

## **Bihar State Draft Plan of Action for Children 2017**



**2017 – 22**

**Approach to Develop the Draft State Plan of Action**

## Approach to Develop the Draft Plan of Action: Key Steps

1. **Reviewing important documents** related to existing policies, action plans, road-maps, resolutions, programme strategies and sector reports that have a bearing on the well-being of children;
2. **Pooling data around a selection of key indicators** to assess the situation of children in Bihar from the standpoint of fulfillment of their rights to survival, protection, development and participation;
3. **Zeroing down upon key challenges facing children in the state** that need to be addressed through well-coordinated strategies and actions involving multiple departments;
4. **Proposing arrangements for implementation** of the State Action Plan, by outlining coordination mechanisms, system for periodic monitoring of implementation and broad strategies for financing of the plan.

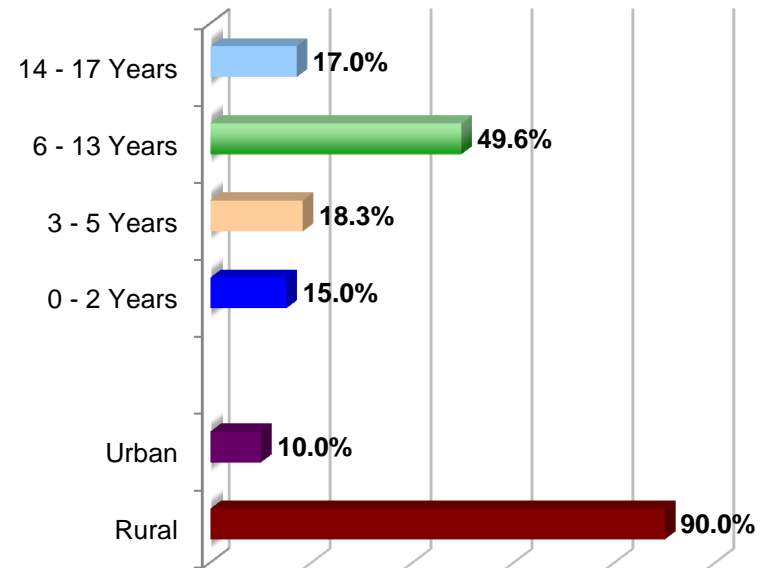
## **Situation of Children in Bihar**

## Demographic particulars

### Child Population

- The child population of Bihar in the age group of 0-17 years is about 4.75 crores, (46% of Bihar's total population). Female child population accounts for 47.5% of the total child population.
- Hindus contribute to a majority of child population (81%), followed by Muslims (18%) and others (0.5%).
- The percentage of SC children hovers around 17% whereas 1.3% children belong to Scheduled Tribes.

Distribution of Bihar's child population by age-groups and residence  
(Source: Census 2011)

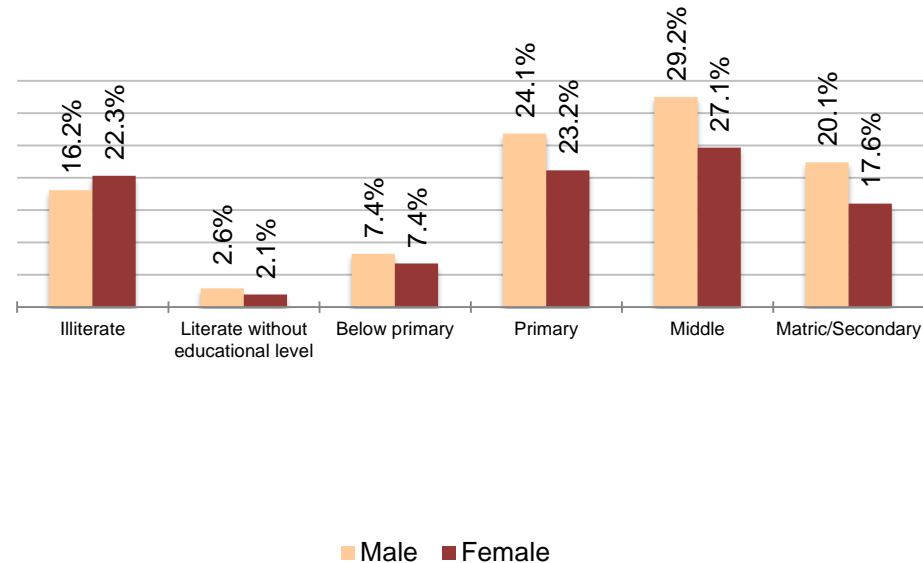


## Demographic particulars

- There is a decline in Child Sex Ratio in the age group of 0-6 years in the state from 942 in Census 2001 to 935 in Census 2011.
  - Kishanganj (971), Katihar (961) and Gaya (960) have the highest child sex ratio, whereas, Vaishali (904), Patna (909) and Muzaffarpur (915) have the lowest.
- The rate of literacy among children below 18 years of age hovers around 79.54%, with girls registering a marginally lower literacy rate of 76.95%.
- About 1.8% children are living with different forms of disabilities in seeing, hearing, speech, movement, mental retardation, etc.

### Gender disparity in educational attainment of children in the age group of 14-17 years

(Source: Census 2011)



**Situation of Children vis-à-vis**  
**The Right to Survival**

## Mortality Indicators

- High maternal and child mortality rates, particularly Under Five.

### NNMR – 28/1000 live births (SRS 2015)

- Contributing to about 52% of all deaths in childhood
- The lowest NMR is in Patna (18/1000LB) followed by Nalanda and Sheikhpura (23/1000LB) and on the higher side are Kishanganj and Khagaria at 44/1000LB and Madhepura at 45/1000LB (AHS 2012-13)

### IMR- Reduced significantly from 61/1000 live births (SRS 2004) to 42/1000 live births (SRS 2015) but stagnant since 2013.

- Contributes to 67% of total Neonatal Mortality
- Gender gap in IMR have widened with female IMR increasing from 43/1000LB in 2013 to 50/1000LB in 2015, whereas male IMR decreased from 40/1000LB in 2013 to 36/1000LB in 2015.
- The lowest IMR is in Patna 31/1000LB and highest in Madhepura 64/1000LB .

