Children in India’s Five year plans

1 Photo Courtesy: Sabarno Mukhopadhyay

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Preface

Why this document was needed?
Apart from a few unofficial efforts Budgeting for children (BfC) is not a much emphasised issue in Indian bureaucratic levels until very recently. So for laymen sensitive towards the child rights issues, it was practically impossible to track down through hundreds of pages of Five year plan documents to segregate the child specific issues and how they’ve been covered up in relation with the status of children in India, how the schemes had turned out, how much funds have been utilised, how pragmatic & realistic were the plans. So here during our internship period in Child Rights & You, Kolkata, us, Manisit & Ankit felt the need of preparing this document to make a user-friendly, child specific review document catering to the governmental implementations, budget allocations, planning & in actual practice to reach out to the children who composes over 40% of India’s population, assessing needs vis-à-vis provisions & utilisation of funds.

Significance of Five year Plans
For the smooth functioning of any economy, planning plays an important role. The Planning Commission has been entrusted with the responsibility of the creation, development and execution of India’s five year plans. India’s five year plans are also supervised by the Planning commission. From a highly centralised planning system, the Indian economy is gradually moving towards indicative planning where the Planning Commission concerns itself with the building of a long-term strategic vision of the future and decide on priorities of nation. It works out sectorial targets and provides promotional stimulus to the economy to grow in the desired direction. It also plays an integrative role in the development of a holistic approach to the policy formulation in critical areas of human and economic development. In the social sector, schemes that require coordination and synthesis like rural health, drinking water, rural energy needs, literacy and environment protection have yet to be subjected to coordinated policy formulation.

Acknowledgement
We would like to convey our thanks to Ms. Anupama Muhuri, the very cheerful & always supportive person from CRY Volunteer Action helping us in this project, pressing us with modifications & recommendations all time (also helped us to improve a lot by that☺); we learnt a lot of professionalism from her & how to work in an environment catering to the visions & missions of an organization. Also our special thanks to our families, without them we won’t be in
this position. Also we recognise our due courtesy to the support of our fellow members of intern
team, whose spontaneous suggestions valued us in our journey.

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Before we start

- **History of Five year plan & Planning Commission:** Rudimentary economic planning, deriving the sovereign authority of the state, first began in India in 1930s under the British Raj, and the colonial government of India formally established a planning board that functioned from 1944 to 1946. Private industrialists and economist formulated at least three development plans in 1944. **Setup of Planning Commission:** After India gained independence, a formal model of planning was adopted, and the planning commission, reporting directly to the Prime Minister of India was established. Accordingly, the Planning Commission was set up on 15 March 1950, with Prime Minister Jawaharlal Nehru as the chairman. Planning Commission though is a non-statutory as well extra constitutional body, i.e. has been brought by an executive order.

**The Start of the journey:** The first Five-year Plan was launched in 1951 and two subsequent five-year plans were formulated till 1965, when there was a break because of the Indo-Pakistan Conflict. Two successive years of drought, devaluation of the currency, a general rise in prices and erosion of resources disrupted the planning process and after three Annual Plans between 1966 and 1969, the fourth Five-year plan was started in 1969.

The Eighth Plan could not take off in 1990 due to the fast changing political situation at the Centre and the years 1990-91 and 1991-92 were treated as Annual Plans. The Eighth Plan was finally launched in 1992 after the initiation of structural adjustment policies.

For the first eight Plans the emphasis was on a growing public sector with massive investments in basic and heavy industries, but since the launch of the Ninth Plan in 1997, the emphasis on the public sector has become less pronounced and the current thinking on planning in the country, in general, is that it should increasingly be of an indicative nature.

Till now, eleven five year plans have been formulated; currently we’re going through the 11th plan period. The Planning Commission has started the process of preparing an Approach to the 12th Five Year Plan and is adopting a new and more consultative approach. In addition to consultations conducted across the country by organizations representing various citizens’ groups e.g., women, dalits and youth, the Planning Commission has for the first time adopted consultation from interested stake holders via the Commission’s web-site. Even
the Commission for the first time opened up a page on popular social-networking site Facebook to help us share our ideas to tackle India’s twelve developmental challenges.

- **Aim of the study:** This secondary research based study attempts to give an overview on the governmental implementations in figures, budget allocations, planning & in actual practice to reach out to the children who composes over 40% of India’s population, assessing needs vis-à-vis provisions & utilisation of funds.

- **Time frame of study & focus:** This study is concerned with endorsement & establishment of child rights in practice on behalf of the government & the contrast that exists between the actual allocations & schemes in paper & the practical applications, magnanimity of the reach out & the vacuum that lies over the journey of India’s eleven planning terms with the prim focus lying on the present time period i.e. the Eleventh five year plan (2007-2012) but with due emphasis & a glimpse on the last five year plans & strategy designing.

- **Restrictions & Constrains:** The major problems in analysing Child resource allocations from the Union Budgets & Five year plan documents of Planning Commission rests under two tabs. They are:-

- **Ambiguity over definition of Child:** There is no unanimous age specific definition of child in India. Globally, the United Nations Child Rights Charter (UNCRC) accepts children as individuals in the age group 0-18. In India, the Juvenile Justice Act (JJA) also caters to the same opinion, whereas RTE classifies children in the age group 6-14. Now whenever we consider the needs of children, we primarily stratify them under four heads: Education, Health, Development and Protection so whether we follow multifarious classifications or stick to an accepted definition like say 0-18 years. It can be stated that we tried to follow this definition while analysing as & when possible.

- **Segregating Child specific Schemes & allocations:** Budgeting for children (BfC) is not a much emphasised issue in bureaucratic levels until very recently. There were very few specific child related beneficiary schemes. And in broad schemes which was meant for Women and children, or disadvantaged class in general it’s very cumbersome to track the actual share of resources going out for children. The recent official efforts in child budget analysis or child right reviews,
like that by Ministry of Women & Child Development (MWCD) are not adequate being focussed on specific child issues. However, there is a light of hope as for the first time in history of planning post-independence, the Eleventh Five year plan Volume-II Social Sector, a total independent chapter was dedicated to ‘Towards Women agency & Child Rights’ & 2008-09 Union Budget promised an enlistng of Child specific schemes under consistent demands of civil society & CR activists. To quote Chidambaram, the finance minister at the time of comment “We will score another ‘first’ this year. A statement on child related schemes is included in the budget documents and Honourable Members will be happy to note that the total expenditure on these schemes is of the order of Rs.33,434 crore.” However this mainstreaming process is at a budding stage & every ministry is yet to undertake a concrete BfC analysis, so we had to depend on very few documents actually to analyse the situation of children specific plans of action over the bygone years.
The Future

The approach to 12th five year plan

The presentation of 12th plan aims at a 9-9.5% growth rate during plan period (present averages at about 8.2). In order to achieve this, the GoI aims at developing on a few major sectors like agriculture, industry, education & disadvantaged groups. The major child relevant targets are laid as follows:

✓ Education-
  • Must aim at universalization of secondary education by 2017.
  • Must focus on quality of education (11th Plan emphasis was on quantity). Must invest in faculty development and teachers’ training
  • Significant reduction in social, gender and regional gaps in education.
  • Education for life- Vocational/skill development to ensure employability in response to changing market needs
  • Development and operationalization of PPP models in School and Higher Education in accordance with the needs of a fast growing economy.

