Draft for Discussion

Bihar State Draft Plan of Action for Children 2017

May 2017

Glossary of Abbreviations

AHS	Annual Health Survey
AHTU	Anti Human Trafficking Unit
ANC	Ante Natal Care
APHC	Additional Primary Health Centre
ASER	Annual Status of Education Report
ASHA	Accredited Social Health Activist
AWC	Anganwadi Centre
BCG	Bacillus Calmette Guerine
BPL	Below Poverty Line
BRC	Block Resource Centre
CL	Child Labour
CLPRA	Child Labour (Prohibition and Regulation) Act
CMPO	Child Marriage Prohibition Officer
CPC	Child Protection Committee
CRC	Convention on the Rights of the Child
CWC	Child Welfare Committee
DBT	Direct Benefit Transfer
DCPU	District Child Protection Unit
DIET	District Institute on Education and Training
DISE	District Information System on Education
DoE	Department of Education
DPT	Diphtheria Pertussis Tetanus
ECCD	Early Childhood Care and Development
FLW	Frontline Worker
GER	Gross Enrolment Ratio
GIS	Geographical Information System
GoB	Government of Bihar
ICDS	Integrated Child Development Service
ICPS	Integrated Child Protection Scheme
IMR	Infant Mortality Rate
IPRD	Information and Public Relations Department
JSY	Janani Suraksha Yojana
LRD	Labour Resources Department
MDM	Mid Day Meal
MGNREGA	Mahatma Gandhi National Rural Employment Guarantee Act
MHRD	Ministry of Human Resource Development
MKVY	Mukhyamantri Kanya Vivah Yojana
MMR	Maternal Mortality Ratio
NCERT	National Council for Educational Research and Training
NER	Net Enrolment Ratio
NFHS	National Family Health Survey
NGO	Non-Government Organization
NNMR	Neo Natal Mortality Rate
NUEPA	National University of Educational Planning and Administration
OBC	Other Backward Classes
PCPNDT	Pre Conception, Pre Natal Diagnostic Technique
PHC	Primary Health Centre
PHED	Public Health Engineering Department
PNC	Post Natal Care
PRD	Panchayati Raj Department
PRI	Panchayati Raj Institution
PTA	Parent Teacher Association
PTR	Pupil Teacher Ratio
RBC	Residential Bridge Course
RD	Rural Development
RSBY	Rashtriya Swasthya Bima Yojana
RTE	Right of Children to Free and Compulsory Education Act, 2009
SBC	Social and Behaviour Change
SC	Scheduled Castes

SCERT	State Council for Educational Research and Training
SCPCR	State Commission for Protection of Child Rights
SCR	Student Classroom Ratio
SIEMAT	State Institute of Educational Management and Training
SJPU	Special Juvenile Police Station
SMC	School Management Committee
SOP	Standard Operating Procedure
SRHR	Sexual and Reproductive Health Rights
SRI-IMRB	Social and Rural Research Institute – India Market Research Bureau
SSA	Sarva Shiksha Abhiyan
ST	Scheduled Tribes
SW	Social Welfare
THR	Take Home Ration
TLM	Teaching Learning Materials
U-DISE	Unified District Information System for Education
UFMR	Under Five Mortality Rate
VEC	Village Education Committee
VHSND	Village Health, Sanitation and Nutrition Committee
VPD	Vaccine Preventable Disease
WDC	Women's Development Corporation

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1 An Overview of Bihar State Draft Plan of Action for Children 2017

1.1 Background

The National Policy for Children, 2013 encapsulates the commitment of Government of India to safeguard, inform, include, support and empower all children within its territory and jurisdiction, both in their individual situation and as a national asset. It emphasizes the State's commitment to take affirmative measures – legislative, policy or otherwise – to promote and safeguard the right of all children to live and grow with equity, dignity, security and freedom, especially those marginalised or disadvantaged; to ensure that all children have equal opportunities; and that no custom, tradition, cultural or religious practice is allowed to violate or restrict or prevent children from enjoying their rights. The policy draws upon the Directive Principles of State Policy that specifically guide the State in securing the tender age of children from abuse and ensuring that children are given opportunities and facilities to develop in a healthy manner in conditions of freedom and dignity, protected from exploitation and moral and material abandonment.

Section 6.4 of the National Policy mandates formulation of Plans of Action for Children at the national, state, district and local levels to ensure action on the provisions of the Policy. The progress of implementation of such plans are to be monitored by Coordination and Action Groups at national, state and district levels respectively. The Bihar State Draft Plan of Action for Children 2017 has been formulated in accordance with the intent of the National Policy, to determine priorities of action at the state level to protect the rights of children in Bihar.

1.2 Overarching global initiatives in defense of rights of children

The Bihar State Draft Plan of Action for Children 2017 lends voice to the global call for leaving no one behind in efforts to end all forms of poverty and inequalities. The new Sustainable Development Agenda agreed upon by countries across the globe on September 25, 2015 has adopted a number of goals that seek to contribute to improving the lives of children in many different ways, especially through targets set in pursuit of Goal 4 *('Ensure inclusive and quality education for all and promote lifelong learning');* Goal 5 *(Achieve gender equality and empower all women and girls);* Goal 2 *(End hunger, achieve food security and improved nutrition and promote sustainable agriculture)*, and Goal 3 *(Ensure healthy lives and promote well-being for all at all ages);* besides through the ambit of the other Goals.

The intent of the proposed Plan of Action is to also hasten the pace of initiatives of the Government of Bihar to ensure the rights of children enshrined in the Convention on the Rights of the Child (CRC, henceforth), was adopted and opened for signature, ratification and accession by General Assembly resolution 44 / 25 of 20 November, 1989 and entered into force on 2 September, 1990. The CRC encapsulates important obligations of the State to respect and ensure a child's right to survival, protection, development and participation, explicitly set forth within Part I of the convention, especially within the remit of Article 2 (related to protection of a child from all forms of discrimination or punishment), Article 7 (related to registration of birth), Article 8 (right to preserve legally recognized identity), Article 13 (right to freedom of expression), Article 24 (right to highest attainable standard of health), Article 28 (right to education), Articles 32 – 36 (rights of protection from various forms of exploitation, hazards, illicit use of narcotic substances and psychotropic substances, sexual

abuse and trafficking); among others. Chapter 2 of Bihar State Draft Plan of Action for Children 2017 takes stock of the extent of availability of different kinds of rights of children across the state.

1.3 Initiatives of the Government of Bihar

The Government of Bihar has, on a number of occasions, expressed its resolve for creating an enabling environment for all children to secure their rights. During the last decade in particular, it initiated several measures to determine priorities for safeguarding the rights of children. In 2008, and later in 2009, the Department of Social Welfare and the Labour Resources Department respectively, formulated the State Plan of Actions for the prevention and combating trafficking of human beings (known as ASTITVA) and a State Plan of Action for Elimination, Release and Rehabilitation of Child Labour (2009), encapsulating the Government's resolve to address the core issues responsible for the practice of child labour (including working children) and human trafficking. To make the system work for the poor, under-privileged, deprived and those devoid of access to schooling and education; ensuring that opportunity costs are met and children's parents and families are provided with gainful employment and economic assistance so that perceived benefits are adequately compensated, thus, protect them from falling prey to the vicious cycle of abuse and exploitation.

In 2013, the Department of Planning and Development of the Government of Bihar prepared a Roadmap to Mission Manav Vikas, a mission entrusted to steer the process of situational analysis across vital sectors of development, evaluate gaps and devise strategies to achieve essential targets within stipulated timeframes. The Mission accorded a great deal of emphasis on tracking crucial indicators across multiple departments, setting plans and annual targets for the 12th plan period, aiming at creation of an enabling environment reflecting better quality of life and sustained development. Key indicators of thrust of the Mission included Child Mortality (Neonatal, infant and under 5 mortality), Malnutrition, Anemia, Life Expectancy at Birth, Sex Ratio and Child Marriage, besides Maternal Mortality Rate and Total Fertility Rate.

In 2013-14, a prototype of State Plan of Action for Children was drafted by the Department of Social Welfare, Government of Bihar, along with a Bihar State Policy for Children, 2014. The drafts sought to determine priorities and guidelines for action in defense of rights of children across multiple departments and sectors.

In 2016-17, the Labour Resources Department of Govt. of Bihar took the lead in formulating a Social and Behaviour Change Strategy for Prevention of Child Labour in Bihar, to contribute to strengthening of a protective environment where children are saved from compulsions of child labour that threaten their survival and holistic development. Key streams of initiatives emphasized upon in the strategy include inter-departmental coordination; measures to address exclusions from critical schemes of employment and food security and to improve access to credit on borrower-friendly terms; initiatives for enhancing the vibrancy of school level processes; partnerships with civil society organizations and campaigns on elimination of child labour; mechanisms for tracking, rescue and rehabilitation of child laborers and communication of rational choices, especially aimed at guardians, children, employers and the society at large.

Investing in holistic development of children would be a key imperative for optimally meeting the resolve of *'Aarthik Hal, Yuvaon ko Bal'* (i.e. 'empowerment of youth through creation of

economic opportunities', one of the seven resolves of Hon'ble Chief Minister of Bihar focusing on provision of employment and development of skills for the youth of the state), a key priority of the Bihar Development Mission founded in 2016. The Mission also aims at improving access of youth to opportunities of higher education, especially medical and engineering education.

The Bihar State Draft Plan of Action for Children 2017 shall be valid for a period of 5 years (2017 – 2021), thus aligning with the timeframe of Bihar Development Mission whose current phase is scheduled to culminate in 2020.

Chapter 2 of the Action Plan focuses on assessing the situation of children in the state from the standpoint of fulfillment of their rights to survival, protection, development and participation. Chapter 3 zeroes down upon seven key challenges facing children in the state, namely early marriage, child labour, malnutrition, child mortality, access to continuous education of high quality, prevalence of water-borne diseases and crimes against children, that need to be addressed through well-coordinated strategies and actions involving multiple departments. Chapter 4 lays down 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.

2 Situation of Children in Bihar

All children regardless of age, sex, identity and ability deserve equal oportunities to development in order to reach their fullest potential. However, a number of children remain deprived of basic needs and are denied their child rights due to various social and economic factors. The United Nations Convention on the Rights of the Child (UNCRC) defines child rights as minimum entitlements and freedoms that should be available to every citizen below the age of 18 regardless of race, national origin, colour, gender, language, religion, opinions, origin, wealth, birth status, disability, or other characteristics and therefore, outlines the fundamental human rights of children in four broad classifications that suitably cover all civil, political, social, economic and cultural rights of every child. These include the rights to survival, protection, development and participation.

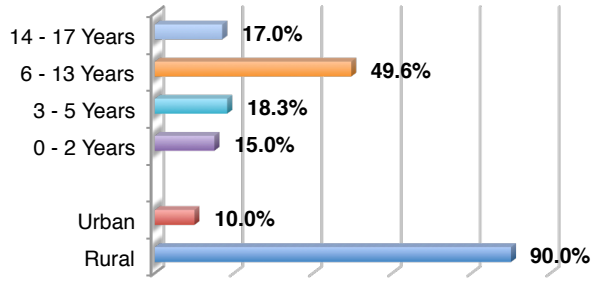
In this section, the situation of children in Bihar has been analyzed around a selection of important indicators classified for the four categories of child rights. The section begins with a discussion of key demographic particulars related to children in the state and thereafter explores factors having a bearing on different kinds of child rights.

2.1 Demographic particulars related to children

2.1.1 Child population

As per Census 2011, the total child population of Bihar in the age group of 0-17 years is 4,75,03,065, which is close to half (45.6%) of the total population (10,40,99,452) of the state. The female child population in the age group of 0-17 years constitutes nearly 47.5% of the total child population of the state. Majority (90%) of Bihar's child population resides in rural areas, whereas urban child population accounts for only 10% of total child population.

Diagram 2.1 - Distribution of Bihar's child population by age-groups and residence
(Source: Census 2011)



2.1.2 Child sex ratio

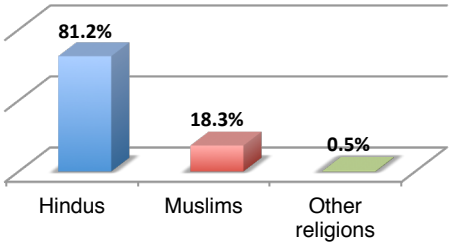
Data available from the Census of 2001 and 2011 points at a decline in Child Sex Ratio in the age group of 0-6 years in the state from 942 to 935. Among districts, Kishanganj (971), Katihar (961) and Gaya (960) have the highest child sex ratio, whereas, Vaishali (904), Patna (909) and Muzaffarpur (915) emerged to have the lowest Child Sex Ratio.

Child Sex ratio among Scheduled Caste and Scheduled Tribes is higher than the state average and stands at 962 and 969 females per 1000 males respectively. As a matter of fact, Child Sex Ratio of Scheduled Castes is higher than the state figure in all districts of Bihar (refer Table A2 and A3 in the Annexes for variations across districts).

2.1.3 Child population across various social groups

As per Census 2011, out of the total child population of 4,75,03,065 in the age-group of 0-17 years, nearly 81.2% belong to Hindu families, followed by 18.3% Muslims and about 0.5% belonging to families practicing other religions, especially Christianity, Sikhism, Buddhism and Jainism. Additionally, out of the total child population in the age group of 0-17 years (4,75,03,065), the percentage of SC children hovers around 17% whereas 1.3% children belong to Scheduled Tribes.

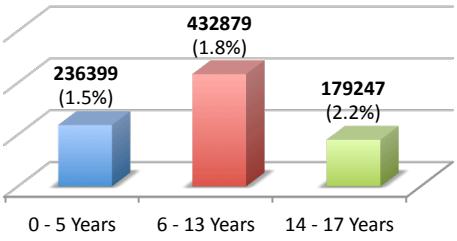
Diagram 2.2 - Child population (0-17 years) across different religions
(Source: Census 2011)



2.1.4 Children with special needs

As per Census 2011, out of Bihar's total child population in the age group of 0 – 17 years (4,75,03,065), about 1.8% children are living with different forms of disability in seeing, hearing, speech, movement and mental retardation, among others. The diagram 2.3 presents the percentage of population affected with disability out of the total population in specific age group. Further, in the age group of 5-17 years, out of the total 6,62,211 disabled child population, about 60.7% (4,01,830) children with disability were attending educational institution, a small 5.44% (36033) had attended educational earlier. However, a significant 33.88% (224348) never attended educational institution.

Diagram 2.3 - Age group wise incidence of disability among children
(Source: Census 2011)



2.1.5 Literacy among Children in Bihar

According to 2011 Census, the overall literacy rate of Bihar has increased from 47% (2001) to 61.8%. The literacy rate for women has also soared from 33.1% (2001) to 51.5% (2011). With regard to children, the rate of literacy among children below 18 years[1] of age hovers around 79.54% (2,25,65,283). With 76.95% literacy among females below 18 years of age, state registers a marginally lower literacy as compared to the state average of literacy among children. However in contrast, the relatively higher rate of literacy among male children, which hovers around 81.83% not only makes gender disparity evident but also indicates the area of greater attention.

As per RTE norms, every child between the age of 6-14 years has the right to free and compulsory education, which was stated as per the 86th constitution amendment act via article 21 A. However, Census 2011 indicates that still a significant number of children are not

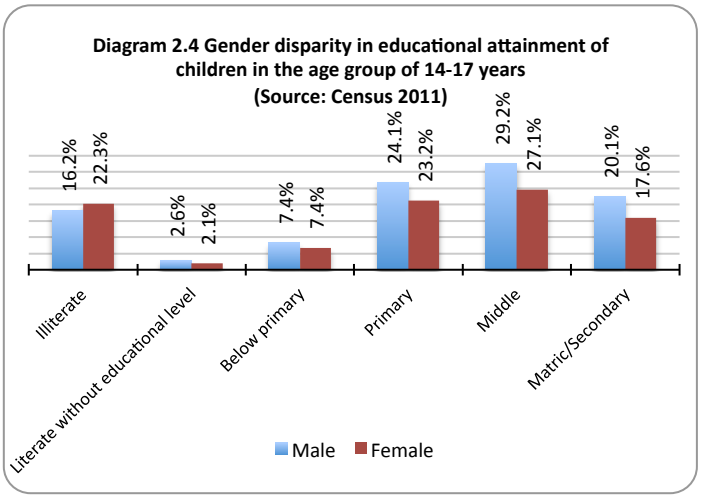
[1] Includes 7-17 years of child population

in school or have not completed their elementary level education. The following figures for different levels of educational attainment of children in the age group of 14-17 years (Refer table 2.1), indicates that still nearly 15.3 lakh children in this age group are illiterate.

Table: 2.1 Overall educational attainment of children in the age group of 14-17 years (Source: Census 2011)

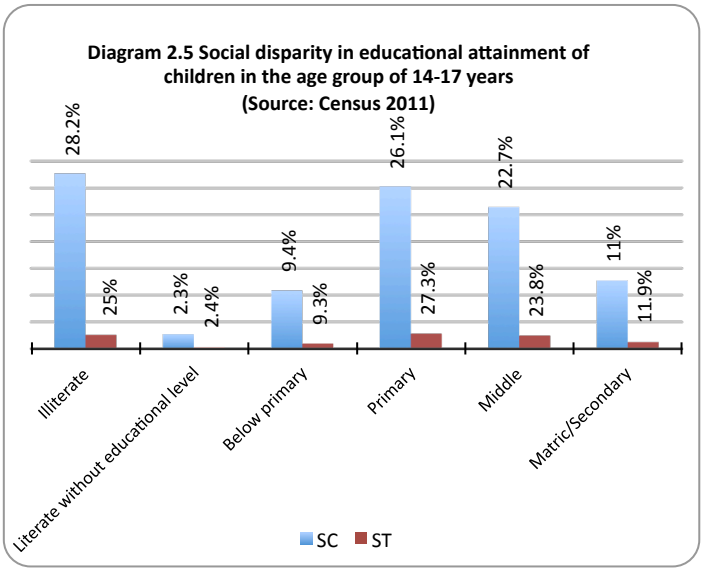
Overall population between 14-17 years	Illiterate	Literate without educational level	Below primary	Primary	Middle	Matric/ Secondary
8094144	1533924 (19%)	190965 (2.4%)	598484 (7.4%)	1918213 (23.7%)	2284360 (28.2%)	1535971 (19%)

Further, the gender and social disparity in this direction points at the need of a more focused intervention to provide for an inclusive educational environmnet. Diagram 2.4 presents the gender disparity in educational attainment of children, which suggests relatively more number of female child in the age group of 14-17 years are illiterate as compared to male child. Also, out of the total female child population, the proportion of female child in subsequent levels of education is relatively much less than the male child.



Additionally, literacy rate among children below 18 years of age belonging to Scheduled Castes (72.9%) and Scheduled Tribes (75.3%) groups is relatively lower than the state average of child literacy. In the age-group of 14-17 years out of the total SC population (1162022) and ST population (104355), as less as 11% children have only been able to reach up to matric / secondary level.

Besides, the educational attainment of children belonging to scheduled caste and scheduled tribe group suggest that a significant number of children have not completed elementary level education before 14 years. In order to bring such children back to school in age appropriate class, a significant investment of resources would be needed to make them available the required level of training in order to bring them at par with other students of that level.



2.2 Situation of children vis-à-vis the right to survival

Health sector in Bihar has witnessed significant developments in the last few years particularly in the areas of health infrastructure, institutional delivery and reduction in mortality indicators. State has planned to focus on five primary objectives for the 12th plan period, which are, reducing maternal deaths, reducing infant deaths, reducing total fertility rate, increasing availability of medical professionals, and reducing barriers to access to health services. However, the recent figures suggest there is still a lot more to achieve.

2.2.1 Neo-Natal Mortality Rate

Of the 27 lakh children born every year in Bihar, about 75,000 children die within the first month of life. Neonatal Mortality Rate (NMR) in Bihar is 28/1000 live births (SRS 2015), contributing to about 52% of all deaths in childhood. The trend analysis of NMR in Bihar shows a significant decrease from 42 in 2002 to 28 in 2015 (about 1 per 1000 live births in last 12 years). However since 2013, Rural NMR is stagnant at 29/1000LB, on the other hand urban NMR increased from 11/1000LB in 2013 to 20/1000LB in 2015 (SRS). Moreover there is huge inter district variation as per AHS 2012-13 report with lowest NMR 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. (refer Chart C1 in the Annexes for district wise variations).

Diagram 2.6A - Trend of change in NNMR
(Source: SRS)

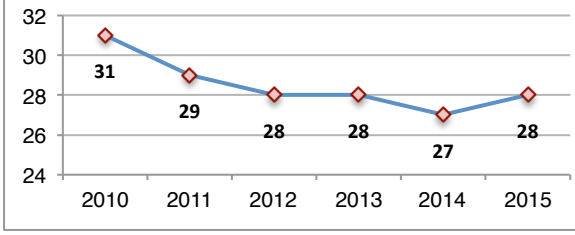
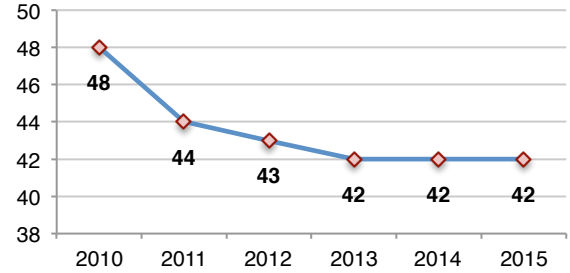


Diagram 2.6B - Trend of change in IMR
(Source: SRS)



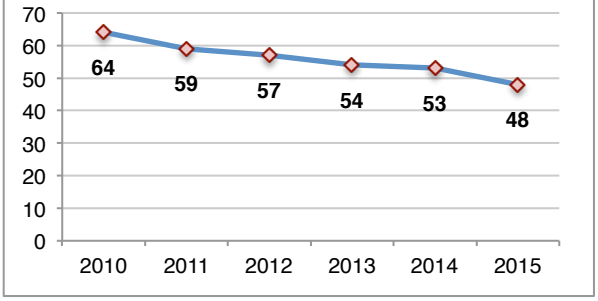
2.2.2 Infant Mortality Rate

Despite a sharp declining trend in Infant Mortality Rate (IMR) in Bihar which reduced from 61 (SRS 2004-06) to 42 (SRS 2015), the IMR of Bihar is stagnant at 42/1000LB since 2013 as per SRS Report (ref. Diagram 2.6B). However during the same period the gender gap in IMR widened with female infant mortality increasing from 43/1000LB in 2013 to 50/1000LB. At the same time male infant mortality decreased from 40/1000LB to 36/1000LB. Also there is increasing trend in Urban IMR from 33/1000LB (SRS 2013) to 44/1000LB in 2015 (SRS). There is also much inter district variation regarding Infant Mortality Rate in the state as per AHS 2012-13 report with lowest in Patna 31/1000LB and highest in Madhepura 64/1000LB. Infant Mortality contributes to 67% of total Neonatal Mortality.

2.2.3 Under Five Mortality Rate

The state shows sharp decline in Under 5 Mortality Rate with 4% annual compound rate of decline from 2010 (64/1000LB) to 2015 (48/1000LB). However Bihar failed to achieve MDG target of U5MR of 42/1000LB. It is well known fact that females are biologically stronger but socially vulnerable which is depicted in high U5MR of females (54/1000LB) compared to males (43/1000LB). Under 5 mortality contributes to 60% of neonatal deaths in Bihar. (refer Chart C1 in the Annexes for variations across districts).

Diagram 2.7 - Trend of change in U5MR
(Source: SRS)



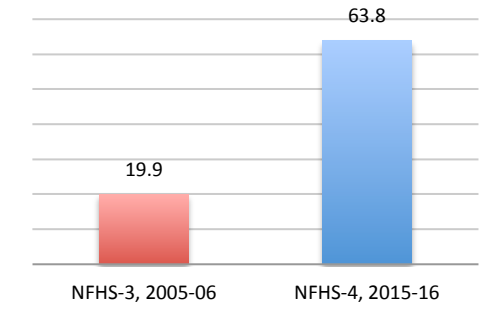
2.2.4 Maternal Mortality Ratio

The MMR in Bihar is 208 per lakh live births as per SRS 2011-13. Purnia and Magadh division records the highest MMR in the state, as per AHS, 2012-13. The high level of MMR can be attributed to relatively low level of institutional / supervised deliveries, high degree of Anemia among women and low uptake of full ante-natal check ups, among others. NFHS-4 suggests a worrisome picture of uptake of antenatal care among pregnant women. Siwan district, with only 7.9% women availing full ANC services, registers the peak in this regard, which is much higher than the state average of 3.3%, whereas Sheohar, Madhepura and Begusarai have the lowest rates with only 1.0 – 1.1% women availing full ANC services.

Diagram 2.8 - MMR across various divisions of Bihar (Source: AHS, 2012-13)

The uptake of PNC services seems relatively better than ANC. Jehanabad district, with 66.9% women availing PNC services within 2 days of delivery, stands higher than other districts as well as the state average of 42.3% and national average of 62.4%. Therefore, strengthening antenatal care services for pregnant women continues to be an important area of intervention (refer Chart C2 in the Annexes for distribution of ANC/ PNC across districts).

Diagram 2.9 - Growth in percentage of institutional births in Bihar

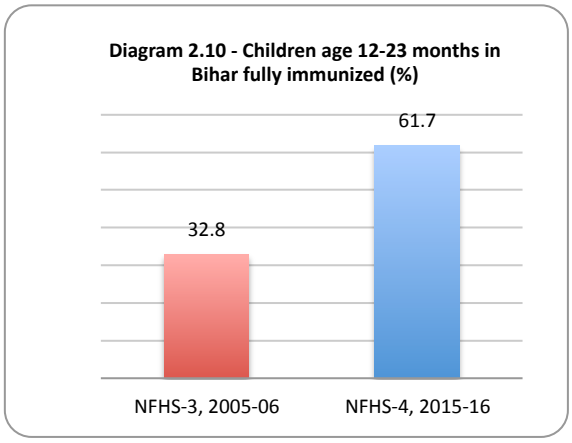


2.2.5 Institutional Delivery

Institutional delivery is an effective way to combat maternal morbidity and mortality and has improved rapidly in Bihar in the last one decade, as per NFHS-4. From 19.9% institutional births in 2005-06 to 63.8% institutional births in 2015-16, Bihar has come a long way. The significant decrease in IMR in Bihar in recent years can also be attributed to the wider practice of institutional

delivery. In terms of performance of districts, the percent of institutional births is higher for Patna, which hovers around 86.4% and is higher than the state average of 63.8% and national average of 78.9%, while Sitamarhi emerges to be the lowest with only 37.3% institutional births, as per NFHS-4. Bihar State Health Society highlights the trend of institutional deliveries under JSY in different districts of Bihar for the years 2012-13 to 2016-17 (up to September 2016). In 2015-16, three best performing districts are Samastipur (88,000), Purnea (71,000) and West Champaran (67,000). On the contrary, districts registering poorest performance in this regard include Arwal (9,000), Sheohar (9,000) and Sheikhpura (13,000)[2] (refer Chart C3 in the Annexes for district wise variations).

2.2.6 Immunization



The state has made significant progress in recent years towards achieving universal immunization for protecting children and pregnant mothers against nine Vaccine Preventable Diseases (VPDs) i.e. — Tuberculosis, Diphtheria, Pertussis, Polio, Measles, Tetanus, Hepatitis, Haemophilus, Influenzae type B and Japanese Encephalitis. With an increase of nearly 29 percentage points in immunization rates between NFHS-3 and NFHS-4, the percentage of fully immunized (BCG, Measles and 3 doses each of polio and DPT) children in the age group of 12-23 months hovers around 61.7% (NFHS-4, 2015-16). It is noteworthy that this increase is the highest in Bihar as compared to 11 states of the country, which includes Andhra Pradesh, Goa, Haryana, Karnataka, Madhya Pradesh, Meghalaya, Sikkim, Tamil Nadu, Tripura, Uttarakhand and West Bengal. Importantly, in 2015, Bihar was also declared to be 'Maternal and Neonatal Tetanus Eliminated State'.

