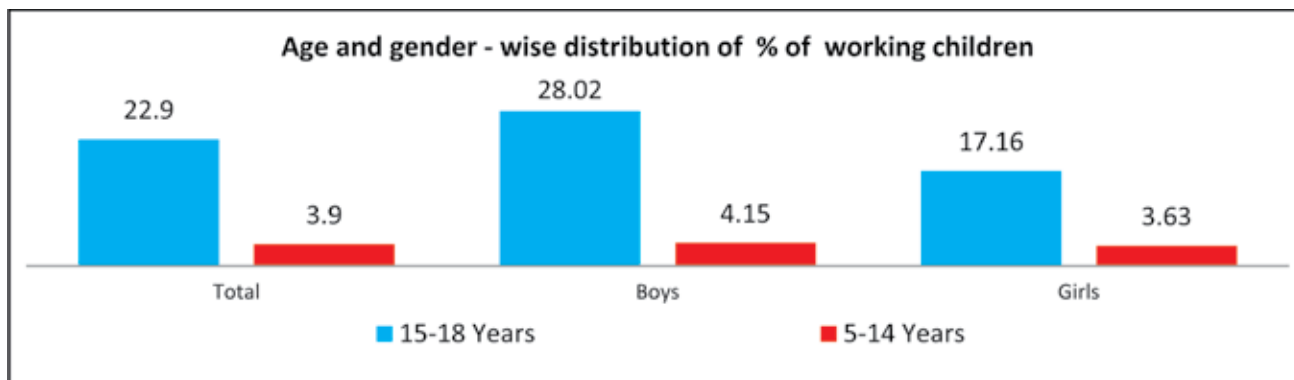
Figure 22: Percentage of Child Labour, Census 2011

Approximately 60 per cent children are engaged in the agriculture sector either as agricultural labourers or as cultivators. About 3.3 million children in the age group of 5–14 years and more than 9 million in the age group of 15–18 years are engaged as agricultural labourers in the country. The category of "other workers" includes children employed as daily wage labourers in non-agricultural sector and a large percentage of them (35.83 per

Figure 23: Distribution of working children by sectors: Census 2011

cent in the 5–14 years and 33.76 per cent in the 15–18 years) are employed in this sector. These also include children who migrate for work, though exact number of children migrating for work is not known. There are new and emerging areas of child labour such as children employed in show business, tourism industries and others where child labour may be invisible (child soldiers, suicide bombers, children in Television reality shows which push children in an adult world detrimental to their overall development). The NCPCR report on rescued children from bangle industry found that the children were trafficked by organized traffickers for child labour:[31]

"The traffickers approached the poor children in different places and would lure their parents to send their children with them and promised them good salaries." NCPCR, 2013[31]

iii)   Child Marriage

In India, between NFHS-3 (2005–06) to RSOC (2013–14), there has been a considerable decline in the percentage of women, between the ages 20–24, who were married before the age of 18 (from 47.4% to 30.3%). The incidence is higher among SC (34.9%) and ST (31%) and in families with lowest wealth index (44.1%). Child marriage violates children's basic rights to health, education, development, and protection and is also used as a means of trafficking of young girls.

Child marriage leads to pregnancy during adolescence, posing life-threatening risks to both mother and child. It is indicated by the Age-specific Marital Fertility Rate (ASMFR) which is measured as number of births per year in a given age group to the total number of married women in that age group. SRS 2013 reveals that in the age group of 15–19 years; there has been an upward trend during the period 2001–2013. ASMFR is higher in the age group 15–19 years in comparison to 25–29 years.
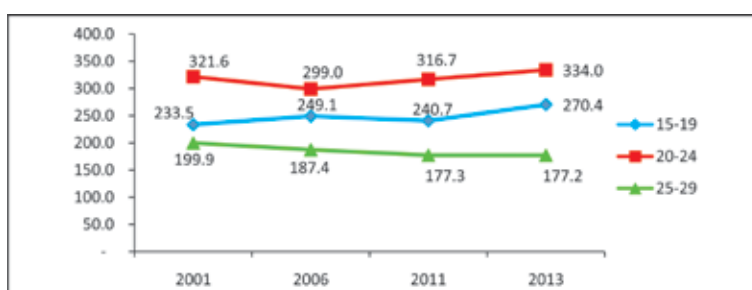
Figure 24: Age-specific Marital Fertility Rate (SRS)

[31]http://ncpcr.gov.in/showfile.php?lang=1andlevel=2andandsublinkid=215andlid=116

iv) Crimes against Children

According to the National Crime Record Bureau Report[32], *Crime in India 2015: Compendium*, a total of 94,172 cases of crimes against children were reported in the country during 2015 as compared to 89,423 cases during 2014. The crime rate, i.e., incidence of crimes committed against children per one lakh population of children was recorded as 21.1 per cent during 2015 in comparison to 13.23 per cent in 2013. There has been a considerable rise in number of registered cases of crimes against children over the years.
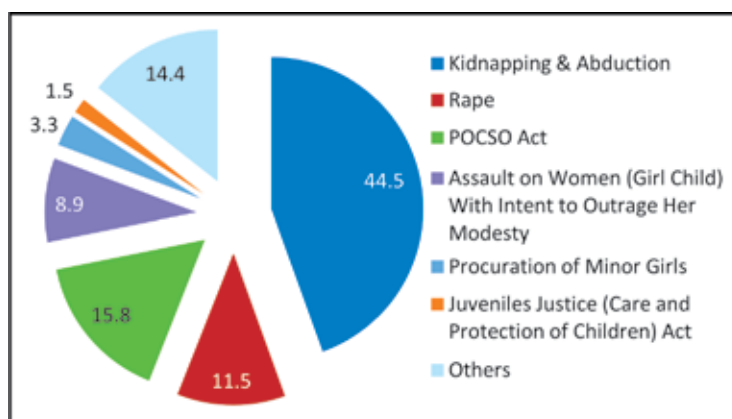
Figure 25: Crimes Against Children, NCRB 2015

According to the above mentioned report published by NCRB (2015), major crime heads recorded under *'Crime Against Children'* during 2015 were kidnapping and abduction (44.5 per cent), rape (11.5 per cent), POCSO Act (15.8 per cent) and assault on women/girls with intent to outrage her modesty (8.9 per cent). Thus approximately 37 per cent of the reported offences against children are sexual offences.

An analysis of disposal of cases shows that the conviction rates are very poor and majority of the offenders are acquitted or discharged. The conviction rate in 2015 was only 35.6 percent. The disposal of cases takes a long time and a large number of cases remain pending; the pendency rate being 88 percent in 2015 (*Crime in India 2015: Compendium*; NCRB).

v) Children in Conflict with Law

A total of 31,396 cases of "children in conflict with law" (CCL) were reported in 2015 and the rate of crime committed by them was 2.1 per cent. However, majority of these cases are petty crimes and are preventable by providing proper guidance and counselling to children and economic strengthening of their families; as depicted below:

Cases Registered against Children in Conflict With Law under Different Crime Heads of IPC During 2015 (Total: 31,396 Cases)	No. of Cases	% to Total Registered Cases
Murder (Section 302 IPC)	853	2.72
Attempt To Commit Murder (Section 307 IPC)	980	3.12
Culpable Homicide Not Amounting To Murder (Section 304 IPC)	36	0.11
Attempt to Commit Culpable Homicide (Section 308 IPC	60	0.19
Rape (Section 376 IPC)	1688	5.38
Attempt To Commit Rape (Section 376/511 IPC)	77	0.25
Kidnapping & Abduction	1630	5.19
Dacoity	178	0.57
Making Preparation And Assembly For Committing Dacoity	48	0.15
Robbery	1358	4.33
Criminal Trespass	2605	8.30
Theft	6046	19.26

[32]http://ncrb.nic.in/

Cases Registered against Children in Conflict With Law under Different Crime Heads of IPC During 2015 (Total: 31,396 Cases)	No. of Cases	% to Total Registered Cases
Unlawful Assembly	118	0.38
Riots	1017	3.24
Criminal Breach of Trust	26	0.08
Cheating	90	0.29
Grievous Hurt	1027	3.27
Assault On Women With Intent to Outrage Her Modesty	1439	4.58
Dowry Deaths	237	0.75
Causing Death By Negligence (Section 304-A IPC)	329	1.05
Causing injuries under Rash Driving/Road Rage	1538	4.90

Sorce: NCRB 2015

An analysis of children who were in conflict with law shows that majority of them belonged to economically weaker section (42.5 per cent). Around 11.5 per cent of them were illiterate while another 43.4 per cent were educated up to primary level only (*Crime in India 2015: Compendium;* NCRB).

The Ministry of Women and Child Development is working towards developing guidelines for parents, teachers, community members and law enforcement for the prevention of crime and anti-social behaviour among children.
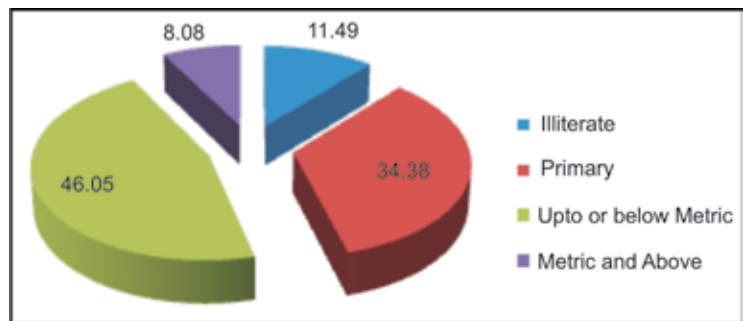
Figure 26 : Education Profile of Children in Conflict with Law: NCRB 2015

vi)   Child Trafficking

Trafficking in human beings, especially women and children in India, has become a matter of serious national concern. In India, over the last decade, the volume of human trafficking has increased, though the exact numbers are not known, it is one of the most lucrative criminal trades, next to arms and drug smuggling undertaken by highly organized criminals. Women and children from poor, socially disadvantaged communities and those affected by disasters are vulnerable to trafficking, as criminal syndicates exploit them and coerce them into sexual slavery and/or forced labour. Human trafficking in India can be classified into three groups: (a) for commercial sexual exploitation, (b) for exploitative labour, and (c) for other forms of exploitation like organ sale, begging, camel jockeying, etc. Women and children (both boys and girls) are trafficked inside the country for the purposes of commercial sexual exploitation. The traffickers use various modus operandi for trafficking. In many cases family members, close relatives or neighbours are involved. They use promise of job and money, marriage, adoption, etc., to lure victims and their family members. Many times they use force and coercion also. As migration and trafficking follow the similar series of steps, traffickers are able to manipulate these processes and create an illusion for the victim that they are migrating for livelihoods or other purpose. Over the years, the traffickers have become more organized and are spread across the country. Sex tourism is emerging as another area of concern in our fast moving world and reveals an unholy nexus between habitual sex offenders/paedophiles and traffickers.

According to the National Crime Records Bureau (NCRB 2014), crime under human trafficking during the year 2014 has increased by 59.7 per cent over 2010. In 2015, 6,877 cases of crime relating to human trafficking were registered showing an increase of 25.8 per cent during 2015 over 2014. Trafficking of minor girls has surged 14 times over the last decade and increased 65 per cent in 2014. There was 52.8 per cent increase in the Procuration of Minor Girls (Section 366A IPC) during the year 2015 in comparison to 2014.

NCRB also reports that, in 2010, approximately 33 per cent of missing children were untraced. But in 2013 this rose to approximately 50 per cent. There is a possibility that many of these children may have been trafficked for various reasons, although the exact number is not known. It has also been noted that at present, there is a lack of well-researched database and analysis of trafficking in the country.

India has a comprehensive legal and policy framework to protect children. The Juvenile Justice (Care and Protection of Children) Act, 2015 which came into effect since 15th January, 2015 is the primary law for Children in Conflict with Law (CCL) and Children in Need of Care and Protection (CNCP) and provides justice, care and rehabilitation services for children in difficult circumstances. It aims at putting into place a child-friendly justice system, in accordance with UNCRC, and provides special provisions to address heinous offences committed by children above the age of 16 years to act as a deterrent for child offenders committing such crimes. It has a new chapter on Adoption to streamline adoption procedures for orphan, abandoned and surrendered children and includes detailed rehabilitation and social re-integration measures such as sponsorship, foster care including group foster care, open shelters, different kinds of homes and after care are now covered under the new JJ Act 2015. Some of the offences committed against children, which are so far not covered under any other law such as giving children tobacco products, use of children by armed groups, sale of children, etc., have been included now. Other key legislations for the protection of children include the Protection of Children from Sexual Offences Act 2012, Prohibition of Child Marriage Act 2006, Child Labour (Prohibition and Regulation) Amendment Act 2016; etc. The government has undertaken many innovative initiatives such as establishment of Track Child and Khoya-Paya e-portal for tracing the missing children, CHILDLINE services for providing comprehensive social protection network to children in difficult circumstances and setting up of child help-desks in coordination with Railways and CHILDLINE services at 20 major railway stations for runaway, abandoned, kidnapped and trafficked children. Concerted efforts are being undertaken to improve regional cooperation in the South Asian region through South Asian Initiative to End Violence against Children (SAIEVAC), an apex body of SAARC to address issues of child protection. The Ministry of Women and Child Development is working closely with the Ministry of Home Affairs, Railways, Judiciary, Governments of States/UTs, police and civil society organizations to ensure protection of children from all forms of abuse, exploitation, and neglect. A new Law to prevent human trafficking is also in the drafting stage.

Summary: Major Concern—Protection

- Large number of child labour.
- Trafficking of children on the rise.
- Lack of comprehensive information, research and data on child migration, child trafficking and all forms of child abuse and exploitation.
- Large number of girls being married before legal age.
- Rise in crimes against children, especially sexual offences.
- Poor rates of case disposal and conviction for crimes against children.
- Rise in CCL cases.
- Majority of children in conflict with law have been booked under "petty crimes"; have discontinued education after primary level and also belong to economically weaker sections.
- Lack of rehabilitation opportunities for CCL.

Key Priority Area 4: Participation

There is a need to listen to the voices of children, encourage them to express freely, motivate them to innovate and think 'out of the box'– as children are equal stakeholders in the world. The National Policy for Children 2013 recognizes the right to meaningful participation as one of the basic rights of all children. In order to ensure a meaningful participation of children that goes beyond tokenism, all children need to be made aware of their rights and entitlements. Further, initiatives need to be taken to create an enabling environment for all children to freely express their views, seek help without any inhibitions when in any kind of distress and actively participate in their own development. The policy also emphasizes that there is a need to promote respect for the views of all children and that voices of all the children must be heard and given due regard.

A study on child participation[33] in South Africa shows that respecting children's views and hearing out their voices had a positive impact on protection programming for children. A positive beginning has been made during the 4th Ministerial Meeting of SAIVAC held between 9–11 May 2016 in New Delhi where child Governing Board Member from India and Bhutan were present and expressed their views. Further, child reporters from 'Balaknama' newspaper, published by street children were present during session and interacted with delegates, expressing their views and concerns. Bal Panchayats exist and function in many states.

Learning from this experience and voices within the country in order to ensure participation of children in all matters concerning them, there is a need to:

• Orient Teachers, health workers, parents and other caregivers to give due respect to voices of children.

• Building children's confidence in their own abilities so that they are able to express their views freely and are able to deal with stress and trauma through life skills and leadership development trainings.

• Include a participatory approach in everyday classroom transaction by dedicating time and space for children to take an active part in teaching-learning processes, give their ideas and feedback freely

• Need to develop age-appropriate methods of disseminating information to children regarding their rights and entitlements, policies and programmes.

• Build a sense of responsibility among children so that they are aware of their own duties and learn to act in a responsible manner

• Provide adequate counselling and support to children dealing with physical or emotional distress through CHILDLINE services. Strengthen CHILLDLINE services to disseminate information and provide support and counselling.

• Orient children on all forms of abuse, exploitation and violence; build their confidence to report any such incidence to CHILDLINE services, police or local authorities and seek help.

• Awareness generation on POCSO e-Box to ensure online reporting of child sexual abuse.

• Actively engage with children to ensure their safety and security in public and private spaces.

• Ensure development of children in a gender-sensitive manner so that they learn to respect the opposite gender.

• Ensure a stress-free educational environment providing children equal opportunity to participate in the classroom processes.

• Ensure equal opportunity for quality education to all children.

• Orient parents to adopt parenting skills which promote positive behaviour and values among children such as hard work, respect for opposite gender, sportsmanship, etc.

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

Summary of Major Concerns: Participation

- Children lack information on their own rights, entitlements and on policies and programmes concerning them.
- Children's voices are seldom heard and their views are seldom given due respect by adult community members.
- Children's abilities and confidence need to be built and worked upon so as to enable them to express their views freely and equip them for dealing with stress and trauma.
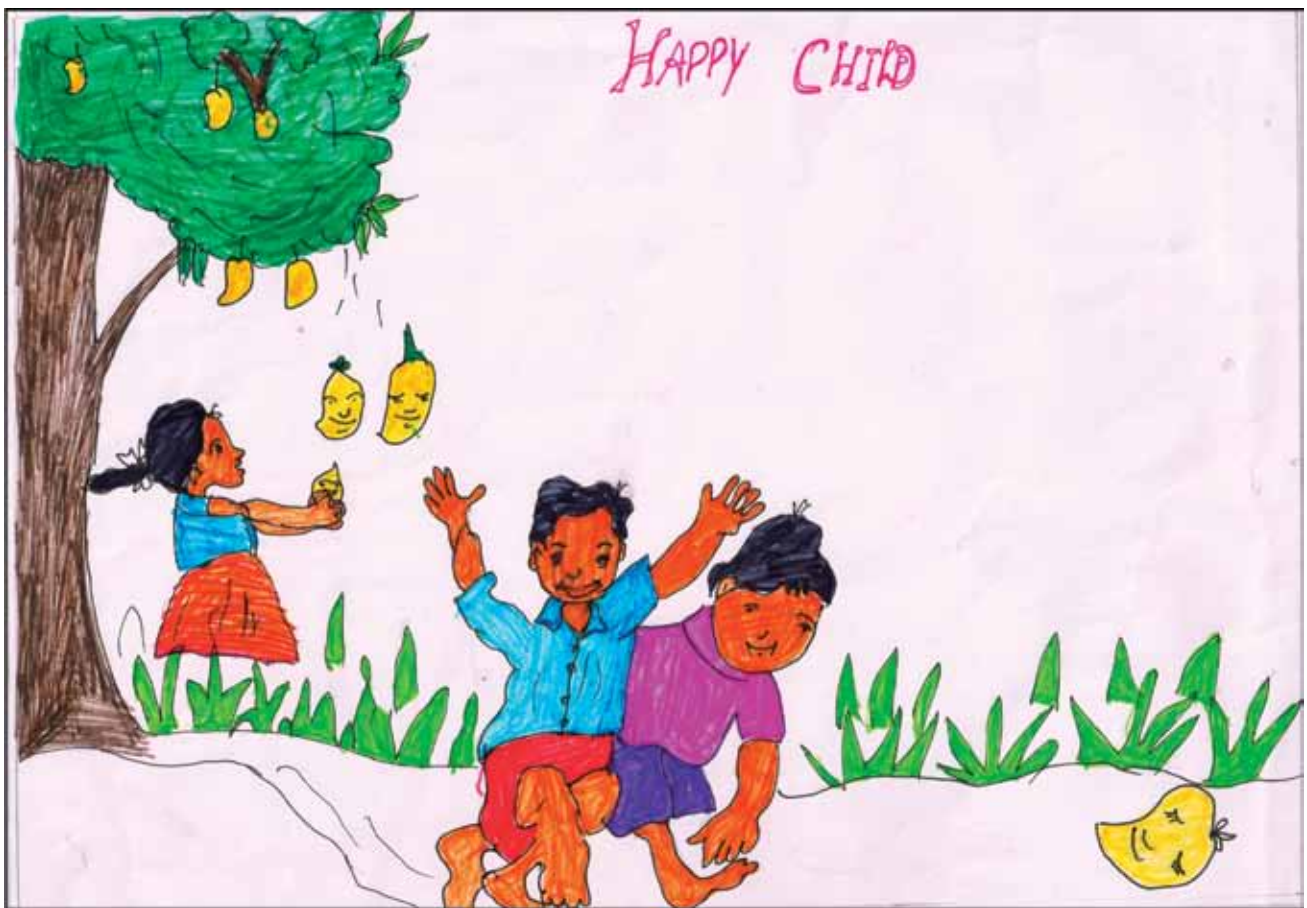
Created by Children of Vallalar Children's Home, Tamil Nadu

The National Plan of Action for Children

The Plan of Action sets objectives and sub-objectives, delineates strategies, and lays down action points in detail in the Tables 1 to 4. While the strategies and action points largely draw upon the existing programmes and schemes of various Ministries/Departments; some strategies are new and highlight new challenges and vulnerabilities for which specific programmes or priority action may need to be developed. It is not meant to be static either as response to new and emerging challenges and these must also be included from time to time.

NPAC is not expected to work in isolation; it proposes a comprehensive strategy which also focusses on families to develop their capabilities to protect their children. The strategies specifically focus on widening the coverage and effectiveness of basic social protection network for reducing vulnerabilities of children. The plan seeks to hear voices of children and also emphasizes not only on their rights but also their responsibilities.

Briefly summarized below are the priority areas, objectives, strategies, and key action points. The states/UTs and line Ministries may develop detailed action plans, up to the level of district and village as and when required. In some cases, only key strategy is defined and detailed action plan needs to be developed by Ministries and States.

Key Priority Areas as defined in NPC 2013

Key Priority Area 1: Survival, Health, and Nutrition

Objective:

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

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

Key Strategies

Priority Action

- *Ensure universal access to Quality ANC and PNC for pregnant and lactating mothers*
    - Register all pregnancies and give priority access to Mother and Child Protection Cards
    - Review and monitor consumption of IFA tablets and supplementary nutrition
    - Undertake capacity-building of PRIs and SHGs to support and monitor VHNDs
- *Ensure availability of human resources and regular training of NHM and ICDS functionaries as per norms.*
    - Undertake capacity-building of AWWs on weighing and Growth Chart Monitoring, identification of severely malnourished children and reporting though digitizations of AWCs and ensuring referral services, Immunization and Health and Nutrition Counselling.
- *Modernize AWCs as per the norms of restructured ICDS and link them with digital database so as to monitor real-time data on services provided.*

- Undertake construction of Anganwadi Centres with adequate facilities in convergence with MGNREGS and 14th FC Devolutions
- Strengthen the Rapid Reporting System
- Ensure Real Time Monitoring (ICT-RTM) through Common Application Software (ICDS-CAS)

- *Ensure Institutional Delivery and universal access to Quality Obstetric and Newborn Care*
  - Strengthen public health facilities at all levels for conducting safe delivery, including provision of emergency obstetric care and newborn care

- *Provide adequate maternal and child care services with special focus on marginalized communities, high risk mothers and high risk children in terms of nutritional backwardness.*
  - Promote public-private partnership (PPP) to ensure access of Quality Obstetric and Newborn Care in urban and in remotely located or hard to reach areas
  - Availability of Mobile Medical Units for geographically excluded areas

- *Provide universal access to information and services for making informed choices related to birth and spacing of children.*

- *Improve health and nutrition status of all parents-to-be.*
  - Adopt seamless life-cycle integration approach to address health and nutrition needs of adolescents, young persons and would-be parents

- *Improve health and nutrition status of all pregnant and lactating mothers.*
  - Ensure monthly health check of all rural women at Anganwadi Centres by NHM team
  - Provide financial support for improved nutrition under National Nutrition Mission

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

Key Strategies

Priority Action

- *Enforcement of laws that protect rights of the girl child.*
- *Ensure education and participation of girl child, monitor dropouts and increase girls' enrolment in secondary and higher education and vocational courses.*
  - Encourage out of school/dropout girls to go back to school
  - Provide functional girls' toilets in all schools
- *Ensure adequate health care and nutrition support for the girl child.*
  - Establish and strengthen Village Convergence and Facilitation Services at the GP level in all high burden and BBBP districts
- *Advocacy to change attitude and practices discriminatory towards the girl child (including female infanticide, child marriage, and other discriminatory practices).*
- *Implement and monitor the outcomes of schemes/programmes giving special incentives to the girl child.*

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

Key Strategies

Priority Action

- *Ensure Universal Immunization and de-worming*
  - Compulsory and complete immunization for protection of the child from vaccine preventable diseases as per the National Immunization Schedule at village- and facility- level.

- *Provide universal and affordable access to services for prevention, treatment, care and management of neonatal and childhood illnesses and protect children from all water-borne, vector-borne, blood-borne, communicable and other childhood diseases*
  - Provide universal access to services for all children for the prevention and treatment of water and vector-borne diseases.
  - Provide universal and affordable services to all children for life-threatening diseases like cancer/others
  - Ensure availability of adequate diagnostic and treatment facilities for diseases, deficiencies, birth defects and disabilities at all district hospitals
  - Increase access to improved toilets at household and institutions
  - Increased access to safe drinking water, including implementation of measures for ensuring water quality
  - Ensure proper and adequate Solid and Liquid Waste Management
  - Ensure availability of qualified Mental Health professionals and treatment facilities in all district hospitals
  - Create a cadre of professionally trained mental health service providers and counsellors, and promote professional courses for the same in Universities
- *Increase access to health care at community- and district-level with required infrastructure and human resources.*
- *Ensure availability of age-appropriate and free Medicine and diagnostic services to all children.*
  - Ensure availability of paediatric medicines in appropriate dosage and paediatric equipments and supplies in all health care facilities as per norms.
  - Mobile dispensaries with age-appropriate and free Medicine for hard to reach areas/areas affected by natural disaster
- *Ensure Prophylaxis and treatment of disabilities, childhood diseases (including mental health), birth defects, deficiencies and development delays for all children through Child Health. Screening and Early Intervention Services under Rashtriya Bal Swasthya Karyakram.*
- *Provide health care, nutrition and psycho-social support services for women and children during natural and man-made disaster.*
- *Collect disaggregated data on nutrition and health status of all children.*

Sub-objective 1.4: *Ensuring availability of essential services, supports and provisions for nutritive attainment in a life-cycle approach, including maternal, infant and young child feeding (MIYCF) practices*

Key Strategies

Priority Action

- *Ensure availability of adequate and affordable nutritious food*
  - Promote Nutrition Gardens of fruits and vegetables at household level and all government/aided Schools, AWCs and CCIs and promote consumption of the produce by children
  - Promote use of affordable, appropriate, and nutritious recipes based on local food resources available from the local ecosystem and dietary practices
- *Implement Maternal, Infant and Young Child Feeding (MIYCF) practices (including 1000- Days Approach)*

- Supplementary nutrition, growth monitoring, nutrition, health and hygiene education and counselling in all AWCs
- Establish and strengthen Village Convergence and Facilitation Services at GP level in all high burden and BBBP districts

- *Strengthen nutrition management and information system through web-based Rapid Reporting System*

  - Promote the use of ICT to strengthen the information base and generating data on real time basis to support the programmatic actions and timely intervention such as Rapid Reporting System and Real Time Monitoring (ICT-RTM) through the Common Application Software (ICDS-CAS)

- *Reduce the prevalence of micro-nutrient deficiency among women, children, and adolescents*

- *Strengthen referral mechanism and linkage between the community and Nutrition Rehabilitation Centres.*

  - Provide Nutritional Rehabilitation Centres as facility-based units providing medical and nutritional care to children under 5 years of age who have medical complications
  - Ensure greater involvement of PRIs for leadership and steering role at grassroots-level to identify severely malnourished children and mobilize parents to go to NRCs
  - Develop a comprehensive strategy to detect and address under-nutrition among boys and girls in the age group of 6–18 years

Sub-objective 1.5: *Providing adolescents access to information, support and services essential for their health and development, including ARSH, information and support on appropriate lifestyle and healthy choices and awareness on the ill effects of alcohol and substance abuse.*

Key Strategies:-

Priority Action

- *Ensure availability of information on children's rights and entitlements and different schemes and programmes using different communication methods including the use of social media.*
  - Provide Menstrual Health Management knowledge and life-skills training
  - Implement Adolescent Reproductive and Sexual Health Programme
- *Provide counselling, de-addiction and health services for adolescents.*
- *Encourage Civil Society Organizations, business houses and media to meaningfully engage with institutions of education and training for creating awareness on appropriate lifestyle, healthy choices, the ill effects of alcohol and substance abuse.*
  - Generate awareness on alcohol and substance abuse as a part of regular school activity and curriculum
  - Provide age-appropriate information on healthy lifestyle to children in schools and CCIs

Sub-objective 1.6: *Preventing HIV infections at birth and ensuring that infected children receive medical treatment, adequate nutrition and after-care, and are not discriminated against in accessing their rights.*

Key Strategies:-

Priority Action

- *Ensure availability of diagnostic and treatment services for RTI, STI, and HIV/AIDS.*
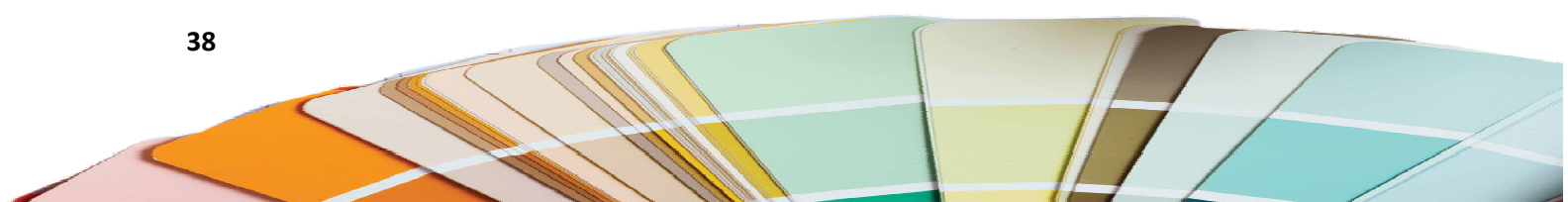
- *Provide universal HIV testing services of all pregnant women.*
- *Provision of ART/ARV prophylaxis to mother and baby to minimize the risk of HIV transmission from mother to child.*
    - Ensure availability of Community Care Centres and Anti-Retroviral Therapy Centres
    - Provide Early Infant Diagnosis (EID) services
- *Generate public awareness and provide counselling on STI, RTI, HIV/AIDS.*

Sub-objective 1.7: *Ensuring that only child-safe products and services are available in the country and mechanisms are put in place to enforce safety standards for products and services designed for children.*

Key Strategies:-

Priority Action

- *Ensure enforcement of Consumer Protection Law, 1986.*
    - Develop standards for child-safe products including school bags and toys
    - Ensure mandatory compliance of standards for foods manufactured in India or imported from abroad
    - Ensure availability of paediatric doses and child-friendly surgical equipment
- *Generate public awareness on nutrition and knowledge about cost-effective Indian traditional food systems and use of local foods/preparations for providing wholesome and nutritive diet.*
    - Implement guidelines to ban junk food (food with high fat, salt and sugar) developed by the National Institute of Public Cooperation and Child Development (NIPCCD) or any other agency recognized by the Government of India.

Sub-objective 1.8: *Providing adequate safeguards and measures against false claims relating to growth, development and nutrition.*

Key Strategies:-

Priority Action

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

Key Priority Area 2: Education and Development

Objective:

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

Sub-objective 2.1: *Providing universal and equitable access to quality Early Childhood Care and Education (ECCE) for optimal development and active learning capacity of all children of the age group 3–5 years.*

Key Strategies:-

Priority Action

- *Orient parents and immediate care-givers on Parenting and Care of children in the age group 0–3 years with focus on care, stimulation and interaction.*

- Ensure home-based and institution-based stimulation programmes where trained professionals reach out to infants directly and train parents for infant stimulation

• *Ensure universal access to ECCE, with inclusion through AWC, Crèche and Day Care schemes and ECCE centres.*

- Provide and promote crèche and day care facilities for children of working mothers, single parents, and migrant labourers

• *Ensure universal quality of ECCE in all AWCs.*

- Ensure all AWWs are trained in mapping age-appropriate development indicators for children under each domain, i.e.; Physical, Cognitive, Language, Social, Emotional and Creative

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

Key Strategies:-

Priority Action

• *Ensure access to elementary schools with adequate physical infrastructure as provisioned under RTE 2009*

  – Set up stringent mechanisms to ensure that all children with disabilities are given admission without any discrimination

  – Develop capacity and awareness among teachers and non-teaching staff about issues and obligations regarding access to quality education for students with disabilities

• *Provide services to Children With Disabilities (CWD) in regular schools and ensure that these are inclusive.*

  – Undertake assessment and screening of all CWD

  – Functionalize all State and District Resource Centres

  – Ensure all schools are inclusive as per provisions of RTE Act

  – Provide in-service teacher training on inclusive education

  – Incorporate resource rooms in schools as per need

  – Undertake capacity-building of resource persons and teachers to respond to special needs of CWD in schools

  – Provide Special Educators and Rehabilitation Council of India (RCI) foundation course for Special Educators and members of resource groups

  – Ensure availability of aids and appliance as per need

  – Ensure proper co-ordination between Child Development Centres with multi-disciplinary trained professionals established by Ministry of H&FW

• *Ensure availability of trained teachers in all schools as per RTE Act 2009.*

• *Ensure Quality of Elementary Education in all schools as provisioned under RTE Act 2009.*

• *Provide access to ICT tools for equitable, inclusive and affordable education for all children especially in remote, tribal and hard to reach areas.*

• *Ensure continuation of education for the children affected by natural and man-made disasters.*

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

Key Strategies:-

Priority Action

- *Ensure availability of secondary schools, open schools and learning centres as per the norms with adequate infrastructure.*
- *Establish Secondary and Higher secondary schools with adequate infrastructure.*
- *Scholarship schemes for SC/ST/Minority children.*
- *Open schools /distant education facility for children 15–18 years old.*
- *Hostel facilities for boys and girls from hard to reach areas, scheduled caste and tribal children.*
- *Appropriate bridge courses and counselling facilities for all out of school (OOS) children, children rescued from child labour/trafficking and their subsequent enrolment in age appropriate classes.*
- *Train teachers to adapt and implement child-friendly teaching learning process.*

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

Key Strategies:-

Priority Action

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

Sub-objective 2.5. *Facilitating concerted efforts by local governments, non-governmental organizations/community-based organizations to map gaps in availability of educational services.*

Key Strategies:-

Priority Action

- *Establish SMCs in all schools and train all SMC members to prepare and implement School development plans.*
- *Orient PRIs to provide adequate support to school activities and utilization of 14th FC and state FC devolutions for need-based school infrastructure improvement.*

Sub-objective 2.6. *Ensuring that all out of school children are tracked, rescued, rehabilitated and have access to their right to education.*

Key Strategies:-

Priority Action

- *Coordinate with state and district administration, SMCs, PRIs and NGOs to track all out of school children and enrol them in schools.*
- *Monitor out of school children and ensure their mainstreaming.*
- *Ensure a special training strategy for out of school children to bring them up to age-appropriate competencies of learning.*

Sub-objective 2.7. *Prioritize education for disadvantaged groups.*

Key Strategies:-

Priority Action

- *Provide scholarship and other special assistance schemes (residential school and hostels, DBTs) and with special focus on girl child, SC/ST/Minority/Disabled Children such as Disha (Early Intervention and School Readiness Scheme), Vikaas Day Care (Day care scheme for persons with autism, cerebral palsy, mental retardation and multiple disabilities) and Samarth Respite Care (Scheme to provide respite home for orphans, families in crisis, Persons with Disabilities from BPL, LIG families).*
- *Map gaps in availability of education and vocational training services especially in backward areas and address their needs.*
- *Identify children of nomadic, semi-nomadic, de-notified tribes ensure their education.*
- *Facilitate barrier-free environment at all bus stops and railway stations for CWD.*
  - Ensure special stoppage points on bus routes near schools with sign-boards indicating access only for children with disability.
  - Coordinate with state/UT governments to issue instructions for bus conductors and drivers to help and support CWD.

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

Key Strategies:-

Priority Action

- *Regularly review text books, curriculum and teaching learning materials to avoid discriminatory images and references.*
- *Sensitize SMC members, PRIs and parents.*
- *Undertake gender sensitization of teachers and students in educational institutions*
- *Train Teachers on non-discriminatory practices*
- *Develop stringent mechanisms to monitor and address cases of discrimination*
- *NCPCR/SCPCRs to monitor equity issues in all schools as per their mandate.*

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

Key Strategies:-

Priority Action

- *Include visual and performing arts as part of the school curriculum.*
- *Set-up sports facilities close to habitations in both urban and rural areas.*
  - Provide neighbourhood parks for play
  - Ensure availability of sports facility for disabled children
  - Special incentive and awards for encouraging and supporting CWD to participate in sports
- *Develop norms and guidelines for the safety and security of children and ensure safety norms are adhered to in all the sports facilities.*
- *Develop standards for regulating of media and internet in the best interest of the child so that physical, cognitive, emotional and moral development of a child is not adversely affected.*
- *Recreational policy for children be developed and implemented by NCPCR as per their mandate.*

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

Key Strategies:-

Priority Action

- *Provide physical safety of all children by ensuring the following:*
  - Ensure safe and secure school premises
  - Background check of all teachers to prevent incidences of child abuse
  - Undertake regular safety and security audit of all schools including residential schools, Ashram Shalas, and CCIs
  - Construct boundary walls in all schools
  - Ensure availability of safe drinking water and toilets and separate toilets for girls
  - Maintenance of food safety standards as per norms for MDM
  - Regular health check-ups under RBSK and School Health Programme
- *Ensure safety from sexual abuse and see to it that complaints boxes for reporting sexual abuse are put into place.*
  - Orient all teachers, members of School Management Committees (SMCs)/state and district level functionaries on provisions of JJ (Care and Protection) Act 2015 and POCSO Act 2012
- *Ensure child-friendly management of traffic regulations and universal colour of school buses.*

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

Key Strategies:-

Priority Action

- *Undertake public advocacy campaigns against corporal punishment and physical and mental abuse of children in all forms.*

- *Train all teachers in methods of positive discipline including on how to check bullying by other children.*
  - Ensure counselling of children to stop bullying
- *Train members of School Management Committees and Village and block-level child protection committees to monitor and support school activities to prevent corporal punishment and impose methods of positive discipline.*

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

Key Strategies:-

Priority Action

- *Orient teachers to identify children with special talents.*
- *Provide scholarship schemes/ special awards to encourage gifted children so that they can pursue their talents.*
  - Encourage children of nomadic/semi-nomadic tribes through special assistance and mentorship

Key Priority Area 3: Protection

Objective:

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

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

Key Strategies:-

Priority Action
- *Support development of community-based management and prevention system to address child labour, child migration, trafficking, child marriage, and all forms of abuse, exploitation and violence against children.*
  - District-wise vulnerability mapping of children to be undertaken by child protection agencies in coordination with District administration and relevant agencies such as PRIs and ULBs
- *Establish and strengthen Child Protection Committees to develop Child Protection Plans at various levels (in both rural and urban areas).*
  - Create a protective environment for vulnerable children by linking them and their families with government social protection and livelihoods initiatives and proof of identity
- *Strengthen community based rehabilitation services (including barefoot counsellors) and field functionaries of all departments and NGOs dealing with children.*
- *Orient parents, children, teachers, SMC members, AWWs, hospital administration, ASHA and ANM on child sexual abuse, provisions of POCSO Act/ JJ Act 2015/ PCMA 2006 and other related Acts.*
  - Develop appropriate communication and advocacy materials to sensitize parents/teachers/ service providers on identifying case of any child abuse and also how to maintain sensitivity and confidentiality of such cases (SCPCRs in collaboration with State departments)
  - Ensure mandatory reporting of sexual offences and adequate support from local police stations and CWC/CPCs to address the same and avoid condescending behaviour towards child survivors

- Orient SHGs and PRIs to create awareness on domestic violence and violence against women
- Design and implement mass campaign against trafficking, child labour, child migration, and child abuse in partnership with Police, District administration, State/UTs Government, parents, teachers, doctors, civil society organisations, PRIs community and other stakeholders

- *Orient parents, SMC members, AWW, teachers on provisions against corporal punishment in schools under RTE Act.*
    - Strengthen SMCs and Village/Urban ward-level Child Protection Committees to monitor and support regular functioning of schools and ensure an environment free of any form of abuse, violence or discrimination
- *Create a supportive environment for children and families affected by HIV/AIDS, cancer and other non-communicable diseases through awareness and inter-personal communication.*
- *Prevent child marriage.*
    - Public advocacy on value of girl child and ill-effects of child marriage
- *Ensure protection of children during natural and man-made disasters.*
    - Orient and give training to the children and families on the immediate measures that has to be taken in case of any disaster in accordance with NDMA guidelines
    - Provide adequate information to parents/teachers and community members on existing reporting/referral mechanisms for cases of child abuse/ violence/trafficking/separation from family.