✓ Health-
  • Clean drinking water, sanitation and better nutrition, childcare.
  • Focus on women and children; ICDS needs to be revamped.

✓ Resource allocation-

• Health and Education received less than projected in Eleventh Plan. Allocations for these sectors will have to be increased in 12th Plan

• Health, Education and Skill Development together in the Centre’s Plan will have to be increased by at least 1.2% point of GDP.

<table>
<thead>
<tr>
<th>No.</th>
<th>Sectors/ Ministries</th>
<th>Projection</th>
<th>Realisation</th>
<th>% Realisation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Health</td>
<td>123,901</td>
<td>75,533</td>
<td>61</td>
</tr>
<tr>
<td>2.</td>
<td>Education</td>
<td>238,608</td>
<td>142,659</td>
<td>60</td>
</tr>
<tr>
<td>3.</td>
<td>Women &amp; Child Development</td>
<td>48,420</td>
<td>34,981</td>
<td>72</td>
</tr>
</tbody>
</table>
The Present

The Eleventh Five year plan

Governmental approach Towards Eleventh Five year plan in relation with Child Rights:

The government took an altogether new stand with regard to children in the last Five year plan. The stands adopted may be categorically tabulated as follows:

- **Child Rights-Apex of the plan:** The government accepts Child Rights to constitute centre of the plan & it pledges to provide child with the rights of survival, participation & development.

- **Admittance:** Though India signed & morally obliged to abide by many International charters like Discrimination against Women & Child and UNCRC, the government accepted that women & children in India continue to suffer under the jaws of violence, neglect & injustice.

- The children in India can be raised in an environment of development & make them a part of India’s economic growth of swelling GDP in accordance with the roadmap laid forward by the National Plan of Action for Children 2005.

- **Differential approach:** The government accepts that courtesy to the vast diversity of India in terms of several parameters like social, regional and economic the children don’t compose a homogeneous class in themselves & hence mapping & addressing of specific deprivations needs to be undertaken to make a systematic penetration.

- **In a nutshell, India aims to achieves the following targets relevant to children during the plan period:**

  N.B: All of them are not totally relevant to children in general & considers women as principal beneficiaries with stress lying on girl child.

  - **Balanced Sex-Ratio:** Raise the sex ratio for age group 0–6 from 927 in 2001 to 935 by 2011–12 and to 950 by 2016–17, proper implementation & review of Pre-Conception and Pre-Natal Diagnostic Techniques Act(PC&PNDT).Monitoring appropriate authorities for granting, suspending or cancelling registration of Genetic Counselling Centres & review complaints.

  - Ensure that at least 33% of the direct and indirect beneficiaries of all government schemes are women and girl children.

  - Reduce IMR from 57 to 28 per 1000 live births.

  - Reduce malnutrition among children of age group 0–3 to half its present level.

  - Reduce anaemia among women and girls by 50%
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➢ Reduce dropout rate for primary and secondary schooling by 10% for both girls as well as boys.

Working strategy:

The path towards an environment where a child enjoys childhood & rights without working

• To fight against malnutrition, neonatal, and infant mortality.
• Identifying the most vulnerable and marginalized children and ensuring customized strategy
• Reviewing all legal provisions for children & amend in order to cater with international obligations.
• Ensuring effective implementation of laws & policies by personnel trained to work with children.
• Establishing child impact as a core indicator of current plan, with main stress on girl child.
• Prevention is better than....: Creating a protective environment for children through enactment of programmes based on the best interest of the child and not dealing with issues only when they fall through the protective net, reaching out to those out of the net & sustainable rehabilitation.
• Know the impact: Undertaking a child rights review of all developmental policies and plans, also ensuring further side-lining.
• Recognizing importance of crèches and day care for child development & retention of girls in schools.
• Right to birth: Ensuring survival of the girl child and her right to be born. Shift to ‘lifecycle and capability approach’, recognizing socio-economic contribution of girl child.
• Recognizing that children are best cared for in their own families, strengthening family capabilities to care and protect the child.
• Ensuring institutional care to needy children.
• Decentralization: Involving PRIs, NGOs, and urban local bodies in execution, monitoring, and evaluation by transferring powers and resources to the Panchayat level, and providing them with technical and administrative support.
• Child Budgeting: Recognizing ‘BfC’ as an important policy analysis tool.
• Strengthening capacity of families and communities, police, judiciary, teachers, PRI representatives, bureaucrats, and others dealing directly with children.

Initiatives under the plan:

Unanimity over the age of children: The government finally realised the importance of reaching a uniform standard age specific definition of children which is as recommended by Juvenile
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Justice Act (JJA) & UNCRC i.e. persons under 18. India has multifarious definitions of child like the Child labour Act & related acts pursue prohibition of employment below 14 years only & Immoral Traffic Prevention Act defines child to be individual under 16!

**Education; Mera Vi to Adhikar Hai:**

i. The plan accepts that despite enactment of education as a fundamental right as early as in 2002, 7.1 million children still remains out of school and over 50% dropping out at elementary level.

ii. Opening of about 20000 new primary schools and upgradation of about 70000 primary schools are required.

iii. **Targets for elementary education:**
   - Universal enrolment of 6–14 age group children including the hard to reach segment.
   - Substantial improvement in quality and standards achieving standards of KVs. All gender, social, and regional gaps in enrolments to be eliminated by 2011–12.
   - One year pre-school education (PSE) for children entering primary school.
   - Dropout at primary level to be eliminated and the dropout rate at the elementary level to be reduced from over 50% to 20% by 2011–12.
   - Universalized Mid-day meal at elementary level by 2008–09.
   - Universal coverage of ICT at Upper Primary Schools by 2011–12.
   - Significant improvement in learning conditions with emphasis on learning basic skills, verbal and quantitative.
   - All Education Guarantee Scheme centres to be converted into regular primary schools.
   - All States/UTs to adopt NCERT Quality Monitoring Tools.
   - Strengthened Block Resource Centres (BRCs)/Cluster RCs: 1 CRC for every 10 schools and 5 resource teachers per block.