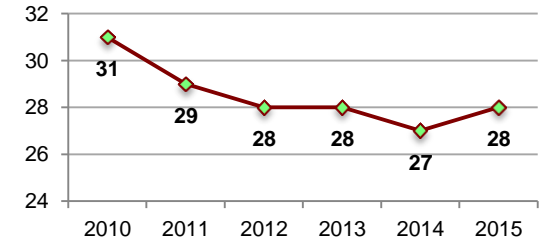
### UFMR - Sharp decline in Under 5 Mortality Rate with 4% annual compound rate of decline from 64/1000LB in 2010 to 48/1000LB in 2015.

- Contributes to 60% of neonatal deaths in Bihar

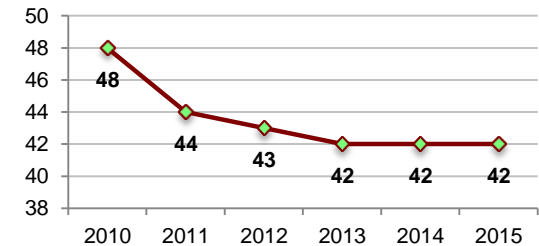
### MMR in Bihar is 208 per 100,000 live births. (SRS 2015)

- Purnia and Magadh divisions record the highest MMR in the state (AHS 2012-13).

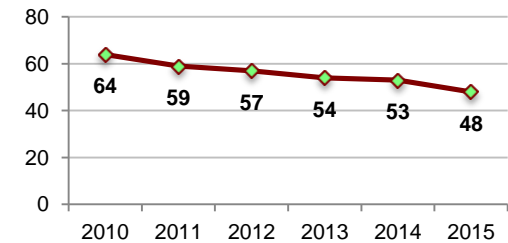
Trend of change in NNMR  
(Source: SRS)



Trend of change in IMR  
(Source: SRS)



Trend of change in U5MR  
(Source: SRS)



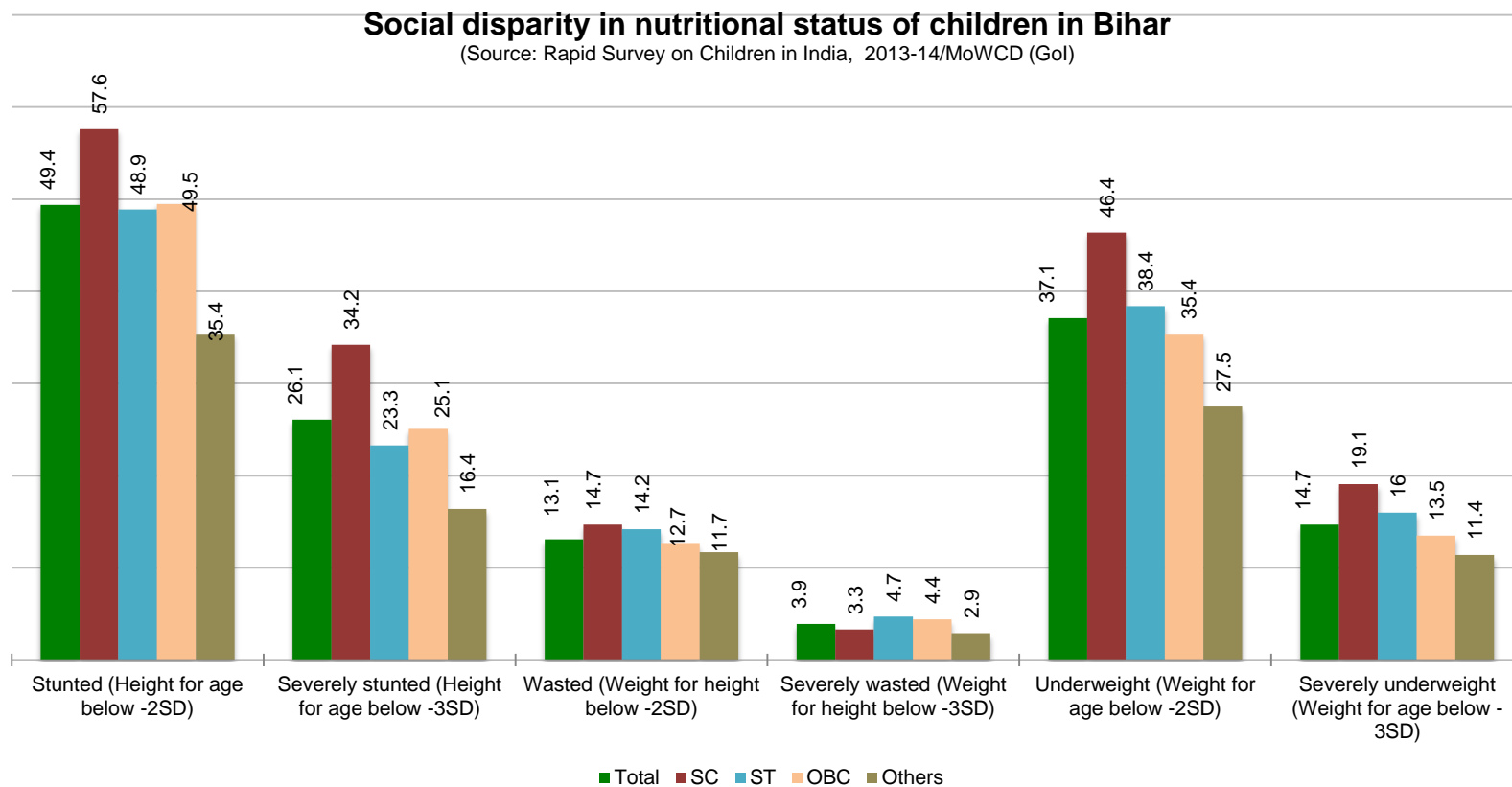
## Status of Maternal and Child Care

- Significantly low uptake of **antenatal care** among pregnant women (3.3%)
  - Siwan records the highest, with 7.9% women availing full ANC services, much higher than the state average of 3.3% (NFHS-4).
- The state average of **institutional births** hovers around 63.8%.
  - Patna stands highest in this regard with 86.4%, while Sitamarhi emerges to be the lowest with only 37.3% institutional births (NFHS-4).
- The state average of **full immunization** hovers around 61.7%, showing an increase of 29 percent points in last one decade (NFHS-4).
  - **Saharsa** stands highest with 78% fully immunized children of age 12-23 months, while **West Champaran** records the lowest with only 29.4%.