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

Key Strategies:-

Priority Action

- *Strengthen Institutional mechanisms for rescue and rehabilitation of children who are victims of Child Sexual Abuse/ trafficked children/child labour and other vulnerable children with special focus on protection of girl child.*
    - Ensure stringent implementation of PCPNDT Act 1994, PCMA 2006, RTE Act 2009, POCSO Act 2012, JJ Act 2015, Child Labour (Prohibition and Regulation) Amendment Act, 2016 and other related laws
    - Deal with crimes against children as per provisions of Juvenile Justice Care and Protection Act 2015 and POCSO Act 2012
- *Strengthen mechanisms for tracking missing children*
    - Establish the link between missing person's bureau and anti-human trafficking units and strengthen the response mechanism of law enforcement agencies in cases of child kidnapping and abduction
    - Special cells/Units for tracing children in districts where incidences of missing children are higher
    - Strengthen Track Child portal and ensure timely data uploading by all police stations, JJBs, CWCs and CCIs and its linkage with CCTNS (Khoya-Paya)
    - Encourage use of Khoya-Paya a citizen centric web-based portal for quick dissemination of information for missing /sighted children
- *Strengthen Institutional Mechanisms for rehabilitation of children in conflict with law as per provisions of Juvenile Justice Care and Protection Act 2015.*
- *Ensure protection of children in all CCIs as per provisions of Juvenile Justice Care and Protection Act 2015.*
- *Prioritize the delivery of Mental Health and Rehabilitation Services to all children in every CCI under the JJ Act 2015.*

- Ensure availability of adequate and trained mental health practitioners in every CCI under the JJ Act
- Develop curriculum to train and build a cadre of counsellors working with children in conflict with law in all Observation Homes, Special Homes, and Places of Safety.
- Establish complaint and suggestion boxes in every CCI for use by Children's Committees and Management Committees to address the concerns of children and their families.

• Provide effective reform and rehabilitation system to children in conflict with law.

• Develop preventive protocols to prevent children from being in conflict with the law.
- Develop resource material for teachers, parents, police and other community members to identify children who may be at risk of engaging in criminal and antisocial behaviour
- Develop community-based services and programmes which respond to the special needs, problems, interests and concerns of children and young persons and which offer appropriate counselling and guidance to them

• *Ensure NCPCR at national-level and SCPCRs at state-level to function effectively.*

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

Key Strategies:-

Priority Action

• *Sensitize teachers/ANMs/AWWs/ ASHA/Doctors/Police /legal fraternity on child protection issues.*
- Include child protection issues in the school and teacher training curriculum.

• *Ensure all public spaces are safe for children.*

• *Ensure child protection in all humanitarian action.*
- Safeguard children from exploitative situations, displacement , separation from family, deprivation of basic services, and disruption of education
- Ensure safety and dignity of children are preserved while providing aid/support
- Create a system of disaggregated data collection on the total number of children affected by natural disasters
- Train officials to respond to child protection needs during natural and man-made disasters as a priority to prevent abuse and exploitation
- Ensure all Humanitarian Aid agencies have a child protection policy and aid workers are aware of it and adhere to it
- Create stringent systems of monitoring and reporting of any case of child abuse/exploitation/discrimination informed by POCSO Act/ JJ Act 2015
- Create child-friendly spaces for children at disaster rescue sites and ensure children are protected from violence and abuse
- Provide Psycho-social support services for children affected by disaster and victims of Child Sexual Abuse
- Develop appropriate public advocacy tools and materials to generate awareness among parents and children regarding enhanced threats of trafficking/child abuse/violence and other risks during natural and man-made disasters
- Provide information to community and children on existing response and referral mechanisms (whom to contact/ where to go to seek help)
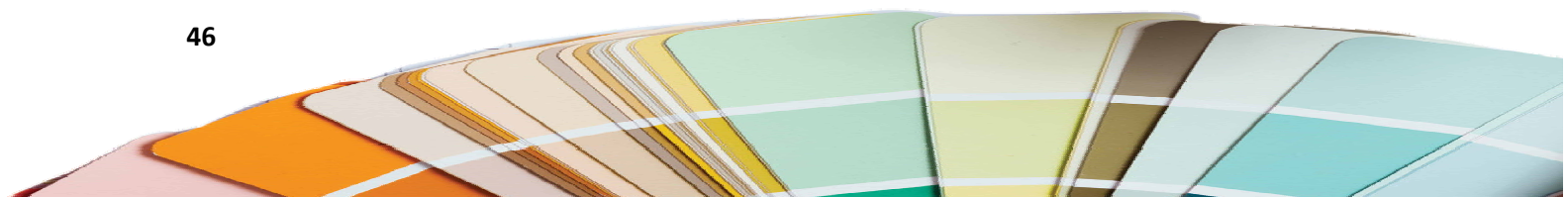
Sub-objective 3.4: *Develop and support partnerships with media, business houses, NGOs and multi-lateral agencies for a wider advocacy and networking for ensuring protection of children.*

Key Strategies:-

Priority Action

- *Develop a child protection policy and guidelines for all business houses /media houses/agencies working with children to ensure protection against any possible action taken by them which violates rights of the children.*
- *Develop stringent policy to prevent employment of children as per provisions of the CLPR (Amendment) Act 2016 and encourage children to go to school.*
- *Promoting greater public-private partnership for child protection issues like child abuse, ill effects of substance abuse, etc.*
- *Orient Media houses on protection issues and call for their support in terms of creating a greater public awareness on child rights and child protection.*
    - Identify good practices by NGOs/Media and business houses on initiatives taken for child protection and highlight them, replicate good practices.
- *Encourage corporate houses under CSR to support child protection issues and Adopt –a – Home under MWCD programme.*

Sub-objective 3.5*: Ensure rights of all children temporarily/permanently deprived of parental care are secured by ensuring family and community-based arrangements, including adoption, sponsorship and foster care.*

Key Strategies:-

Priority Action

- *Enhance awareness regarding adoption, foster-care and sponsorship.*
- *Ensure that CARA and SARAs are able to coordinate inter-state information exchange and cooperation to promote adoption and foster care within the country.*
    - Ensure availability of all information of children on CARINGS
    - Formal linkages between SAAs and CCIs to increase the pool of children suitable for adoption and foster care
- *Capacity-building of CWC, DCPU members and Judicial officials on new foster care guidelines and adoption regulations.*

Key Priority Area 4: Participation

Objective:

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

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

Key Strategies:-

Priority Action

- *Create a positive environment for children to express their views freely at home and at school, and promote respect for the views expressed by children.*
- *Orient teachers and frontline health service providers so that child survivors of abuse and exploitation are not treated in a condescending manner and steps taken to re-build their self- esteem.*

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

Key Strategies:-

Priority Action

- *Provide children with age-appropriate information on their rights and entitlements; schemes and programmes.*
  - Orient children on all forms (including online) of abuse, exploitation and violence; build their confidence to report any such incidence to CHILDLINE, police or local authorities and seek help.
- *Strengthen Country and local mechanisms for participation of children.*
  - Provide children with an enabling environment to participate meaningfully in all plans and programmes
  - Provide adequate support and referral to children dealing with physical or emotional stress through CHILDLINE services. Strengthen CHILLDLINE services to disseminate information and provide support and counselling
  - Ensure development of children in a gender –sensitive manner so that they learn to respect and understand opposite gender
- *Orient parents to adopt parenting skills which promote positive behaviour and values among children such as hard work, respect for opposite gender, sportsmanship, etc.*
- *Build a sense of responsibility among children so that they are aware of their own duties and learn to act in a responsible manner*
- *Include a participatory approach in everyday classroom transaction by dedicating time and space for children to take an active part in teaching-learning processes, give their ideas and feedback freely*
  - Ensure a stress-free educational environment providing children equal opportunity to participate in the classroom processes
  - Establish unanimous systems of providing feedback for children on various issues including behaviour of the teachers and staff.

Created by Children of Vallalar Children's Home, Tamil Nadu

KEY PRIORITY 1: SURVIVAL, HEALTH, AND NUTRITION

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

Outcome Indicator	Current Performance and Source	Target 2021 or before
Maternal Mortality Ratio	167 per 100,000 live births; SRS 2011-13	<100 (NHM target)
Neo-natal Mortality Rate	26 (Rural – 30, Urban – 15) per 1000 live births; SRS 2014	21 (India New Born Action Plan, MH&FW)
Infant Mortality Rate	39 (Rural – 43, Urban – 26) per 1000 live births; SRS 2014	25 (NHM target)
U5 Mortality Rate	45 (Rural – 51, Urban – 28) per 1000 live births ; SRS 2014	25 (NHM target)
% of children 0-59 months stunted	38.7 (Rural - 41.6 , Urban - 32); RSOC 2013-14	24 (12th Plan target)
% of children 0-59 months severely stunted	17.3 (Rural - 19.1 , Urban - 13.2); RSOC 2013-14	4 per cent Average Annual Rate of Reduction
% of children 0-59 months wasted	15.1 (Rural - 15.1, Urban - 15); RSOC 2013-14	
% of children 0-59 months severely wasted	4.6 (Rural - 4.5 , Urban - 4.8); (RSOC 2013-14)	
% of children 0-59 months underweight	29.4 (Rural - 31.6 , Urban - 24.3); RSOC 2013-14	21.2 (12th Plan Target)
% of children 0-35 months underweight	40.4 (Rural – 43.7, Urban – 30.1); NFHS-3 2005-06	3 per cent Average Annual Rate of Reduction
% of children 0-35 months with birth weight less than 2500 gm	18.6 (Rural – 18.7, Urban -18.4); RSOC 2013-14	3 per cent Average Annual Rate of Reduction

Table 1

Sub-Objectives	Strategies	Indicator and Current Performance [34]	Target 2021 or before	Action	Programme/ Scheme/ Agencies
1.1. Improve maternal health care, including antenatal care, safe delivery by skilled health personnel, post natal care and nutritional support	**1.1.1.** Ensure universal access to Quality ANC and PNC for pregnant and lactating mothers	• 45.4% (Rural- 39.6, Urban- 58.9) Mothers received 4 or more ANCs (RSOC 2013-14) • 39.3% (Rural - 34.2, Urban - 51.1) of Neonates received PNC within 48 hours of delivery/discharge (RSOC 2013-14) • % of vacancies in ICDS for AWW/ supervisors/ CDPOs against target • 5.21%shortfall in the posts of HW(F) andANM at SHCs and PHCs (RHS 2015) • % AWCs functioning in Government buildings • 67.5% SHCs functioning in Government buildings (RHS 2015) • Average rural population covered per SHC 5426 (Norm -3000-5000) (RHS 2015) • Average rural population covered per PHC 32944 (Norm -20000-30000) (RHS 2015) • Average rural population covered per CHC 154512 (Norm -80000-120000) (RHS 2015)	90% (NHM target) 90% (NHM target)	1. Availability of Human Resources and regular training of NHM and ICDS functionaries as per norms. - Fill up all vacancies of front-line service providers under ICDS and NHM as per norms - Performance management and competency building support for workers at all levels (e.g., front line workers/managerial staff) - Ensure quality of training and strengthen infrastructure for training at district and block level - Training of ASHA and ANM to identify high risk pregnancies and providing counselling for birth preparedness - Training of AWW on weighing and Growth Chart monitoring, identification of severely malnourished children and ensuring referral services for them, Immunization and Health and Nutrition Counselling - Joint Training Programme for Functionaries of National Health Mission(NHM) and Integrated Child Development Services (ICDS) Scheme	NHM, Pradhan Mantri Surakshit Matritwa Abhiyan, MAA or Mothers Absolute Affection Programme (MH&FW), ICDS (MWCD), NGOs, PRIs and ULBs

Sub-Objectives	Strategies	Indicator and Current Performance [34]	Target 2021 or before	Action	Programme/ Scheme/ Agencies
				2. Establish/Provide Anganwadi and Sub-Health Centres with standard infrastructural requirements with special focus on providing coverage to SC/ST/Minority/Urban Slum dominated habitations as per norms	NHM (MH&FW), ICDS (MWCD), (MNREGA, and 14th FC Devolution for construction of AWCs (MRD and MPR), Vanbandhu Kalyan Yojana (MTA), Swachh Bharat Kosh (MDWS), PRIs, NGOs
				- Ensure improvement of infrastructure of AWCs in convergence with MNREGS.	
				- Ensure utilisation of 14th FC devolution and Swachh Bharat Kosh for drinking water and toilet facilities in AWCs and SHCs in state plans.	
				- Capacity building of PRIs and issuance of specific guidelines for utilisation of 14th FC devolution	
				- Ensure inclusion of AWC and SHC infrastructure development and maintenance in the Gram Panchayat Development Plan (GPDP)	
				- Promote public-private partnership for infrastructure development of AWCs.	
				3. Modernise AWCs as per the norms of ICDS and link them with digital database so as to monitor real-time data on services provided.	
				4. Establish Medical/Nursing and Paramedic training schools in tribal concentrated Special Focus Districts under Vanbandhu Kalyan Yojana	

Sub-Objectives	Strategies	Indicator and Current Performance [34]	Target 2021 or before	Action	Programme/ Scheme/ Agencies
				5. Establishment and regular functioning of Village Health, Sanitation and Nutrition Committees (VHSNCs) and appropriate orientation of VHSNC members and PRIs to plan and monitor VHND	
				- Village Convergence and Facilitation Services in all BBBP and high burden districts	
				- Capacity building of PRIs and SHGs to support and monitor VHNDs	Pradhan Mantri Surakshit Matritva Abhiyan, NHM (MH&FW), ICDS and BBBP (MWCD), PRIs, NGOs
				6. Quality antenatal care (4 ANCs) through proper implementation of VHNDs at all AWCs every month	
				• Register all pregnancies and give priority access to Mother and Child Protection Cards	
				• Review and monitor consumption of IFA tablets and supplementary nutrition	
				7. Ensure registration and ANC services of migrant and homeless women and in hard to reach areas including those affected by disasters/LWE	
				8. Ensure PNC for all mothers (48 hours stay in institution after delivery and thereafter follow-up for 42 days after delivery) through proper co-ordination between AWWs, ASHAs, and ANMs	

Sub-Objectives	Strategies	Indicator and Current Performance [34]	Target 2021 or before	Action	Programme/ Scheme/ Agencies
				9. Home visits till six weeks by trained ASHA to provide counselling for prevention of hypothermia, cord care, clean postnatal practices, early identification of danger signs and early and exclusive breastfeeding	
				10. Promote use of IT-based solutions for monitoring of real time data on ANC, PNC and immunization through Mother and Child Tracking System (MCTS)	
				11. Regular review and evaluation of ANC, PNC services	
	1.1.2. Ensure Institutional Delivery and universal access to Quality Obstetric and Newborn Care	• 78.7% (Rural - 74.6, Urban - 88.5) Institutional Delivery (RSOC 2013-14) • 20.7% PHCs and 26.3% CHCs functioning as per IPHS norms (RHS 2015) • 32% shortfall in no of CHS available as per population norms (RHS 2015) • 34.5% of CHCs with New born Stabilization Units (RHS 2015) • 24% of Gynaecologists and obstetricians available at CHCs as per IPHS Norms (RHS 2015) • 18% of Paediatricians available at CHCs as per IPHS Norms (RHS 2015) • 17% of Physicians available at CHCs as per IPHS Norms (RHS 2015)	90%	1. Strengthen public health facilities at all levels for conducting safe delivery, including provision of emergency obstetric care and new born care with special focus on urban slum/remote/ tribal dominated areas • Identify and strengthen sufficient number of facilities for 24 x 7 institutional deliveries (SHCs, PHCs, FRUs, SDHs, and DHs) as per Indian Public Health Standards (IPHS) norms to ensure optimal geographical coverage • Ensure availability of trained personnel (doctors /ANMs and nurses) at all First Referral Units (FRUs) on 24 x 7 basis • Provision of Basic Emergency Obstetric Care (BEmOC) at PHCs	NHM (MH&FW), ICDS (MWCD), PRIs, NGOs

Sub-Objectives	Strategies	Indicator and Current Performance [34]	Target 2021 or before	Action	Programme/ Scheme/ Agencies
		• % Shortfall in Specialists -surgeons (83.4%), obstetricians and gynaecologists (76.3%), physicians (83.0%) and paediatricians (82 %) (RHS 2015)		• Comprehensive Emergency Obstetric Care (CEmOC) and Neonatal Care at CHCs (First Referral Units) and DHs 2. Establish fully Facility-based new born care Units (New- born Care Corner, New Born Stabilization Units, Special New born Care Units) as per norms with requisite HR • Availability of ambulance services in all PHCs and FRUs • Promote public-private partnership to ensure access of Quality Obstetric and Newborn Care in Urban and hard to reach areas • Availability of Mobile Medical Units for geographically excluded areas • Proper implementation of MSY, JSSK, and JSY 3. Saturate all facilities conducting deliveries with NSSK-trained staff 4. Implement standardized clinical protocols for essential newborn care, including resuscitation 5. Develop Quality Assurance mechanisms/cells to monitor training quality and adherence to standard protocols 6. Ensure availability of Injection Vitamin K at all delivery points	

Sub-Objectives	Strategies	Indicator and Current Performance [34]	Target 2021 or before	Action	Programme/ Scheme/ Agencies
				7. Promote package of practices for home based new born care for the integrated management of neonatal and childhood diseases by ANM, ASHA and AWW	
				8. Regular review and evaluation of quality of care and services at all health care centres and hospitals By District level monitoring committees and Rogi Kalyan Samiti	
	1.1.3. Improve health and nutrition status of all parents to be	• 44.7% (Rural-44.9. Urban – 44.2) Girls aged 15 -18 with low Body Mass Index less than 18.5 (RSOC 2013-14) • No and % of pregnant mothers receiving maternity benefits		1. Adopt seamless life cycle integration approach to address health and nutrition needs of adolescents, young persons and would-be parents	RMNCH+A (MH&FW) SABLA ICDS
				2. Adequate nutrition and health services, counselling for adolescent boys and girls and would be fathers and mothers	
				3. Provide financial support for improved nutrition under National Nutrition Mission	
				4. Promote healthy life style including prohibition of alcohol and other substance abuse for both men and women	
				5. Improve health and nutrition status of all parents to be, newlyweds, (BMI of all married women should be >18.5 and at least 18 years of age and Hb% min 12g.dl before she conceives through skilled counselling)	
				6. Promote participation of men in care of pregnant and lactating mothers and childcare	

Sub-Objectives	Strategies	Indicator and Current Performance [34]	Target 2021 or before	Action	Programme/ Scheme/ Agencies
	1.1.4. Provide universal access to information and services for making informed choices related to birth and spacing of children	• 2.3 Total Fertility Rate (SRS 2013) • 12.8% Total unmet need for Family Planning (NFHS 3)	2.1 (12th Five Year Plan target)	1. Bouquet of Contraceptive services available at all Sub-health centres, PHCs and CHCs 2. Promotion of IUDs as a short and long term spacing method 3. Increasing male participation in planned parenthood by involving PRIs, NGOs and community-based organizations 4. Quality assurance in family planning through stringent monitoring of services 5. Postpartum Family Planning (PPFP) Services at all delivery points 6. IEC and Inter-personal communication to generate awareness on VHNDs, all health facilities, availability of couple counselling services, awareness as part of adolescent health programme 7. Provision of MTP services at 24*7 PHCs, CHCs and FRUs	NHM (MH&FW), ICDS (MWCD), Private Hospitals NGOs , PRIs
1.2. Secure the right of the girl child to life, survival, health and nutrition	1.2.1. Advocacy to change attitude and practices discriminatory towards the girl child	• 918 (Rural – 923, Urban – 905) Child Sex Ratio (Census 2011) • 909 Sex Ratio at Birth (SRS Statistical report 2011-13; Rural-910; Urban-906) • 42 IMR for Girls (SRS 2013) • 30.3 % (Rural- 33.5, Urban - 22.4) of Currently married women age 20-24 who were married before 18 (RSOC 2013-14)	950 (NHM Target)	Public advocacy and behaviour change communication strategy to change attitude and practices discriminatory towards the girl child	NHM(MH&FW), BBBP, SABLA and ICDS (MWCD), SSA(MHRD), NGOs, PRIs

Sub-Objectives	Strategies	Indicator and Current Performance [34]	Target 2021 or before	Action	Programme/ Scheme/ Agencies
	1.2.2. Enforcement of laws that protect rights of the girl child	• 270.4 Age Specific Marital fertility rate 15-19 years (SRS • 48.87 Net Enrolment Ratio (NER) for girls at Secondary level (U-DISE, 2014-15) • 92.09% (Rural – 86.1, Urban – 92.8) of schools with separate girls toilet (U-DISE 2014-15)		1. Effective enforcement of Pre-Conception and Pre-Natal Diagnostic Techniques (PCPNDT) Act, 1994 and Prohibition of Child Marriage Act 2006 2. Establish and strengthen **Village Convergence and Facilitation** Services at GP level in all high burden and BBBP districts	N H M (M H & F W) , District Police, Administration, Campaigns for ending child marriage and discrimination against girl child under, PRIs, NGOs
	1.2.3. Implement and monitor the outcomes of schemes/ programmes giving special incentives to girl child	• % of girls age 15-18 years having bank account • % of girls having ADHAAR card		1. Ensure education and participation of girl child, monitor drop outs and increase girls enrolment in secondary education and vocational courses – Encourage all out of school/drop-out girls to go back to school – Ensure security of girl child while going to school – Provide functional girls toilets in all schools 2. Life Skills education for all adolescent girls 3. Implement incentive schemes for the girl child[35] 4. Regular monitoring and review of impact of the schemes	N H M (M H & F W) , and BBBP SABLA(MWCD), SSA and RMSM(MHRD), National Skill Development Mission, UID, Banks, PRIs, NGOs.
1.3. Address key causes and determinants of child mortality and morbidity through interventions based on continuum of care, with emphasis on	1.3.1. Universal Immunization and De-worming	• 65.3% (Rural - 62.4 , Urban - 72.0) of children 12-23 months fully immunized (RSOC 2013-14) • 74.8% (Rural – 72.2, Urban – 80.7) of children 12-23 months received DPT 3 injection (RSOC 2013-14)	100 100	1. Compulsory and complete immunisation for protection of the child from vaccine preventable diseases as per National Immunization Schedule at village and facility level. 2. Ensure availability of vaccines and logistic support for immunization at all delivery points	Mission Indradhanush under NHM (MH&FW), National De-worming Initiative under NHM (MH&FW), ICDS (MWCD), NGOs, PRIs

[35]DBTs for girl child, scholarship and sponsorship schemes, Bicycles, etc.

Sub-Objectives	Strategies	Indicator and Current Performance [34]	Target 2021 or before	Action	Programme/ Scheme/ Agencies
nutrition, safe drinking water sanitation and health education		• 27.6% (Rural -26.6, Urban – 30.3) of Children in of 6-59 months received de-worming medication (RSOC 2013-14)	100 100	3. Improve the monitoring system and quality of HMIS 4. Ensure tracking of partially vaccinated or unvaccinated children as per UIP schedule and immunise them under Mission Indradhanush • Special focus on migrant/street / disabled children • Motivate VHSNC members, SHG group members and PRIs to track such children along with ASHA and AWW through special drives • Special focus on hard to reach areas and children including children of nomadic/semi-nomadic and de-notified tribes 5. De-worming of all children • Provide all children between the ages of 1–18 years with de-worming treatment at Anganwadis and schools (enrolled and out of school children) on National De-worming Day followed by mop-up day • Ensure availability of adequate Albendazole 400 mg chewable tables at schools and AWCs 6. Collect disaggregated data on nutrition and health status of all children	

Sub-Objectives	Strategies	Indicator and Current Performance [34]	Target 2021 or before	Action	Programme/ Scheme/ Agencies
	1.3.2 Provide universal and affordable access to services for prevention, treatment, care and management of neo-natal and childhood diseases (including water and vector born diseases)	• 76.9% (Rural – 75.8, Urban – 79.9) of children under 5 years old who had symptoms of ARI in 15 days prior to survey for whom advice or treatment was sought (RSOC 2013-14) • 12.6% (Rural-11.1, Urban – 16.1) of children 0-59 months with diarrhoea given ORS and Zinc (RSOC 2013-14) • % of Children suffering from Diarrhoea (Annual Health Survey 2013-14) • % of Children suffering from Acute Respiratory Infection (Annual Health Survey 2013-14) • 1.10 Million Malaria cases reported in 2014 (National Vector Born Disease Control Programme) • Tuberculosis[36] prevalence per 100000 population 195 (WHO, 2013) • % of Disabled children received disability certificates • % of disabled children covered under any government benefit/scheme • No of DHs with adequately staffed mental health facility		1. PPromote Integrated Management of Neonatal and Childhood Illness (IMNCI) for early diagnosis and case management of childhood diseases. 2. Prophylaxis and treatment of disabilities, childhood diseases (including mental health), birth defects, deficiencies and development delays through Child Health Screening and Early Intervention Services for : – Birth defects – Deficiencies – Childhood diseases – Development delays – Disabilities 3. Health check-up in all schools and AWCs as per RBSK norms 4. Availability of full-time Paediatricians and Mental Health professionals as per IPHS norms at CHCs/DHs 5. Ensure availability of age –appropriate and free Medicine and diagnostic services to all children - Ensure availability of paediatric medicines in appropriate dosage and paediatric equipments and supplies in all health care facilities. 6. Ensure treatment of life-threatening diseases like cancer/others	IMNCI, RBSK and RKSK under NHM (MH&FW), National Vector-born Disease Control Programme (MH&FW) , ICDS (MWCD), Schools, Municipal and ULBs, PRIs

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36WHO, cited in Annual Status Report: TB in India 2016, Central TB Division, Ministry of Health and Family Welfare

Sub-Objectives	Strategies	Indicator and Current Performance [34]	Target 2021 or before	Action	Programme/ Scheme/ Agencies
				7. **Cholera :** Cholera Antigen Rapid Test and Cholera early detection and treatment available at all health facilities	
				8. **Diarrhoea:** Implementation of Acute Diarrhoeal Disorder (ADD) control plan	
				– Frequent, appropriate, and active feeding for children during and after illness, including oral rehydration made with safe drinking water with zinc supplements during diarrhoea	
				9. Screening and treatment all fever cases suspected for Malaria, Dengue, Chikungunya, Kala-azaar and Lymphatic Filaria at all block/district health facilities	National Disease Control Programme, NHM (MH&FW), ULBs and PRIs, NGOs
				10. Equipping all health Institutions (PHC level and above), especially in high-risk areas, with microscopy facility and essential drugs for treatment of Malaria, Dengue, Kala-azaar and Lymphatic Fileria.	
				– Partnership with Urban Local Bodies, Panchayats and civil society to generate awareness regarding control of vectors like mosquitoes and early reporting of cases of fever/other symptoms of vector-borne diseases	Revised National TB Control Programme (RNTCP)
				– Provide immediate and effective treatment for TB as per RNTCP	
				– Ensure availability of adequate diagnostic services and essential drugs for treatment of TB	

Sub-Objectives	Strategies	Indicator and Current Performance [34]	Target 2021 or before	Action	Programme/ Scheme/ Agencies
				– Drug resistance survey (DRS) under RNTCP for 13 TB drugs and to estimate on the burden of Multi-Drug Resistant Tuberculosis	
				– Strengthen National Disease Surveillance system and collect age- and gender disaggregated real-time data	
				– Disaggregated data collected on nutrition and health status of all children	
				11. Prevent disabilities, both mental and physical, through timely measures for pre-natal, peri-natal and post-natal health and nutrition care of mother and child	NHM (MH&FW), National Mental Health Mission (MH&FW), Disha, Vikaas and Samarth under National Trust Act (MSJ&E) PRIs, NGOS
				– Ensure availability of disability certificates by organising camps at block/panchayat level	
				– Implement schemes for persons with Autism, cerebral palsy, mental retardation and multiple disabilities under National Trust Act (Disha, Vikaas and Samarth).	
				– Provision of Referral services, rehab services, assistive devices	
				12. Educate and train parents and care givers about preventive healthcare for new-borns and young children for common ailments such as vector-born and respiratory diseases.	

Sub-Objectives	Strategies	Indicator and Current Performance [34]	Target 2021 or before	Action	Programme/ Scheme/ Agencies
	1.3.3. Ensure Safe drinking water and sanitation facilities for all children	• 45.3% of HHs (Rural) and 88.8% HHs (Urban) have sanitary toilets (Swacchata Status Report 2016, NSSO) • 52% of rural and 7.5 % urban population go for open defecation (Swacchata Status Report 2016, NSSO) • 44.4% villages and 43.6% wards do not have proper drainage arrangement (Swacchata Status Report 2016, NSSO) • 91% (Rural - 90.2, Urban 92.8) HH having access to access to any improved source of drinking water (RSOC 2013-14) • 92.09% (Rural – 86.1, Urban – 92.8) of schools with separate girls toilet (U-DISE 2014-15) • % Population with a hand washing facility with soap and water in the household		1. Universalize access to improved toilets at household level and institutions per SBM guidelines – Availability of household and community toilets as per Swachh Bharat Mission guidelines – Availability of functional toilets and hand-washing facility in all schools and Anganwadis – Community Toilets as per requirement 2. Develop integrated plans for solid liquid waste management – Use of relevant low-cost technologies, promote wider involvement of private sector for solid/liquid waste management – Periodic sanitisation of the urban slum/ habitational area by the Municipal corporation/Nagar Palikas 3. Universalize availability of potable drinking water at household and facility level(schools, AWC, health facilities) and for populations affected by natural and man-made disasters with special focus on coverage of SC and ST population concentrated habitation, urban slums and hard to reach areas – Carry out drinking water quality surveillance and monitoring throughout the country	Swacch Bharat Mission (MDWS) National Rural and Urban Drinking Water Mission (MDWS), ICDS (MWCD), SSA (MHRD), 14th FC Devolution by PRIs

Sub-Objectives	Strategies	Indicator and Current Performance [34]	Target 2021 or before	Action	Programme/ Scheme/ Agencies
				4. Promote proper food handling, hygiene and sanitation practices at household level and intuitional (AWC/ School) level	
	1.3.4. Health care and nutrition services for women and children during natural and man-made disaster	% of population living in areas with PM10 < 100 and PM 2.5 < 60		1. Identify high risk districts and develop preparedness and response plans for ensuring delivery of health and nutrition services to pregnant women, mothers and children during disasters 2. Psycho-Social Support and Mental Health Services (PSSMHS) as per NDMA Guidelines 3. Develop regulations for climate–smart infrastructure Identify high risk districts and develop preparedness and response plans for ensuring delivery of health and nutrition services to pregnant women, mothers and children during disasters 4. Inclusion in the Community-Based Disaster Management (CBDM) Plan and training in climate hotspots with adequate provisions for water supply, sanitation, and drainage in co-ordination with NDMA. 5. Ensure reduction of air pollution to satisfactory level as per the air quality index devised by GoI	National and State Disaster Response Fund (National and State Disaster M a n a g e m e n t Authority), MHA, ULBS, PRIs, NGOs

Sub-Objectives	Strategies	Indicator and Current Performance [34]	Target 2021 or before	Action	Programme/ Scheme/ Agencies
1.4. Ensure availability of essential services, supports and provisions for nutritive attainment in a life cycle approach, including maternal, infant and young child feeding (MIYCF) practices	1.4.1. Increased access and use of diverse and adequate nutritious food at household level	• % of population age 18-59 years with BMI less than 18.5 (19.0-27.2%, AHS 2014) • % of HHs having access to ration card • No and % of adolescent girls and mothers receiving cash incentives for nutrition		1. Availability of adequate and affordable nutritious food as per the provisions of National Food Security Act – Provide financial support for improved nutrition under National Nutrition Mission 2. Improve agricultural productivity by supporting innovations in agricultural extension and dissemination of technologies leading to enhanced income for small and marginal farmers 3. Promote Nutrition Gardens of fruits and vegetables at household level and all government aided Schools and AWCs and promote consumption by children in MDM/SNP 4. Promote use of affordable, appropriate, and nutritious recipes based on local food resources from the local ecosystem and dietary practices 5. Training of local youth (both male and female) to work as voluntary nutrition counsellors 6. Promote need-based operational research to identify positive indigenous dietary practices and good/innovative practices for managing under-nutrition	National Nutrition Mission, SABLA, MSY and ICDS (MWCD), Ministry of Agriculture, Targeted Public Distribution System (TPDS) (Ministry of Consumer Affairs, Food and Public Distribution), National Rural Livelihoods Mission (MRD), NHM, RMNCH+A, (MH&FW), MDM (MHRD), PRIs, NGOs

Sub-Objectives	Strategies	Indicator and Current Performance [34]	Target 2021 or before	Action	Programme/ Scheme/ Agencies
				7. Social Behaviour change communication implemented through Village Convergence and Facilitation Services and SHGs in high-burden and BBBP districts to promote key behaviours related to maternal care, new born and childcare practices at the household and community level	
	1.4.2. Implement 1000 Days Approach, Infant and Maternal, Young Child Feeding (MIYCF) practices	• 44.6% (Rural – 44.2, Urban 45.6) of Children aged 0-23 months breastfed immediately/ within an hour of birth (RSOC 2013-14) • 64.9% (Rural – 65.1, Urban – 64.2) of children 0-5 months exclusively breastfed (RSOC 2013-14) • 50.5% (Rural – 47.1, Urban – 58.1) of children 6-8 months who were fed complementary foods (RSOC 2013-14) • 27.6% (Rural - 26.6 , Urban - 30) children aged 6-59 months received de-worming medication (RSOC 2013-12) 30% of anaemic boys and 55% of anaemic Girls in age group 15-19 (NFHS 3)[37] • 55.3% anaemic women in reproductive age 15-49 years (NFHS 3)		1. Supplementary nutrition, growth monitoring, nutrition, health and hygiene education and counselling in all AWCs. a. Use of Real Time Data to ensure timely support and intervention b. Track maternal weight gain, timely administration of IFA, calcium supplementation, de-worming and supplementary nutrition along with balanced diet and rest. c. Identification of high risk pregnancies through 4 ANCs 2. Rigorous implementation of Sneha Shivir 3. Identification of severely undernourished children 0-5 years with focus on vulnerable children and supplying additional supplementary nutrition, treatment and counselling\	NHM, MAA or Mothers Absolute Affection Programme, RMNCH+A, (MH&FW), National Nutrition Mission (MWCD), MDM (MHRD), PRIs, NGOs

[37]AHS 2014 show high prevalence of Anaemia among boys and girls age 10-17 years (between 70-92%) in 9 states

Sub-Objectives	Strategies	Indicator and Current Performance [34]	Target 2021 or before	Action	Programme/ Scheme/ Agencies
				4. Establish and strengthen Village Convergence and Facilitation Services at GP level in all high burden and BBBP districts	
				5. Targeted home visits by frontline workers during key contact points over the 1,000 day period and awareness generation at community level	
				6. Counselling provided to all pregnant and lactating mothers, Supplementary nutrition, IFA, Calcium supplements and nutrition including migrant workers and homeless women	
				7. Additional support to all pregnant and lactating mothers (MSY, additional food grain under Nation Food Security Act)	
				8. Promote optimal IYCF practices	
				a. Early and exclusive breast feeding 0-6 months	
				b. Age-appropriate complementary feeding practices in the period of 6 to 24 months	
				c. IFA and de-worming	
				9. Integrated communication strategy developed in coordination with NHM, ICDS and SBM	
				10. Capacity building of PRIs and SHGs to deliver key messages on nutrition, sanitation, maternal and child care, and women's empowerment, mobilise community to access services including NR	

Sub-Objectives	Strategies	Indicator and Current Performance [34]	Target 2021 or before	Action	Programme/ Scheme/ Agencies
	1.4.3. Reduce prevalence of micro-nutrient deficiency among women, children and adolescents	13.4% (Rural – 12.7, Urban – 15.2) of children 6-59 months received IFA supplement (RSOC 2013-14) 45.2% (Rural - 43.8, Urban - 48.3) children aged 6-59 months received Vitamin A dose (RSOC 2013-12		1. Iron and Folic Acid syrups administered to all children aged 0-5 years under National Iron Plus Initiative 2. Vitamin A supplementation for children upto 59 months 3. Iron supplement to all adolescent girls through convergence between WIFS and SABLA 4. Ensure health and nutrition services for all girls, including adolescents 5. Develop programmes for ensuring nutrition supplements to Boys (6-18) years 6. Collaboration with food and civil supplies for introduction of food fortification (wheat flour with iron and folic acid, milk, sugar and salt with iron/other micro-nutrients)	National Iron + Initiative under NHM (MH&FW), ICDS (MWCD)
	1.4.4. Strengthen referral mechanism and linkage between the community and Nutrition Rehabilitation Centers (NRC)	% of SAM Children referred to NRCs % of SAM children referred to NRCs gained normal weight after treatment		1. Strengthen early identification and referral mechanism and linkage between community (AWC) and NRC. 2. Setting up of NRC s as facility based units providing medical and nutritional care to children <5 years of age who has a medical complication. 3. Strengthen the already existing NRC s and bring them up to the National Standards with regard to protocols and treatment.	NHM (MH&FW), ICDS (MWCD), PRIs

Sub-Objectives	Strategies	Indicator and Current Performance [34]	Target 2021 or before	Action	Programme/ Scheme/ Agencies
	1.4.5. Strengthen nutrition management and information system	% of AWCs reporting on Common Application Software (ICDS-CAS) against target		1. Monitor and evaluate the outcomes of all nutrition schemes and programmes periodically 2. Ensure reliable and regular collection and analysis of data on indicators along with a sturdy nutrition surveillance system at national, state, district, block and community levels 3. Promote use of ICT to strengthen the information base and generating data on real time basis to support the programmatic actions and timely interventions through web-based Rapid Reporting System a. Rapid Reporting System b. Real Time Monitoring (ICT-RTM) through Common Application Software (ICDS-CAS) 4. Social Audit of AWCs	ICDS (MWCD)
1.5. Provide adolescents access to information, support and services essential for their health and development, including information and support on appropriate life style and healthy choices and awareness on the ill effects of alcohol and substance abuse	1.5.1. Availability of information on children's rights and entitlements and different schemes and programmes using different communication methods			1. Develop age-appropriate means of communication, including use of social media to provide information and generate awareness on all rights, entitlements, schemes and programmes including information on alcohol and drugs abuse, rehabilitation and related counselling services	RKSK (MH&FW), SABLA (MWCD), Corporate houses, media, PRI and NGOs

Sub-Objectives	Strategies	Indicator and Current Performance [34]	Target 2021 or before	Action	Programme/ Scheme/ Agencies
	1.5.2. Counselling and health services for adolescents	• % of Boys age 10-17 with anaemia (Data for 9 states only available in AHS) • % of girls age 10-17 with anaemia (Data for 9 states only available in AHS)		1. Increase accessibility and utilisation of quality counselling and health services for adolescents health through WIFS, Adolescent Friendly Health Clinics, SABLA 2. Implement Adolescent Reproductive and Sexual Health Programme 3. Train adolescent (both in school and out of school) on behaviour modification skills/life skills with special focus on coping/ resilience skills, communication and interpersonal relationship skills and problem solving skills , awareness on alcohol and substance abuse 4. Develop programmes for addressing health and nutritional needs of adolescent boys 5. Reduce the prevalence of iron-deficiency anaemia (IDA) among adolescent girls and boys 6. Provide Menstrual Health Management knowledge and facilities 7. Create a cadre of teachers as counsellor to address mental health needs of children 8. Availability of alcohol and drug rehabilitation centres in all districts 9. Awareness on alcohol and substance abuse as a part of regular school activity and curriculum	RKSK (MH&FW), SABLA (MWCD)