  ✓ **Quality improvement in SSA:**
   - Give special focus on Maths, Science, and English (core) where students tend to be weak and universally introduce English in Class III onwards.
   - Implement a Common Syllabi, Curriculum.
   - Address fully all teacher-related issues—vacancies, absenteeism, non-teaching assignments, and fix accountability for learning outcomes of pupils.
   - Achieve 100% training for teachers including para-teachers. Revise PTR to 30:1 from 40:1.
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- Recruit additional teachers to deal with single teacher schools and multi-grade teaching with mandatory two-thirds new teachers to be female for primary classes.
- National Eligibility Test (NET)/State Eligibility Test (SET) for teacher recruitment by NCERT/State Council for Educational Research and Training (SCERT)/CBSE/State Boards to enable decentralized recruitment of high-quality teaching faculty at district/block levels.
- Make District Institutes of Education and Training (DIETs)/SCERTs fully functional and organically linked with BRC/CRC and NCERT.
- Enhance learning levels by at least 50% over baseline estimates (2005–06) District Information System for Education [DISE]).
- The National Curriculum Framework (NCF) 2005 and the syllabi prepared by NCERT to be the guiding documents for States
- Introduce monetary and non-monetary incentives for recognizing good teachers with block/district and State awards.

✓ Special action for Disadvantaged groups:

  - Top priority in pre-primary schooling to habitations of marginalized sections.
    - Setting up additional 500 Kasturba Gandhi Balika Vidyalaya (KGBVs) in blocks with higher concentration of SC, ST, OBC, and minority population.
  - Special attention to districts with high SCs, STs, and minority population.
  - Innovative funds for SFDs to be doubled.
  - Focus on improving the learning levels of SC, ST, minority children through remedial coaching in schools and also in habitations through educated youth of Nehru Yuva Kendra Sangathan (NYKS),
  - NSS, Self-help Groups (SHGs), and local nongovernmental organizations (NGOs).
  - Special schools for slum children in 35 cities with million plus population.
  - Special intervention for migrating children, deprived children in urban slum areas, single parent’s children, physically challenged children, and working children.
  - Creation of capacity within the school for dealing with students lagging in studies.
  - Housing for teachers in tribal and remote habitations.

Secondary education:

Data: 11th Five year plan, Planning Commission
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To cope up with the major inefficiency in reaching out to children in the age group of 14-18 the GoI has specific plans in mind to fight with this issue.

**Scheme for Universal Access and Quality at the Secondary Stage (SUCCESS):**

**Strategy:**
- Setting up 6000 high quality Model Schools at Block level to serve as benchmark for excellence in secondary schooling.
- Upgrading 15000 existing primary schools to secondary schools.
- Increasing the intake capacity of about 44000 existing secondary schools.
- Strengthening infrastructure in existing schools with 3.43 lakh additional classrooms and additional 5.14 lakh teachers.
- Encouraging establishment of good quality schools in deficient areas in both public and more in PPP mode.
- Expansion of KVs and NVs in underserved areas.
- 100% trained teachers in all schools and reaching PTR of 25:1 by 2011–12.
- Revamped ICT in secondary and higher secondary schools.

**Early Childhood Care: Children in the age group 0-6 (the left outs!)**

**Filling the RTE void:** Despite the presence of numerous early child care programmes, crèche & pre-schooling initiatives it reaches out to only 57% of India’s 0-6 age group population of 60 million(Census 2001). There is a gap in Early Childhood Care & Education (ECCE) in urban areas, also there is under representation in urban slums under ICDS.

**Exclusive breastfeeding:** Feeling the physiological need of breastfeeding by mothers for the period of first six months for the development of child, the government

**Integrated Child development Services:**

*Catering to children in various age groups & rectifying the flaws, leading to Universalization*

**Focus:** Child nutrition, healthcare, immunization, early childhood education
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**Strategy:**

*Area-specific monitoring; Reward model:* At the district-level a committee comprising the District Collector, District Health Officer, women Panchayat members, and mothers groups will be set up to decide the targets for ICDS. A target vs. performance analysis will be undertaken & if ICDS do well will be rewarded.

*Community participation:* Formation of village committee (VC) & merging with Village Health & Sanitization Committee.

*Feeding Component:* To decide between hot cooked meals according to local taste and provided at the anganwadi centres, whether that’ll be prepared by SHGs or mother’s groups in accordance with decision of VC or RTE micronutrient fortified hygienically prepared food with cautious evaluation & if possible cling to decentralized decision making.

*Malnutrition; Covering the void of ICDS:* The ICDS is mainly concerned with children above 3 but with malnutrition catching up within 2 years of birth (*Every 3rd malnourished child in the world is in India. 150 million children are at risk of becoming malnourished*). To tackle this, initiatives are taken to strike at the root i.e. mother by nutritious food, iron, and folic acid supplement, immunisation of pregnant women & taking care of lactating women. Malnutrition control units are to set up with 6-8 hour crèches for children under 3 for nutritionally backward individuals in most marginalized districts providing funding for 3 meals a day, the VC ensuring health workers visit it for immunization & monthly health check ups.

*Ideal environment:* For the proper functioning of an ICDS centre, it should be housed with a kitchen, have baby-friendly toilet, drinking water facilities, and with adequate space for children to play. Availability of toys, utensils, weighing machine, mats, and IFA tablets needs to be ensured in current plan.

*Participation of NGOs/corporate firms:* Adoption of local anganwadi firms & assisting in management.

*Walk-in ICDS centres in stations & bus-stands; dealing migrant & urban children:* Migrant children very often lose education, & get exposed to hunger, malnutrition, lack of health care and education, physical and sexual abuse, substance abuse, and STD/HIV/AIDS. These centres will offer food, health check-up, identity cards & medicines to the children.

*Rajiv Gandhi Crèche Scheme: Raising infrastructure & Regeneration*

Regular training of crèche workers, collaborating with the local PHC or Anganwadi centres for inputs like immunization, polio-drops, and basic health surveillance will be carried out.
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Child Protection Issues

The strategy may be categorically stated as follows:-


- Review of existing legal provisions and necessary amendments and strengthening and implementation of law.