However, there seems significant disparity across various districts in terms of proportion of fully immunized children in the age-group of 12-23 months. Saharsa stands highest with 78% fully immunized children of age 12-23 months, while West Champaran is the lowest with only 29.4%. In terms of antigen-wise immunization coverage, looking at the most recent figures (2016-17) of State Health Society, it is observed that Bihar has achieved 96 percent immunization for measles and for Pentavalent vaccine, which provides protection against five life-threatening diseases (Haemophilus Influenza Type B, Whooping Cough, Tetanus, Hepatitis B and Diphtheria), the achievement percentage is more than 80 percent but needs to remain an area of sustained improvement.

Table 2.2: Antigen-wise Immunisation Coverage

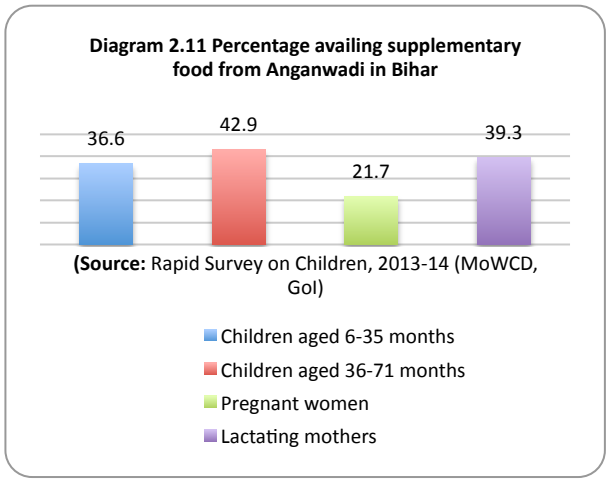
Antigen name	2014-15		2015-16		2016-17 (Up to Sept'16)	
	Target ('000)	Achievement ('000)	Target ('000)	Achievement ('000)	Target ('000) for 6 months	Achievement ('000)
TT2+Booster (PW)	3106	4306(138.6)	3184	2407(75.6)	1566	1309(83.6)
BCG	2926	2658(90.8)	3000	2712(90.4)	1479	1271(86.0)
OPV0	2926	1801(61.6)	3000	1836(61.2)	1479	857(58.0)

[2] Economic Survey, Govt. of Bihar, 2016-17

OPV1	2926	2483(84.9)	3000	2640(88.0)	1479	1193(80.7)
OPV2	2926	2461(84.1)	3000	2584(86.2)	1479	1233(83.4)
OPV3	2926	2400(82.0)	3000	2515(83.9)	1479	1299(87.9)
DPT1	2926	2684(91.7)	3000	14(0.5)	1479	1(0.1)
DPT2	2926	2659(90.9)	3000	90(3.0)	1479	1(0.1)
DPT3	2926	2580(88.2)	3000	253(8.4)	1479	27(1.9)
PENTA-1	0	0(0.0)	3000	2637(87.9)	1479	1204(81.4)
PENTA-2	0	0(0.0)	3000	2534(84.5)	1479	1251(84.6)
PENTA-3	0	0(0.0)	3000	2328(77.6)	1479	1321(89.3)
Measles	2926	2330(79.6)	3000	2548(85.0)	1479	1413(95.6)

Note : 1. DPT has been replaced by Pentavalent in 2015-16 2. Figures in bracket indicate Achievement (%)
Source: Economic survey, Govt. of Bihar, 2016-17 (Ref. State Health Society, GOB)

2.2.7 Nutrition



Bihar has a long way to go towards improving indicators related to child malnutrition and mortality. In the light of the fact that still a large number of girls are married off early and the state has a relatively low uptake of ANC and institutional facilities, health of women and children needs to be accorded much greater thrust through a life-cycle approach. An undernourished mother is more likely to give birth to an undernourished child. Studies suggest that growth failure (malnourishment) among children influences economic growth and perpetuates poverty and results in a direct loss in productivity for the economy. A study conducted by World Bank shows that preventing one child from being born with a low birth weight is worth USD 580.23 (37,470 INR)[3]. Investment in the survival, education and protection of children can substantially enhance the future capabilities of a person to be economically more productive and can be the most effective strategy of breaking the intergenerational cycle of poverty and ensuring inclusive growth for the country.

2.2.7.a Adolescents nutrition

Nutritional deficiencies in young girls can catalyze an intergenerational cycle of malnutrition. Undernourished girls become undernourished mothers who give birth to the next generation of undernourished children. As per Rapid Survey on Children, which was conducted by Ministry of Women and Child Development (GoI) in 2013-14, the state has about 45.2% of girls aged 15-18 years whose Body Mass Index was less than 18 kg/m2. The proportion of undernourished girls among marginalized communities was also identified to be relatively higher than other social groups. Further, a significant number of adolescents are anemic (Refer diagram 2.12). Dealing with social and gender aspect of nutrition that affects woman's

[3] Repositioning Nutrition as Central to Development: A Strategy for Large-Scale Action, The World Bank, 2006.

health adversely should be of greater concern in order to improve birth outcomes and break intergenerational cycle of growth failure.

2.2.7.b Maternal nutrition

The worst damages of malnutrition happen during pregnancy and early childhood – from conception to initial two years of child's life. Maternal malnutrition increases the risk of poor pregnancy outcomes including obstructed labour, premature or low-birth-weight babies, postpartum hemorrhage and increased risk of mortality. It not only affects woman's health but also the health of their child. Children of such mothers are more likely to face cognitive impairments, growth failure, lower resistance to infections, and a higher risk of diseases and death. As per the recent figures of NFHS-4 (2015-16), the percentage of women age between 15-49 years whose Body Mass Index is below normal (18.5 kg/m2) hovers around 30.4% (69 Lakh)[4], despite a decline of 15 percent point from NFHS-3 (2005-06), still a large number of women in this age group remain undernourished. Despite wide coverage of ICDS services, the uptake of the same seems limited, as per Rapid Survey on Children, 2013-14 (MoWCD, GoI), only a small proportion of pregnant women (21.7%) and lactating mothers (39.3%) availed supplementary food from AWC.

2.2.7.b1 Anemia

NFHS-4 (2015-16) indicates that the number of women and children suffering from Anemia has slightly come down from NFHS-3 (2005-06), however the scourge of Anemia still remains largely the same because of the slow pace of change. More than half of the population of women age 15-49 years and children age 6-59 months are Anemic in the state. As per Rapid Survey on Children, 2013-14 (MoWCD, GoI), the state average of women who consumed 100 or more IFA tablets/ syrups during pregnancy is as low as 14%. Increasing awareness on maternal and child health is crucial in order to increase the demand besides improving supply of IFA tablets/ syrups in strategically selected locations would be important in order to deal with the issue. Anemia among women is one of the major reasons of maternal deaths and makes women vulnerable to give birth to low-weight babies, which eventually leads to stunting among children. (Refer Chart C5 in the Annexes for variations across districts).

Diagram 2.12 - Anaemia among women and children in Bihar (%)

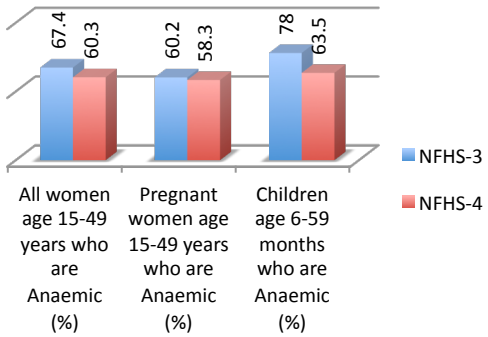
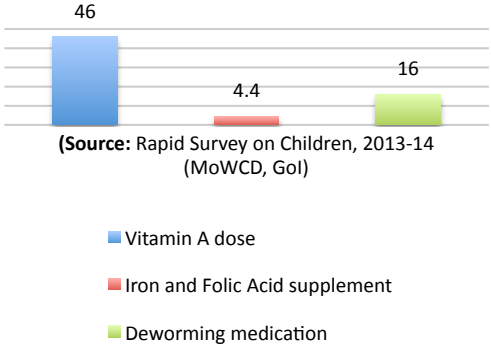


Diagram 2.13 % Children aged 6-59 months received micronutrient and deworming medication in Bihar



(Source: Rapid Survey on Children, 2013-14 (MoWCD, GoI)

[4] Estimated using Census 2011

2.2.7.c Child nutrition

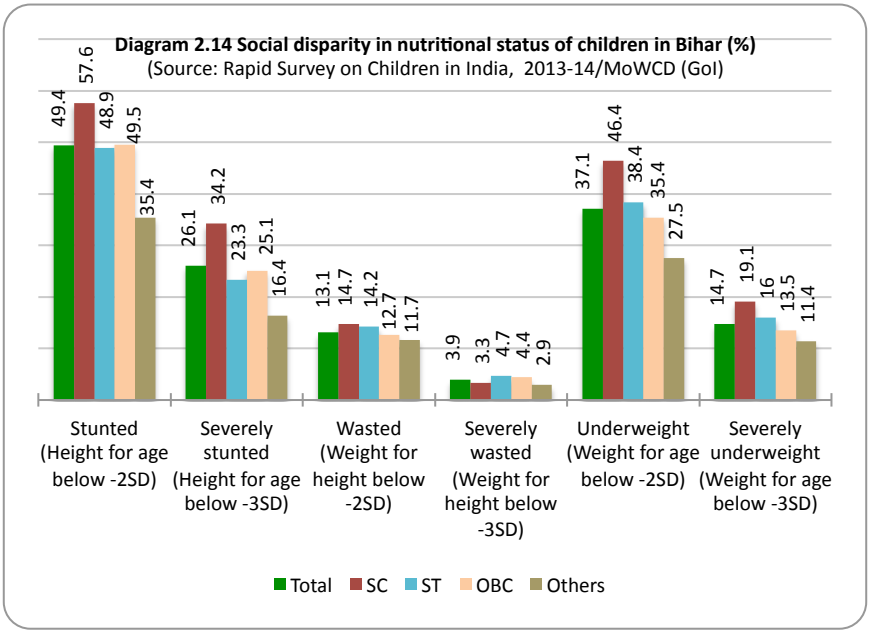
Various studies suggest that the effects of malnourishment in the first 2 years of child's life are irreversible. In order to break the intergenerational transmission of poverty and malnutrition, children at risk must be reached out to during their first two years of life. A range of factors result in malnourishment among children i.e. poor maternal nutrition, poor child feeding practices, diseases, poor sanitation resulting in diarrhea and intestinal worms, social and gender inequalities, etc.

The Rapid Survey on Children, 2013-14 (MoWCD, GoI) indicates significantly low coverage of children aged 6-59 months for Iron and Folic Acid supplements as well as deworming medication. The significantly high number of children (63.5%) suffering from Anemia further flags an area needing attention (Refer diagram 2.13).

The NFHS-4 (2015-16) presents other key indicators of nutritional outcome in children in Bihar. As per the recent figures, about 48% of children (61 lakh)[5] under-five years of age, are stunted[6]. Sitamarhi district with 57.3% stands highest in terms of prevalence of stunting among children less than 5 years of age. While the percentage of children who are wasted[7] hovers around 20.8%, (26.8 lakh) Arwal emerged to have the highest concentration of wasted children (30.7%) among various districts. State has a small proportion of children (7%), who are severely wasted (8.9 lakh) and face double risk of mortality. Additionally, about 43.9% of the children (56 lakh) in the state are under weight[8], and here again, Arwal records highest concentration of underweight children (54%). Malnourished children and mortality associated with it indicates direct loss of human capital and productivity for the economy.

The Rapid Survey on Children in India conducted by Ministry of Women & Child Development (GoI) in 2013-14, indicates at the social disparity of nutrition among children in Bihar. (Refer diagram 2.14). The proportion of children facing growth failure is relatively much higher in SC community followed by children of ST, OBC and other community. There are studies, which say at a microeconomic level, 1 percent loss in adult height as a result of childhood stunting equals to a 1.4 percent loss in productivity of the individual.

Diagram 2.14 Social disparity in nutritional status of children in Bihar (%)
(Source: Rapid Survey on Children in India, 2013-14/MoWCD (GoI)



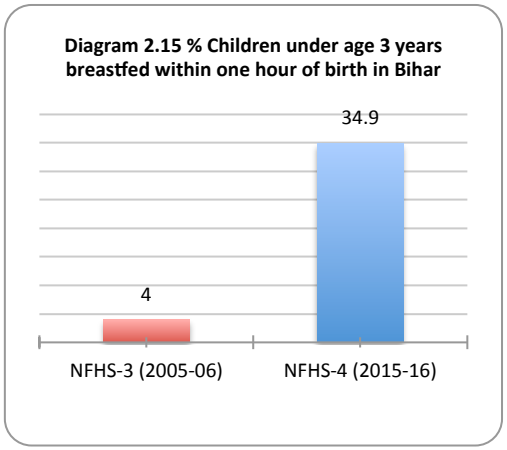
[5] Estimated using Census 2011
[6] Height for age
[7] Weight-for-height
[8] Weight-for-age

Also, stunting in early life is linked to 0.7 grade loss in schooling, a 7-month delay in starting school and between 22 and 45 percent reduction in lifetime earning. Therefore, effective intervention to deal with under-nutrition is crucial in order to break the intergenerational cycle of malnutrition and poverty.[9]

2.2.7.d Breast-feeding practices

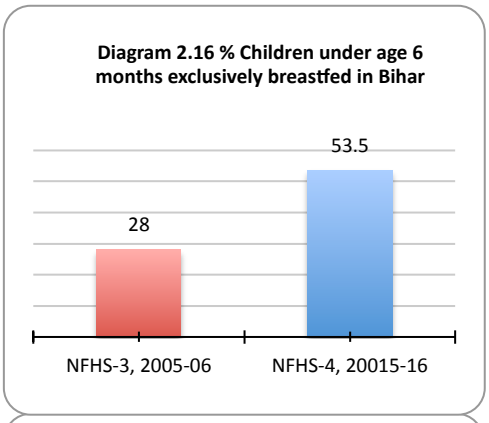
2.2.7.d1 Early initiation of breast-feeding

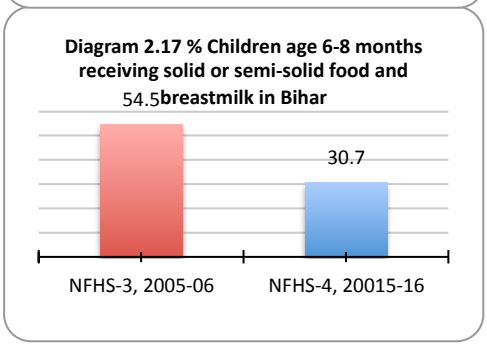
The early initiation of breast-feeding not only ensures early skin-to-skin contact, which is important in preventing hypothermia and establishing bond between the mother and the child but also contributes towards reducing neonatal mortality by strengthening immune system and growth of the child. Besides it also helps in reducing the mother's risk of post partum hemorrhage, one of the leading causes of maternal mortality. NFHS-4 (2015-16) indicates a significant rise in percentage of children breast-fed within one hour of birth from a decade back. With 31 percent point increase from NFHS-3 (2005-06) the percentage of children under age 3 breast-fed within one hour of birth hovers around 34.9%. While the figure is not much exciting but the pace of change is promising.



2.2.7.d2 Exclusive breastfeeding

Exclusive breastfeeding to children for first six months has numerous benefits i.e. lowered risk of gastrointestinal infection, pneumonia, etc. It also helps mother to return to pre-pregnancy weight very rapidly and reduces risk of developing Type 2 diabetes.[10] As per NFHS-4 (2015-16), 12 districts of Bihar perform better than the overall state average with regard to the practice of exclusive breastfeeding of children up to six months. Of these, Saran stands highest (73.8%) in terms of number of children being exclusively breastfed for six months (refer Annex A11).





2.2.7.d3 Complementary feeding

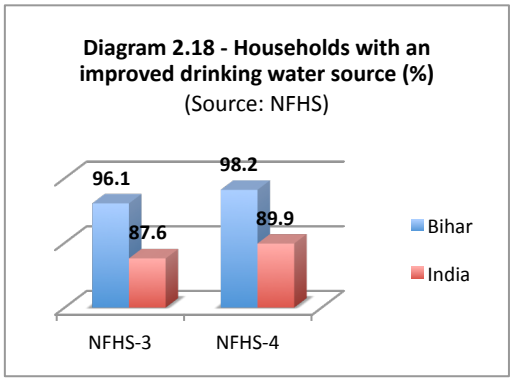
Strikingly, NFHS-4 reports an undesirable trend in complementary feeding practices, indicating a significant decline in the percentage of children

[9] A report on social and economic consequences of malnutrition/ europarl.europa.eu
[10] Food and nutrition journal/ Importance of exclusive and complementary breast-feeding

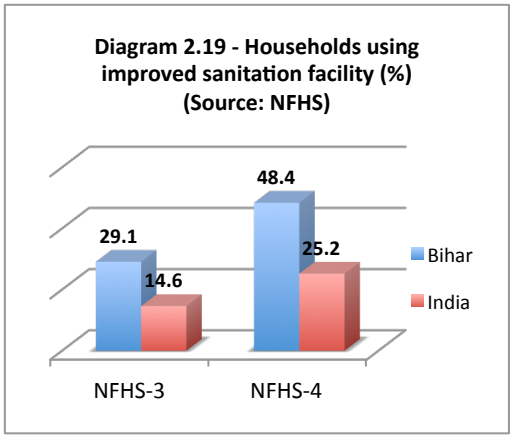
age 6-8 months receiving solid or semi-solid food and breast milk. Besides only 7.5% children in Bihar of age 6-23 months receive an adequate diet[11]. Initiation of age appropriate complementary feeding practices remains an area of concern in the state.

2.2.8 Water and Sanitation

2.2.8.a Drinking water and sanitation



As per Census 2011 the main sources of drinking water in Bihar are tap (2.5%), well water (4.4%), hand-pump / tube well (91.4%) and other sources (1.7%). However, as per recent figures of NFHS-4 (2015-16), currently 98.2% households have access to improved[12] drinking water sources, which marks an increase of 2.1 percent points from the count of NFHS-3 and is higher than the national average of 89.9%. While the districts of Madhepura and Sitamarhi shows 100% coverage, Jamui emerged the lowest with only 78.6% households having access to improved drinking water sources.



Further, the rural-urban disparity in terms of use of toilets is very stark; only 20.7% rural households are using improved sanitation facilities as compared to 54.9% urban households. Additionally, the inter-district disparity in terms of sanitation is significant. While Patna emerged with highest proportion of households (49.9%) using improved sanitation facility among all districts, Araria registered only 12.5% households using the same. Often poor sanitation and unsafe drinking water cause intestinal worm infections, which lead to malnutrition, Anemia and retardation among children. This situation combined with poor hygiene results in Diarrhea and sometimes child death (refer Chart C8 in the Annexes for variations across districts).

2.2.8.b Water quality

The quality of water remains a challenge for the state and needs attention towards making it safer to use. Improved sanitation and control of open defecation are crucial, as these are key causes of ground water contamination and spread of diseases like Cholera, Acute Diarrheal Diseases, Enteric Fever (Typhoid), Viral Hepatitis, etc. A recent report of the Department of Health and Family Welfare (GoI) on water-borne diseases indicates that out of all the cases of Viral Hepatitis in India about 20% have been reported from Bihar; similarly, Bihar accounts for

[11] Breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk or milk products at least twice a day, a minimum meal frequency that is receiving solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk or milk products food group)

[12] Piped water into dwelling/ yard/ plot, public tap/ standpipe, tube well or borehole, protected dug well, protected spring, rainwater, community RO plant.

about 15% of all reported cases of Typhoid in India[13]. Table 2.3 presents the prevalence of water-borne diseases in the state during the period 2012 – 2015.

Table 2.3 – Prevalence of water-borne diseases

Disease	Location	2012		2013		2014 (Prov.)		2015 (Prov.)	
		Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
Cholera	Bihar	0	0	0	0	0	0	0	0
	India	1583	1	1130	5	969	5	3102	3
Viral Hepatitis	Bihar	3094	2	6736	2	20670	3	20361	2
	India	118880	551	110125	574	139662	407	97812	275
Enteric Fever (Typhoid)	Bihar	142341	3	261791	2	273007	4	191861	1
	India	1477699	428	1650145	387	1707312	429	1240904	296
Acute Diarrheal Disorder	Bihar	493559	8	550281	24	550038	24	302255	21
	India	11701755	1647	11413610	1629	11673018	1323	8417650	889

(**Source**: National Health Profile-2015, Central Bureau of Health Intelligence, MoHFW)

As per a sector assessment study conducted in 2013 by the Ministry of Drinking Water and Sanitation (GoI), about 13 districts of Bihar are affected by Arsenic, 11 by Fluoride and 9 by Iron. However, contamination is observed in patches in certain blocks, villages and habitations and not in any district entirely. About 1590 habitations i.e. 1.48% habitations of the state in 50 blocks are affected by Arsenic contamination. It was reported by the Primary Health Centre located at Begusarai that cases of skin, lung and liver cancer are increasing in the Arsenic-affected areas. 4157 habitations i.e. 3.86% habitations of the state, spread over parts of 98 blocks are affected by Fluoride contamination. Skeleton disorders as well as disorders in teeth have been reported in affected villages, which may be a result of excessive concentration of Fluoride in drinking water. 18673 habitations i.e. 17.35% habitations of the state, in 101 blocks are affected by Iron contamination. Primary Health Centres at Begusarai and Purnea have reported cases of digestive problems mainly due to presence of iron in the water. Besides, increasing traces of nitrate present in groundwater could pose a challenge in the state in future.

Most locations adjoining river Ganges i.e. Buxar, Bhojpur, Patna, Saran, Vaishali, Samastipur, Munger, Lakhisarai, Khagaria, Begusarai, Bhagalpur, Katihar and Darbhanga have reported Arsenic contamination. Fluoride-affected districts mostly border Jharkhand, e.g. Aurangabad, Banka, Bhabhua, Gaya, Jamui, Nawada, Nalanda, Rohtas, Munger, Sheikhpura and Bhagalpur, whereas locations having excess iron in water are mostly districts of north eastern parts of the state i.e. Purnea, Kisanganj, Araria, Katihar, Saharsa, Supaul, Madhepura, Khagaria and Begusarai.[14] Importantly, the state wise details published by the Ministry of Drinking Water and Sanitation for FY 2016-17 (ref. Table 2.4) suggests that out of the 37424 samples from various sources in Bihar tested for contamination, about 86.3% samples were found free of any contamination.

[13] Department of Health and Family Welfare (GoI) http://www.indiaenvironmentportal.org.in/files/file/water-borne%20diseases.pdf

[14] http://www.bswsmpatna.org/water%20quality.html

Table 2.4 – No. of Habitations in Bihar with Different Degrees of Contamination of Sources of Water							
No. of habitations with different proportions of contaminated sources							
Total Habitations	**No. of Habitations where at least one source is tested (2016-2017)**	= 0%	> 0% and < 25%	>= 25% and < 50%	>=50% and < 75%	>= 75% and < 100%	= 100%
110234	37424	32283	1767	1126	742	82	1424

Source: Ministry of Drinking Water and Sanitation, 2016-17

2.2.9 Health Infrastructure

Several steps have been taken by the state government in recent years to improve the health infrastructure and enhance the accessibility and quality of health services in the state, which have steadily improved the functioning of institutions of public health care. The approach of the state government has been on improving the functioning of existing facilities, rather than extension of the facilities. The numbers of different kinds of health care institutions available in the state has been summarized in Table 2.5; indicating availability of about 11 health centres in the state per lakh population.

Table 2.5 – Overall Status of Health Infrastructure								
Year	**District hospital**	**Referral hospital**	**Sub divisional hospital**	**Health Centres**				**Health centres per 10 lakh of population**
				PHC	Sub centre	APHC	Total	
2011	36	70	55	533	9696	1330	11559	11
2016	36	70	55*	533**	9696	1330	11559	11

Note : * At 9 places, existing hospitals will be upgraded to Sub-Divisional Headquarters
** 130 PHCs has been upgraded to 30-bedded CHC to strengthen healthcare facilities
Source: Economic Survey 2016-17 (Ref. State Health Society, GOB)

Additionally, through a centrally sponsored ICDS scheme, a package of six services — supplementary nutrition, immunization, health check-ups, referral services, nutrition and health education for mothers, and non-formal pre-school education for children between the ages of 3-6 years is being provided. The target group of ICDS is reached through Anganwadi Centres (AWC). Presently, ICDS is running in all the 38 districts of Bihar through 544 project offices. About 91.6 thousand AWCs have been established to cater to 19.1 million children (0-6 years), besides 60.3 lakh pregnant and lactating women.[15]

A summary of key issues of child survival

- High maternal and child mortality rates.
- High prevalence of under nutrition and Anemia among children and women.
- Limited scale of breast feeding and complementary feeding.
- Significant social disparity in nutritional status of women and children.
- Household food insecurity; inadequate adolescent, maternal, infant and child care and dietary practices and poor access to safe drinking and sanitation are key underlying causes of malnutrition
- Inadequate health infrastructure and services.
- Low access to sanitation facilities across economically marginalized social groups, particularly in rural areas and urban slums.
- Poor water quality in identified patches in several districts due to contamination of ground water.

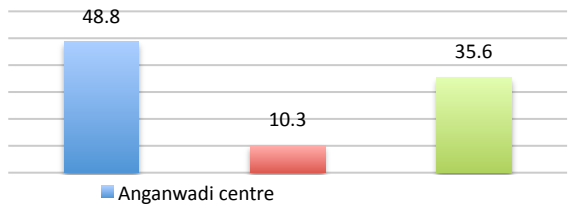
[15] Directorate of ICDS, Govt. of Bihar

2.3 Situation of children vis-à-vis the right to development

2.3.1 Pre-school

The foundation of the education is laid from as early as 3 years of age and AWC plays a crucial role in this. The quality Early Childhood Care and Development ensures that children are provided with a natural, joyful and stimulating environment with emphasis on necessary input for optimal growth and development. The need to prepare children above the age of three years for elementary education and to provide free Early Childhood Care and Development for all such children is also recognized under RTE Act, 2009. The Rapid Survey on Children, 2013-14 conducted by Ministry of Women and Child Development indicates that out of the households/ children covered by *Anganwadi* centre only 48.8% children aged 3-6 years were attending preschool. A small proportion of families prefer sending children to privately run pre schools, whereas a significant 35.6% children (30.93 Lakh*)[16] are not attending any pre school in the age group of 3-6 years. The study further, highlights that about 93.3% AWCs conducted PSE sessions for 16 or more days in one calendar month but only 34.1% boys and 37.4% girls aged 36-71 months attended PSE for 16 or more days in one calendar month prior to the survey. Though, the coverage of ICDS programme in the state is wide but there is a need of study to analyse how the pre-school education component is implemented and factors responsible for children being deprived of this facility.

Diagram 2.20 Percent of children aged 3-6 years currently availing of pre-school education (Out of households covered by AWCs)

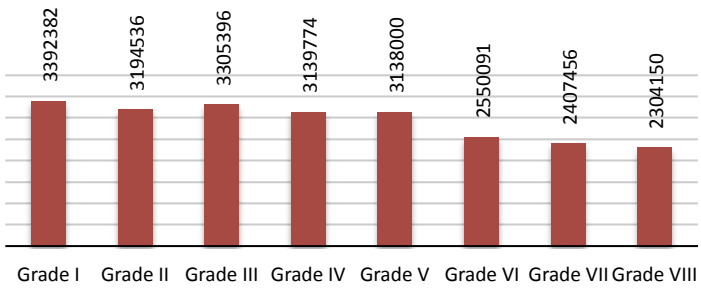


(Source: Rapid Survey on Children, 2013-14 (MoWCD, GoI)

2.3.1 Children's enrolment in school and drop-outs

As per U-DISE 2015-16[17], the total number of children in Bihar enrolled in grades I to VIII is 2,34,31,785, which includes 19.8% SC children, 1.8% ST children, 65% OBC and 15% Muslim children. The ratio of enrolment of girls over boys seems to have marginally increased over last one decade from 0.8% in primary in 2005-06 to 0.98%

Diagram 2.21 Distribution of enrolment across various grades (Source: U-DISE 2015-16)

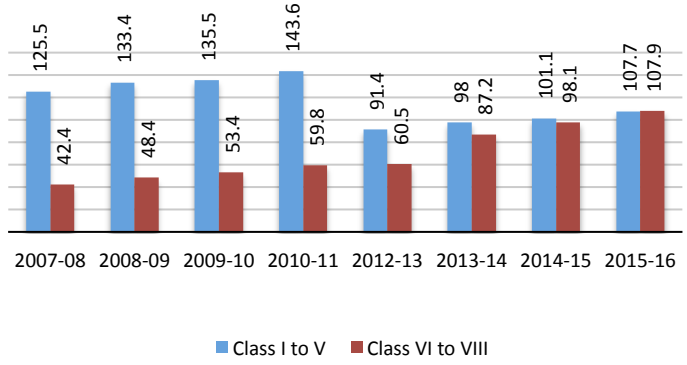


[16] Based on Census 2011 figures for the age group 3-5 years
[17] Elementary education in India/ Analytical report / U-DISE-2015-16.

in 2015-16. The same was 0.64% in upper primary in 2005-06, which increased to 1.02% in 2015-16. Further, in primary school , out of the total enrollment of SC (20.31%) and ST (1.93%) students the percentage of SC and ST girls hovers around 48.77% and 48.67% respectively. Similarly, for upper primary out of the total SC (18.95%) and ST (1.62%) enrollment the percentage of SC and ST girls is about 49.24% and 50.32% respectively.

