POST GRADUATE DIPLOMA
IN
CHILD RIGHTS AND GOVERNANCE

BLOCK I

DCG104: SOCIAL POLICIES FOR CHILDREN

OFFERED BY

CENTRE FOR OPEN AND DISTANCE LEARNING
TEZPUR UNIVERSITY
(A CENTRAL UNIVERSITY)
IN COLLABORATION WITH
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- **To contribute to conserve and promote cultural heritage, literature, traditional knowledge and environment conducting short programmes, workshops, seminars and research in interdisciplinary field.**

BLOCK INTRODUCTION

This Block I: DCG 104, Social Policies for Children comprises of 2 units. In **Unit 1,** focus shall be on Social Policies related to children, Concepts of Social Policy, Social Protection, and its characteristics. The Unit also delves into understanding the need of social protection for realizing Human Rights, strategies and challenges pertaining to social protection in India. There is a discussion on the right based approach for Social Protection, Child Protection, and Child Protection System in India as enshrined in the Constitution as well as legislature. The components of child Protection in emergencies is also discussed in the unit.

Unit 2 of the Block entails a discussion on Child Survival and Development. The National Policy of Children 2013 is analysed highlighting the key priorities for child survival, education and development, protection and participation and the scope of research, advocacy, partnership, and resource allocation under the policy. The unit also throws light on other national policies and programs related to education as well as nutrition viz National Nutrition Policy, National Nutrition Mission and their implication to ensure child survival and development.

DCG-104: SOCIAL POLICIES FOR CHILDREN

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INTRODUCTION TO SOCIAL POLICY, SOCIAL PROTECTION, AND CHILD PROTECTION

Structure

1.1 INTRODUCTION

Social policy, social protection, and child protection generally refer to the set of policies and programmes, which focus on preventing, reducing, and eliminating socio-economic inequalities and vulnerabilities (ERF & UNICEF 2011; ADB 2001). In this unit, we would learn about these three concepts along with their characteristics and objectives. Further, this would highlight the child protection system in India.

1.2 LEARNING OBJECTIVES

a) To develop conceptual clarity about social policy, social protection and child protection;

b) To understand the characteristics and objectives of these concepts;

c) To learn about the child protection system in India with focus on services extended for children during emergencies.

1.3 SOCIAL POLICY

Social policy is an ambiguous term with blurred boundaries. In other words, it is a broad concept, which includes all the policies intended to bring structural change in the society, and hence no policy is outside the ambit of social policy. Further, interconnectedness of all the subsystem of social life makes it difficult to differentiate from other policies. For instance, economic policy, which focuses on demand- supply, wage, investment, profit and loss but at the same time it influences the society in terms of practice, habits, social bonding, family structure and so on. Likewise, foreign policy which focuses on international relation also tends to influence the society at large (Mizrahi & Davis, 2008). Therefore, it becomes necessary to develop the conceptual clarity of social policy.

1.3.1 Concept

The term ‘social policy’ is generally referred to government policies which function for social protection and welfare of a society. Social policy is all about dealing with societies across the world basically to meet human needs such as safety, social security, quality education, just working conditions, health and wellbeing for the marginalized group of sections. Social policy addresses of how states and societies respond to

global challenges of social, demographic and economic change, and of poverty, migration and globalization (Sharma, nd).

Social policy is an instrument applied by the government to provide social services such as education, health, employment, and social security for the people. Social policies can provide linkage between human and economic development, which in long run benefits everybody by boosting domestic demand and creating stable cohesive societies. Social policy analyses different roles of governments, the family, civil society, the market, and international organizations in providing services and support across the life span. These support and services include family support, schooling, housing, poverty reduction, unemployment support, skill training, pensions, health and social care.

According to Kulkarni (1979), "Social policy is the strategy of action indicating means and methods to be followed in successive phases to achieve the declared social objectives."

According to Prof. Titmuss (1974), 'social policy represents a summation of acts of government, deliberately designed to improve the welfare of people'.

As David G. Gill (1992) defined social policies is principles/course of action designed to influence:

a) The overall quality of life in a society,

b) The circumstances of living of individuals and groups in the society, and

c) The nature of intra-societal relationships among individuals, groups and society as a whole.

Summing-up, social policy may be understood as a governmental plan of action with goal to address the future challenges while mitigating the existing problems. It influences the quality of life in terms of standard of living and interpersonal relations.

1.3.2 Characteristics of Social Policy

Social Policy carries certain characteristics, such as:

- Social Policies are mainly meant for welfare/ well-being of weaker and disadvantage section of society such as poor, women, children, differently-abled persons, backward classes and elderly.
- It promotes social and economic justice through redistribution of resources.
- Social policy guarantees the social care, improvement of living conditions of people through unemployment insurance, pensions and various forms of compensation to the needy people.
- It renders social protection and social security services to vulnerable group of people such as women, children and elderly people of the society.

1.3.4 Objectives of Social Policy

- To seeks to induce social change through redistribution of resources.
- To improve quality of life by providing basic facilities such as health, education, employment, shelter, drinking water, etc. to the needy people
- To eradicate poverty through inclusive and sustainable economic productivity and growth.

- To develop and ensure protection of children, youth, women and elderly with the package of welfare services.
- To provide rural livelihood and sustainability through integrated rural development programmes.

Summing-up, the term ‘Social Policy’ refers to all government initiatives to ensure a better quality of life to the people, in general, with major emphasis on the well-being of marginalized section. It induces social change to deal with the existing and forthcoming challenges. The marginalized and weaker remains at the nucleus of social policy and could be understood from the existence of several social security schemes under the ambit of social policy. Social protection is yet another important aspect of social policy, which needs further discussion. In the next segment, we would try to understand the concept, objectives, needs, and challenges of social protection.

1.4 SOCIAL PROTECTION

In a developing country like India, social protection majorly focuses on poverty reduction and extending support to economically challenged population. Poverty leads into starvation, malnutrition, maternal and infant mortality, morbidity and other hazards, which finally contribute, to poor work force. Therefore, poverty reduction would help to mitigate other socio-economic and medical challenges. It is important to note here that the demand for ‘Social Protection’ had increase with the emergence of globalization. It was in 2008-09, when the developed world encountered the negative impact of globalization because of food price and global financial crisis. This economic crisis also affected the developing economies (Drolet, 2014).

1.4.1. Concept

Social protection can be said as strategies that consist of various policies and programmes that are designed to reduce poverty and vulnerability among the various disadvantage groups by promoting social well-being, enhancing their capability and capacity to manage economic, social and other risks such as unemployment, exclusion, sickness, disability, etc. Social protection programmes do not only provide social security but also enhances economic conditions of deprived sections through various vocational and self-reliant programmes and schemes.

Social protection refers to the public actions that are taken in response to levels of vulnerability, risk and deprivation which are deemed socially unacceptable within a given polity or society. The World Bank mentioned that Social Protection systems help the poor and vulnerable section to find jobs, invest in the health and education of their children, and protect the aging population and also help in coping with crisis and distresses. Social protection consists five major elements such as: (i) labor markets, (ii) social insurance, (iii) social assistance, (iv) micro and area-based schemes to protect communities and (v) child protection.

In India, social protection programmes are addressing capability deprivation such as inadequate nutrition, lack of employment, low educational attainment rather than providing safety nets to deal with contingency risks (health shocks, death, disability). According to World Bank (2011), only 8% of India's workforce is provided with social protection and social security which means remaining 92% are outside the coverage of social protection.

UNICEF defines social protection as *"the set of public and private policies and programmes aimed at preventing, reducing and eliminating economic and social vulnerabilities to poverty and deprivation."*
Further, UNICEF stresses the importance of recognising that vulnerability has the following key components:

- Risk (may include natural disasters, financial crisis, harvest failure, war, unemployment and serious illness, among others) the chances or threat of an adverse event happening.
- Capacity to respond, including the livelihood that the event or trend will result in negative consequences to limited assets and social exclusion, and the depth of those consequences.