- Inter-sectorial and inter-ministerial convergence for protection of children (such as integration of protection with Crèche & Day Care Programme)

- Review and reorganization of Adoption System in India

- HR development for strengthening counselling services

- Data systems, research, advocacy, and communication.

- Child impact audit to ensure the government intrusions against further marginalization.

- Strengthening the NCPCR/SCPCRs.

Major aspects & components within ICPS:

- Promotion of non-institutional care and provision of protective services like shelter, care, psychological recovery, social reintegration, legal services.
- Protection of children in urban poverty.
- 24-hour emergency helpline ‘Child line’ to be extended to all districts/cities and setting up of drop-in shelters in urban areas.
- Setting up of Cradle Baby Reception Centres in each district linked to PHCs, hospitals, Swadhar units, short stay homes, and in the office of District Child Protection Unit (DCPU) to receive abandoned babies, those in crisis and vulnerable to trafficking.
- Providing financial and HR support to the States/UTs for setting up Juvenile Justice Boards (JJBs), Child Welfare Committees (CWCs), Special Juvenile Police Units (SJPUs) in each district to help reach out.
- It will also take up training and capacity building of involved personnel.
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✓ Initiating web-enabled child protection data management system and a national website for missing children.

**Fly, Girl Child, fly!**

- **Education:**
  - Formation of Community Vigilance Committee under SSA to ensure full enrolment of girl child.
  - Collaboration of MWCD & Ministry of Elementary education & Literacy to develop gender-sensitive curriculum

- **Conditional Cash Transfer for Girl Child with Insurance Cover:**
  - Pilot scheme in backward districts
  - Provision of conditional cash to family of child (preferably mother) provided abiding by certain dictums such as birth registration, immunization, enrolment retention in school; and delaying the marriage age beyond 18 years(11th plan also states for mandatory registration of marriages).
  - Insurance cover, Close monitoring & assessing social impact

- **Save our Source; Protective Issues:**
  - ICPS along with Offences against Children Bill to prevent child abuse and violence by rape, sexual harassment, trafficking, domestic violence, dowry, and other related crimes.
  - Collaboration between Community Vigilance Groups, Self-Help and Youth Groups, Panchayats and District Child Protection Unit (DCPUs) to ensure protect & designing of rehab packages with assistance of NGOs.
  - Designing of ‘Comprehensive Scheme for Prevention of Trafficking, Rescue, Rehabilitation and Re-integration of Victims of Trafficking for Commercial Sexual Exploitation’ to prevent trafficking.

**Conclusion:**

Though for the first time in history of five year plans, the GoI laid special emphasis on child issues & inculcated a Gross Budgetary support of whooping Rs. 48420 crore (at 2006-07 prices)
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several issues were not given proper methodical approach, strategy development & initiation of specific plans and schemes though their imminent needs were recognized. These are as follows:

- Rehabilitating Children Affected by Substance Abuse.
- Ensuring access to education, health, and nutrition for children with disabilities.
- Maintenance of child and adolescent mental health.
- Dealing with children suffering from HIV (Though the plan promotes for ensuring that women and children living with HIV/AIDS receive medical care, including antiretroviral(ARV) treatment and use all possible means to remove barriers to their receiving care.)

It’ll be interesting to see how the government deal with these issues during the regime of this plan & how the existing & proposed schemes penetrate to the base in our formidable challenge of dealing with the frustrating situation of children in India.
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The Past

The first five year plan (1951-56)

Child development had been a priority subject in the country’s developmental planning right from the First Five Year Plan itself. The First Five Year Plan recognized the importance of promoting social services for maintaining and consolidating the gains of economic development, attaining adequate living standards and social justice. Accordingly, a comprehensive Social Welfare Programme that was developed during the First Five Year Plan included welfare of Children, and of the Physically and Mentally Disabled.

In the initial years, the responsibility of child care services had primarily rested with voluntary organizations under the charge of a national apex body, viz., the Central Social Welfare Board which was set up in 1953 to promote voluntary action in the field of child development and disabled welfare. The World Health Organization, with the Indian government, addressed children’s health and reduced infant mortality, indirectly contributing to population growth. In September 1955, the Ministry of Education constituted a National Advisory Council for the education of the physically disabled.

<table>
<thead>
<tr>
<th>Year</th>
<th>No. of institutions</th>
<th>Total no.</th>
<th>Percentage of girls</th>
<th>Total no.</th>
<th>Percentage of trained teachers</th>
</tr>
</thead>
<tbody>
<tr>
<td>1950-51</td>
<td>1,72,779</td>
<td>1,51,10,316</td>
<td>30</td>
<td>3,86,169</td>
<td>63</td>
</tr>
<tr>
<td>1955-56</td>
<td>2,02,141</td>
<td>1,87,88,750</td>
<td>32</td>
<td>4,60,324</td>
<td>66</td>
</tr>
<tr>
<td>Percentage of increase in 1955-56 over 1950-51.</td>
<td>17</td>
<td>25</td>
<td>3</td>
<td>18</td>
<td>3</td>
</tr>
</tbody>
</table>
The second five year plan (1956-61)

In the Second Plan, social welfare activities were extended to different sectors. The plan particularly focused in the development of the public sector. States were involved in the sphere of statutory enactment and organization of basic services for education and rehabilitation of the disabled and the extension of welfare services for women and children in rural areas. The Central Bureau of Correctional Services (CBCS) was set up in 1961 for collection and compilation of national statistics and preparation of guide books and model schemes. Social Defence programmes under the Suppression of Immoral Traffic in Women and Girls Act, Probation of Offenders’ Act and Children Acts were organized. The Central Institute of Research and Training in Public Cooperation was set up in 1966 for research and training on problems relating to popular participation.

About 2,100 maternity and child health centres were set up. These centres were integrated with the primary health unit services. These centres arranged for the regular training of maternal and child health personnel and also give periodic refresher courses.

The second five year plan provides for a larger emphasis on basic education, expansion of elementary education, diversification of secondary education, improvement of standards of college and university education, extension of facilities for technical and vocational education and the implementation of social education and cultural development programmes.

EDUCATION: Table below describes the progress achieved in different fields of education during the first plan and the targets proposed for the second.