The Gross Enrolment Ratio (GER) at primary level and upper primary level in 2015-16 is almost the same, which hovers around 107.67 and 107.89 respectively.

Diagram 2.22 Decadal variation in Gross Enrollment Ratio (GER) (Source: U DISE 2015-16)



The Net Enrollment Ratio (NER) for upper primary is about 96.88 in 2015-16. However, despite state's effort there still seems a scope for improvement as a large number of children continues to leave the school before completing elementary education. In 2015-16, the retention rate at primary level was 93.2, while for overall elementary level it was as low as 54.87%. As per U-DISE 2015-16, the average annual drop out rate for upper primary level is 4.08, whereas for elementary[18] its 1.13.

2.3.2 Children with special needs enrolled in schools

As per U-DISE, 2015-16, out of the total children enrolled in standard I-VIII, the number of children with special needs is around 198012 (0.84%). The nature of disability suggests loco-motor impairment and mental retardation are the most prevalent form of disability. Various studies suggest injuries, deformity, and polio are the most common reasons of loco-motor disability, while in terms of mental retardation a range of issues affect the intellectual capabilities of a child however, some of the common causes are malnutrition and anemia among pregnant women and new born, which interferes with fetal or child brain development, besides illness, injuries, genetic conditions, insufficient availability of oxygen during child birth, etc. are other possible causes of the same.

Diagram 2.23 Nature of special needs of children enrolled in standard I-VIII (Source: U-DISE, 2015-16)

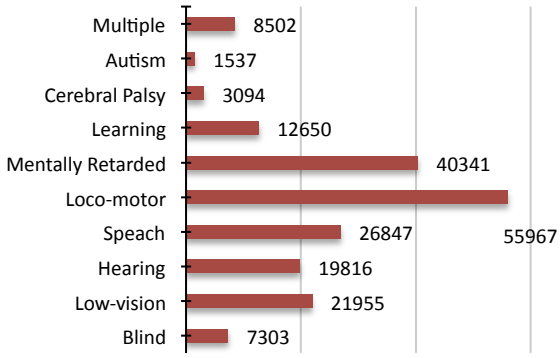
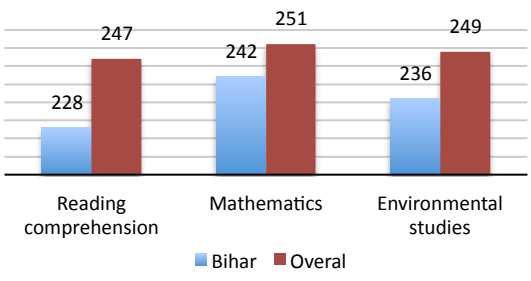


Diagram 2.24 Achievement level of class V students of Bihar (Source:NAS/Cycle-3, 2014)

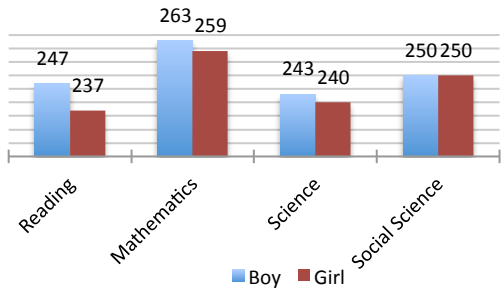


[18] Elementary education in India/ Analytical Tables/ U-DISE, 2015-16

2.3.3 Quality of education

There are various factors, which influence the learning abilities of a child; the quality of a child's life before starting formal education, health, nutrition and parental support play an important role in cognitive development of a child. With regard to schools, there are three key elements that determines the quality of learning environment; (i) physical element, which includes quality of school facilities and infrastructure; (ii) psychological element, which includes school environment and teacher's behavior towards children and (iii) service delivery, which includes quality of teaching and other supportive programmes i.e. nutrition.

Diagram 2.25 Gender wise achievement level of class VIII students of Bihar (Source: NAS/ Cycle-3/2014)

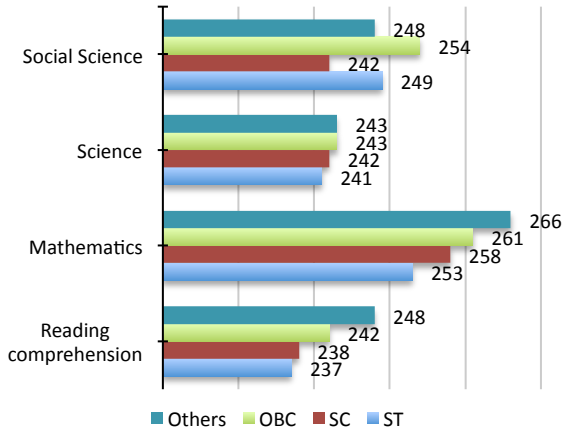


2.3.3.a Learning outcomes

NAS 2014 presents subject wise learning outcomes of children disaggregated for gender, residence and social groups. As per NAS[19], the average achievement score of the state for class V is significantly below than that of the overall achievement score of the country for class V. However, there is no significant difference in terms of gender wise performance.

In terms of performance of class VIII students, the scores for reading comprehension (242) and science (241) are relatively less than the corresponding national scores (247 and 251 respectively). However, the performance of students of Bihar in Mathematics (261) is significantly higher than the overall national score (245) in Mathematics.

Diagram 2.26 Social group wise acheievement levels of students of class VIII in Bihar (Source: NAS/ Cycle-3, 2014/Bihar report)



The national trend for class VIII indicates that girls outperformed boys in reading comprehension. This was true for several states but in most states girls and boys performed equally well. Only Bihar was an exception where the performance of boys was significantly better than that of girls.[20]

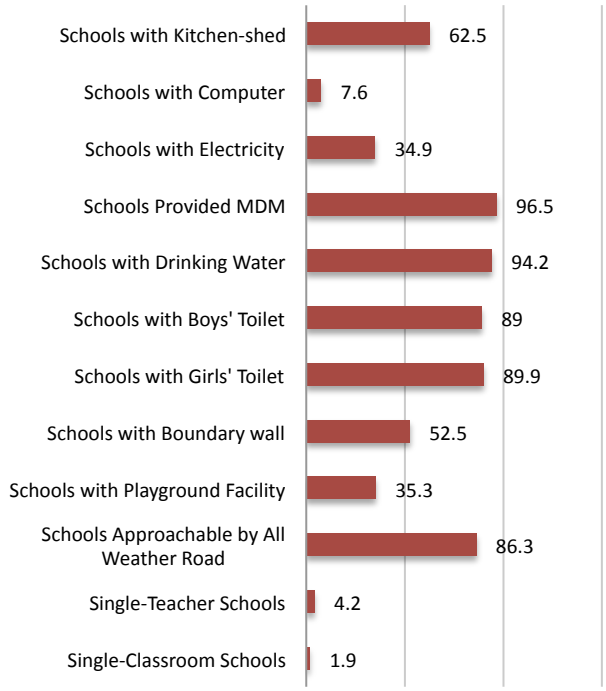
The social group wise achievement level of students of class VIII indicates that the students classified under others and OBC group significantly outperformed students from Scheduled Tribe and Scheduled Castes in most subjects (refer diagram 2.32).

[19] NAS National Report-Class-V-Cycle 3
[20] NAS National Report-Class-VIII-Cycle 3

2.3.3.b Facilities and Infrastructure

As per U-DISE 2015-16, 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. A small proportion of schools have secondary and higher secondary sections.

Diagram 2.27 - Facilities and Infrastructure
(Source: U-DISE 2015-16)



U-DISE 2015-16 provides an insightful view of availability of important facilities in schools. As per the report drinking water facility is available in 94.2% schools, as many as 86.3% schools are approachable by all-weather roads. Only about 52.5% of all schools have boundary walls, while only 35.3% schools have playgrounds.

Also, according to U-DISE 2015-16, nearly a tenth of all schools do not have separate toilets for girls. Besides nearly 62.5% schools were identified having a kitchen shed, though mid-day meals were provided in nearly 96.5% schools.

2.3.3.c Learning environment

The overall Student-Classroom Ratio (SCR) has significantly improved in Bihar, from 79 in 2011-12 to 51 in 2015-16, though there doesn't seem much improvement in Pupil-Teacher Ratio (PTR), which has decreased only slightly, from 59 (2011-12) to 50 in 2015-16 (ref. Table 2.8). The latest U-DISE report indicates that the percentage of government schools with SCR>30 is 70.9% whereas, schools with SCR>35 is 83.08%. Similarly, the percentage of government schools with PTR>30 at primary level is 72.16%, while upper primary schools with PTR>35 is 27.52%. Further, the average number of teachers per school is 5.8. About 61.4% government regular teachers are professionally trained.

Table 2.6 – Proportion of schools with appropriate SCR and PTR

	Schools (%) with SCR>		Schools (%) with PTR>	
Year	**30 at Primary level**	**35 at upper primary level**	**30 at primary level**	**35 at upper primary level**
2015-16	66.27	71.89	65.92	22.85
2011-12	76.0	88.8	88.4	89.0

Source: U-DISE

A summary of key issues for development of children

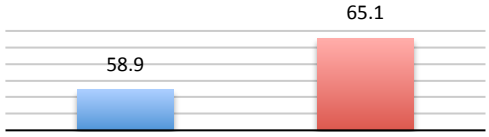
- Low retention and high drop–out rates, especially after standard 5.
- Over 2.1 lakh out of school children.
- Lack of special training facility for children over 6 years, who have not been admitted to school or could not complete elementary education.
- Limited opportunities of vocational/ skill development training for children with disability.
- Shortage of adequate trained teachers at elementary level as per RTE norms.
- Lack of adequate and safe infrastructure in schools.

2.4 Situation of children vis-à-vis the right to protection

2.4.1 Working children

According to census 2011, Bihar has nearly 11% of India's total child worker population in 5-14 years age group. The number of total child workers[21] is 1288321, with nearly 4 lakh child workers in the age group of 5 to 9; and 8.9 lakh children in the age group of 10 to 14 years. Further, there seems an increase of 9.31% in the number of child workers since 2001 Census (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%).

Diagram 2.28 Percent main worker age between 5-14 years not attending educational institution (Source: Census 2011)

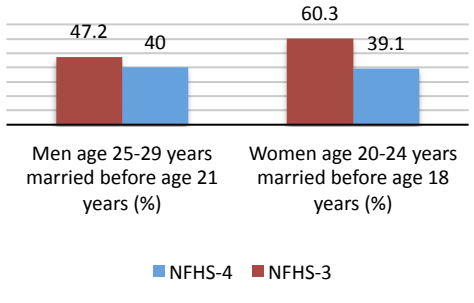


Additionally, child main workers accounts for nearly 1.56% (451590) of the total child population in 5-14 years age group (28956159). As per Census 2011, nearly 59% child main workers are not attending educational institution, which is significant. However, state average is relatively much lower than the national average of 65% in the same age group.

2.4.2 Child Marriage

NFHS-4 (2015-16) indicates a positive change in this direction and records a decline of 21 percent point from NFHS-3 (2005-06) in the rate of child marriages in Bihar. However, child marriage remains widespread in Bihar, where about 39 per cent of all women 20-24 years of age were married before their 18th birthday, which is significantly higher than the national average that hovers around 27%. District wise variations indicate Madhepura (58.3%) having highest percentage of girls married before the age of 18 years, followed by Supaul and Begusarai with 56.9% and 53.2% respectively.

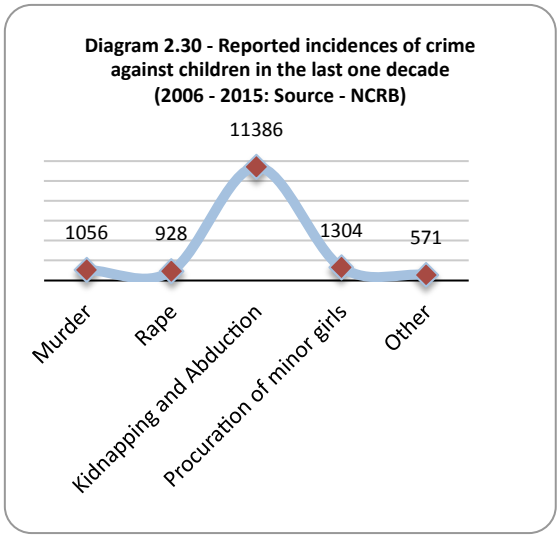
Diagram 2.29 Prevalence (%) of child marriage in the state
(Source: NFHS-4 2015-16)



[21] *Includes main and marginal workers*

Further, as per NFHS the percentage of men age 25-29 years married before 21 years of age is slightly higher than women married off early and indicates relatively much slower pace of change. With 7.2 percent point decline from NFHS 3, the percentage of men married off before 21 years of age hovers around 40%, which is much higher than the national average of 20.3%. Early child bearing as a result of early marriage is another scourge that needs to be dealt with. As per NFHS-4, about 12.2% women aged 15-19 years in the state were already mothers or pregnant at the time of survey, which is relatively higher than the national average of 7.9%. The practice is relatively more prevalent in rural areas than in urban areas.

2.4.3 Crimes against children



According to Crime in India Report, 2015 (NCRB), a total of 1,917 cases of crimes against children were reported in Bihar during the year 2015, as compared to 2,225 cases during 2014, showing a decline of 16 per cent.[22] In 2015, a total of 3087 cases against procuration of minor girls were reported in the country, out of which 305 were reported from Bihar. Additionally, out of the total 3490 reported cases of child trafficking about 332 were from Bihar. The state accounts for nearly 10% of the total cases of procuration of minor girls and child trafficking in the country, making the state third highest in this regard after Assam and West Bengal respectively.

As per NCRB, the state has recorded high incidences of murder, rape, kidnapping and abduction and procuration of minor girls in last one decade. There seems a manifold increase in the reporting of cases of crimes against children, from 66 cases reported in 2006 to 1917 cases reported in 2015. Further, a total of 42 cases of sexual abuse were reported under POCSO in 2015 and invariably offender was someone close to the child. NCRB data suggests even a child less than 6 years of age are vulnerable to sexual abuse, which indicates the need for a suitable communication strategy to generate awareness across all economic class in order to safeguard children from potential harms. (Refer table 2.7)

Table 2.7: Offenders Relation and Proximity to victims reported under Section 4 & 6 of the POCSO Act During 2015 (Source: NCRB, Crime in India 2015)

Total cases	Close family members	Relatives	Neighbors	Other known person
42	1	2	16	23

Table 2.8 Age-Group-wise Cases & Victims reported under Section 4 & 6 of the POCSO Act (Other than incest) (Source: NCRB, Crime in India 2015)

Total cases	Below 6 years	6-12 years	12-16 years	16-18 years
42	3	3	5	31

2.4.4 Children in conflict with law

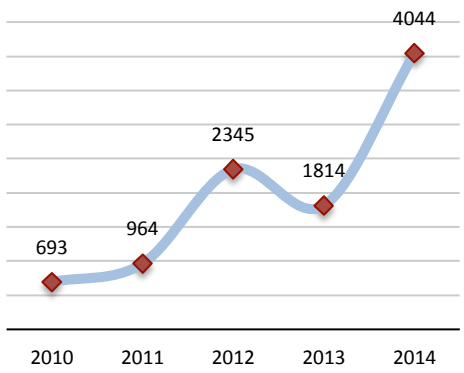
The NCRB figures indicate a significant rise in the reported cases of juvenile delinquency in Bihar, which shows an increase of more than 400% from 2010 to 2014. The pattern of crimes

[22] Crime in India, 2015 (NCRB)

committed by children suggests their involvement has been more in kidnapping and abduction, theft, riot and cheating, as evident in Table 2.7. The possibility of juveniles being used by gangs to commit organized crimes cannot be denied, as juveniles cannot be given stringent punishments for the crime committed by them. However, in the absence of adequate rehabilitation arrangements for children in conflict with law and children in need of care and protection in the state, a successful reintegration has been a challenge.

Table 2.9 – 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
Total cognizable crimes	**693**	**4044**

Diagram 2.31 - Trend of juvenile delinquency in Bihar



2.4.5 Birth registration

Registration of birth is a right of every child and is the first step towards establishing her/his legal identity. As per NFHS-4 (2015-16), the number of children in Bihar below 5 years of age whose birth was registered hovers around 60.7%, which is 19 percent point lower than the national figure. The districts that show higher rates of birth registration include Bhojpur (89.2%), Arwal (88.8%), and Vaishali (78.5%), while those with lowest birth registration include Araria (50.5%), West Champaran (50.5%), Nawada (51%), Jamui (53%) and Madhubani (53.7%; refer Chart C10 in the Annexes for variations across districts).

There has been a gradual improvement in birth registration in Bihar as the share of registered births to total estimated births is increasing year by year. As per Civil registration System, 2014, the decadal growth rate in birth registration between 2005-2014 in Bihar was 26.7%, which is close to the annual population growth rate of the state i.e. 25.1%. However, still there is a

Diagram 2.32 - Sex wise distribution of registered births, 2014 (Source: Civil Registration System, 2014)

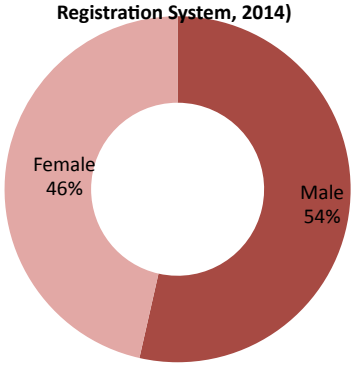
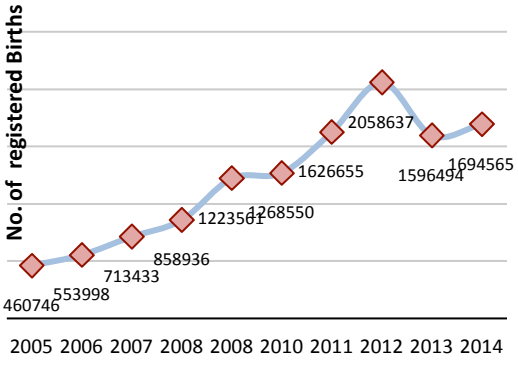


Diagram 2.33 - Growth in Birth Registrations from 2005 to 2014 (Source: Civil Registration System, 2014)

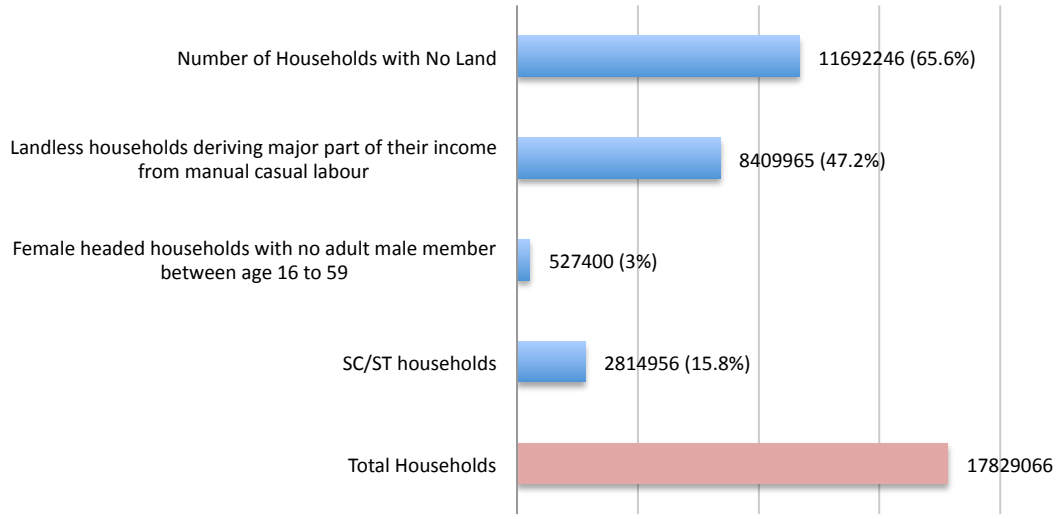


significant gap of 35 percent in estimated number of births (2640298) and registered births (1694565) in Bihar, as per the report of Civil Registration System, 2014. The sex-wise distribution of registered births reveal that share of registered female births in Bihar is about 8 percentage points short of registered male births.

2.4.6 Children in need of care and protection

While every child is vulnerable to harms, some children are more vulnerable because of various conditions attached to them. For example, orphans, abandoned children, those living with HIV; those affected by different forms of disability; living in conflict or disaster situations; and/or facing marginalization, stigma and discrimination of any type. Often children living in poverty or disadvantageous socio-economic and geo-political situations get vulnerable to multiple harms and unfavorable situations and need especial care and protection.

Diagram 2.34 Number of deprived households (Source: SECC-2011)



The state seems to have a significant number of potentially vulnerable children living in situations of poverty and inadequate parental care. As per SECC, 2011, a significant 1,16,92,246 crore (65.6%) rural households are landless and about 5,27,400 lakh households (3%) are being headed by females with no male member between the age of 16 to 59 years. While about 84,09,965 lakh (47.2%) rural households derive major part of their income from manual casual labor works. Often children facing such economically disadvantaged situations get trapped into unfavorable situations, resulting in school dropout, early marriage, children working as labourers, child migration, trafficking, begging, etc. Therefore, identifying vulnerable families and children in need of care and protection would be crucial in order to prevent any possible threat to their protection and safeguard their rights. Ensuring a protective environment for children should be a shred responsibility of community, state as well as civil society.

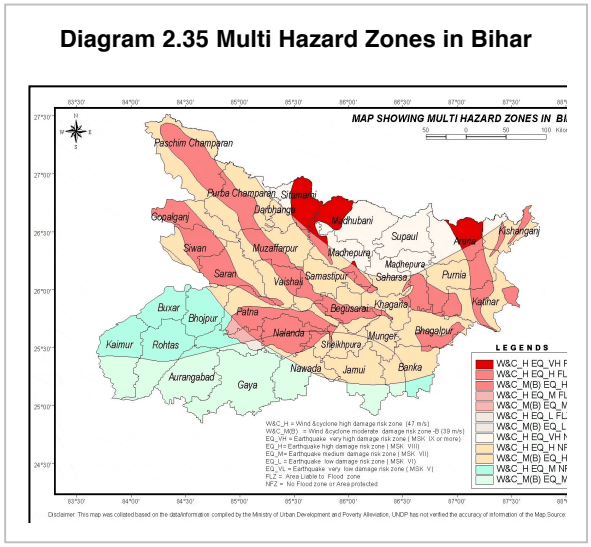
2.4.7 Children in situations of disaster

2.4.7.a Natural disaster

The state is vulnerable to numerous hazards i.e. flood, earthquake, drought, cyclones, heat waves, cold wave as well as recurrent fires in the villages during summer. However, the situation of floods and droughts often causes irrecoverable losses. The state action plan on climate change, 2015; estimates about 33% of the state receives less than 750 mm rainfall, making Bihar chronically drought-prone. Besides, nearly 73.6% of the geographical area of North Bihar and 56% of the entire state is considered flood prone. The Kosi River is the main cause of recurrent floods in north Bihar.

Almost 28 districts of Bihar face floods on a frequent basis, causing huge loss of property, lives, farmlands, and infrastructure. Out of these the area 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%. Bihar Action Plan on Climate Change [23] published by Ministry of Environment, Forest and Climate Change (GoI) emphasizes on the approach to seek closer integration of disaster risk management and climate change adaptation, along with the incorporation of both into state, district, and local planning and practices.

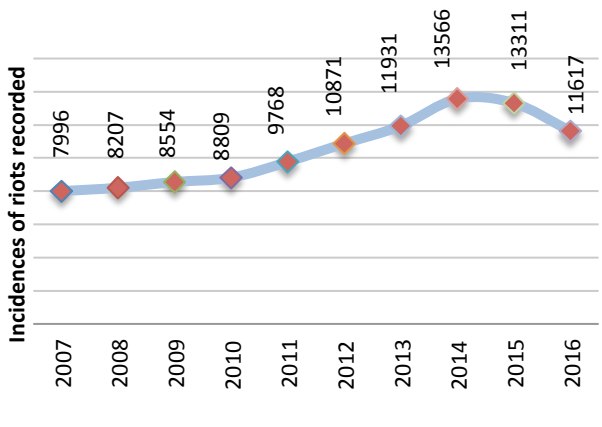
Diagram 2.35 Multi Hazard Zones in Bihar



2.4.7.b Other disasters

The man made disaster have been classified as hazards related to nuclear, chemical, biological, radiological and accidents or civil unrest. If we look at the reported incidences of riots in the state and growing involvement of children in it, it raises an alarm. An adequate focus is needed not only to ensure a safe and protected environment for children but also to understand the different forms of influences that directly get children in trap of risky situations.

Diagram 2.36 Decadal trend of riots in state (Source: Bihar Police)



[23] Bihar State Plan of Action on Climate Change 2015 / http://www.moef.gov.in/sites/default/files/Bihar-State%20Action%20Plan%20on%20Climate%20Change%20%282%29.pdf

A summary of key issues of protection facing children in Bihar

- Over 12.9 lakh child workers (Census 2011) in the age-group of 5-14 years (excluding non-workers seeking/ available for work).
- Significant prevalence of early marriage (39%; NFHS-4), despite decline in incidence during the last decade.
- Growing number of children in conflict with law, with significant involvement in crimes like kidnapping and abduction, theft, riots, etc.
- Rise in crimes against children especially kidnapping and abduction of children and procuration of minor girls.
- A large number of children facing disadvantageous socio-economic and geographical conditions i.e. living in disaster prone areas of flood, draught, etc.
- Lack of comprehensive information, research and data on child migration, child trafficking and all forms of child abuse and exploitation.
- Low rates of conviction / disposal of cases vis-à-vis crimes against children.
- Lack of adequate rehabilitation arrangements and opportunities of reintegration both at district as well as state level.

2.5 Situation of children vis-à-vis the right to participation

Participation is recognized by UNCRC as one of the crucial rights of a child, which emphasizes on the right of children to freely express their views and the obligation of institutions to facilitate their participation in all matters concerning their lives. Various schemes and programmes run by the central as well as state government have provisioned for child's participation in decision-making process to ensure their active involvement in any planning process and increase their awareness.

The Government of Bihar has set up *Bal Sansads* in all the elementary schools to ensure children's participation in education. A 12-member committee of students is constituted in every school to assist the school management, which also provides students a platform for expressing views and developing life skills. Similarly, *Meena Manchs* have been established in all the upper primary schools of the state.

Integrated Child Protection Scheme is an important programme aimed at strengthening the protection of children, which envisages representation of children in Child Protection Committee constituted at various levels, inclusive also of community leaders and duty bearers, who are primarily responsible for creating and promoting a child friendly and safe environment. The child representative in the committee is expected to bring in specific requirements and concerns related to protection of children that children may be facing. Bihar has recently taken the initiative to constitute Child Protection Committees in all the districts.

There is a significant need and potential for activating mechanisms of participation of children in various spheres of life and policy concerning children. The effectiveness of such mechanisms can be gauged from the impacts of initiatives such as *Bal Samvad Adalat* (Courts of Dialogue with Children), which proved to be highly effective in disposal of minor offences of juvenile delinquents based on consultations with children through a dialogue process facilitated by Juvenile Justice Boards in a few districts of Bihar. This was a unique process initiated only in Bihar. Similarly, children are being provided with platforms such as Meena Manch in schools of Bihar to develop leadership qualities, gain greater awareness on health and hygiene as well as vital rights and to participate actively in preventing child

marriage, promoting education for the girl child and increasing enrolment and attendance in schools by inspiring parents.