It indicates that social protection should not work only on reducing exposure of vulnerable to risks but also on strengthening individuals and households, capacities to respond and deal with such threats.

The Asian Development Bank (ADB) defines social protection as the set of policies and programs designed to reduce poverty and vulnerability by promoting efficient labour markets, diminishing people's exposure to risks, and enhancing their capacity to protect themselves against hazards and interruption/ loss of income. The policies and procedures included in social protection involve five major kinds of activities: labour market policies and programs, social insurance programs, social assistance, micro and area-based schemes, and child protection (ADB 2001).

According to International Labour Organization (ILO), social protection is a set of public measures that a society provides for its members to protect them against economic and social distress caused by the absence or a

substantial reduction of income from work as a result of various contingencies (sickness, maternity, employment injury, unemployment, invalidity, old age or death of the breadwinner), the provision of healthcare and the provision of benefits for families with children.

Some other terms that are used interchangeably with social protection are *safety nets (or social safety nets)* and *social security*. These terms, even though, in broad meaning are similar to social protection, however, they have originated and aimed at a different set of challenges (ERF & UNICEF, 2011).

Social security is the longest established of these terms. However, it is still associated with the comprehensive and sophisticated terminologies like social insurance and social assistance machinery of the developed world. The *safety nets (or sometimes more specifically social safety nets*) are a more recent terminology primarily associated with developing countries. Social safety nets usually refer to temporary measures put in place to prevent individuals from falling below a certain level of living. In the 1980s and 1990s, the term was usually used to depict the short-term measures adopted by the World Bank to mitigate the negative impact of structural adjustment programmes in developing and transition economies.

However, the concept and most definitions have a dual character, referring to both the nature of deprivation and the form of policy response. Almost all definitions included the following three dimensions for social protection (World Bank, 2000):

1. They address vulnerability and risk
2. Levels of (absolute) deprivation deemed unacceptable
3. A form of response which is both social and public in character.

Hence, social protection can be said as a set of policies to help women, men and children to reach or to maintain an adequate standard of living, and good health throughout their lives.

Objectives of Social Protection

The World Bank (2000) Categories a broader concept of social protection in three key different objectives. These are

a) It should assure minimum well-being through a guarantee of essential goods and services that provide protection against life contingencies for all people.
b) Social protection should adopt proactive strategies and policies to prevent and protect against risks.
c) Social protection should promote individual and social potentials and opportunities. The foundation of these objectives is to promote poverty reduction and sustainable development.

Principles of Social Protection

The World Bank (2000) has highlighted the following principles, they are:

a) Equality of treatment with particular attention to gender equality: Men and women are to be treated equally in all forms and spheres such as socio-economic, political and in other aspects.
b) Solidarity: It tries to promote social protection for all. It promotes directly the recognition of individual rights and extends to social protection for all human beings.
c) Inclusiveness: This principle is derived from the principle of solidarity that highlighted that all members of society should be given equal participation by providing all kinds of benefits for social protection.

d) General responsibility of the state: This principle derives from human rights as a nature of social protection.
e) Transparent and democratic management: This is the participation of all members of society (particularly workers and employers' representatives) in the management of social protection schemes. This principle directed individuals to participate directly or indirectly in getting financing benefits, guarantees and administration costs through collective funds, (earmarked taxes, tax exemptions, contributions, etc).

1.4.2 Need for Social Protection

The concept of social protection is enshrined in the *Universal Declaration of Human Rights* (UDHR) and subsequent United Nations (UN) conventions. UDHR (Articles 22 to 26) states that each individual has right to basic standard of life, to proper working conditions, and to social security and social protection. Further, the *International Covenant on Economic, Social and Cultural Rights* (1966)again recognizes "the right of everyone to social security, including social insurance" (Article 9). Again (articles 10 to 13), the Convention elaborate on the right of mothers and infants, right to a decent standard of living, right to food, health and education.

The *United Nations Special rapporteur on Extreme Poverty and Human Rights* has elaborated on the human rights framework of social protection and strongly argued that ensuring minimum essential levels of non-contributory social protection is not a policy option rather it is a legal obligation under international human rights law (Sepúlveda & Nyst 2012). While human rights obligations provide a strong rationale for social

protection, in turn, social protection systems lead to the realization of human rights.

International Labour Organization (ILO) holds that social protection helps people to acquire skills to overcome the constraints that block their full participation in an ever-changing economic and social environment. It also contributes towards improvement of human capital and in turn stimulating greater productivity.

However, in developing country a large number of populations are affected by the high inflation rate and requires social protection. The rising food and fuel prices over the past decade combined with periodic spikes have had extremely negative consequences. It is estimated that the spikes in food prices leave a vast amount of population undernourished (UNICEF, 2012). The impacts of these trends are compounded over time as populations exhaust coping strategies and become increasingly vulnerable to new shocks. The recent financial crisis of 2008-09 left many households coping with financial vulnerabilities and required government support to cope over the shocks (ERF & UNICEF 2011; UNICEF, 2012).

Further, medical costs are also one of the most difficult factors to cope with, more so with the poor households where the ability to labour is of prime importance. For an earning member, the body is the physical asset, thus any kinds of medical condition can deprive the household of the livelihood and can further lead them to deprivation and stress owing to medical costs.

In nutshell, social protection is a much-needed tool for ensuring some basic human rights like right to shelter, food, health care facilities, and so

on, as enshrined in UDHR. It extends relief to the disadvantaged population, either because of their chronological age or because of socio-economic background, by helping them in acquiring livelihood skills and life skills. It provides a shield to protect dependent population against situation like disaster, inflation, and alike.

1.4.3 Strategies and Challenges of Social Protection in India

According to World Bank (2011), "*While India's range of social protection programs is impressive for a developing country, the social protection system in spending terms and priorities remains strongly focused on protective programs to mitigate chronic poverty and on rural areas".*

According to World Bank, India spends significant resources on safety net programs for its citizens- this accounts for almost two (2) per cent of GDP in the recent years (World Bank, 2011). However, the returns to spending in terms of reduction in poverty have been much lower than hoped for. It is argued that this has been mainly because of the poor cost effectiveness and impact of India's largest safety net programme- the targeted public distribution system (World Bank 2011; ILO 2015).

The Rights Based Approach to Social Protection

Till very recently the approach to social protection in India was not rights based. This first arose in the context of education on the basis of judgments in the Supreme Court which interpreted the "Right to Life" (a fundamental human right) with dignity. Further, it indicated that access to basic education, health and food were part of a citizen's claim to a right to life with dignity. Thus, the approach is based on human rights and

emphasizes on prevention and the accountability of government. Some of the main strategies are followed as:

a) Government commitment towards fulfilling of social protection rights includes formulation of social welfare programme, policies and schemes; providing adequate budgets, public acknowledgement and ratification of international human rights and instruments.
b) Formulation of protective legislation and their enforcement with a thoroughly worked-out guidelines and adequate legislative framework. It is further characterized with accountability and transparency on the part of the government.
c) Adequate cooperation, coordination and collaboration between different programmes and policies under different ministries, networking between various organizations, groups and communities so that targeted population is benefited.
d) Engagement of community, civil society and media in open discussion on social protection issues are essential. It is elementary for ensuring protection of vulnerable group such as children, women, elderly, etc.
e) Monitoring and reporting mechanism that includes effective systems of monitoring, data collection on the trends and responses related to violence, abuse and exploitation of vulnerable group is extremely important for building a strong protective environment.
f) Research and documentation is strongly required as there is a real need for strengthening the evidence that are based on the relationship between child protection and social protection in order to support future advocacy and inform programme planning.