## Status of Nutrition

- About 45.2% of girls aged 15-18 years registered Body Mass Index less than 18 kg/m (RSOC, MoWCD)
- Nearly 63.5% children aged 6-59 months and 60.3% women aged 15-49 years suffering from **Anaemia** (NFHS-4).
- **The percentage of children under 6 months exclusively breast-fed** stands at 53.5%. Alarming, the percentage of children (6-8 months) receiving solid or semi-solid food and breast milk has declined by 24 percent points between NFHS 3 and 4.
- About 48.3% of children under five years of age, are **stunted**, which is higher than the national figure of 38.4%.
  - Sitamarhi district has the prevalence of stunting (57.3%).
- About 20.8% children in the state are **wasted**, which is largely same as national figure.
  - Arwal has the highest concentration of wasted children (30.7%).
- Additionally, about 43.9% of the children in the state are **underweight**, which is higher than the national figure of 35.7%.
  - Arwal records the highest concentration of underweight children (54%).

- As per RSoC, MoWCD (GoI), the proportion of children facing growth failure is relatively much higher in SC community followed by children of ST, OBC and other community



## Status of access to safe drinking water & improved sanitation resources

- As per NFHS-4 (2015-16), currently 98.2% households have access to improved drinking water sources, which is higher than the national average of 89.9%.
  - Jamui registers the lowest, with only 78.6% households having such access.
- Only 25.2% households are using **improved-sanitation facilities**, which is less than the national average of 48.4%.
  - Only 20.7% rural households are using improved sanitation facilities as compared to 54.9% urban households.
- Out of all the **cases of Viral Hepatitis** in India about 20% have been reported from Bihar; similarly, Bihar accounts for about 15% of all reported cases of Typhoid in India. (Department of Health and Family Welfare (GoI))
- About 1590 (1.48%) habitations in 50 blocks are affected by **Arsenic contamination**.
- 4157 (3.86%) habitations in 98 blocks are affected by **Fluoride contamination**.
- 18673 (17.35%) habitations in 101 blocks are affected by **Iron contamination**.

## Status of Health Infrastructure

- As per Gap Analysis under State PIP 2014-15 (NHM), there are significant gaps in infrastructure, human resource, equipment and medicines.
- Almost one third of PHCs in 10 high performing districts (HPDs) don't have NBCCs and operation theaters.
- There is no dedicated ANC clinic at PHC / APHC level and most VHSND sites don't have space and privacy for ANC checkups.
- Almost 70% of PHCs in 10 HPDs are more than 30km away from the nearest facility offering C-Section facility.
- Inadequate Grade A nurses and ANMs at delivery points to offer NBCC services.
- No system for distribution of IFA in schools and AWC regularly.

**Situation of Children vis-à-vis**

# **The Right to Development**

## Status of Access to Pre-school and Elementary Education

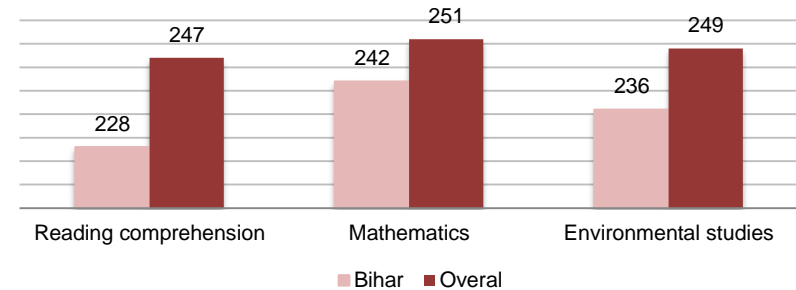
- As per Rapid Survey on Children, 2013-14 (MoWCD), out of households/ children covered by *Anganwadi* centres only 48.8% children aged 3-6 years were attending pre-school.
- The total children enrolled between Grades I to VIII (23431785) include 19.8% SC children, 1.8% ST children, 65% OBC and 15% Muslim children (U-DISE 2015-16).
- The ratio of enrolment of girls over boys shows an increasing trend over last one decade from 0.8% in primary in 2005-06 to 0.98% in 2015-16, and from 0.64% in upper primary in 2005-06 to 1.02% (U-DISE 2015-16).
- The Gross Enrolment Ratio (GER) at primary and upper primary levels in 2015-16 are almost the same, which hovers around 107.67 and 107.89 respectively (U-DISE 2015-16)
- The Net Enrolment Ratio (NER) at upper primary level is about 96.88 in (U-DISE 2015-16).
- Increase in drop-outs, especially after standard 5. The retention rate for overall elementary level is as low as 54.87%, whereas the average drop out rate for elementary is 1.13 (U-DISE 2015-16).
- Out of the total children enrolled in standard I-VIII, there are around 0.84% (1.98 Lakh) children with special needs (U-DISE 2015-16).

## Quality of Education

- As per National Achievement Survey, the average achievement score of the state for class V is significantly below that of the overall achievement score of the country for class V [Ref. NAS National Report-Class-V-Cycle 3].
- The scores of class VIII students for reading comprehension (242) and science (241) is relatively less than the corresponding national scores (247 and 251). However, the score of students in Mathematics (261) is significantly higher than the overall national score (245) in Mathematics.
- Social group wise variation in performance suggests, OBC students and 'others' significantly outperformed SC/ST students in most subjects.
- However, there is no significant disparity in terms of rural urban and gender wise performance.