<table>
<thead>
<tr>
<th>Facilities of schooling for Children in different age groups</th>
<th>1950-51</th>
<th>1955-56</th>
<th>1960-61</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age group</td>
<td>1950-51</td>
<td>1955-56</td>
<td>1960-61</td>
</tr>
<tr>
<td>(a) 6—11</td>
<td>1,86,80,000</td>
<td>2,48,12,000</td>
<td>3,25,40,000</td>
</tr>
<tr>
<td>Percentage of the age group</td>
<td>42</td>
<td>51</td>
<td>62.7</td>
</tr>
<tr>
<td>(b) 11—14</td>
<td>33,70,000</td>
<td>50,95,000</td>
<td>63,87,000</td>
</tr>
<tr>
<td>Percentage of the age-group</td>
<td>13.9</td>
<td>19.2</td>
<td>22.5</td>
</tr>
<tr>
<td>(c) 14—17</td>
<td>14,50,000</td>
<td>23,03,000</td>
<td>30,70,000</td>
</tr>
<tr>
<td>Percentage of the age-group</td>
<td>6.4</td>
<td>9.4</td>
<td>11.7</td>
</tr>
</tbody>
</table>
Status of Children in our Five year Plans

**The Third Five Year Plan (1951-66)**

In the Third Plan, many primary schools were started in rural areas. States were made responsible for secondary and higher education. The achieved growth rate was 2.84 percent. Holiday homes for children were promised and much social concern was shown towards children. Problem of child beggary was to be isolated and taken care of. Services were developed in the following lines:

a. teaching handicapped persons in their homes;
b. providing recreational facilities for the handicapped, and the infirm; and
c. providing assistance by way of special aids.

**HEALTH: FIRST AND SECOND PLAN ACHIEVEMENTS AND THIRD PLAN TARGETS**

Over the decade 1951-61, the number of students increased from 23.5 million to 43.5 million. The increase in the number of pupils in the age-group 6—11 was 79 per cent, in the age-group 11—14, 102 per cent, and in the age-group 14—17, 139 per cent. The proportion of children in these groups attending schools rose respectively from 43 to 61 per cent, 13 to 23 per cent and 5 to 12 per cent. The Constitution envisaged the provision of free, universal and compulsory education for children upto the age of 14 years.
The Fourth Five Year Plan (1969-74)

In the Fourth Plan (1969-74), all attempts were made to consolidate the initiatives taken in the previous plans. It was the tenure of Mrs. Indira Gandhi and all the activities of Central Social Welfare Board were further strengthened. In addition to the three National Institutes for the Blind, the Deaf and the Mentally Retarded, a National Institute of Orthopedically Handicapped was set up. For the placement of Disabled persons in employment, special employment exchanges were set up. The Scheduled Castes and Scheduled Tribes were also benefitted greatly by this plan.

In the health care area the main objective was to control and eradicate communicable diseases, to provide curative and preventive health services in rural areas through the establishment of a primary health centre in each community development block.

Among children those who are destitute should receive higher priority. In the Third Plan Rs. 36.9 lakhs was given as grant-in-aid to 14 foundling homes and 270 orphanages. No anti-child labour provisions were formulated during the period.

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>primary (6-11)</td>
<td>total</td>
<td>34.99</td>
<td>50.47</td>
<td>55.49</td>
<td>68.58</td>
</tr>
<tr>
<td></td>
<td>boys</td>
<td>23.59</td>
<td>32.18</td>
<td>34.92</td>
<td>41.25</td>
</tr>
<tr>
<td></td>
<td>girls</td>
<td>11.40</td>
<td>18.29</td>
<td>20.57</td>
<td>27.33</td>
</tr>
<tr>
<td>middle (11-14)</td>
<td>total boys</td>
<td>6.70</td>
<td>10.53</td>
<td>12.27</td>
<td>18.10</td>
</tr>
<tr>
<td>classes VI-VIII</td>
<td>girls</td>
<td>5.07</td>
<td>7.68</td>
<td>8.76</td>
<td>12.19</td>
</tr>
</tbody>
</table>
The Fifth Five Year Plan (1974-78)

The Fifth Plan (1974-78) proved to be the landmark in the field of child development through the adoption of a National Policy for Children (1974), and launching of the Integrated Child Development Services (ICDS) with a shift from welfare to development in the approach towards development of children. The programme of ICDS, launched in 33 experimental blocks in 1975, aimed to reach a package of 6 basic services, viz., health check-up, immunization, referral services, supplementary feeding, non-formal pre-school education and health and nutrition education for children below 6 years and expectant and nursing mothers living in the most backward areas through a single window delivery agency called 'Anganwadi Centre'. The Central and State Governments provided scholarships to the physically disabled. The State Governments extended institutional and non-institutional services for the socially and physically disabled.

Very high priority had been given to elementary education programme. Adequate provision has been made for additional enrolment in terms of teaching personnel and construction of class-rooms, especially in backward areas. There were scholarships provided with upto 12000 awards given every year since 1975-76. University education was laid emphasis upon under the plan.
The Sixth Five Year Plan (1980-85)

The Sixth Plan, in the early Eighties witnessed an effective consolidation and expansion of programmes started in the earlier Plans. The National Policy of Health adopted in 1983 set certain specific targets like bringing down the high rates of Infant and Child Mortality and take up universalisation of immunization etc. by the year 2002 A.D. The National Policy on Education of 1986 emphasised universal enrolment and retention of children in the schools especially the girl children. Non-formal education programmes were also promoted intensively. Vocationalisation of education was given priority. Pre-school education centres were supported in the educationally backward states by extending grants to voluntary organizations. The social welfare programmes received further momentum in the State Sector. The Children’s Acts (the present JJ Act of 2000) were enacted in all the States except Nagaland. The Central Social Welfare Board continued to function as a focal and apex agency in the voluntary sector. The Voluntary Action Bureau was set up in 1982 to meet the challenge of crimes and atrocities against women and children and to create awakening among the masses towards their social responsibility.

The objective was to guarantee to all equality of opportunity for education for improving the quality of life and their participation in the tasks of promoting the general well-being of the society. It was proposed that the programme of universalisation of elementary education would be given serious consideration, especially in the educationally backward States and for reaching the socially disadvantaged who constitute the bulk of the non-attending children and of the drop-outs. In the comparison below we see the increase in the number of enrolments w.r.t. the planning years.