Main Challenges to India's social protection schemes

India has a plethora of social protection schemes and programmes of varied nature aimed at different target groups. However, there a number of common challenges in implementation of these schemes (World Bank, 2011; UNICEF, 2012; ILO, 2015). A few of these are listed below:

a) Overlapping in service delivery is one of the major problem in implementation of social protection schemes. It is also a manifestation of poor networking and coordination between the different governmental departments.

b) 'One-size fits all' programme strategy –The Centrally Sponsored Schemes that continue to dominate the social protection policies give states limited flexibility to tailor central subsidies and programs to meet their population's diverse and specific challenges and needs (World Bank, 2011).

c) Poor implementation of the schemes– Inadequate implementation of schemes has been a major problem in India since independence. There are many factors which influence the implementation negatively starting from caste based discrimination to political affiliation of the targeted population. In addition, the vested interest of the service providers leads to misappropriation of funds to identification of beneficiaries.

d) Need for more exploration of the Public Private Partnerships- There is huge need for Public Private Partnership in implementation of social protection schemes. The said partnership would provide a common platform where expertise of different

sectors could be used to an optimal level. In addition, the partnership may prove beneficial in restricting the misappropriation of government funds. But presently, the public private partnership is not very strong.

e) *New schemes are generally just a changed nomenclature*- New schemes fail to reflect genuine new ideas or concepts. More often than not, the new schemes just reflect a new name but are inherently (with some marginal changes) the same (ibid).

To conclude, it can be said that the social protection extend support to disadvantaged population. The disadvantageousness may result from a number of factors like chronological age, disability, poverty, displacement, conflict, natural disaster and so on. There are number of programmes which seeks to provide social protection to citizens like widow pension, old-age pension, skill development programmes and alike. However, children are considered as the most vulnerable population by virtue of their physical and mental inability and dependency on their service providers. Accordingly, they (children) require more protection not only from the above mentioned situation but also from mental and physical abuses. Therefore, child protection is also an important concept which requires adequate clarification. In the ensuing segment we would discuss the concept of child protection, child protection system in India and child protection in emergencies.

CHECK YOUR PROGRESS

1. What are the salient features of the concept Social Policy?

……

2. What are the principles of Social Protection?

……

3. Indian Social Protection Policy does not follow right based approach? Comment.

……..

1.5 CHILD PROTECTION

The concept of '*Child Protection'* emerged in England in 1960s following a series of high profile child abuse deaths. The incidences highlighted the shortcomings of the public policies and questioned the role of service providers. It also triggered public discussion and generated public opinion, which was termed as 'moral panic'. The demand for resolving the crisis led to scrutiny of role of professional social workers as it was believed that the incidences of child abuse were preventable if professionals were performing their duty adequately (Lawrence, 2004).

In Indian, there are number of legislations enacted to protect the best interest of child. Child protection is a prime concern of the government and can be understand for her prompt response in ratifying United Nations Convention on the Rights of the Children (UNCRC) in 1992. Accordingly, it might be observe that the Government has enacted different legislations to prevent and protect the violation of child rights. Further, the existing laws are amended to strengthen the child protection

mechanism. Here it becomes important to understand the concept of child protection as it would highlight different dimensions associated with it.

1.5.1 Concept

UNICEF uses the term 'child protection' to refer to preventing and responding to violence, exploitation and abuse against children – including commercial sexual exploitation, trafficking, child labour and harmful traditional practices, such as female genital mutilation and child marriage.

According to Integrated Child Protection Scheme, Child protection is about protecting children from or against any perceived or real danger or risk to their life, their personhood and childhood. It is about reducing their vulnerability to any kinds of harm and protecting them from harmful situations.

In addition, Article 19 of the Convention on the Rights of the Child stated that *'state parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms if physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child'.*

From the above definitions it can be said that child protection refers to the government initiative to protect children from any kind of abuse and exploitation. Children are also to be protected against domestic violence and abuse caused by the service providers.

1.5.2 Child Protection System in India

Child protection, as a theme, has been a focal point for the international community since the culmination of World War I, as evident from different declarations. The movement for protection of child rights found its base in Universal Declaration of Human Rights (UDHR) which paved the way for UN Convention of the Rights of the Child (UNCRC), 1989. India has ratified the convention in 1992 and thus committed herself towards the protection of children. Accordingly, amendments were made in the existing laws and new laws were also enacted. To uphold the objectives of UNCRC, amendments were introduced to the constitution, which is fundamental to any nation. Constitution provides broad guidelines to the policy makers and legislature in deciding the nation's future course of action.

Constitutional Provision related to Child Protection in India

It worthy to mention here that the drafting committee of the constitution of India had also realized the importance child protection which got reflected through various provisions mentioned under Fundamental Rights and Directive Principles of State Policy. Article 15 of the Indian constitution guarantees special attention to the children with necessary and special laws and policies that safeguards their rights. Article 15 and 15(1) says that the state shall prohibit any kind of discrimination against any citizen on the grounds of religion, race, caste and sex. Article 21 (A) of the Indian constitution provides free and compulsory education to all the children of the age group of 6-14 years. Further, Article 24 affirms that no children below the age of 14 years should be employed to work in any factory, mine or in any other hazardous employment. Article 39(f) ensures that children are given opportunities and facilities to develop in a healthy

manner and in conditions of freedom and dignity and the childhood and youth are protected against exploitation and against material abandonment. Article 45 says and talks about the protection of child that the state shall endeavor to provide early childhood care and to provide education for all children until they attain the age of six (6) years. Further, to safeguards their rights.Article 243 (G) of Indian Constitution provides for institutional care for the children by seeking to entrust programmes of women and child development to Panchayat.

Legislations Relating to Child Protection in India

India has enacted a wide range of legislations to improve the situation of children and protect them against abuse and exploitation. A brief description of some child related legislations are given below:

a) ***The Factories Act, 1948*** of India enacted to regulate the worker especially children who are working in various factories in India.

b) ***The Hindu Adoptions and Maintenance Act, 1956*** codify laws for adoption and maintenance of a child of both boys and girls. The law declares that the sons and daughters are to be treated equally by legal guardian after being adopted.

c) ***The Probation of Offenders Act, 1958*** provides protection of offenders under the age of 21 years and their release on probation.

d) ***The Child Marriage Restraint Act, 1929,*** passed during British period, fixed the age of marriage for a boy and a girl. The Act intended to eradicate the evil effects of child marriage.

e) ***The Child Labour (Prohibition and Regulation) Act, 1986*** prohibits of engagement of children in certain employments and regulate conditions of work place.

f) ***The Pre-Conception and Pre-Natal Diagnostic Techniques Act, 1994***strictly prohibits the sex determination of foetus and sex selective abortions.

g) ***The Juvenile Justice (Care and Protection of Children) Act 2015*** provides a list if sixteen (16) principles which ensure dignity and worth, protection of best interest, family responsibility, non-stigmatization, equality and non discrimination, privacy and confidentiality to a child. The legislation also provides guidance for national and international adoption of children. It has the provisions of services relating to reception of neglected juvenile, special home for delinquent juveniles, observation home for the delinquent juveniles who are pending for enquiry and also after care home for taking care of such juvenile.

h) ***Protection of Children from Sexual Offences (POSCO) Act 2012*** addresses the issues of sexual offences that are committed against children, which until now had been tried under laws that did not differentiate between adult and child victims. There is a stringent punishment in the law with the gravity of the offence. There is a provision of Special Court to complete the trial within a period of one year, as far, as possible.

The existence of above mentioned laws reflects seriousness of the nation in protecting the rights of the child. On the contrary, the ever increasing

graph of crimes committed against the children indicating the need for further enhancement of the existing laws and their implementation. It is important to note here that the domestic or international laws are best applicable in a state of normalcy as their relevance fades in crisis/ emergency situations and conflict affected children of Syria may be cited as an evidence to such claim. It is not only conflict but natural disaster or any epidemic may result into such crisis/ emergency situation. Therefore, it becomes very important to discuss about the protection of children during such emergencies as they constitute the most vulnerable population. The following segment would highlight the protection of children during emergency situation.

1.5.3 Child Protection in Emergencies

An emergency is an unexpected and unprecedented situation which usually poses a variety of threat to a person. In other words, it can be understand as circumstances where physical and mental well-being or development opportunities get restricted or completely disappear. As mentioned previously, children are most vulnerable in any kind of emergency situation and require special support and protection. During emergency children often become prey to physical, sexual and mental abuses along economic and other forms of exploitation.