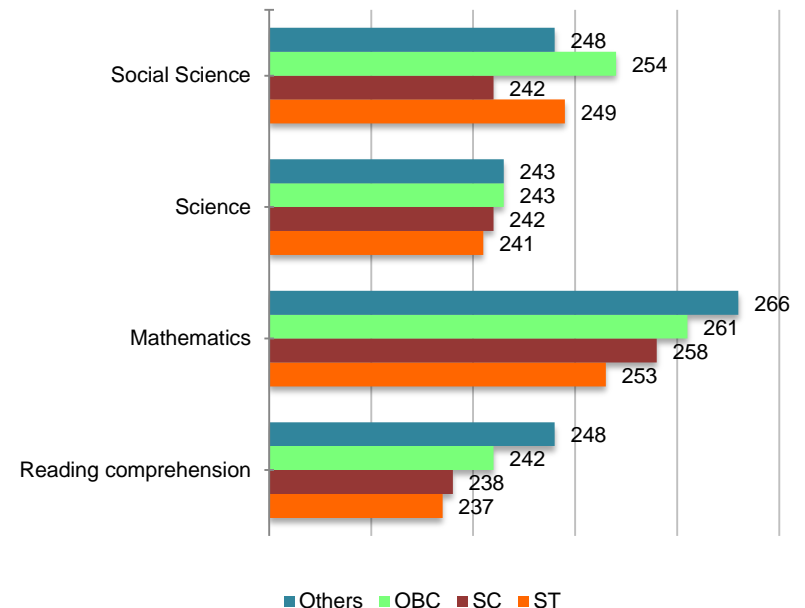
### Achievement level of class V students of Bihar

(Source: NAS/Cycle-3, 2014)



### Social group wise achievement levels of students of class VIII in Bihar

(Source: NAS/Cycle-3, 2014/Bihar report)

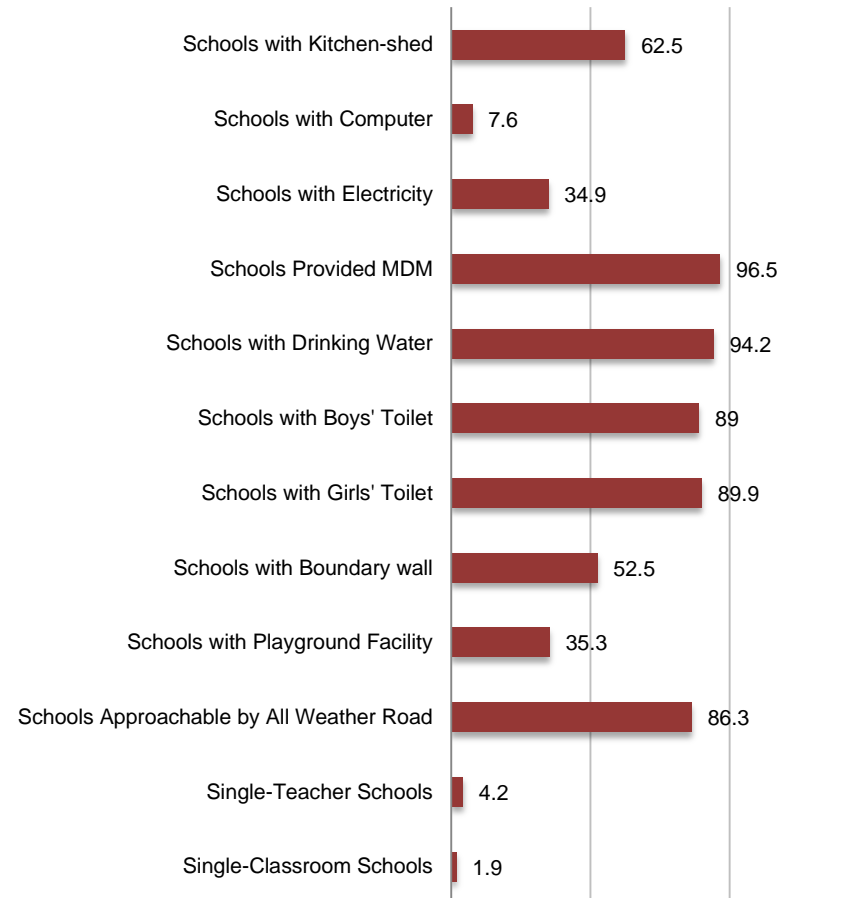


## Facilities and Infrastructure

- The state has a total of 80166 schools, of which nearly 54.14% schools are primary only and 41.05% schools are primary with upper primary. Only about 5% schools have secondary and higher secondary sections.
- Shortage of adequate trained teachers at elementary level as per RTE norms.
- Lack of special training facility for children over 6 years, who have not been admitted to school or could not complete elementary education.
- Limited opportunities of vocational/ skill development training for older children.

## Facilities and Infrastructure

(Source: U-DISE 2015-16)



**Situation of Children vis-à-vis**

# **The Right to Protection**

## Child Labour

- With 12.9 Lakh **child workers**, Bihar has nearly 11% of India's total child worker population in 5-14 years age group (Census 2011).
- There's an increase of 9.31% in the number of child workers since Census 2001 (1178583).
  - District-wise variations suggest Gaya (7.27%) and Patna (6.05%) have highest population of such children, followed by East Champaran (4.93%), West Champaran (4.89%) and Madhubani (4.78%).
- Nearly 59% child main workers are not attending educational institution.

## Child Marriages

- High prevalence of **early marriage** (39%), despite decline of 21 percent points in last one decade, which is significantly higher than the national average of 27%.
  - Madhepura (58.3%) has highest percentage of girls married before the age of 18 years, followed by Supaul and Begusarai with 56.9% and 53.2% respectively.

## Gap Between Births Registered and Total Estimated no. of Births

- The decadal growth rate in birth registration between 2005-2014 in Bihar was 26.7%. However, still there is a significant gap of 35 percent in estimated number of births (2640298) and registered births (1694565) (CRS2014).