![Enrolments (in lakhs) 1979-80](image1)

![Enrolments (in lakhs) 1984-85](image2)
The Seventh Five Year Plan (1985-90)

The Seventh Plan continued the major strategy of promoting early childhood survival and development through programmes in different sectors, important among these being ICDS, universal immunization, maternal and child care services, nutrition, preschool education, protected drinking water, environmental sanitation and hygiene, and family planning. Under the maternal and child health services of the Ministry of Health and Family Welfare, the universal immunization programme to protect children from six major diseases which affect early childhood mortality and morbidity, viz. diphtheria, whooping cough, tetanus, polio, measles and childhood tuberculosis was strengthened for the development of children as a whole. ICDS continued to be the single nation-wide programme for early childhood survival and development during Seventh Plan. The Juvenile Justice Act (JJA) was enacted in 1986, to deal effectively with the problem of neglected or juvenile delinquents and provide for a standardized framework for dealing with such children. The Government of India enacted the Child Labour Prohibition and Regulation Act, 1986 and in 1987, the National policy on Child Labour was formulated. Projects were sanctioned to voluntary organizations for the welfare of working children to provide non-formal education, supplementary nutrition, health care and skill training.

During the Seventh Plan and Annual Plans 1990-92, a significant expansion of programmes and services for the welfare of the Disabled took place. For education of the Disabled almost all the States implemented programmes to provide stipends and other incentives to the Disabled at the elementary school stage. In addition to four National Institutes for Disabled, two other organizations, viz., the Institute for the Physically Handicapped (Delhi) and the National Institute of Rehabilitation Training and Research (Cuttack) also offered a wide range of services for the rehabilitation of the Disabled and organized manpower training. The medical and health care facilities for children were further augmented in the urban areas with not so good results.
Status of Children in our Five year Plans

The Eighth Five Year Plan (1992-97)

Human Resources Development being the major focus of the Eighth Plan, policies and programmes relating to ‘child survival, protection and development’ were accorded high priority with emphasis on family and community based preventive services to combat high infant and under-5 child mortality and morbidity. Following the ratification of the ‘Convention on the Rights of the Child’, in 1992 the Government of India formulated two National Plans of Action (NPA) - one for children and the other exclusively for the Girl-Child. While the NPA for Children sets out quantifiable goals to be achieved by 2000 AD in the priority areas of health, nutrition, education, water, sanitation and environment, the NPA for the Girl Child (1991-2000) aimed at removal of gender bias and enhances the status of girl child in the society, so as to provide them the equal opportunities for their survival, protection and development. Both the Plans of Action adopted an inter-sectoral approach in achieving sectoral goals laid down in the Action Plans in close uniformity with the major goals of ‘Health For All’, ‘Education For All’ etc.

The Seventh Plan gave over-riding priority for the realisation of the objective of UEE by 1990. It was estimated that for achieving the goal, over 5 crores additional children would have to be enrolled. By 1991-92, however, about 2.53 crores were actually enrolled in the formal system and even after taking account of 0.72 crores in the non-formal system, the target could not he achieved. At the end of 1991-92, the gross enrolment at the primary and upper-primary stages is likely to have reached 10.09 crores and 3.44 crores respectively. The details of enrolment at the elementary stage are given in the following table:

Enrolment in Elementary Education:
Additional and Cumulative Achievement During 1985-92
(Figures in Crores)

<table>
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<tr>
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</thead>
<tbody>
<tr>
<td>1.</td>
<td>Formal: a) Primary</td>
<td>1.95 1.34</td>
<td>0.58 0.36</td>
<td>13.53 10.09</td>
</tr>
<tr>
<td></td>
<td>b) Upper primary</td>
<td>0.61</td>
<td>0.22</td>
<td>3.44</td>
</tr>
<tr>
<td></td>
<td>2. Non-formal:</td>
<td>0.64</td>
<td>0.08</td>
<td>0.72</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>2.59</td>
<td>0.66</td>
<td>14.25</td>
</tr>
</tbody>
</table>

In view of the main thrust of the Eighth Plan policies and programmes relating to survival, protection and development of all sections of the population especially those of the Disabled and Disadvantaged were implemented. The major thrust was towards enabling the disabled to become active, self-dependent and productive members of the nation by extending opportunities for education, vocational training and economic rehabilitation etc. Efforts were made to integrate the services for the Disabled covering the entire range of activities from prevention to rehabilitation. Programmes under different sectors of the Plan, more particularly,
health, nutrition, education, science and technology, employment and welfare were integrated in such a manner that effective inter-sectoral support was developed. The enactment of a comprehensive legislation, namely, The Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995, was a landmark achievement in the history of the welfare of the 73 Disabled. The Rehabilitation Council Of India (RCI) was set up as a statutory body under the RCI Act of 1992, with the objective of upgrading and standardizing the syllabus and ensuring uniform standards of training of professionals for the welfare of the Disabled.
The Ninth Plan re-affirmed its priority for the development of early childhood as an investment in the country’s human resource development through interministerial strategies. The strategy aimed at placing the Young Child at the top of the Country’s Developmental Agenda with a Special Focus on the Girl Child; instituting a National Charter for Children ensuring that no Child remains illiterate, hungry or lacks medical care; ensuring ‘Survival, Protection and Development’ through the effective implementation of the two National Plans of Action - one for the Children and the other for the Girl Child; acknowledging that the first six years as critical for the development of children, therefore, greater stress will be laid on reaching the younger children below 2 years; continuing to lay a special thrust on the 3 major areas of child development viz. health, nutrition and education; universalizing ICDS as the main-stay of the Ninth Plan for promoting the over-all development of the young children, especially the Girl Child and the mothers all over the country; arresting the declining sex ratio and curb its related problems of female foeticide and female infanticide; bringing down the IMR to less than 60 and the CMR to below 10 by 2002 AD through providing easy access to health care services including RCH services and 100% coverage of immunization in respect of all vaccine preventable diseases;

In order to achieve these commitments/strategies, efforts were being made during the Ninth Plan through various policy/programmatic interventions, in all child-related sectors through effective coordination and convergence of services and personnel. Efforts were made to strengthen the on-going approach of converging the basic services of health, nutrition and pre-school education towards promoting the holistic development of the young child through Integrated Child Development Scheme (ICDS). Though universalisation of ICDS was contemplated by the end of 1995-96 through expanding its services in all the 5652 Blocks all over the country, yet only 4200 could become operational at the beginning of Ninth Plan, before the ban on further operationalisation of ICDS projects was imposed by the Ministry of Finance w.e.f. 16.5.97. However, the ban was finally lifted and now the Government has decided to universalize ICDS all over the country by the end of the Ninth Plan. The other efforts are enlisted:

- **Balika Samriddhi Yojana** was launched to extend a special package to girl children belonging to families living below the poverty line to ensure that all girl children enter into schools. Special incentives, viz. Rs. 500 to the mother and annual scholarships ranging from Rs. 300 to Rs. 1000 for girl children in classes I to X.
- **Kishori Shakti Yojana** was introduced as an enriched version of the scheme for Adolescent Girls
- **UDISHA** was launched to strengthen the on-going ICDS Training Programme into a dynamic, responsive and comprehensive training-cum-human resource development programme. For the implementation of UDISHA, World Bank extended financial assistance to the extent of Rs.600.55 crore.
The scheme of **Creches and Day Care Centres for children of working/ailing mothers**, being a non-expanding scheme, maintained the same level of 12470 creches benefiting 3.12 lakh children.