Child Protection in Emergencies (CPiE) may be defined as the governmental initiatives aiming at the prevention and protection of children against abuse, neglect, exploitation and violence in the aftermath of a disaster. It envisages that children should receive all humanitarian assistance which should result into their safety and well-being. The responsibility of protecting the children in emergencies need to be shared

not only by the government but it also includes local aid organization, international organization, families and parents. There is set of principles which guide the child protection work during emergencies. A brief account of such principles is given below:

a) During relief and assistance work, service providers should ensure that affected children are not exposed to any further harm.
b) There should not be any form of discrimination in extending relief services to the affected population.
c) Children should be protected against physical and psychological harm. Any act of forcing children against their will or even fear of such harm must be addressed adequately.
d) Assistance extended to the children and their primary care givers should enhance their ability to claim rights.
e) Emergency situation need to be viewed as opportunities to strengthen the child protection system, weakened due to emergency situation or because of prevailing lacunas in the existing system.
f) Intervention during emergency should result into enhancement of children's skill and their coping mechanism.
g) In a conflict situations (racial, ethnic or communal), the service providers should maintain professional objectivity or ethical neutrality.
h) The personnel involved in service delivery should be accountable to the affected population, national partners and donors.
i) Participation of affected population is the key to for any successful intervention during emergency or otherwise. The challenges and issues geography, culture, traditional norms and such might get addressed properly through active community participation.

j) Finally, prevalence of diversity (lingual, ethnic, racial, religious and others) need to be respected and should be served with dignity (UNICEF, 2015).

CHECK YOUR PROGRESS

True or False (Tick the right box)

1.UNICEF uses the term 'child protection' to refer to preventing and responding to violence, exploitation and abuse against children – including commercial sexual exploitation, trafficking, child labour and harmful traditional practices, such as female genital mutilation and child marriage.

True	False

2. Article 21 (A) of the Indian constitution provides free and compulsory education to all the children of the age group of 6-14 years.

True	False

3. Article 243 (G) of Indian Constitution provides for institutional care for the children by seeking to entrust programmes of women and child development to Panchayat.

True	False

4. *Child Protection in Emergencies* (CPiE) may be defined as the governmental initiatives aiming at the prevention and protection of children against abuse, neglect, exploitation and violence in the aftermath of a disaster.

True	False

1.6 SUMMARY

The present unit discussed the concepts of social policy, social protection and child protection cover the government policies and programmes. All these three concepts are interrelated, interdependent and overlap each other in their functionality. Social policy may be understand as a broad term which encompasses all the government efforts in ensuring collective well-being of the masses while the concept of social protection is a component under social policy, meant for disadvantaged population. Again, the concept of child protection may be viewed as a component under social protection addressing the varying need of children. Thus, social policy is the starting point of social development as it influences other policies relating to disadvantaged population and children.

The unit further explained the need of social protection, strategies and challenges to highlight the factors influencing the effective implementation of social protection programmes. The segment on child protection gave an overview of the existing constitutional and legislative provisions in protecting the best interest of the child. In the next unit, we would discuss the social policies and programme relating to development and survival rights of the children.

Suggested Questions

1. What do you understand by social policy?
2. What are the needs and importance of social protection in India?
3. What are the various kinds of social protection provided in India to the vulnerable groups?
4. Discuss on Child protection system in India?
5. What are the child protection mechanism during emergencies?

Further Readings

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UNIT 2
SOCIAL POLICIES AND PROGRAMMES FOR CHILDREN: SURVIVAL AND DEVELOPMENT

Structure

2.1 INTRODUCTION

India is home to a large number of children with approximately one-fifth of the world's children living in India (Ministry of Women and Child Development, 2012, P No 8). An estimated 43 crore of the total children in the age group of 0-18 are living in India. Regrettably, majority of them are facing or subjected to (approximately 40 per cent) difficult circumstances that includes lack of care and support from family, forced labour, physical and sexual abuse, trafficking, substance abuse psychological and physical repercussions of armed conflict, migration, civil unrest etc. (Government of India, 2012,P No 8).In this context the role of state, civil society bodies is utmost in protecting each and every child of the country. An analysis is required to understand the social policies of Indian sub-continent pertaining to child development right from delving into the constitutional framework and other policies.

The Constitution of India laid down provisions and directions for the state to act upon towards providing social protection for the children. The rights that have been granted ensure protection from exploitation (Article, hazardous work environment (Article 24), access to early childhood care and support (Article 45) as well as education (21A). The children of the sub-continent are also entitled to each fundamental right enshrined.

In addition, India is signatory to a number of international conventions related to Child Rights that make it obligatory upon the signatory to provide for social protection for the children. Based on these premises of international convention and constitutional framework many policies have been drafted. These policies have emphasized on a holistic approach addressing the acute vulnerabilities faced by children in terms of protection, development and well being. There have been also time to time amendments to these policies with an avid participation of civil society organizations.

The following unit will provide an understanding of the social policies for child protection and development with a critical perspective.

2.2 LEARNING OBJECTIVES

This unit will give an overview of various policies in India towards social protection of children. In the policy space, we will look at the National Policy for Children that have been redrafted in 2013. Also, we will look at the educational, nutritional, health and WASH policies in India with special reference to children. It may be noted that the aim of this unit is to make students aware of the various policies in India related to the social protection of children.

2.3 NATIONAL POLICY FOR CHILDREN, 2013

The Government of India introduced first National Policy for Children on 22nd August1974 to safeguard the needs and rights of the children. It described children as an enormously important national asset and entrusted responsibilities on state for providing basic services to children both before and after birth, and also during their growing years and different stages of development and equal opportunities for growth and development of all children. The policy primarily focused on health and education of the children. The recognition of the child as a person with inherent and inalienable rights made it necessary to revise the 1974 policy for introducing rights-based perspectives for child development and protection. Thus, the Ministry of Women and Child Development in India has taken up the framing of a revised National Policy for Children 2013, which aims to cover an extensive range of child rights. The policy includes:

• Definition of child: It defines any individual below the age of 18 years as a child.

• Guide and inform all laws, policies, plans, and programmes influencing children and all other actions of national, state, and local Governments in relation to the children below 18 years. Provides that, every child has a right to be safeguarded against deprivation, malnutrition, and hunger and the State is responsible for securing this right through access, provision, and promotion of required services and supports for holistic development.

• Provides that the State shall also take all-necessary measures to improve maternal health care secure the right of the girl child and address discrimination of all forms in schools and foster equal opportunity.

• Further provides that the state would take special protection measures to secure the rights and entitlements of children in difficult circumstances, in

particular, but not limited to, children affected by migration, displacement, communal or sectarian violence, civil unrest, disasters etc.

• It provides that children in difficult situations should be eligible for state protection. It includes children of commercial sex workers, child sex workers, children affected by HIV/AIDS, children with disabilities and victims (children) of other abuses and exploitations.

Reaffirming India's commitment to the UN Convention on Child Rights, the National Policy for Children has identified the following as the universal, inalienable and undeniable rights of every child, and has also declared the following as key priority areas for the policy:

Key priorities in National Policy for Children

- **Survival, Health and Nutrition:** The policy ensures the right of every child will receive highest priority such as the right to life, survival, health and nutrition. The policy guarantees fair access to exhaustive, and essential , preventive, promotive, therapeutic and rehabilitative health services, of the most prominent standard, for all children before, during and after birth, and throughout the period of their growth and development. Every child has a right to adequate nutrition and to be protected against starvation, deprivation and malnourishment. It is the responsibility of the state to safeguard the right of all children by providing the needs and supports for their holistic development and wellbeing. The state further assures to provide maternal health care services such as antenatal care, safe delivery by trained and skilled health personnel, post natal care and nutritional support essential for wellbeing and safety of the child. The policy highlights preventing

HIV infections at birth, after care with a non-discriminative attitude.