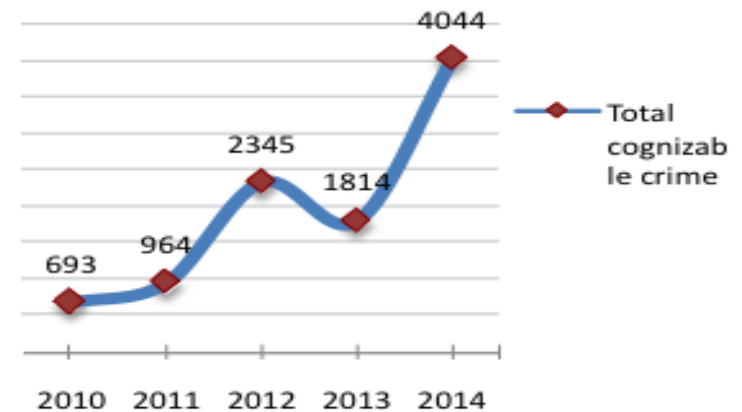
## Children facing crimes and those in conflict with law

- The decadal trend of **crimes against children** suggests manifold increase in the reporting of cases of crimes against children, from 66 cases reported in 2006 to 1917 cases reported in 2015. (NCRB).
- In 2015, out of the total (3080) cases registered in the country against **procuration of minor girls**, about 10 % were from Bihar, making the state third highest after Assam and West Bengal respectively.
- Growing number of **children in conflict with law**, alongside limited opportunities of reintegration. The NCRB figures indicate an increase of more than 400% in juvenile delinquency during 2010-2014.

**Table 2.6 – Juvenile delinquency in Bihar (Source: NCRB)**

Bihar	2010	2014
Murder	43	34
Culpable homicide not amounting to murder	3	1
Rape	26	43
Kidnapping and Abduction	71	273
Dacoity	16	3
Robbery	25	15
Burglary	33	36
Theft	150	643
Riots	67	107
Criminal breach of trust	0	20
Cheating	1	236
Counterfeiting	0	1
Other IPC crimes	258	2632
<b>Total cognizable crimes</b>	<b>693</b>	<b>4044</b>

**Diagram 2.20 - Trend of juvenile delinquency in Bihar**

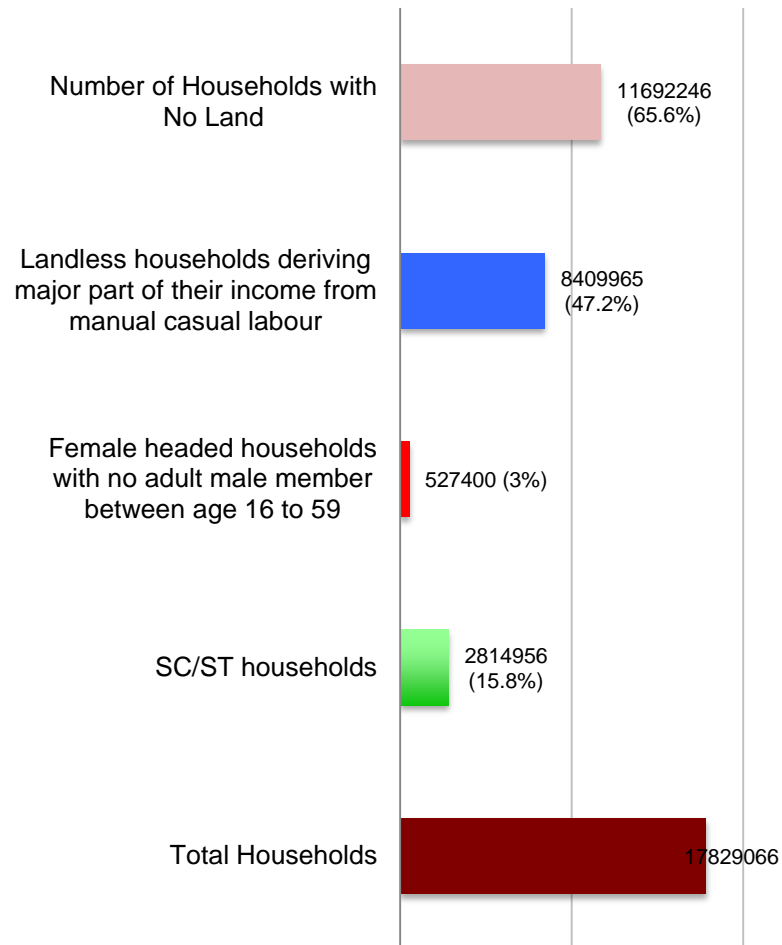


## Children facing acute vulnerabilities

- A significant 116 lakh (65.6%) rural households are landless (SECC 2011)
- About 5.27 lakh households (3%) are being headed by females with no male member between the age of 16 to 59 years. (SECC 2011)
- While about 84.09 lakh (47.2%) rural households derive major part of their income from manual casual labor works. (SECC 2011)
- Additionally, about 28 districts of Bihar face floods on a frequent basis
- The districts of Sitamarhi, Supaul and Kishanganj are 90% affected by flood,
- Five districts- Bhagalpur, Darbhanga, Khagaria, Madhepura, Saharsa get around 70% affected
- And in the rest of the districts, the flood-affected areas vary from 55% to 25%.

## Number of deprived households

(Source: SECC-2011)



**Situation of Children vis-à-vis**

# **The Right to Participation**

## Spaces available for Child Participation

- The Government of Bihar has set up *Bal Sansads* in all the elementary schools to ensure children's participation in education.
- *Meena Manchs* have been established in all upper primary schools of the state.
- Bihar has recently taken the initiative to constitute Child Protection Committees in all the districts, extending up to the ward level. The child representatives in the committee are expected to bring in the requirements and concerns related to protection of children from their own perspective.
- Limited awareness among children about their rights, entitlements, and support services and perceived insignificance of children's views (on the part of adults) continue to limit child's participation.
- There is a need to set monitorable indicators of child participation.