Also, with an aim to provide opportunities for adolescent girls participation, the concept of *'Sakhi'* and *'Saheli'* been envisaged under the Centrally sponsored scheme Sabla. However, the platform provided has not been adequately used to reach out to the girls, mainly those who are out of the net of school system. Another platform which is available for this group (includes, boys as well), is the *Rashtriya Kishor Swasthya Karyakram* (RKSK). The key principle of this programme is adolescent participation and leadership.

A summary of key issues of participation of children in Bihar

- With tokenistic representation of children in various committees meant for their wellbeing, child participation has largely been rhetoric.
- Limited awareness among children about their rights, entitlements, programmes and schemes.
- Perceived insignificance of children's views (on the part of adults), often results in denying children a say in important decisions concerning them.
- Denial of equal opportunities of development to children of marginalized communities, gender and those suffering form disabilities.

Overarching challenges: child rights vis-à-vis systemic and structural issues

Children constitute nearly 45.6% of the population of Bihar and nearly 47.5% of them are girls. It is of utmost importance to address the specific needs of such a large segment of the state's population and ensure their rights to survival, development, protection and participation. Every single child irrespective of caste, class, religion or abilities deserves a fair chance to realize her/his full potential. Healthy and educated children are the most crucial building blocks of a state's development and future.

A number of systemic and structural factors significantly influence the outcomes of interventions aimed at safeguarding children from various forms of harms, and need to be addressed for ensuring sustainable well-being of children. Such factors include economic disadvantages, disaster-proneness, disparities in social status, unequal gender relations and limitations of institutional responses to address the needs of children, among others. Dealing with such factors has been a challenge due to a number of social, natural and resource constraints. This section of the Action Plan specifically discusses a selection of systemic and structural factors having a bearing on a child's well-bing in the context of Bihar.

Gender inequities

Bihar accounts for a mixed bag of accomplishments vis-à-vis status of women and girls in the state. While most development indicators point at significant gains in opportunities of wellbeing for women and girls over the last two decades in particular, the state continues to face persistent challenges towards addressing gender-based inequalities in multiple domains of life, which have a strong bearing on the prospects of development of the girl child in particular.

For instance, the latest edition of National Family Health Survey (2015-16) points at significantly high proportion of women in the age group of 15-49 years suffering from Anemia (60.3%), while nearly 39.1% women aged 20-24 years were married before the age of 18 years. The gender gap in literacy, at 19.7 percentage points, is still significant as per Census 2011, with the state registering only 51.5% literate women. The sex ratio of the state stands at

918, much lower than the national ratio of 943. As per Rapid Survey on Children, which was conducted by Ministry of Women and Child Development (GoI) in 2013-14, the state has about 45.2% of girls aged 15-18 years whose Body Mass Index was less than 18 kg/m2.

According to a report[24] of Ministry of Women and Child Development, Government of India (2009), Bihar had the lowest rank among 35 States/UTs on both HDI (0.552) and GDI (0.525) in 2006. Its performance in terms of Gender Empowerment Measure (2006) was one of the lowest at 0.385 (all India 0.451) – particularly low in terms of Index of 'Economic Participation and Decision-making Power' (0.269) and Index of 'Power over Economic Resources' (0.258), though fairly high in terms of Index of 'Participation in Political Arenas & Decision Making (0.628).

Economic inequities

As per estimates of Planning Commission (2013), Bihar has the third-highest percentage of people living below the poverty line (defined as the ability to live on Rs 26 per person per day in rural areas; Rs 31 per person per day in urban areas) at 33.7%, behind Chhattisgarh with 39.9% and Jharkhand with 36.9%. In absolute numbers, it has the second-highest number of people below the poverty line, i.e. 35.8 million, after Uttar Pradesh at 58.9 million[25]. However, these estimates have often been contested by the Govt. of Bihar, and the Honourable Chief Minister has on several occasions approximated the actual BPL population in the state to the tune of 75%.

The high incidence of the poverty in the state poses significant challenges for the well-being of children. Economic constrains are responsible for a number of issues facing children, especially child labour, school drop-out and early marriage, besides the limited ability of rural households to afford important facilities and consumables for children. For instance, Bihar has the lowest coverage of household toilets (approx. 29%), according to target achievement data under Swachh Bharat Abhiyan (2017-18, till May, 2017).

Social inequities

Children belonging to Schedules Castes, Scheduled Tribes, religious minorities and nomadic communities, on account of their disadvantaged social status, are susceptible to face exclusions in access to various opportunities of wellbeing and therefore need special attention in the outreach of any programme. The varying status of wellbeing of children hailing from different social groups is evident in a number of indicators. For instance, the Rapid Survey on Children, 2013-14 (MoWCD) points at significant differences in nutritional outcomes across children from different social groups, with children from marginalized backgrounds reporting more alarming situations. As many as 57.6%, 48.9% and 49.5% children from SC, ST and OBC communities respectively are stunted, as against 35.4% from other communities. Similar disparities are recorded with respect to proportions of children who are wasted or underweight (ref. Diagram 2.14).

With regard to incidence of child marriages, girls from disadvantaged social background are more likely to be married early, as indicated by Rapid Survey on Children (2013-14). While the proportions of women aged 20-24 married before the age of 18 from SC, ST and OBC

[24] 'Gendering Human Development Indices: Recasting the Gender Development Index and Gender Empowerment Measure for India': Ministry of Women and Child Development 2009
[25] Planning Commission, 2013

communities are recorded at 53.3%, 47.3% and 46.5% respectively, in the case of other castes, it was relatively lower at 39.2%. Such disparities are evident also with respect to accessibility of improved sanitation facilities and the proportions of households practicing open defecation. While only 7.9% SC households have access to improved sanitation facility, compared to 30.7% households belonging to social groups other than SC, ST and OBC, the proportion of households practicing open defecation ranges from 78.1% among ST households to 89.6% among SC households; as against 57% among households from privileged social groups.

Disaster-proneness

Disasters impact different sections of people differently. Among various groups, children tend to be impacted most severely on account of their greater vulnerability to disasters. A child's vulnerability is influenced by a number of factors, including limited physical and mental capabilities, inadequate say in life-saving decisions and greater susceptibility to various forms of exploitation, especially human trafficking in the wake of disasters. They have a relatively longer future at stake compared to other population segments. Statistics point at an alarming level of incidence of adverse impacts of various forms of disasters on children in particular, which calls for a greater emphasis on arrangements of protection of children from disasters. A number of studies have established the increased vulnerability of children to issues of protection such as trafficking, slavery, child labour etc. in the wake of disasters, which makes it imperative that disaster risks faced by children are accorded greater focus in all development plans, especially in Bihar where children constitute nearly 46% of the population.

Schools, health centers and anganwadis are among institutions that are often worst-affected in the wake of a disaster, which impact the lives and entitlements of children in an acute manner. Disaster-prone areas often have higher rates of infant, maternal and child mortality, as well as greater incidence of disabilities. The greater vulnerability of children often turn fatal or result in extreme damages to their physical wellbeing. With increasing number of disasters and escalating frequency of droughts, water-scarcity, vector-borne diseases, etc. children are likely to remain the most vulnerable group in the long run. It has been mentioned earlier that Bihar is vulnerable to various forms of hazards, especially floods, earthquakes, droughts, cyclones, heat waves, cold waves and recurrent fire accidents during summer. Not only is the state chronically drought-prone, but as high as 73.6% of the geographical area of North Bihar is considered flood prone.

Given the higher level of vulnerability of children as compared to others, it is important that children are not viewed merely as passive victims of disasters, but any initiative for reducing risks of disasters accord them a central place in the design of disaster management interventions. It is pragmatic also on account of the fact that children tend to make efficient agents and communicators of good practices for disaster safety.

Limitations of institutional responses

A recent gap analysis under state PIP- 2014-15 conducted by State Health Society highlights major gaps in all 4 RMNCH+A focus areas – Pregnancy Care, Child Birth, Post-natal Maternal & Newborn Care (including Child Health) and Pre-pregnancy & Reproductive Care. The report indicates significant gaps in terms of infrastructure, human resources and equipment/ medicines. Some of the major issues that have been highlighted are poor Infrastructure at

PHCs and other delivery points to set up New Born Care Centers. Almost one third of PHCs in 10 High Performing Districts (HPDs) don't have NBCCs (as per guidelines for NBCCs) and an operation theatre. Additionally, there is no dedicated ANC clinic at PHCs and APHCs and most VHSND sites don't have space and privacy for ANC check-ups. Apart from this, almost 70% of PHCs in 10 HPDs are more than 30 Km away from nearest facility (public or private) offering C-section services and almost 25% of PHCs in 10 HPDs are in hard to reach areas that remain cut off and difficult to reach by road. Inadequate grade A nurses and ANMs at delivery points to provide NBCC services. Shortage of active ASHAs affecting HBNC visits. The report also highlights irregular supply of IFA and TT and irregular and inconsistent home visit by FLWs, besides there is no current system for distribution of IFA to schools and all AWWs regularly. In addition, difficulties in accessing government schemes, poor implementation of laws and inadequate allocation of resources are other challenges that the state needs to deal with.

The state also lacks adequate institutional arrangements for rehabilitation of children in need of care and protection or those in conflict with law. A number of children who are rescued from exploitative conditions of bondage or child labour tend to relapse into the same conditions of hardship on account of deprivation from effective psychological, social and economical rehabilitation. Arrangements of special training for rescued child workers to bring them at par with other students, as mandated under RTE, are also scant, and so are after-care arrangements for children in conflict with law, especially girls. Overall, the state records a rudimentary level of implementation of child safeguarding laws, an area that needs substantial strengthening.

3 Priority Areas for Action

Securing the rights of children in Bihar would call for convergent actions on the part of a number of stakeholders. A number of persistent systemic and structural issues hinder the prospects of sustainable well-being of children in the state. Among key issues that need to be addressed on a priority basis, the following selection of 9 imperatives across four priority areas makes a formidable set of posers for the government to tackle on an urgent basis.

Child's Right to Survival

Imperative 1: *Reducing mortality rates among children*

Imperative 2: *Reducing malnutrition among children*

Imperative 3: *Improving accessibility of children to safe drinking water and sanitation*

Child's Right to Development

Imperative 4: *Ensuring universal access of children to continuous education right from ECCE level*

Imperative 5*: Improving quality of education*

Child's Right to Protection

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: *Protection children from violence, neglect, abuse and possibilities of getting in conflict with law*

Child's Right to Participation

Imperative 9: *Creating enabling environment for child to participate*

This Chapter of Bihar State Draft Plan of Action for Children 2017 outlines essential strategies and actions to be undertaken on the part of key stakeholders to achieve a set of vital outcomes favouring children in the state vis-à-vis the imperatives listed above, besides identifying programmatic vehicles to be leveraged in the process of implementing the actions and articulating specific indicators for measuring impacts of the same.

Imperative 1 Reducing mortality rates among children

Health remains one of the key priorities for the State particularly in case of mother and child health care. Though the recent study reports shows improvement as compared to previous figures in most of the critical health indicators as reported in NFHS-4 (2015-16) and AHS-2012-13 health survey reports. But still the State is lagging behind significantly in almost all the health indicators as compared to the national average. The mortality indicators of the State signify huge challenge for providing safe motherhood and Childcare to the newborn and in the early years of children's growth. Focusing on quality of public health services through improvement in infrastructure and human resources at the basic level would be the utmost priority for the State. Increasing uptake of health services and entitlements and improvement in infrastructure of Anganwadi Centers, being the primary service delivery point related to mother and child care would also need to be area of priority for better services.

Result Statement	Strategies	Action	Project / Schemes	Indicators	Agencies responsible
Improving access of children, especially adolescents. to information and services essential for good health and development, including information and support on appropriate life	Ensuring availability of information on children's rights and entitlements and different schemes and programmes Ensuring availability of counseling and health services for adolescents	• Ensure availability of age-appropriate means of communication, including use of social media to generate awareness on all rights, entitlements, schemes and programmes including information on alcohol and drugs abuse, rehabilitation and related counseling services. • Increase accessibility and utilization of quality counseling and health services for adolescents	• RKSK • NHM • Sabla	• Decrease in prevalence of Anemia among girls as well as boys • Increased availability of information sources and improvement in health behaviour	• Department of health • ICDS • Media • PRI

style and healthy choices and awareness on the ill effects of alcohol and substance abuse		• Implement Adolescent Reproductive and Sexual Health Programme • Train adolescent (both in school and out of school) on behaviour modification skills/life skills with special focus on coping/ resilience skills, communication and interpersonal relationship skills and problem solving skills , awareness on alcohol and substance abuse • Develop programmes for addressing health and nutritional needs of adolescent boys • Reduce the prevalence of iron deficiency Anemia (IDA) among adolescent girls and boys • Provide Menstrual Health Management knowledge and facilities • Create a cadre of teachers as counselor to address mental health needs of children • Availability of alcohol and drug rehabilitation centres in all districts • Awareness on alcohol and substance abuse as a part of regular school activity and curriculum			
Improve maternal health care system and rightful access to essential and comprehensive health care services to all	Ensure universal access to quality ANC and PNC services to pregnant and lactating mother	• Ensure registration of all pregnancies and issuance of MCP card to all mothers. • Provision of skilled birth attendants at community level • Availability of Human Resources and	• Janani Suraksha Yojna. • National Health Mission (NHM)	• 100% registration of all pregnancies. • 100% registration of all births at the time of delivery. • Increase in number of pregnant women availing of 4 or more ANC services	• Department of Health

women before, during and after delivery as well as children		regular training of NHM and ICDS functionaries as per norms. • Establish/Provide Anganwadi and Sub-Health Centres with standard infrastructural requirements with special focus on providing coverage to SC/ST/Minority/Urban Slum dominated habitations/ hard to reach areas as per norms • Modernize AWCs as per the norms of ICDS and link them with digital database so as to monitor real-time data on services provided. • Establish Medical/Nursing and Paramedic training schools in tribal concentrated Special Focus Districts under Vanbandhu Kalyan Yojana • Establishment and ensure regular functioning of Village Health, Sanitation and Nutrition Committees (VHSNCs) and appropriate orientation of VHSNC members and PRIs to plan and monitor VHND • Capacity building of PRIs and SHGs to support and monitor VHNDs • Quality antenatal care (4 ANCs) through proper implementation of VHNDs at all AWCs every month • Ensure availability of private space or curtains for checkups at VHND sites		• Increase in the number of women availing of PNC services within 48 hours • Increase in the number of institutional delivery • Reduction in maternal mortality rate • Increase in coverage of target rural population	

		• Ensure registration all pregnancies and give priority access to Mother and Child Protection Cards • Regular review and evaluation of ANC, PNC services • Ensure adequate supply of TT injections, IFA tablets and supplementary nutrition • Review and monitor consumption of IFA tablets and supplementary nutrition • Ensure registration and ANC services of migrant and homeless women and in hard to reach areas including those affected by disasters • Ensure PNC for all mothers (48 hours stay in institution after delivery and thereafter follow-up for 42 days after delivery) through proper co-ordination between AWWs, ASHAs, and ANMs • Home visits till six weeks by trained ASHA to provide counseling for prevention of hypothermia, cord care, clean postnatal practices, early identification of danger signs and early and exclusive breastfeeding • Promote use of IT-based solutions for monitoring of real time data on ANC, PNC and immunization through Mother and Child Tracking System • (MCTS)			

	Prevent HIV infections at birth and ensure infected children receive medical treatment, adequate nutrition and after-care, and are not discriminated against in accessing their rights	• Provision of universal HIV testing services for all pregnant women • Provision of ART/ARV prophylaxis to mother and baby to minimise the risk of HIV transmission from mother to baby • Availability of Anti-Retroviral Therapy Centres • Provision of Early Infant Diagnosis (EID) services • Awareness generation and counseling on STI, RTI, HIV/AIDS • Collected age-disaggregated data on HIV prevalence to estimate no of children living with HIV/AIDS	• National AIDS Control Programme (NACO), • National Health Mission (MH&FW), Prevention of Parent to Child Transmission (NACO) • Parvarish	• Establishment of ART centers	• Department of Health • BSACS
	Ensure that only child safe products and services are available in the state and put in place mechanisms to enforce safety standards for products and services designed for children	• Ensure mandatory compliance of standards for foods manufactured in India or imported from abroad • Ensure adequate availability of paediatric medicines and child-friendly facilities	• NA	• Increased in sale of BIS-certified food products in the market	• Food safety and standards authority • Bureau of Indian Standards
	Provide universal and affordable access to services for prevention, treatment,	• Promote Integrated Management of Neonatal and Childhood Illness (IMNCI) for early diagnosis and case management of childhood diseases.	National Disease Control Programme, NHM (MH&FW),	• Decrease in prevalence of disease burden on children • Improved heath services	• Department of Health • ULBs/ PRIs, • NGOs

	care and management of neo-natal and childhood diseases	• Prophylaxis and treatment of disabilities, childhood diseases (including mental health), birth defects, deficiencies and development delays through Child Health Screening and Early Intervention Services for : – Birth defects – Deficiencies – Childhood diseases – Development delays – Disabilities • Health check-up in all schools and AWCs as per RBSK norms • Availability of full-time Paediatricians and mental health professionals as per IPHS norms at CHCs/DHs • Ensure availability of age–appropriate and free medicines and diagnostic services for all children • Ensure availability of paediatric medicines in appropriate dosage and paediatric equipment and supplies in all health care facilities. • Promote package of practices for home based new born care for the integrated management of neonatal and childhood diseases by ANM, ASHA and AWW • Prevent disabilities, both mental and physical, through timely measures for pre-natal, peri-natal and post-natal health and	National Health Mission		

		nutrition care of mother and child • Ensure availability of disability certificates by organising camps at block/panchayat level – Implement schemes for persons with Autism, cerebral palsy, mental retardation and multiple disabilities under National Trust Act (Disha, Vikaas and Samarth). • Educate and train parents and care givers about preventive healthcare for newborns and young children for common ailments. • 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.			
	• Improvement in quality of health services at PHC, CHC and FRUs' especially in low performing districts.	• Ensure adequate staffing in government hospitals • Identify and strengthen sufficient number of facilities for 24 x 7 institutional deliveries (SHCs, PHCs, FRUs, SDHs, and DHs) as per Indian Public Health Standards (IPHS) norms to ensure optimal geographical coverage • Ensure availability of trained personnel (doctors /ANMs and nurses) at all First Referral Units (FRUs) on 24 x 7 basis • Ensure provision of Basic Emergency	• NHM • ICDS • PRIs • NGOs	• Reduction in the Gap of medical practitioners as per NHM norms. • Improvement in registration of emergency/complicated cases at Government hospitals. • Increase in number of referral cases. • Improvement in number of patients visited • Reduction in maternal and child mortality rates	• Department of Health

		Obstetric Care (BEmOC) at PHCs • Ensure Comprehensive Emergency Obstetric Care (CEmOC) and Neonatal Care at CHCs (First Referral Units) and DHs • Establish fully Facility-based new born care Units (New- born Care Corner, New Born Stabilization Units, Special New born Care Units) as per norms with requisite human resources • Availability of ambulance services in all PHCs and FRUs • Ensure access to quality obstetric and newborn care in urban and hard to reach areas • Availability of Mobile Medical Units for geographically excluded areas • Ensure proper implementation of JSY • Saturate all facilities conducting deliveries with trained staff • Implement standardized clinical protocols for essential newborn care, including resuscitation • Develop Quality Assurance mechanisms/cells to monitor training quality and adherence to standard protocols			

		• Ensure availability of required medicines and injections and equipment and staff at all delivery points • Ensure regular review and evaluation of quality of care and services at all health care centres and hospitals By district level monitoring committees and Rogi Kalyan Samiti • Ensure availability of vaccines and logistic support for immunization at all delivery points			
	Ensure quality services at the Anganwadi Centers (AWCs) with a special focus on low performing districts.	• Ensure modern infrastructural facilities at the AWC's. • Compulsory and complete immunization of all children. • Compulsory and complete immunization of all pregnant women and lactating mothers.	• ICDS • NHM	• 75% AWC's have their own building by end of the year. • All AWC's have modern facilities of basic health check up's and vaccination • Increase in number of completely immunized children in the age group 0-23 months. • Reduction in Under five mortality rates by 10% during the year • Increase in number of women going for complete ANC and PNC	• Department of Social Welfare. • Department of Health
	Access to quality information and services related to family planning, spacing between children and safe abortion.	• Availability of proper counseling related to modern methods of contraception and sterilization for male and female. • Access to safe abortion facilities. • Comprehensive training program for ANM and ASHA related to use of all modern contraceptives and sterilization methods for both men and women.	• NHM • ICDS	• Increase in frequency and quality of conduct of VHSND. • Increase in attendance of members at VHSND. • Increase in uptake of modern methods of contraception. • Increase in number of families going for safe abortion. • Reduction in number of unsafe pregnancies.	• Department of Social Welfare. • Department of Health
	Ensure quality services related to early detection of	• Availability of modern facilities at all PHC for screening of physical and mental health	• NHM • National Mental Health	• Reduction in number of children born with disabilities by 20%.	• Department of Health.

	mental and physical disability of the children.	of children during pre-natal, peri-natal and post-natal phases. • Provision of complete and affordable modern health care facility to diagnose children with autism, cerebral palsy, mental retardation and other disorders. • Issue disability certificates to all physical and mentally challenged children at the hospitals and also by organizing camps at the Panchayat/Block level.	Program	• Reduction in number of children diagnosed with mental and physical disorders at an early age by 25%. • In crease in the number of families receiving benefits under social security schemes for especially abled children by 25%	• Department of Panchayati Raj • Department of Social welfare
	Encourage behavior change through communication interventions to improve new born and childcare practices at community level	• Access to proper guidance to all pregnant women and their spouse related to household health care practices and nutrition advice to avoid further complications. • Proper counseling of all mothers regarding breast-feeding as well as complementary feeding practices. • Access of information related to complete immunization and vaccinations	• NHM • ICDS	• Increase in number of Institutional deliveries. • Increase in uptake of vaccines for women and children. • Reduction in the percentage of stunted, wasted and under weight children • Reduced instances of vaccine preventable diseases.	• Department of Health. • Department of Social Welfare
	Securing girl child's right to life, survival and health	• Monitoring of all pregnancies as well as health centers to detect cases of sex selective abortions, particularly, in poor performing locations. • Promote birth of girl child through universalization of welfare schemes. • Strict implementation of Prohibition of child Marriage Act and constitution of Child Protection Committees at village level.	• NHM • ICDS • Sabla • Kishori Shakti Yojana • ICPS • Mukhyamantri Kanya Surakasha Yojana	• Decrease in the number neonatal mortality of female child. • Increase in sex ratio of children. • Increase in child sex ratio especially in areas with better implementation of welfare schemes. • Decrease in number of child marriage especially among girls to 50%	• Department of Health. • Department of Social Welfare
Lower disease	Reaching out to	• An assessment needs to be carried out to	• IDSP	• Decrease in the number of affected	• Department of

burden during climate change/ natural disaster	affected population	understand the extent of disease burden that may occur due to climate change and population projections, • Identification of vulnerable areas for each disease, and • Identification of vulnerable communities along with identification of windows of opportunity of new diseases that might occur due to change in climate determinants, • Integrated Disease Surveillance Programme to continue to monitor disease prevalence and outbreak • IDSP to include private, public as well as all village level health care centres for surveillance • Putting in place additional health care centres and medical personnel, if required. • Ensure mobile health facility through vans to provide health services to remote villages.		population • Decrease in morbidity	Health.

Imperative 2 Breaking the intergenerational cycle of malnutrition

According to figures available from recent health surveys in the country, lack of adequate nourishment is one of the key factors for poor performance of the State on many health indicators. Malnutrition not only affects health but it also perpetuates a cycle of poverty and economic stagnation. A significantly high number of adolescent girls and children in the age group of 6-59 months are reported to be Anemic. A undernourished adolescent girl becomes a undernourished mother and give birth to undernourished child, vulnerable to growth failure, various physical and mental disorders as well as increased risk

of death. Almost 3 out of every 5 women in the age group of 15-49 years are reported to be Anemic, which is a major reason for maternal mortality as well. In order to deal with this intergenerational cycle of malnutrition and poverty and ensuring safe motherhood, enhancing availability and accessibility of nutritional supplements is an area of priority for the State.