Sub-Objectives	Strategies	Indicator and Current Performance [34]	Target 2021 or before	Action	Programme/ Scheme/ Agencies
	1.5.3. Civil Society Organisations, Business houses and Media meaningfully engaged with institutions of education and training			Develop guidelines for NGOs, Business houses and Media houses to engaged with schools and other institutions of education and training with emphasis on good health, hygiene, sanitation and sensitization on ill-effects of alcohol and substance abuse etc.	NHM (MH&FW), SSA and RMSM (MHRD), MWCD
1.6. Prevent HIV infections at birth and ensure infected children receive medical treatment, adequate nutrition and after-care, and are not discriminated against in accessing their rights	1.6.1. Services for RTI,STI, and HIV/AIDS	• 0.29% HIV prevalence among ANC clinic attendees (HIV Sentinel Surveillance, NACO 2014-15) • 0.26% Adult (15–49 years) HIV prevalence rate (NACO 2015) • 86 thousand new HIV infections in 2015 (NACO 2015) • Children less than 15 years account for 12% (10.4 thousand) of total new infection (NACO 2015)		1. Provision of universal HIV testing services for all pregnant women 2. Provision of ART/ARV prophylaxis to mother and baby to minimise the risk of HIV transmission from mother to baby 3. Availability of Community Care Centres and Anti-Retroviral Therapy Centres 4. Provision of Early Infant Diagnosis (EID) services 5. Awareness generation and counselling on STI, RTI, HIV/AIDS 6. Collected age-disaggregated data on HIV prevalence to estimate no of children living with HIV/AIDS	National AIDS Control Programme (NACO), National Health Mission (MH&FW), Prevention of Parent to Child Transmission (NACO)

Sub-Objectives	Strategies	Indicator and Current Performance [34]	Target 2021 or before	Action	Programme/ Scheme/ Agencies
1.7. Ensure that only child safe products and services are available in the country and put in place mechanisms to enforce safety standards for products and services designed for children				1. Enforcement of Consumer Protection Law, 1986 • Develop standards for child safe products including school bags and toys 2. Ensure mandatory compliance of standards for foods manufactured in India or imported from abroad 3. Ensure availability of paediatric doses and child-friendly surgical equipment 4. Spreading awareness on nutrition and knowledge about cost-effective Indian traditional food systems and use of local foods/preparations for providing wholesome and nutritive diet 5. Implement guidelines to ban junk food in schools	Ministry of Consumer Affairs, Food and Public Distribution Food Safety and Standards Authority of India (FSSAI). National Institute of Public Cooperation and Child Development (NIPCCD)
1.8. Provide adequate safeguards and measures against false claims relating to growth, development and nutrition				1. Develop and enforce safeguards and measures against false claims relating to growth, development and nutrition 2. Develop monitoring mechanisms for regular checks of claims	Ministry of Consumer Affairs, Food and Public Distribution Food Safety and Standards Authority of India(FSSAI)

KEY PRIORITY 2: EDUCATION AND DEVELOPMENT

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

Outcome Indicators	Current Performance and Source	Target 2021 or before
Net Enrollment Ratio at Primary (I-V)	87.41, UDIESE 2014-15	100
Net Enrollment Ratio at Upper Primary (VI-VIII)	72.48, UDISE 2014-15	100
Net Enrollment Ratio at Secondary (IX-X)	48.46, UDISE 2014-15	90
Net Enrollment Ratio at Higher Secondary (XI-XII)	32.68, UDISE 2014-15	75
Retention Rate at Elementary level	67.3, UDISE 2014-15	100
Transition Rate from Primary to Upper Primary	88.18, UDISE 2014-15	100
Drop-out rates at elementary level	36.3, Education Statistics at a Glance, MOHRD 2014	
Completion rate (primary, elementary, secondary, higher secondary)		
Number and % out of school children in the age group 6-13 years	6.041 million (Rural – 4.695 million, Urban – 1.368 million) SSA 2014	0

[16]SDG Indicator: Total number of new entrants in the last grade of primary, elementary, secondary, or higher secondary education, regardless of age, expressed as percentage of the total population of the theoretical entrance age to the last grade of primary. This indicator is also known as "gross intake rate to the last grade of primary/elementary education"

Table 2

Sub-Objectives	Strategies	Indicator and Current Performance	Target 2021 or before	Action	Programme/ Scheme/ Agencies
2.1. Provide universal and equitable access to quality Early Childhood Care and Education (ECCE) for optimal development and active learning capacity of all children below six years of age	2.1.1. Ensure universal access to ECCE, with inclusion through AWC, Crèche and day care schemes and ECCE centres	26.3% of children 5 years of age enrolled in any educational institution (Census 2011) 68.8% (Rural – 67, Urban 71.9) of children aged 3-6 years currently attending pre-school education (RSOC 2013-14) % of AWWs trained in ECCE (ICDS MIS)		1. Orient parents and immediate care givers on Parenting and care of children age 0-3 years with focus on care, stimulation and interaction - Ensuring Home-based and institution based stimulation[17] programmes where trained professionals reach out to infants directly and train parents for infant stimulation and develop training curriculum for the same 2. Ensure Mother tongue/local vernacular of the child is the primary language of interaction in the ECCE programme 3. Make available adequate classroom and spaces for play and recreation space in AWCs and schools 4. Ensure PSE kits and teaching learning materials available in all AWCs 5. Formalise linkages between AWCs and primary schools and facilitate mentoring of AWWs by trained school teachers for better school readiness and transition 6. In-service training of AWWs to identify and address Special Education Needs (SEN) of special children 7. Provision of special educators, where required 8. Advocacy and counselling with parents and peers to accept children with Special Education Needs 9. Ensure availability of first aid/medical kits at all centres	ICDS and National Crèche Scheme (MWCD), SSA (MHRD), NGOs, PRI

[17]Early stimulation/interaction activities for children below 3 years child in all domains of development i.e. physical, motor, language, cognitive, socio- emotional, and creative and aesthetic appreciation.

Sub-Objectives	Strategies	Indicator and Current Performance	Target 2021 or before	Action	Programme/ Scheme/ Agencies
	2.1.2. Provide and promote crèche and day care facilities for children of working mothers, mothers belonging to poor families and single parents			1. Provide and promote crèche and day care facilities for children of working mothers, mothers belonging to poor families, ailing mothers, and single parents under MGNREGA and National Crèche Scheme 2. Strengthen the role of SHGs/ mothers' committees in monitoring the functioning of Anganwadi centres 3. Low-cost day care centres for working mothers in urban areas including slums through PPP model 4. Mobile crèches for urban slums/sites of industrial or construction work	National Crèche Scheme, MNREGA (MRD)
	2.1.3. Ensure universal quality of ECCE in all AWCs			1. Ensure all AWWs are trained in mapping age-appropriate development indicators for children under each domain: a. Physical b. Cognitive c. Language d. Social and emotional e. Creative 2. Ensure that eight key standards of quality are maintained for: a. Interaction b. Health nutrition, personal care, and routine c. Protective care and safety d. Infrastructure/physical environment e. Organisation and management f. Children's experiences and learning opportunities g. Assessment and outcome measures h. Management to support a quality system	ICDS (MWCD), MHRD

Sub-Objectives	Strategies	Indicator and Current Performance	Target 2021 or before	Action	Programme/Scheme/Agencies
				3. Strengthen community participation in the functioning of Anganwadis and facilitate community monitoring of Anganwadi centres, (for example, through mothers' committees, PRIs and SHGs).	
				4. Early Gender socialization by providing Gender Training to AWWs	
2.2. Ensure every child in the age group of 6-14 years is in school and enjoys the fundamental right to education as enshrined in the Constitution	2.2.1. Ensure access to elementary schools with adequate physical infrastructure as provisioned under RTE 2009	96 % of Primary and 97.7% Upper Primary schools having drinking water 86.7% of Primary and 92.2% Upper Primary schools having Girls toilet (UDISE 2014-15) 78.9% of Primary schools with Libraries 53.4% of Primary schools with Playground (UDISE 2014-15)		1. Primary and upper primary schools with adequate infrastructure and teachers as per RTE Act	SSA (MHRD*), ULBs, PRIs, SBM and NRDWM (MDWS) National Programme on School Standards and Evaluation
				2. Availability of safe spaces for sports and recreational activities in all schools as per the RTE Act	
				3. Ensure school infrastructure adheres to safety norms as per National Building Code 2005	
				4. Residential schools for children in geographically excluded areas, tribal children and girls	
				5. Implement RTE norms for neighbourhood school	
				6. Quality and nutritious Mid-day Meal, free text books and uniforms	
				7. Direct cash transfer and scholarship and sponsorship schemes	
				8. Adequate measures in areas affected by emergency or civil strife to ensure that children have access to education	
	2.2.3. Ensure availability of trained teachers	54% Primary schools in rural and 28.47% in urban areas have 2 or less teachers per school (U-DISE 2014-15)		1. Ensure availability of adequately trained teachers as per the norms in all schools, including Ashram Schools (Ministry of Tribal Welfare), Maqtabs, Madrashas, Dar-ul-ulooms and other institutions imparting education	SSA (MHRD)

Sub-Objectives	Strategies	Indicator and Current Performance	Target 2021 or before	Action	Programme/ Scheme/ Agencies
		73.18% of trained teachers at Primary level (U-DISE, 2014-15) 76.18% Upper Primary schools with Trained teachers (UDISE2014-15)		2. Pre- and in-service training for teachers on child-centred pedagogy and continuous and comprehensive evaluation (CCE) as per NCTE norms 3. Review and upgrade all teachers training, to ensure knowledge and competence. 4. Training of educational administrators, from the state to the block level 5. Teacher support and academic supervision by strengthening SCERT, DIETs, CLRCs, and CRCs 6. Orient all teachers on provisions of RTE Act 2009, POCSO Act 2012 and JJ (Care and Protection of Children) Act 2015	
	2.2.4. Ensure Quality of Elementary Education in all schools as provisioned under RTE 2009	48% of children in Std V who can read Std II text (ASER 2014) 26% of Std V children who can divide (ASER 2014)		1. Curriculum, syllabus, and textbooks regularly reviewed and revised to ensure quality in accordance with the NCF 2005 and RTE Act 2009 2. Learning enhancement programme at the primary level: • Quality Early Literacy and numeracy programme at Primary level (for classes 1 and 2, and 3 and 4) • Classroom library/ reading corners in all primary/ upper primary schools • Laboratories in all schools 3. Availability of adequate grade and subject-specific teaching learning materials and aids in all schools, including Maktabs, Madrasahs and Ashram schools 4. Ensure meaningful participation of children in classroom activities and provide engaging, purposeful learning environment that integrates and makes thinking, reading and writing, listening and speaking meaningful and relevant.	SSA - Padhe Bharat Badhe Bharat (MHRD), Scheme to Provide Quality Education in Madrasas (MMA), PRIs

Sub-Objectives	Strategies	Indicator and Current Performance	Target 2021 or before	Action	Programme/ Scheme/ Agencies
				5. Regular monitoring of learning achievement of children by SMC and block and district level functionaries	
				6. Enhance capacities of block and cluster resource centres to support teachers' implementation of high quality child centric pedagogy.	
				7. Ensure identification of slow learners and provide them special learning programmes i.e., children having learning disability e.g. dyslexia	
				8. Ensure no child is subjected to any physical or mental punishment or harassment by teachers and other students	
	2.2.5. Provide access to ICT tools for equitable, inclusive and affordable education for all children			1. Universalise the roll-out of U-DISE 2. Use GIS mapping 3. ICT based age-appropriate teaching learning materials developed and disseminated	SSA (MHRD)
	2.2.6. Ensure continuation of education for the children affected by natural and man-made disasters			1. Mapping of schools and localities liable to be affected by natural or man-made disasters and prepare mitigation plans as per NDMA School Safety Policy 2016	SSA (MHRD), National and State Disaster Management Authority, PRIs, NGOs
				2. Carry out safety audits annually as per NDMA School Safety Policy 2016	
				3. Mapping of proximity of emergency and crisis service agencies , their capabilities and consequently their expected response time	
				4. Orient teachers and SMC members on disaster risk reduction and preparedness	
				5. Include disaster risk reduction and preparedness as a part of regular curriculum including risk assessment, mock-drills and information on emergency services	

Sub-Objectives	Strategies	Indicator and Current Performance	Target 2021 or before	Action	Programme/ Scheme/ Agencies
				6. Interactive and child-friendly educational materials on the DOs and DON'Ts in disasters, environmental hazards and climate change related hazards to build the knowledge, aptitude and skills of disaster prevention.	
				7. Ensure continuation of education of children by developing safe child-friendly spaces as a necessary part of all response plans and providing age-specific education kits and materials	
				8. Train teachers and children regarding key steps to be taken during disasters or any disturbance of a regular service.	
				9. Identify alternative spaces for setting up rescue camps and not use schools for the same as far as possible	
				10. Psycho-social support and counselling, undertaking activities on trauma management, through writing or art projects as well as making appropriate changes in the curriculum, for healing and learning coping skills.	
2.3. Promote affordable and accessible quality education up to the secondary level for all children	2.3.1. Ensure availability of secondary schools , open schools and learning centres as per the norms with adequate infrastructure	Ratio of Upper primary to secondary schools -2.5 (UDISE 2014-15) 91.5% Transition rate from Elementary to Secondary (UDISE 2014-15) 47.4% Drop-out rate between I-X (Education Statistics at a glance, MOHRD 2014)		1. Establish Secondary and Higher secondary schools with adequate teachers and infrastructure. 2. Improve access for secondary and higher secondary schools especially in tribal areas. 3. Hostel facilities for boys and girls from hard to reach areas, scheduled caste and tribal children, children of nomadic, semi-nomadic and de-notified tribes. 4. Ensure availability of scholarship schemes for SC/ST/Minority children 5. Open schools /distant education facility for children 15-18 years age group	Rashtriya Madhyamik Shiksha Abhiyan (MHRD), National Means Cum-Merit Scholarship Scheme(MMA), Hostels and scholarship for SC (MSJ&E) and ST (MTA) children; Open schools (MHRD)

Sub-Objectives	Strategies	Indicator and Current Performance	Target 2021 or before	Action	Programme/ Scheme/ Agencies
				6. Appropriate bridge courses and counselling facilities for OOS, children rescued from child labour/trafficking and their subsequent enrolment in age appropriate classes/vocational training courses 7. Train teachers to adopt and implement child friendly teaching learning process and ensure stress-free learning for children	
2.4. Foster and support inter-sectoral networks and linkages to provide vocational training options including comprehensively addressing age specific and gender-specific issues of children's career choices through career counseling and vocational guidance	2.4.1. Foster and support inte-sectoral networks and linkages to provide vocational training options for children as per their choice	% of Secondary and Higher secondary schools imparting vocational training % of Boys and Girls in the age group 15-18 years received any vocational/technical training		1. Include vocational training courses as a part of regular secondary and higher secondary curriculum - Include industry driven special courses with National Council of Vocational Training (NCVT) certification under vocational training programmes and industrial associations like FICCI Skills Development Forum (SDF) under National Skill Development Mission and National Skill Qualification Framework (NSQF) 2. Maintain a data base of children who have successfully completed vocational training and have got employment in 15-18 age group 3. Develop a national roster of vocational courses available across the country. Carry out a national information search for this purpose.	Vocationalization of Secondary and Higher Secondary Education, Integrated Rashtriya Madhyamik Shiksha Abhiyan (Dept of School Education and Literacy, MHRD), Pradhanmantri Kaushal Vikas Yojana (National Skill Development Corporation -NSDC), Industrial houses, NGOS, ULBs and PRIs
2.5. Facilitate concerted efforts by local governments, non-governmental organisations/ community based organisations to map gaps in availability of educational services	2.5.1.School Management committees established and functionalised in all school	No of schools having school development plans prepared by SMCs		1. Establish SMCs in all schools and train all SMC members to prepare and implement School development plans 2. Orient PRIs to provide adequate support to schools and use 14th FC and state FC devolutions for need-based school infrastructure improvement	SSA and RMSA (Dept of School education and Literacy, MHRD), 14th FC Devolution by PRIs at GP, Block and District level, Business houses and Media houses ULBs and PRIs.

Sub-Objectives	Strategies	Indicator and Current Performance	Target 2021 or before	Action	Programme/ Scheme/ Agencies
2.6. Ensure that all out of school children are tracked, rescued, rehabilitated and have access to their right to education	2.6.1. Coordinate with state and district administration, SMCs, PRIs and NGOs to track all Out of school Children and enrol them in schools			1. Coordinate with state and district administration, SMCs, PRIs and NGOs to track all Out of school Children (child labourers, street children, migrant children, trafficked children, street children, children of manual scavengers, child victims of alcohol and substance abuse, children in areas of civil unrest, orphans, children with disability children, with chronic ailments, married children, children of sex workers, children of prisoners, children of nomadic, semi-nomadic and de-notified tribes) 2. Monitor out of school children and ensure their mainstreaming through appropriate bridge courses and counselling facilities for all out of school (OOS) children, children rescued from child labour/trafficking and their subsequent enrolment in age appropriate classes 3. Ensure a special training strategy at Bridge courses for out of school children to bring them upto age appropriate competencies of learning	
2.7. Prioritise education for disadvantaged groups	2.7.1. Scholarship schemes and residential Schools/inclusive classroom culture for SC/ST/Minority/Disabled Children/Girls/Children of nomadic, semi-nomadic and de-notified tribes, Children of manual scavengers	% of children age 6-14 from SC/ST/Minority/CWD completing elementary education % of children accessing scholarship or other special assistant schemes 28.07% of CWD age 6-13 years out of school (National Sample Survey of Out of School children 2014)		1. Train teachers to create a classroom culture where all students feel respected and free to engage in classroom and peer conversations. 2. Ensure timely reach of prescribed Scholarship and other special assistance schemes (residential school and hostels, DBTs) with special focus on girl child 3. Residential Schools for SC/ST/Minority/Disabled / Children. 4. Identify children of nomadic, semi-nomadic, de-notified tribes ensure their education	SSA, Rashtriya Madhyamik Shiksha Abhiyan, Scholarships of different Ministries, DBT schemes, Scholarship schemes/ Assistance of National Minorities Development and Finance Corporation (NMDFC), ULBs and PRIs

Sub-Objectives	Strategies	Indicator and Current Performance	Target 2021 or before	Action	Programme/ Scheme/ Agencies
				5. Provide services to Children With Disabilities (CWD) in regular schools and ensure that these are inclusive	
				6. Set up stringent mechanisms to ensure that all children with disabilities are given admission without any discrimination	
				7. Develop capacity and awareness among teachers and non-teaching staff about issues and obligations regarding access to quality education for students with disabilities	
				8. All schools to be made inclusive as per provisions of RTE Act	
				9. Map gaps in availability of education and vocational training services especially in backward areas and address their needs	
				10. Disha (Early Intervention and School Readiness Scheme).	
				11. Vikaas Day Care (Day care scheme for persons with autism, cerebral palsy, mental retardation and multiple disabilities, above 10 years for enhancing interpersonal and vocational skills)	
				12. Facilitate barrier-free environment at all bus stops and railway stations	
				13. Ensure special stoppage points on bus routes near schools with sign-boards indicating access only for children with disability.	
				14. Co-ordinate with State/UTs government to issue instructions for bus conductors and drivers to help and support CWD.	

Sub-Objectives	Strategies	Indicator and Current Performance	Target 2021 or before	Action	Programme/ Scheme/ Agencies
2.8. Address discrimination of all forms in schools and foster equal opportunity, treatment, and participation of all children	2.8.1.Regularly review text books, curriculum and teaching learning materials to avoid discriminatory images and references			1. Ensure all text books adhere to the guidelines of National Curriculum Framework 2. Regularly review text books and other TLM	SSA, Rashtriya Madhyamik Shiksha Abhiyan, NCPCR/SCPCRs
	2.8.2.Sensitise Students, SMC members, PRIs and parents			1. Gender sensitisation of students in all education institutions 2. Public advocacy to sensitise SMCs, PRIs and parents to address discriminatory behaviour and practices	Gender Champions (MWCD), MHRD
	2.8.3. Train Teachers on non-discriminatory practices			Train teacher to inculcate non-discriminatory practices in everyday classroom transaction, mid-day meal distribution and other school activities	MHRD/Dept of School Education and Literacy/ Dept. of Higher Education
	2.8.4. Develop stringent mechanisms to monitor and address cases of discrimination			1. Train SMC, PRI members and Child cabinet/Meena Manch members to identify and report cases of discrimination 2. Strengthen block and district level child protection committees to address the issues of discrimination 3. Regular monitoring by NCPCR/SCPCRs	MHRD/Dept of School Education and Literacy/ Dept. of Higher Education, MWCD
2.9. Develop and sustain age-specific initiatives, services and programmes for safe spaces for play, sports, recreation, leisure, cultural and scientific activities for children in				1. Include visual and performing arts as part of the school curriculum 2. Provide neighbourhood parks for play and set-up sports facilities close to habitations in both urban and rural areas 3. Develop norms and guidelines for the safety and security of children and ensure safety norms are adhered to in all sports facilities 4. Ensure availability of sports facility for disabled children	Department of School Education and Literacy, Ministry of Youth Affairs and Sports

Sub-Objectives	Strategies	Indicator and Current Performance	Target 2021 or before	Action	Programme/ Scheme/ Agencies
neighbourhoods, schools and other institutions				5. Special incentive and awards for encouraging and supporting CWD to participate in sports 6. Develop standards for regulating of media and internet in the best interest of the child so that physical, cognitive, emotional and moral development of any child is not adversely affected 7. Promote Sports for Development and ensure adequate funds for sports and physical education. 8. Promote community volunteers who can associate with schools for engaging with children on sports and physical education	
2.10. Ensure Physical safety of the child and provide safe and secure learning environment	2.0.1. Provide physical safety of all children			Provide physical safety of all children by ensuring the following: 1. Safe and secure school premises – Regular safety and security audit of all school premises (both government and private schools) undertaken in partnership with local authority, school management and children, undertake risk assessment with children (including residential schools, Ashram Shalas, and CCIs) – Ensure all schools adhere to National Guideline on School Safety Policy 2. Ensure capacity building of teachers and students on disaster risk reduction (DRR) strategies and incorporate DRR as a part of regular school routine and curriculum 3. Ensure proper investigation into causes of deaths, outbreaks of diseases and other safety issues in all residential facilities housing children	Department of School Education and Literacy, SDMA, NCPCR, SCPCR, PRI and ULBs Municipalities/ Ministry of Road Transport, Fire Brigade

Sub-Objectives	Strategies	Indicator and Current Performance	Target 2021 or before	Action	Programme/ Scheme/ Agencies
				4. Develop guidelines for child friendly management of traffic and issue regulations for universal colour of school buses	
				5. CHILDLINE 1098 displayed on all school vehicles	
				6. Parents and teachers to be oriented on positive discipline strategies	
				7. Boundary walls in all schools	
				8. Safe drinking water and toilets	
				9. Maintenance of food safety standards as per norms for MDM	
				10. Regular health check-ups under RBSK and School Health Programme	
				11. All teachers, members of School Management Committees (SMCs)/state and district level functionaries and teachers oriented on JJ Act 2015, POCSO Act 2012 and on recognizing all forms of child abuse, being aware of a child who displays erratic and/or unusual behaviour.	
				12. Code of conduct for all teaching and non-teaching staff	
				13. Develop age-appropriate and child sensitive IEC materials (like plays/puppet shows/audio and video clips to orient children on CSA and encourage them to report it.	
2.11. Ensure no child is subject to physical or mental harassment or any form of corporal punishment. Promote positive				1. Public advocacy campaigns against corporal punishment and physical and mental abuse of children in all forms	Department of School Education and Literacy, NCPCR/SCPCRs/ CWCs/PRIs
				2. All teachers trained in methods of positive discipline including how check bullying by other children	

Sub-Objectives	Strategies	Indicator and Current Performance	Target 2021 or before	Action	Programme/ Scheme/ Agencies
engagement to impart discipline				3. Ensure counselling of children to stop bullying 4. School Management Committees/ PTA and Village and block level child protection committees oriented to monitor corporal punishment in schools and CCIs	
2.12. Identify, encourage and assist gifted children particularly those belonging to disadvantaged groups and staying in CCIs through special programmes				1. Teachers oriented to identify children with special talents 2. Scholarship schemes/ special awards to encourage gifted children so that they can pursue their talents 3. Scholarships for children in CCIs	Department of School Education and Literacy, National Children's Fund and Adopt-a-Home Programme (MWCD)

KEY PRIORITY 3: PROTECTION

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

Outcome Indicators	Current Performance and Source	Target 2021 or before
% of children with birth registration	85.6%%, CRS 2013	100
% of children (below 5 years) having birth registration certificates	37.2% (Rural – 32.6%, Urban – 47.5%); RSOC 2013-14	90
% of children in the age group of 5-14 employed as child labour	3.9% (Rural – 4.25%, Urban – 2.93%), Census 2011	0 by 2025[7]
% of children in the age group of 15-18 employed	22.9%, Census 2011	
% of Out of School Children (6-13 years)	2.97% (Rural – 3.13%, Urban – 2.9%) SSA and SRI-IMRB 2014	1
% of girls 20-24 years married before 18 years	30.3% (Rural- 33.5%, Urban - 22.4%), RSOC 2013-14	
Rate of Crime Against Children		
Number and % of children who were victims of sexual abuse and exploitation((disaggregated data by age, sex, location, social category and type of abuser-close family member/known person/unknown person/) – 3 years Survey	21.1, NCRB 2015	
Number and % of children reintegrated with their parents and/or community (both CCL and CNCP)from Institutions under JJ Act 2015 (Online Monitoring annually –States)		
Response time (time taken to rescue, register FIR, provide medical and psychosocial care and support and services as per legal provisions under different acts)		15
Rate of conviction in all cases of crimes against children Murder (44.3%), Infanticide (42.9%), Rape (31.1%), Kidnapping and Abduction (26.4%), Procuration of minor girls (12.6%), Child Labour (Prohibition and Regulation) Act, 1986 (30%), POCSO Act 2012 (24.6%)		
Proportion of ever-partnered women and girls (aged 15-49) subjected to physical and/or sexual violence by a current or former intimate partner, in the last 12 months	35.6%, NCRB 2015	
Proportion of women and girls (aged 15-49) subjected to sexual violence by persons other than an intimate partner, since age 15		

Table 3

Sub-Objectives	Strategies	Indicator and Current Performance	Target 2021 or before	Action	Programme/ Scheme/ Agencies
3.1. Create a caring , protective and safe environment for all children to reduce their vulnerability in all situations and to keep them safe at all places	3.1.1. Development of community-based prevention, rescue, rehabilitation and re-integration mechanisms for addressing Child labour, child migration, trafficking, child marriage , and all forms of violence against children	• Modules developed for training of VCPCs and Urban wards-level Child Protection Committees • Number of Block and Village Child Protection Committees preparing Integrated Child Protection Plans • No of training programmes held for SMC/VCPC and PRI members on issues of child rights • No of Child labour/ trafficked children rescued each year • No of rescued children who have been re-integrated in the community • No and % of children receiving child or other social grant (Scholarship/ Sponsorship/ DBT schemes for Girls/ Children in CCIs) • No and % of children who have ADHAAR	All states/UTs	1. District-wise vulnerability mapping of children with special focus on most vulnerable children 2. Establish and strengthen District, Block and Village/ Urban ward level Child Protection committees and orient them to develop Integrated Child Protection plans. 3. Orient PRIs and ULB members to undertake village /urban ward-wise mapping of vulnerable children, including child labour, migrant children, children affected by agrarian distress, children of nomadic, semi-nomadic and de-notified tribes, those at risk of getting involved in crime and left wing extremist activities, by type of vulnerability and their social background and develop integrated child protection plans with VCPCs/Urban wards-level Child Protection Committees 4. Create a protective environment for vulnerable by ensuring social protection network for all children - Linking children and their families with government social protection and livelihoods initiatives and ensure proof of identity to them through ADHAAR 5. Design and implement communications initiative to challenge the social acceptance of violence against children, targeting all levels of society including corporal punishment, punishment at disciplinary measure in family and community, bullying by peers, sexual harassment and taunting 6. Orient community and children to be vigilant regarding various risk factors (child abduction, trafficking in form of child labour, child marriage, child abuse and exploitation) 7. Orient parents , children, Teachers, SMC members, AWWs, ASHA and ANM on child sexual abuse and provisions of POCSO Act/ JJ Act 2015 and the procedure to be followed in case of any abuse and also how to maintain sensitivity and confidentiality of such cases.	CPS(MWCD), Schools, Teachers, PRIs, ULBs, NGOs, Community and children SCPCRs in collaboration with State departments

Sub-Objectives	Strategies	Indicator and Current Performance	Target 2021 or before	Action	Programme/ Scheme/ Agencies
				– Develop appropriate communication and advocacy materials to sensitise parents/teachers/service providers on identifying case of any child abuse and also how to maintain sensitivity and confidentiality of such cases Ensure mandatory reporting of sexual offences and adequate support from local police stations and CWC/CPCs to address the same and avoid condescending behaviour towards child survivors	
				– Orient SHGs and PRIs to create awareness on domestic violence and violence against women and develop modules for working with men to end domestic violence	
				– Design and implement mass campaign against trafficking, child labour, child migration, and child abuse in partnership with Police, District administration, State/UTs Government, parents, teachers, doctors, civil society organisations, PRIs community and other stakeholders	
				8. Children's vigilance group/Peer groups formed and strengthened (like Meena/SABLA groups) to create a greater vigilance for child migration/trafficking/child marriage	
				9. Strengthen community based rehabilitation services (including barefoot counselors) to respond to the needs of victims of abuse, exploitation, and trafficked children.	
				10. Promote identifying and reporting of sexual offences and seeking support from local police stations and CWC/CPCs to address the same	
				11. Orient parents, SMC members, AWW, teachers on provisions against corporal punishment in schools under RTE Act.	
				– Strengthen SMCs and Village/Urban ward-level Child Protection Committees to monitor and support regular functioning of schools and ensure an environment free of any form of abuse, violence or discrimination	
				12. Create a supportive environment for children and families affected by HIV/AIDS through awareness and inter-personal communication	

Sub-Objectives	Strategies	Indicator and Current Performance	Target 2021 or before	Action	Programme/ Scheme/ Agencies
	3.1.2. Prevent child marriage and promote protection of girl child	• 30.3% (Rural- 33.5, Urban – 22.4) of women 20-14 married before 18 years (RSOC 2013-14) • 20.2% of men aged 25-29 married before age 21(RSOC 2013-14)		1. Public advocacy on value of girl child and ill-effects of child marriage 2. Raise public awareness on PCMA 2006, Pre-Natal Diagnostic Techniques (PCPNDT) Act, 1994 and other related laws 3. Identify and build capacity of community role models (leaders, parents, frontline workers) to influence opinions and practices in the community to create equal opportunities and safe environment for girls in family and community 4. Orient PRIs and community opinion leaders to ensure safety and security of girls at public spaces 5. Establish and run safe spaces and groups for adolescent girls and boys to discuss about sensitive issues, child marriage and other protection risks. 6. Implement life skills and vocational training for adolescent girls and boys 7. Stringently implement Prohibition of Child Marriage Act 2006 and its provisions 8. Orient religious leaders and community leaders on ill effects of child marriage and on provisions of Prohibition of Child Marriage Act 2006 and POCSO Act 2012 9. Appointment of Prohibition of Child Marriage Officers (PCMOs) in states especially where child marriage is high 10. Ensure capacity building of Law Enforcement Agencies i.e. Police, Prosecution, Judiciary on PCMA 2006 11. Convergence with MHRD to incorporate gender sensitization and child marriage in course curriculum and teacher training modules. 12. Generate relevant data and evidence for programming and monitoring progress towards ending child marriage and teenage pregnancies at district level.	BBBP, SABLA, Mahila Police Volunteers (MWCD), Scholarship, Cash Transfer Schemes incentivising marriage after 18 years, Vocational Training Programmes, NCPCR, MH&FW, District Administration, Para-legal workers , PRIs and community based organisations.

Sub-Objectives	Strategies	Indicator and Current Performance	Target 2021 or before	Action	Programme/ Scheme/ Agencies
	3.1.3. Ensure protection of children during natural and man-made disasters	Number of training programmes held for teachers, SHG members, VCPCs, SMCs and PRI members on Child Protection issues, JJ Act 2015, CSA and POCSO Act, 2012		1. Orient parents, teachers, PRI members, SHGs, VCPC and SMC members and children on various protection risks faced by children during disaster (like separation from family, sexual abuse, violence, child labour, trafficking) in villages and districts liable to be hit by disasters. 2. Provide adequate information to parents/teachers and community members on existing reporting/referral mechanisms for cases of child abuse/ violence/trafficking/separation from family. 3. Orient and give training to the families including children on the immediate measures that has to be taken in case of any disaster in accordance with NDMA guidelines 4. Undertake Child-centred risk assessment at block and district level in co-ordination with District Disaster Management Authorities, District Child Protections Units, PRIs and NGOs. 5. Map existing services for children in the affected locality and analyse the capacity of existing service providers to prevent and address child protection 6. Adequate interim care for children separated from families until they are united and ensure their care and protection: - Register all displaced/separated children - Locate family/relatives on a priority basis - Place children at temporary institutional care with caregivers who are trained in child-friendly methods 7. Availability of Child Friendly Spaces (CFS) at all rescue sites 8. Conduct Child Protection Rapid Assessments Pre, during and Post emergency in co-ordination with community members, teachers, ASHA, AWW, PRIs and NGOs	NDMA SDMA MWCD CHILDLINE Services, PRIs NGOs All relevant Ministries/ departments

Sub-Objectives	Strategies	Indicator and Current Performance	Target 2021 or before	Action	Programme/ Scheme/ Agencies
3.2. Legislative, administrative, and institutional prevention and redressal mechanisms for Child Protection strengthened at National, State and district level with special focus on protection of girl child	3.2.1. Institutional mechanisms for rescue, and rehabilitation of children who are victims of Child Sexual Abuse/ trafficked children/ Child labour/ street children /Missing Children/ Children in Conflict Zones	No of functional DCPUs with 100% staff as per CPS norms including outreach workers No of districts with functional CWCs, JIBs, Child Welfare Police Officers, Child Welfare Officers, Probation Officers and Para Legal Volunteers in place as per JJ Rules 2016. No of districts with functional CHILDLINE services % Of the CCI's registered during a specified time period. No of Social audits conducted at CCI and CWC/JJB. % of cases disposed by CWCs and JJBs against total no of cases before CWCs and JJBs (MWCD QPR)		1. Deepen the understanding of the incidence, prevalence, circumstances and risk factors for violence and exploitation against children through a dedicated research agenda at national and state level 2. Ensure stringent implementation of PCPNDT Act 1994, PCMA 2006, RTE Act 2009, POCSO Act 2012, JJ Act 2015, Child Labour (Prohibition and Regulation) Amendment Act, 2016 and other related laws 3. State, District and block child protection structures in place and functioning, as stipulated under the Juvenile Justice Act 2015 and CPS, including DCPU, CWC, JJB, Child Welfare Police Officers and CHILDLINE services. 4. Develop Standard Operating Procedures for convergence and co-ordination between Ministries/levels of Governance to identify, rescue, rehabilitate and re-integrate Child labour, Trafficked children and other vulnerable children. 5. Ensure a child-friendly environment in CWCs, JJBs and Children's Court 6. Orient all members of CWC, JJB, police officers and members of judiciary on child-friendly techniques and procedures 7. Ensure adequate IEC to generate awareness on CHILDLINE services available through toll free number 1098 across the country as well as Railway Childline services on railway platforms. 8. Ensure all structures[18] and mechanisms have appropriate skilled human and financial resources as per norms 9. Encourage linkages between CCIs and old age homes as 10. Prominently displayed list of all designated Child Welfare Police Officers, Child welfare Officers, Probation Officers, para legal volunteers, District Legal Services Authorities and registered voluntary and non-governmental organizations in a district, Principal Magistrate and members of JJB and members of Special	CPS, CHILDLINE, Adopt A Home Programme, CARA (MWCD), Police (MHA/Sate Govt.) NCLP (MLandE) SSA/RMSA (MHRD), NALSA/ SALSA/DALSA, NCPCR/ SCPCRs, National Mental Health Programme and NHM (MH&FW); NGOs, PRIs

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18CWC, JJB, CCIs for both CNCP and CCL, SAAs, Health and mental health care providers, Special Courts and Legal service providers.