**Priority Areas for *Action***

## Key Imperatives

**Imperative 1:** Reducing Mortality Rates among Children

**Imperative 2:** Breaking the Intergenerational Cycle of Malnutrition

**Imperative 3:** Improving Accessibility of Children to Safe Drinking Water and Sanitation

**Imperative 4:** Ensuring Universal Access of Children to Continuous Education Right From ECCE Level

**Imperative 5:** Improving Quality of Education

**Imperative 6:** Preventing Child Marriages and Securing a Child's Right to Development

**Imperative 7:** Protecting Children from Economic Exploitation and Labour Works

**Imperative 8:** Safeguarding of Children in Need of Care and Protection and Reintegration of Children in Conflict with Law

**Imperative 9:** Creating Enabling Environment for Child to Participate

## Types of strategies / actions proposed

1. Effective implementation of laws, schemes and programmes
2. Mapping of vulnerable families/ children and linking them with relevant development schemes
3. Developing databases to enable monitoring of outcomes
4. Raising community awareness on issues of concern through suitable institutional interventions.
5. Formation of collectives to respond to/ prevent/ monitor issues
6. Strengthening institutions by enhancing capacities and provision of adequate staffing for improved services, infrastructure and outreach
7. Expanding spaces for direct participation of children
8. Facilitating improvements in uptake of vital schemes and services
9. Strengthening / creating child-relevant resources at various levels
10. Strengthening networks, linkages and convergences of services
11. Incentivizing institutions registering outstanding performance towards safeguarding children

## Imperative 1 – Reducing Mortality Rates among Children

Effective implementation of laws, schemes and programmes towards securing a child's right to survival, life and health, e.g. PCPNDT Act, JSY, NHM, etc.

Improving maternal health care system and access to essential and comprehensive health care services to all women before, during and after delivery

Improving new born care facilities; promotion of regular home visits by ASHA to ensure safe post natal care practices, exclusive breast feeding, early detection of danger signs, among others

Preventing HIV infection at birth by ensuring provision of universal testing services for all pregnant women and availability of ART/ARV prophylaxis to mother and baby to minimise the risk of HIV transmission.

Promoting integrated management of neonatal and childhood illnesses for early diagnosis of diseases, defects and deficiencies.

Raising community awareness on issues of concern i.e. Anemia, importance of institutional delivery, child care practices and importance of early, exclusive and complementary feeding practices for children, immunization, etc.

Improving quality of health services at PHCs, CHCs and FRUs, especially in low performing districts by strengthening facilities as per IPHS norms, ensuring availability of all required services and trained personnel.

Ensuring quality services at the AWCs with especial focus on low performing districts.

Increasing uptake of vital services by promoting behavioural change through communication interventions to improve maternal, new born and child care practices.

Ensuring availability of additional maternal and child health care services to disaster affected pockets.

## Imperative 2 – Breaking the Intergenerational Cycle of Malnutrition

Availability of essential services, support and provisions for nutritional attainment in a life cycle approach, i.e. for better health outcomes in adolescent girls, pregnant women and children.

Universalisation of THR for all pregnant and lactating women.

Promoting nutritional value of local food resources.

Providing universal access to safe drinking water and ensuring regular monitoring of quality of drinking water across districts including schools and AWCs.

Encouraging use of toilets and ensuring promotional rewards for ODF villages/ panchayats/ blocks/districts, etc.

Promoting awareness related to safe health and hygiene practices

Identifying and focusing on low performing districts to ensure better outreach plans and services

Identifying disaster prone and high risk districts and develop preparedness and response plans for ensuring timely delivery of health and nutrition services to pregnant women, lactating mothers and children

## Imperative 3 – Improving Access of Children to Safe Drinking Water & Sanitation

Ensuring inclusivity in access to improved drinking water and sanitation facilities for all households, AWCs, and schools

Ensuring availability of functional toilets and hand-washing facility in all schools and AWCs.

Ensuring provision of H<sub>2</sub>S water testing in all sub-centres

Controlling microbial contamination by disinfecting supply water and establishing/ activating Arsenic/ Fluoride testing labs and ensuring testing of all water sources

Ensuring availability of piped drinking water sources in all habitations, AWCs and schools.

Providing all children between 1-18 years with de-worming treatment at AWCs and schools.

Increasing number of functional water sources by repairing defunct sources and ensuring proper drainage.

Identifying and renovating traditional water sources and channelizing traditional methods of water conservations for improving access to water

Generating awareness on preventive health care for babies and young children for common ailments, e.g. Diarrhea.

Installing treatment plant for water chemically contaminated water i.e. Arsenic, Fluoride, etc.

## Imperative 4 – Ensuring Universal Access of Children to Continuous Education, ECCE onwards

Ensuring home based and institution based stimulation activities in all domains of development: physical, motor, language, cognitive, social, emotional, creative, and aesthetic appreciation

Formalizing linkages between AWCs and primary schools and facilitating mentoring of AWWs by trained school teachers for better school-readiness and transition.

In-service training of AWWs to identify and address Special Education Needs of Special Children

Strengthening SHGs in monitoring and functioning of AWCs

Providing and promoting crèche and day care facilities for children of working mothers, ailing mothers and single parents under MGNREGA and National Crèche Scheme.

Ensuring every child in the age group of 6-14 years is in school with especial focus on SC/ST/nomadic/TG children.

Ensuring availability of residential schools in geographically excluded or hard to reach locations

Establish secondary or higher secondary schools wherever required, based on an entitlement-based approach.

Ensuring appropriate bridge courses, special training and counseling facility for OoS children or children rescued from labour works or exploitative conditions.

## Imperative 5 – Improving Quality of Education

Activating quality checks in all AWCs as per approved curricula and quality standards.

Strengthening community participation in the functioning of AWCs and its monitoring, e.g. through SHGs, mother's committee, PRIs.

Ensuring availability of adequate class and subject specific teaching learning materials and aids in all schools and madrasas.

Promoting learning enhancement programmes at primary level for quality early literacy and numeracy

Improving facilities in schools and encouraging community monitoring of schools

Ensuring that the proportion of children lagging behind acquire required level of competence through special trainings

Ensuring no child is subjected to any physical or mental punishment or harassment by teachers or other students.

Ensuring a purposeful learning environment in schools that encourages thinking, reading, writing, listening and speaking skills.

Ensuring availability of adequately trained teachers as per the norms in all schools, including Madrasas, *Dar-ul-ulooms* and others imparting education and training of teachers on child-centered pedagogy.

## Imperative 6 – Preventing Child Marriages and Securing a Child's Right to Development

Ensuring effective implementation of laws, schemes and programmes.