- **Education and Development**: Education is a transformative tool that can pull people out of poverty and end the vicious cycle that entraps them. The Constitution of India provides the safeguards for education of children in India. The Article 45 of the Indian Constitution laid down a provision for early childhood care and education to children below six years of age. It states that "the State shall endeavor to provide early childhood care and education for all children until they complete the age of six years". Additional provision has been made in Article-21A that "the State shall provide free and compulsory education to all children of the age of six to fourteen years in such manner as the State may, by law determine".

  Major provision in this policy on education also provides for (following from constitutional framework) an universal and equitable right to access quality Early Childhood Care and Education (ECCE) for children below six years; access to affordable and accessible quality education for all children up to the secondary level; ensure that all out of school students including migrant laborers, street children, trafficked children, 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 rescued rehabilitated and provided access to education.

It further elucidates on need of state led provision for fostering inter-sectoral networks for vocational training and career counseling, measurements against all forms of discriminations, actions to ensure child friendly teaching and learning environment in schools.

- **Protection**: The policy laid down some provisions for caring, protecting and providing safe environment for all children, reducing their vulnerability in all situations and keeping them safe at all places. The Policy (2013) states "A safe, secure and protective environment is a pre-condition for the realization of all other rights of children" (p.9).

  The State shall safeguard children from all kind of violence, abuse, sexual exploitation, harm, discrimination and deprivation or any other activities that may affect their growth and development. The State is responsible for taking up special measures to protect the rights and entitlements of children in need of special care and protection.

- **Participation:** The NPC seeks participation and engagement of all stakeholders in developing mechanisms for children to share their grievances without fear in all settings; monitor effective implementation of children's participation through indicators; develop different models of child participation; and undertake research and documentation of best practices. The state shall

uphold and encourage the children to share their views and participate in the decision-making process particularly the marginalized or minority communities, girl child, children with disabilities, etc. within the family, community, schools, governance, judicial and administrative proceedings and other public institutions that concern them

- **Advocacy and Partnerships:** The policy aims at encouraging active involvement and collective action from individuals, families, local communities, non-governmental and civil society organizations, media and private sector including government to secure children's rights. This policy ensures that the children's best interests and rights are taken care of, rendered highest priority in areas of governance, policy, planning ,resource allocation, monitoring and evaluation. It also harps on the need of including the voice and opinion of children in advocacy efforts.

- **Research, Documentation and Capacity Building & Resource Allocation:** The policy focuses on generating reliable knowledge on all aspects of the lives of children based on effective research and documentation both in qualitative and quantitative forms. Regular and effective monitoring of the policy may produce the need-based assessment and evaluation of the policies and programmes for children. The State further pledged to allocate the required financial, material and human resources, and their efficient and effective use, with transparency and accountability.

CHECK YOUR PROGRESS

Tick Correct Option:

1.The Definition of Child under National Policy for Children,2013 is

i) Any individual below the age of 18 years as a child.

ii) Only individuals below the age of 16 years.

iii) Any individual above the age of 18 years.

2.Tick the correct option : which of the following is a key priority in, National Policy for Children,2013

i)Survival Health and Nutrition

ii)Education and Development

iii)Protection of Children

iv)Advocacy and Partnerships

v)Research, Documentation, Capacity Building and Resource Allocation

vi) Participation of all stakeholders for children to share their grievances without fear in all setting.

vii) All of the above

2.4 EDUCATIONAL POLICIES AND PROGRAMMES FOR CHILDREN

Universal and affordable education is a major clause in National Policy for Children 2013. Prior to this development the policy makers put forth their efforts drafting a policy pertaining primarily to education. The trajectory of National Policy on Education and its key elements are discussed below.

- **National Policy on Education (NPE):** This policy was initially named as the National Policy on Education, which was formed in 1968 and then was revised as the Indian Educational Policy in the year 1992. For promoting the development of education system in India, some principles have been inserted under this policy by the Government of India. (Malhotra, 2017). The then Hon'ble Prime Minister of India, Indira Gandhi announced the first National Policy on Education in 1968, which called for a radical restructuring and equalizing of educational opportunities in order to achieve national integration and greater cultural and economic development. The policy stressed on compulsory education for all children up to the age of 14 years as quoted in Article 21A of the constitution of India and also underscored on better training and qualification of the teachers. The policy gives due emphasis integrating three-language formula at secondary level, urging state governments to ensure studying of a Modern Indian Language (preferably a regional language), English and Hindi. Subsequently, the congress government during Rajiv Gandhi's tenure as Prime Minister introduced a new policy on education in May, 1986. The new policy called for special emphasis on removal of disparities and creating equal opportunities for all through expansion of scholarships, inclusion of adult education, recruitment of teachers from SC community, incentives for poor families to send their children to school and development of new institutions. The National Policy on Education, 1968 called for a "child-centered approach" in primary education and launched "Operation Blackboard" to improve primary schools nationwide. The scheme was launched in 1987 in pursuance of National Policy on

Education with an aim to provide minimum essential facilities to all primary schools in the country. The programme launched with three sub themes, viz.; a) continuation of ongoing Operation Blackboard to cover all the remaining primary schools, especially those in schedule castes/Schedule tribes dominated areas b) maintain three teachers and three rooms to primary schools, c) expanding Operation Blackboard to upper primary schools.

The policy was further revised in the year 1992 (Ministry of Human Resource Development,1998) and in 2005 former Prime Minister Manmohan Singh adopted a new Policy based on the 'Common Minimum Programme' of his United Progressive Alliance (UPA) government (Commission, Annual Report 2005-2006)

Simultaneously it was also established that Early Childhood Care is essential stepping stone to create an access to education. India is signatory to both the Convention on the Rights of the Child (CRC) 1989 and Education for All (EFA) 1990. The latter has postulated Early Childhood Care and Education (ECCE) as the very first goal to be achieved for Education for All, since 'learning begins at birth'. The Dakar Framework for Action (2000) and Moscow Framework for Action (2010) have reaffirmed the commitment to ECCE.

ECCE has received attention in the National Policy for Children (1974), resulting to which the Integrated Child Development Services (ICDS) was initiated on a pilot basis in 1975 with the objective of laying the foundation for holistic and integrated development of child and building capabilities of

caregivers. The National Policy on Education (1986) considers ECCE to be a critical input for human development. The 11th Five Year Plan recognized the importance of Early Childhood Care and Education (ECCE) as the stage of child growth and lifelong development and the realization of child's full potential and directs that "all children be provided at least one year of preschool education in the age-group of 3-6 years.

- **The National Early Childhood Care and Education (ECCE) Policy** was adopted in September 2013 to re-affirm the commitment of the Government of India to provide integrated services for holistic development of all children, create a continuum of care from prenatal period to six years of age. The Policy lays down a way forward for comprehensive approach towards ensuring strong foundation, focusing on early learning, for every Indian child. Under the ECCE Policy 2013, new initiatives have been taken for strengthening ECCE. Some of these are:

  - Systemic reform in ECCE across public, private with stronger connection of voluntary organizations in linkage with Education.

  - Rolling out of State-specific and contextualized planned Curriculum with dedicated four hours of ECE.

  - Co-location of ICDS operated ECCE Centers with Primary schools, wherever possible to enable resource sharing, Mentoring and better school readiness and Transition.

- Strengthening ties with families and communities for ensuring quality care and early learning (holding of ECCE Day once a Month).
- Integrated Nature of Child Development with equal emphasis on primary health care, nutrition and early learning.

The movement forward to achieve a better and much enabling society for children India came with many other groundbreaking policies. One of the historical steps taken forth by the country post conversion of Right to Education into a fundamental right is enactment of Right to Free and Compulsory Education Act. Apart from that there are many other programs that ensured an inclusion of various kinds of education into the system, gender equality in education. The following section discusses on path-breaking Right to Education Act 2009, the amended National Education Policy 2016 and various programs pertaining to education.

- **Right to Education (RTE) Act**: It came into force in the year 2009 under Article 21A of the Indian Constitution which provides the right of children to free and compulsory education in the neighborhood schools which are to be established within 3 years' time periods. The provisions relating to school infrastructure and Pupil Teacher Ratio (PTR), training to untrained teachers, quality interventions are prescribed under the Act. Initially, the programme released with an estimated budget of Rs. 1710 billion for initial five years. This Act further makes provision that all private schools (except minority institutions) to reserve 25% of seats for the poor and children belonging to other categories.