- **The Reproductive and Child Health (RCH) Programme**, being operated by the Ministry of Health and Family Welfare since October 1997 aimed at integration and expansion of family welfare services, up-gradation of their quality and making them easily accessible to the people.

- **Nutrition**: improving the dietary intake and through a change in the feeding practices and intra-family food distribution and preventing the deficiency diseases.

- **Mid-Day Meals** Programme for school going children implemented by the State Governments.

- **A Child Line Foundation** was set up to extend child line 77 services in major cities to protect children facing abuse, exploitation and neglect etc.

- **A Programme for Juvenile Justice** aimed at strengthening the implementation of Juvenile Justice Act 1986 and to bring about a qualitative improvement in the services provided for both neglected as well as delinquent children.
Status of Children in our Five year Plans

The Immediate past

The Tenth Five year plan

Programmes for children at a glance launched during 10th five year plan:

Rajiv Gandhi National Crèche Scheme- For children of working mothers. Eight lakh crèches are required to meet the child care needs of an estimated 22 crore women in the informal sector. Till September 2006, 23834 crèches were sanctioned.

Integrated Programme for Street Children- Preventing destitution of children; providing shelter, nutrition, health care, education, recreation, and protection against abuse and exploitation.

Reach out- 2 lakh children

Welfare of Working Children in Need of Care and Protection-
Provides non-formal education, vocational training to working children to facilitate their entry/re-entry into mainstream education and prevent their exploitation. Implemented through NGOs.

Reach out- 6996 children b/w 2005-07

‘Assistance to Homes (Shishu Greh) for Children’ –
Provides grant-in-aid through Central Adoption Resource Agency to government institutions and NGOs for promoting adoptions within the country.

Reach out - 2650 beneficiaries during plan period

Nutrition Programme for Adolescent Girls
Launched by the Planning Commission, in 51 districts, on a pilot project basis, in 2002-03 & later transferred to MoWCD. It envisages that all adolescent girls (10–19 years) will be weighed four times a year and families of girls weighing less than 35 kg will be given 6 kg of foodgrains/month for three months.

Kishori Shakti Yojana-
Provides self-development, nutrition, health care, literacy, numerical skills, and vocational skills to adolescent girls between 11 and 18 years of age.
Status of Children in our Five year Plans

*Programme for Juvenile Justice* - Provides 50% assistance to State/ UT administrations for establishment/set-up of institutions for juveniles in conflict with law and children in need of care and protection.

**Reach out- 2 lakh children during Tenth five year plan**

- **Frustratingly poor implementations & Unrealistic targets**
  - As we know there are more than 40 crore children in India & the above reach out figures are purely official figure quotes. None of the reach outs of the schemes mentioned above claim even figures turning up to a crore!!!
  - Impractical goals were taken like say it took two decades to reduce the gender gap in literacy from 26.62% in 1981 to 21.69% in 2001, but the Tenth Plan envisaged a reduction by 50% in 5 years, as of 2011 census, the gender gap in literacy stands at 16.68% suggesting a reduction of 23.13%.

<table>
<thead>
<tr>
<th>Monitorable Targets for the Tenth Plan and Achievements</th>
</tr>
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<tbody>
<tr>
<td>S. No.</td>
</tr>
<tr>
<td>1.</td>
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<tr>
<td>3.</td>
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<tr>
<td>4.</td>
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<tr>
<td>5.</td>
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<tr>
<td>6.</td>
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</tbody>
</table>

*Source: Selected Educational Statistics, MoHRD, 2004–05.*

- Low Child budgeting in Union Budgets reaching as low as 2.42% of total allocation. In contrast U.S. Federal budget outlays totalled $2.98 trillion in 2008, of which about 10% ($295 billion) was devoted to children. Lack of proper budgetary support is one of the reasons for not meeting up to the goals.

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Status of Children in our Five year Plans

- **Relatively higher end(?) of the story- ICDS**

The coverage under ICDS was expanded from 5652 sanctioned projects at the beginning of the plan to 6291 projects and 10.53 lakh anganwadi centres sanctioned up to March 2007. Of this, 5670 projects were operational through 7.81 lakh Anganwadi Centres by the end of plan.

**Reach out-** 6.62 crore beneficiaries comprising 5.46 crore children and 1.16 crore pregnant and lactating mothers, until Dec,’06.

Now, we are pretty satisfied with the quantitative reach out. What about the quality factor. Go through this excerpt from the Planning Commission report.

In Tarana village of MP, the AWC is a kutchha house with shush outside. Foodgrains are stored in the house of the AWW who States that, 'There are rats at the centre. So I can't leave food there.' Meanwhile villagers complain that their children fall ill if they eat at the AWC.

In Gohilaon in Transkei District of UP, the AWC runs from an empty room with broken furniture in the primary school premises. The records are missing, AWW is seldom present and grain is stored in the helper's house next door.

Gokarnapur ICDS centre in Ganjam district of Orissa has been running from the AWWs' house for over five years now. A handful of rice and dal provides meal to 30 children. Immunization, weighing scales, growth charts, PSE, etc. are all unheard of here.

In Barmer district of Rajasthan, ICDS workers are illiterate. Some, like the AWW at village Rawatsar can't even fill growth registers. In Chizami village of Phek district in Nagaland, the centre runs from a dank and cold building. Children receive two glucose biscuits as SNP. And six AWCs with 150 children run from a single verandah in Marina village of Mewat in Haryana.

In Jehangirpuri, in Delhi, ICDS centres do not have weighing scales and they have not received deworming capsules and IFA tablets for 10 years.