Establishing and strengthening local level committee e.g. CPCs and adolescent groups, *Baal Sansads*, *Meena manch* in schools, etc. to identify and report cases of violation of child rights.

Ensuring AWCs keep track of vulnerable households.

Raising community awareness on the implications of child marriage and establishing it as violation of child rights.

Enforcing compulsory registration of marriages.

Strengthening SMCs and Parents Teachers Associations towards delaying marriage or at least delaying consummation of marriage.

Developing suitable behavioral change communication strategies for mass awareness.

Establishing a girls' high school in every gram panchayat.

Integrating gender sensitization and rights education module in school curriculum, including a focus on child marriage as well.

Scaling up skill development training and vocational training for all OoS children, especially girls at post-elementary level.

Creating linkages between vulnerable families and social protection schemes and incentivizing panchayats to prevent child marriage or take action against child marriage.

Conducting research to better understand the underlying causes of child marriage in the state.

## Imperative 7 – Protecting Children from Economic Exploitation and Labour Works

Effective implementation of Child Labour (Prohibition and Regulation) Act, 1986 (amended in 2016), ensuring action against employers of children.

Working out modalities for identification of areas with high scale of migrants/ homeless families and establishing specific cells at the level of CRC to facilitate tracking and retention of potential drop outs.

Mapping vulnerable families/ children and linking them with relevant development/ protection schemes

Transition to an entitlement-based planning approach in order to generate reports on exclusions and to allocate adequate budgetary resources to saturate all eligible claimants of welfare schemes and services.

Formation of local committees to respond to/ prevent/ monitor the issue.

Running vocational courses of choice for rescued children above 14 years of age.

Incentivizing SMCs that are able to ensure child labour free school and improved turnout of students in school.

Developing suitable communication strategy to generate awareness on child rights and harms a child might face at work and importance of investing in self development before turning an adult.

## Imperative 8 – Safeguarding Children in Need of Care & Protection, and in Conflict with Law

Ensuring stringent implementation of laws towards safeguarding child's rights, e.g. PCPNDT Act 1994, PCMA 2006, RTE 2009, POCSO Act 2012, JJ Act 2015, etc.

Establishing CPCs at District, Block, Panchayat, Ward level and capacitate them around their roles and responsibilities and for developing child protection plan for their respective levels.

Conducting vulnerability mapping of children with especial focus on the marginalized sections, especially SC / ST / nomadic or TG.

Developing databases to enable monitoring of outcomes

Linking vulnerable families/ children with appropriate development and protection schemes/ programmes.

Designing communication strategies that challenge social acceptance of violence, neglect and exploitation of children.

Orienting CPCs, SMCs, FLWs, PRIs, parents and teachers on provisions of POCSO Act, JJ Act, and where to report and seek support from.

Strengthening institutional response towards safeguarding children from possible harms.

Ensuring adequate psychological, social and economic rehabilitation opportunities for survivors towards successful reintegration.

Ensuring all personnel in response institutions i.e. JJBs, CWCs, CCIs, SAAs, etc. are trained to deal with children.

Commissioning research to understand underlying factors that trigger violence against and crime committed by children.

Incentivizing institutions registering outstanding performance towards safeguarding children.

## Imperative 9 – Creating Enabling Environment for the Child to Participate

Sensitizing duty-bearers, communities and institutions dealing with children about children's right to participate and significance of involving them in any decision making process concerning them.

Developing suitable communication strategy to encourage parents to give respect to child's opinion and create an environment in which they can freely express themselves.

Ensuring that every child have access to the information they need to protect themselves from undesirable situations or harms and make informed decisions for themselves.

Ensuring active participation of adolescent groups i.e. Meena Manch and Baal Sansad to create awareness on child rights and importance to their participation to bring about the desired change.

Ensuring a participatory approach in classroom transaction of educational institutions by giving space for children to actively engage with the process.

Developing monitorable indicators of child participation

Empowering children to report and share any form of abuse or exploitation and seek support.

Recognizing and rewarding initiatives taken by children to protect their own as well as other children's rights, which can act as a catalyst for social change.

## **Implementation Arrangements**

## Institutional Arrangements for Implementation of the Action Plan

### Key scheme of strategies ▼

DoSW will be the nodal agency to provide secretarial support to an empowered committee headed by the Chief Secretary and inclusive of representatives of all relevant line departments

Making District Welfare Office the nodal agency at district level for implementation of the plan

Making stakeholders at all levels responsible for achievement of the targets of the Action Plan, based on reviewing of priorities articulated under the Plan at each level

Initiating action to address gaps in ongoing programs that play a crucial role in contributing to the well-being of children in the state

## Monitoring of Implementation of the Action Plan

### Key scheme of strategies ▼

- (a) At the level of elected representatives within the processes of state legislatures, preferably through Joint Legislature Committee chaired by Hon'ble CM and inclusive of members of both houses.
- (b) Through Convergent Programme Reviews, chaired by the Chief Secretary and inclusive of representatives of relevant line departments to strengthen convergence in actions aimed at securing child rights.

Convening special assemblies of children at least once every year to listen to issues and priorities identified by children in Bihar.

Incorporating suggestions and feedback of children in the design of the Action Plan in the course of its implementation.

Regular consultations with groups of children and adolescents at various levels through institutional spaces such as Bal Sansads, Kishor/Kishori Samoohs, youth forums, residents at shelter homes etc.

## Management of Information Around vital Indicators

### Key scheme of strategies ▼

Facilitating establishment of systems of data analysis, data consolidation and secretarial support to review and monitoring of implementation of the Action Plan on regular intervals.

Establishing a dedicated cell within the Department of Social Welfare to facilitate the process.

Entrusting cell with the responsibility of preparing roadmaps, developing monitoring tools and instruments and facilitating analytical reviews and monitoring on human development indicators pertaining to children.

Keeping special thrust on children from disadvantaged background in choice of indicators for convergent programme reviews.