Result Statement	Strategies	Action	Project / Schemes	Indicators	Agencies responsible
Compulsory availability of essential services, support and provisions for nutritive attainment in a life cycle approach.	Increased access to nutritive supplements, medicines and promotion of affordable nutritive recipes based on local food resources.	• Ensure adequate availability of Iron and folic acid tablets / syrup at all health centers / sub-centers and AWC's for adolescent girls and pregnant women • Universalization of THR to all pregnant and lactating women • Strict implementation of menu for food served to children at AWC's • Strict implementation of menu for food served under MDM in all government schools	• ICDS • NHM • SSA	• Increase in consumption of IFA tablets • Reduction in cases of anemia among adolescent and pregnant women. • Reduction of cases of anemia among pregnant women and lactating mother. • Reduction in MMR to 10% • Reduction in number of children born with physical and mental disability by 5% • Reduction in Neonatal mortality rates by 10% • Reduction in cases of malnutrition among children below 5 years of age. • Reduction in under 5 mortality rate by 5%. • Reduction in cases of malnutrition among young children.	• Department of Social welfare • Department of Health • Department of Food and Consumer Protection.
	• Comprehensive training of Frontline service providers like ASHA, ANM and Anganwari Sevika on nutritional values of local food resources	• Monitoring of health charts of pregnant women, newborn and Children below 5 years and proper counseling related to dietary practices by frontline service providers • Proper counseling of lactating mothers related to infant and young child related feeding practices.	• ICDS	• Reduction in cases of anemia among adolescent and young women. • Increase in rate of exclusive breast-feeding practices. • Reduction in cases of anemia among newborn and young children. • Reduction in cases of malnutrition.	• Department of Social welfare • Department of Health
	• Provide universal access to safe	• Strict and regular monitoring of quality of drinking water across the state with especial	• Mukhyamantri Gramin Peyjal	• Decrease in number of water born disease.	• PHED • Department of

	drinking water	focus on districts having contaminated ground water. • Ensure proper and adequate drinking water facility at all schools, AWC's and Health centers. • Encouraging use of toilets by using proper communication strategy. • Universalization of access to toilets for all with an especial focus on poor performing Districts. • Ensure promotional rewards for ODF free Villages/ Panchayats/ Blocks/ Districts	Yojana • Swachchh Bharat Mission	• Reduction in number of malnourished children. • Reduction in mental disorders among children, • Reduction in number of children suffering from vector born and water born disease. • Increase in number of model ODF localities.	Education • Department of Social Welfare • Department of Panchayati Raj • Department of Information and Public relations
	Promote awareness related to safe health and hygiene practices.	• Ensure food handling and hygiene practices at household and institutional level.	• ICDS • SSA	• Reduction in vector born and water born disease among children • Reduction in malnutrition among young children.	• Department of Education • Department of Social welfare • Department of Information and Public Relations.
	Health care and nutrition services for women and children during natural and manmade disaster	• Identify high risk districts and develop preparedness and response plans for ensuring delivery of health and nutrition services to pregnant women, lactating mothers and children during disasters • Psycho-Social Support and Mental Health Services • Develop regulations for climate–smart infrastructure Identify high risk districts and develop preparedness and response plans for ensuring delivery of health and nutrition services to pregnant women, mothers and children during disasters	• NHM • State Disaster Response Fund	• Identification of vulnerable locations and proportion of target population • Preparation of health care plan including nutrition for preganant and lactating mothers	• SDMA • ULB/PRIs • NGOs

Imperative 3 Improving access of children to safe drinking water and sanitation

Bringing about improvements in accessibility of safe drinking water and sanitation resources is a key imperative for reducing the prevalence of water-borne diseases and improving the living environment of children in the state. SDGs also focus on achieving universal and equitable access to safe and affordable drinking water, sanitation and hygiene for all, paying special attention to the needs of women and girls and those in vulnerable situations. Sanitation and hygiene are key to child survival, development and growth. However, the low access to improved sanitation facility, particularly in rural areas, urban slums has remained a challenge, only 25.2% of households have access to the same. Though NFHS 2015-16 presents a satisfactory picture in the state in terms of access to improved drinking water facilities (accessed by about 98.2% households). As per NFHS-4, nearly 10.4% children under the age of five were reported to be suffering from Diarrhoea in the last two weeks preceding the survey, with about 54.8% children taken to a health facility. While there is no significant change in the prevalence of children with Diarrhoea in the last one decade. Improved sanitation and control of open defecation is important not only for human health but also for social development. It is one of key causes of ground water contamination and spread of enteric diseases. Consumption of contaminated drinking water can cause diseases such as Cholera, Acute Diarrhoeal Diseases, Enteric Fever (Typhoid), Viral Hepatitis, etc. Provision of safe drinking water is the main strategy to control diseases caused by drinking of contaminated water. The state has a target to cover 20% rural population through pipe water schemes by 2022, which calls for substantial increase in requisite PHED infrastructure in phased manner.[26]

Result Statement	Strategies	Action	Project / Schemes	Indicators	Agencies responsible
Increase in proportion of population accessing safe and improved drinking water and sanitation facilities	Ensure improved drinking water and sanitation facilities to all and in schools Ensure inclusivity in providing improved drinking water and sanitation facilities	Universalize access to improved toilets at household level and institutions as per SBM guidelines. • Availability of household and community toilets as per Swachh Bharat Mission guidelines • Making availability of functional toilets and hand-washing facility in all schools and Anganwadis • Community Toilets as per requirement • Develop integrated plans for solid liquid waste management.	• Swachh Bharat Mission; • National Rural and Urban Drinking Water Mission; • ICDS; • SSA;	• Increase in number of households having sanitary toilets • Decrease in open defecation practices • Proper drainage arrangement • 100% percent households using improved source of drinking water • 100% schools having separate girls toilet	• Dept. of Social Welfare • Dept. of Education • PRD

[26] Ministry of Drinking Water and sanitation/ Sector assessment study of Bihar, 2013

		• Use of relevant low-cost technologies, promote wider involvement of private sector for solid/liquid waste management • Periodic sanitization of the urban slum/ habitation area by the Municipal corporation/Nagar Palikas Universalize availability of potable drinking water at household and facility level (schools, AWC, health facilities) and for populations affected by natural and man-made disasters with special focus on coverage of SC and ST population concentrated habitation, urban slums and hard to reach areas • Carry out drinking water quality surveillance and monitoring throughout the state • Promote proper food handling, hygiene and sanitation practices at household level and intuitional (AWC/ School) level	• Devolutions to PRIs by 14th FC	• Institutionalization of proper hand washing practices among children	
Reduction in prevalence of diseases caused due to water contamination	Initiation of the surface water based supply schemes in the water contaminated areas	• Promotion of treated surface water based water supply scheme in the state, especially in areas affected by Arsenic, Fluoride and Iron	• National Rural Drinking Water Programme (NRDWP)	• Total number of districts affected with water contamination with programmes initiated on Surface water based water supply scheme	• PHED • PRD
Established institutional mechanisms for Cholera detection	Equipping health centers with the facility of Cholera Antigen Rapid Test and treatment facilities	• Introduction of Cholera Antigen Rapid Test at the field level- Cholera : Cholera Antigen Rapid Test and Cholera early detection and treatment	• National Disease Control Programme, NHM (MH&FW),	• Number of test units equipped with Cholera Antigen Rapid Test in all health centers	• Department of Health
Reduced Prevalence of Arsenic in water levels.	Identification of the water contaminated affected areas Implementation of an arsenic	• Provision of test of water quality (biological parameters) at Primary Health Centres, in collaboration with other laboratories within colleges/ schools, located in an area. • Provision of H2S strips to all sub centres for	• NRHM	• Number of treatment water plants established in arsenic affected districts	• PHED

	prevention control programme in districts identified to be high on contamination levels	water testing • Water testing in all habitations on a regular basis and a fixed schedule developed for the same • Installation of treatment plant for arsenic contaminated water should be done only where arsenic free water or surface water source is not available. • Establishing and functionalizing e arsenic testing labs and ensure testing of all drinking water sources • Making available safe and treated arsenic free drinking water in all habitations • Open Arsenicosis treatment centers • 5% of Water Quality for allocation to States with chemically contaminated quality affected habitations and JE/ AES affected high priority districts with bacteriological contamination			
Increased practices towards Traditional water conservation and restoration	• Identifying and Renovation of the traditional water sources • Channelizing the traditional methods of water conservations for improving access to water facilities	• Restoration of water bodies like Ahar, Pynes, ponds and tanks • Irrigation wells to increase infiltration and percolation ultimately leading to recharge of ground water • Roof top rain water harvesting • Recycling / reuse of waste water after treatment at least for irrigation purpose	MNREGA	• Number of traditional water bodies renovated/restored	• PHED • PRI

Increase in number of the functional water sources and bodies	Ensuring undisrupted water supply	• Repairing damaged platforms of hand pumps, faster • Construction of platforms for stand posts • Regular repair in leakage in distribution system • Development of proper sewerage system • Proper drainage system to drain water accumulated near stand posts and hand pumps	NRDWP, SBM, Devolutions to PRIs by 14th Finance Commission	• Increase in number of functional water points i.e. hand-pumps • Increase in number of habitations upgraded with proper drainage system	• PHED
Controlled microbial contamination and related issues	Ensuring mechanisms to control water contamination	• Facility for microbial contamination testing at district and sub divisional level • Water must be disinfected before supply without exception	NRDWP, SBM	• Number of samples collected for testing and proportion of samples found without any contamination	• PHED
Improved sanitation practices in educational institutions	Ensure availability of safe drinking water and toilets and separate toilets for girls	• Ensuring adequate allocations for providing safe drinking water to water quality affected habitations • Ensure utilisation of funds provided as per the recommendations of 14th Finance Commission and Swachh Bharat Kosh for drinking water and toilet facilities in AWCs and schools. • Ensure availability of potable (piped) drinking water in all habitations, AWCs, and schools. • Schools and anganwadis with drinking water sources affected by bacteriological or excess iron contamination may be provided with water purification systems. • Nirmal Gram and Nirmal Vidyalaya	• National Rural Drinking Water Programme (NRDWP) • RTE for Compulsory and Free Education 2009 • Swachh Bharat Kosh	• Increase in number of AWCs with functional toilets. • Increase in number of schools with functional toilets for girls and boys. • Testing of all drinking water sources at least twice a year for bacteriological contamination and once a year for chemical contamination	• PHED • Department of Education

		programmes scaled up to include all GPs and schools in a time bound manner • Strengthening and expanding diagnostic services and ensure early case detection • Recognizing and awarding schools that initiate significant steps in line with the intent of Swachh Vidyalaya campaign.			
Reduction in morbidity and mortality arising from water and vector borne diseases	Establishing mechanisms for controlling water borne diseases	**Implementation of Acute Diarrhoeal Disorder (ADD) control plan** • Frequent, appropriate, and active feeding for children during and after illness, including oral rehydration made with safe drinking water with Zinc supplements during diarrhea • Educate and train mothers and caregivers about preventive health care for babies and young children for common ailments such as Diarrhoea **De-worming of all children** • Provide all children between the ages of 1–18 years with de-worming treatment at Anganwadis and schools (enrolled and out of school children)	• National Disease Control Programme • NHM • ICDS	• Decrease in number of children with diarrhea who were taken to a health facility • Increase in the regular conduct of the *Mata Samiti Baithaks* imparting education on preventive health care for Diarrhoea	• Department of Health, • ULBs and PRIs
Improved Sanitation Facilities in the households, schools and AWCs		**Rolling out of State Policy on ODF by ensuring:** • All HHs have, and are using, sanitary toilets • All AWCs have child friendly toilets • All schools have functional toilets for both boys and girls • Hand-washing facility available in all AWCs and schools • Promotion of personal hygiene practices in all	• ICDS • Swachh Bharat Mission	• Increase in number of HHs using sanitary toilets • Anganwadi Centres practicing safe and hygienic practices e.g. hand washing and use of toilets	• Department of Social Welfare

		AWCs and schools • Solid and liquid waste management			

Child's Right to Development

Imperative 4 Ensuring universal access of children to continuous education right from pre-school level at AWC

Often, early childhood education of a child is not taken seriously. Fact that a child is conditioned and prepared for school level education from an early age and AWCs play a crucial role in laying the foundation of education the importance of availability of this opportunity to child cannot be denied. In terms of elementary education, even though the transition rate of students from primary to upper-primary level has improved from 76.44% in 2010-11 to 85% in 2015-16 (NUEPA), Bihar still accounts for nearly 2.1 lakh out of school children (taking into account the NER at elementary level, vis-à-vis the projected 6-13 population as per UDISE 2015-16). According to U-DISE 2015-16, the average annual dropout rate of children on completion of primary and elementary levels of education in Bihar is 14.49% and 15.06% respectively. There are many reasons for a child to drop out from school, which range from migration of families and child marriage, to lack of school infrastructure such as drinking water and toilets. The DISE data suggests a noticeable increase in drop outs after standard V. One of the reasons of the same is the perception that an adolescent child is ready to learn work and make a living. The perceived irrelevance of education and 'uninteresting' pedagogy of teaching, distance to school, etc. are other factors that contribute to school dropout, which indicates the need of a systematic intervention to address the issue. A large number of children with special needs, children of marginalized social groups and girls are out of school. Addressing deep-rooted causes like early marriages and gender inequalities would be crucial towards arresting drop-outs.

Result Statement	Strategies	Action	Project / Schemes	Indicators	Agencies responsible
Universal and equitable access to quality Early Childhood Care and Development (ECCD) for optimal development and active learning capacity of all children below six	Ensure universal access to ECCE, with inclusion through AWC, Crèche and day care schemes and ECCD centres	• Orient parents and immediate care givers on parenting and care of children of age 0-3 years with focus on care, stimulation and interaction • Ensure Home-based and institution based Stimulation activities for children below 3 years in all domains of development i.e. physical, motor, language, cognitive, socio-emotional, and creative and aesthetic	• Integrated Child Development Services (ICDS) • National Crèche Scheme (MWCD) • SSA (MHRD)	• Number of children enrolled in AWC	• Department of Social Welfare • Department of Education • Department of Panchayati Raj • Civil Society

years of age		appreciation • Develop programmes where trained professionals reach out to infants directly and train parents for infant stimulation and develop training curriculum for the same • Ensure Mother tongue/local vernacular of the child is the primary language of interaction in the ECCE programme • Make available adequate classroom and spaces for play and recreation space in AWCs and schools • Ensure PSE kits and teaching learning materials available in all AWCs • Formalise linkages between AWCs and primary schools and facilitate 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 (SEN) of special children • Provision of special educators, where required • Advocacy and counseling with parents and peers to accept children with Special Education Needs • Ensure availability of first aid/medical kits at all centres	• RBSK		• PRI
	Provide and promote crèche and day care	• Providing and promote crèche and day care facilities for children of working mothers,	• Rajiv Gandhi National Crèche scheme for the	• Number of registered worksites with crèche	• Department of Social Welfare

	facilities for children of working mothers, mothers belonging to poor families and single parents	mothers belonging to poor families, ailing mothers, and single parents under MGNREGA and National Crèche Scheme • Improving quality and reach of child day care services for working women among all socio economic groups in both the organized and unorganized sectors, especially in AWCs. • Strengthening the role of SHGs/ mothers' committees in monitoring the functioning of Anganwadi centres • Low-cost day care centres for working mothers in urban areas including slums through PPP model • Mobile crèches for urban slums/sites of industrial or construction work and ensure monitoring mechanism for the same • Ensure activation of RBSK scheme, backed by effective convergence with health services	children of working mothers • Mahatma Gandhi National rural employment guarantee scheme • Integrated Child Development Service	facility	• Department of Rural Development.
Ensure every child in the age group of 6-14 years is in school and enjoys the fundamental right to education as enshrined in the Costitution	• Addressing access and equity gaps in elementary education	• Ensure implementation of a unified RTE based governance system for universalization of Elementary Education • Must address access and equity gaps in elementary education • Focusing on SC/ ST dominant villages • Ensure adequate infrastructure and teachers as per RTE Act for primary and upper primary schools • Availability of safe spaces for sports and	• Sarva Shiksha Abhiyan (SSA) • Mid Day Meal Scheme • Aadarsh Gram Yojana • NRDWM • National Programme on School Standards and Evaluation	• All schools meeting RTE norms • All schools having functional improved drinking water facility • All schools having functional girls toilet • All schools having library • Increased number of schools having	• Department of Education • Bihar Madrasa Education Board • State Commission for Protection of Child Rights • Department of Panchayati Raj • ULBs, PRIs,

		recreational activities in all schools as per the RTE Act • Ensure school infrastructure adheres to safety norms as per National Building Code 2005 • Residential schools for children in geographically excluded areas, tribal children and girls • Quality and nutritious Mid-day Meal, free text books and uniforms • Direct cash transfer and scholarship and sponsorship schemes • Adequate measures in areas affected by emergency or civil strife to ensure that children have access to education • Ensure availability of adequately trained teachers as per the norms in all schools, including, Madrassas, *Dar-ul-ulooms* and other institutions imparting education • Pre- and in-service training for teachers on child-centered pedagogy and continuous and comprehensive evaluation (CCE) as per NCTE norms • Review and upgrade all teachers training, to ensure knowledge and competence. • Orient all teachers on provisions of RTE Act 2009, POCSO Act 2012 and JJ (Care and Protection of Children) Act 2015		playgrounds • Increase in number of trained teachers in schools	

		• Ensure special training for children rescued from child labor works and other exploitative situations to bring them at par with other students. • Ensure emphasis on inclusive setting of special training for CWSN so that their integration into the school ultimately is easier. • Follow guidelines on special training of such children • Activation of School Health Programme to ensure that children stay healthy • Introducing a policy of 'Sports for Development' in all schools			
	Ensure continuation of education for the children affected by natural and man-made disasters	• Mapping of schools and localities likely to be affected by natural or man-made disasters and prepare school safety plans as per NDMA guidelines. • Carry out safety audits annually as per NDMA School Safety Policy 2016 • Mapping of proximity of emergency and crisis service agencies, their capabilities and consequently their expected response time • Orient teachers and SMC members on disaster risk reduction and preparedness • Include disaster risk reduction and preparedness as a part of regular curriculum including risk assessment, mock-drills and information on emergency services	• SSA	• Identification of vulnerable schools • Number of trainings conducted at schools	• SSA and Bihar State Disaster Management Authority, • PRIs • NGOs

		• Interactive and child-friendly educational materials on the DOs and DON'Ts in disasters, environmental hazards and climate change related hazards to build the knowledge, aptitude and skills of disaster prevention. • Ensure continuation of education of children by developing safe child-friendly spaces as a necessary part of all response plans and providing age-specific education kits and materials • Train teachers and children regarding key steps to be taken during disasters or any disturbance of a regular service. • Identify alternative spaces for setting up rescue camps and not use schools for the same as far as possible • Psycho-social support and counseling, undertaking activities on trauma management, through writing or art projects as well as making appropriate changes in the curriculum, for healing and learning coping skills.			
Promote affordable and accessible quality education up to the secondary level for all children	Ensure availability of secondary schools, open schools and learning centres as per the norms with adequate infrastructure	• Establish Secondary and Higher secondary schools wherever required with adequate teachers and infrastructure. • Improve access for secondary and higher secondary schools especially in tribal areas. • Ensure hostel facilities for boys and girls from hard to reach areas, scheduled caste and tribal children, children of nomadic, semi-	• Rashtriya Madhyamik Shiksha Abhiyan (MHRD), • National Means Cum-Merit Scholarship Scheme (MMA), • Hostels and scholarship for SC	• Increased transition rate from Elementary to Secondary • Decrease in drop out rate • Increase in number of successful reintegration of rescued children	• Department of Education • Department of Social Welfare

		nomadic and de-notified tribes. • Ensure availability of scholarship schemes for SC/ ST/Minority children • Open schools /distant education facility for children 15-18 years age group • Ensure appropriate bridge courses, special training and counseling facilities for OOS, children rescued from labour works/ trafficking for their subsequent enrolment in age appropriate classes/vocational training courses • Ensure training of teachers to adopt and implement child friendly teaching learning process and ensure stress-free learning for children • Introducing Career Counseling and Life skills Programme to help students know about various options available to them. • Ensuring convergence with Department of Sports and Youth affairs for organized Sports in all schools	MSJ&E) and ST (MTA) children; • Open schools (MHRD)		
Foster and support inter-sectoral networks and linkages to provide vocational training options	Addressing age specific and gender specific issues of children's career choices through career counseling and vocational guidance	• Include vocational training courses as a part of regular secondary and higher secondary curriculum • Maintain a data base of children who have successfully completed vocational training and have got employment in 15-18 age group • Develop a state roster of vocational courses available	• Integrated Rashtriya Madhyamik Shiksha Abhiyan	• Secondary and Higher secondary schools imparting vocational training • Number of Boys and Girls in the age group 15-18 years received any vocational/technical training	• Dept of Education • Pradhanmantri Kaushal Vikas Yojana • NGOS, • ULBs and PRIs

Ensure that all out of school children have access to their right to education		• Coordinate with state and district administration, SMCs, PRIs and NGOs to track all Out of school children • Monitor out of school children and ensure their mainstreaming through appropriate bridge courses and counseling facilities for all out of school (OOS) children • Ensure a special training strategy at Bridge courses for out of school children to bring them up to age appropriate competencies of learning	• SSA	• Increase in enrollment	• Dept of Education •
Prioritise education for the children of disadvantaged section	• Scholarship schemes and residential Schools/inclusive classroom culture for SC/ST/Minority/ Disabled Children/Girls/ Children of Children of manual scavengers	• Train teachers to create a classroom culture where all students feel respected and free to engage in classroom and peer conversations. • Ensure timely reach of prescribed Scholarship and other special assistance schemes with special focus on girl child • Residential Schools for SC/ST/Minority/Disabled / Children. • Provide services to Children With Disabilities (CWD) in regular schools and ensure that these are inclusive • Set up stringent mechanisms to ensure that all children with disabilities are given admission without any discrimination • Map gaps in availability of education and vocational training services especially in backward areas and address their needs • Ensure construction of ramps in school for easy access to class room, toilet, and other facilities for CWSN	• SSA	• Increase in number of children age 6-14 from SC/ST/Minority/ CWD completing elementary education • Increase in number of children accessing scholarship or other special assistant schemes	• BEP and SCERT
Address discrimination of all forms in schools and foster	• Sensitise Students, SMC members, PRIs and parents	• Ensure all text books adhere to the guidelines of National Curriculum Framework • Regularly review text books and other TLM	• SSA • Rashtriya Madhyamik Shiksha Abhiyan	• Decrease in school dropouts by children of marginalized communities and girls	• SCPCRs • Department of Education

equal opportunity, treatment, and participation of all children	• Review text books, curriculum and teaching learning materials to avoid discriminatory images and references	• Train Teachers on non-discriminatory practices • Train SMC, PRI members and Child cabinet/ Meena Manch members to identify and report cases of discrimination • Strengthen block and district level child protection committees to address the issues of discrimination		• Creation of child friendly enabling environment avoiding gender biases	
Ensure Physical safety of the child and provide safe and secure learning environment	Ensuring Safe and secure school premises	• Boundary walls in all schools • Safe drinking water and toilets • Maintenance of food safety standards as per norms for MDM • Regular health check-ups under RBSK and School Health Programme • Ensure capacity building of teachers and students on disaster risk reduction (DRR) strategies and incorporate DRR as a part of regular school routine and curriculum • Ensure proper investigation into causes of deaths, outbreaks of diseases and other safety issues in all schools and residential facilities housing children • CHILDLINE 1098 displayed on all school vehicles • Develop guidelines for child friendly management of traffic and issue regulations for universal colour of school buses	• NHM • SSA • ICPS	• Safe and secure children • No incidence of mishap	• Department of education • SCPCR • PRI/ ULBs/ Municipality • Road and transport department • Fire brigade • Department of health • SDMA

		• All teachers, members of School Management Committees (SMCs)/state and district level functionaries and teachers oriented on JJ Act 2015, • POCSO Act 2012 and on recognizing all forms of child abuse, being aware of a child who displays erratic and/or unusual behaviour • Code of conduct for all teaching and non-teaching staff • Develop age-appropriate and child sensitive IEC materials			
Ensure no child is subject to physical or mental harassment or any form of corporal punishment.		• All teachers trained in methods of positive discipline including about how to check bullying by other children • Ensure counseling of children to stop bullying • School Management Committees/ PTA and Village and block level child protection committees oriented to monitor corporal punishment in schools and CCIs	• ICPS	• Complete ban on corporal punishment	• Department of Education • SCPCR • CWC • PRI • CPC

Imperative 5 Improving quality of education at educational institutions

The initial years of a child's life are the most crucial for his or her development. AWC plays an important role towards ensuring health, nutrition and early childhood education to children. The fact that foundation of education is laid at AWC, it becomes important to systematically approach the development of a child to enhance their learning abilities and ensure overall wellbeing. Improving the quality of services and facilities at educational institutions is not only the priority but also an obligation of state under RTE Act. Inadequate learning opportunities fail to provide the required stimulation, which can seriously impair the development of a child, which not only affects the child but also society as a whole. A number of children rescued from exploitation conditions fail to get linked

to school in the absence of required institutional support, besides quality of education has been an important factor in shaping the perception of its usefulness among people. Measures need to be initiated to bring about improvements with respect to the environment of learning, ambience of the schools, development of teachers for better learning outcomes and partnerships with local communities and civil society, besides systems and policy related to delivery of school education.

Result Statement	Strategies	Action	Project/ Schemes	Indicators	Agencies Responsible
Ensuring universal quality of ECCE in all AWCs	Ensure quality with inclusion	• Strengthening the Anganwadi Training center to cater to the needs of pre-school component. • Develop training package for faculties of Anganwadi Training Center. • Develop monitoring mechanisms for Pre School component • Strengthen the Anganwadi facilities for participation of children in free play • Strengthen the infrastructure for Anganwadi	ICDS	• AWC functionaries trained in ECCE (Early Childhood Care and Education) • Number of children attending pre school	• Department of Social Welfare • Department of Women and Child Development
	Ensuring capacity building of AWWs Establishing a mechanism of community monitoring	Strengthening community participation in the functioning of Anganwadis and facilitate community monitoring of Anganwadi centres, (for example, through mothers' committees, PRIs and SHGs). Ensuring all AWWs are trained in mapping age appropriate development indicators for children under each domain: • Physical • Cognitive • Language • Social and emotional • Creative Ensuring that eight key standards of quality are maintained for: • Interaction	ICDS	• Formulation and launch of mechanism of a community monitoring system • Conduct of training for AWCs.	• ICDS (MWCD), MHRD

		• Health nutrition, personal care, and routine • Protective care and safety • Infrastructure/physical environment • Organisation and management • Children's experiences and learning opportunities • Assessment and outcome measures • Management to support a quality system			
Quality Elementary Education in all schools as provisioned under RTE 2009 and inclusivity	Filling existing gaps in quality by allocating required resources and ensuring accountability of the institutions	• Curriculum, syllabus, and textbooks regularly reviewed and revised to ensure quality in accordance with the NCF 2005 and RTE Act 2009 • Learning enhancement programme at the primary level: - Quality Early Literacy and numeracy programme at Primary level (for classes 1 and 2, and 3 and 4) - Classroom library/ reading corners in all primary/ upper primary schools - Laboratories in all schools • Availability of adequate grade and subject-specific teaching learning materials and aids in all schools, including Madarsas. • Ensure meaningful participation of children in classroom activities and provide engaging, purposeful learning environment that integrates and makes thinking, reading and writing, listening and speaking meaningful and relevant. • Regular monitoring of learning achievement of children by SMC and block and district level functionaries	• SSA • RTE • Scheme for Infrastructure Development in Minority Institutes (IDMI) • Scheme to Provide Quality Education in Madarasas (SPEQM)	• Increased educational achievement of children	• Department of Education

		• Enhance capacities of block and cluster resource centres to support teachers' implementation of high quality child centric pedagogy. • Ensure identification of slow learners and provide them special learning programmes i.e., children having learning disability e.g. dyslexia • Ensure no child is subjected to any physical or mental punishment or harassment by teachers and other students • Develop ICT based age-appropriate teaching learning materials and disseminate • Establish SMCs in all schools and train all SMC members to prepare and implement School development plans • Brining about qualitative improvements in *madarassas* to enable Muslim children attain standards in subjects of formal education.			
	Alignment of all aspects of elementary education system with achievement of learning goals	• Ensure that the proportion of children lagging behind acquire required levels of competencies. • Improving early reading and writing skills with comprehension along with mathematics, especially focusing on children with special needs • Articulating clear learning goals	• Sarva Shiksha Abhiyan (SSA) • Mid Day Meal Scheme • *Padhe Bharat, Badhe Bharat* programme	• Increase in number of schools meeting RTE norms • Increase in enrollment • Decrease in drop out • Increase in student achievement levels	• Department of Education • Department of Social Welfare

		• Enhancement of facilities in schools • Improve teacher training with emphasis on effective pedagogy • Developing community-driven monitoring of schools • Strengthening good governance practices • Developing child-friendly assessment • Developing convergence with Panchayats, CBOs and other sectors at school level • Adopting best practices.			

Child's Right to Protection

Imperative 6 Preventing child marriages

The practice of child marriage is not only a gross violation of rights of a child as per the United Nations Convention on the Rights of the Child, but also undermines progress towards developmental goals. Studies demonstrate clear linkages between incidence of child marriages and poor health indicators, often due to early child bearing and limited availability of health services that contribute to high levels of maternal mortality and morbidity.[27] The practice is also directly associated with lower educational attainment of children, limiting their development and employment opportunities. Though the state has made significant improvements in bringing down the prevalence of child marriages from 60% to 39% (NFHS-4) but still it is 13 percentage points higher than the national average. Not only girls, boys are also forced into early marriages. Although various programmes and schemes have been dealing with the issue of child marriages as part of initiatives related to women's reproductive health or empowerment of adolescent girls, child marriage is yet to receive the attention it deserves as a violation of human rights of children. In order to address the issue of child marriage, creating an enabling environment towards securing the rights of children is crucial. Prevalence of dowry system; perceived uselessness of education; safety concerns; societal pressure to marry off girls early and

[27] ICRW, 2008

family pressure on boys to economically contribute to the family are some of the common underlying factors of early marriage that need to be addressed.