Sub-Objectives	Strategies	Indicator and Current Performance	Target 2021 or before	Action	Programme/ Scheme/ Agencies
		No of Districts with fully staffed Observations Homes/Special Homes/ Places of Safety (CPS MIS) No of CCIs with all facilities including infrastructure and trained staff as per JJ Act 2015 Number of trained mental health providers available per CCI in each District. No of CCIs with Grievance boxes established and functioning effectively. No of children in need of care and protection and the no of the children in conflict with law rehabilitated.		Juvenile Police Unit and CWC chairperson and members with contact details shall every police station and Gram Panchayat offices 10. Ensure delivery of Mental Health and Rehabilitation Services to all children in every CCIs under the JJ Act 2105 – Ensure availability of adequate and trained mental health practitioners in every CCI under the JJ Act – Develop curriculum to train and build a cadre of counsellors working with children in conflict with law in all Observation Homes, Special Homes, and Places of Safety. 11. Periodic qualitative studies on different categories of children in need of care and protection, and their vulnerabilities 12. Research on emerging areas of concerns/threats to children i.e online safety, rapid urbanization, changing family structures, impact of conflict, violence and crime, impact of rapid climate change etc. 13. Adequate number of children's home, open shelter, Observation Homes, Special Homes, and Place of Safety, specialized adoption agency and a fit facility as per JJ Act 2015 14. Mandatory registration of all CCIs 15. Develop customized vocational training modules that can be used to develop skills that empower children in Children's Home, Observation Homes , Special Homes and Place of Safety to earn a livelihood, while also pursuing life skill education and bridge courses, linking them to formal education 16. Provide children in schools and institutions with age-appropriate capacity building sessions on all 10 life skills described by MHRD in adolescent education programme[9] 17. Map gaps in availability of infrastructure, human resources, education and vocational training services, health and nutrition status of children in all CCIs including SAAs, Children's Homes, Observation Homes, Special Homes and Places of Safety	CPS, CHILDLINE, (MWCD), Police (MHA/Sate Govt.) NCLP (ML&E) SSA/RMSA (MHRD), National Skill Development, NALSA/SALSA/ DALSA, NCPCR/SCPCRs, PRIs, ULBs

Sub-Objectives	Strategies	Indicator and Current Performance	Target 2021 or before	Action	Programme/ Scheme/ Agencies
		No of child labours/ trafficked children rescued and rehabilitated		18. Ensure all children under institutional care are provided with opportunities for attending school or vocational training, therapeutic counselling and de-addiction therapy	CPS, CHILDLINE, (MWCD), Police and AHTU (MHA/ Sate Govt.), NCPCR, SCPCRs, NCLP (ML&E), SSA/RMSA (MHRD), NALSA/SALSA/ DALSA, National Mental Health Programme and NHM (MH&FW); NGOs, PRI, ULBs.
				19. Individual development plan for each child in institutional/ Alternate care	
		Availability of separate data on trafficked children, analysis of trafficking mechanisms, and rescue operations		20. Develop concrete tools and manuals that caregivers can use for behavioural management and enhance the system of child/ caregiver interaction	
				21. Encourage corporate houses to Adopt a Home under CSR	
				22. Strengthen Nation Children's Fund	
				Migration and Trafficking/Child Labour	
				23. Expand and strengthen AHTUs	
				24. Develop a comprehensive system of collection and compilation of data on child labour, trafficking and migration	
				25. Expand CHILDLINE services in all districts, railway stations and major bus stops	
				26. Strengthen National, State and district task forces on elimination of child labour and implement State action plans on elimination of child labour	
				27. Special training centres, bridge courses and counselling facilities for children rescued from child labour/trafficking and their subsequent enrolment in age appropriate classes	
				28. Seasonal hostels for children of migrant labourers/children of nomadic/semi-nomadic tribes	
				29. Provide suitable conditions and circumstances in schools for support of children rescued from child labour/trafficking	
				30. Capacitate state government functionaries, police and NGOs to facilitate effective coordination in prevention, rescue, and rehabilitation of trafficked children/child labour	

Sub-Objectives	Strategies	Indicator and Current Performance	Target 2021 or before	Action	Programme/ Scheme/ Agencies
		No of children in begging profession/Street/Homeless children who were rescued No of rescued children re-united with their families		31. Partnership between the Panchayats, police and NGOs to improve collection of evidence on trafficking 32. Mapping of child labour including children into rag-picking/local food stalls/shops at rural/urban areas with support of teachers, Labour dept. officials, PRIs, ULBs, CPCs and NGOs 33. Ensure enrolment of all children 6-14 in schools as per provisions of RTE Act 34. Special training centres under NCLP scheme for children engaged as child labourers and mainstreaming them in formal schools 35. Set up adequate number of transit homes, shelters in collaboration with NGOs 36. Strengthen inter-agency convergence and co-ordination to address issues of street children/abandoned children and for elimination of child labour 37. Build coalitions with NGOs, police and local community to track vulnerable children in urban areas 38. Stringent monitoring of all placement agencies and their activities **Street/Homeless Children** 39. Develop and implement integrated welfare programmes for street/homeless children/ Child beggars in convergence with Municipal/local bodies, Police, NGOs and community • Mapping of street/homeless children/child beggars • Mapping of families locally at district/municipality level who are engaged in begging profession, make their development plans • Encourage municipalities to provide jobs/livelihoods within the municipalities and its affiliated institutions, and in private institutions, for parents of street children/child beggars/child labours • Establishment of 24 hours drop-in shelters and night shelters with adequate arrangement of safety and security	CPS, CHILDLINE, (MWCD), Police and AHTU (MHA/ Sate Govt.), NCPCR, SCPCRs, NCLP (ML&E), SSA/RMSA (MHRD), NALSA/SALSA/DALSA, National Mental Health Programme and NHM

Sub-Objectives	Strategies	Indicator and Current Performance	Target 2021 or before	Action	Programme/Scheme/Agencies
				• Programmes offering counselling, guidance and referral services including nutrition, health and education	(MH&FW); NGOs, PRI, ULBs.
				• Work with police and local bodies to re-unite children with families	
				• De-addiction and counselling services for addicted children including establishment of exclusive de-addiction centres for children	
				Child Sexual Abuse/Commercial Sexual Exploitation	
				40. Develop campaigns to educate the general public about the demand for sexual abuse and exploitation of children	CPS, CHILDLINE, CPS, Adopt-a-Home Programme (MWCD), Police and AHTU (MHA/Sate Govt.), NCPCR, SCPCRs, NCLP (ML&E), SSA/RMSA (MHRD), NALSA/SALSA/DALSA, National Mental Health Programme and NHM
				41. Monitor all placement agencies and informal channels of recruitment to prevent recruitment and transport of children for CSE	
				42. Posters and hoardings of CHILDLINE 1098 and POCSO e-box at all major railway stations and bust stops in local language	
				43. Promote local, state, and national coordination among organizations working to prevent child sexual abuse and exploitation	
				44. Develop stringent laws and policies against messages that portray children in ways that suggest they possess the same sexual interests as adults or are sexual objects for adults	
				45. Maintain register of all sex offenders and monitor their movement	
				46. Establish special courts as provisioned under POCSO Act in all districts and appoint special prosecutors	
				47. Training of police, judiciary and medical authorities regarding CSA and POCSO Act, 2012 and adopting Central Rules on POCSO in all states.	(MH&FW); NGOs, PRI, ULBs.
				48. Adequate infrastructure and trained staff in all children's homes and Ujjwala Homes	

Sub-Objectives	Strategies	Indicator and Current Performance	Target 2021 or before	Action	Programme/ Scheme/ Agencies
				49. Ensure one-stop crisis centres of MWCD provide services to children who are victim of sexual abuse/exploitation in a child friendly manner	
				50. Create models of Child friendly police stations	
				51. Provide compensation to all survivors (Central victim compensation Fund and Nirbhaya fund)	
				52. Ensure assistance to child victims for their full physical and psychological recovery, development, and social reintegration	
				53. Develop a cadre of professionally trained counsellors to be recruited at all police stations, children's homes, Ujjwala homes as well as ideal one stop crisis centres	
				54. Special wards/arrangements for survivors in all district hospitals	
				55. Ensure availability of adequately trained specialist professionals in social work, law enforcement, medical professional, counsellors, psychotherapists and child psychologists for child survivors	
				56. Train all health providers and teachers to recognise signs of post-traumatic stress disorder (PTSD), substance abuse/dependence, depression, and anxiety – mental disorders that can develop as a result of CSA/CSE	
				57. Train all caregivers at CCIs to work with survivors on restoring their self esteem and self respect	
				58. Establish a safety network for survivors to ensuring all their basic needs are met.	
				59. Ensure privacy and confidentiality to protect survivors, their families and friends.	
				60. Availability of medical experts (doctors and forensic), social workers, psychotherapists and psychologists who are trained in CSA/ trafficking/Commercial sexual exploitation and can provide trauma-specific therapy	
				61. Provide collaborative therapies that are culturally sensitive for survivors; promote trauma-informed care10 for survivors	

Sub-Objectives	Strategies	Indicator and Current Performance	Target 2021 or before	Action	Programme/ Scheme/ Agencies
				62. Provide therapy and psychosical support to re-establishing skill-sets, self-esteem, and personal interests of survivors	
				63. Work with family members towards social and familial reintegration for child survivors	
				64. Ensure specialised medical services at all district hospital for CSA victims (separate for boys and girls)	
				65. Establish state of art Forensic Laboratories at state level	
				66. Information on trafficking, sexual and reproductive health, and HIV/AIDS and other STIs in school curricula	
				Children in Conflict Zones	
				67. Ensure co-ordination among all agencies concerned, including the state/district officials, PRIs, schools, police, armed forces, local bodies and NGOS to protect children in LWE/conflict zones	
				68. Make special plans and policies for the LWE affected areas and prevent children from being engaged with such type of groups	
				69. Provide assistance to all survivors of war/conflict to protect their life and health and to alleviate their suffering	
				70. Ensure continuation of education for children in LWE/conflict zones	
				71. Psycho-social support and counselling services for children	
	3.2.2. Strengthen mechanisms for tracking missing children	50% of Missing children recovered (NCRB 2013) No of the CCI'S registered on Track Child, and monthly update on it		1. Establish the link between missing person's bureau and anti-human trafficking units and strengthen the response mechanism of law enforcement agencies in cases of child kidnapping and abduction 2. Special cells/Units for tracing children in districts where incidences of missing children are higher 3. Periodic Campaigns to rescue the missing children and re-unite them with their families such as Operation Smile 4. Strengthen TrackChild portal and ensure timely data uploading by all police stations, JJBs, CWCs and CCIs	TrachChild, Khoya-Paya (MWCD), Operation Smile and Operation Muskan (MHA), PRIs, ULBs, NGOs.

Sub-Objectives	Strategies	Indicator and Current Performance	Target 2021 or before	Action	Programme/ Scheme/ Agencies
				5. Encourage use of Khoya-paya a citizen centric web-based portal for quick dissemination of information for missing /sighted children	
				6. Create and strengthen a centralized database for missing children and children in different institutions/orphanages and stream line the process of reuniting them their families through TrackChild and Khoya-Paya portals	
				7. Orient parents, teachers, children and community to keep a vigilance on children and immediately take action in case of missing children	
				8. Establish Child Help Desks at all railway stations in co-ordination with railways, Government Railway Police and CHILDLINE (Railway CHILDLINE) to recue run-away/trafficked/abandoned children and rehabilitate them safely	
	3.2.3. Strengthen Institutional Mechanisms for rehabilitation children in conflict with law as per provisions of JJ Care and Protection of Children Act 2015	% of Children in conflict with law completed age-specific education and/ or vocational training courses		1. Develop specialized treatment and reformative programmes for children found guilty of heinous crimes and placed in Places of Safety till the age of 21 years, based on internationally recognized models - Develop SOPs for rehabilitation of CCL 2. High level committee to review pendency of cases in JJBs 3. Maintain minimum standards of care at all observation and special homes as per norms defined under J. J. (Care and Protection) Act 2015 and ensure regular monitoring as against these standards. 4. Set up safe spaces for play and recreation in all CCIs as per J. J. (Care and Protection) Act 2015 5. Ensure education and vocational training for children in CCIs 6. Provide adequate facilities, like counselling services, and vocational and life skill trainings, engagement in creative activities like performing arts, painting, etc. to ensure social and psychological re-integration 7. Set up adequately equipped Children's Courts and resources along with access to legal aid for children to deal with long-pending cases	CPS, CWC, JJB, CHILDLINE (MWCD), Police, Schools, National Skill Development Mission, NGOs

Sub-Objectives	Strategies	Indicator and Current Performance	Target 2021 or before	Action	Programme/ Scheme/ Agencies
				8. Develop and expand the non-custodial rehabilitative care options for de-institutionalisation of children who are not serious offenders like community service	
				9. Rehabilitation Programme for CCL through proper counselling, life skills development, community services and vocational training.	
				10. Provide for a comprehensive After Care Program to enable children discharged from institutional care to effectively re-integrate into the community, beyond mere financial support	
				11. In-depth qualitative analysis of the processes and procedures adopted by the police and judicial system on child friendly approach in the handling of cases and administration of justice	
				12. Develop a cadre of advocates who are trained in child rights law, through mainstreaming curriculum on child rights in all law Universities and Colleges	
				13. Develop a comprehensive model for the After care facilities, in different districts for children attaining adulthood and who are out of family care network, to make available provisions for continued education, career counselling, mentoring, job placement.	
				14. Promote peer group support as a part of Aftercare plan	
	3.2.4. Ensure protection of children in all child care institutions (Shelter Homes, Children's Homes, Observation Homes, Specialised Institutions for Children with special need, Open shelters	No of CCIs evaluated through social audits

No of Children's homes having safe and confidential mechanism of reporting grievances and violence/ abuse by children | | 1. Minimum standards of care for all childcare institutions and service providers developed and implemented as per JJ Act 2015
2. Regular social audit of all CCIs as per guidelines
3. Ensure Management Committees and Children's Committees are established and monitored for effective functioning in all Child Care Institutions so that children are safe from exploitation, abuse and neglect
4. Regular mandatory inspection of CCIs by designated authorities.
5. Protocol of care for all service providers implemented as per JJ Act 2015
   - CC TVs in all CCIs
   - CCIs mandatorily visited by SCPCR/DCPU/ CWC and JJB members to monitor standard of services
   - Orient all CCI staff on POCSO Act
   - Mandatory reporting of any case of Child Sexual Abuse in CCIs | CPS, Adopt-a-Home Programme (MWCD) CWC, JJB, CHILDLINE, NCPCR/SCPCR |

Sub-Objectives	Strategies	Indicator and Current Performance	Target 2021 or before	Action	Programme/ Scheme/ Agencies
	and transit homes, SAAs) as per provisions of JJ Care and Protection Act 2015			• Establish safe and confidential mechanism of reporting grievances and violence/ abuse by children in all homes (like drop boxes which may be opened only by NCPCR/SCPCR/CWC/JJB members and CHILDLINE 1098) • Availability of professionally trained counsellors • Co-ordinate with Universities to start specialised courses for developing professional counsellors 6. Find and eliminate causes of delay in fund flow and ensure smooth financial flow from central to state and district /village to ensure proper implementation 7. Facilitate contact and potential reintegration of the child with his/her family and to minimize disruption of his/her educational, cultural and social life.	
	3.2.5. Develop preventive protocols for the prevention of crimes committed by children			1. Need-based research to understand and identify factors that trigger crimes and violence amongst children by mapping vulnerable locations and factors in collaboration with Police, ULBs/Municipalities, schools, CWCs, JJBs and community and children 2. Develop systems of diversion from prosecution and structured social interventions – Work with vulnerable children to develop problem-solving skills, life skills development, behavioural and skills training involving children and their families – reduce anti-social peer associations – developing positive-social role models – develop ability to recognise risky situations and advise children how to cope with them 3. Develop protocols and modules for teachers, parents, police and other community members to identify children who may be at risk of engaging in criminal and antisocial behaviour – Orient parents, teachers, doctors, front-line functionaries, social workers and community members to identify behavioural changes among children	MWCD, Police (MHA), MH&FW, NGOs, Schools (MHRD), CHILDLINE Services

Sub-Objectives	Strategies	Indicator and Current Performance	Target 2021 or before	Action	Programme/ Scheme/ Agencies
				4. Develop IEC materials and modules to promote positive parent-child relationships, sensitising parents to the new and emerging problems faced by children and young persons 5. Identify measures to increase safety in communities by supporting and implementing both effective delinquency prevention strategies as well as a continuum of effective and least intrusive responses to reduce recidivism 6. Develop comprehensive plans with family focus to mentor children 7. Create mentor groups of youths/other concerned adults to support children 8. Develop community-based services and programmes which respond to the special needs, problems, interests and concerns of children and young persons and which offer appropriate counselling and guidance to them	
	3.2.6 Protect children from online abuse and exploitation			1. Develop National Framework for Child Online Safety and action plan thorough multi-sectoral partnership and collaboration 2. Build awareness and capacity of key partners including ICT companies, government bodies, law enforcement, media and civil society. 3. Use social media, other digital platforms and awareness generation campaigns to orient parents, teachers, other caregivers and children on rules digital safety 4. Develop age-appropriate digital safety and literacy modules for children and mainstream in regular curriculum 5. Build capacity of CHILDLINE to provide effective counselling and referral services to children who report online abuse and exploitation 6. Reporting and removal of online child sexual abuse materials (CSAM) – India-based hotline to remove high volumes of CSAM – Establish and re-inforce collaboration between ITC industry and law enforcement to ensure effective reporting and removal of CSAM – Raise awareness of mechanisms for reporting CSAM among children, parents, teachers and frontline workers	MHA, MWCD, NCPCR/SCPCRs, ITC Companies, NGOs

Sub-Objectives	Strategies	Indicator and Current Performance	Target 2021 or before	Action	Programme/ Scheme/ Agencies
	3.2.7. Establish a robust NCPCR, and SCPCRs	No of vacancies in NCPCR / No of vacancies at SCPCRs / No and types of monitoring/evaluation undertaken by NCPCR/SCPCRs		1. Appointment and orientation of members as per norms for NCRPC; – Develop resource materials and SOPs for members of NCPCR/SCPCRs; 2. Adequate and timely availability of funds, infrastructure and other resources (like support staff); 3. Strengthen national/state capacity to monitor and evaluate programme effectiveness and quality; 4. Strengthen NCPCR/SCPCRs to function as the apex body to monitor and evaluate all the aspects pertaining to Child labour and Children in Distress as per Sections 13(1) and (2) of CPCR Act 2005	NCPCR, SCPCRs, MWCD
3.3. Mainstream Child Protection in all programming designed for children and humanitarian assistance	3.3.1. Sensitise Parents/ Teachers/ ANMs/AWWs/ ASHA/Doctors on Child protection issues	No of Frontline workers trained; Child protection policy developed and endorsed by all stakeholders dealing with children including private actors and media houses		1. Orient all parents teachers, health providers and AWWs to identify and mandatorily report all forms of child abuse and exploitation; • Include child protection issues in the school and teacher training curriculum; 2. Develop a child protection policy and guidelines for all teachers and health providers; 3. Train teachers and health providers on guidelines for care support to victims of CSA; 4. Encourage Media and business houses to adopt and adhere to a child protection policy	NHM (MH&FW), ICDS, CPS (MWCD), Media houses
	3.3.2. Ensure no child is subject to any physical mental abuse and exploitation at schools/ hospital/ CCIs/ public spaces			1. Orient the teachers, SMC members and school authorities (including private schools) on a code of conduct for behaviour with children – acceptable and unacceptable behaviour); 2. Teachers to be trained to identify abuse and child protection concerns; 3. Develop a child protection policy and guidelines for all staff members/caregivers (including support staff/security guards). 4. Sensitise allied systems such as the police, hospitals, municipal corporations, and the railways/roadways about child protection so as to facilitate their rescue and rehabilitation	SSA, RMSA(MHRD), CPS, ICDS (MWCD)

Sub-Objectives	Strategies	Indicator and Current Performance	Target 2021 or before	Action	Programme/ Scheme/ Agencies
	3.3.3. Ensure Child protection in all humanitarian action[11]	Number of deaths, missing people, injured, relocated or evacuated due to disasters per 100,000 people Number of people affected by hazardous events by sex and age Proportion of health and educational facilities affected by hazardous events		1. Develop SOPs laying down relief, rescue, post-rescue and rehabilitation procedures for children in all age groups. 2. Safeguard children from exploitative situations, displacement, separation from family, deprivation of basic services, and disruption of education 3. Establish risk-alert systems to safeguard children's lives and safety in hazard-prone settings and situations, including natural and man-made emergencies as per NDMA guidelines 4. Map the specific vulnerabilities of children living in hazard prone regions of the country and develop age and gender disaggregated data of their needs at Panchayat and district levels for hazard mitigation and preparedness programmes 5. Capacity building and mock drills at the village levels by forming cadres of children and youth volunteers, with special focus on young people from the socially excluded communities and those inhabiting the most hazard prone locations 6. Create a system of disaggregated data collection on the total number of children affected by natural disasters 7. Ensure safety and dignity of children are preserved while providing aid/support 8. Train officials to respond to child protection needs during natural and man-made disasters as a priority to prevent abuse and exploitation 9. Ensure all Humanitarian Aid agencies have a child protection policy and aid workers are aware of it and adhere to it 10. Create stringent systems of monitoring and reporting of any case of child abuse/exploitation/discrimination. 11. Create child-friendly spaces for children at rescue sites and ensure children are protected from violence and abuse 12. Psycho-social support services for children with adoption of child friendly techniques like Arts Based Therapy and others. 13. Make separate and safe facilities for bathing/Toilet for children and maintain proper hygiene, ensure necessary measures to prevent spread of contagious and communicable diseases.	National and State Disaster Management Authorities, Ministries of WCD, H& FW, Home Affairs, Dept of School education and Literacy Humanitarian Aid Agencies including INGOs and other NGOs.

Sub-Objectives	Strategies	Indicator and Current Performance	Target 2021 or before	Action	Programme/ Scheme/ Agencies
				14. Hire child specialist doctors and other experts to treat the children during and post emergency situations 15. Develop appropriate public advocacy tools and materials to generate awareness among parents and children regarding enhanced threats of trafficking/child abuse/violence during disasters 16. Provide information to community and children on existing response and referral mechanisms (whom to contact/ where to go to seek help)	
3.4. Partnerships with media, business houses, NGOs and multi-lateral agencies strengthened for a wider advocacy and networking for ensuring protection of children	3.4.1. Promote partnerships with above to create a wider advocacy and networking for ensuring protection of children			1. Develop Child Protection Policy and guidelines for all business houses /media houses/agencies working with children to ensure protection against any possible action taken by them which violates rights of the children 2. Policy for promoting greater public-private partnership for child protection issues like child abuse, ill effects of substance abuse etc. 3. Orient Media houses on protection issues and call for their support in terms of creating a greater public awareness on child rights and child protection 4. Identify good practices by NGOs/Media and business houses on initiatives taken for child protection and highlight them, upscale good practices. 5. Development PPP model for accessibility of health care services/ facilities (ambulance, diagnostic services, machinery etc)	Ministries of WCD, H& FW, Home Affairs, Dept of School Education and Literacy Humanitarian Aid Agencies, Media and Business Houses
3.5. Rights of all of children temporarily/ permanently deprived of parental care secured by ensuring family and community-based	3.5.1. Strengthen SARA and CARA	% of children de-institutionalised against total number of children in SAAs (SARA records) % of children de-institutionalised against total number of children in CCIs (CPS MIS)		1. Enhance awareness regarding adoption, foster-care and sponsorship Encourage SAAs, RIPAs, and CHILDLINE to attempt restoration of children through sponsorship support 1. Ensure availability of all information of children on CARINGS – DCPUs to register all CCIs within the district in CARINGS – DCPUs to identify adoptable children in the CCIs under its jurisdiction. 2. DCPU to ensure that the CSR, MER and CWC certificate are uploaded on time and in prescribed formats 3. Ensure timely submission of Home Study reports	MWCD CARA MHA

Sub-Objectives	Strategies	Indicator and Current Performance	Target 2021 or before	Action	Programme/ Scheme/ Agencies
arrangements, including sponsorships, foster care and adoption				4. Formal linkages between SAAs and all other CIIs , increase the pool of children suitable for adoption and foster care 5. Ensure that CARA and SARAs are able to coordinate inter-state information exchange and cooperation to promote adoption and foster care within the country 6. Strengthen system of regular follow-up and monitoring for adopted and sponsored children 7. Capacity building of CWC, DCPU members and Judicial officials on new adoption guidelines	
	3.5.2. Foster Care and Sponsorship	No of children in foster care and sponsorship		1. Promote and make plans for the placement of children in Foster Care and Sponsorship, develop comprehensive plan to trace and place all vulnerable children in Foster Care. 1. Establish family based alternative (Kinship Care) care for vulnerable children in the same Panchayat as their place of residence with financial support to the families extending care and support to the such children under the direct review, supervision and support of panchayat members and panchayat level child protection committee 2. Provide Individual / Group sponsorship; Community sponsorship; Support to families through sponsorship as per requirement recommended by CWC) Monthly inspection of the foster families/ foster care giver by CWC/ DCPU	CPS, National Children's Fund (MWCD), PRIs, Civil Society Organisations

KEY PRIORITY 4: PARTICIPATION

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

Table 4

Sub-Objectives	Strategies	Indicator and Current Performance	Target 2021 or before	Action	Programme/ Scheme/ Agencies
4.1. Enable children to express their views freely on all matters concerning them	4.1.1.Create a positive environment for children to express their views and promote respect for the views of all children (including girl child, CWSN, Children from marginalised community).	No of active child cabinets, Meena Manch, SABLA groups and Bal Panchayats		1. Train teachers, health service providers and other service providers who come in contact with children to respect views of children and encourage children ask questions 2. Develop IEC materials for parents and community to respect children's views and give them space to express their views regarding matters concerning them 3. Awareness generation among children through Meena Manch and child cabinets on child rights with special emphasis on their right to participation 4. Empower children to report and share any form of abuse such as sexual/physical/ emotional/commercial/online/ abuse • Disseminate age-appropriate child friendly recourse materials to educate children regarding different forms of sexual/physical/ emotional/commercial/online/ abuse and how to report and seek help • Recognise and reward initiatives taken by children to protect their own and other children's rights (example: stopping child marriage / child migration and other initiatives for social change) 5. Orient parents to adopt parenting skills which promote positive behaviour and values among children such as hard work, respect for opposite gender, sportsmanship, etc. 6. Impart life skills and leadership development programmes 7. Empower children with disabilities to access schemes and entitlements and voice their concerns at different forums	ICDS SABLA (MWCD), SSA/RMSA Dept of School Education and Literacy NGOs PRIs

Sub-Objectives	Strategies	Indicator and Current Performance	Target 2021 or before	Action	Programme/ Scheme/ Agencies
				8. Ensure children CwD, SC, ST and Girl child are given equal opportunities of participation in everyday school processes including games and recreation activities	
				9. Ensure development of children in a gender –sensitive manner so that they learn to respect and understand opposite gender	
				10. Ensure a stress-free educational environment providing children equal opportunity to participate in the classroom processes.	
4.2. Ensure that Children actively participate in planning and implementation of programmes concerning them and their community.	4.2.1. Strengthen country and local mechanisms for participation of children			1. Establish forums with active participation of school teachers, ASHA, ANM, AWW, PRIs, SHG members and NGOs to ensure children's participation in the planning process	MHandFW, MHRD, MWCD, PRIs, NGOs
				2. Establish and strengthens child cabinets in schools, Bal Panchayats and children's committees in all CCI	
				3. Develop age –appropriate tools and materials for disseminating information to children regarding various plans and programmes so that they are able to meaningfully participate	
				4. Ensure palliative care and support services for children who are affected by terminal illness like HIV/AIDS, cancer and develop participatory processes and activities to prepare them to deal with trauma and stress caused by death of parents	
				5. Create a clear framework for coordination of activities and initiatives designed for children	
				6. Provide children with age-appropriate information to protect themselves in crowded public places, bus terminuses, railway stations, etc.	
	4.2.2. Provide children with an enabling environment to participate meaningfully in all plans and programmes			1. Provide children with age-appropriate information on their rights and entitlements; schemes and programmes , including scholarships, sponsorship programmes and	
				2. Build capacities at different levels, especially among caregivers, as they should have understanding and skills for involving children's views in matters affecting them	

Sub-Objectives	Strategies	Indicator and Current Performance	Target 2021 or before	Action	Programme/ Scheme/ Agencies
				3. Build a sense of responsibility among children so that they are aware of their own duties and learn to act in a responsible manner	
				4. Provide adequate counselling and support to children dealing with physical or emotional stress through CHILDLINE Services available easily on toll free number 1098 across the country. Strengthen CHILDLINE services to disseminate information and provide support and counselling.	
				5. Orient children on all forms of abuse, exploitation and violence; build their confidence to report any such incidence to CHILDLINE services, police or local authorities and seek help.	
				6. Include a participatory approach in everyday classroom transaction by dedicating time and space for children to take an active part in teaching-learning processes, give their ideas and feedback freely - Ensure a stress-free educational environment providing children equal opportunity to participate in the classroom processes - Establish unanimous systems of providing feedback for children on various issues including behaviour of the teachers and staff	
				7. Ensure equal opportunity for quality education to all children.	
				8. Actively engage with children to ensure their safety and security in public and private spaces.	
				9. Sensitise the judiciary and court officials for enabling processes and creating an environment, where children's views are heard and considered in judicial proceedings affecting them	
				10. Ensure that panchayats, districts and cities progressively become child friendly	
				11. Develop monitorable indicators of child participation	
				12. Undertake research and documentation of best practices	

Institutional Mechanisms for Implementation, Monitoring and Evaluation

The National Plan of Action for Children (NPAC) of Government of India sets out and details strategies and action points to ensure the execution and realisation of rights-based measures and outcomes for children envisaged in the National Policy for Children 2013. **The implementation of the plan will be largely through the identified programmes and schemes of various ministries and will be executed by the State/UTs governments**. **However, there are certain areas, identified in the plan for which new strategies and programmes need to be developed**. The Ministry of Women and Child Development will be the nodal Ministry for overseeing and co-ordinating the implementation and monitoring of the NPAC. The National Policy for Children (2013) provides for formation of a **National Co-ordination and Action Group (NCAG)**[19] under the **Minister, Ministry of Women and Child Development** and it will monitor the progress with other Ministries concerned as its members.

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

I.   Role and Responsibilities of the NCAG:

The NCAG will be responsible for:

- *Implementation, regular monitoring and evaluation of strategies and action points outlined in the National Plan of Action for Children*

- *Ensuring coordination among Central Government Ministries/Departments, between Central and State Governments, between different levels of governance and between government and civil society for effective implementation of NPAC 2016*

- *Provide strategic guidance and directions to respective Ministries/ Departments and governments of States/UTs to realise goals and targets envisaged for children in the NPAC*

- *Undertake need-based research and documentation on child related issues*

- *Develop strategies for advocacy and social behaviour change communication*

- *Highlight any new areas of concern which may emerge for children and advise government on developing new strategies and programmes to address the same.*

The major functions of the NCAG have been described below:

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

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

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

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

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

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

3.3. **Strengthen Information System and Data Gathering:** There should be adequate emphasis on strengthening data gathering and information systems on children. It is suggested that a key strategy should be to develop a comprehensive database on child survival, development, protection and participation, with supportive resources and links to similar state portals/networks of other sectors. NIC and Ministry of Statistics and Programme Implementation may undertake the responsibility with the support of NCAG and other agencies engaged in collecting data. It is also suggested that there is a need to develop Child Development Index (CDI) on the lines of "Women's Development Index" and MOSPI may develop a standardized CDI for the country in collaboration with MWCD under the guidance of NCAG. It is also important to initiate a Data Gap Analysis Study to examine the scarcity of data on children between 15-18 years of age as well as limitations of the type of data collected which do not cover all areas mentioned under UNCRC and NPC 2013. MOSPI may lead the study and findings should inform actions for improving the scope of the data set on children's rights

3.4. **Community monitoring and the Community Score Card:** Community Score Card is another tool that has been used to facilitate monitoring of services provided by the government. It is used as part of a community monitoring process, which includes establishing and strengthening community forums to engage with government service providers. The Community Score Card generates information through focus group interaction, to facilitate a joint decision between recipients and the service provider on the quality of the services. Civil society organisations can facilitate the process of developing community score cards based on key services, with active participation of Mother's committees, PRI/ULB members, SHG members and children. This would be accompanied by periodic dialogue between community members and Anganwadi workers to improve delivery as well as utilisation of services.

Community monitoring also involves providing community feedback to higher levels of systems regarding community experiences of services, which may be done through community monitoring / review committees at block and district levels, with multi-stakeholder participation. Facilitation of such processes would be based on involvement of PRIs and civil society organisations at various levels for capacity building, community mobilisation and facilitation of multi-stakeholder dialogue.

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

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

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

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

- Develop a clear research and documentation strategy and set up research advisory committee under the guidance of NCAG to guide and monitor research on all aspects of the NPC 2013.

- Set up a platform for research on child rights to strengthen potential collaboration, sharing of findings and to bring together several institutes focusing on policy and programme research drawn from civil society, media, autonomous government bodies and other agencies for promoting children's agenda and knowledge development.

- Develop guidelines for child impact assessments of policies and programmes in other sectors (non-child sectors like rural livelihoods, etc.).

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

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

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

III.   Roles and responsibilities of Different Stakeholders:

1. **Ministries of Government of India and Statutory Bodies:** The Action matrix clearly identifies the Ministries, Departments and statutory bodies responsible for actions under each strategy. Under the aegis of National Co-ordination and Action Group, the respective Ministries, Departments and statutory bodies will ensure the implementation of the plan and it's monitoring in collaboration of their respective line departments at State level. They will also ensure that adequate resources are available to address key concerns for children in the given time frame. The NCAG will communicate and consult with other Ministries and Departments whose programmes affect children, to encourage necessary awareness and due attention to impact on children and their rights and entitlements.

2. **Governments States and UTs:** The State/UT Governments are expected to develop State/UT Plan of Action for Children in alignment with the National Plan of Action for Children. Each State/UT will identify key concerns for children under each priority area described in NPAC and develop **integrated plans** for addressing them. *The State Governments will implement the welfare measures as per the welfare needs of the children in the State on the priority basis as envisaged by the State Governments along with provisions of the NPAC*. The state and district plans will focus on achieving the desired

outcomes through convergence and co-ordination between Central, State and local level initiatives. A State Co-ordination and Action Group (SCAG) will be formed to facilitate required convergence and co-ordination. At the district level, the existing committees for children under the chairpersonship of the District Collector, as decided by the State Government; may be given the responsibility of ensuring required co-ordination and convergence. While many successful efforts have been undertaken for ensuring co-ordination between various government agencies, there is a need to streamline these efforts in order to optimize the utilization of resources and ensure better outcomes. There is also need to give greater space for receiving and incorporating feedbacks from community to enhance accountability in public services and the State Co-ordination and Action Group will ensure that voices from community forums and civil society organisations are given due recognition. The State/UTs governments will also ensure that adequate resources are available to for the plan. A lack of resources may extend beyond financial resources and also mean lack of expertise and trained personnel. The State Co-ordination and Action Group may also consider collaboration with corporate houses, various technical agencies and civil society organisations to address the gaps in specific areas in terms of availability of resources.

At the district level, an integrated District Plan of Action for Children may be developed accordingly and the outcomes for children monitored. District plans will be based on situational analysis of children and key issues identified for them at district level.

3. **Community Forums, Civil Society, Media and Business Houses:** Various community forums and Civil Society Organisations have been the voice of those numerous voiceless children in India who are hard to reach and are therefore deprived from various social security and safety programmes of the government. They include child labours, trafficked children, children from socially disadvantaged sections and hard to reach geographical locations, children with special needs, from urban slums and many others. While the state is primarily responsible for ensuring services to all children, whether in difficult situation or otherwise, to ensure that rights of all children are protected, a wider coalition is essential.

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

The business houses have been playing a key role in strengthening government and NGO initiatives to extend outreach by providing additional human and financial resources. The Companies Act, 2013 mandates all corporate houses to spend at least 2 per cent of their average net profit (of the previous three years) on CSR activities. Corporate Social Responsibility (CSR) should be the guiding framework for the private sector's involvement. The Ministry of Women and Child Development has launched a programme of adoption of children's homes (Adopt-a-Home) under CSR in partnership with CCI. More such initiatives and Public–Private Partnerships (PPPs) should be encouraged under CRS such as sponsorship for children in difficult circumstances and in CCIs, mobile crèches at urban slums and sites of industrial and construction work, mobile school libraries, dispensaries, etc.

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

• **Ensuring child participation:** It is important that views of children must be taken into account while formulating a plan of action for them. So as to make their participation meaningful and not just symbolic, it is required that that they should be provided required information, be informed and enabled to access information and opportunities and given a platform to express their views freely.

- **Creating a positive environment and awareness for protection of rights of the children**: It is essential to generate a larger awareness regarding the rights of the children among children themselves, their parents as well as frontline service providers through public advocacy campaign as well as regular engagement. The CHILDLINE services will be strengthened on a priority basis so that children are able to access information and seek required counselling and help when they are in any kind of physical or emotional stress or feel threatened in any way.

- **Effectively operationalise the process of community monitoring and feedback mechanism**: All major government programmes have a component of community based structures for planning, implementation and monitoring. However, very little progress has been made so far on this aspect. Majority of the Village Health, Sanitation and Nutrition Committees (NHM), School Management Committees (SSA), Village Child Protection Committees (ICPS) and such other committees lack the capacity to fulfil their roles. The civil society organisations may work with government functionaries to strengthen these structures and support them to provide feedback on government services. The NCAG will facilitate the process of compilation of the feedback from local level and as well as redressal mechanisms. Involving panchayats in child centric measures and thereby mobilising local community will provide a safety net to children and reduce incidence of runaway and missing children.

- **Monitoring and Supportive Supervision**: Civil society organizations are a part of all district and state level structures for monitoring and supportive supervision under National Flagship programmes. However, their roles are often limited due to lack of proper guidelines and clear articulation of responsibilities. They may play an important role in terms of providing supportive supervision to front line functionaries under different programmes like ICDS, ICPS, SSA, NHM and SBM. For example, Railway CHILDLINE services setups in select railway platforms are helping in restoration of children to their families and stay within a safety net.

- The NCAG and State CAGs may develop clear guidelines for their involvement. **Develop innovative models and e-solutions for better implementation, monitoring, reviewing and follow-up action for programmes meant for children:** In order to reach out to all children in a vast and diverse country like India, there is a need have a timely flow of information to support implementation as well as monitoring. There is a need to develop IT-based up-scalable, cost-effective and easy to implement models for better monitoring, reporting, review and recording the follow-up action to ensure better outcomes for children. Such models can be developed by civil society/private players and may be up-scaled by government if found relevant.

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

The National Policy for Children 2013

(To be published in the Gazette of India, Part I, Section 1)

No. 16-1/2012-CW-I

GOVERNMENT OF INDIA

Ministry of Women and Child Development

New Delhi, the 26th April 2013

RESOLUTION

The Government of India have had under consideration a National Policy for Children to reiterate the commitment to the rights based approach for children. After due consideration and approval, the National Policy for Children, 2013 is hereby adopted.

(Dr. Vivek Joshi)
Joint Secretary to the Government of India

ORDER

ORDERED that a copy of the resolution be communicated to all Ministries and Departments of the Government of India, all State Governments and Union Territories, the President's Secretariat, the Vice-President's Secretariat, Lok Sabha Secretariat, Rajya Sabha Secretariat, Cabinet Secretariat, Prime Minister's Office and the Planning Commission.

ORDERED also that the resolution be published in the Gazette of India for general information.

(Dr. Vivek Joshi)
Joint Secretary to the Government of India

To
The Manager,
Government of India Press,
(Bharat Sarkar Press)
FARIDABAD

The National Policy for Children, 2013

1. Introduction

1.1.   India is home to the largest child population in the world. The Constitution of India guarantees Fundamental Rights to all children in the country and empowers the State to make special provisions for children. The Directive Principles of State Policy specifically guide the State in securing the tender age of children from abuse and ensuring that children are given opportunities and facilities to develop in a healthy manner in conditions of freedom and dignity. The State is responsible for ensuring that childhood is protected from exploitation and moral and material abandonment.

1.2   Declaring its children as the nation's "supremely important asset" in the National Policy for Children, 1974, the Government of India reiterated its commitment to secure the rights of its children by ratifying related international conventions and treaties. These include the Declaration of the Rights of the Child, Universal Declaration of Human Rights and its Covenants, the Convention on the Rights of the Child and its two Optional Protocols, the United Nations Convention on the Rights of Persons with Disabilities, the United Nations Convention against Transnational Organized Crime, the Protocol to Prevent, Suppress and Punish Trafficking in Women and Children, the Hague Convention on Protection of Children and Cooperation in respect of Inter-Country Adoption, and the Convention on the Elimination of All Forms of Discrimination against Women.

1.3   The National Policy for Children, 1974 recognised that programmes for children should find prominent place in national plans for the development of human resources, so that children grow up to become robust citizens, physically fit, mentally alert and morally healthy, endowed with the skills and motivations provided by society. The Policy also laid emphasis on equal opportunities for the development of all children during the period of growth.

1.4   The National Charter for Children, 2003 adopted on 9th February 2004, underlined the intent to secure for every child its inherent right to be a child and enjoy a healthy and happy childhood, to address the root causes that negate the healthy growth and development of children, and to awaken the conscience of the community in the wider societal context to protect children from all forms of abuse, while strengthening the family, society and the Nation.

1.5   To affirm the Government's commitment to the rights based approach in addressing the continuing and emerging challenges in the situation of children, the Government of India hereby adopts this Resolution on the National Policy for Children, 2013.

2. Preamble

2.1   Recognising that:

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

2.2   Reaffirming that:

- *every child is unique and a supremely important national asset;*
- *special measures and affirmative action are required to diminish or eliminate conditions that cause discrimination,*
- *all children have the right to grow in a family environment, in an atmosphere of happiness, love and understanding;*
- *families are to be supported by a strong social safety net in caring for and nurturing their children;*

the Government of India reiterates its commitment to safeguard, inform, include, support and empower all children within its territory and jurisdiction, both in their individual situation and as a national asset. The State is committed to take affirmative measures – legislative, policy or otherwise – to promote and safeguard the right of all children to live and grow with equity, dignity, security and freedom, especially those marginalised or disadvantaged; to ensure that all children have equal opportunities; and that no custom, tradition, cultural or religious practice is allowed to violate or restrict or prevent children from enjoying their rights.

2.3   This Policy is to guide and inform all laws, policies, plans and programmes affecting children. All actions and initiatives of the national, state and local government in all sectors must respect and uphold the principles and provisions of this Policy.