## Key outcome Indicators to be monitored

S. No.	Indicators related to key imperatives	Status 2017		Target 2022
		Measure	Data Source	
<b>1. CHILD SURVIVAL – Health, Nutrition, Water, Sanitation and Hygiene</b>				
<b>Imperative 1 – Reducing mortality rates among children</b>				
1	Neo-natal Mortality Rate	28	SRS 2015	16
2	Infant Mortality Rate	42	SRS 2015	28
3	Under Five Mortality Rate	48	SRS 2015	23
4	Maternal Mortality Ratio	208	SRS 2011-13	100
5	Institutional births (%)	63.8	NFHS-4 (2015-16)	81
6	Children aged 12-23 months fully immunized (%)	61.7	NFHS-4 (2015-16)	90
<b>Imperative 2 – Breaking the inter-generational cycle of malnutrition among children</b>				
7	Anemia among children of age 6-59 months	63.5	NFHS-4 (2015-16)	40
8	Anemia among women of age 15-49 years	60.3	NFHS-4 (2015-16)	40
9	Children under 5 years who are underweight (%)	43.9	NFHS-4 (2015-16)	30
10	Children under 5 years who are wasted (%)	20.8	NFHS-4 (2015-16)	15
11	Children under 5 years who are stunted (%)	48.3	NFHS-4 (2015-16)	30
12	Children under age 6 months exclusively breastfed (%)	53.3	NFHS-4 (2015-16)	75
13	Children age 6-8 months receiving solid or semi-solid food and breast-milk (%)	30.7	NFHS-4 (2015-16)	45
<b>Imperative 3 – Improving access of children to safe drinking water and sanitation</b>				
14	Households with an improved drinking water source (%)	98.2	NFHS-4 (2015-16)	99
15	Households using improved sanitation facility (%)	25.2	NFHS-4 (2015-16)	40
16	Habitations where zero percentage of water sources were found contaminated (%)	86.3	Ministry of DW&S (2016-17)	95

## Key outcome Indicators to be monitored

S. No.	Indicators related to key imperatives	Status 2017		Target 2022
		Measure	Data Source	
<b>2. CHILD DEVELOPMENT</b>				
<b>Imperative 4 – Ensuring universal access of children to continuous education right from pre-school level</b>				
17	Number of out of school children in the age group 6-13 years (taking NER into account)	2.1 lakh	U-DISE (2015-16)	0
18	Percentage of children in the age group of 15-18 years studying up to secondary level (%)	30.5	Census 2011	50
19	Percentage of illiterate child main workers in the age-group of 5-19 years	40.5	Census 2011	25
20	Drop-out rate at primary level	14.49	U-DISE 2015-16	7
21	Drop-out rate at elementary level	15.06	U-DISE 2015-16	7
<b>Imperative 5 – Improving quality of education</b>				
22	Mean Performance Score in Reading Comprehension of students in Class V	208	NAS (Cycle 4)	241
23	Mean Performance Score in Mathematics of students in Class V	235	NAS (Cycle 4)	241
24	Mean Performance Score in Environmental Studies of students in Class V	226	NAS (Cycle 4)	244

## Key outcome Indicators to be monitored

S. No.	Indicators related to key imperatives	Status 2017		Target 2022
		Measure	Data Source	
<b>3. CHILD PROTECTION</b>				
<b>Imperative 6 – Prevention of child marriages</b>				
25	Women age 20-24 years married before the age of 18 years (%)	39.1	NFHS-4 (2015-16)	20
<b>Imperative 7 – Protecting children from economic exploitations and labour works</b>				
26	Number of economically active children in the age-group of 5-19 years	40,52,480	Census 2011	25 lakh
<b>Imperative 8 – Safeguarding children in need of care &amp; protection and reintegrating those in conflict with law</b>				
27	Cases of crimes against children	1917	NCRB (2015)	600
28	Total cognizable crimes committed by children	4044	NCRB (2014)	1000
<b>4. CHILD PARTICIPATION</b>				
<b>Imperative 9 – Creating enabling conditions for the child to participate</b>				
29	No. of officially notified forums (e.g. commissions, committees etc.) constituted at state and district level that include a child representative.	NA	Gazette of Bihar	39

## Research and Documentation

### Key scheme of strategies ▼

Highlighting regional variations in uptake of various policies and programmes for the child

Generating qualitative insights around forms and triggers of exclusion or participation of children

Identifying essential programmatic thrusts from the perspective of key stakeholders

## Integration and Convergence

### Key scheme of strategies ▼

Raising awareness among all stakeholders about child-oriented interventions in different sectors, in order that local communities, CSOs and all stakeholders are engaged in concerted initiatives.

Focusing on improved convergence and synergy across programs that address key imperatives outlined in the Action Plan

Undertaking coordinated efforts under the Action Plan by monitoring 'outcome indicators' on a comprehensive canvas related to various groups, sectors, departments and programs

## Financial Resources Required for Implementation of the Action Plan

### Key scheme of strategies ▼

Various child-relevant flagship programmes and schemes being implemented in the state on a universal scale need to be strengthened and continued, which implies the need of continued availability of a minimum outlay of Rs. 1.43 lakh crore over the next five years, at an expected rate of 10% growth in relevant outlays between 2017-22.

**Table 4.2 – Aggregate budget outlays (2017-18) relevant for children across key departments of Govt. of Bihar (Figures in Lakh)**

S. No.	Department	Budget 2016-17*	Revised Estimate 2016-17*	Budget 2017-18*	Expected cumulative outlay during 2017-22 (@10% CAGR)
(1)	(2)	(3)	(4)	(5)	(6)
1	Art Culture and Youth Department	1000.00	800.00	1000.00	7796
2	BC and MBC Welfare Department	146040.970	147069.97	127740.42	995903
3	Education Department	1022787.60	1062777.92	1297845.04	10118394
4	Social Welfare Department	665198.00	260387.31	335479.59	2615501
5	Labour Resource Department	250.00	190.00	281.49	2195
6	SC and ST Welfare Department	88155.14	88155.14	64417.06	502215
7	Health Department	26195.27	261.95.27	7964.06	62090
8	Minority Welfare Department.	5321.12	12128.12	7303.00	56936
<b>Total</b>		<b>1514948.10</b>	<b>1597703.73</b>	<b>1842030.66</b>	<b>14361030</b>

Thank You!