Result Statement	Strategies	Action	Project/ Schemes	Indicators	Agencies Responsible
Creating an enabling environment for children by securing their rights to survival, health and development	Enforcement of laws that protect rights of the child	• Effective enforcement of: - Prohibition of Child Marriage Act - Right of Children to Free and Compulsory Education Act. • Establishing and strengthening local level committees i.e. CPCs to identify vulnerable households and report cases of violation of child rights and facilitate convergence of services. • Strengthen Baal Sansad, Meena Manch and other adolescent groups to report such incidences and act as change agents • Ensure AWCs keep track of vulnerable households • Regular monitoring and review of the impacts of schemes	• National Health Mission • Beti Bachao Beti Padhao scheme • ICPS • ICDS	• Increased NET enrollment rate • Reduced fertility rate for 15-19 years age group. • Improved status of functional girls toilets • Improved Child Sex Ratio • Decrease in incidence of early marriages	• Police • District Administration • Health department • PRIs and NGOs (by running campaigns for ending child marriages and discrimination against girl child)
Bringing down the prevalence of child marriage from 39.1% in 2015-16 to 25% by 2022	Ensuring stringent implementation of Prohibition of Child Marriage Act and Dowry Prohibition Act, 1961	• Orientation of Police, DCPUs for tracking of child marriages and filing FIRs • Appointment of Child Marriage Prohibition Officers (CMPOs) and conduct of training, to ensure that CMPOs dedicate adequate time and resources at their disposal to perform their duties. • Establishment and strengthening of CPCs and Child Help-lines in all the districts. • Enforcing compulsory registration of marriages.	• Mukhyamantri Kanya Vivah Yojana • Sukanya Samriddhi Yojana	• Decline in the prevalence of child marriages in all district • No. of Police, DCPUs trained • CPCs and CHILDLINE functional in all districts • Increase in No. of registered marriages • No. of beneficiaries of MKVY	• Child Protection Committees • Home Department • WDC • Labour Department • Social Welfare Department

		• Enhancing the uptake of financial assistance schemes to prevent child marriages.		scheme	
	Social awareness and strengthening of local initiatives to develop enabling environment towards delaying marriage or at least consummation of marriage	• Awareness raising and capacity building at all levels and include information about other relevant legislation, such as the Juvenile Justice Act and Dowry Prohibition Act • Formation and Strengthening of CPCs to help develop perspective on child rights and understand vulnerabilities attached with practices detrimental to children, especially girls. • Formation and strengthening of Village Education Committees (VECs), School Management Committees and Parent Teacher Associations (PTAs). • Capacitate forums of children, e.g. Bal Sansad and Meena Manch to generate awareness around implications of child marriage.	• National Health Mission • ICPS • SSA • Rural Livelihood Project-Jeevika	• Meena Manch • Bal Sansad functional in all schools • CPCs formed at ward, panchayat, block and district level • Active engagement of frontline workers with community and adolescent groups • Engaging community level community collectives i.e. Jeevika groups to respond to the issue	• Department of Education • Department of Health • Department of Social Welfare • SCPS • Childline • CBOs/ NGOs • BRLPS
	Advocacy to prevent child marriages and to generate awareness on importance of girls education	• Conduct formative research to better understand norms, behaviors and practices around child marriage. Undertake researches to better understand positive deviants and the processes through which changes occur at the individual, family and community levels and prepare an SBCC strategy around the same. • Public advocacy on value of girl child and ill-effects of child marriage • Enhancing public awareness on PCMA 2006 and other related laws • Promoting the voices of girls who have resisted	• National Health Mission • ICPS • SSA • Rural Livelihood Project - Jeevika	• Formation of SBCC strategy to prevent child marriages • No. of VEC/ SMC members trained • District plan of action, having measurable indicators of child protection, with specific focus on girl child. • Identification of child marriage free villages. • Conduct of awareness	• Department of Social Welfare, • Department of Education • Department of Health • SCPCR • BRLPS

		child marriages and boys who have either resisted the same or supported girls in their initiatives for them to emerge as role models. • Orientation of PRIs and community opinion leaders to ensure safety and security of girls at public spaces • Enhancing capacity of community role models (leaders, parents, frontline workers) to influence opinions and practices in the community to create equal opportunities and safe environment for girls in family and community • Imparting training to VECs and SMCs on girls' vulnerability to child marriage and importance of them being in schools. • Scaling up sensitization and awareness on the girl child, and the concept of Child Marriage Free village by commissioning awards for VECs that make villages' child marriage free. The Government has declared January 24 of every year as 'National Girl Child Day'.		generation programmes with support from frontline workers, adolescent leaders, community leaders, religious leaders, etc.	
	Improving responsiveness of the community with prejudices associated with early marriage.	• Establishment of adolescents' groups – with the help of local level functionaries – where girls and boys can talk about sensitive issues. • Engagement with girls' and boys' groups and local leaders to ensure effective prevention of child marriage. • Incentivizing panchayats to prevent child marriages/take action against child marriage.	NHM	• Formation of adolescent and peer groups • Strengthening local level collectives to respond to the issue i.e. Jeevika • Active engagement of SMCs, tola sevak, community as well as panchayat leaders	• Department of Health and Family Welfare

	Ensuring access to education and health opportunities, by all the children, including those who are married before the prescribed age in the law.	• Facilitating access to primary and especially secondary education, with a special focus on girls, including through awareness campaigns, refurbishment of adequate facilities (e.g. separate toilets for boys and girls), scholarships and remedial programs • Capacity building of teachers and school staff and creation of protective and safe environments. • Establishing safe transport facilities for girls to travel to school and promote community safe environments for free movement of girls and boys. • Establishment of Girls' High Schools in every GP • Integrating gender and rights education in the school curriculum, including at the primary level that includes a focus on child marriage. Where it has already been incorporated, it may be revised and expanded. Teachers should be trained to cover the topic thoroughly. • Engaging with parents through SMCs/ teachers to dissuade them from marrying off their children early; providing them with information on ill effects of child marriage and motivates through various means.	NHM SSA	• Norms of RTE are met in all districts • No. of teachers trained • Revised course curriculum • Regular parent-teachers meetings held in all schools • Increase in no. of Girls' High Schools	• Department of Education, SCERT
	Scaling up skill development training in schools and vocational training for all out of school girls Effective implementation of Immoral Traffic Prevention Act	• Mapping vocational training opportunities in the area and encourage the establishment of new opportunities, as per a market-needs based assessment, in partnership with training institutes and the private sector. • Introducing life skills education for girls from middle school level enabling them to face critical and life threatening situations of day to day life.	• Rajeev Gandhi Scheme for empowerment of Adolescent girls (SABALA) • Rashtriya Madhyamik Shiksha Abhiyan	• Number of girls and boys imparted vocational training	• WCD • LRD • NGOs

			• Pradhanmantri Kaushal Vikas Yojana		
	Creating linkages between vulnerable families and existing social protection schemes	• Mapping Districts, Blocks and socially vulnerable households with high incidences of child marriages with the collaboration of NGOs wherever possible. • Ensure effective linkage of socially vulnerable households with existing social protection and welfare schemes/ programmes. • Development of district plan of action with focus on girl child and with active involvement of PRI/ CPC and civil society organization.	• ICPS • NHM • Parvarish Yojana • National Child Labour Project	• No. of schemes planned through the 'Entitlement-based method' • No. of districts formulating District Plans of Action under schemes like ICPS	• IT Department • Department of Social Welfare • Department of Panchayati Raj Institutions • Department of Labour Resources
	Protecting children from trafficking and rehabilitation of survivors of trafficking	• Formation and strengthening of Child Protection Committees at all levels • Orientation and training of PRIs, Police, GRPs and DCPUs in tracking of incidences of trafficking. • Disposal of cases at the level of CWCs at the earliest and rehabilitation of survivors and engaging them in residential/non- residential school or vocational training courses.	• Ujjwala scheme • Integrated Child Protection Scheme Astitva	• CPCs formed and trained in all districts • No. of PRIs, Teachers, Police, GRPs etc. trained	• Department of Social Welfare • SCPS • Childline • AHTU WCD

Imperative 7 Protecting children from economic exploitation and labour works

Child labour restricts children from accessing their rights to development, leisure, play, adequate standards of living and protection from abuse and neglect. It denies them the opportunity to develop talents and mental and physical abilities. As per Census 2011, Bihar has the highest proportion of child population (46%) among all states of India and the second highest number of child workers among all states. There are as many as 19 districts in the state that have a

child labour population in excess of 1,00,000, which includes districts of Araria, Bhagalpur, Bhojpur, Darbhanga, Gaya, Katihar, Madhubani, Muzaffarpur, Nalanda, Nawada, Paschim Champaran, Purvi Champaran, Patna, Samastipur, Saran, Sitamarhi, Siwan and Vaishali. It is estimated that more than a third of all child laborers in Bihar are employed in agriculture and allied sectors. In rural areas children take a major load of agricultural works, including weeding and sowing and the attendance of children is adversely affected in schools during these seasons. Under extreme economic distress, children are forced to forego educational opportunities and take up jobs. It is a usual practice for parents from weaker economic sections to send their children for engaging in a job as a measure for enhancing income of the household, especially among marginalized social groups who send their children to work rather early. The lack of effective implementation of Child Labour Prohibition and Regulation Act, often results in children being employed in exploitative jobs and work conditions. Improving quality of education and making special training as well as bridge course available to child workers are the key focus areas in order to successfully reintegrate child labourers.

Result Statement	Strategies	Action	Project/ Schemes	Indicators	Agencies Responsible
Complete abolition of child labour with the aim of eliminating all forms of economic exploitation of children	Effective implementation of Child Labour Prohibition and Regulation Act, 1986	• 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. • A tracking register to be initiated, covering all children in a village. A list of all such children who are not in the families must be drawn up and consolidated at the mandal/ block/ and district level. • Identify and rescue child labour, counsel rescued children and mainstream them into formal schools • Enforce law- and action against employers of children. • File cases under the CLPRA Act and other relevant Acts; take complaints all missing children and track them and follow up. • Strengthen Child line and CWCs and expand to every district of the state.	• SSA • ICPS • MDM • KGBVs • RMSA • National Child Labour Project (NCLP) Scheme in 1988 • Chief Minister's Relief Fund for the Rescued Child Labour	• Increase in rate of conviction under CLPRA. • Number of Blocks Child Protection Committees preparing Integrated Child Protection Plans and each district having a comprehensive plan • No of training programmes held for SMC/VCPC and PRI members on issues of child rights • No of Child labour/ trafficked children rescued each year	• Education • Department of Labour Resources • Department of Panchayati Raj • SJPUs • Department of Home • CPCs

				• No of rescued children who have been reintegrated in the community • No and % of children receiving child or other social grant (Scholarship/ • Sponsorship/ Direct Benefit Transfer Schemes for Girls/ Children in CCIs) • No and % of children who have ADHAAR	
	Standardizing the arrangements and processes at shelter homes in line with model practices.	• Enhancing the number of shelter homes and residential schools in high CL areas. • Formulation of model guidelines to govern arrangements at shelter homes	• ICPS	• Increase in no. of shelter homes • Model Guidelines developed for governing shelter homes	• Department Of Labour Resources, • Department of Home

	Ensuring every child attends to school	• Ensuring access to school in the neighborhood and availability of adequate infrastructure, as per the norms of RTE. • Integrating all out of school children which includes child labour and school dropouts into the school system • Ensure that all children in the 5-8 years age group are enrolled and retained in schools Through SSA pay attention to children in the 9-14 age groups like child labour, migrating children, street children, domestic child workers and school dropouts and never enrolled children and provide for residential and non-residential bridge courses.	• SSA • Bridge courses	• Increase in Net Enrolment Ratio • Decrease in drop out rates • Increase in retention rate • Improve in enrolment of children from socially marginalized groups i.e. SC,ST, Minorities	• Department of Education • National Institute Of Open Schooling
	Prevent children from dropping out from schools	• Promoting policies of 'Child-friendly schools' and 'Sports for development' as strategies to enhance learning outcomes as well as creating conducive spaces for children to spend time. • Revising of teacher training curriculum and training of teachers with thrust on joyful teaching • Establishment of a decentralized mechanism enabling PRIs / SMCs to enforce better performance on the part of teachers, e.g. by mandating production of report cards on no. of hours spent by teachers in school. • Strengthening mechanisms for tracking teacher performance and rewarding teachers registering high performance • Incentivizing SMCs that are able to ensure Child	• SSA • KGBV • Scholarship schemes/ Scholarships of different Ministries, • DBT schemes, • Assistance of SC Development and Finance Corporation	• Decrease in Drop out ratio • Revised Curriculum focusing on TLM • No. of teachers trained • Production of status reports related to performance of teachers by SMCs • Number of children age 6-14 from SC/ ST/ Minority/ CWD completing elementary	• Department of Education, SCERT • SMCs • PRIs

		Labour Free school, i.e. where no students is a child labourer/ Incentivizing SMCs that ensure improved turnout of students in school • Establishing a mechanism by which any unpleasant experience of students in school can be recorded and acted upon. • Identify shortfalls in compliance with norms of SSA, RMSA and RTE and address the same		education • Number of children accessing scholarship or other special assistant schemes	
	Vocational training for adolescents	• Running vocational courses of choice for rescued child labourers, especially those above the age of 14. • Link out-of-school children beyond the elementary level with opportunities of skill development	• RMSA • Pradhanmantri Kaushal Vikas Yojana	• Number of Secondary and Higher secondary schools imparting vocational training • Number of Boys and Girls in the age group 15-18 years received any vocational/technical training	• Department Of Labour Resources • Department of Education • National Institute Of Open Schooling • NGOs
	Ensuring access to welfare schemes and services	• Transitioning to an Entitlement-based Planning approach in order to generate reports on exclusions and allocating adequate budgetary resources to saturate all eligible claimants of all welfare schemes and services • Enabling *panchayats* to facilitate uptake of benefits under schemes like MNREGA. • Initiating a mechanism for grading villages in terms of status of development • Activation of platforms like VHSNDs and *Kishori*	• MGNREGA • Beti Bachao Beti Padhao • Mukhyamantri Kanya Vivah Yojana • Schemes for BPL families	• Identification of potential beneficiaries • Increase in number of beneficiaries	• Planning and Development, • Rural Development • Department of Health • Department of Social Welfare

		Samooh • Scaling up counseling services for young adolescents on SRHR and life skills, through intensive outreach. • Organizing platforms like public hearing where authorities and district level officials from different departments can converge and people can put forward their problems for mass redressal of issues, e.g. any form of denial in the delivery of welfare services.			
	Awareness Generation	• Identify out-of-school children, reach out to parents, persuade them to send children to school • Create communication materials describing the adverse situations child labourers go through at worksites, and disseminate through forums like *Bal Sansads*, *Meena Manch* etc. • Formulation and promotion of a suitable communications strategy that talks about the harms of migration at an unripe age and the importance of investing in self-development before turning an adult. • Engaging Community leaders in tracking and preventing child labour works	SSA / RTE	• Use of behaviour change communication tools and strategies to influence behaviour in the desired direction • Number of trainings conducted for the focused groups like, community leaders, parents, children, teachers, collectives, etc.	• Department Of Labour Resources • Information and Public Relation Department • Department of Education • Department of Health

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

Every child irrespective of caste, class, religion, abilities and socio-economic status has the right to grow up in a protective environment and be protected from violence, neglect, abuse and possibilities of getting in conflict with law. A family is the first line of protection for children, which allow them to grow and learn in a safe environment, while schools and community provide children protective environments outside home, so that they survive, grow, learn and develop to their fullest potential. Children often fall prey to various harms, due to age-related vulnerabilities and limited capacity for self-protection, which affects their childhood as well as personhood. Children living in disadvantaged family, social, economic and geo-political situations and/ or deprived of parental care, etc.

are more vulnerable than other children. The recent figures of National Crime Records Bureau, indicates significant increase in the reporting of cases of crime against children, from 115 in 2005 to 1917 in 2015. In particular, incidence of crimes against girls such as rape and procuration of minor girls have been reported more over the years. In 2015, a total of 305 cases of procuration of minor girls were registered in Bihar, making the state third highest in the country. Violence against children is a major threat to their holistic development and is also an obstacle to developmental and gender equality. In order to ensure a protective environment is to be made to ensure awareness among children about their rights, risks and available support and services for them. Ensuring involvement of community as well as local level institutions, like PRIs, schools, CBOs, etc. in creating a child safe environment would be crucial. The state is currently dealing with inadequate arrangement for rehabilitation and monitoring mechanism to track successful reintegration of child, a focused intervention is needed to streamline the systemic issues.

Result Statement	Strategies	Action	Project / Schemes	Indicators	Agencies responsible
Protect all children from all forms of violence and abuse, harm, neglect, stigma, discrimination, deprivation, exploitation including economic exploitation and sexual exploitation, abandonment, separation, abduction, sale or trafficking for any purpose or in any form, pornography, alcohol and substance abuse, or any other activity that takes undue advantage of them, or harms their personhood or affects their development.	Create a caring, protective and safe environment for all children, to reduce their vulnerability in all situations and to keep them safe at all places.	• District-wise vulnerability mapping of children • Establish and strengthen Panchayat Block and District level Child Protection committees and orient them to develop Integrated Child Protection plans. • Orient CPC/ PRIs/ ULB members to undertake village /urban ward wise mapping of vulnerable children, including child labour, migrant children, children affected by agrarian distress, children of nomadic, semi-nomadic and de-notified tribes, those at risk of getting involved in crime and by type of vulnerability and their social background. • Create a protective environment for vulnerable by ensuring social	ICPS Parvarish	• Modules developed for training of CPCs. • Development of block and district-wise Integrated Child Protection Plans • Number of training programmes held for SMC/ CPC/ PRI/ children on issues of child rights and protection. • Number of Child labour/ trafficked children rescued each year • No of rescued children who have been reintegrated in the community	• SCPCR in collaboration with various departments • Department of social welfare • Department of Labour Resources • WCD • Schools/Teachers, • CPCs • PRIs & ULBs, • NGOs, • Community and children

		protection network for all children and linking children and their families with government social protection and livelihoods initiatives and ensure proof of identity to them through ADHAAR • Design and implement communications initiative to challenge the social acceptance of violence against children, targeting all levels of society including corporal punishment, punishment at disciplinary measure in family and community, bullying by peers, sexual harassment and taunting • Incorporate a module on gender sensitization and sex education n schools to develop a respectful attitude towards opposite sex among children • Orient community and children to be vigilant regarding various risk factors (child abduction, trafficking in form of child labour, child marriage, child abuse and exploitation) • Orient CPCs, parents, children, teachers, SMC members, local collectives, AWWs, ASHA and ANM on child sexual abuse and provisions of POCSO Act/ JJ Act and the procedure to be followed in case of any abuse and also how to maintain sensitivity and		• Number of children receiving child or other social grant (Scholarship/ Sponsorship/ DBT schemes for Girls/ Children in CCIs) • Number of children who have ADHAAR	

		confidentiality of such cases.			
	Development of community-based mechanism to deal with all forms of violence against children	• Establish and strengthen Village level Child Protection committees at Gram Panchayat, revenue village, ward and block level and orient them to develop Integrated Child Protection plans. • Orient parents, SMC members and teachers on provisions against corporal punishment in schools under RTE Act. • Orient parents, SMCs, AWWs, ASHA, ANM and teachers on child sexual abuse and provisions of POCSO Act and JJ Act2015 . • Facilitate registration of all births and issuance of birth certificate • Village-wise mapping of vulnerable children (having poor school attendance/ dropouts/ child labour/ migrant children) with the help of SHG groups, VCPCs and local youth groups • Link family members and children with government schemes on priority basis. • Formation of children's vigilance group/Peer groups formed and strengthened (e.g. Meena groups) to create a greater vigilance for child	ICPS	• Number of Block and Village Child Protection Committees preparing Integrated Child Protection Plans • No of training programmes held for SMC/VCPC and PRI members on issues of child rights • Number of training programmes held for teachers and PRI members on CSA and POCSO Act, 2012	• WCD • Department of Education • PRD

	migration/trafficking • Promote identifying and reporting of sexual offences and seeking support from local police stations and CWC/CPCs to address the same. • Strengthen SMCs and Village Child Protection Committees to monitor and support regular functioning of schools and ensure an environment free of any form of abuse, violence or discrimination. • Create a supportive environment for children and families affected by HIV/AIDS through awareness and inter-personal communication			
Changing attitudes and social norms that encourage violence and discrimination against children	• Comprehensive and sustained mass media awareness-raising campaigns to shift attitudes, behaviour and social norms towards violence and to encourage reporting of violence and other meaningful actions. • Sensitise Parents/ Teachers/ ANMs/AWWs/ ASHA/Doctors on Child protection issues • Develop a child protection policy and guidelines for all teachers and health providers • Train teachers and health providers on guidelines for care support to	ICPS NHM SSA	• No of Frontline workers trained • Child protection policy developed and endorsed by all stakeholders dealing with children including private actors and media houses • Development of campaign/ communication tools towards ensuring digital safety for children	• Department of Health • Department of Education • Department of Social Welfare • SCPS

		victims of CSA • Ensure media and business houses to adopt and adhere to a child protection policy • Use social media, other digital platforms and awareness generation campaigns to orient parents, teachers, other caregivers and children on rules of digital safety			
	Preventing crimes committed by children	• Develop systems of diversion from prosecution and structured social interventions – Work with vulnerable children to develop problem-solving skills, life skills development, behavioural and skills training involving children and their families – reduce anti-social peer associations and develop positive-social role models – develop ability to recognise risky situations and advise children how to cope with them • Orient parents, teachers, doctors, front-line functionaries, social workers and community members to identify behavioural changes/ needs among children	• ICPS	• Reduced anti social behaviour • Children reoriented to meaningful and productive things	• Police • School • Childline • NGOs • SCPCR • SCPU
	Ensuring protection to school	• Provide Life skills education in	SSA	• Number of trainings	• Department of

	going children	schools to help children develop critical thinking, build their self-esteem to communicate effectively, solve problems cooperatively, and protect themselves from violence throughout their lives. • Initiate School-based programmes to help students address different aspects of sexual, physical and emotional violence. • School should have a clear protocol to guide teachers about which situation needs assessment and intervention and which one needs immediate intimation to higher authorities at school and the parents. If an attempt at resolving the problem is not satisfactory, parents could then be referred to a specialist (a child and adolescent counselor). • Positively engage with children to influence behaviour in the desired direction. • Training teachers on non-violent discipline approaches and available legal provisions towards child safeguarding. i.e. POCSO, Scheduled caste and scheduled tribe prevention of atrocity act, 1989, RTE act, 2009, etc. • Monitoring of schools by SMCs to		conducted for adolescent groups / Baal sansad/ school children • Number of orientations / trainings held for SMCs / PRIs/ Bal sansad, etc.	Education, • Police, • Information and Public Relation Department • SCPCR • NGO

		avoid any form of violence or discrimination • Information on trafficking, sexual and reproductive health, and HIV/AIDS and other STIs integrated in school curriculum			
Strengthening child protection structures at all level	Institutional mechanisms for tracking, rescue, and rehabilitation of children who are victims of Child Sexual Abuse/ trafficking/ street children / Missing Children/ Children in Conflict or disaster or danger	• Ensure stringent implementation of PCPNDT Act 1994, PCMA 2006, RTE Act 2009, POCSO Act 2012, JJ Act 2015, Child Labour (Prohibition and Regulation) Amendment Act, 2016 and other related laws. • Ensure state, district, block and panchayat level child protection structures in place and functioning, as stipulated under the Juvenile Justice Act 2015 and the ICPS. • Strengthen CHILDLINE services and local mechanisms for tracking missing children. • Establishment of Special cells/Units for tracing children in districts where incidences of missing children are higher • Ensure timely data uploading by all police stations, JJBs, CWCs and CCIs • Training of police and AHTUs on tracking, safe rescue and	• ICPS • Victim compensation Fund • Nirbhaya fund	• No of functional DCPUs with 100% staff as per ICPS norms including outreach workers • No of districts with functional CHILDLINE • Cadre of professionally trained counselors to be recruited at all police stations, children's homes, • CCIs with all facilities including infrastructure and trained staff as per JJ Act 2015 • Trained mental health providers available per CCI in each District. • All CCIs with Grievance boxes established and functioning effectively. • No of children in need of	• Police • Directorate of SW • CWCs • SCPCR

		rehabilitation of child survivors • Provide compensation to all survivors • Ensure assistance to child victims for their full physical and psychological recovery, development, and social reintegration. • Ensure adequate psychological, social and economic rehabilitation opportunities for survivors for successful reintegration. • Ensure rehabilitation facilities for children with special needs and HIV affected children • Ensure development of Standard Operating Procedures for convergence and coordination between different levels of Governance to identify, rescue, rehabilitate and re-integrate rescued children. • Ensure adequate awareness on CHILDLINE services available through toll free number 1098 across the state as well as Railway Childline services on railway platforms. • Ensure all structures (CWC, JJB, CCIs for both CNCP and CCL,		care and protection rehabilitated.	

		SAAs, Health and mental health care providers, Special Courts and Legal service providers) and mechanisms have appropriate skilled human and financial resources as per norms • Ensure delivery of Mental Health and Rehabilitation Services to all children in every CCIs under the JJ Act 2105 – Ensure availability of adequate and trained mental health practitioners in every CCI under the JJ Act – Train and build a cadre of counselors working with children in conflict with law in all Observation Homes, Special Homes, and Places of Safety. • Ensure vocational training to develop skills that empower children in Children's Home, Observation Homes, Special Homes and Place of Safety to earn a livelihood, while also pursuing life skill education and bridge courses, linking them to formal education • Periodically conduct the mapping of gaps in availability of infrastructure, human resources, education and vocational training services, health and nutrition status of children in all			

		CCIs including SAAs, Children's Homes, Observation Homes, Special Homes and Places of Safety			
	Ensuring and strengthening Institutional mechanisms for rehabilitation children in conflict with law as per provisions of JJ Act, 2015	• Develop specialized treatment and reformative programmes for children found guilty of heinous crimes and placed in Places of Safety till the age of 21 years, • Develop SOPs for rehabilitation of CCL • Ensure high level committee to review pendency of cases in JJBs • Maintain minimum standards of care at all observation and special homes as per norms defined under J. J. Act 2015 and ensure regular monitoring as against these standards. • Set up safe spaces for play and recreation in all CCIs as per J. J. Act 2015 • Ensure education and vocational training for children in CCIs Provide adequate facilities, like counseling services, and vocational and life skill trainings, engagement in creative activities like performing arts, painting, etc. to ensure social and psychological re-integration • Set up adequately equipped Children's Courts and resources along with access to legal aid for children to deal with long-pending cases • Develop and expand the non-custodial rehabilitative care options for de-institutionalization of children who are not serious offenders like	ICPS JJ Act, 2015	• No of Districts with fully staffed Observations Homes/Special Homes/ Places of Safety (CPS MIS) • No of the children in conflict with law rehabilitated • No. of Children in conflict with law completed agespecific education and/ or vocational training courses	• CWC, • JJB, • CHILDLINE (MWCD), • Police, • Schools, • National Skill Development Mission, • NGOs

	community service • Rehabilitation Programme for CCL through proper counseling, life skills development, community services and vocational training. • Provide for a comprehensive After Care Program to enable children discharged from institutional care to effectively reintegrate into the community, beyond mere financial support • In-depth qualitative analysis of the processes and procedures adopted by the police and judicial system on child friendly approach in the handling of cases and administration of justice • Develop a cadre of advocates who are trained in child rights law, through mainstreaming curriculum on child rights in all law Universities and Colleges • Develop a comprehensive model for the After care facilities, in different districts for children attaining adulthood and who are out of family care network, to make available provisions for continued education, career counseling, mentoring, job placement. • Promote peer group support as a part of Aftercare plan			
Ensure protection of children in all child care institutions (Shelter Homes, Children's Homes, Observation Homes, Specialized Institutions for Children with	• Minimum standards of care for all childcare institutions and service providers developed and implemented	ICPS	• SOPs developed for all Child Care Institutions	Directorate of Social Welfare, LRD

	special need, Open shelters and transit homes, SAAs) as per provisions of JJ Care and Protection Act 2015	• Regular social audit of all CCIs as per guidelines • Protocol of care for all service providers developed and implemented and monitored • Reporting grievances and violence/ abuse by children in all homes (like drop boxes which may be opened only by SCPCR/CWC • Find and eliminate causes of delay in fund flow and ensure smooth financial flow from central to state and district /village to ensure proper implementation • Facilitate contact and potential reintegration of the child with his/her family and to minimize disruption of his/her educational, cultural and social life.			
	Strengthening SCPCRs	• Appointment and orientation of members as per norms • Develop resource materials and SOPs for members of SCPCRs • Adequate and timely availability of funds, infrastructure and other resources (like support staff) • Strengthen state capacity to monitor and evaluate programme effectiveness and quality		• Filling up of all positions • Types of monitoring / evaluation undertaken by SCPCR	SCPCR

		• Strengthen SCPCR to function as the apex body to monitor and evaluate all the aspects pertaining to Child labour and Children in Distress as per Sections 13(1) and (2) of CPCR Act 2005			
Ensuring safety of children during disaster	Awareness building	• Knowledge sharing on Disaster management through various media (performing, print and electronic) • Training of schoolteachers in vulnerability assessment and school disaster management plans preparation. • Training of doctors in mass casualty management and hospital disaster management plan preparation. • Vulnerability assessments: Structural and Nonstructural • Training and Mock Drills • Online education and competitions • Awareness/ training program for sectoral relevance and disaster preparedness			
Vulnerability and risk management	Addressing the emerging needs	• Develop understanding of the incidence, prevalence, circumstances and risk factors for	• ICPS	• Identification of the needs of the children in state across four priority	• Department of Social Welfare • Women and Child

		violence and exploitation against children through a dedicated research agenda at state level • Need-based research to understand and identify factors that trigger crimes and violence amongst children by mapping vulnerable locations and factors in collaboration with Police, ULBs/ Municipalities, schools, CWCs, JJBs and community and children • Sensitise allied systems such as the police, hospitals, municipal corporations, and the railways/roadways about child protection so as to facilitate their rescue and rehabilitation		areas of survival, development, protection and participation	Development Department
	Developing MIS	• Identifying areas where violence occurs, in what forms, and which age groups and communities of children are most affected • Identification of potential research and development domains concerned with climate change issues in the sector; • Vulnerability assessment of all industrial units in the state • Setting numerical and time-bound targets to monitor progress and prevent risks and harms	• ICPS	Development of comprehensive database on state specific child protection indicators across four priority areas of survival, development, protection and participation	• Department of Social Welfare

		• Develop a comprehensive system of collection and compilation of data on sectoral relevance.			
		•	•		•

Imperative 9 Creating enabling conditions for child to participate

"We should get the Bihar Policy for Children once it is ready. We will check if our suggestions are included in the policy."