Box 2.1: Right to Education

Towards Integration:

With the shift of the Right to Education from a Directive Principle of State Policy to a Fundamental Right, came Section 12(1)(c) of the RTE Act, 2009. The clause imposes a legal obligation upon private unaided schools to reserve 25 percent of the seats in the entry level class for children from Economically Weaker Section (EWS) and disadvantaged categories.

- The **National Programme for Education of Girls** at elementary level was implemented by the Department of Education which adopts community-based approach for the development of children under difficult circumstances to check drop out girls, working girls, girls from marginalized social groups, girls with low levels of achievement to gain quality elementary education and develop self-esteem of girls.

- The **Kasturba Gandhi BalikaVidhyalaya Scheme (KGV)** enables opening of special residential schools for the girl child belonging to Scheduled Castes, Scheduled Tribes, other backward classes and minority in educationally backward areas having low female literacy.

- The **Schemes for Providing Quality Education in Madrasas (SPQEM)** is launched to bring qualitative improvement in the Madrasas to enable Muslim children to attain educational standard as per the national education system.

Box 2.2: RMSA brief

Rashtriya Madhyamik Shiksha Abhiyaan (RMSA) *is the flagship scheme of Government of India to ensure universal secondary education. The vision for secondary education is to make good quality education available, accessible and affordable to all young persons in the age group of 14 to 18 years. The aim is as follows:*

• Provide a secondary school within a reasonable distance of any habitation, which should be 5 km for secondary schools and 7-10 km for higher secondary schools.

• Ensure universal access to secondary education by 2017 (GER of 100%) and universal retention by 2020.

• Provide access to secondary education with special references to economically weaker sections (EWS), girls and the disabled children residing in rural areas and other marginalized categories like SC, ST, OBC and EBMs.

- **National Education Policy (NEP), 2016:** This policy NEP 2016 very recently released by the Ministry of Human Resource Development (MHRD). The NEP aims at addressing gender discrimination, the creation of educational courts and a common curriculum for Mathematics, English and Science. On the salient features of the policy is to enhance ad promote pre-school education in Anganwadi canters for the age group of 4-5 years.

- **District Primary Education Programme (DPEP):** District Primary Education Progamme (DPEP) was launched on November 1994. This programme was launched to operationalize the strategies to achieve Universal Elementary Education at the district

level. It emphasizes on decentralized management, community mobilization, and district-specific planning based contextual and research-based inputs available to each district. DPEP has been able to set up project management structures at the district, state and national levels. It has been successful in creating micro planning environment where the challenge of pedagogical innovation is put on the government institutions.

- **Sarva Shiksha Abhiyan (SSA):** It is an India's flagship programme for Universalizing elementary education and a centrally sponsored scheme implemented in partnership with the state government. The programme was launched in the financial year 2000-2001. The programme acquired legal and constitutional backing after 86th amendment, which made free and compulsory education to all children in the age-group of 6-14 years. Its overall goals include universal access and retention, bridging of gender and social category gaps in education and enhancement of learning levels of children (SSA Shagun) The SSA works in decentralized way for every school in order to improve community participation. The major components of SSA includes appointment of teachers, teachers training qualitative improvement of elementary education, provision of teaching learning materials, establishment of Block and Cluster resource centre for academic support, construction of classrooms and school buildings, etc.

- **National Programme for Education of Girls at Elementary Level (NPEGEL)** - It is a programme to develop and promote facilities to provide access and to facilitate retention of girls and to

ensure greater participation of women and girls in the field of education, to improve the quality of education through various interventions and stress upon the relevance and quality of girls' education for their empowerment. (Kapadi, 2016)

- **Non-Formal Education Scheme:** The Non-Formal Education Scheme was introduced in 1979-80 by the central government to support the formal system in providing education to all children below the age of 14 years. This scheme was focused especially in the educationally backwards districts of Andhra Pradesh, Assam, Bihar, Himachal Pradesh, Jammu and Kashmir, Madhya Pradesh and West Bengal from 1987-88. It was introduced because National Policy on Education had recognized that formal schooling system could not reach to all children. In the year of 1992 the Programme of Action (POA) has developed strategies to run the scheme.

Although this policy has been designed and even renewed, it is still unable to help the children of the economically weaker sections of the society. The HRD ministry has promised to work on expanding Kendriya Vidyalayas as Model Schools and extending it to poorer sections of society. There are some significant changes that have been made in this policy in 2016 which are as follows:

- The No-Detention policy is off for class 5 and class 8 which was put up earlier. Children will now have to pass all their examinations to promote to class 6 and class 9 respectively.

- The Delhi High Court has now given a ruling that no university can deny admission to a prospective student if a provisional certificate has been issued by varsity. This work is valid till a degree is issued.
- As a provision students from all gender falling victim any form of sexual abuse are free to file sexual harassment case.
- Telengana is the first Indian state that has made gender education compulsory at the graduation level.
- Assam government has announced free higher secondary, three-year degree and polytechnic diploma courses for poor students. (Malhotra, Uttara J., (20th May 2017), Education Policy in India, (franchiseindia.com)

The other programmes including The Schemes for Providing Quality Education in Madrasas (SPQEM) is launched to bring qualitative improvement in the Madrasas to enable Muslim children to attain educational standard as per the national education system. Model School Scheme (2008), RastriyaMadhymikaSikshyaAbhiyan (2009), Inclusive Education form Disabled (2009), Construction of Girls Hostel for secondary and higher secondary schools (2009) are introduced to promote education at secondary level (Satpathy, 2012, MHRD, 2008:09).

CHECK YOUR PROGRESS

1. The National Policy on Education integrated which language formula at secondary level of education?

   _____

   _____

2. What is one of the primary approaches of National Policy on Education, 1968?

   _____

   _____

3. What is “Operation Blackboard”?

   _____

   _____

4. Name and share details on few schemes and programs for Girl Child Education under Government of India.

   _____

   _____

5. What are the key features of Right to Education Act, 2009?

   _____

   _____

2.5 NUTRITIONAL POLICIES AND PROGRAMMES FOR CHILDREN

Proper nutrition in early years of development is regarded as the key to proper development of a child and his ability to add economic value to the society and country in his / her adult years. Child under-nutrition is a leading cause of child morbidity and mortality. Child malnutrition weakens immunity and resistance to disease. Overall, child malnutrition is a risk factor for 22.4% of India's total burden of diseases. A third of the deaths in children is avoidable if under nutrition is prevented. It is estimated that the cost of treating malnutrition is 27 times more than investment required for its prevention (Save the Children, 2015)

- **National Nutrition Policy, 1993 (NNP)**, was introduced to combat the problem of under - nutrition. The NNP aims at addressing the issues/problems related to nutrition by using short term (direct) and indirect (long-term) interventions in the field of food production and distribution, urban and rural development, health and family welfare, woman and child development and so forth. The policy recognizes nutrition as a multi-sectoral issue and provides that it is vital to tackle the problem of nutrition both through direct and indirect interventions. It provides for various institutional mechanisms at all levels for addressing the problems of under-nutrition in terms of National Nutrition Council, States and District Nutrition Council among others. The Ministry of Women and Child Development has taken initiatives to facilitate setting up and reactivating these mechanisms across the States.

- **National Nutrition Mission (NNM):** The National Nutrition Mission also looks into the problem of malnutrition of children and addresses it by enabling direction to the concerned departments of the government. It is a flagship programme of the Ministry of Women and Child development, Government of India which ensures convergence with various programmes i.e. Anganwadi Services, Pradhan mantra Matru Vandana Yojona, Scheme for adolescent Girls, Janani Suraksha Yojona etc. The NHM goals is to reduce the level of stunting, under-nutrition, anemia and low birth weight babies. It will make collaboration; guarantee better monitoring, issue can, and support States/UTs to perform, direct and regulate the line Ministries and States/UTs to accomplish the focused-on objectives. The programme would be implemented in three phases commencing from 2017-2018 to 2019-2020 with a total budget of Rs. 9046.17 crore.