In states like Himachal, Kerala, and Tamil Nadu, the ICDS programme is doing better. In Chamba in Himachal, toilets are being built at AWCs. In Tamil Nadu, there is a proper preschool curriculum followed by the AWW. Children are well fed and stay at the AWC for almost six hours. They have sleeping mats, toys, even mirrors to comb their hair and stay clean. In Chamkund village of Ganjam district of Orissa, women's SHG supplement the Anganwadi food with eggs and vegetables.
Status of Children in our Five year Plans

The 10th five year plan period also saw adoption of policies like the *National Charter for Children*, 2003. In 2005, the *National Commission for the Protection of Child Rights Act* was passed to provide for the constitution of a National & State Commissions for protection of child rights and for children’s courts for speedy trial of offences against children or violation of child rights.

**Health**

Health is one of the major parameters that cater to the fact how well our children are enjoying a proper living. The status of health among the deprived backgrounds in India had always provided a great natural learning module for budding economists & social scientists all over the world. Let us go through some quick statistics to have an idea on the ‘actual’ reality.

### Health Status of Children in India vis-a-vis in Other E-9 Countries

<table>
<thead>
<tr>
<th>Country Name</th>
<th>Under-5 mortality rate (per thousand)</th>
<th>Progress towards MDG for reducing under-5 and Infant Mortality Rates by two-thirds</th>
<th>%age of under-5s with stunting (1995–2001)</th>
<th>GDP per capita (PPP US$, 2001)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brazil</td>
<td>177 (1960) 36 (2001)</td>
<td>On Track</td>
<td>11</td>
<td>7360</td>
</tr>
<tr>
<td>E9 Average</td>
<td>218 (1960) 93 (2001)</td>
<td></td>
<td>29</td>
<td>3717</td>
</tr>
</tbody>
</table>


**Major Strategies at Health during 10th plan**

- To ensure ‘survival’ of children through arresting the declining sex ratio and curbing its related problems of female foeticide and female infanticide
- To ensure development through effective implementation of policies and programmes in the areas of health, immunisation, nutrition through the 3 nation-wide programmes of Reproductive Child Health (RCH), ICDS and other related programmes.
Status of Children in our Five year Plans

- To continue ICDS as the mainstay for promoting the over-all development of young children and mothers, especially that of the Girl Child all over the country.

- To recognise that while the early childhood up to six years is critical for the development of children, the prenatal to first three years is the most crucial and vulnerable period in the life for laying the foundations for the achievement of full human development potential and cumulative life-long learning.

- To achieve universal coverage under the Universal Immunisation Programme, and area specific high quality integrated RCH services

- To make focused interventions aimed at improving the nutritional status of children below 6 years, with special priority for children below 24 months, through the on-going direct feeding programme of the Special Nutrition Programme

Yet where we stand….

✓ **Water Borne diseases** - Only 42% of Indian households have access to piped water (NFHS-3) and in the absence of potable water, children continue to suffer from stomach ailments. Diarrhoea, often caused by unsafe drinking water or poor sanitation, is the second leading cause of death among children. Yet only 58% of children with diarrhoea were taken to a health facility, down from 65% seven years earlier (NFHS-3).

  ✓ IMR is as high as 57 per 1000 live births (NFHS-3)
  ✓ MMR is equally high at 301 per 100000 live births (SRS, 2001–03)

- Nutrition Status of Children
  - Three out of four children in India are anaemic
  - Every second new born has reduced learning capacity due to iodine deficiency
  - Children (0–3 years) underweight are 46% in NFHS-3, a marginal decrease from 47% in NFHS-2
  - Children under 3 with anaemia are 79% (NFHS-3), an increase from 74.2% in NFHS-2
  - Only 23.4% children are breastfed within the first hour of birth and 46.3% are exclusively breastfed for 6 months (NFHS-3)

100000 live births (SRS, 2001–03)

✓ Only 43.5% children in the age group of 12–23 months are fully immunized

✓ Only 21% children in the age group of 12–35 months receive a dose of vitamin A

✓ Nearly 60000 new-borns are infected every year from 189000 HIV-positive women

✓ Only 26% children who had diarrhoea got ORS (NFHS-3) compared to 27% in NFHS-2.

**Education**

**Elementary education:**

*Universalization of Elementary Education (EE): Tenth year goals*

(i) Universal Access, (ii) Universal Enrolment, (iii) Universal Retention, (iv) Universal Achievement (v) Equity. The major schemes of elementary education sector during the Tenth Plan included SSA,
Status of Children in our Five year Plans

District Primary Education Programme (DPEP), Mid-Day Meal Scheme (MDMS), Teacher Education Scheme, and Kasturba Gandhi Balika Vidyalaya Scheme (KGBVS). The schemes of Lok Jumbish and Shiksha Karmi were completed but DPEP will extend up to November 2008. KGBV has now been included within SSA.

Specific targets of SSA:

All children to be in regular school, EGS, ‘Back-to-School’ camp e.t.c. by ‘05; Bridging all gender and social category gaps at primary stage by ‘07 and at EE level by ‘10; Universal retention by ‘10; Focus on elementary education of satisfactory quality & education for life.

Achievements:

Universal access & Enrolment

- The uncovered habitations numbered 1.61 lakh (13%).
- The number of habitations that had an upper primary school within a distance of 3 km was 9.61 lakh (78%).
- About 0.89 lakh upper primary schools (UPS) have been provided up to 2006–07.
- At primary and at upper primary level the number of habitations remaining to be covered is estimated at almost 1 lakh.
- The number of primary schools (PS) in the country increased from 6.64 lakh in 2001–02 to 7.68 lakh in 2004–05.
- SSA interventions have brought down the number of out-of-school children from 32 million in 2001–02 to 7.0 million in 2006–07.

Retention: The Challenge lies

Despite heavy enrolment it was not effective unless we could retain them. Around 22% children dropped out in classes I & II, due to several adverse socio-economic conditions!
Again as we look on the sets of data there is no satisfaction in enrolment unless they could’ve been retained. Unless & until we challenge all the underlying restraining parameters this couldn’t be done. It will be a formidable task to solve all the key issues & make the child stay in school. We need to find out a possible solution in our current plan & future approach so that a congenial platform may be provided to the children, healthy to make them move towards school.

**Realisation of fund allocation**

Against the total 10th Plan allocation of Rs 4325.00 crore, the anticipated expenditure was Rs 3766.90 crore, about 87% utilised say, which is a positive figure compared to other governmental schemes, if properly utilized without fund leakage.
DISCLAIMER

This Report has been prepared during the course of six weeks of Internship with CRY (Child Rights and You) Kolkata under the guidance of Ms. Anupama Muhuri. The views and opinions expressed in this document are that of the interns and are not necessarily similar to the organisation’s view point and approaches.

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