– Muntun Raj, Age 13, Class VII.

Child participation is not just a Right but also one of the guiding principles of the UNCRC and NPC. Every child irrespective of age, background, social status has right to participation – to express views, participate in decisions which affect children and be heard and taken seriously by adults. Children should have an opportunity to participate in any process that is concerned with or talks about children. Growth and empowerment of a person draws much from opportunities of participation. For active, free and meaningful participation a person must have access to the right set of information, processes and spaces. Participation denotes the right of persons, including children, to demand their dues and to hold duty bearers to account. Demanding rights is a formidable task for children in adult-controlled societies as well as institutions. Power dynamics between children and adults along with prevailing gender and social norms, socio-economic and politico-legal conditions attached with children significantly influence the scope of their participation. Their relative lack of power not only makes them vulnerable to abuse and exploitation, limits their education and livelihood opportunities and forms the basis of inequalities and discrimination but also results in their dependence on adults to defend and demand their rights. There have been significant efforts on the part of governments to ensure active involvement and participation of children in decision-making processes through various interventions. However, because of limited initiatives of institutions and community, access to right set of information and absence of enabling environment, their participation has remained limited. Ensuring active participation of children in all matters concerning them is one of the priorities of the state.

It would be important to work towards an scenario where children's forums are constituted in all schools, in every community and at various levels where children can discuss their issues, solutions and also have an opportunity to interact with key officials and decision-makers. These should function on the principles of 'child-participation', providing opportunity to children to participate in decisions, planning and monitoring. Children's forums/ platforms (in schools, community) should have representation in Village Panchayats, as well as at district, state and national level; in Vidhan Sabha, Lok Sabha and Rajya sabha; and at international forums such as United Nations.

Result Statement	Strategies	Action	Project / Schemes	Indicators	Agencies

					responsible
Creating an enabling environment	• Sensitization of community and institutions about child's right to participate and regarding the significance of involving them in processes, which concerns them. • Ensuring conduct of trainings on child rights especially on principles and methodologies of child participation, for government functionaries at various levels and organizations in development, so they can engage with children as partners in development.	• Conduct sensitization training of teachers, front line health-service providers, community leaders, SMCs, child care institutions, JJB, CWC and other service providers who regularly come in contact with children and their parents towards ensuring child participation in matters concerning them. • Orient parents to adopt good parenting skills, which promote positive behaviour and values. etc. • Develop suitable communication materials for parents and community to encourage them to give respect to child's opinion and create an environment where they can freely express themselves.	• ICPS	• Development of communication materials • Conduct of trainings and orientation • Decrease in corporal punishment and domestic violence with children • Increased instances of children seeking help • Increased participation of Baal Sansad, Meena Manch, and other adolescent groups.	• Department of Health • SSA • Department of Education • Department of Panchayati Raj/ PRI • ICDS • NGOs
Empowering children to freely express their views on all matters that affect them.	• Every child at home, in school, in community or at the workplace, should have access to the information they need to survive, develop and protect themselves from possible harms/risks, and should have an opportunity to be heard.	• Activating 'Children's Courts' (*Bachcha Darbars*) on the lines of '*Janata Darbars*' held by the honourable Chief minister of Bihar, to listen to children in the presence of all key Ministers and Secretaries. • Ensuring that every department which has anything to do with children's issues, nominates a nodal officer to meet children. • Ensuring dissemination of information about child rights, programmes and laws on a wide scale using simple and interesting	NA	• Active Baal Sansad in schools • Active Meena Manch • Increased participation of girls in adolescent groups i.e. SABLA • Increased participation of girls on VHSND • Reduced instances of early marriage • Reduced instances of early	• Department of Education • Department of Health • AWCs • SCPS • Childline • Police • School • Parents • Community leaders • Religious leaders, • Media • Private companies

		child-friendly materials in print and audio visual forms. • Agree on clear goals and targets with children for village level planning processes. • Engage with children from the earliest possible stage and give them opportunity to influence the design of the processes as well as outcome • Ensure children get required information and support to enable them to make an informed decision on their participation. • Ensure youths have access to information about issues related to sexuality, reproductive health and HIV/AIDS. • Ensure that girls married early have say in family planning • Develop age –appropriate tools and materials for disseminating information to children regarding various plans and programmes so that they are able to meaningfully participate • Provide children with age-appropriate information to protect themselves in public places or anywhere.		child bearing • Decrease in school drop outs	

		• Ensure active participation of Meena Manch and Baal Sansad to create awareness on child rights with special emphasis on their right to participation. • Disseminate relevant child friendly recourse materials to educate children regarding different forms of and how to report and seek help. • Educate children on good touch and bad touch as well as their rights and available services for them. • Empower to report and share any form of abuse such as, sexual/physical/ emotional/ commercial and encourage them to report any such incidence to CHILDLINE, police, local authorities and seek help. • Empower children with disabilities to voice their concerns at different forums • Provide adequate counselling and support to children dealing with physical or emotional stress through CHILDLINE Services available easily on toll free number 1098 across the country. • Recognise and reward initiatives taken by children to protect their			

		own and other children's rights (example: stopping child marriage/ child migration and other initiatives for social change) • Ensuring that suggestion boxes are placed in public facilities (hospitals, schools, government departments) for children to share their views / suggestions.			
•	• Capacity building of all public functionaries and members of institutions related to children	• Build capacities of caregivers at different levels, as they should have understanding and skills for involving children's views in matters affecting them i.e. panchayats, heath care givers, child care institutions, JJB, CWC, homes, schools, etc. • Strengthen CHILDLINE services to disseminate information and provide support and counseling. • Sensitise the judiciary and court officials for enabling processes and creating an environment, where children's views are heard and considered in judicial proceedings affecting them • Ensure a participatory approach in everyday classroom transaction by dedicating time and space for children to take an active part in teaching-learning processes, give their ideas and feedback freely.	• SSA • ICDS • ICPS • JJ Act, etc.	• Child friendly institutions	• Childline • JJB • CWC • Shelter and observation homes • Police • Schools • Department of Health • Department of Panchayati Raj

		• Ensure a stress-free educational environment providing children equal opportunity to participate in the classroom processes • Establish unanimous systems of providing feedback for children on various issues including behaviour of the teachers and staff. • Ensure that panchayats, districts and cities progressively become child friendly.			
•	• Ensuring representation of children in the committees of State Commission for Protection on Child Rights. SCPCR should have quarterly consultations with children from different backgrounds and try to ensure that their issues and concern are addressed by different 'duty bearers', especially government departments and other stakeholders, as this does not happen many times, in spite of children voicing their issues at different forums. • Ensuring that every child gets an equal opportunity to participate at all levels and are able to form and join associations that promote and demand children's right to survival, development, protection and participation.	• Ensure they actively participate in the decisions that concern them and have proper opportunities to express their views and are being listened to. • Any participatory practice with children should be open and flexible enough to respond to the diverse needs, expectations and situation of children from different context. • Children should themselves select their representative from the community they belong to in any of the participatory initiatives. • Influential community leader, religious leader as well as adults should be engaged with to gain community support and create an enabling environment. • Establish and strengthen child	NA	• Proportion of children among in key forums involved in formulation of policies and decisions concerning lives of children	• SCPS • Department of Health • Panchayat

		cabinets in schools, and children's committees in all child care institutions			
Monitoring and evaluation	• Ensuring development of qualitative indicators of monitoring and evaluation of child participation.	• Develop monitorable indicators of child participation • Undertake research and documentation of best practices.	NA	• Formulation of monitoring indicators on child participation	• Department of Social Welfare • SCPCR

4 Implementation Arrangements

The Bihar State Draft Plan of Action for Children 2017 shall be valid for a period of 5 years (2017 – 2021), aligning with the timeframe of Bihar Development Mission, scheduled to culminate in 2020. This chapter discusses arrangements for implementation of the Action Plan, by outlining coordination mechanisms, systems for periodic monitoring of implementation and broad strategies for financing the plan.

4.1 Institutional arrangements for implementation of the Action Plan

The situation analysis presented in Chapter 2 and key priorities outlined in Chapter 3 call for urgent actions on the part of various stakeholders in Bihar, to ensure that indicators related to well-being of children in the state turn out better than the national average within a definite timeframe, largely during the timespan of the Action Plan. This would necessitate stringent actions to address gaps in ongoing programs that play a crucial role in contributing to the well-being of children in the state.

Institutionalizing feasible modalities of implementing the State Action Plan would be crucial for its effectiveness. For the Action Plan to be really vibrant and dynamic, it is very important that each of the priorities finalized under the Plan translates into specific action points at each level – village, Gram Panchayat, Panchayat Samiti and Zilla Parishad, besides municipalities located within a district. The priorities articulated under the Plan ought to be reviewed at each level and efforts to fill in gaps be speeded up, which would make stakeholders at all levels responsible for achievement of the targets of the Action Plan. The annual integrated district plan prepared in each district should subsume all such plans prepared by different planning entities, including Gram Panchayats, Panchayat Samitis, Zilla Parishads and municipalities located within a district. The concerned departments need to work-out the details of institutional arrangements reaching out to the lowest possible level. Given that each Gram Panchayat in Bihar is constituted of multiple habitations, it is very critical that a system of creating habitation-level information is developed quickly at the Gram Panchayat level.

At the state level, the Department of Social Welfare shall be the nodal agency entrusted to negotiate with other relevant departments and agencies and provide secretarial support to an empowered committee headed by the Chief Secretary and inclusive of representatives of all relevant line departments, specially set up for overseeing effective implementation of the Action Plan and for decision making and periodic reviews of progress, by addressing issues pertaining to inter-department coordination and convergence. The empowered committee shall be a platform where comprehensive review and brainstorming would be undertaken periodically based on evidence and quick measures would be taken-up. The measures may be corrective action, modification, merging or dropping existing policy, programs or schemes and come with a fresh policy, programs or schemes considering the changed scenario or strategy of the state towards development process. On the lines of such an arrangement at state level, either the District Programme Officer (DPO) or the Assistant Director, Child Protection (ADCP) shall be notified as nodal agency / officer at district level.

Monitoring of implementation of the Action Plan

Implementation of the Action Plan needs to be monitored at two levels in the least: (a) at the level of elected representatives within the processes of state legislatures, preferably within the

business of a specially created Joint Legislature Committee inclusive of members of both houses; and (b) through Convergent Programme Reviews, inclusive of representatives of relevant line departments, especially Education, Social Welfare, SC ST Welfare, BC MBC Welfare, Minorities Welfare, Labour Resources and Home, to strengthen convergence in actions aimed at securing child rights on a wider scale. Special meetings of the Joint Legislature Committee could be convened under the Chairpersonship of the Chief Minister at least once every year to take stock of the performance of key departments on important indicators, while the Convergent Programme Review Committee could meet at least twice every year under the stewardship of Chief Secretary. At the district level, convergence reviews could be chaired by District Magistrate with secretarial support from the Department of Social Welfare.

On the lines of Child Assemblies organized under the auspices of the Bihar Legislative Council, special assemblies of children could be convened at least once every year on the initiative of the proposed Joint Legislature Committee to listen to issues and priorities identified by children in Bihar. Suggestions and feedback of children can be continually incorporated in the design of the Action Plan in the course of its implementation. Similarly, existing groups of children and adolescents at other levels, e.g. Bal Sansads, Kishor/Kishori Samoohs, youth forums, etc. shall be consulted from time to time by relevant institutional bodies at district and sub-district levels, by organizing special platforms for children to express their views and aspirations.

Management of information around vital indicators

Department of Social Welfare, Government of Bihar is expected to play a pivotal role in facilitating establishment of systems of data analysis, data consolidation, secretarial support to review and monitoring of implementation of the Action Plan on regular intervals. It is entrusted with the responsibility to coordinate with concerned departments and agencies to take measures of policy analysis and preparing policy briefs, creating and disseminating knowledge documents. To facilitate the process, a dedicated cell shall be established within the Department of Social Welfare. This Cell shall be a pool of officials and technical professionals working on preparation of roadmaps, developing monitoring tools and instruments and facilitating analytical reviews and monitoring on human development indicators pertaining to children in the state. Table 4.1 presents a selection of vital indicators to be monitored in the course of implementation of the Action Plan 2017-22.

Table 4.1 – Key Outcome Indicators to be monitored between 2017-22

S. No.	Indicators related to key imperatives	Status 2017		Target 2022
		Measure	Data Source	
1. CHILD SURVIVAL – Health, Nutrition, Water, Sanitation and Hygiene				
Imperative 1 – Reducing mortality rates among children				
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
Imperative 2 – Breaking the inter-generational cycle of malnutrition among children				
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
Imperative 3 – Improving access of children to safe drinking water and sanitation				
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
2. CHILD DEVELOPMENT				
Imperative 4 – Ensuring universal access of children to continuous education right from pre-school level				
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
Imperative 5 – Improving quality of education				
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
3. CHILD PROTECTION				
Imperative 6 – Prevention of child marriages				
25	Women age 20-24 years married before the age of 18 years (%)	39.1	NFHS-4 (2015-16)	20
Imperative 7 – Protecting children from economic exploitations and labour works				
26	Number of economically active children in the age-group of 5-19 years	40,52,480	Census 2011	25 lakh
Imperative 8 – Safeguarding children in need of care & protection and reintegrating those in conflict with law				
27	Cases of crimes against children	1917	NCRB (2015)	600
28	Total cognizable crimes committed by children	4044	NCRB (2014)	1000
4. CHILD PARTICIPATION				
Imperative 9 – Creating enabling conditions for the child to participate				
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

An important consequence of Bihar's focus on inclusion during the Twelfth Plan has been heightened awareness and empowerment amongst marginalized social groups. Increased demand for information about rights and entitlements, and eagerness to demand accountability from the public delivery systems augurs well for future. The inclusive approach of the State government focuses on all around development of vulnerable communities and strives for welfare of the socially and economically disadvantaged. In the same spirit, the Action Plan for Children needs to accord special thrust on children from disadvantaged backgrounds and initiate dedicated efforts for comprehensive development of the most downtrodden communities through convergent development initiatives. Efforts need to be made to manage inter-region and inter-sectoral variations and track progress in reference to different strata of communities. One important feature of the growth experienced in the 12th Plan, which is relevant for inclusiveness, is that high rates of economic growth have been broadly shared than ever before across the regions and several of the economically weaker regions have demonstrated an improvement in their growth rates.

Research and documentation

The intent of the Action Plan would be served well by an overarching strategy of ongoing research and documentation, which could continually bring to light regional variations in uptake of various programmes for the child, qualitative insights around forms and triggers of exclusion from critical rights and entitlements, identification of essential programmatic thrusts from the perspective of primary stakeholders and assessments of quality of delivery of vital policies for the child.

Integration and convergence

Effective implementation of strategies and actions outlined in this Action Plan calls for development of formal or informal links between all stakeholders and coordination across all levels of Government. This requires that awareness is created amongst all stakeholders and across all the echelons of the government of Bihar about interventions of different sectors, in order that local communities, civil society organizations and all key stakeholders are engaged in concerted initiatives to contribute to creation of an enabling environment for the well-being of children. It would be necessary to bring about improved convergence and synergy across programs.

Convergence must also be established across programs that address key challenges outlined in Chapter 3 of the Action Plan, especially mortality, malnutrition, lack of access of continual education of high quality, access to safe water and hygienic sanitation opportunities, child labour, early age of marriage and crimes against children. Synergistic and coordinated efforts would be facilitated under the Action Plan by monitoring outcome indicators on a comprehensive canvas related to various sectors, departments and programs.

Financial resources required for implementation of the Action Plan

A number of crucial flagship programmes are being implemented in Bihar that make critically vital contributions to enable children in Bihar to secure their rights. The Empowered Committee for overseeing the implementation of the Action Plan shall have the authority to approve new initiatives to fill key critical gaps in initiatives relevant for well-being of children. Table 4.2 presents a selection of important schemes along with their financial outlays, which are being implemented in the state on a universal scale. These programmes contribute immensely to the well-being of children, implying the need of continued availability of a minimum outlay of Rs. 1,43,610 Crore over the next five years, as illustrated in Table 4.2, 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
Total		**1514948.10**	**1597703.73**	**1842030.66**	**14361030**

* Bihar budget 2017 – Department of Finance, Govt. of Bihar

A detailed breakdown of relevant budget heads across the 8 departments for 2017-18, earlier summarized in Table 4.2, has been provided in Table 4.3.

Table 4.3 – Budget heads (Bihar, 2017-18) directly relevant for well-being of children (Figures in Lakh)

S. No.	Department	Scheme Code	Nature of Expenditure	Budget Estimate 2016-17 (Rs.)	Revised Budget Estimate 2016-17 (Rs.)	Budget Estimate 2017-18 (Rs.)
1	Art Culture and Youth	School Sports	Establishment & Commitments	400.00	400.00	500.00
2	Art Culture and Youth	Sports tournaments under Mukyamantri Khel Vikas Yojna	State Scheme	600.00	400.00	500.00
3	BC and MBC Welfare	High School Scholarship (197 Block Panchayat)	State Scheme	12000.00	12000.00	9450.00
4	BC and MBC Welfare	High School Scholarship	State Scheme	9000.00	9000.00	7025.00
5	BC and MBC Welfare	Primary and Middle School Scholarship (Gram Panchayat)	State Scheme	20452.66	20452.66	18050.00
6	BC and MBC Welfare	Primary and Middle School Scholarship	State Scheme	9000.00	9000.00	71269.14
7	BC and MBC Welfare	Jananayak Karpoori Thakur MBC Hostel	State Scheme	1500.00	1500.00	3458.52
8	BC and MBC Welfare	Mukhyamantri MBC Medhavritti Yojna	State Scheme	7000.00	7000.00	9000.00
9	BC and MBC Welfare	Mukhyamantri BC Medhavritti Yojna	State Scheme	5000.00	5000.00	6000.00
10	BC and MBC Welfare	Pre-Matric Scholarship	Centrally Sponsored Scheme	0.00	1029.00	1250.00
11	BC and MBC Welfare	Pre-Matric Scholarship (State Share)	Centrally Sponsored Scheme	0.00	0.00	1100.00
12	BC and MBC Welfare	Construction of 12 Girls Residential High Schools	Establishment & Commitments	1016.20	1016.20	1073.43
13	BC and MBC Welfare	Construction of hostels	Establishment & Commitments	72.11	72.11	64.33
14	Education	Mid Day Meal	Centrally Sponsored Scheme	173616.81	193621.85	263005.22
15	Education	Kilkari	State Scheme	300.00	300.00	400.00
16	Education	RTE	State Scheme	0.00	1000.00	2500.00
17	Education	SSA	State Scheme / Centrally Sponsored Scheme	772330.00	711030.00	738107.88
18	Education	Mukhyamantri Poshak Yojna (Gen. category)	State Scheme	4800.80	32800.80	8000.00
19	Education	Mukhyamantri Poshak Yojna (SC)	State Scheme	5200.00	5200.00	2000.00
20	Education	Mukhyamantri Balika Poshak Yojna	State Scheme	10000.00	28000.00	10000.00

21	Education	Educational tour for middle school students	State Scheme	2500.00	2500.00	5845.00
22	Education	Mukhyamantri Balak Cycle Yojana (Gen. Category)	State Scheme	5000.00	14500.00	4000.00
23	Education	Mukhyamantri Balak Cycle Yojana (SC)	State Scheme	2500.00	3500.00	1000.00
24	Education	Mukhyamantri Balika Cycle Yojana	State Scheme	7500.00	18000.00	5000.00
25	Education	Mukhyamantri Balika Poshak Yojana	State Scheme	10000.00	13500.00	5000.00
26	Education	Mukhyamantri Protsahan Yojana	State Scheme	5215.72	10000.00	4500.00
27	Education	Rashtriya Madyamik Siksha Abhiyan	State Scheme	13333.33	13334.33	1388.35
28	Education	Construction of Government and Upgraded Middle Schools	State Scheme	3290.92	3290.92	8000.00
29	Education	ICT Scheme	State Scheme	0.01	0.01	1000.00
30	Education	Karate training for Middle School Girls	State Scheme	0.01	0.01	0.01
31	Education	Bihar Sub junior Sports Meet, Tarang	State Scheme	400.00	400.00	300.00
32	Education	Scholarship in elementary Schools	State Scheme	5000.00	10000.00	351.92
33	Education	Motivational social events in Schools	Establishment & Commitments	1800.00	1800.00	0.01
34	Social Welfare	Integrated Child Protection Scheme	Centrally Sponsored Scheme (State Share)	500.00	2000.00	2800.00
35	Social Welfare	Integrated Child Protection Scheme	Centrally Sponsored Scheme	1500.00	3500.00	4200.00
36	Social Welfare	Mukhyamantri Kanya Suraksha Yojna	State Scheme	1200.00	1200.00	100.00
37	Social Welfare	Parvarish	State Scheme	500.00	1000.00	150.00
38	Social Welfare	Establishment of Child Court and Child Welfare Board (State Committee for Protection of Child Rights)	State Scheme	200.00	200.00	10.00
39	Social Welfare	Special Scheme for Juvenile, Orphan and Abandoned Children (Child Protection Unit)	State Scheme	1000.00	1000.00	400.00
40	Social Welfare	Integrated Child Development Services (ICDS)- Establishment, Training and ISSNIP Schemes	Centrally Sponsored Scheme – Central Share (ISSNIP-88%)	68417.38	64392.79	71563.25
			Centrally Sponsored Scheme- State Share (ISSNIP-12%)	6836.10	45347.92	71586.17
41	Social Welfare	Integrated Child Development Schemes (ICDS) (Supplementary Food)	Centrally Sponsored Scheme – Central Share 50%	59663.88	55263.88	79691.50
42	Social Welfare	Supplementary Nourishment (Special	Centrally Sponsored	38418.54	10080.68	23563.84

		Component Plan)	Scheme			
43	Social Welfare	Supplementary Nourishment-State Share (General)	Centrally Sponsored Scheme – State Share (50%)	841.00	29747.38	26940.91
44	Social Welfare	Supplementary Nourishment-State Share (Special Component)		21089.96	21089.96	48692.00
45	Social Welfare	Supplementary Nourishment-State Share (ST Scheme)		7247.94	7247.94	8776.96
46	Social Welfare	State Scheme (Central Share)	Centrally Sponsored Scheme – Central Share 60%	14581.20	5819.06	14401.00
47	Social Welfare	State Scheme (State Share)	State Scheme (State Share-40%)	2.00	3602.00	1600.02
48	Social Welfare	Uniform for Children at Anganwari Centre	100% State Scheme	2400.00	5930.76	7503.00
49	Social Welfare	Uniform for Children at Anganwari Centre (Special Component Plan)		800.00	2964.94	2500.94
50	Labour Resources	Strengthening of Child Labour Rehabilitation mechanism	State Scheme	250.00	190.00	281.49
51	SC ST Welfare	School Scholarship	State Scheme / Centrally Sponsored Scheme	62711.00	62711.00	47856.85
52	SC ST Welfare	Musahar Scholarship	State Scheme/ Establishment & Commitment Expenditure	2320.00	2320.00	1306.49
53	SC ST Welfare	Untouchable Scholarship	Establishment & Commitment	40.00	40.00	40.00
54	SC ST Welfare	Technical Scholarship	State Scheme	102.00	102.00	0.00
55	SC ST Welfare	Residential Schools	Establishment & Commitment	11180.91	11180.91	11488.65
56	SC ST Welfare	Hostel Construction	Establishment & Commitment	1361.23	1361.23	1160.56
57	SC ST Welfare	Repayment of Exam fee	Establishment & Commitment	85.00	85.00	85.00
58	SC ST Welfare	Merit promotion scheme	Centrally Sponsored Scheme	35.00	35.00	10.00
59	SC ST Welfare	Mukhyamantri Medhavritti Yojna	State Scheme	10320.00	10320.00	2470.00
60	Health	National Child Health Scheme	Centrally Sponsored Scheme (Central And State Share)	11920.21	11920.21	2384.80
61	Health	Institution base Newborn Care Unit	Centrally Sponsored Scheme (Central And State Share)	380.20	380.20	541.88
62	Health	Home Base Newborn Care	Centrally Sponsored Scheme (Central And	4600.00	4600.00	4000.00

			State Share)			
63	Health	National Adolescent Health Program	Centrally Sponsored Scheme (Central And State Share)	7316.76	7316.76	277.67
64	Health	Nutrition rehabilitation Center under NRHM	Centrally Sponsored Scheme (Central And State Share)	1978.10	1978.10	759.71
65	Minority Welfare	Diverse Development Scheme for Minority (Pre & Post Matric Scholarship)	Centrally Sponsored Scheme	120.00	120.00	120.00
66	Minority Welfare	Mukhyamantri Vidyarthi Protsahan Yojna	State Scheme	5201.12	12008.12	7183.00

Synthesis

A multipronged approach is needed to bring about the desired social and behavioural changes to tackle issues such as child marriage, child labour and various forms of violence against children, for which inter sectoral collaboration; convergence and networking would be critical towards leveraging the available opportunities. Stringent measures need to be initiated to prevent child marriages and child labour, which is a gross violation of a child's right to protection, as it leads to the denial of the rights to education and childhood and causes health complications and creates a vicious cycle of malnutrition and poverty. The component of pre-school education under ICDS needs to be strengthened, to prepare a child better for school and prevent drop-outs. Quality of education imparted in schools needs to enhanced as well, through increased investments in arrangements for training on improved pedagogy and suitable bridge courses for children rescued from labour works or exploitative conditions.

Active collaborations with civil society organizations can help in strengthening services related to rehabilitation and reintegration of child survivors of violence and servitude. In view of children's vulnerability to various risks and increasing incidence of crimes against children, especially girls, it seems judicious to include gender sensitization modules in schools towards making children respectful towards the opposite sex and increase their awareness on safety and available services for child protection. CPCs constituted at block level under the ICPS programme need to be activated and supported to play the role effectively.

Children are the shared responsibility of the state as well as the society; therefore, scaling up relevant interventions would be crucial, along with initiatives to bolster people's participation in bringing about a protective environment for children. The Bihar State Draft Plan of Action for Children 2017 seeks to guide strategies and essential actions to this very effect.