- **National** A**ction Plan on Nutrition 1995** is a multi-sectoral plan with the objectives and tasks of different sectors. There is a need to review National Action Plan on Nutrition using monitor-able targets, interventions, and strategies based on WHO child growth standards for reviewing the role of sectors.

- **Mid-Day Meal Programme:** The Mid-Day Meal Programme was launched in the year 2001 by the Government of India with an aim to improve the nutritional status of the children in nationwide. Under this programme, every child in government and government aided primary schools are to be served mid-day meal with a minimum content of 300 calories of energy and 8-12 grams protein

per day for a minimum of 200 days. The food norms have been revised in the year 2009, to ensure balanced and nutritious diet to children of upper primary group by increasing the quality of pulses from 25 to 30 grams, vegetable from 65-75 grams and by decreasing the quantity of oil and fat from 10 grams to 7.5 grams.

Box 2.3: WHO Nutrition Targets for 2025

Global Nutrition Targets for 2025- World Health Organization:

Recognizing that accelerated global action is needed to address the pervasive and corrosive problem of the double-burden of malnutrition, in 2012 the World Health Assembly (WHA) unanimously agreed to a set of six global nutrition targets that by 2025 aim to:

- *Reduce by 40 per cent the number of children under 5 who are stunted;*
- *Achieve a 50 per cent reduction in the rate of anemia in women of reproductive age;*
- *Achieve a 30 per cent reduction in the rate of infants born low birth weight;*
- *Ensure that there is no increase in the rate of children who are overweight;*
- *Increase to at least 50 per cent the rate of exclusive breastfeeding in the first six months; and*
- *Reduce and maintain childhood wasting to less than 5 per cent.*

- **Integrated Child Development Scheme (ICDS):** The Integrated Child Development Scheme comes under the purview of the Ministry of Women and Child Development (MWCD). ICDS does not only work for the health sector but also in the educational and social development of the children. The objectives of ICDS are:

a) To improve the nutritional and health status of children in the age group 0-6 years;

b) To lay the foundation for proper psychological, physical and social development of the child; c) to reduce the incidence of mortality, morbidity, malnutrition and school dropout;

d) To regulate effective coordination of policy and programme implementation amongst various departments to promote child development;

e) To enhance the capability of the mother through proper nutrition education for taking care of the normal health and nutritional needs and health of the child.

The ICDS programme was launched experimentally and rather modestly, by covering 33 Blocks/slums in 1975-76(Annual Report, Department of Women and Child Development, 1993-94).

- **Crèches for Children of Working and Ailing Women**: The scheme, implemented since 1975, has been designed to free the working, and in some cases ailing mothers, from the task of looking after their children while they are on work or are sick. Those parents whose monthly income does not surpass Rs. 1800/- are eligible to avail services under this scheme such as children generally belong to casual migrant vendors, construction laborers groups etc. The available crèche facilities include sleeping and daycare services, supplementary nutrition, immunization, medicines, entertainment and checkups at weekly intervals. The scheme is implemented by the Central Social Welfare Board (CSWB) which gives grants-in-aid to various non-governmental organizations to manage the crèches.

Box 2.4: ICDS in brief

The Integrated Child Development Scheme (ICDS) is a Centrally Sponsored Scheme of Government of India for early childhood care and development. The prime objective of the programme is to lay foundation for proper psychological, physical and social development of the child, improve health and nutritional status of children below six years of age, reduce infant mortality, morbidity, malnutrition and school dropouts, achieve effective policy implementation to promote child development and enhance capability of the mother to look after health and nutrition, education and other needs of her child. The selected indicators are devised under standardised Management Information System (MIS) and Central Monitoring Unit (CMU) which is established in NIPCCD in 2008 for strengthening the monitoring system. Many states have introduced state specific initiatives and good practices for effective implementation of ICDS scheme. The Kishori Shakti Yojana is an adolescent girl's scheme implemented through Anganwadi Centres under ICDS Projects.

(Source: http://www.icds-wcd.nic.in/icds.aspx)

CHECK YOUR PROGRESS

1. What are the primary objectives of ICDS?

   _____

2. What is "WHO Nutrition Target for 2025"?

   _____

3. Who all are the target population for the scheme Creches for children implemented since 1975?

   _____

4. What is the key issue looked at by National Nutrition Mission of India? It also speaks of convergence : comment.

   _____

2.6 POLICIES AND PROGRAMMES FOR CHILDREN ON HEALTH

- **National Health Policy (NHP) 2002**: The National Health Policy of 1983 and National Health Policy of 2002 have served to promote the status of health across the country. The Policy has set up goals to be achieved by 2000-2015 such as eradication of Polio, elimination of leprosy, increase health sector expenditure from 5.5% to 7%, decentralization of implementation of public health programmes. Some of the achievements of the policy were changes in the epidemics of polio, malaria, leprosy. There have been also decreases in the crude birth rate and crude death rate, Infant Mortality Rate (IMR). It urges the government to give importance to school health education programmes which aims at preventive-health education, providing regular health check-ups, and promoting health-seeking behavior. This will encourage children to learn appropriate health seeking behaviors (Government of India, 2002).

- **National Charter for Children 2003:** National Charter for Children was introduced in February 2004, by the Department of Women and Child Development and the Ministry of Human Resource and Development. The charter recognizes the right of every child to survival of life and liberty and need for the state to protect these rights. The charter deliberates the necessity of appropriate health and nutrition facilities for children as well as mental health. It further enshrines the need for nutritious food, safe drinking water and environmental sanitation and hygiene to be provided to poor families. It also provides and recognizes the need

for protection of every child who is abandoned and neglected. The charter also commits to the need for all children to get free primary education and early childhood care.

- **School Health Programmes**: It is a school programme for school health services under National Health Mission launched in accomplishing the vision of NHM to provide effective health care services nationwide. This programme aims to provide preventive, promotive and curative health services to school going children. Further, the school health programme addresses the health and nutrition needs of children with the intention of fulfilling the requirements of present lifestyle. It will cover 12, 88,750 government and private aided schools covering 22 core students all over India. The components of this programme are; screening health care and referral, Immunization, Micronutrient management, De-worming, Health promoting schools, capacity building (Guideline in School Health Programme).

  Apart from these the Government of India also has started flagship programs to ensure preventive and promotive care during infancy, reproductive and adolescent stages of life.

- **Pulse Polio Immunization Programme:** The Pulse Polio Immunization Programme implemented by the Ministry of Health and Family Welfare in the year 1995 with an aim to cover under oral polio vaccine for all children below five years of age. It aimed to inoculate children with a massive social mobilization, mopping up operations in areas where poliovirus has almost disappeared and uphold high level of morale among the public. The programme

covers 166 million children in every round of National Immunization Day.

- **Universal Immunization Programme**: To control deaths due to acute respiratory infections, control of diarrheal diseases, provision of essential new-born care, prophylactic programmes for prevention of micro nutrients relating to Vitamin A and iron a Vaccination programme launched by the Government of India in 1985. In 1992, this programme was a part of Child Survival and Safe Motherhood Programme. Currently, it is a key area of National Health Mission. The ministry further initiated Measles-Rubella (MR) vaccination campaign targeting the children from 9 months to below 15 years of age group under this programme.

- **Reproductive and Child Health Programme (RCH):** In 1997 the Ministry of Health and Family Welfare in accordance with the ICPD Cairo conference and in concurrence to the Ninth Five Year Plan (1997-2002), initiated Reproductive Child Health Programme aimed to provide integrated Health and Family Welfare services to meet the felt needs for health care of women and children. It was conceptualized to provide the beneficiaries with need based, client centered, high quality reproductive and child health services. The RCH programme aims at bringing RCH services within easy reach of the community. This programme incorporate the components covered under Child Survival and Safe Motherhood Programme. The RCH program entails a change not only in program policy but also in management and implementation. The goals of the RCH programme includes; removing all targets; phasing out incentive payments to both providers and acceptors of family planning

methods; increasing utilization of existing facilities rather than creating new structures; and using the voluntary and private sectors to increase access to services and fill gaps left by public-sector providers.