3. Guiding Principles

   (i)   every child has universal, inalienable and indivisible human rights

  (ii)   the rights of children are interrelated and interdependent, and each one of them is equally important and fundamental to the well-being and dignity of the child

 (iii)   every child has the right to life, survival, development, education, protection and participation

 (iv)   right to life, survival and development goes beyond the physical existence of the child and also encompasses the right to identity and nationality

  (v)   mental, emotional, cognitive, social and cultural development of the child is to be addressed in totality

 (vi)   all children have equal rights and no child shall be discriminated against on grounds of religion, race, caste, sex, place of birth, class, language, and disability, social, economic or any other status

 (vii)   the best interest of the child is a primary concern in all decisions and actions affecting the child, whether taken by legislative bodies, courts of

law, administrative authorities, public, private, social, religious or cultural institutions

(viii) family or family environment is most conducive for the all-round development of children and they are not to be separated from their parents, except where such separation is necessary in their best interest;

(ix) every child has the right to a dignified life, free from exploitation

(x) safety and security of all children is integral to their well-being and children are to be protected from all forms of harm, abuse, neglect, violence, maltreatment and exploitation in all settings including care institutions, schools, hospitals, crèches, families and communities

(xi) children are capable of forming views and must be provided a conducive environment and the opportunity to express their views in any way they are able to communicate, in matters affecting them

(xii) children's views, especially those of girls, children from disadvantaged groups and marginalised communities, are to be heard in all matters affecting them, in particular judicial and administrative proceedings and interactions, and their views given due consideration in accordance with their age, maturity and evolving capacities

4. Key Priorities

Survival, health, nutrition, development, education, protection and participation are the undeniable rights of every child and are the key priorities of this Policy.

Survival, Health and Nutrition

4.1 The right to life, survival, health and nutrition is an inalienable right of every child and will receive the highest priority.

4.2 The State stands committed to ensure equitable access to comprehensive, and essential, preventive, promotive, curative and rehabilitative health care, of the highest standard, for all children before, during and after birth, and throughout the period of their growth and development.

4.3   Every child has a right to adequate nutrition and to be safeguarded against hunger, deprivation and malnutrition. The State commits to securing this right for all children through access, provision and promotion of required services and supports for holistic nurturing, wellbeing with nutritive attainment of all children, keeping in view their individual needs at different stages of life in a life cycle approach.

4.4 The State shall take all necessary measures to:

(i)   Improve maternal health care, including antenatal care, safe delivery by skilled health personnel, post natal care and nutritional support

(ii)   Provide universal access to information and services for making informed choices related to birth and spacing of children

(iii)   Secure the right of the girl child to life, survival, health and nutrition

(iv)   Address key causes and determinants of child mortality through interventions based on continuum of care, with emphasis on nutrition, safe drinking water sanitation and health education

(v)   Encourage focused behaviour change communication efforts to improve new born and childcare practices at the household and community level

(vi)   Provide universal and affordable access to services for prevention, treatment, care and management of neo-natal and childhood illnesses and protect children from all water borne, vector borne, blood borne, communicable and other childhood diseases

(vii)   Prevent disabilities, both mental and physical, through timely measures for pre-natal, peri-natal and post-natal health and nutrition care of mother and child, provide services for early detection, treatment and management, including interventions to minimise and prevent further disabilities, prevent discrimination faced by children with disabilities (mental and physical), and provide services for rehabilitation and social support

(viii) Ensure availability of essential services, supports and provisions for nutritive attainment in a life cycle approach, including infant and young child feeding (IYCF) practices, special focus on adolescent girls and other vulnerable groups, and special measures for the health, care and

nutrition, including nutrition education, of expectant and nursing mothers

(ix) Provide adolescents access to information, support and services essential for their health and development, including information and support on appropriate life style and healthy choices and awareness on the ill effects of alcohol and substance abuse

(x) Prevent HIV infections at birth and ensure infected children receive medical treatment, adequate nutrition and after-care, and are not discriminated against in accessing their rights

(xi) Ensure that only child safe products and services are available in the country and put in place mechanisms to enforce safety standards for products and services designed for children

(xii) Provide adequate safeguards and measures against false claims relating to growth, development and nutrition

Education and Development

4.5   Every child has equal right to learning, knowledge and education. The State recognises its responsibility to secure this right for every child, with due regard for special needs, through access, provision and promotion of required environment, information, infrastructure, services and supports, towards the development of the child's fullest potential.

4.6   The State shall take all necessary measures to:

(i) Provide universal and equitable access to quality Early Childhood Care and Education (ECCE) for optimal development and active learning capacity of all children below six years of age

(ii) Ensure that every child in the age group of 6-14 years is in school and enjoys the fundamental right to education as enshrined in the Constitution

(iii) Promote affordable and accessible quality education up to the secondary level for all children

(iv) Foster and support inter sectoral networks and linkages to provide vocational training options including comprehensively addressing age-

specific and gender-specific issues of childrens' career choices through career counseling and vocational guidance

(v) Ensure that all out of school children such as child labourers, migrant children, trafficked children, children of migrant labour, street children, child victims of alcohol and substance abuse, children in areas of civil unrest, orphans, children with disability (mental and physical), children with chronic ailments, married children, children of manual scavengers, children of sex workers, children of prisoners, etc. are tracked, rescued, rehabilitated and have access to their right to education

(vi) Address discrimination of all forms in schools and foster equal opportunity, treatment and participation irrespective of place of birth, sex, religion, disability, language, region, caste, health, social, economic or any other status

(vii) Prioritise education for disadvantaged groups by creating enabling environment through necessary legislative measures, policy and provisions

(viii) Ensure physical safety of the child and provide safe and secure learning environment

(ix) Ensure that all processes of teaching and learning are child friendly

(x) Ensure formulation and practice of pedagogy that engages and delights children, with a special focus on mental health, from a social and gender just, life skills and age appropriate perspective

(xi) Provide access to ICT tools for equitable, inclusive and affordable education for all children especially in remote, tribal and hard to reach areas

(xii) Promote safe and enjoyable engagement of children's experiences with new technology in accordance with their age and level of maturity, even as there is respect for their own culture and roots

(xiii) Review, develop and sustain age-specific initiatives, services and programmes for safe spaces for play, sports, recreation, leisure, cultural and scientific activities for children in neighbourhoods, schools and other institutions

(xiv) Enable children to develop holistically, bringing out their aspirations, with focus on their strengths, empowering them to take control of their lives, bodies and behaviours

(xv) Ensure no child is subjected to any physical punishment or mental harassment. Promote positive engagement to impart discipline so as to provide children with a good learning experience

(xvi) Ensure that children's health is regularly monitored through the school health programme and arrangements are made for health and emergency care of children

(xvii) Provide services to children with special needs in regular schools and ensure that these are inclusive and have all facilities such as trained teachers and special educators, appropriate pedagogy and education material, barrier-free access for mobility, functional toilets and co-curricular activities towards the development of child's fullest potential and autonomy and sense of dignity and self worth.

(xviii) Promote engagement of families and communities with schools for all round development of children, with emphasis on good health, hygiene and sanitation practices, including sensitization on ill-effects of alcohol and substance abuse

(xix) Facilitate concerted efforts by local governments, non-governmental organisations/community based organisations to map gaps in availability of educational services, especially in backward, child labour intensive areas, areas of civil unrest, and in situations of emergency, and efforts for addressing them

(xx) Identify, encourage and assist gifted children, particularly those belonging to the disadvantaged groups, through special programmes

(xxi) Provide and promote crèche and day care facilities for children of working mothers, mothers belonging to poor families, ailing mothers and single parents

(xxii) Promote appropriate baby feeding facilities in public places and at workplaces for working mothers in public, private and unorganized sector

Protection

4.7   A safe, secure and protective environment is a precondition for the realisation of all other rights of children. Children have the right to be protected wherever they are.

4.8   The State shall create a caring, protective and safe environment for all children, to reduce their vulnerability in all situations and to keep them safe at all places, especially public spaces.

4.9 The State shall protect all children from all forms of violence and abuse, harm, neglect, stigma, discrimination, deprivation, exploitation including economic exploitation and sexual exploitation, abandonment, separation, abduction, sale or trafficking for any purpose or in any form, pornography, alcohol and substance abuse, or any other activity that takes undue advantage of them, or harms their personhood or affects their development.

4.10   To secure the rights of children temporarily or permanently deprived of parental care, the State shall endeavour to ensure family and community-based care arrangements including sponsorship, kinship, foster care and adoption, with institutionalisation as a measure of last resort, with due regard to the best interests of the child and guaranteeing quality standards of care and protection.

4.11   The State commits to taking special protection measures to secure the rights and entitlements of children in need of special protection, characterised by their specific social, economic and geo-political situations, including their need for rehabilitation and reintegration, in particular but not limited to, children affected by migration, displacement, communal or sectarian violence, civil unrest, disasters and calamities, street children, children of sex workers, children forced into commercial sexual exploitation, abused and exploited children, children forced into begging, children in conflict and contact with the law, children in situations of labour, children of prisoners, children infected/affected by HIV/AIDS, children with disabilities, children affected by alcohol and substance abuse, children of manual scavengers

and children from any other socially excluded group, children affected by armed conflict and any other category of children requiring care and protection.

4.12   The State shall promote child friendly jurisprudence, enact progressive legislation, build a preventive and responsive child protection system, including emergency outreach services, and promote effective enforcement of punitive legislative and administrative measures against all forms of child abuse and neglect to comprehensively address issues related to child protection.

4.13   The State shall promote and strengthen legislative, administrative and institutional redressal mechanisms at the National and State level for the protection of child rights. For local grievances, effective and accessible grievance redressal mechanisms shall be developed at the programme level.

Participation

4.14   The State has the primary responsibility to ensure that children are made aware of their rights, and provided with an enabling environment, opportunities and support to develop skills, to form aspirations and express their views in accordance with their age, level of maturity and evolving capacities, so as to enable them to be actively involved in their own development and in all matters concerning and affecting them.

4.15   The State shall promote and strengthen respect for the views of the child, especially those of the girl child, children with disabilities and of children from minority groups or marginalised communities, within the family; community; schools and institutions; different levels of governance; as well as in judicial and administrative proceedings that concern them.

4.16   The State shall engage all stakeholders in developing mechanisms for children to share their grievances without fear in all settings; monitor effective implementation of children's participation through monitorable indicators; develop different models of child participation; and undertake research and documentation of best practices.

5. Advocacy and Partnerships

5.1   The State shall encourage the active involvement, participation and collective action of stakeholders such as individuals, families, local communities, non-governmental organisations, civil society organisations, media and private sector including government in securing the rights of the child.

5.2   The State shall make planned, coordinated and concerted efforts to raise public awareness on child rights and entitlements amongst the parents and caregivers/guardians as well as functionaries and duty bearers. All stakeholders are to promote the use of rights-based and equity-focused strategies, platforms, programmes, communications and other tools to generate awareness on child rights and the commitment to their achievement.

5.3   This Policy is to be given wide publicity and supported by focused advocacy measures to ensure that children's best interests and rights are accorded the highest priority in areas of policy, planning, resource allocation, governance, monitoring and evaluation, and children's voices and views are heard in all matters and actions which impact their lives.

5.4   The State shall ensure that service delivery and justice delivery mechanisms and structures are participatory, responsive and child-sensitive, thereby enhancing transparency and ensuring public accountability. Synergistic linkages will be created with other progressive and successful experiments to learn from best practices across regions.

6. Coordination, Action and Monitoring

6.1   Addressing the rights and needs of children requires programming across different sectors and integrating their impact on the child in a synergistic way. Rights based approach to survival, development and protection calls for conscious, convergent and collateral linkages among different sectors and settings, with indicators for tracking progress.

6.2   Community and local governance play a significant role in ensuring the child's optimum development and social integration. Ensuring coordination among Central Government Ministries/Departments, between Central and State Governments, between different levels of governance and between government and civil society is crucial for effective implementation of this Policy.

6.3.   The Ministry of Women and Child Development (MWCD) will be the nodal Ministry for overseeing and coordinating the implementation of this Policy. A National Coordination and Action Group (NCAG) for Children under the Minister in charge of the Ministry of Women and Child Development will monitor the progress with other concerned Ministries as its members. Similar Coordination and Actions Groups will be formed at the State and District level.

6.4.   The Ministry of Women and Child Development, in consultation with all related Ministries and Departments, will formulate a National Plan of Action for Children. Similar Plans at the State, District and local level will be formulated to ensure action on the provisions of this Policy. The National, State and District Coordination and Action Groups will monitor the progress of implementation under these Plans.

6.5 The National Commission for Protection of Child Rights and State Commissions for Protection of Child Rights will ensure that the principles of this Policy are respected in all sectors at all levels in formulating laws, policies and programmes affecting children.

7. Research, Documentation and Capacity Building

7.1   The implementation of this Policy will be supported by a comprehensive and reliable knowledge base on all aspects of the status and condition of children. Establishing such a knowledge base would be enabled through child focused research and documentation, both quantitative as well as qualitative. A continuous process of indicator-based child impact assessment and evaluation will be developed, and assessment and evaluation will be carried out on the situation of children in the country, which will inform policies and programmes for children.

7.2   Professional and technical competence and capability in all aspects of programming, managing, working and caring for children at all levels in all sectors will be ensured through appropriate selection and well planned capacity development initiatives. All duty bearers working with children will be sensitised and oriented on child rights and held accountable for their acts of omission and commission.

8. Resource Allocation

8.1   The State commits to allocate the required financial, material and human resources, and their efficient and effective use, with transparency and accountability, to implement this Policy.

8.2   Child budgeting will track allocation and utilisation of resources and their impact on outcomes for children with regard to budgets and expenditures on children by all related Ministries and Departments.

9. Review of Policy

9.1   A comprehensive review of this Policy will be taken up once in five years in consultation with all stakeholders, including children. The Ministry of Women and Child Development will lead the review process.

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Key Priorities of NPAC 2005

- *Reducing Infant Mortality Rate.*

- *Reducing Maternal Mortality Rate.*

- *Reducing Malnutrition among children.*

- *Achieving 100% civil registration of births*

- *Universalization of early childhood care and development and quality education for all children achieving 100% access and retention in schools, including ECCEs.*

- *Complete abolition of female foeticide, female infanticide and child marriage and ensuring the survival, development and protection of the girl child*

- *Improving Water and Sanitation coverage in both rural and urban areas*

- *Addressing and upholding the rights of Children in Difficult Circumstances*

- *Securing for all children all legal and social protection from all kinds of abuse, exploitation and neglect.*

- *Complete abolition of child labour with the aim of progressively eliminating all forms of economic exploitation of children.*

- *Monitoring, Review and Reform of policies, programmes and laws to ensure protection of children's interests and rights.*

- *Ensuring child participation and choice in matters and decisions affecting their lives*

SDGs for Children

At the Sustainable Development Summit on 25 September 2015, UN Member States adopted the 2030 Agenda for Sustainable Development, which includes a set of 17 Sustainable Development Goals (SDGs) to end poverty, fight inequality and injustice, and tackle climate change by 2030.

The SDGs build on the Millennium Development Goals (MDGs), the eight anti-poverty targets that the world committed to achieving by 2015. The MDGs, adopted in 2000, aimed at an array of issues that included reducing poverty, hunger, disease, gender inequality, and access to water and sanitation. Enormous progress has been made on the MDGs, showing the value of a unifying agenda underpinned by goals and targets. Despite this success, the indignity of poverty has not been ended for all. Some of the more challenging issues - inequity, promoting inclusive economic growth, addressing climate change and protecting children from violence – have not been adequately addressed in the MDGs.

The SDGs go much further than the MDGs, addressing the root causes of poverty and the universal need for development that works for all people. The 17 Sustainable Development Goals and 169 targets seek to realize the human rights of all and to achieve gender equality and the empowerment of all women and girls. They are integrated and indivisible and balance the three dimensions of sustainable development: the economic, social and environmental. The SDGs focus on the **5 Ps: *People, Planet, Prosperity, Peace and Partnership***.

SDGs and Indicators for Children:

There are 27 targets and 34 child –specific indicators included in the SDG monitoring framework. For the first time, the global development agenda recognizes that sustainable and positive outcomes in development will not be achieved unless violence against children ends. Apart from indicators for prevalence of malnutrition, maternal and child mortality, etc. ; five goals and eleven targets address violence and abuse, trafficking, sexual and other types of exploitation, harmful practices such as child marriage and the worst forms of child labour including children in armed forces along with promotion of safe public spaces, safe and non-violent learning environments and birth registration.

Target	Proposed SDG Indicators	NPAC 2016 Indicators
1.2.1	Proportion of children (aged 0-17) below the national poverty line Children (aged 0-17) living in multidimensional poverty	Not Included
1.3.1	Percentage of children receiving a child or other social grant (disaggregated as possible by the child's poverty and wealth status, disability, gender and location).	% of children having ADHAAR card % of girls age 15-18 years having bank account % of disabled children covered under any government benefit/scheme No and % of children receiving child or other social grant (Scholarship/ Sponsorship/ DBT schemes for Girls/Children in CCIs) No and % of pregnant mothers receiving maternity benefits
1.5	Number of people affected by hazardous events by sex and age Proportion of health and educational facilities affected by hazardous events	Included

Target	Proposed SDG Indicators	NPAC 2016 Indicators
2.2.1	Prevalence of stunting (height for age <-2 SD from the median of the WHO Child Growth Standards) among children under five years of age	Included
	Prevalence of overweight children under 5 years of age.	Not included
	Rate of exclusive breastfeeding among infants under 6 months	Included
	Prevalence of anaemia in women of reproductive age	Included
2.2.2	Indicator on other forms of malnutrition (wasting, overweight, anaemia, exclusive breastfeeding)	Included 44.7% (Rural-44.9. Urban – 44.2) Girls aged 15 -18 with low Body Mass Index less than 18.5 (RSOC 2013-14)
3.1.1	Maternal deaths per 100,000 live births	Included
3.1.2	Proportion of births attended by skilled health personnel	Included (Institutional Delivery)
	Antenatal care attendance (4 or more visits)	Included
3.2.	Under-five mortality rate (deaths per 1,000 live births)	Included
3.2.	Neonatal mortality rate (deaths per 1,000 live births)	Included
	Coverage of DTP3 containing vaccine	Included
3.3.1	Number of new HIV infections per 1,000 susceptible population (by age, sex, and key populations)	No of New HIV infections Proportion of Children less than 15 years to total new infection of HIV/AIDS HIV prevalence among ANC clinic attendees
3.3.3	Malaria incident cases per 1,000 person years	No of Malaria cases reported
	Prevalence of hepatitis B surface antigen in children under 5	Not Included
3.7.1	Percentage of women of reproductive age (15-49 years) who have their need for family planning satisfied with modern methods	Total unmet need for Family Planning
3.7.2	Adolescent birth rate (10-14; 15-19) per 1,000 women in that age group	Age Specific Marital fertility rate 15-19 years
3.8	Coverage of tracer interventions (e.g. child full immunization, ARV therapy, TB treatment, hypertension treatment, skilled attendant at birth, etc.)	Included – Immunization /ANC/PNC/ % of children under 5 years old who had symptoms of ARI in 15 days prior to survey for whom advice or treatment was sought % of children 0-59 months with diarrhoea given ORS and Zinc
3.9	Population in urban areas exposed to outdoor air pollution levels above WHO guideline values	% of population living in areas with PM10 < 100 and PM 2.5 < 60

Target	Proposed SDG Indicators	NPAC 2016 Indicators
4.1	Percentage of children/young people at the end of each level of education achieving at least a minimum proficiency level in (a) reading and (b) mathematics.	48% of children in Std V who can read Std II text (ASER 2014) 26% of Std V children who can divide (ASER 2014)
	Completion rate (primary, lower, secondary, upper secondary)	Included (Data not available)
	Out-of-school rate (primary, lower secondary)	Included
4.2.1	Percentage of children under 5 years of age who are developmentally on track in health, learning and psychosocial well-being	Not included
4.2.2	Indicator on early years participation rates	68.8% (Rural – 67, Urban 71.9) of children aged 3-6 years currently attending pre-school education (RSOC 2013-14)
4.5.1	Parity indices (female/male, urban/rural, bottom/top wealth quintile) for all indicators on this list that can be disaggregated	
4.a.1	Percentage of schools with access to (i) electricity; (ii) Internet for pedagogical purposes (iii) basic drinking water and (iv) basic sanitation facilities; and (v) basic Hand-washing facilities (as per the WASH indicator definitions)	Included (except for electricity and internet)
5.2.1	Proportion of ever-partnered women and girls (aged 15-49) subjected to physical and/or sexual violence by a current or former intimate partner, in the last 12 months	Included
5.2.2	Proportion of women and girls (aged 15-49) subjected to sexual violence by persons other than an intimate partner, since age 15	Included
5.3.1	Percentage of women aged 20-24 who were married or in a union before age 18 (i.e. child marriage)	Included
5.3.2	Percentage of girls and women aged 15-49 years who have undergone FGM/C, by age group (for relevant countries only)	Not Included
6.1.1	Proportion of population using a safely managed drinking water service	Included
6.2.2	Proportion of population using a safely managed sanitation facility	Included
7.1.2	Percentage of population with primary reliance on non-solid fuels (%)	Not Included
8.7.1	Percentage and number of children aged 5-17 years engaged in child labour, per sex and age group (disaggregated by the worst forms of child labour)	Included
16.1.2	Conflict-related deaths per 100,000 people (disaggregated by age, sex and cause)	Not Included
16.2.1	Percentage of children aged 1-14 years who experienced any physical punishment by caregivers in the past month	Included (Data not available)
16.2.2	No indicator on sexual violence	Number and % of children who were victims of sexual abuse and exploitation (disaggregated data by age, sex, location, social category and type of abuser-close family member/known person/unknown person/) – Survey every 3 years proposed
16.9	Percentage of children under 5 whose births have been registered with civil authority	Included

List of Ministries/Departments/ Agencies identified for NPAC

i)   Ministry of Women and Child Development

ii)   Ministry of Home Affairs

iii)   Ministry of Health and Family Welfare

iv)   Ministry of Drinking Water and Sanitation

v)   Ministry of Tribal Affairs

vi)   Ministry of Minority Affairs

vii)   Ministry of Social Justice and Empowerment

viii)   Ministry of Labour and Employment

ix)   Ministry of Panchayati Raj

x)   Ministry of Rural Development

xi)   Ministry of Urban Development

xii)   Department of School Education and Literacy, MoHRD

xiii)   National Disaster Management Authority

xiv)   NITI Aayog

xv)   National Commission for Protection of Child Rights

The Vaccination Schedule under the UIP

1. BCG (Bacillus Calmette Guerin); 1 dose at Birth (up to 1 year if not given earlier)

2. DPT (Diphtheria, Pertussis and Tetanus Toxoid) 5 doses; Three primary doses at 6weeks,10weeks and 14 weeks and two booster doses at 16-24 months and 5 Years of age

3. OPV (Oral Polio Vaccine) 5 doses; 0 dose at birth, three primary doses at 6,10 and 14 weeks and one booster dose at 16-24 months of age

4. Hepatitis B vaccine 4 doses; 0 dose within 24 hours of birth and three doses at 6, 10 and 14 weeks of age.

5. Measles 2 doses; first dose at 9-12 months and second dose at 16-24months of age

6. TT (Tetanus Toxoid) 2 doses at 10 years and 16 years of age

7. TT – for pregnant woman two doses

8. Rotavirus Vaccine

9. Inactivated Polio Vaccine (IPV)

10. In addition, Japanese Encephalitis (JE vaccine) vaccine was introduced in 112 endemic districts in campaign mode in phased manner from 2006-10 and has now been incorporated under the Routine Immunisation Programme.

Voices of Children

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

• Need information regarding different schemes and programmes for children.

• Need information regarding their own health, growth and development and on specific issues like trafficking, violence, abuse.

• Need information regarding disasters, everyday hazards and risks and safety measures.

• Need to use various forms of interactive media to increase awareness.

• Safe and adequate spaces for play, sports and recreation for both boys and girls, adequate sports facilities in schools.

• Girls and boys should be taught self defence.

• Child-friendly and free transport system: special buses for children during school hours.

• Greater outreach of quality education, age-appropriate vocational training and medical services for all children.

• Tracing missing children should also be a priority, special camps should be made for these groups.

• Disability certificates should be easily available.

• More institutions required for children with disabilities with adequately trained staff.

• Vocational and technical training and career counselling for adolescents which will ensure their employability.

• Children in the age group of 15-18 in all CCIs to be linked to vocational courses so they have a source of income and good standard of living after 18 years.

• Guardianship and family care for each child without a family.

• Parents and teachers need to be oriented to listen to children and take their views seriously.

• Spaces to voice their concerns regarding service delivery, and/or behaviour of teachers or health service providers.

• Awareness camp, street plays, short films on social evils and their disadvantages should be organised and shown in each and every villages, especially with the parents.

• Need freedom of speech and expression

• Opportunity to participate in various development initiatives concerning them and chance to showcase their own leadership skills and qualities.

Role of PRIs in Implementation of NPAC 2016

a)   Strengthen Village level convergence platforms and structures like Village Health Nutrition Day, Village Health Nutrition and Sanitation Committee, School Management Committee, Village Child Protection Committee and SHGs.

b)   Ensure children's issues are given priority during preparation of Gram Panchayat Development Plans.

c)   Collect data on vulnerable children – child labour, child migrants, drop-out children, children of socio-economically marginalised communities, girl child, orphan children, trafficked children, those who are victims of abuse and exploitation, children affected by HIV/AIDS or other chronic diseases, and others.

d)   Collect information on vulnerable families requiring child protection services and support and connect them with relevant government schemes and services.

e)   Develop integrated child protection plans to address different vulnerabilities of children to prevent and rehabilitate victims of child labour/child abuse and exploitation

f)   Hold separate Panchayats with children and incorporate their views and suggestions while making development plans

g)   Generate awareness regarding all forms of abuse, violence and exploitation of children

h)   Work with community and children to be vigilant regarding various risk factors (child abduction, trafficking in form of child labour, child marriage, child abuse and exploitation)

i)   Generate awareness regarding support services for children including CHILDLINE, One-stop centre, CWC, JJB, SJPU
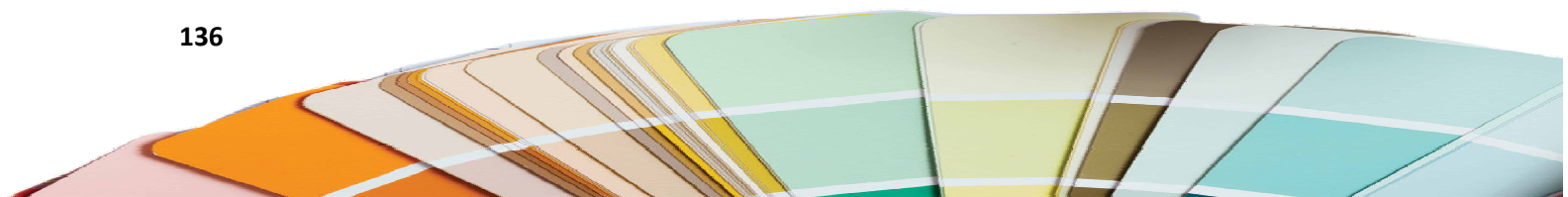
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NATIONAL EARLY CHILDHOOD CARE AND EDUCATION (ECCE) CURRICULUM FRAMEWORK

MINISTRY OF WOMEN AND CHILD DEVELOPMENT

Contents

Background for the ECCE Curriculum Framework…….....................................

Background for the Early Childhood Care and Curriculum Framework

The programme at the early childhood stage helps to ensure opportunities for holistic learning and growth. The ECCE programme needs to be determined by children's developmental and contextual needs, providing for more need based inputs and an enabling environment. Given this need for an individualised approach, it was believed that a common 'curriculum' would not be appropriate for all. However, over the years it has been observed that the practical realities are different and most of the ECCE programmes on offer currently do not have developmentally appropriate programmes for the young child. The vacuum created by a lack of curriculum framework has resulted in its being filled with either a minimalist programme or the downward extension of the primary stage curriculum leading to overburdening the child which can have a negative impact on the child's learning potential.

To ensure optimal development for all children, there is a need to create a planned curriculum framework, encompassing developmentally appropriate knowledge and skills, with flexibility for contextualization and diverse needs of young children. A curriculum framework is also required to ensure that important learning areas are covered, taking care of all the developmental needs of the young child. It also facilitates adoption of a common pedagogical approach to ensure a certain level of quality and address the widespread diversity in the ECCE programmes available for the young children in India.

The purpose of this framework is to promote quality and excellence in early childhood education by providing guidelines for practices that would promote optimum learning and development of all young children and set out the broad arrangement of approaches and experiences rather than detailed defining of the content. A cautious approach is being adopted to not provide a detailed curriculum/syllabus which would be prescriptive and 'delivered' to the young children in a 'straight jacketed manner'. The Curriculum Framework calls attention to the common principles and developmental tasks, at the same time, respecting the diversity in the child rearing practices and contextual ECCE needs.

Each programme is expected to develop its own curriculum to meet the needs of its children, their families, the specific setting, the linguistic culture and the local community. However, the programmes should be based on the curriculum principles and guidelines laid down in this framework.

This Framework is a dynamic document and would be continually reviewed and evolved in the light of emerging needs. Also, with the adoption of the framework, case studies of emerging best practices will follow and learning from them would further strengthen the framework.

This Framework is firmly focussed on the needs of the child and should lead to improved child care and developmentally appropriate environment for children, leading to a positive impact on quality of learning and increased attainment of learning outcomes for children participating in ECCE programmes. Furthermore, this framework focuses on providing guidelines for child care and early educational practices. The other components for the holistic ECCE programme such as nutrition, health and hygiene, protection and care are to be ensured by cross reference from related policies and instruments as mentioned in the National ECCE policy.

The National ECCE Curriculum Framework comprises of broadly three sections.

- **Section I** consists of introduction, vision for an Indian child, rationale and theoretical foundation for ECCE. The objectives of early childhood education; pedagogical bases and principles of early learning are laid out.
- **Section II** comprises of details of the goals for different domains of development, i.e. physical, language, cognitive, socio-emotional and creative and aesthetic appreciation, to be fostered to ensure holistic development of children under six years. It comprises of suggested developmentally appropriate practices for different age groups.
- **Section III** focuses on implementation details such as principles of programme planning, stages of programme planning, role of parents and caregivers/ECCE teachers, essential play materials and assessment procedure etc.

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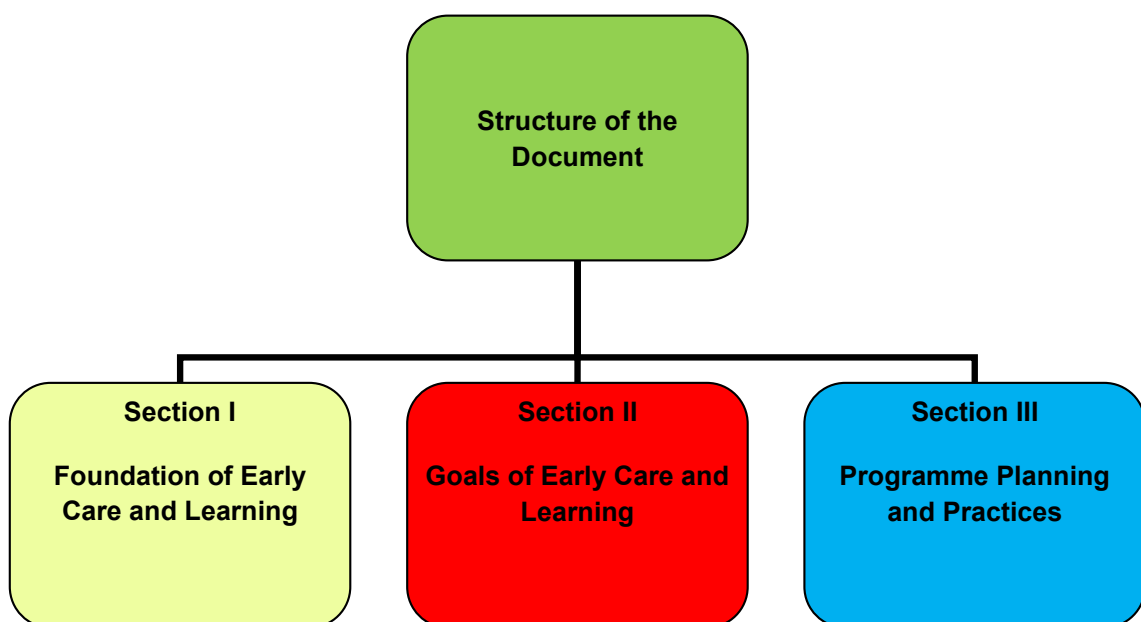
SECTION 1: FOUNDATION OF EARLY CARE AND LEARNING

Courtesy : Shreeranjan, Suchit Nanda, Tapaswini Sahu

1. Introduction

The first six of life are critical years of human life since the rate of development in these years is more rapid than at any other stage of development. Global brain research also informs us about the significance of early years for brain development.

Early Childhood Care and Education (ECCE) makes a positive contribution to children's long term development and learning by facilitating an enabling and stimulating environment in these foundation stages of lifelong learning.

Parents as caregivers are critical in providing a stimulating learning environment to the child and the first two and a half to three years need not be in a formal learning environment. The National Curriculum Framework acknowledges the significance of involvement of parents, family and community.

The National Early Childhood Care and Education (ECCE) Curriculum Framework for all children below six years of age is aligned with the Government's vision of ECCE as spelt out in the National Early Childhood Care and Education (ECCE) Policy. The National ECCE Curriculum Framework is informed by the Position Paper on ECCE (National Curriculum Framework, NCERT, 2005) and the curriculum detailed there under.

The purpose of this framework is to promote quality and excellence in early childhood care and education by providing guidelines for child care and early educational practices. The framework is intended to be a guiding document for ECCE service providers across all regions. It wishes to support to early years professionals, service providers, ECCE teachers/caregivers, communities and state governments in providing rich early stimulation and learning experiences for children from birth to pre- primary years. This document may also be of interest to families of young children too.

1.1   Growing up in India

India has a tradition of valuing the early years of a child's life, and a rich heritage of cultural practices for stimulating development and inculcating "*sanskaras*" or basic values and social skills in children. In the past this was delivered primarily within joint families, through traditional child caring practices which were commonly shared and passed on from one generation to another. However, there have been changes in the family as well as social context in the last few decades.

Families and communities represent vast geographic, social, cultural, linguistic, and economic diversity within the country. Children also differ in their physical, emotional, social, and cognitive capacities. Urban and rural communities offer different types of opportunities and face distinct challenges in providing good quality early care and learning experiences to children. Socio –economic status as well as social and cultural diversity characterize the nature of family life and the context for growing up in India.

Each child requires a safe and nurturing environment to develop optimally. Children with special needs and their families need assistance and information regarding prognosis and early intervention in order to support optimal development of children. Other families may also, face stresses that can compromise their ability to support their children's early learning and need support services to assist families in their critical role as primary caregivers.

Discrimination and inequities based on gender, social identity, disability and other exclusionary factors is prevalent in the society that adds to the above problem. The issues need to be addressed proactively to ensure universal access to integrated services towards fulfilment of right to free, universal pre-primary education. Regardless of income, social status, geographic isolation, and other potential barriers, all children deserve and have a right to inclusive and equitable opportunities to build on their unique strengths.

In recent times many children are receiving early education and care outside the home in child care centres, preschool programs, and other community-based early learning settings. Whether children receive early education and care in the home or the community, it is important that their early learning experiences draw on the unique strengths of their relationships with their families. The diversity in social contexts and family structures needs to be appropriately addressed in order to bring balanced parenting, including inputs from fathers, mothers and other caregivers in the family through enabling provisions in programmes. Strengthening capabilities of families, communities and services to ensure quality care and education for children in the early years is therefore a priority for India.

Thus, Early Childhood Care and Education (ECCE) encompass the inseparable elements of care, health, nutrition, play and early learning within a protective and enabling environment. It is an indispensable foundation for lifelong development and learning, and has lasting impact on early childhood development. It is imperative to accord priority attention to ECCE and invest in it since it is the most cost effective way to break the intergenerational cycle of multiple disadvantages and remove inequity. Investing in ECCE will undoubtedly lead to long term social and economic benefits.

1.2 Vision for an Indian Child

The National ECCE Policy visualizes nurturance and promotion of holistic development and active learning capacity of all children below 6 years of age by promoting free, universal, inclusive, equitable, joyful and contextualised opportunities for laying foundation and attaining full potential.

The vision for an Indian child reflects our beliefs about children and childhood and what is possible and desirable for human life at the individual and societal levels. While putting forward a shared image of a child, full of potential, it is accepted that children differ in their strengths and capabilities, there is diversity in views about childhood and children, and that not all children have the same opportunities to develop their potential. However, a strong image of the child can motivate people to promote children's individual strengths, and to address conditions in children's environments that constrain opportunities to engage fully in early learning. This curriculum framework supports the creation of a shared image of an Indian child that can guide our efforts to promote early learning at the local, state and national levels.

It views children as happy, healthy and confident; each child with unique identity, grounded in their individual strengths and capacities; and with respect for their unique social, linguistic, and cultural heritage and diversity. As children grow and learn, they explore, enquire, make discoveries and apply their understanding to become self regulated lifelong learners. Furthermore, they are sensitive to diversity, are communicative, caring and creative in their relationship with people and environment.


Our young children strive to be:
- Happy and healthy
- Inquirer
- Confident
- Communicative
- Creative
- Caring
- Open-minded
- Resilient
- Sensitive to diversity
- Respectful
- Mindful
- Life-long learner

1.3   Rationale for ECCE

The first six years of life are critical since the rate of development in these years is more rapid than at any other stage of development. Research in neuro-science confirms the importance of the early years in a child's life particularly since 90% of brain development has already taken place by the time a child is six years of age. Research also indicates that the development of brain is influenced not only by health, nutrition and quality of care but also the quality of psycho-social environment the child is exposed to in these early years. (Figure 1). A psycho-socially deficit environment or emotional neglect can lead to negative consequences for a child's development, which may even be irreversible. This places a very large percentage of children from poorer or marginalised families, 'at risk', in terms of their life chances and opportunities. Supportive ECCE services enable to bridge the gap that can lead to more positive long-term outcomes for individuals and society than later interventions.

Figure 1: Trajectory of Development
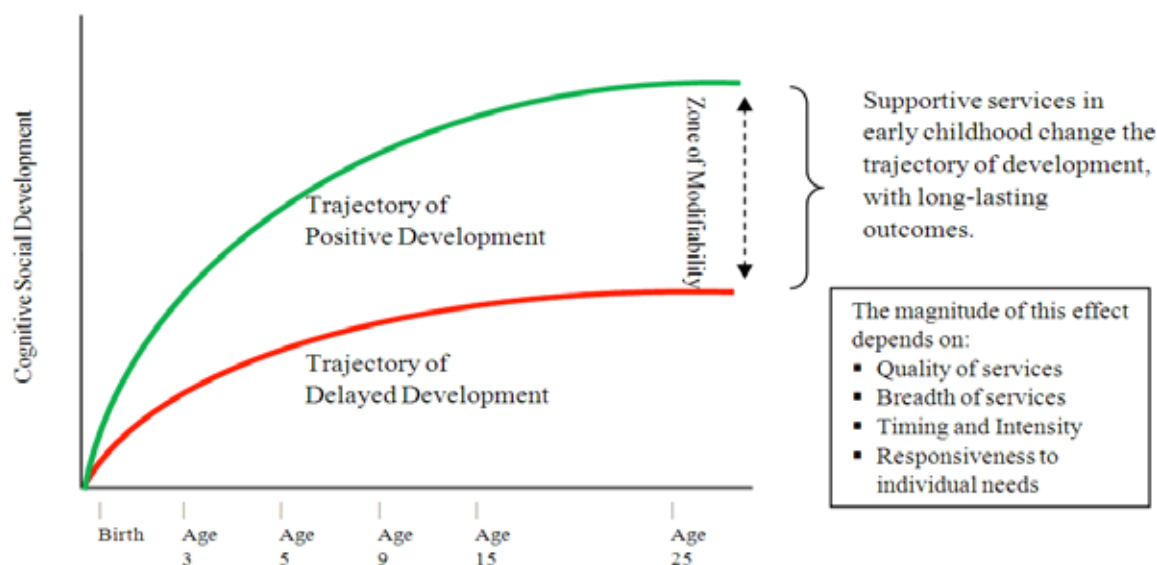
Source: *No Wolves Along the Way: towards a national ECD model in Kyrgyzstan, Hugh McLean & Rakhat Orozova, UNICEF, 2009)*

Scientific research also indicates that within the span of the early childhood years, there are certain *'sensitive periods' or 'critical period*s' for development of some cognitive, linguistic, social and psychomotor competencies (Figure 2). These have significant implications for planning of a framework for children's learning and development.