- **National Health Mission:** The National Health Mission (NHM) was introduced by the Government of India in 2013 converging the National Rural Health Mission (NRHM) and National Urban Health Mission (NUHM). Both NRHM and NUHM are part of NHM six components. The six components of National Health Mission are:
- National Rural Health Mission (NRHM-RCH Flexipool)
- National Urban Health Mission Flexi-pool for towns/cities with a population of 50,000
- Flexible pool for Communicable disease
- Flexible pool for Non-communicable disease including Injury and Trauma
- Infrastructure Maintenance
- Family Welfare Central Sector component.

The NHM initiated various programmes to strengthen the health of the children such as;

a) Janani Suraksha Yojona (JSY) aims to reduce maternal mortality rate among the pregnant women by encouraging institutional delivery,

b) Janani Shishu Suraksha Karyakaram (JSSK) seeks to provide free transport facilities, drugs, diagnostic, blood, diet, etc. to pregnant women

who come for delivery in public health institutions and sick infants up to one year,

c) Rashtriya Bal SwasthyaKaryakaram (RBSK) aims at screening disease specific to childhood, development delays, disabilities, birth defects and deficiencies,

d) Maternal and Child Health Wings (MCH Wings): Under NRHM, 100/50/30 bedded state of the art MCH Wings are established in District Hospitals, District Women's Hospitals, Sub-District Hospitals and CHC to overcome the increasing loads and institutional deliveries at these hospitals (MoHFW, Annual Report 2015-16).

Water Sanitation and Hygiene (WASH) Policies for Children in India

The WHO estimates that 50% of malnutrition is associated with repeated Diarrhoea or intestinal worm infections resulting from inadequate sanitation or unhygienic, intake of unsafe water, etc. (Save the Children, 2015). Diarrhoea, largely caused by lack of water, sanitation and hygiene, is a leading cause of death in children under five globally, and its constant presence in low-income settings may contribute significantly to under-nutrition. Parasitic infections, such as soil-transmitted Helminths (worms), caused by a lack of sanitation and hygiene, infect around 2 billion people globally, while an estimated 4.5 billion people are at risk of infection. Such infections can lead to Anemia and physical and cognitive impairment.

According to Water Aid, the lack of safe water close to home has many indirect effects on nutrition. In many cases, people often drink unsafe water from unprotected sources due to lack of safe drinking water facilities. The time wasted fetching water or suffering from water-related

illnesses prevents young people from getting an education, which has a significant impact on their health, well-being and economic status (Save the Children, 2015).

Water Aid estimated that nearly 1000 children die every day from Diarrhoea; epidemics of Diarrhoea are frequently reported from across the country, especially during the monsoon, as a result of poor sanitation. Chemical contamination of water has led to communities nearly 1/3rd of the nation's 600 districts drinking water high in Fluoride levels and increased Arsenic levels in drinking water affects an estimated 100 million people; 66 million Indians are estimated to be affected by skeletal Fluorosis. Leucorrhoea is a common gynecological disorder, arising out of poor menstrual and genital hygiene. A significant cause of child mortality in India, currently at 79 per 1000 children, is a result of limited access to safe WASH. Children may survive, but may continue to suffer from chronic Diarrhoea, resulting into poor absorption of nutrients; 43% of Indian children aged less than 5 years are malnourished, and 48% are stunted. 7 out of every 10 children are Anemic in India. While the incidence of diseases such as diarrhea, mosquito borne diseases and diseases due to chemical contamination of water, can be attributed to limited access to safe WASH, it is not possible to attribute high child mortality and poor nutritional status solely to poor WASH services. That there are linkages between WASH and Nutrition is now being recognized, but more needs to be done to document the extent and the significance of the linkages (WaterAid, 2011).

The discipline of Public Health does not recognize these linkages, the Health Sector as a whole; the Department of Public Health Engineering, who are responsible for improving access to safe WASH, are preoccupied

with issues of infrastructure, while disease reduction is because of a combination of access to services and behaviour change. Behaviour change with regard to use of toilets, and improved hand washing practices, is an issue which the Health Sector needs to promote as part of its program. There has been some recognition of this need by the National Rural Health Mission, and Accredited Social Health Activists (ASHA) at the village-level are being trained for Behavior Change Communication (WaterAid, 2011).

Box 2.5: NGOs working on WASH in schools in India

GIZ, the German development agency, collaborates with the MoUD and seven select states including Chhattisgarh, Maharashtra, and Madhya Pradesh, and 10 ULBs in planning, implementing, operating and maintaining sustainable citywide sanitation. In 2010, GIZ also agreed to support the preparation of CSPs in six cities, namely, Shimla, Varanasi, Nasik, Raipur, Kochi, and Tirupati and the development of State Sanitation Strategy (SSS) and upscaling activities under the National School Sanitation Initiative (NSSI) through its "Support to the National Urban Sanitation Policy" program.

GIZ is also supporting the Ministry of Human Resource Development (MoHRD) in implementing the NSSI and is collaborating with the Central Board of Secondary Education (CBSE) for improving sanitation facilities in selected schools across India and in building awareness on issues concerning sanitation and hygiene. Sanitation is one of the six thematic areas identified for establishing a Health Promoting School.

WaterAid partners with the state governments and ULBs, especially in the area of sanitation focusing on inclusion and rights in states like Madhya Pradesh, Bihar, Odisha and Uttar Pradesh. In Odisha, for instance, while it

has implemented integrated projects in Puri and Bhubaneswar and also addressed WASH in schools in Bhubaneswar, its primary strategy has been to empower the communities through knowledge, information and capacity building. WaterAid adopts principles of inclusion and equity, with rights as a cross-cutting theme.

-Population Foundation of India (Nair et al., 2013)

CHECK YOUR PROGRESS

1. Fill in the gaps in following statements drawn from the chapter
   a) WHO estimates ----------is associated with repeated Diarrhoea or intestinal worm infection.
   b) Water Aid estimated that nearly----------children die every day from Diarrhoea.
2. The Six Components of National Health Mission are?
   ……..
3. Some of the key programmes initiated by NHM to address child health are…..
4. Some of the key projects of non-governmental organizations working in water, sanitation hygiene are …….
5. "This programme aims to provide preventive, promotive and curative health services to school going children"- what is the name of this programme and how is it implemented?

2.7 SUMMARY

In this unit, we looked at the various policies, programmes and schemes designed for holistic development of children in India. The first part of the unit discussed about the National Policy for Children, 2013, which gives importance to children rights, survival, health, education, nutrition, advocacy and partnerships, participation and protection. Then, we examined the educational, health, and nutritional policies, programmes and schemes implemented by the Government of India for the overall development of children in India. Lastly, we discussed the Water Sanitation and Hygiene (WASH) policies for children in India which aims at improving the hygienic conditions, sanitations and providing safe drinking water facilities.

Suggested Questions

1. Critically analyze the current status of children in India. Suggest the measures for interventions.
2. Discuss the salient features of National Policy for Children, 2013.
3. Explain the needs for child participation in decision-making process.
4. Discuss the various educational policies and programme for children in India.
5. Suggest the measures to combat malnutrition among children in India.
6. Write a short essay on Right to Education (RTE) Act.
7. Write in your own words what do you understand by 'Child Survival'?
8. Describe briefly the WASH policies for Children.
9. What are the various Nutritional Policies and Programmes for Children in India.
10. Highlight the role of professional social worker in working with children in difficult circumstances.

Further Readings

- Reports sent by the Indian government to UN on the status on implementation of Convention on Child Rights (UNCRC) in India.
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- World Health Organisation (2008). Safer Water, Better Health: Costs, Benefits and Sustainability of Interventions to Protect and Promote Health. Retrieved from http:// whqlibdoc.who.int/publications/2008/9789241596435_ eng.pdf
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