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Figure 2: Sensitive periods for Early Development

`Sensitive periods' in early brain development
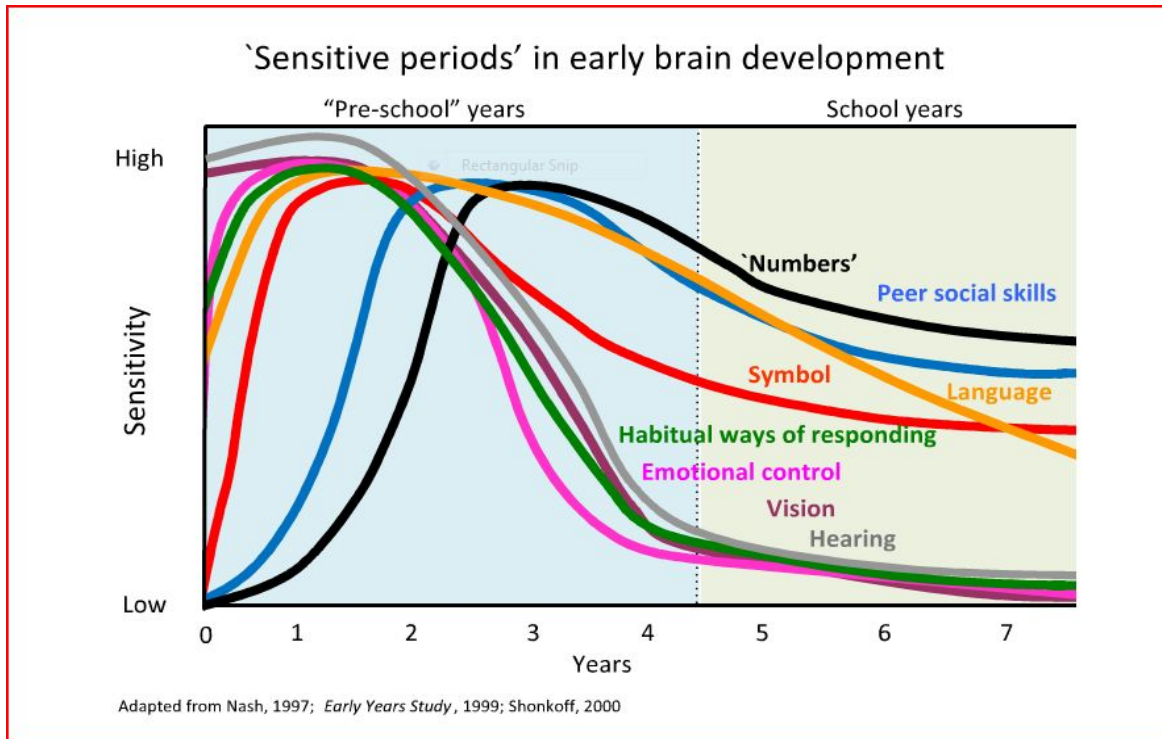
Source: Adapted from Nash, Early Years Study, 1999, Shankoff, 2000

Early Childhood Care and Education (ECCE) makes a positive contribution to children's long term development and learning by facilitating an enabling and stimulating environment in these foundation years of lifelong learning. Therefore, it becomes important to provide a framework for planning for each sub-stage within the early childhood continuum up to the age of six years.

A good learning programme at the early childhood stage helps to ensure appropriate opportunities for holistic learning and development particularly in these sensitive periods. Early intervention is of particular significance for children with developmental delays, infants with disabilities and children growing up in impoverished environments, by counteracting biological and environmental disadvantage, since plasticity in the brain allows circuits in the brain to organise and reorganise, in response to early stimulation.

1.4 Theoretical Foundation

Philosophers have speculated about the nature of childhood and the process of socialisation. Western thinkers like Rousseau, Froebel, Dewey, and Montessori, have been pioneers in the movement of early childhood education. While Dewey emphasized on the wonderful learning opportunities everyday experiences provided and believed that the child's own instincts, activities, and interests should be the starting point of education, Froebel believed that action

and direct observation were the best ways to educate children. Their ideas have opened the way for sensorial and practical activities forming the curricular content. Their insights into the importance of exploration and play, art, rhythm, rhyme, movement, and active participation of the child led to the inclusion of these elements in classroom dynamics.

Indian thinkers have also been guided by their observations concerning young children and their findings about the child's interest in activities using different materials. Gandhi, Tagore, Aurobindo, Gijubhai Badekha, and Tarabai Modak were the first Indians to conceptualise a child-centred approach to the care and education of young children. They were of the view that education must be imparted in the child's mother tongue and should be connected with the child's social and cultural environment and the community should be actively involved in the learning process. Since language is the true vehicle of self-expression a child can freely express its thought in mother tongue/vernacular language.

In more recent times, scholars in Developmental Psychology and Child Development like Piaget, Bruner, Vygotsky, Urie Bronfenbrenner and Gardner have further emphasised, based on their research, play and activity as the child's natural modes of learning and that children living and learning in multiple social and cultural contexts influence children's learning and development. While Piaget emphasised that children constructed their knowledge by assimilating the experiences and then accommodating within their own understanding and that children are adjusting and using new information constantly to make sense of perceptions and experiences. Vygotsky viewed that children are actively engaged in social and cultural experiences and there is active interaction between children and more experienced others in the process of learning and development. Further Jerome Bruner proposed that children represent information and knowledge in their memory in three different but interrelated modes such as action-based, image based and language/symbol based.

In other words he explained how this was possible through the concept of the **spiral curriculum** which involved information being structured so that complex ideas can be taught at a simplified level first where children learn more through concrete experiences, and then re-visited at more complex levels later on. Therefore, topics would be taught at levels of gradually increasing difficultly (hence the spiral analogy).

Their basic tenets are that learning is an active and interactive process in which children learn through play and through interaction between children and more experienced others. Children are actively engaged in their social and cultural experiences, they constantly adjust

and use new information to make sense of perceptions and their experiences. Most importantly play leads to learning and development in children.

Based on the insights and philosophies of these practitioners and thinkers, early childhood care and education programmes should be based on an understanding of the patterns of development and learning that define the essential nature of childhood.

2. Objectives of Early Childhood Care and Education (ECCE)

The aim of Early Childhood Care and Education is to facilitate optimum development of the child's full potential and lay the foundation for all round development and lifelong learning. While parents and home have the main responsibility of the welfare of the child, a strong partnership between the community and the ECCE centres is important for the well being of the child and in achieving the following objectives.

Broad objectives of the Early Childhood Care and Education programme are to:
- Ensure each child is valued, respected, feels safe and secure and develops a positive self concept
- Enable a sound foundation for physical and motor development of each child- as per each child's potential
- Imbibe good nutrition routines, health habits, hygiene practices and self help skills
- Enable children for effective communication and foster both receptive and expressive language
- Promote development and integration of the senses
- Stimulate intellectual curiosity and develop conceptual understanding of the world around by providing opportunities to explore, investigate and experiment
- Enhance development of pro-social skills, social competence and emotional well being
- Develop sense of aesthetic appreciation and stimulate creative learning processes.
- Imbibe culturally and developmentally appropriate behaviour and core human values of respect and love for fellow human beings.
- Enable a smooth transition from home to ECCE centre to formal schooling
- Enhance scope for overall personality development

3.   Principles of Early Learning and Development and its Implications for Practice

The principles and practices relevant for learning and development in the early years are based on the insights and observations of thinkers and evidences from researches. Each of the principle elaborates specific ideas and at the same time they are all interconnected like the domains of development. The practical implications for each of the principle will also be influenced by the culture and individual prerequisites.

3.1 Development and learning takes place in all domains, development in one domain influences the other domain: Children are thinking, feeling and interacting human beings and it is important to address all domains for their development. Changes or development in one domain facilitates or hinders the development of another domain.

3.2 Children's development and learning follows a sequence in which later acquired abilities (skills and concepts) build upon what children already know and apply. In the first few years of life the growth, change and development mostly follow a predictable pattern; however the way these changes are demonstrated varies in different context and culture. Knowledge of known sequence of development enables in developing early stimulation activities and curricular planning for children.

3.3 Child Development and Learning are characterized by individual variation: While learning and development follows a predictable pattern there may be individual variation in the normative course of development as well as uniqueness of each child as an individual. No two children, even within the same family are the same. Each child has an individual pattern and timing of growth and development as well as individual styles of learning. Each individual child has his/her own strengths.

3.4 Children develop holistically and benefit from experiential learning: This simply means that children learn best through active exploration using the senses such as touch, taste, smell and manipulation to build perceptual skills. Children should be actively interested and engaged in their learning with a high sense of motivation and positive disposition to explore and build skills across various domains.

3.5 Learning begins from birth: From birth onwards children are mentally and physically active. They learn through all their senses and stimulations. Early care and stimulations whether positive or negative have a cumulative impact on children's development. Since care and early stimulation promotes brain development and leads to the forming neural connections, it is imperative that children are provided with optimal stimulation in the early years and prevent cumulative deficit in the long run.

3.6 Development and learning result from a continuous interaction of biological maturation and experience. A child has genetic endowments which may predict healthy growth, but inadequate nutrition in the early years of life will keep this potential from being fulfilled. On the other hand if the child is suffering from an inherent condition, then the detrimental impact learning and development can be minimized through systematic, individualized intervention. With this perspective in mind, it is important for early childhood educators to maintain high expectations and employ all their knowledge, inge-nuity, and persistence to find ways to help every child succeed.
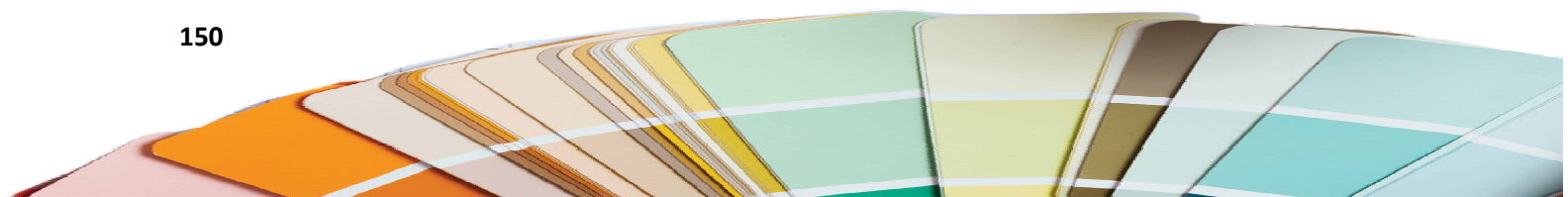
3.7 There are critical periods in development: Research evidences reveal that some aspects of development occur most efficiently at certain points in the life span. For example the optimal period for oral language development in children is in the first three years of life, peer social skills are developed effectively during 3-5 years of life etc. Thus it is important to use these "windows of opportunity" and ensure that the children get the needed environmental inputs and supports for a particular kind of learning and development at its "prime time" for desired outcomes.

3.8 Children's learning reflects a recurring spiral that begins in awareness, and moves to exploration, to inquiry, and finally, to application: Any new learning by children begins with awareness, which is generated from their experiences with objects, events, or people and ends with utilization, where children are able to use what they have learnt for multiple purposes and apply their learning to new situations. At this stage children start exploring the next level of information and the spiral continues. Children with disabilities show a great degree of individual variations and the curriculum should make suitable adaptations to ensure that children are provided developmentally appropriate materials and experiences.

3.9 Children learn and develop in a stimulating/nurturing/supportive/protective environment: During the early years of life, children move from sensory or behavioural responses to symbolic or representational knowledge. They learn within a social context and from meaningful interactions with other children, adults and materials around them. Throughout the early years, adults must provide a nurturing environment and play significant roles in helping children learn to develop empathy and cooperation, cultural socialization and self-regulation, language acquisition and communication, peer relationships, self concept and identity formations.

3.10. Development and learning is largely influenced by the social and cultural context of the children. Development and learning of children happens hand in hand and it largely depends on the influence of the child's family, immediate environment, the community and at a broader level the society. Every culture has its own norms, structures and behaviours and more so each culture has its own way of interpreting children's behaviour and development in its own way. Educators must be sensitive how their own culture has shaped their thinking and also consider the multiple environments in which different children live and how they need to be considered while making decision for children's development and learning.

3.11   Children's have curiosity and desire to learn: Children are curious and have an innate desire to learn. Children observe what happens, talk, discuss and reflecting on their findings, stretch their imagination for possibilities, ask questions, and formulate answers. While exploring and learning young children construct their knowledge and understanding of the world, they learn as well as from teachers, family members, peers and older children, and from books and other media. To enable these ECCE teachers/caregivers must use multiple teaching strategies in meeting children's different learning needs.

3.12 Children learn through play: Play is central to the child's well being and development. Children's spontaneous play provides opportunities for exploration, experimentation, manipulation and problem solving that are essential for constructing knowledge. Play contributes to the development of representational as well as abstract thought. Children engage in various kinds of play, such as physical play, language play, object play, pretend or dramatic play, constructive play, and games with rules. This further influences their motivation, disposition and approaches to learning. Developing positive approaches to learning goes a long way to determine later academic success in life. Adults must provide opportunities for children to explore, play and apply.

4. Curricular Issues and Concerns

4.1 Multilingualism

Language plays an important role in communication, exchange of information, development of reading skills, reading with comprehension, and, in later years, academic success. Yet little attention is being paid to language acquisition and experiences in ECCE programmes. (ECCE Position Paper)

Language acquisition and teaching of language is a multifaceted issue in a multilingual country like ours. Even though young children are not formally taught language, language acquisition is part of the overall development of children physically, socially, and cognitively. Any single Indian language used as a medium of interaction in preschools/ ECCE centres poses problems for children coming from different language backgrounds and dialects, especially in towns and cities. It is a challenge for the ECCE teacher/ caregiver to cope with different languages at the same time in an early childhood setting. Furthermore, children who come to preschools or ECCE centres in their area or even enter directly into a primary school that uses the state language totally unfamiliar to them face significant challenges. It is observed that such children face tremendous difficulties in various parts of the country, often resulting in their inability to read with comprehension the state language even after Class V. This is compounded by the sense of failure and inadequacy which may ultimately force them out of the educational system altogether.

The linguistic diversity of India poses a number of challenges for early childhood educators; however if leveraged in a systematic way it also provides a range of opportunities to provide a rich environment for the child.

- The **medium of interaction** in the ECCE centre should be home language or mother tongue. However, there may be more than one language as mother tongue, which may pose problems for children coming from different language backgrounds and dialects. It is therefore important to allow as many languages as are in the classroom to be used for expression. We know that language is closely linked to child's identity and emotional security. Therefore, it is important to encourage different languages for expression by children in the ECCE centres.

- Research is now establishing that children can learn many languages in the first six years. Therefore, while promoting mother tongue, there is also merit in utilizing ECCE as an opportunity to provide exposure to school language, so that children enter school better prepared. However, this should be done in a phased manner. Children should be

encouraged to be proficient in their mother tongue/ home language first and then the formal school language (regional language or English) should be introduced.

- There is a widespread and **growing demand for English** at the preschool level, since it is seen as the path to upward mobility and achievement. The majority of parents from all classes, occupations and regions have an explicit desire for their children to learn English. However, teaching through child's mother tongue/ home language, is internationally recognised as the most appropriate way of working with children in the early years of concept formation. Children who attend ECCE programmes conducted in their own mother tongue face fewer problems of comprehension as compared to children whose mother tongue is different from the medium of instruction. When the child is comfortable and proficient with the mother tongue/ home language first, it supports developing proficiency in the second language later. However, it is crucial that when the school language (which may be regional language or English) is introduced, the ECCE teachers/ caregivers must continue to convey a positive attitude about children's first language (mother tongue/ home language). There is also an urgent need for community awareness and parental education initiatives so parents can be made aware of what is developmentally appropriate for their children. Parents and families should be provided materials with information on dual/ multiple language learning and on the importance of home language.

- **Multilingual classroom:** ECCE perspective, or a developmental pedagogy, would suggest that language should be learnt by processes in the following order: 'Listen– speak–read–write.' In the early years, the focus is on listening and speaking as the major activities in the classroom, facilitated through free play with peers. Teachers should also attempt to learn a few words and phrases of the child's home language. In a multilingual classroom, children should be encouraged to express themselves in their own language and to pay attention to and learn from each other. This is a natural and easy process in play situations. Multilingualism and children's learning abilities are not the issue here, but rather the ability of the educational system to address the issue and find the appropriate solutions.

- **Training support:** It is a challenge for the ECCE teacher/ caregiver to cope with different languages at the same time in an early childhood setting. ECCE teachers/ caregivers must be trained on supporting children to continue to develop proficiency in their mother tongue/ home language, especially if it is not the language spoken by the majority of

children. ECCE teachers/ caregivers require ongoing professional development and resources to support parents' use of mother tongue/ home language and bilingual/multilingual language acquisition at home.

4.2 Inclusion

In India, a learner with special education needs is defined variously in different documents, and over a period of time the approach of the Government has shifted from the medical model of care to a more child's rights model of accepting diversity and making it inclusive. *'Inclusion in the early years'* implies that children with disabilities should have access to mainstream early learning environments which should accommodate them with a child-centred pedagogy capable of meeting their individual needs (Singh, 2005). Since segregated services for children with disabilities have historically been based on the 'medical model' approach to disability which explains children's needs in terms of 'deficit' and 'cure' (Oliver, 1996), it has, by its nature, been limiting in terms of opportunities and outcomes, and perpetuated negative attitudes towards disability. With very few special education early learning centres available (particularly in rural India) inclusion must be adopted, in letter and spirit by ECCE.

The basic premise of inclusive education is that children be treated equally rather than be segregated based on their individual, educational, social, emotional or physical impairments While a learner may have special education needs [SEN], and may need differentiated inputs to be able to learn concepts in a given area, it is critical to identify areas of strength of the child that can be built upon. Therefore the child must have a space where he/she can exercise these faculties and develop them to optimum level possible.

The defining features of inclusion that can be used to identify high quality early childhood programs and services are **access, participation, and supports**. When envisioning an inclusive environment for children where an individual's needs are catered to, the challenges involve both infrastructure and personnel. However many of these challenges can be managed if there is a clear commitment to the philosophy of inclusion and the right of every child to learn with his/her peers. It is therefore necessary to make all ECCE programmes sensitive and responsive to the special needs of children, including training of, ECCE teachers and caregivers in identification of needs of the children with disabilities, use of age-appropriate play and learning materials, making adaptations in the physical environment and counselling of parents.

- The **identification** of SEN of children at an early age is crucial to helping them cope with challenges in later life. Thus, the sensitization, orientation and training of parents, caretakers and other stakeholders become imperative.

- Having the **staff trained** and dedicated to this process of inclusion becomes mandatory. From curricular perspective it is important to understand the significance of early identification and intervention, make the curriculum flexible and accessible, make adjustments in the physical environment to ensure it is barrier free, make the curriculum accessible to children with differing impairments, develop appropriate assessment and evaluation procedures, capacity building and empowering all stakeholders to address attitudinal barriers. This process also sensitises typical peers to accept and learn to respect diversity

- **Prevention efforts for families** of 'at-risk children' should focus on strengthening the family and building on the family's positive attributes. The desired results of inclusive experiences for children with disabilities and their families include a sense of belonging and membership, positive social relation-ships and friendships, and development and learning to reach their full potential.

4.3 Multi-Age Grouping

In an ECCE centre there may be teachers who struggle with ways to meet the needs of all the learners in their classrooms. Alternately there may be some children who struggle with learning, others who perform well on their developmental tasks, and the rest fit somewhere in between. Each child has its own pace of learning. Within each of these categories of children, individuals also learn in a variety of ways and have different interests. However the curriculum used is most often driven by '*one size fits all'* approach and with the expectations that all children will achieve the standards by the end of the academic year.

In response to this situation most often ECCE teachers and caregivers would use the concept of *'differentiation'* to meet the varying needs of their learners. At its most basic level, differentiation consists of the efforts of ECCE teacher/ Caregiver to respond to variance among learners in the classroom. An ECCE Teacher / Caregiver may approach differentiation by (1) **content**—what the child needs to learn or how the child will get access to the information; (2) **process**—activities in which the child engages in order to make sense of or master the content; (3) **products**—culminating projects that enable the child to

rehearse, apply, and extend what he or she has learned in a topic; and (4) **learning environment**—the way the classroom/ ECCE centre works and feels.

There is ample evidence that children are more successful in school and find it more satisfying if they are taught in ways that are responsive to their readiness levels, interests and learning profiles (Tomlinson, 2000). So it may be helpful for children work sometimes with like-readiness peers, sometimes with mixed-readiness groups, sometimes with children who have similar interests, sometimes with children who have different interests, sometimes with peers who learn as they do, sometimes randomly, and often with the class as a whole.

In the above context, *Multi-age grouping* refers to "a class grouping in which students of different ages and identified age levels are grouped together in a single classroom for the purpose of providing effective instruction" (Miller, 1995, p. 29). The multi-age environment is deliberately created for the benefit of children, not because of economic needs or declining enrolment. The intention is to allow children of various ages and abilities to progress at their own individual pace rather than according to specified objectives for a particular grade level.

Research shows that multi-age groupings benefit both younger and older students in the classroom. According to Dr. Lilian Katz, "Mixed-age grouping resembles family and neighbourhood groupings, which throughout history have informally provided much of children's socialization and education. The intention of mixed-age grouping in early childhood settings is to increase the heterogeneity of the group so as to capitalize on the differences in the experience, knowledge, and abilities of the children". Moreover, children learn from each other and from older children- thereby facilitating cooperative learning skills.

In rural areas multi-age grouping is more often a pragmatic response to the needs of communities, where it is practical to set up a single Anganwadi/ ECCE centre for a village or settlement. Various reasons such as insufficient students of a similar age, places with limited physical or human resources may seem viable to have a multi-age grouping in the ECCE centres.

4.4 Gender Equality

The early years lay the foundation for gender socialization. Gender Socialization is a process by which individuals learn to act in a particular way and mostly conforming to the societal beliefs, values, norms, attitudes and examples. Early gender socialization starts at birth and is a process of learning socio-cultural roles according to one's gender. Right from the beginning, boys and girls are treated differently by the members of their family and immediate

environment, and learn the differences between boys and girls. Even by the time children are two year old they have absorbed the gender stereotypes in some form which is evident because of clothing and toys chosen by adults and provided to them. As they reach preschool age, children begin to develop their sense of self in relation to others.

Certain gender inequities can persist right from infancy through the lifespan. Gender stereotypes may get perpetuated by family, teachers and society by having different expectations for girls and boys. However, early childhood period also presents a crucial opportunity to promote gender equity right from the start and facilitate the development of gender-sensitive attitudes and beliefs.

ECCE interventions can promote gender equity by compensating for gender biases in nutrition, health care or stimulation that may occur in the home. (Arnold, 2004:10). A gender sensitive curriculum needs to ensure that gender stereotypes are broken. In the early years it is important:

- Adults are there to support, protect and involve children in approaches and activities that help them develop their minds, their bodies, their social skills and behaviours.
- Caregivers should not perpetuate gender stereotypes. Instead, they should be encouraged to have equal and appropriate expectations of boys and girls and promote equal opportunities for them. They can provide opportunity to explore the children's thinking about gender and help children expand their understanding of gender.
- ECCE teachers /Caregivers have had gender training and know how to routinely do gender analysis. This equips them to see gender bias in the community and to actively keep it out of the classroom. Girls and boys receive equal attention and respect. It is ensured that during the day the tone of voice and comments given, wait time provided for answering questions, feedback provided, opportunity in classroom tasks are same for both boys and girls. As a result, they learn to value themselves and others equally. Equal treatment sends messages that each child is worthy and valued regardless of her or his sex or other differences.
- Facilitate as much active learning as possible through play and other activities which are free of gender bias. Stories, songs, activities and facilitation aids should depict girls and boys in the same roles and men and women in all professions. Both women and men should appear as leaders, heroes and problem solvers etc.
- Girls do some things that boys don't do and some things more or less than the boys. So boys and girls have different ideas, experiences and behaviours. However, preschoolers enjoy imitating adults and role plays are good ways for them to show the

different things they do and know. Girls like to pretend to be boys or fathers and boys like to role play female roles. While enacting they understand the other sex and teachers/caregivers can explore what feelings girls and boys have, build the comfort of both sexes in discussing their feelings too. As the educator treats each child well, it may be easier to get children to listen to each other, to share and to play respectfully.

- There are few male ECCE teachers and Caregivers. Encourage male ECCE teachers so that learners will benefit from male role models.
- The families and local community is encouraged to participate and support the programme. Parents need to be sensitized and educated so that they can support these practices at home. It is important here to help them understand and stop discrimination against boys or girls.

4.5 Harms of Early Formal Instruction

Surveys have indicated that play-based, development-oriented ECE programmes as advocated in the National Policy of Education (1986) are more of an exception than the norm. The curriculum surveys in all major cities indicated that children as young as 3 to 5 years old are being taught the syllabus prescribed not only for Class I but even for Class II, for which they are neither cognitively nor physically mature enough. Children are made to give regular tests and examinations, and are assigned regular doses of homework. Exposure to formal instruction is causing harm to children. This is a result of misinterpretation of early care and education.

The risks are both short term and long term; the short-term risks include the manifestation of stress and anxiety symptoms among children and the long-term risks include far-reaching effects on the children's motivational, intellectual, and social behaviour.

The above findings resonate with what is termed as '*damaged disposition hypotheses'*. Lilian Katz's theory of learning dispositions (1985) describes the child's 'natural tendency' or 'emotional attitude' to learning. Katz considers learning dispositions as '*relatively enduring habits of mind or characteristic ways of responding to experience*'. Both the fostering and assessment of positive attitudes or 'dispositions' to learning experiences are viewed by Katz as the basis of the curriculum for early childhood education. An important feature of children's dispositions is that they are environmentally sensitive—meaning they are acquired, supported, or weakened by interactive experiences in an environment with significant adults and peers. However early formal instruction, structured curricular practices, repeated negative outcomes, in the form of criticism from adults or the inability to achieve tasks successfully, can lead to feelings of 'helplessness'. We often focus on knowledge and skills

and the cognitive domain and give little consideration to feelings and dispositions. As a result the disposition to learn, make sense of experiences, being reflective, inquisitive, inventive, resourceful, full of wonder and perhaps puzzlement is damaged at a very early age.

- When ECCE Teachers/Caregivers display curiosity and creativity and value the same dispositions in children, these are likely to flourish in the classroom.
- ECCE Teachers/ Caregivers can influence parents' perceptions of their children's dispositions, address to parental concerns in terms of dispositions.

4.6 Preparing ECCE Teachers/Caregivers

The staffs running an early-childhood care and education programme is the single most important factor in determining the quality of the programme, and yet it is the most neglected aspect of the educational system (*ECCE Position Paper*). Preparation of ECCE teachers, training, coaching and ongoing support which is very crucial, is hardly emphasised. ECCE teachers/ caregivers are either unprepared or inadequately prepared; the courses are obsolete and devoid of practical hands on training. Currently, what is offered as training for the staff varies tremendously in terms of the duration of training, methodology, and exposure to theory and practice. On one hand, there are university and government recognized courses with fixed curricula and duration and some standards set for trainers and organisations. On the other hand, there are private institutions which run their own courses with no standards for curricula or duration, producing individuals who are unable to develop healthy programmes for young children. There is clear absence of any induction programme or continuous professional development and ongoing support available for teachers.

- Given the variations in duration is dire need for standardization and for providing better professional development opportunities to ECCE teachers/ caregivers in all sectors. Teachers should undergo and complete a course with hands-on supervised training period, working with young children in classroom settings of in ECCE centres.
- Provide ECCE teacher/ caregiver does require ongoing training (through regular, onsite mentoring support) and professional development to build the skills required for an ECCE professional.
- Curriculum for teacher education in ECCE should cover the entire developmental continuum from birth to eight years, to provide fuller understanding of child development and the early child care and education practices.
- The selection of teachers should ideally be made from the local community or area. These individuals should have undergone training in Early Childhood Education and / or Child Development or have a degree in Primary Education. They should also display suitable personal characteristics that are conducive towards working with young children. The nurturing and teaching style of the ECCE teachers/caregivers

has a strong influence on children's motivation and learning. Therefore, it is crucial that the ECCE teacher/ caregiver have the capacity and temperament to build a warm, caring relationship with young children.

- In the context of involvement and active partnership of the community members **women and men from the local community,** having a good understanding of the socio cultural context can be chosen to support the teachers in the preschool centres. She can be provided induction and intensive training and support to address the developmental needs of the children. More so they can take the role of local resource person who provides valuable information to women, adolescent girls and other care givers on issues related to health, child care and earl learning. Women from the local community are considered as potential change makers in this process.

- For this reason, the teacher-child ratio and group size are important planning considerations. The younger the group of children, the more important it is to have adequate numbers of staff in the classroom. Appropriate staffing patterns will vary according to the age group of the children, the type of activity, and the inclusion of children with special needs. Appropriate teacher-child ratios encourage the bonding of children and teachers.

4.7 School Readiness

Typically school readiness is understood or rather has been based on the assumption that there is a predetermined set of skills and abilities that all children need before entering primary school. Most specifically in India it is assumed that children entering primary schools would have achieved the basics of reading, writing and arithmetic (commonly known as 3Rs). In India a large number of children are first generation learners and come to school without social, academic or language readiness. Across the country learning levels in first few grades are low which may be symptomatic of this issue. It is well known that as more and more children enter school, there are high incidences of drop outs, repeating grades, enrolling too late or too early, and thus failing to learn. As a result educational disparities are ever increasing.

One need to recognize that child's early learning, growth and development is multidimensional, cumulative and is influenced by individual, social, cultural, and contextual factors/variations. A recent study (CECED, 2013) in India has revealed that phonetics, communication skills and cognitive activities such as sequential thinking and classification are areas needing attention. However, any discussions or conclusions regarding school readiness or what we expect children to know and do before entering school will be guided by three basic factors:

- the diversity of children's early life experiences as well as inequity in experiences;
- the wide variation in young children's development and learning; and
- the degree to which school expectations of children entering kindergarten are reasonable, appropriate, and supportive of individual differences (NAEYC, 1995)

The concept of readiness includes much more than children's readiness. School readiness is currently defined by three interlinked dimensions: a) ready children; b) ready schools; and c) ready families and communities. 'Children are not innately *ready* or *not ready* for school. Their skills and development are strongly influenced by their families and through their interactions with other people and environments before coming to school', (Maxwell & Clifford 2004). Children, schools and families are considered ready when they have gained the competencies and skills required to interface with the other dimensions and support smooth transitions of children from home to ECCE centre and subsequently to primary school. Each of the aspects is elaborated below.

Ready Children

✓ Children are eager to learn, thereby enabling a smooth transition to a primary school environment.
 	
✓ Children learn in their mother tongue/ first language as a prelude to and complement bilingual and multilingual education.
 	
✓ Children who enter school without having mastered specific skills or little or no ECCE experiences, primary curriculum should include child-initiated as well as teacher supported activities, and should emphasize hands-on, integrated learning to boost their school readiness.
 	
✓ Comprises of building readiness for reading, writing and numeracy.
 	
  o Reading readiness is developing familiarity with print material, developing vocabulary and ability to handle books.
 	
  o Writing readiness involves fine motor development, understanding directionality and finding meaning in writing.
 	
  o Number readiness includes pre-number concept, categorization, classification, sequential thinking, seriation, problem solving and reasoning (shapes, colour).

Ready Schools
✓ Children have access and opportunity to develop their behaviours and abilities across the domains of development ✓ Schools accept that children learn at different pace. ✓ Schools may be transformed to accept and accommodate different kinds of learners. ✓ Effective kindergarten-primary programs meet children where they are and take extra care to help make meaningful connections with each child's home, culture, and community ✓ Curriculum in kindergarten and the early grades builds on prior learning and the skills that children learn and practice are embedded in meaningful experiences. ✓ Ensure smooth transition from ECCE to primary school through different strategies (such as training ECCE and primary school educators together, integrated curricula and options that bridge ECCE programmes with primary schools) ✓ Teachers must know how to teach young children and have the resources to do so.

Ready Families
✓ Supportive parenting and stimulating home environment is one of the strongest predictors of school performance during primary years and beyond. In the ECCE programmes home based/ centre based stimulation for mother and child is imperative to bring in parental involvement, address to their beliefs, attitudes and commitment. ✓ Enable parents and family members to reading books, playing games, singing narrating stories and conversing with children. ✓ Ensure parental commitment to enroll their children at the right time for getting timely intervention.

All the dimensions are equally important and must work together to ensure the transition is smooth for the child, family and the school system.
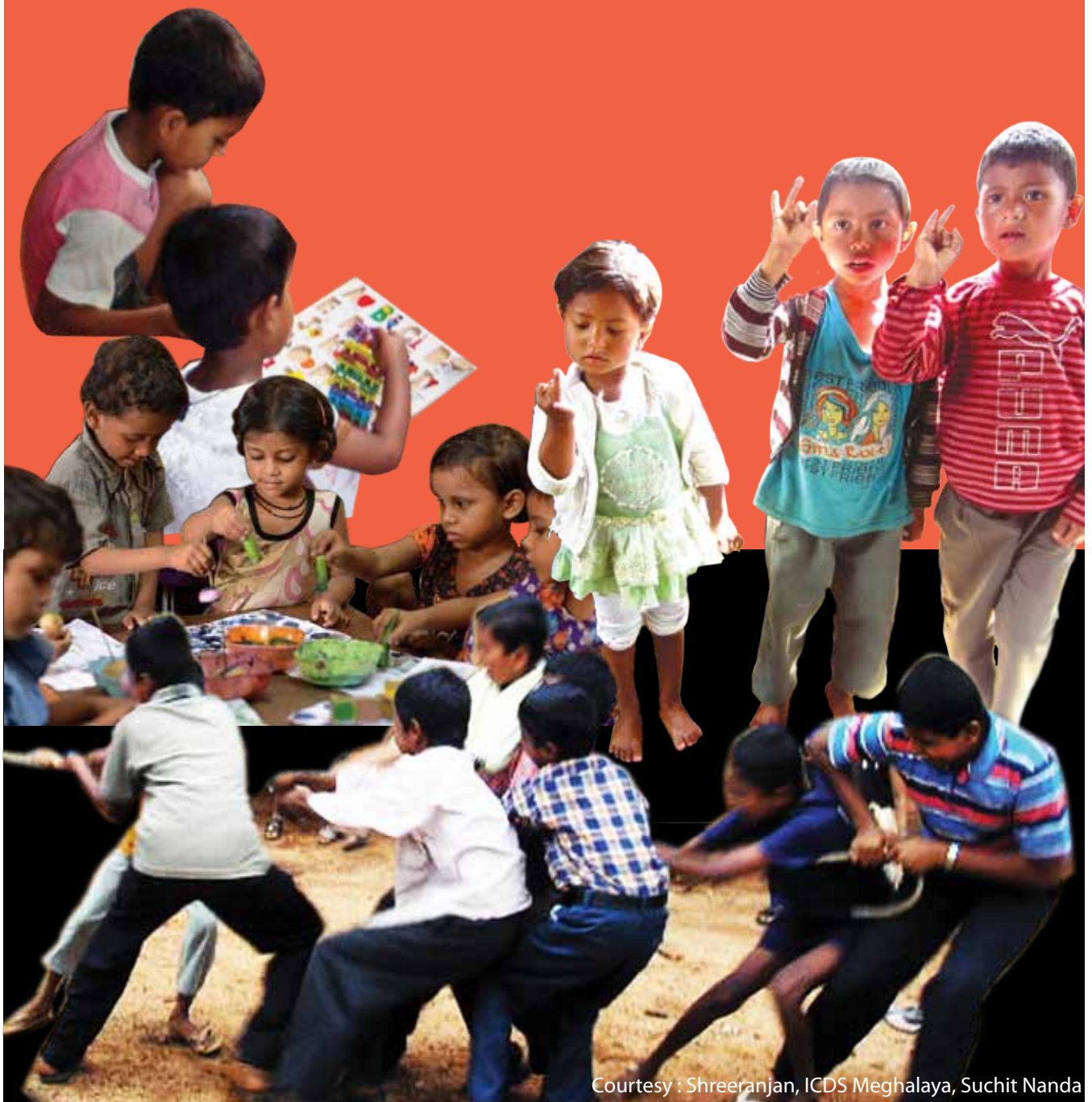
Courtesy : Shreeranjan, ICDS Meghalaya, Suchit Nanda

5. Domains of Development

Every child is a unique individual and has skills and abilities that can be further enhanced and developed. A good early childhood care and education programme respects the different pace of development of all children and ensures that the child develops physically, socially, emotionally, morally and intellectually to their full potential. Thus, the main aim of providing quality care and education during the early years is to enable the child to develop as a holistic individual and realise his/her potential to the fullest in all the areas of development. Development of the child is classified under six main areas of development. The curriculum must address the following interrelated domains of holistic development through an integrated and play based approach which focuses on development of life skills.

5.1 Birth- Three Years

Sensory and Perceptual Development:
- Development of the five senses through visual, auditory, olfactory and kinaesthetic experiences
- Learning to control and coordinate their reflexes
- Coordination of sensory perceptions and simple motor behaviours
- Display awareness of location and spatial relationship

Physical, Health and Motor Development:
- Developing coordination and control of large motor muscles
- Developing strength and coordination of small motor muscles
- Integrating the movements of many parts of their body
- Developing a sense of balance in movement
- Adequate nutrition and sound health status
- Begin to display personal hygiene skills
- Recognise the importance of safety rules

Language Development:
- Begin to develop active listening skills
- Use expressive and receptive communication skills
- Develop vocabulary and use language to engage in conversations.
- Develop verbal and non-verbal communication skills
- Display emergent literacy skills (preparing children to read and write): such as identify and differentiate sounds, phonological awareness; print awareness and concepts; recognition of letters; letter- sound correspondence; building words and sentences.
- Display the use of prewriting skills (scribbling, marking, drawing, etc) for variety of purposes

Cognitive Development:

➢ Development of object permanence (know that objects have substance, maintain their identities when they change location, and continue to exist when out of sight)

➢ Development of perceptual categorization based on how things look, feel, and taste

➢ Development of memory for objects, people and events

➢ Begin to develop vocabulary and skill related (comparing, classification, seriation; space, quantity, length, counting etc)

➢ Develop skills related to observing, reasoning and problem solving

➢ Explore the physical, social and natural environment by manipulating objects, asking questions, making predictions and developing generalization

Development of Creative and Aesthetic Appreciation:

➢ Begin to represent objects, events and ideas in the form of drawing, clay modelling and other art forms

➢ Develop expression, enjoyment and disposition for music and movement

Personal, Social and Emotional Development:

➢ Display awareness of their abilities, preferences and characteristics

➢ Development of self concept; self control; self help skills;

➢ Develop initiative and curiosity; independence and autonomy;

➢ Display awareness of behaviour and its effects

➢ Display increased attention span, engagement and persistence in daily activities

➢ Emergence of pretend play and use of objects as representation

➢ Develop friendship with peers, show cooperation and participate in group activities

➢ Development of attachment, and emotional bonding with adults

➢ Develop empathy, learn to control feelings and express emotions in relevant manner

5.2 Three- Six Years

Sensory and Perceptual Development:
- ➢ Demonstrate the use of different senses (sight, hear, feel, taste, smell) to guide movements and recognize objects
- ➢ Awareness of space and direction, distance, quantity etc.

Physical Health and Motor Development:
- ➢ Developing coordination and control of large motor muscles
- ➢ Developing strength and coordination of small motor muscles
- ➢ Demonstrate the use of body with proper sense of space and direction
- ➢ Coordination of fine muscles with dexterity; eye hand coordination
- ➢ Developing sense of balance, physical co-ordination
- ➢ Recognize different food and demonstrate healthy dietary habits
- ➢ Display healthy habits, personal care and hygiene. Display ability to follow safety rules, make choices and avoid danger

Language Development:
- ➢ Develop Listening and Comprehension skills
- ➢ Use expressive and receptive communication skills
- ➢ Develop effective verbal and non-verbal communication skills
- ➢ Develop vocabulary and use language for a variety of purposes.
- ➢ Display emergent literacy skills and love for reading (preparing children to read and write): such as identify and differentiate sounds, phonological awareness; print awareness and concepts; recognition of letters; letter- sound correspondence; segmentation, building words and sentences and early writing.
- ➢ Demonstrate interest and ability in writing
- ➢ Develop competency in home language while acquiring beginning proficiency in language of school transaction and/ or English, if needed.

Cognitive Development:

➢ Development of various concepts including pre number and number concepts and operations (knowledge and skills related to comparing, classification, seriation; understanding of and vocabulary related to space, quantity, length and volume, one to one correspondence; counting etc),

➢ Predicting patterns and making estimations in measurement; data handling;

➢ Develop skills related to sequential thinking, critical thinking, observing, reasoning and problem solving;

➢ Explore the physical, social and natural environment by manipulating objects, asking questions, making predictions and developing generalizations.

➢ Differentiate between events that happen in past, present and the future

➢ Develop knowledge of relationship between people, places and regions

Development of Creative and Aesthetic Appreciation:

➢ Representing objects, events and ideas in the form of drawing, clay modelling and other art forms

➢ Develop expression, enjoyment and disposition for music and movement

➢ Demonstrate creativity and inventiveness with materials

Personal, Social and Emotional Development:

➢ Development of self concept; self control; life skills/ self help skills;

➢ Develop initiative and curiosity in new experiences and learning

➢ Developing a sense of independence and autonomy;

➢ Display awareness of abilities and preferences, appreciates similarities and differences in people and awareness of behaviour and its actions

➢ Displays relevant and appropriate habit formation, increased attention span, engagement and persistence in daily activities

➢ Develop interpersonal skills with respect to peers, family, teachers and community

➢ Display behaviours of cooperation; compassion; social relationships; group interaction; pro- social behaviour; expressing feelings, accepting others feelings

➢ Develop the ability to adapt and control emotions
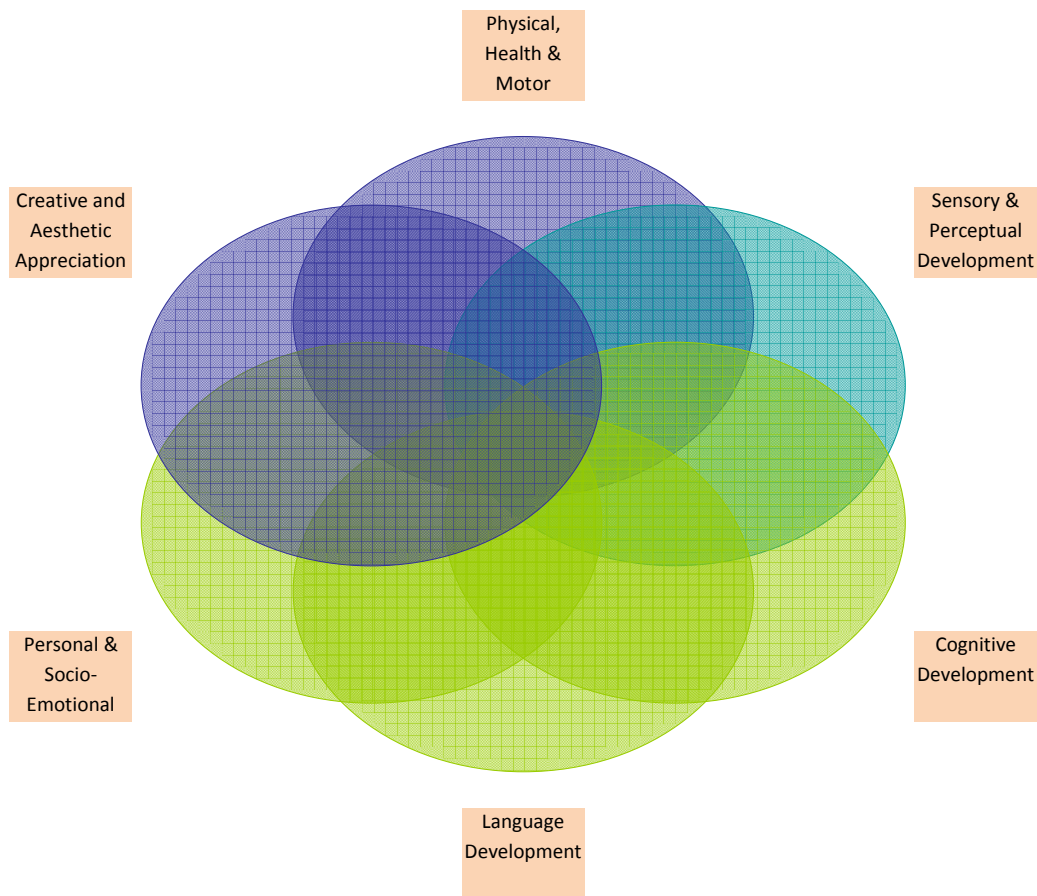
Fig 3: Domains of Development

The ECCE programme should ensure 'holistic development' of the child and reflect the inseparable nature of care and education by comprehensively addressing the need for care, nutrition, health and well-being of young children and parent counselling along with supporting the development of all domains. The holistic development approach is vital for provision of interconnected and interconnected activities covering all domains of development while keeping diverse needs of children in mind.

6 Pedagogical Approaches to Principles of Programme Planning

The Early Childhood Care and Education Programme recognise that children learn best through play and learning by doing. Children of this age group are naturally curious to explore their immediate world using their senses. Anyone who has spent time observing young children will have noticed that they are in constant interaction with their environment, they want to touch everything they see. All that matters to children is Play, Play, and Play. Furthermore children learn by doing, by experiencing and actively participating in the learning process. Thus the ECCE curriculum adopts a play and activity based approach in which the learning processes are based on the needs, interests, abilities and social context of the children for whom it is planned. The methodology in this approach is largely based on creating a stimulating learning environment for the child through planned activities/ tasks which are joyful, and involve active thinking/learning by the child. Children are visualised as active beings who construct their own knowledge and the process of teaching –learning is one of co-construction of knowledge, with adults as facilitators.

What is Play?

Play for a child is natural, spontaneous, enjoyable, rewarding and it is self initiated. While children do not engage in play for its learning outcomes, yet it has been shown that play prompts growth and development.

In recent times play has been considered as a behavioural disposition that occurs in describable and reproducible contexts and is manifested in a variety of observable behaviours. (Fein & Vandenberg,1983). There are majorly four types of play such as

Functional Play: Children use their senses and muscles to explore and experiment with materials and learn how things go together. It satisfies children's need to be active and to explore.

Constructive Play: Children learn use of different materials, put things together based on a plan, develop and use strategies of reaching their goal.

Dramatic or Pretend Play: Children take on a role, pretend to be someone else and use real or pretend objects to play out a role**.** Children re-enact they have experienced or watched earlier, use words and gestures and show the role they are playing.

Games with Rules: Children gradually learn to play with others, control their behaviour and conform to a structure of preset rules. However the focus is more on enjoyment rather than winning or losing and cooperative and collaborative games in which children play with each other than against each other.

What is an activity?

A good activity is a

- Part of a well planned series of experiences identified by the teacher for the child for a particular learning area/areas and not an isolated learning experience.
- Where child is actively engaged physically and mentally.
- Challenging enough for the child so as to help her/ him practice and apply here/his skills and knowledge in a variety of ways, across many situations.
- Enables children to learn in a joyful and interesting way.

Keeping the above perspectives in mind the curriculum in early childhood is defined as an organized framework that includes three components (Bredekamp & Rosegrant, 1992, p. 10):

- **Context:** This component is the setting, the environment in which stimulation and learning takes place.
- **Content:** This component is the subject matter of the curriculum, the goals and objectives for children's learning.
- **Processes**: This component is the pedagogy of learning, how ECCE teachers/caregivers interact with children, creates opportunities for learning and the ways in which children achieve the goals and objectives of the curriculum.

Each of these components, to be implemented well, requires knowledge of how children develop and learn at each stage of development; their individual strengths, interests, and needs; and the social and cultural contexts in which they live (Bredekamp & Copple, 1997, p. 9). These dimensions of learning, known as developmentally appropriate practice, guide all aspects of teaching and learning. When ECCE teachers/Caregivers understand developmentally appropriate practice, they can use this information to guide children's learning.

Early Childhood Care and Education is.....	_Early Childhood Care Education is_
• A balanced play and activity based program which provides a stimulating environment for the language, intellectual, social emotional and physical development of the child.	• NOT a syllabus bound program for teaching 3R's nor 'a song and a rhyme and go home' approach.
• A child centred program catering to individual children's learning and emotional needs through individual, small and large group activities and one to one communication.	• NOT a teacher centred programme that follows formal classroom approach as in school
	• NOT a program for formally 'teaching' reading, writing and arithmetic, which is to be done in primary.
• Lays the foundation for the development of reading, writing and number work.	• NOT a downward extension of the Primary Grades
• A school readiness programme which 'readies' children for learning to read, write and do arithmetic later.	• NOT a programme which demands unquestioning obedience or exercise strict classroom discipline
• A programme which indirectly promotes self control and thereby inner discipline in children through interactions.	• NOT a programme to conduct tests to know how children are learning and developing.

Source: V. Kaul, Early Childhood Education Programme, NCERT
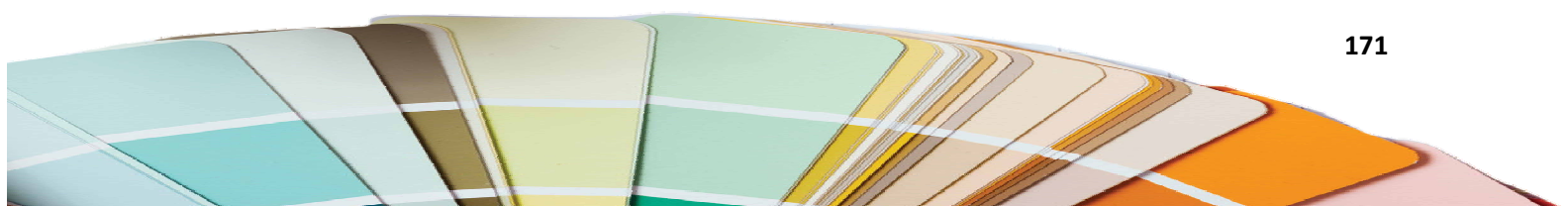
7. Guiding Principles of Program Planning

Keeping the vision of holistic and integrated development of the child, with **focus on care and early learning** at each sub-stage of the developmental continuum and the interrelatedness of the domains of development there is a need to have separate section for Birth to three years and 3-6 years as far as the specifics are being laid out.

In the life cycle approach to care and learning, in the first three years of life focus is on a nurturing, stimulating and protective environment with appropriate child care. Supporting child development in primary care involves strengthening resilience and protective factors and decreasing the number, duration, and severity of risk factors. Children between three to six years need care, protection as well as planned play based programme for all round development with more of free play, but some guided, adult – child, child to child interaction and opportunities for holistic development of all domains of development. As children move towards their pre primary years focus would be on developing their school readiness skills and concepts. The National ECCE Policy lays down the features of the substages as follows:

- **Birth to three years** – survival, safety, protective environment, health care, nutrition including infant and young child feeding practices for the first six months, attachment to an adult, opportunity for psycho-social stimulation and early interaction in safe, nurturing and stimulating environments within the home and appropriate child care centres.

- **Three to six years** – protection from hazards, health care, nutrition, attachment to an adult, developmentally appropriate play-based preschool education with a structured and planned school readiness component for 5 to 6 year olds.

The programme should be relevant to individual and societal needs. The age demarcations are indicative and the activities have to be planned and adapted according to the developmental level of the children.

7.1 Birth – Three Years: Focus on Care, Stimulation and Interaction

Care refers to the behaviours and practices of caregivers (mothers, siblings, fathers, and child care providers) to provide the food, health care, stimulation, and emotional support necessary for children's healthy growth and development. Not only the practices themselves, but also the ways they are performed with affection and with responsiveness to children are critical to children's growth and development (Engle 1997).

Care practices and resources can be improved through actions of different sectors, including health, early child development, community development, women's income generation, water and sanitation, and the environment. Caring practices and resources vary tremendously by culture, and even by groups and communities within cultures. There are differences in how each culture attempts to meet the needs of their young ones. Understanding care practices and resources for care would help adults identify the practices and resources that are important, relevant and essential for their ecological setting.

However, as humans we are much more similar than we are different. Children's basic needs for food, health care, protection, shelter, and love are the same in all cultures. The focus for children from birth -3 is not on *what they must learn but* rather on *how they need to be cared for.*

A fundamental aspect of early childhood care is that infants and toddlers need safe environments that give them opportunities to be active using all of their senses. In addition to complete nutrition and adequate health care and hygiene, they need interaction with adults, preferably the same adults, day after day, so that they can confidently explore and experience the world that responds to their growing abilities.

The nurturing and interacting style of the primary caregivers at home, and in out-of-home programmes at the ECCE centres, have strongest influence on children's motivation and learning. Certain principles and processes that guide effective care and stimulation practices at home as well at the ECCE centre is delineated below.

Care, Stimulation and Interaction at Home
- Traditional customs often provide warmth and support for young children. Infant massage, touching, holding, talking to the child while breastfeeding and other feeding times must be practiced to create bonding and attachment between mother and child.

- Parents and family members may understand the child rearing approach taken in the child care centre and extend the care and stimulation practices at home.

- Provide a variety in interactions in which make time for children to play together without much caregiver input (free play time), time alone if wanted, and time with caregivers in regular activities.

- Prevent and protect children from child abuse and violence as children who are exposed to aggression and who have been victimized are likely to repeat these roles later in life.

- Have men take the responsibility towards health and nutrition of women and children.

- Be alert to signs of listlessness, low activity level or delayed achievement of developmental milestones, find out the reason and take actions accordingly.

- Storytelling plays a significant role in facilitating language development in the early years. The tradition of narrating local stories and folktales to children should be encouraged at homes.

- Both mothers and fathers work as a team to facilitate their children's language development (which could include two or more languages).

Care, Stimulation and Interaction at the ECCE Centre

- Ensure that setting is supportive of children's existing culture, socio economic background, individual needs, etc.

- Have consistent routines from day to day to offer a good balance of predictability and with scope for variety and different experiences in familiar, comfortable settings.

- Display children's artwork, photographs of family and friends to encourage and motivate them for greater participation and develop self confidence

- Children learn from games, play and guided imitation. Children understand simple adult speech, and can learn the give and take of conversation. Choose topics of conversations and play materials that interests the age group, those materials which have scope for manipulation and creation.

- Ensure that activities in all developmental areas are integrated in a daily schedule – physical and gross and fine motor co-ordination, language development, socio emotional experiences etc.

- Provide guidance to very young children to attain reasonable eating and sleeping habits, cooperation with family or group needs, and socially acceptable ways of dealing with frustration and conflict.

- Have books and learning materials in the mother tongue/ home language of children, even if they are developed locally. This is important to raise the status of the languages spoken by children and their families and encourages bi- and multilingualism.

- Be aware of their children's signals and needs, interpret them accurately, and respond to them promptly, appropriately and consistently.

- Involve parents to bring relevant local and family culture to the care environment, which helps young children transition from home to the care setting.

- Children under age 3 are intuitive, sensitive to the attitude and responses of adults who care for them. To make children comfortable and feel secure it is important to have consistent caregivers with whom they have an emotional bond.

- A child-centred and responsive approach requires that each child gets the time he or she needs without pressuring the child to respond verbally. However, non-verbal communication should be interpreted by the caregiver and expressed in words.

7.2 Suggestive Developmentally Appropriate Activities during Birth – Three Years

Approximate Age	Birth to 3 months
What Children Do	**What Children Need/ What Care Givers Provide for**
- Learn about the world through all their senses - Track people and objects with eyes - Respond to faces and bright colours - Reach, discover hands and feet - Lift head and turn toward sound - Cry, but are often soothed when held - Begin to smile - Begin to develop a sense of self	- Protection from physical danger - Adequate nutrition (through exclusive breastfeeding is best) - Adequate health care (immunization, oral rehydration therapy as required, hygiene) - An adult with whom to form an attachment - An adult who can understand and respond to their signals - Things to look at, touch, hear, smell, taste - To be held, sung to and rocked - Opportunities for infant massage as it promotes health benefits, and encourages bonding
Approximate Age	**4 to 6 months**
What Children Do	**What Children Need/ What Care Givers Provide for**
- Smile often - Prefer parents and older siblings - Repeat actions with interesting results - Listen intently and respond when spoken to - Laugh, gurgle, imitate sounds - Explore hands and feet - Put objects in mouth - Sit when propped, roll over, scoot, bounce - Grasp objects without using thumb	**All of the above, plus** - Opportunities to explore the world, play with a variety of objects - Appropriate language stimulation - Focus on Health, nutrition and early psycho social stimulation through free play and a lot of adult child interaction. Egs.(infant games, traditional songs & syllables, access to variety of play materials, individualized adult attention and interaction, opportunities to explore, early introduction to stories, infant books, drawings etc.) in safe, spacious and clean environment - Play and interact with children frequently to stimulate their cognitive, language, social, and motor development. - Exposure to music and rocking. - Calling child by name to develop self-identity.
Approximate Age	**7 to 12 months**
What Children Do	**What Children Need/ What Care Givers Provide for**
- Remember simple events - Identify themselves, body parts, familiar voices - Understand own name, other common words - Say first meaningful words - Explore, bang, shake objects - Find hidden objects, put objects in containers	**All of the above, plus** - Respond to the child's nutritional requirements by providing appropriate quantity and quality of food. - Introduction of supplementary foods - A safe environment to explore - Conducting variety of activities with children and giving space to explore according to one's innate interests. - Developing self-confidence through providing enough opportunities to explore, touch, taste, smell and respond to the environment. - Cleaning children and washing their hands at regular intervals to promote good hygiene and inculcate healthy practices. - Regular and constant positive interaction with children to

• Sit alone • Creep, pull themselves up to stand, walk • May seem shy or upset with strangers	promote development of language, imagination, manipulation, concepts with activities like clapping, peek-a-boo, push and pull toys, rolling hands, reading picture books, singing lullabies and rhymes etc… • Opportunities to hear stories, be read to • Establishing bonding and warm relationship with children and building trust by giving lots of love, care and affection and praising child's achievements
Approximate Age	**1 to 2 years**
What Children Do	**What Children Need/ What Care Givers Provide for**
• Imitate adult actions • Speak and understand words and ideas • Enjoy stories and experimenting with objects • Walk steadily, climb stairs, run • Assert independence, but prefer familiar people • Recognize ownership of objects • Develop friendships • Solve problems • Show pride in accomplishments • Like to help with tasks • Begin pretend play	*In addition to the above:* • Health care must also include deworming if required • Support in acquiring new motor, language, thinking skills • A chance to develop some independence • Help in learning how to control their own behaviour • Opportunities to begin to learn to care for themselves • Opportunities for play and exploration • Play with other children • Read to/tell stories daily • Provide opportunities to establish contact and engage with other children and adults to promote a sense of self and social development
Approximate Age	**2 to 3 years**
What Children Do	**What Children Need/ What Care Givers Provide for**
• Enjoy learning new skills • Learn language rapidly • Are always on the go • Gain control of hands and fingers • Are easily frustrated • Act more independent, but are still dependent • Act out familiar scenes	*In addition to the above:* • Opportunities to children to dress themselves, use toilets, wash hands, brush teeth, comb hair etc. • Providing children with objects that encourage sorting, matching, imagining, pushing, pulling etc. • Naming body parts and other common objects in and around child's environment. • Provide opportunity to make choices and engage in different tasks • Giving opportunities to learn, think and understand from concrete to abstract. • Opportunities to listen and articulate short stories and rhymes , indulge in imaginative play and simple problem solving activities • Identifying and giving special attention to 'at risk' children. Developmental screening of all children is essential to provide critical intervention that allows opportunities for children's development • Early identification of impairments/disabilities and initiating medical intervention and parent counselling and parent training to provide necessary stimulation is necessary for supporting children with disabilities and developmental delay

Source: Adapted from Kaul, 2009,NAEYC, 1985, 1995 and Donhue- Colletta (1992)

7.3 Three – Six Years: Focus on Care, Early Learning and School Readiness

The pluralist and culturally diverse society of India, made of numerous regional and local cultures, necessitates a flexible and contextual approach to ECCE. It also demands sensitivity on the part of the educator to link the ECCE programme to the child's culture and take the existing experiential knowledge of the child as the base for the ECCE programme. A developmentally appropriate programme for this age group considers the following aspects with its components while planning the curriculum.

Context

- Early childhood initiatives that are strongly rooted in the children's homes and communities are more likely to be effective. Ensure that it reflects responsiveness to family/ home values, social and cultural background, their immediate environment, the learning and experience already with them.

- Provides a flexible class arrangement to allow for change from large group to small group activities or from quiet to more energetic activities.

- Display in which every child can find something of her/his own which she/he can identify with and thus feel proud of.

- Periodic change of display which arouses curiosity of the children and stimulates them to talk and discuss with each other.

- Learning/ Activity corners are established places in the ECCE centres with resources that keep changing according to the themes/topics in focus and provides opportunity to explore according to the skills that need to be developed and practiced

- Provides flexibility in being responsive to children's strengths, needs and interests or should allow for changes based on immediate learning situation.

- Ensure parent and community involvement in planning and implementation of ECCE programmes

Content

- Curriculum goal and objectives guide the learning process and observation of the children.
- Both long term and short term planning is designed for effective implementation of the programmes.
- Choose topics/themes related to the child's self, relationship with people and understanding of the world around.
- Children learn in many different ways and thus ECCE teacher needs to plan a variety of experiences or activities for the children.
- Learning opportunities should be interconnected, linking learning experiences across developmental domains in a meaningful context, reflecting the real life context of the children
- The activities should be age and developmentally appropriate and contextually relevant for the children attending the programme.
- Children learn in a spiral and not in a linear way make it necessary for teachers to provide opportunities to children through materials and activities, to revisit concepts introduced earlier again and again, for a deeper understanding. The experiences should progress from simple to complex, concrete to pictorial to abstract.
- Adaptations and accommodations are necessary for supporting young children with disabilities **e.g.** activities and play materials may be modified to meet individual needs.
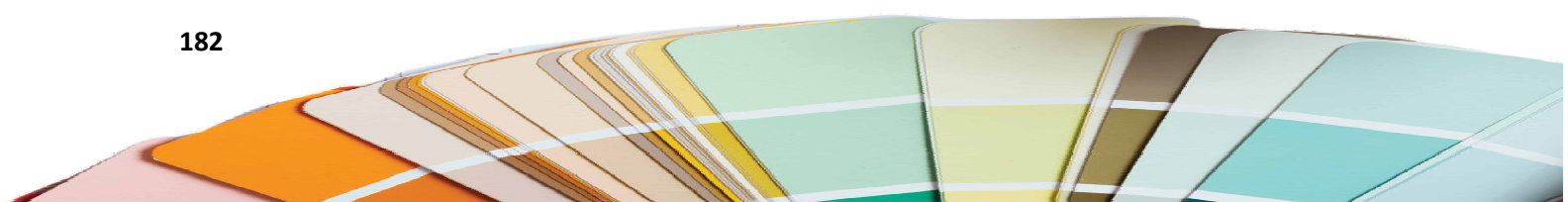
Process

- The duration of the ECCE programme should be 4 hours. The program should provide for some rest period during the day and if it is of longer duration, as a full day programme, then a nap time is to be ensured.

- The attention span of young children is 15-20 minutes; therefore the duration of activities should be around 20 minutes, with additional time allotted for winding up and initiation of the next activity. However, the programme should allow space and flexibility for need based variations.

- Routine fosters a sense of security in children. Therefore some routine should be followed in the daily programme.

- There should be a balance between structured and unstructured; active and quiet; outdoor and indoor; self-directed and adult initiated learning opportunities and individual, small group and large group activities which are related to the child's environment , are enjoyable and challenging for children.

- Depending on the nature of learning task, grouping may be done on the basis of interests and styles of learning of children, ability levels of children and age of children.

- When the child is comfortable and proficient with the mother tongue/ home language first, it supports developing proficiency in the second language later. Children, who develop proficiency in using their home language to communicate, get information, solve problems and think, can easily learn to use a second language in similar ways. Therefore, children should be encouraged to be proficient in their mother tongue/ home language first and then the formal school language (which could be the regional language or English) should be introduced. Continuous, consistent, and rich exposure to both languages is important for full bilingual development.

- ECCE teachers/caregivers must actively seek parental support by showing them how they can work with their children at home to reinforce the learning experiences that take place in centres.

- Family members must be included and encouraged to be involved in programme activities and governance. Family members must be involved in their child's learning experiences at the early childhood care and education centre.

- ECCE centre-community joint ventures have a positive impact that helps in supporting the school staff, students, and families in the development and implementation of healthy school initiatives. Its helps in accessing resources and services that is available.

7.4 Suggested Developmentally Appropriate Activities for 3-6 years

Approximate Age	3 to 5 years
What Children Do	**What Children Need/ What Care Givers Provide for**
- Enjoy learning new skills - Learn language rapidly - Are always on the go - Gain control of hands and fingers - Are easily frustrated - Act more independent, but are still dependent - Act out familiar scenes - Have a longer attention span - Act silly, boisterous - Talk a lot, ask many questions - Want real adult things - Keep art projects - Test physical skills and courage with caution - Reveal feeling in dramatic play - Like to play with friends, do not like to lose - Share and take turns sometimes	- Opportunities to develop fine motor skills - Hands-on exploration for learning through action - Providing children with objects that encourage sorting, matching, imagining, pushing, pulling etc. - Opportunities to children to dress themselves, use toilets, wash hands, brush teeth, comb hair etc. - Naming body parts and other common objects in and around child's environment - Giving opportunities to learn, think and understand from concrete to abstract. - Encouragement of language through listening to music, talking, reading, singing - Opportunities to listen to stories, learn rhymes, indulge in imaginative play, ask questions, do simple problem solving, experiment to promote active and interactive learning and generally have a 'feel good' experience for a positive self image - Emergent literacy activities like phonological awareness, exposure to environmental print; sight vocabulary; experiential writing by creating pretend and real letters and by organizing scribbles and marks on paper - Experimentation with pre-writing and pre-reading skills - Opportunities for self-expression (drawing, painting, work with clay or mud), encouraging creativity - Encourage Rhythmic movement - Opportunities to learn cooperation, helping, sharing - Opportunities for taking responsibility and making choices - Encouragement to develop self-control, cooperation, persistence in completing projects - Support for their sense of self-worth and pride in accomplishments - Activities which will develop a positive sense of mastery - Identifying and giving special attention to 'at risk' children. Developmental screening of all children is essential to provide critical intervention that allows opportunities for children's development - Early identification of impairments/disabilities and initiating medical intervention and parent counselling and parent training to provide necessary stimulation is necessary for supporting children with disabilities and developmental delay - Continuous opportunities, more free but some guided, for adult – child, child to child interaction and interaction with play materials and environment through a variety of individual, small group and large group activities.

Approximate Age	5 to 6 years
What Children Do	**What Children Need/ What Care Givers Provide for**
- Have a longer attention span - Talk a lot, ask many questions - Want real adult things - Naturally curious, and have an incredible capacity and desire to learn. - Explore and experiment through their senses as they discover the world around them - Keep art projects - Test physical skills and courage with caution - Reveal feeling in dramatic play - Like to play with friends, do not like to lose - Become independent and gain more self control	***In addition to the above:*** - Increasing ratio of adult guided vs. free play activities, and more of large group activities and focused more on specific school readiness, with increasing complexity in all of above. - <u>Reading Readiness</u>: e.g. picture –sound matching, shapes, phonetics; increasing vocabulary; verbal expression, developing bond with an interest in reading through picture books, storytelling, charts etc - <u>Writing Readiness:</u> e.g. eye hand coordination, interest in writing, left to right directionality - <u>Math</u>: Develop skills in sorting and classification according to one or two attributes, seriation, pattern identification/ pattern making , reasoning, problem solving, forming concepts: pre-number, number concepts, observing and describing shape and space concepts using appropriate vocabulary, counting objects, counting groups and comparing groups using the terms more, fewer or same; understanding of computation - <u>Physical and Motor development</u> : Build body awareness, strength and coordination through locomotor activities like running, walking etc.; stability activities like jumping, beam balance walking etc.; manipulative skills like catching, throwing, kicking etc.; and movement and physical fitness activities - <u>Creativity and aesthetic appreciation</u>**:** Use imagination and creativity to design and perform music and dance. - <u>Social Emotional-</u> Positive self identity**,** confidence and independence, manage own feelings and needs.
- Children's whose growth is faltering, at any age - Child does not respond to stimulation and attention	- Caregivers who know when to seek help and how to provide a caring and loving environment. - Extra time from caregivers, playing and talking, and massaging the child's body. - Encouragement to play and interact with other children.

Source: Adapted from Kaul, 2009,NAEYC, 1985, 1995 and Donhue- Colletta (1992)

SECTION 3:
PROGRAM PLANNING AND PRACTICES

Courtesy : Shreeranjan

8. Early Learning Environment

In planning for an effective Early Childhood Care and Education Programme it is important to make sure the environment includes and caters to the many learning styles of young children. Children between the ages of two to six acquire knowledge in ways that are considerably different from the way older children learn. Children during the early years learn best through direct sensory encounters with the world. They acquire knowledge by manipulating, exploring, and experimenting with real objects. We can say that they almost exclusively learn by doing and hands-on experiences. The indoor and outdoor play areas form the physical environment for facilitating learning for the children. These must provide opportunities for children to explore discover and learn in safe environment.

- *The indoor environment* should be planned keeping in mind the interests and developmental needs of young children. A large indoor space can be divided into learning/activity corners with an appropriate arrangement of shelves and furniture. It is of utmost importance to keep in mind that the quality of the physical classroom space, along with the materials provided, affects the levels of child involvement and the quality of interactions between adults and children.
Further details on organizing the preschool classroom are provided in the following section.

- *The outdoor environment* plays an equally important role in the development of children as it provides a space for play, exploration and social interactions. It is mandatory that all children have the opportunity to engage in daily outdoor physical activity. A specific time must be set aside every day for break time and for outdoor play/activities. This time can be used for free choice of play on the climbing and playground equipment, for more structured activities involving physical movement and balance, and for practical activities such as working in the gardening patch, digging and planting, etc. The sand and water play area can be in troughs with wheels to enable both indoor and outdoor play. It is important that the learning materials are modified for children with special needs.

8.1 Setting up an early years classroom

The ECCE classroom arrangement must be flexible, which can be adjusted to lesson plans and activities, such as large groups for singing, storytelling and smaller groups for activities like drawing, blocks and for individual play. It should also have learning/activity 'corners', such as creative corner, book corner, game corner, so that the children can play according to their interests and choose their activity. An example of optimal utilization of classroom space which allows flexibility is given below:

- **Classroom arrangement during large group activities** (e.g. circle time): During the morning circle time, leave enough space between the children. This way the children who come late will be able to join the circle easily and participate in the activities with minimal disruption.
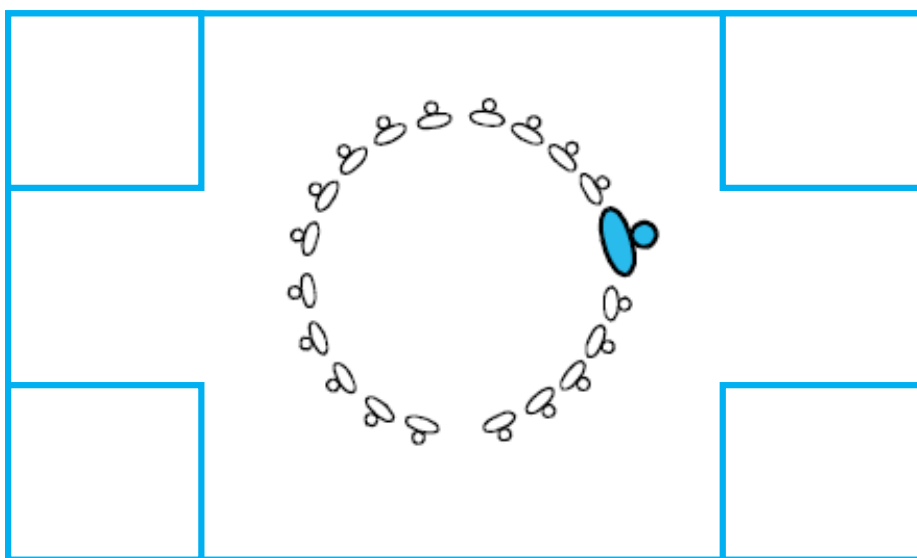
- **Circle time:** During this time, the children sit in a circle, along with the ECCE teacher. Circle time may be used for engaging the children in a discussion, reading a book or singing songs/ rhymes etc. Sitting in a circle allows all children to face each other clearly. The teacher sits on the same type of chair/ mat as the children, which conveys that the ECCE teacher is a facilitator rather than a director.

- **Classroom arrangement during small group activities:** The classroom should allow for the ECCE teacher to engage children of a particular age group in small group activities. During this time, other children can play independently in one of the four corners (free play). The children should be encouraged to choose a corner of their own interest as this will motivate them to be engaged in the learning process. Meanwhile, in the small group, the ECCE teacher can focus on facilitating activities or discussions that are somewhat challenging and need guidance from an adult. In this way, the space in the ECCE centre can be used efficiently by dividing the children into

one large group and four small groups. It should be ensured that the ECCE teacher can observe all children in each of the corners from where she might be working with a group of children
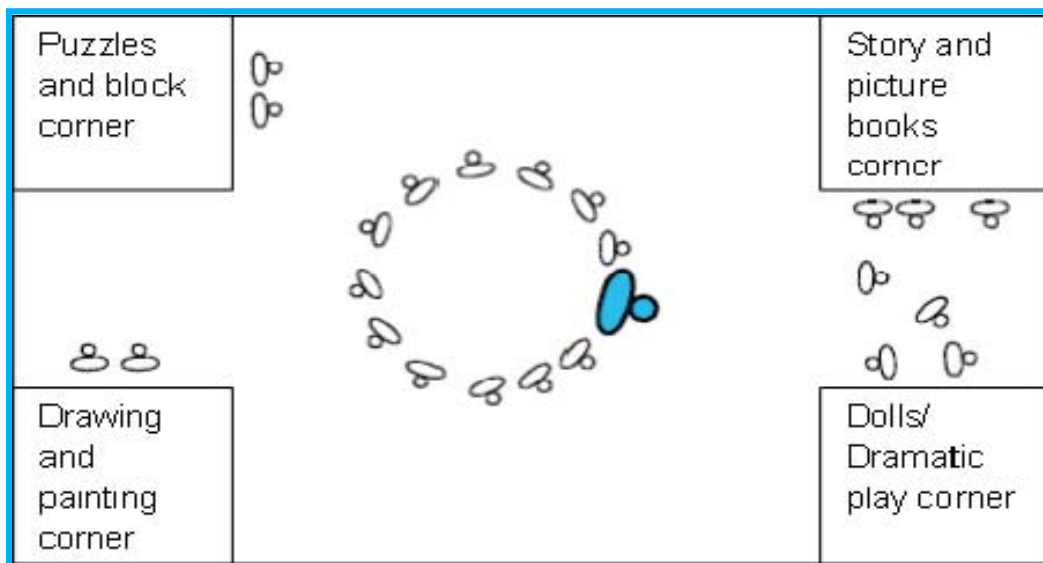
- **Free play**: It is important to give children some opportunities to engage in free play. When children have the opportunity to choose what to play with, they follow their interests and usually remain engaged in activities for long periods of time (15-20 minutes) and require minimal teacher supervision. Such opportunities help children to make simple choices, a skill that is needed for problem solving. In addition, as they remain focused in such activities for a longer duration, it helps to increase their attention span.

8.2 Learning/Activity Corners

A physical space is divided into interest areas in an ECCE setting where children can explore, make things, experiment and pursue their own interests. Separate interest areas or learning corners are established places in the classroom with resources that actively engage children and may change according to the theme/ topics. Young children learn a great deal by interacting with objects in their surroundings. They are naturally curious; they love to explore and experiment with objects and learn from such experiences.

The important learning corners that need to be set up in a preschool classroom are: dramatic play corner, reading/ story books corner, puzzles and block corner and drawing/ painting corner. The other corners such as the creative art corner, writing corner, science corner and music corner could be included and set up on a rotation basis in the classroom.

- **Reading and story books corner:** Young children need to have the opportunity to touch, feel, and smell the books. When exposed to books, they begin to identify the front and the back of the book and learn how to turn pages. After reading a story in the class it is helpful if the ECCE teacher leaves a copy of the book in the book corner. Thus children have the opportunity to revisit the book and take an active interest as they begin to understand what this book is about. After some exposure children begin to bond with different books, sometimes they have a "favourite book" based on their favourite story or the pictures in the book. It is essential for children to interact with books as they acquire a number of pre-literacy skills through such experiences. A variety of children's books, children's magazines and books made by children in the classroom should be in this corner. These can include large board books, picture books, local folk tales, simple story books, theme related books, comics, newspapers etc.

- **Dramatic play corner:** Children often enjoy pretending to be a teacher, a parent, a policeman or a doctor. While this may seem to be just a child's fantasy, it is an important mechanism for children to learn. By acting out what they see in their environment, they strengthen their memory. Also, this is a way for children to solve problems and engage in perspective taking. The materials here can include: various kinds of dolls, doll-sized furniture and clothes, doll-sized cooking utensils (pots, dishes, spoons etc), pretend food (vegetables or fruits made of clay), dress- up clothes (e.g. scarf, cap, *stole,* jacket, small sari, long pieces of cloth etc.), combs and a mirror.

- **Puzzles and block corner:** By playing with blocks, children begin to learn about shapes, sizes, and colours. They may compare the blocks, arrange them in some shapes (e.g. railway track), or create elaborate three dimensional structures. Blocks motivate children to think in creative ways as they build different kinds of structures. Moreover, sometimes children build a structure cooperatively, which requires them to communicate with each other and work as a team. This corner should have blocks of different colours, shapes and sizes. Puzzles, matching cards, lacing strings or lacing cards, threading strings and beads should also be included. Include small toys such as cars, trucks, animals, people figures and other toys that relate to children's current interests and objects from the environment.

- **Creative art corner:** Through drawing, painting and working with clay children begin to understand that real life objects and events can be represented in many ways. This fosters symbolic thinking, which is an important pre-writing skill. In addition, these activities provide opportunities to exercise fine motor muscles of the fingers and the
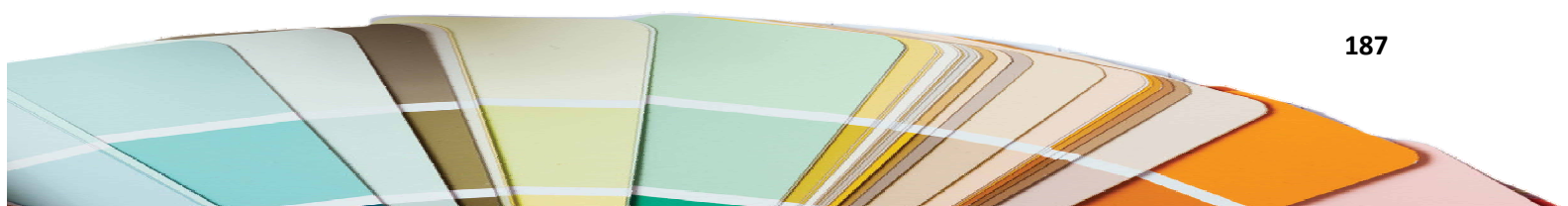
hands, which prepare them to write. The materials in this corner can include: different types of paper, crayons, pencils, washable markers, slates, different coloured chalks, pieces of fabric, paints, brushes, tape, play dough or clay, rolling pins and boards, old newspaper and magazines for collage and ice-cream sticks.

- **Writing corner** can provide children with opportunities to develop their early literacy skills. Children should be allowed to experiment and activities in this corner should not be directed. This corner should have materials that encourage children to explore writing such as different varieties of paper in different sizes, note books, note pads, thick pencils, stamps and stamp pads, punchers, string, envelopes, etc.

- **Science corner** n*eed not be a permanent corner in the classroom as* children learn scientific concepts and skills in other areas of the room as well. We know that young children learn best through play and investigation. This corner may be equipped with materials that focus on only one topic at a time for example ramps and wheels, magnifying glass, shells, plants, seeds, magnets and iron filings, weighing scales and weights, measuring tapes, or any other locally available materials.

- **Music corner** should provide the children with a comfortable space to relax in. It may be equipped with a tape recorder and a variety of music including rhymes on CDs / tapes, if possible. This corner may have materials such as ribbons or scarves for the children to use to promote creative movement. This corner must also encourage children to experience and explore the sounds of different instruments, such as bells, singing bowls, flutes, tambourines, string instruments and other local musical instruments.

Points to keep in mind:

- All the materials should not be displayed at once, as this will be too overwhelming for the children. Consider changing the materials in each corner after every two weeks. Children need time to practice but if the materials are never changed they will get bored and will lose interest in the corner.

- Keep active, noisier centres (blocks and constructions) at a distance from quiet ones (reading, games and toys).

- All corners should be labelled using words and illustrations alongside and stating how many children can work there at a time by drawing stick puppets such that children can 'read' it.

- All containers in each corner should be labelled and similar labels should be put on the storage shelves showing children where the materials need to be stored. Once

children finish working with a specific material, s/he over time and with support, can participate in cleaning up and caring for the materials.

8.3 Displays on the walls

It is essential to display children's artwork and projects on the wall. This helps children to remember the activities in which they participated and fosters their self-esteem, as they feel their work is valued. Parents also feel proud of their children and take a more active interest in their education when they see their children's work displayed in the centre. All displays should be at children's eye level.

Other pictures displayed on the walls must relate directly to the current curriculum in the classroom, such as the theme of the month. It is best to label pictures as this helps young children understand that written words can be used to represent objects, which in turn helps them to understand the purpose of reading and writing. Pictures can also include those of the children in the class or the community in which they live.

8.4 Furniture and mats

If there is furniture in the classroom, it must be child-sized, so children are comfortable sitting and working on them. It should have rounded edges and height of furniture should be such that children can sit comfortably and use their hands freely. Furniture is not essential for preschool classrooms. Colourful mats can be used to mark the sitting area. It is important to consider the texture when selecting mats. Children must feel comfortable as they sit on the mat and focus on their tasks.

8.5 Shelves

Shelves should be low in height and hold manipulative toys, puzzles and other learning materials for children to explore. Children must have easy access to these resources. Storage shelves and/or low room dividers can be used to separate learning corners to clearly mark boundaries.

Establish 'traffic patterns' of movement for entering the room, putting belongings in a specific space, access to bathrooms and sink areas and moving from one area to another.

8.6 Grouping

An effective ECCE programme should use appropriate grouping practices. It is well known from research that a multi grade as well as mixed-age grouping is on the whole more appropriate for young children. In classroom environments, teachers have the

flexibility to use grouping that ranges from individual work, to small and large group work, as well as whole class engagements to facilitate learning.

- **Individual / multi age groups and ability:** If the children in the class are more or less of a similar age, consider grouping them according to their developmental needs and abilities. Offer a range of activities for each group that caters to individual children and their educational needs.

  If a class has children with different ages, consider dividing them into groups according to their ages. Let each group of children work together. The curriculum should be planned to meet the developmental levels of each age group. Consider each child. Observe, collect and record significant data that provides you with information that highlights their strengths and needs. The next step is to plan and set goals for individual children.

- **Individual, small and large group interactions:** While planning the day and activities, make sure to balance quiet individual time with large and small group interactions. Individual time might include the choice of free play in quiet centres such as the reading, writing or the puzzle centre. Group time is often energetic and noisy. Songs, rhymes, finger plays, dramatics, science, math and physical activities can be used during group time. Group times should fit into the whole curriculum and support themes and projects. Plan opportunities for group interactions both in the indoors and outdoors settings. Balance it with active and quiet activities. A large group quiet time might include a story read aloud session. Small group interactions might include children working together in the creative centre on a collage or in construction work in the block centre.

The ECCE learning environment should be planned creatively and imaginatively. While planning specific activities, remember to include the development of the whole child. A well thought out and planned activity can involve several aspects of development.

9. Essential Learning and Play Material

In early childhood stage, a child learns through interacting with immediate environment hence environment should be stimulating which have a variety of materials to arouse and sustain the child's curiosity, interest and promote his learning. Any preschool care and education centre should have adequate and varied supply of play equipment and materials which is developmentally and age appropriate.

- Developmentally appropriate play materials to foster all round development should be available at the ECCE centre

- The materials should be safe, clean and in good conditions. Sufficient quantity should be available to work in small groups and it should be easily accessible to the child.

- The materials should promote gross and fine motor development and help the child to discover and explore including constructing and reconstructing. It should promote sensory exploration and social interaction along with creative expressions through arts, painting, etc.

- The materials and teaching strategies should be differentiated on the basis of children's needs and context. Materials which can be adapted for meeting diverse abilities and multi-purpose usage should be given preference. Strategies such as simplifying directions, use of concrete materials/examples, sequencing learning tasks from easy to hard, repeated opportunities to practice skills and adapting materials by increasing stability (by utilising Velcro), accessibility (e.g. developing a hand splint to hold materials,), visual clarity or distinctiveness (adding contrast or specialized lighting) etc can be adopted

- The materials should be differentiated on the basis of child use, teacher use and home use. Materials which can be adapted for multi-purpose usage should be given preference.

- Teachers should be encouraged to develop learning materials using resources available. Parents, local toy makers, craftsperson and other community members may be involved to create play materials for children.

- Naturally occurring materials may be adapted and used for different purposes.

Some essential learning and play materials are

9.1 Indoor Material

- o Blocks for constructive play
- o Manipulative toys
- o Material for imaginative play /Dramatic play material – dolls, puppet, masks, kitchen sets, mirrors, old spectacle frames, purses, old shoes, weighting scales, clock etc
- o Material to develop Language skills – Books and picture books, storing telling aid-puppet, etc, story cards, sound board, conversation cards, flash cards, picture

dominoes, collection of rhymes and stories, visual discrimination and auditory and visual association, slates, chalks, crayons, blackboard, drawing paper, etc

o Material to develop cognitive skills – sound boxes, visual discrimination cards, touch cards, feel bag, food items of varying kind to develop sensory skills and materials in the environment, cards, picture jigsaw and self correcting puzzles for matching, sorting, arranging, classifying, problem solving, memory and sequential thinking to develop cognitive skills

o Musical and art material for creative expression such as paints, crayons, sketches, pencil, paint brushes, cotton, threads, clay, knife, papers, scissors, cloth, gum and fevicol, bead, etc. Any open ended material that can be used by children in a variety of ways

o Nature as learning material.

o Indigenous play materials and teacher made learning materials using available resources

9.2 Outdoor Materials

Play equipment like climbers, swings, sports field, sports equipment, bicycles, jump ropes, balls, movable items (boxes, plastic crates), storage shed to build balancing, jumping, climbing, swinging, swaying, cycling, etc

Materials like large or small balls, old tyres, rings, etc for throwing, catching, kicking, rolling, etc

Sand and water play arrangement with sand pit, mugs, spoons, cups, bucket, sieves, strainer, etc.

10. Planning

Effective planning is an essential prerequisite for an ECCE programme. The following elements of planning are imperative for effective transaction in the ECCE centres.

- **Long term planning** is concerned with children's entitlement to broad and balanced curriculum addressing the long term goals of all domains of development. It should cover the length of time that children spend in an ECCE setting. In the ECCE centre it could mean from 6 months to 6 years. Considerations need to be given to whether the planned programme covers all the essential elements of the given curriculum and how other aspects of importance to the setting are to be included. In the education of children under 6 years, all areas of development are likely to be included in their daily experiences. However, it may be that certain aspects within those areas of learning are emphasized in different ways from one term or space of time to the next.

- **Medium term planning** addresses continuity and progression from one stage in each area of learning to the next, and from one setting or class to the next, drawing on the long term goals, curriculum policies and principles and identifying skills, knowledge, and dispositions to which children will be introduced over a specific period of time. It is in this stage that the curriculum may be seen as most effectively organized by linking the different areas of learning through themes or topics.

The most effective medium term plan draws upon the progression of concepts, skills, knowledge and attitudes in each area of development. For example, once the children have begun to differentiate between the number of surfaces and corners of a triangle or rectangle what concept or understanding should be planned for next?

In developing choosing a topic/theme or an individual unit of inquiry, organized around a central idea, the following are proposed as useful criteria.

Each unit/ theme or topic may consider the following elements:
- **Engaging:** Of interest to the children, and involving them actively in their own learning.
- **Relevant:** Linked to the children's prior knowledge and experience, and current circumstances, and therefore placing learning in a context connected to the lives of the children.
- **Challenging:** Extending the prior knowledge and experience of the children to increase their competencies and understanding.
- **Significant:** Contributing to an understanding of the transdisciplinary nature of the theme or topic, and therefore to an understanding of commonality of human experiences.

Source: Making PYP Happen, IBO, 2007

- **Short term planning** is concerned with weekly/daily activities laid out with differentiation and planning for needs of the specific groups and individual children. It provides all the details of activities, experiences, resources, groupings, and teaching strategies which are identified through ongoing observations and assessment of young children. WHAT is to be taught is already in place at the long and medium term planning stage and now is the time to make decisions about HOW these concepts, skills and attitudes are to be introduced to the children in the ways that are relevant and meaningful.

The whole planning process may be summarized as follows:

Stages of Planning

Long Term Planning

Evidences of	Breadth and Balance Curriculum coverage Time frame	Drawing on $\Longrightarrow$	Desirable Goals and Outcomes National ECCE Curriculum Framework, ECCE policies and early learning principles

Medium term planning

Evidences of	Progression and continuity Concepts, knowledge, skills and attitudes Integrated and domain specific activities Choosing themes/topics/ projects	Drawing on $\Longrightarrow$	Long term plan Principles of programme planning

Short term planning

Evidences of	Learning goals and indicators of all domains of development Activities Support Resources Assessment	Drawing on $\Longrightarrow$	Medium term plan Observation of children Assessment of previous learning Evaluation of previous themes/activities

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Source: Adapted from Julie Fisher, 1998

Keeping the above in mind, it is suggested for a preschool programme to have the following:

1. Yearly plan
2. Weekly schedule
3. Daily routine

1.   Yearly plan

One of the ways of preparing the plan for the year is to identify the theme/topic for each month or so, along with the activities on different development domains to be undertaken.

Some of the suggested themes/ topics are:

• **Identity and relationships**: Myself, my family and community

• **Maintaining well-being**: Food, body, health, hygiene and cleanliness, safety

• **Nature:** plants, animals, birds, fruits and vegetables

• **Physical environment**: air, water, earth, universe and seasons

• **Social environment**: My country, festivals and celebrations, neighbourhood, transport.

Under each of the theme, organize the goals and indicators of development and learning to ensure that all the domains are addressed in an integrated manner. It will also help to ensure that the activities and experiences are balanced, developmentally appropriate and enough opportunity is available for revisiting of concepts, skills and dispositions. Activities should to be planned for different age groups of children with increasing order of difficulty.

2. Weekly schedule

Weekly schedules should be designed by the ECCE teacher so that they are activity-based, theme-based and age-appropriate. While drawing up a weekly schedule, it should be ensured that the theme-related activities for all developmental domains are covered over a course of a week.

Two sample weekly schedules are given below as a reference for planning. These are provided as guidelines and are not to be followed rigidly. They should be adapted to suit the specific requirements and the context of different programmes. Both the examples provide a 4 hour schedule (which includes a half-an-hour break for snacks/ meals).

Example 1

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
9.00 -9: 30 AM	Welcome					Revision of concepts of transacted during the week; strengthening children's abilities focussed upon during the week
	Checking Personal Hygiene					
	Attendance and Prayer					
	Warm up physical activities like yoga, music and movement using dholak etc					
09:30- 10:00 AM	Theme/ topic related language and communication activities - discussion, stories, rhymes, story books					
10.00- 10:30 AM	Indoor play - free /organised					
10:30-11.00 AM	Snacks					
11.00- 11:30 AM	Activities related to Cognitive Concepts and abilities (may/may not be related to Theme/topic)					
11:30-12:00 AM	Language and Early Literacy Activities - self-expression, phonemic awareness, handling story books, picture reading, letter sound correspondence					
12.00 AM - 12.30 noon	Activities for creative expression (may/may not be related to Theme/ topic)					
12:30 - 1.00 pm	Outdoor play - free /organised					

Example 2

	30 minutes	80 minutes		30 minutes	40 minutes		30 minutes
Day/ Time	Morning circle time (welcome/greeting, prayer, conversation)	Free play and guided play with materials		Outdoor play	Story/rhymes Goodbye/ Circle time	The feeding time duration is 30 minutes. After the feeding young children will go home and the elder children will stay back.	School Readiness activities
		3-4 years (40min+40min)	4-6 years (40min+40 min)				
1	Conversation theme: animals and birds that stay in the land and in water	What is missing?	Free play	Exercise	The Anganwadi worker will narrate the story 'tup tap tup'.		Every day, the children of the age group of 5-6 years will stay back for the school readiness activities
		Free play	What is missing? -				
2	Conversation theme Taking care of animals and birds: building empathy	Join the dots with crayons … use animal pictures)	Free play	Jump and walk two steps	The Anganwadi worker will read out the story 'tup tap tup'.		
		Free play	Join the dots with crayons.				
3	Conversation theme How do the animals and birds help us?	Sorting- large and small grains	Free play	Throw the ball in the basket	Singing different animal rhymes		
		Free play	Sorting- large and small grains				
4	Conversation theme Life cycle of a duck, or a chicken	Pouring activity	Free play	Big bird and small bird	Bonding with books		
		Free play	Pouring activity				
5	Life cycle of a butterfly : Story with stick puppets	Join the dots with crayon…. Picture of a butterfly	Free play	Jump and walk two steps	role play		
		Free play	Join the dots with crayon.				
6	Conversation theme Life cycle of a butterfly Story – with chalk drawing on the board	Sorting- large and small grains	Free play	throw the ball in the basket game	shared writing and illustration		
		Free play	Sorting- large and small grains				

The thematic approach to teaching and learning mentioned in these examples is described in detail in Annexure 1.

3.   Daily Routine

The daily routine is an order of events that shape a child's day so that they can anticipate what will happen next. In general terms, it should consist of 'activity blocks'. The daily schedule must meet individual needs, and therefore variations in scheduling will occur.

Daily routines should be planned in a manner such that it:

- Includes a balance of active and quiet activities.
- Provides for individual, small and whole group instruction and interactions.
- Allows for active exploration of materials within the learning environment.
- Encourages flexibility to meet children's varying needs.
- Incorporates both indoor and outdoor activities.
- Has a balance of both child-initiated and teacher-directed opportunities.
- Has a balance of structure and flexibility.

The routine should be displayed in a location accessible to parents. It should also be posted at children's eye level and in a format the meets their developmental needs, such as a picture schedule indicating the activities for the day.

Sample Daily Routine
1.   Morning circle time (30 min): welcome/ greeting, prayer, conversation
2.   Work with materials (80 min): free play and guided play (40 min each)
3.   Outdoor games (30 min)
4.   Goodbye circle time (40 min): Story/ rhymes based on identified themes
5.   School readiness activities (30 min): for children aged 5-6 years

In this sample, at least an hour each day is spent on the allotted theme.

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11.   Assessing Children's Development and Learning

Assessment is an essential and integral component of any ECCE programme to ensure that the programme remains child centric and the experiences and activities are planned according to the level of the child. Assessment is the gathering and analysis of information about student progress. It identifies what children know, understand, can do and feel at different stages in the learning process. It gives an insight into children's interests, achievements and possible difficulties in their learning from which next steps of care, stimulation and learning can be planned. Thereby it provides a platform to support the planning of a sound curriculum for progression in learning. In order to ensure that the

programme is responsive to the developmental needs of the child, it is essential to maintain their developmental and learning profile.

11.1 Why Assess Children's Work

The purpose of assessment is to give useful information about children's learning and development to the adults providing the programme as also to children and their families. It also helps ensure early identification of developmental delays, special educational needs and particular abilities. Assessment contributes to evaluation, revision, and development of programmes.

Principles of Assessment and Reporting

- The assessment of the children is **formative, continuous** and flow from the experiences planned in the curriculum. Formative continuous assessment implies observing and documenting the development of the child, by interpreting the evidence from the day to day experiences of the child with the purpose of recognising and encouraging strengths and addresses learning/developmental gaps.

- Assessment is an **ongoing process** involving the collecting, combining and interpreting of information about the learners, the classroom and interaction. In the early years ECCE teachers need to evaluate each child's progress on an ongoing basis, through observations of their behaviour; their artwork and other products, anecdotal records, checklists and portfolios, interactions of children.

- The younger the child, the more difficult it is to obtain valid assessments. Early development is rapid, intermittent and highly influenced by experience. Performance on an assessment is affected by children's emotional states and the conditions of the assessment.

- At this stage, assessment must be purely qualitative judgments of children's activities in various domains and an assessment of the status of their health and physical development based on observations through every day interactions. On **no account should children be made to take any form of test**, either oral or written form.

- **Home-based observations** may also be conducted and parents should also be encouraged to be a part of the assessment of young children. The current level of performance should be rewarded to reinforce small steps of accomplishments towards the long term goals.

- Assessment has value that goes well **beyond measuring a child's progress**, and should be used to evaluate programmes, identify staff development needs and plan future interactions.

- Teachers must **document each child's learning in a variety of ways**. This will make

them accountable towards improving the programme which in turn will help them in supporting and assisting children in achieving the learning objectives stated for the programme. The documentation will provide administrators and the teaching staff with valid information on how to improve the programme, incorporate changes that are necessary, plan, organise on what to do next, what questions to ask and resources to provide for.

- Each **child's folder should be available for parents and children** to view in the centre and should remain with the centre until such time as a child transitions to another learning centre or into the kindergarten programme or in school. It is then that this portfolio must be handed over to the respective family member who would then require depositing it with the administrators of the centre or school to which the child is transitioning to.

- All parents should receive a **written or verbal progress summary report** of their child at least twice a year.

11.2   What to Assess

The early year's curriculum would provide the opportunity for learners to construct meaning; acquire skills and dispositions principally through play and activity based approach. It further ensures that the whole child is addressed and the activities focus on an integrated learning in all domains of development. Therefore, feedback should be given on child progress and performance in each of these areas.

Therefore, assessment of children's learning involves the observation of children by the ECCE teachers/ Caregivers for the purpose of improving the programme in order to help children achieve the appropriate developmental tasks.

11.3 When and How to Assess

Continuous assessment should be an integral part of the ECCE programme. The use of assessment to judge the effectiveness of both care and learning processes is essential to allow ECCE teachers/ caregivers and children to identify their strengths and weaknesses and the effectiveness of the programme. The purpose and means of assessment should be clearly shared with parents and families too. Observation and documentation of children's learning is interwoven with the daily learning and helps ECCE teachers/caregivers find out what the children already know in order to plan the next stage of learning.

Different methods and tools (for. e.g. mother and child protection card, WHO growth chart) may be used for observation and documentation of children's development and learning. It is

essential that they are selected carefully in order to provide a range of approaches and therefore to provide a balanced view of the child.

Assessment Tools and Strategies

Ongoing Observation, Questioning and Listening to Children

All children are observed often and regularly, with the ECCE teacher/caregiver focusing on the whole class to focusing on one child or activity, and from non-participant observing from without to participant observing where listening and interacting with the child is required.

Systematic Procedures

Anecdotal records are brief written notes based on observations of children. These records need to be systematically compiled and organized.
Create anecdotal records and make interpretations of how and where children spend time, their social relationships, their use of language, modes of interaction. Information about health and nutrition habits may be recorded too.

Systematic Sampling of Children's Activities

Choose selected samples of children's art work, scribbling and writing conveying their ideas, photographs of their work, video/audio recordings, dictated stories, records of group participation work etc.

Documentation Procedures

Developmental progress checklists   Portfolios   Summary

Developmental Progress Checklist

Comprises lists of information, data, attributes or elements, criteria that guides ECCE teachers and caregivers to observe children

Specific developmental screening checklists used for identification of developmental delay or impairments for preventive measures and referrals

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Portfolio

Collections of children's work that are designed to demonstrate successes, growth, higher order thinking, creativity and reflection

Portfolio maintained for each child to be kept at the ECCE centre. Include
  - Cover page with centre name and details.
  - Child's personal details along with a photograph.
  - Information sheet and feedback from parents discussing children's interests and strengths.
  - Medical health form.
  - Children's artwork, drawing and writing samples
  - Photographs of models made by a child
  - Photographs of children at play.
  - Noting of interesting discussions held with the child.
  - Ongoing developmental progress checklist form.
  - Copies of summary progress reports given to parents.

Summary Report

Outline children's progress though narrative reports by ECCE teachers/caregivers

Developmental Progess Card with narratives to share with parents and later to be shared with Primary school

12.   Role of Caregiver/ ECCE Teacher

The caregivers/ teachers in an ECCE programme are facilitators who engage children in multiple experiences to foster their all round development. They play the following roles:

- Observe children to identify their needs and capabilities and move with the pace of the child's development
- Plan developmentally appropriate, holistic and challenging activities
- Facilitate learning to meet the objectives of the curriculum
- Adapt activities to suit the learning abilities of children with disabilities. Like, a child with visual challenge could be given multi-sensorial experiences.
- Organise supportive learning environment by taking care of aspects such as the arrangement of the physical environment and equipment; the scheduling of activities and events and groupings
- Develop responsive relationship with children and understand that transactions within the classroom is a journey of mutual learning between the child and herself so that she can continue to learn and help the children in her care
- Respect the child and the social environment the child comes from.
- Focus not only on planning and conducting activities but also on continuous processes for interaction and relating learning to child's environment.
- Create nurturing and positive relationships with children and among children
- Interact verbally with children in a calm, respectful and friendly manner
- Ensure social inclusion of children with disability in the ECCE classroom.
- Help in early identification and intervention for children with special needs
- Work in partnership with parents
- Develop a plan for the transition of children from Preschool to Pre-primary or Primary programmes.

To accomplish the above the teachers need to enjoy being with young children, be knowledgeable about children's development and early childhood curriculum and should be skilled at implementing the curriculum. The other significant adults in the ECCE set up are also an integral part of the programme for the child and must contribute to the above mentioned roles.

13.   Partnership with Parents and Family

In planning for an effective Early Childhood Care and Education Programme parental participation and involvement is equally important. The programme recommends that the early childhood staff should form a positive partnership with parents on an ongoing basis

through frequent and positive ECCE centre to home communication in the form of sharing progress reports, holding conferences, sending personal notes, updating parents of events and activities, etc. ECCE teachers/caregivers should actively seek parental support by showing them how they can work with their children at home to reinforce the learning experiences that take place in ECCE centre. If these practices are followed, it will certainly help parents to feel more self-confident and comfortable and encourage them to become actively involved in their child's care and learning.

Fig 4: Parents encouraged looking at child's portfolios and Parent Meeting at the ECCE centre

Parents have a distinct role as follows:

- Providing a nurturing, conducive and supportive environment for optimal development and learning
- Encouraging exploration and experimentation at home and optimally utilising the ample opportunities for incidental and lifelong learning, arising from the daily activities
- Establishing a relationship of trust and mutual respect with the teacher
- Sharing and planning their development along with the ECCE teachers/caregivers
- Participating in the open days and other events for parents and community
- Not to force formal learning and competition at this early age and respect children's abilities and personalities.

ECCE Teachers/Caregivers have distinct role as follows:

- Get to know families by making initial contacts to learn about each family. Learn about the various cultural and socioeconomic backgrounds of children and know how to communicate with diverse families

- Initiate the building of a close and positive relationship with families in the opening conference/meeting of the academic year and continue to provide a comfortable environment for follow-up periodic parent-teacher meetings.

- Have a defined plan that promotes parent-teacher partnerships.

- Be available to parents and families for help and support.

- Find ways to connect with families such that there is a constant connect between the two settings.

- Establish trust by reaching out to families through home visits, organising meetings in less formal and intimidating settings, and using written communication that all parents can understand. For example: send letters home to inform parents about what their child enjoyed doing during the week etc.

- Build an environment of inclusion by inviting parents to school to have them observe classroom sessions and give feedback.

- Parents and family members being welcomed into the centre on a regular basis either informally or during planned events.

- Help parents increase their understanding of child development and support them in their parenting skills. This can be done through ongoing workshops for parents and family members that help them understand the all-round development of young children, know about the importance of practicing a healthy lifestyle, understand what eating a balanced diet means and the nutritional value of different foods, health checkups and immunisation schedules, physical/emotional safety of children, handling behaviour issues etc.

- Communicate regularly with parents in a variety of ways to keep them informed about their child's progress and upcoming school activities.

- Children's work being sent home regularly so parents and family members can see what their child is doing in school.

- Raising any concerns about a child's development and discussing together how to best meet a child's special needs.

- If necessary, recommending community specialists to provide additional help for children.

- Invite parents and family members to class and share their traditions, folk lore, music, dance, food etc. with the children in class. Include thoughts and ideas shared by family

members while planning. Ask for parent volunteers who can support and help you plan activities.

14. Supportive Essentials

The flexible approach to curriculum adopted herein requires certain preconditions as essentials. These are:

- An enabling and stimulating care and learning environment which has been carefully designed and is child friendly
- Contextually and culturally appropriate curriculum content
- Developmentally appropriate learning and play material
- Activity; rhyme and story bank
- Children's Activity Book
- Trainer's Manual and Teacher's Guidebook addressing adult-child interaction, arrangement of the physical environment & equipment, preparing the classroom, maintaining and enriching it according to the needs of the group planning of the daily routine etc. to help teachers implement the curriculum effectively and use adaptation and accommodation to meet diverse needs
- Training of ECCE teachers and caregivers to foster the skills of/help them become reflective practitioners
- Supportive supervision, teacher appraisal and programme appraisal

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Glossary of Terms

Developmentally Appropriate Curriculum: The term "developmentally appropriate" comes from NAEYC's most celebrated publication, *Developmentally Appropriate Practice in Early Childhood Programs*. (Bredekamp & Copple 1997) It refers to an approach to learning that is centred on the child. To be developmentally appropriate, a curriculum must be appropriate in three ways.

(a) The curriculum must be *age-appropriate*. This means that the leaning goals and activities must be targeted to the way preschoolers typically develop.

(b) The curriculum must be *individually appropriate*. This means that it must meet the particular needs and interests of each child in the classroom.

(c) The curriculum must be *culturally appropriate*. This means it must be consistent with the values and beliefs of each child's family background. Being developmentally appropriate means that the curriculum addresses the needs of both the individual child and the group.

Developmentally Appropriate Practice: Developmentally appropriate practice, often shortened to DAP, is an approach to teaching grounded in the research on how young children develop and learn and in what is known about effective early education. Its framework is designed to promote young children's optimal learning and development.

DAP involves teachers meeting young children where they are (by stage of development), both as individuals and as part of a group; and helping each child meet challenging and achievable learning goals.

Curriculum*:* The totality of planned learning experience provided to learners to enable them to discover their talents, to develop their potentialities to the fullest, to enable them to construct knowledge, and to develop their physical and interpersonal skills, cognitive abilities and subject-matter expertise, attitudinal and emotional predispositions, character formation and work habits, and capabilities and social and human values to function as responsible citizens

Holistic: A holistic approach to early learning encompasses the physical, social, emotional, intellectual, and creative development of a child. A holistic approach focuses on the development of the whole child, rather than only concentrating on individual components.

Annexure 1

Thematic Approach to Teaching and Learning

The theme based approach of teaching is a powerful methodology and provides the teachers with opportunities to teach a range of skills and content by integrating curriculum areas around themes. This method of teaching includes the interests of the children and provides for opportunities to build on their interests. It helps them develop knowledge and skills in meaningful ways.

Themes can be developed and implemented on the following principles:

- Building activities keeping in mind children's interests
- Creating activities that will encourage exploration through the senses
- Giving children the opportunity to investigate and manipulate by providing hands-on experience with real objects
- Helping children develop new knowledge and skills, based on what they already know and can do
- Providing activities that deals with all aspects of development such as language, cognitive, social, emotional, creative and physical
- Providing children with multiple opportunities to experience movement and physical activity, social interactions, independence and positive self esteem
- Respecting individual differences in relation to cultural backgrounds and home experiences children bring with them to the classroom
- Planning for different ways and opportunities to involve family members of children

Suggested significant Themes/topics/concepts

- **Building and maintaining identity and relationships**: Myself, my family and community
- **Maintaining well being**: Food, Body, health, hygiene and cleanliness, Safety
- **Natural world and environment:** plants; animals and birds; fruits and vegetables
- **Physical environment:** air, water, earth, universe, seasons
- **Social environment**: My country; festivals and celebrations; neighbourhood; means of transport, Interdependence -Care for the Environment

Detailed weekly time table of Example 1						
Time slot	**Monday**	**Tuesday**	**Wednesday**	**Thursday**	**Friday**	**Saturday**
9.00 a.m. - 9.30 a.m.	**Welcome, prayer, personal hygiene, exercises** Simple warm-up exercises, simple yoga such as follows, repeating each movement 5-10 times - 1. sit on the floor with both legs together in front and rotate feet , clockwise /anti clock wise; move legs alternatively up-down; move toes - stretch and curl them. 2. clapping, snapping fingers, stamping feet, walking in the circle with fast and slow / soft and loud beat of drum 3. In standing position with both arms in front rotate wrist in clockwise / anti clockwise directions; open palm, stretch fingers and curl them inwards slowly but with strength; arms hanging by sides and move shoulders up and down slowly					
9.30 a.m - 10.00 a.m.	**Theme related language and communication activities - discussion, stories, rhymes, story books** **THEME:** Myself, My Family, My Relatives and My Home					
	Talking about oneself The preschool teacher will talk something about herself and encourage each child to say something about herself/himself Ones' name; where do I stay; who are there in my family; what do I like and do not like	**Identification and naming of the body parts by self-exploration** Ask children to touch their faces and each feature of their face, name it, and talk about its functions. Similarly with arms, legs, stomach, back… This will be followed by a rhyme based on body parts	**Talk about the cleanliness and care of the body parts.** Ask questions like "if you do not wash your hair what will happen?" This will be followed by a story about a boy who did not take care of his body.	**Conversation about one's parents** Ask each child to talk about the mother - what is the name of their mother, what does mother do in the house; what do they do with the mother; Similarly conversation about the father	**Conversation about one's brothers and sisters** Ask each child to talk about their brother/ sister what is their name of, what do they do in the house; what do they do with their brother/ sister This will be followed by a rhyme based on family member.	Revision of concepts of transacted during the week; strengthening children's abilities focussed upon during the week
10.00 a.m. - 10.30 a.m.	**Free Indoor Play Activities** Children select and play with material such as jig-saw puzzle, stringing beads, blocks, stacking cups, shape boards, rings, role play					
10.30 a.m. - 11 .00 a.m.	**SNACKS**					
11.00 a.m. - 11.30 a.m.	**Activities related to cognitive concepts & abilities** (*since the theme is my body, activities have be planned based on the use of the five senses and the cognitive ability which is focussed upon through the activities is the ability to match*)					
	Based on sense of sight Ask children to look around and name what all they can see. Ask children to identify two similar objects from a collection of 5	**Based on sense of hearing** Children will be taken outside and will be asked to close their eyes and hear the sounds in the environment and identify them.(**ability to**	**Based on sense of touch** Place 3 objects in pairs in a bag and ask each child to find out similar objects by	**Based on sense of taste** - Help children to recognize "sweet" and "salty" taste by tasting sugar	**Based on sense of smell** Take three objects with different smells and ask children to smell them and describe the smells. E.g. flower, onion.	Revision of concepts of transacted during the week; strengthening children's abilities focussed upon during the week

|						
	different objects - e.g. 2 beads of same colour from a 6 beads of three different colours. **(ability to match)**	**differentiate)** Children will be asked to place their hands on their ears for one minute and then remove them. They will be asked how they felt in the two situations.	touching them (without seeing) **(ability to match)**	solution and & salt solution. Then place some sweet and some salty food items in front of children. Ask each child to taste any two food items and say whether they were similar in taste or different **(ability to match)**		
11.30 a.m. - 12 noon	**Language and Early Literacy Activities -** self expression, phonemic awareness, handling story books, picture reading, letter sound correspondence					
	"Today's news" Ask the children to say one thing which they did between the time period of going home yesterday and coming to school today. You can help them by asking questions such as - who woke you up today. what did you eat for breakfast? what did you see on the way when you were coming to the centre? Write the sentence stated by each child on the board or paper and stick the papers on bulletin board.	1. Show the children five real objects (or their pictures) which have names beginning with a particular sound. For example – objects beginning with sound 'pa' in Hindi. Ask children to name the objects and then name the first sound of the word. 2. Picture reading - Select a picture which has a theme with some human or animal characters (or other pictures). Pictures should be big, clear bold and familiar to children. Ask the children to describe what they see in the	- "Today's news" Ask the children to say one thing which they did between the time period of going home yesterday and coming to school today. You can help them by asking questions such as - Did you brush your teeth today? Did you take bath? Who dressed you up? Who came to drop you today? Write the sentence stated by each child on the board or paper and stick the papers on bulletin board.	Show the children five real objects (or their pictures) which have names beginning with a particular sound. For example – objects beginning with sound 'ka' in Hindi. Ask children to name the objects and then name the first sound of the word. (Show and Tell) Ask the children to bring any one object from the home which they like. Or ask them to pick up an object form the AW. Ask the child to describe the object in 1-2 sentences	Give children simple picture books or story books to handle themselves. Move around and go to each child and help the child identify pictures, read words, construct the event based on pictures.	Revision of concepts of transacted during the week; strengthening children's abilities focussed upon during the week

		picture. Ask questions to help them describe. For example, the picture could be one showing a family eating dinner.				
12:00 noon - 12.30 p.m.	**Activities for creative expression** (these are related to Theme)					
	Ask children to make a free hand drawing of their own selves.	Ask children to make pairs. They have to touch one part of their body with the same body part on the other's body and dance / make movement. For example, touching their thumb with partner's thumb and dancing, Touching elbow, palm etc…..	Clay Modelling – Give a small ball of clay to each child Ask children to make their own face or the face of any other family member. Help the children to decorate the face using red paper for the mouth & nose Black colour buttons for eyes. You can use different coloured pulses as well.	Displaying emotions - Ask children to display different emotions using their body- anger, fear, happiness, joy, sorrow, excitement …..	Finger, thumb & Hand printing. Demonstrate how to make various birds & animals with finger, thumb and hand printing	As per teacher's discretio n
12:30 - 1.00 pm	**Outdoor play - free /organised**					
	Outdoor organized play - children perform movements as directed by the teacher -- run, jump, hop,	**Outdoor organized play** - throwing and catching a ball in a circle	**Outdoor free play -** children will go on swings, slide, and sand pit.	**outdoor organized play** - Animal walk - children walk like different animals	**Outdoor free play -** children will go on swings, slide, and sand pit.	As per teacher's discretio n
1.00 p.m. - 1.30 p.m.	Lunch and departure					

Detailed Weekly timetable of Example 2

	30 minutes	80 minutes		30 minutes	40 minutes		30 minutes
Day/ Time	**Morning circle time (welcome/ greeting, prayer, conversation)**	**Free play and guided play with materials**		**Outdoor play**	**Story/ rhymes Good Bye Circle time**	The feeding time duration is 30 minutes. After the feeding young children will go home and the elder children will stay back.	**School Readiness activities**
		3-4 years (40min+ 40min)	**4-6 years (40min+ 40min)**				
1	Conversation theme : animals and birds that stay in the land and in water	What is missing? (Collect few familiar objects from surroundings – feathers, twigs, leaves, pebbles, etc. Show objects to children and make sure they are able to name them. Then ask children to close their eyes and remove one object.)	Free play	Big bird and small bird (Let children stand in rows. Show them how to raise their hands and bring them up and down all the way, like the movement of birds' wings. For 'big' birds they will have big movements, for 'small' birds they will have small movements.)	The ECCE teacher will narrate a story.		Every day, the children of the age group of 5-6 years will stay back for the school readiness activities.
		Free play	What is missing? - (described earlier)				
2	Conversation theme Taking care of animals and birds: building empathy	Join the dots with crayons. (Give children pictures for 'join the dots' – butterflies, animals or birds and ask them join the dots.)	Free play	Jump and walk two steps (Draw lines on the floor 3 year olds will walk on the line 4 year olds will jump on the line 5 year olds will walk 2 steps and then jump 2 steps on the line.)	The ECCE teacher will narrate a story.		
		Free play	Join the dots with crayons. (described earlier)				
3	Conversation theme How do the animals and birds help us?	Sorting- large and small grains (Keep two kinds of grains/pebbles mixed up in a bowl. Ask children to sort out the different kinds of grains/ pebbles and put them in different bowls.)	Free play	Throw the ball in the basket (Keep a basket/ bucket and draw a line as a marker. Children have to pick up the ball, walk to the marker line and throw the ball into the bucket.)	Singing different animal rhymes.		
		Free play	Sorting- large and small grains (described earlier)				
4	Conversation theme Life cycle of a duck, or a chicken	Pouring activity (This is done with two mugs, one of which is half-filled with sand/ dal/ water. Ask the children to pour the materials from one	Free play	Big bird and small bird (described earlier)	The ECCE teacher will narrate a story.		

		mug to another.)					
		Free play	Pouring activity (described earlier)				
5	Life cycle of a butterfly: Story with stick puppets	Join the dots with crayon. (described earlier)	Free play	Jump and walk two steps (described earlier)	Role play		
		Free play	Join the dots with crayon. (described earlier)				
6	Conversation theme Life cycle of a butterfly Story – with chalk drawing on the board	Sorting- large and small grains (described earlier)	Free play	Throw the ball in the basket (described earlier)	Shared writing and illustration		
		Free play	Sorting- large and small grains (described earlier)				

Note: The time allotted for each activity is 15-20 minutes; the time slots of 30 minutes allotted in the plan include setting up, distribution of material and winding up for each activity.
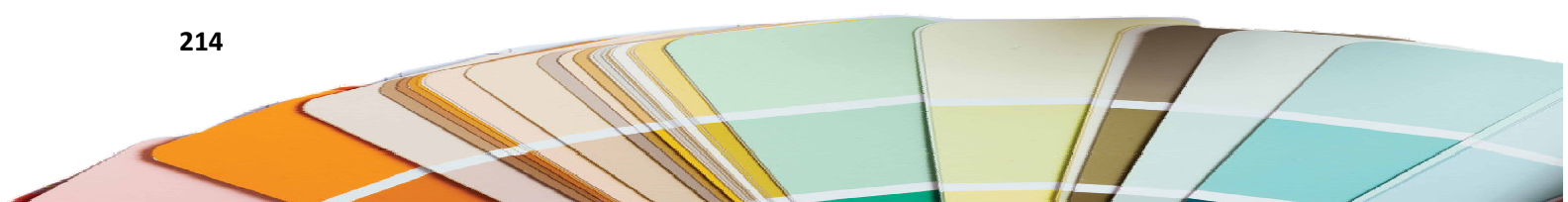
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