Annexes

Table A1 – Single year age child population in Bihar									
Total Child Population	**Total**			**Rural**			**Urban**		
Age	Persons	Males	Females	Persons	Males	Females	Persons	Males	Females
0	2014957	1057050	957907	1838075	963569	874506	176882	93481	83401
1	2330590	1213637	1116953	2114748	1099739	1015009	215842	113898	101944
2	2801985	1434919	1367066	2550905	1304639	1246266	251080	130280	120800
3	2835798	1441206	1394592	2571849	1305780	1266069	263949	135426	128523
4	2781699	1430059	1351640	2524711	1296098	1228613	256988	133961	123027
5	3072103	1605376	1466727	2784809	1452900	1331909	287294	152476	134818
6	3296832	1704992	1591840	2998604	1548946	1449658	298228	156046	142182
7	2736174	1411042	1325132	2472268	1273456	1198812	263906	137586	126320
8	3472198	1798593	1673605	3152704	1630750	1521954	319494	167843	151651
9	2458970	1276356	1182614	2222416	1151911	1070505	236554	124445	112109
10	3848668	2027478	1821190	3486052	1834339	1651713	362616	193139	169477
11	2385653	1256269	1129384	2138971	1125945	1013026	246682	130324	116358
12	3188267	1683310	1504957	2863651	1512521	1351130	324616	170789	153827
13	2185027	1135187	1049840	1943012	1010688	932324	242015	124499	117516
14	2312267	1221587	1090680	2041261	1080482	960779	271006	141105	129901
15	2326025	1289350	1036675	2054655	1143650	911005	271370	145700	125670
16	2046951	1143121	903830	1785492	1003054	782438	261459	140067	121392
17	1408901	798482	610419	1205355	687338	518017	203546	111144	92402
Total	**47503065**	**24928014**	**22575051**	**42749538**	**22425805**	**20323733**	**4753527**	**2502209**	**2251318**

Table A2. District wise Population of children in Bihar

State/ Districts	Total Child Population (0-17 years)	Below 3 years	3-5 years	6-13 years	14-17 years	Males	Females	Child Sex Ratio
BIHAR	4,75,03,065	15.0%	18.3%	49.6%	17.0%	52.5%	47.5%	935
Pashchim Champaran	18,57,845	15.0%	19.2%	50.2%	15.6%	52.4%	47.6%	953
Purba Champaran	24,18,754	15.4%	19.3%	50.2%	15.2%	53.0%	47.0%	933
Sheohar	3,06,018	16.0%	19.0%	49.5%	15.5%	53.2%	46.8%	929
Sitamarhi	15,94,383	15.9%	18.7%	49.7%	15.7%	53.1%	46.9%	930
Madhubani	20,39,499	14.9%	18.1%	50.3%	16.7%	52.4%	47.6%	936
Supaul	10,51,983	15.9%	18.9%	50.5%	14.7%	52.4%	47.6%	944
Araria	13,64,567	16.3%	19.0%	49.6%	15.1%	52.1%	47.9%	957
Kishanganj	8,33,006	15.8%	18.9%	48.3%	17.1%	50.9%	49.1%	971
Purnia	15,58,273	16.4%	18.8%	49.0%	15.8%	52.1%	47.9%	954
Katihar	14,77,247	16.4%	18.6%	48.9%	16.1%	52.0%	48.0%	961
Madhepura	9,49,184	16.1%	19.1%	50.4%	14.3%	53.0%	47.0%	930
Saharsa	8,98,412	16.3%	19.5%	49.9%	14.3%	53.3%	46.7%	933
Darbhanga	18,05,938	15.4%	18.1%	49.2%	17.3%	52.7%	47.3%	931
Muzaffarpur	21,15,011	15.3%	18.0%	49.2%	17.5%	52.9%	47.1%	915
Gopalganj	11,89,467	13.7%	17.5%	49.7%	19.2%	50.9%	49.1%	954
Siwan	15,04,260	13.4%	16.7%	49.6%	20.3%	51.2%	48.8%	940
Saran	17,99,412	13.6%	17.6%	49.4%	19.4%	51.9%	48.1%	926
Vaishali	15,13,015	15.6%	17.6%	49.4%	17.5%	53.3%	46.7%	904
Samastipur	19,64,634	15.8%	18.0%	49.9%	16.3%	52.9%	47.1%	923
Begusarai	13,70,080	15.4%	17.6%	50.4%	16.6%	53.1%	46.9%	919
Khagaria	8,04,242	16.0%	19.1%	49.6%	15.3%	53.4%	46.6%	926
Bhagalpur	13,62,298	14.9%	18.3%	49.3%	17.5%	52.9%	47.1%	938
Banka	9,07,630	15.5%	18.9%	49.6%	16.0%	52.8%	47.2%	943
Munger	5,87,112	14.6%	18.0%	48.8%	18.7%	53.3%	46.7%	922
Lakhisarai	4,61,918	14.9%	18.7%	49.5%	16.9%	52.9%	47.1%	920
Sheikhpura	2,96,467	14.9%	19.0%	49.8%	16.3%	52.4%	47.6%	940
Nalanda	12,86,397	14.8%	18.4%	49.9%	16.9%	52.5%	47.5%	931
Patna	24,38,910	14.5%	17.6%	48.6%	19.4%	53.0%	47.0%	909
Bhojpur	11,95,590	13.8%	17.8%	49.3%	19.0%	52.7%	47.3%	918
Buxar	7,59,162	14.1%	17.9%	48.9%	19.0%	52.6%	47.4%	934
Kaimur	7,49,593	14.4%	18.6%	49.1%	17.9%	52.4%	47.6%	942
Rohtas	13,10,597	14.0%	17.9%	49.8%	18.4%	52.3%	47.7%	931
Aurangabad	11,50,370	14.4%	18.2%	49.5%	17.9%	51.8%	48.2%	944
Gaya	19,62,171	14.7%	18.1%	49.9%	17.3%	51.7%	48.3%	960
Nawada	10,12,864	13.4%	18.0%	51.0%	17.5%	51.9%	48.1%	945
Jamui	7,88,501	15.0%	19.0%	49.5%	16.4%	52.3%	47.7%	956
Jehanabad	5,01,710	14.2%	18.2%	50.4%	17.1%	52.4%	47.6%	922
Arwal	3,16,545	14.8%	18.5%	49.6%	17.2%	52.1%	47.9%	940

Table A3. District wise Population of Scheduled Caste children in Bihar

State/ Districts	Total SC Child Population (0-17 years)	Percentage of SC children to all children	Below 3 years	3-5 years	6-13 years	14-17 years	Males	Females	Child Sex Ratio (SC)
BIHAR	80,83,110	17.0%	16.2%	19.5%	50.0%	14.4%	52.5%	47.5%	962
Pashchim Champaran	2,70,936	14.6%	16.3%	20.1%	50.3%	13.2%	52.6%	47.4%	971
Purba Champaran	3,24,463	13.4%	16.6%	20.6%	49.9%	12.9%	53.1%	46.9%	954
Sheohar	48,191	15.7%	17.7%	20.2%	49.2%	12.9%	53.6%	46.4%	950
Sitamarhi	2,01,127	12.6%	17.5%	19.8%	49.6%	13.1%	53.5%	46.5%	945
Madhubani	2,90,248	14.2%	15.9%	19.0%	51.0%	14.0%	52.3%	47.7%	956
Supaul	1,77,686	16.9%	17.0%	20.2%	50.7%	12.1%	52.5%	47.5%	954
Araria	1,91,781	14.1%	17.3%	20.2%	50.5%	11.9%	52.7%	47.3%	955
Kishanganj	55,598	6.7%	17.5%	20.6%	48.1%	13.8%	51.4%	48.6%	990
Purnia	1,95,276	12.5%	17.3%	20.2%	49.8%	12.7%	52.8%	47.2%	958
Katihar	1,29,024	8.7%	17.1%	19.8%	49.3%	13.7%	52.3%	47.7%	978
Madhepura	1,78,962	18.9%	17.7%	20.6%	50.5%	11.2%	53.0%	47.0%	951
Saharsa	1,65,677	18.4%	18.1%	21.0%	49.7%	11.2%	53.1%	46.9%	961
Darbhanga	3,04,693	16.9%	16.4%	19.0%	49.4%	15.1%	52.8%	47.2%	950
Muzaffarpur	3,56,845	16.9%	16.4%	19.0%	49.3%	15.2%	52.6%	47.4%	951
Gopalganj	1,56,969	13.2%	14.4%	18.7%	49.7%	17.2%	50.9%	49.1%	984
Siwan	1,87,825	12.5%	14.0%	17.5%	50.2%	18.3%	51.2%	48.8%	957
Saran	2,32,096	12.9%	14.5%	18.7%	49.8%	17.0%	51.8%	48.2%	965
Vaishali	3,43,119	22.7%	16.7%	18.9%	49.7%	14.7%	53.1%	46.9%	946
Samastipur	3,95,733	20.1%	16.8%	19.1%	50.1%	14.0%	52.7%	47.3%	948
Begusarai	2,13,027	15.5%	16.4%	18.9%	50.7%	14.1%	53.2%	46.8%	935
Khagaria	1,28,804	16.0%	17.5%	20.6%	49.6%	12.3%	53.5%	46.5%	939
Bhagalpur	1,53,573	11.3%	15.8%	19.1%	49.7%	15.4%	53.3%	46.7%	966
Banka	1,16,564	12.8%	16.2%	19.6%	50.2%	14.0%	52.9%	47.1%	969
Munger	85,012	14.5%	15.4%	18.8%	49.6%	16.2%	52.8%	47.2%	951
Lakhisarai	74,537	16.1%	16.1%	19.7%	49.8%	14.4%	52.6%	47.4%	952
Sheikhpura	65,897	22.2%	16.2%	20.3%	49.8%	13.7%	52.1%	47.9%	1,006
Nalanda	3,00,869	23.4%	16.3%	19.8%	50.1%	13.7%	52.5%	47.5%	969
Patna	4,35,320	17.8%	16.1%	19.2%	49.0%	15.7%	52.4%	47.6%	960
Bhojpur	2,00,782	16.8%	15.1%	19.2%	49.7%	16.0%	52.6%	47.4%	954
Buxar	1,22,010	16.1%	15.6%	19.3%	49.1%	15.9%	53.0%	47.0%	954
Kaimur	1,80,955	24.1%	15.4%	19.4%	49.5%	15.7%	52.6%	47.4%	962
Rohtas	2,63,471	20.1%	15.4%	19.3%	50.0%	15.4%	52.5%	47.5%	964
Aurangabad	2,96,470	25.8%	15.7%	19.4%	49.8%	15.1%	51.7%	48.3%	973
Gaya	6,44,468	32.8%	16.1%	19.4%	50.3%	14.3%	51.5%	48.5%	992
Nawada	2,76,512	27.3%	14.5%	19.3%	51.7%	14.5%	51.8%	48.2%	991
Jamui	1,40,605	17.8%	15.8%	20.0%	49.8%	14.3%	51.9%	48.1%	986
Jehanabad	1,09,473	21.8%	16.3%	19.9%	50.4%	13.3%	52.2%	47.8%	962
Arwal	68,512	21.6%	16.5%	20.0%	49.7%	13.9%	52.0%	48.0%	964

Table A4. District wise Population of Scheduled Tribe children in Bihar

State/ Districts	Total Child Population (0-17 years)	Percentage of ST children to all children	Below 3 years	3-5 years	6-13 years	14-17 years	Males	Females	Child Sex Ratio (ST)
BIHAR	6,20,932	1.3%	14.8%	18.4%	50.0%	16.8%	51.6%	48.4%	969
Pashchim Champaran	1,14,218	6.1%	13.5%	18.3%	50.4%	17.8%	51.2%	48.8%	960
Purba Champaran	6,071	0.3%	15.8%	20.4%	50.6%	13.2%	51.3%	48.7%	1,084
Sheohar	143	0.0%	13.3%	20.3%	52.4%	14.0%	58.7%	41.3%	844
Sitamarhi	1,437	0.1%	15.6%	18.8%	51.7%	13.9%	53.9%	46.1%	951
Madhubani	1,842	0.1%	15.6%	19.8%	48.6%	16.0%	51.5%	48.5%	894
Supaul	5,019	0.5%	15.5%	18.6%	50.3%	15.5%	51.9%	48.1%	971
Araria	18,491	1.4%	16.3%	18.1%	50.1%	15.5%	51.9%	48.1%	964
Kishanganj	29,939	3.6%	17.4%	20.6%	48.4%	13.6%	51.4%	48.6%	994
Purnia	65,218	4.2%	15.4%	18.3%	50.1%	16.2%	51.9%	48.1%	973
Katihar	83,528	5.7%	16.3%	19.0%	49.6%	15.1%	52.2%	47.8%	963
Madhepura	6,016	0.6%	14.6%	18.7%	49.9%	16.9%	52.7%	47.3%	891
Saharsa	2,938	0.3%	15.8%	19.0%	50.5%	14.6%	52.0%	48.0%	1,058
Darbhanga	1,364	0.1%	18.8%	18.0%	47.9%	15.2%	51.0%	49.0%	987
Muzaffarpur	2,580	0.1%	16.4%	18.8%	45.6%	19.2%	51.8%	48.2%	894
Gopalganj	29,430	2.5%	13.5%	17.6%	50.2%	18.6%	50.6%	49.4%	966
Siwan	41,011	2.7%	13.6%	16.8%	50.1%	19.5%	50.9%	49.1%	927
Saran	17,575	1.0%	13.3%	17.7%	50.0%	19.0%	51.0%	49.0%	971
Vaishali	970	0.1%	15.9%	17.6%	47.8%	18.7%	54.4%	45.6%	843
Samastipur	826	0.0%	15.5%	16.3%	49.0%	19.1%	49.6%	50.4%	1,026
Begusarai	688	0.1%	13.4%	15.7%	48.3%	22.7%	52.2%	47.8%	953
Khagaria	335	0.0%	16.1%	16.7%	54.3%	12.8%	53.7%	46.3%	936
Bhagalpur	31,292	2.3%	14.1%	17.5%	50.3%	18.1%	52.7%	47.3%	957
Banka	39,866	4.4%	14.5%	18.6%	50.6%	16.3%	51.6%	48.4%	1,006
Munger	9,666	1.6%	13.8%	16.4%	52.4%	17.4%	52.1%	47.9%	964
Lakhisarai	4,076	0.9%	17.2%	20.6%	48.6%	13.6%	50.9%	49.1%	1,019
Sheikhpura	349	0.1%	16.6%	21.2%	49.3%	12.9%	49.6%	50.4%	1,038
Nalanda	693	0.1%	17.5%	21.2%	45.6%	15.7%	52.5%	47.5%	892
Patna	3,284	0.1%	13.1%	17.3%	45.4%	24.2%	52.6%	47.4%	881
Bhojpur	6,583	0.6%	14.9%	18.9%	48.9%	17.2%	53.2%	46.8%	970
Buxar	12,875	1.7%	14.7%	17.9%	49.2%	18.2%	53.2%	46.8%	911
Kaimur	28,030	3.7%	15.3%	19.7%	49.6%	15.4%	51.5%	48.5%	988
Rohtas	15,418	1.2%	15.6%	18.9%	49.7%	15.9%	52.2%	47.8%	982
Aurangabad	502	0.0%	16.3%	16.5%	51.2%	15.9%	46.8%	53.2%	1,141
Gaya	1,305	0.1%	13.8%	18.5%	48.4%	19.2%	51.1%	48.9%	904
Nawada	962	0.1%	15.1%	17.7%	50.5%	16.7%	49.2%	50.8%	964
Jamui	35,485	4.5%	13.6%	17.8%	51.2%	17.3%	51.3%	48.7%	1,009
Jehanabad	616	0.1%	14.8%	22.2%	50.6%	12.3%	53.6%	46.4%	849
Arwal	291	0.1%	23.7%	21.6%	44.0%	10.7%	48.5%	51.5%	1,243

Table A5. Per cent children with different degrees of educational accomplishments in the 14-17 age group

State/ Districts	Illiterate		Literate without Educational Level		Below Primary		Primary		Middle		Matric/ Secondary	
	Males	Females	Males	Females	Males	Females	Males	Females	Males	Females	Males	Females
BIHAR	16.24	22.27	2.56	2.11	7.39	7.40	24.09	23.22	29.18	27.06	20.11	17.58
Pashchim Champaran	17.37	25.68	2.76	2.34	10.79	11.12	31.00	27.78	24.83	21.63	12.87	11.08
Purba Champaran	16.24	22.27	2.56	2.11	7.39	7.40	24.09	23.22	29.18	27.06	20.11	17.58
Sheohar	16.24	22.27	2.56	2.11	7.39	7.40	24.09	23.22	29.18	27.06	20.11	17.58
Sitamarhi	16.24	22.27	2.56	2.11	7.39	7.40	24.09	23.22	29.18	27.06	20.11	17.58
Madhubani	16.24	22.27	2.56	2.11	7.39	7.40	24.09	23.22	29.18	27.06	20.11	17.58
Supaul	16.24	22.27	2.56	2.11	7.39	7.40	24.09	23.22	29.18	27.06	20.11	17.58
Araria	16.24	22.27	2.56	2.11	7.39	7.40	24.09	23.22	29.18	27.06	20.11	17.58
Kishanganj	16.24	22.27	2.56	2.11	7.39	7.40	24.09	23.22	29.18	27.06	20.11	17.58
Purnia	16.24	22.27	2.56	2.11	7.39	7.40	24.09	23.22	29.18	27.06	20.11	17.58
Katihar	16.24	22.27	2.56	2.11	7.39	7.40	24.09	23.22	29.18	27.06	20.11	17.58
Madhepura	16.24	22.27	2.56	2.11	7.39	7.40	24.09	23.22	29.18	27.06	20.11	17.58
Saharsa	16.24	22.27	2.56	2.11	7.39	7.40	24.09	23.22	29.18	27.06	20.11	17.58
Darbhanga	16.24	22.27	2.56	2.11	7.39	7.40	24.09	23.22	29.18	27.06	20.11	17.58
Muzaffarpur	16.24	22.27	2.56	2.11	7.39	7.40	24.09	23.22	29.18	27.06	20.11	17.58
Gopalganj	16.24	22.27	2.56	2.11	7.39	7.40	24.09	23.22	29.18	27.06	20.11	17.58
Siwan	16.24	22.27	2.56	2.11	7.39	7.40	24.09	23.22	29.18	27.06	20.11	17.58
Saran	16.24	22.27	2.56	2.11	7.39	7.40	24.09	23.22	29.18	27.06	20.11	17.58
Vaishali	16.24	22.27	2.56	2.11	7.39	7.40	24.09	23.22	29.18	27.06	20.11	17.58
Samastipur	16.24	22.27	2.56	2.11	7.39	7.40	24.09	23.22	29.18	27.06	20.11	17.58
Begusarai	16.24	22.27	2.56	2.11	7.39	7.40	24.09	23.22	29.18	27.06	20.11	17.58
Khagaria	16.24	22.27	2.56	2.11	7.39	7.40	24.09	23.22	29.18	27.06	20.11	17.58
Bhagalpur	16.24	22.27	2.56	2.11	7.39	7.40	24.09	23.22	29.18	27.06	20.11	17.58
Banka	16.24	22.27	2.56	2.11	7.39	7.40	24.09	23.22	29.18	27.06	20.11	17.58
Munger	16.24	22.27	2.56	2.11	7.39	7.40	24.09	23.22	29.18	27.06	20.11	17.58
Lakhisarai	16.24	22.27	2.56	2.11	7.39	7.40	24.09	23.22	29.18	27.06	20.11	17.58
Sheikhpura	16.24	22.27	2.56	2.11	7.39	7.40	24.09	23.22	29.18	27.06	20.11	17.58
Nalanda	16.24	22.27	2.56	2.11	7.39	7.40	24.09	23.22	29.18	27.06	20.11	17.58
Patna	16.24	22.27	2.56	2.11	7.39	7.40	24.09	23.22	29.18	27.06	20.11	17.58
Bhojpur	16.24	22.27	2.56	2.11	7.39	7.40	24.09	23.22	29.18	27.06	20.11	17.58
Buxar	16.24	22.27	2.56	2.11	7.39	7.40	24.09	23.22	29.18	27.06	20.11	17.58
Kaimur	16.24	22.27	2.56	2.11	7.39	7.40	24.09	23.22	29.18	27.06	20.11	17.58
Rohtas	16.24	22.27	2.56	2.11	7.39	7.40	24.09	23.22	29.18	27.06	20.11	17.58
Aurangabad	16.24	22.27	2.56	2.11	7.39	7.40	24.09	23.22	29.18	27.06	20.11	17.58
Gaya	16.24	22.27	2.56	2.11	7.39	7.40	24.09	23.22	29.18	27.06	20.11	17.58
Nawada	16.24	22.27	2.56	2.11	7.39	7.40	24.09	23.22	29.18	27.06	20.11	17.58
Jamui	16.24	22.27	2.56	2.11	7.39	7.40	24.09	23.22	29.18	27.06	20.11	17.58
Jehanabad	16.24	22.27	2.56	2.11	7.39	7.40	24.09	23.22	29.18	27.06	20.11	17.58
Arwal	16.24	22.27	2.56	2.11	7.39	7.40	24.09	23.22	29.18	27.06	20.11	17.58

Table A6. Per cent of SC children with different degrees of educational accomplishments in the 14-17 age group

State/ Districts	Illiterate		Literate without Educational Level		Below Primary		Primary		Middle		Matric/ Secondary	
	Males	Females	Males	Females	Males	Females	Males	Females	Males	Females	Males	Females
BIHAR	24.15	33.53	2.51	2.13	9.25	9.58	26.92	24.89	24.40	20.52	12.39	9.05
Pashchim Champaran	24.51	35.07	2.83	2.28	12.72	13.20	32.63	27.71	19.70	16.61	7.16	4.82
Purba Champaran	28.62	36.38	2.48	1.86	9.83	9.71	28.80	27.33	20.62	17.67	9.16	6.65
Sheohar	36.66	40.95	4.57	4.08	14.70	17.50	25.95	23.60	13.02	10.69	4.73	2.65
Sitamarhi	36.81	44.12	2.95	2.33	11.73	12.13	25.67	23.73	15.74	12.31	6.55	4.77
Madhubani	23.61	37.08	2.60	2.18	8.08	9.27	29.13	27.00	25.38	18.55	10.83	5.68
Supaul	22.97	40.62	3.04	2.81	12.76	14.95	30.63	24.32	21.94	12.78	8.11	4.07
Araria	30.20	41.94	2.99	2.52	13.34	13.98	30.82	25.74	16.61	11.80	5.11	3.30
Kishanganj	18.91	25.04	2.71	2.38	14.18	14.99	34.39	32.28	21.51	18.69	7.81	6.23
Purnia	34.40	44.43	3.54	2.52	13.09	13.77	27.16	22.87	15.49	11.41	5.71	4.57
Katihar	27.51	33.78	2.35	2.17	12.13	12.60	27.70	24.40	20.55	18.62	9.45	8.08
Madhepura	33.76	46.72	2.66	2.17	9.90	9.63	26.37	23.71	19.63	12.92	7.16	4.42
Saharsa	34.37	49.13	1.60	1.98	12.64	12.63	27.01	20.56	17.20	11.03	6.63	4.26
Darbhanga	29.79	44.75	2.87	2.13	10.93	10.96	29.65	24.00	18.79	13.13	7.53	4.77
Muzaffarpur	23.38	24.59	2.66	2.20	11.30	10.93	30.19	31.78	22.61	22.22	9.31	7.84
Gopalganj	16.48	24.64	2.51	2.15	7.70	8.25	29.02	27.31	29.50	26.49	14.51	10.97
Siwan	12.68	19.99	1.86	2.16	7.16	7.61	27.64	26.90	33.00	29.24	17.18	13.52
Saran	22.40	32.08	1.41	1.20	7.06	7.60	23.17	22.49	27.61	23.22	18.11	13.10
Vaishali	20.85	23.12	1.89	1.61	8.98	9.78	28.62	28.96	26.15	25.13	13.23	11.16
Samastipur	24.26	30.19	1.75	1.19	13.56	13.98	30.69	29.47	20.90	18.38	8.45	6.51
Begusarai	23.78	28.51	2.11	1.85	12.06	12.17	28.08	27.13	21.94	20.17	11.59	9.69
Khagaria	29.28	39.49	3.02	2.35	10.44	11.05	25.93	23.27	20.57	16.11	10.20	7.32
Bhagalpur	22.49	29.60	1.72	1.43	7.56	8.49	26.11	26.03	27.09	22.70	14.75	11.45
Banka	23.41	29.39	1.47	1.21	36.45	37.83	26.95	23.49	7.93	5.61	2.37	1.09
Munger	19.94	24.07	2.35	2.01	6.87	6.42	22.69	21.84	27.07	26.96	20.76	18.46
Lakhisarai	27.16	39.21	2.96	2.65	8.78	9.39	23.99	21.90	22.98	18.41	13.94	8.24
Sheikhpura	28.28	41.88	3.93	4.26	8.11	9.29	26.02	20.36	21.45	16.72	11.78	7.12
Nalanda	24.98	39.56	2.01	1.78	7.54	8.15	22.82	20.40	26.40	19.95	15.75	9.78
Patna	24.54	32.30	2.18	1.84	7.83	7.82	23.31	21.65	25.09	22.16	16.47	13.76
Bhojpur	18.03	31.88	1.69	1.53	6.62	7.07	23.66	22.76	31.44	24.37	18.25	12.19
Buxar	12.55	25.13	1.93	1.36	5.45	6.66	24.57	24.21	36.31	30.30	18.91	12.08
Kaimur	10.58	19.91	3.74	2.80	4.48	4.80	25.29	26.14	36.99	32.60	18.70	13.40
Rohtas	11.43	20.59	1.57	1.23	5.28	6.06	23.28	24.36	36.91	32.35	21.29	15.24
Aurangabad	15.98	26.70	2.38	2.29	7.22	8.49	26.43	24.61	31.22	26.25	16.76	11.66
Gaya	27.92	38.82	3.63	2.94	8.23	8.75	26.32	23.28	22.42	18.27	11.47	7.94
Nawada	35.73	49.88	3.55	3.11	7.78	7.59	23.32	19.06	19.20	13.83	10.40	6.51
Jamui	23.86	35.96	3.28	3.14	10.49	11.12	29.31	26.21	21.84	16.73	11.22	6.84
Jehanabad	20.78	34.82	2.56	2.61	5.40	6.25	21.55	21.45	30.08	22.67	19.64	12.17
Arwal	18.51	32.46	1.61	1.50	6.04	6.74	21.58	20.42	31.61	25.91	20.53	12.78

Table A7. Per cent of ST children with different degrees of educational accomplishments in the 14-17 age group

State/ Districts	Illiterate		Literate without Educational Level		Below Primary		Primary		Middle		Matric/ Secondary	
	Males	Females	Males	Females	Males	Females	Males	Females	Males	Females	Males	Females
BIHAR	20.40	30.32	2.63	2.18	8.87	9.71	28.48	25.90	25.85	21.35	13.36	10.11
Pashchim Champaran	13.23	23.27	1.79	1.97	9.67	11.85	33.22	29.23	28.49	22.92	13.30	10.45
Purba Champaran	22.98	32.83	2.13	1.52	7.66	10.33	33.40	27.96	20.43	17.93	13.19	9.12
Sheohar	81.82	66.67	0.00	0.00	9.09	0.00	9.09	11.11	0.00	22.22	0.00	0.00
Sitamarhi	43.85	52.86	3.08	1.43	12.31	10.00	22.31	14.29	13.85	15.71	4.62	5.71
Madhubani	23.27	33.82	6.29	1.47	6.92	11.76	22.64	13.97	22.64	27.94	16.98	10.29
Supaul	22.22	40.23	2.55	2.01	9.03	11.78	32.41	22.41	25.69	18.10	8.10	5.46
Araria	29.57	42.91	2.87	2.62	14.30	15.79	31.35	25.19	16.03	9.63	5.56	3.00
Kishanganj	34.72	44.46	3.64	2.45	17.10	16.81	27.84	23.09	11.88	9.24	4.21	3.39
Purnia	28.47	41.63	3.95	2.71	9.78	12.00	28.08	23.04	20.59	14.88	8.53	5.35
Katihar	26.91	38.43	2.66	2.10	9.77	9.62	26.51	23.57	23.79	18.83	9.99	6.92
Madhepura	24.31	28.63	2.19	0.64	6.22	5.34	22.85	22.65	28.52	32.05	15.72	10.04
Saharsa	29.72	50.28	1.20	1.10	8.03	4.97	31.73	22.65	19.28	12.71	10.04	7.73
Darbhanga	30.28	29.59	5.50	7.14	8.26	17.35	27.52	20.41	19.27	15.31	9.17	10.20
Muzaffarpur	15.41	14.35	3.38	2.61	6.77	5.22	24.44	26.09	25.56	32.61	24.06	18.26
Gopalganj	9.51	15.08	1.89	1.47	6.57	6.77	29.38	28.54	34.10	31.78	18.12	15.92
Siwan	8.22	14.30	1.58	1.49	6.86	6.38	26.77	28.79	35.70	33.40	20.56	15.34
Saran	11.81	17.73	1.23	0.86	4.68	6.38	22.46	24.36	33.39	32.21	26.37	18.34
Vaishali	8.29	21.84	1.10	1.15	2.76	5.75	6.08	19.54	13.26	29.89	13.26	16.09
Samastipur	13.25	22.67	1.20	1.33	7.23	6.67	9.64	22.67	36.14	25.33	32.53	20.00
Begusarai	15.91	20.59	2.27	1.47	4.55	1.47	14.77	13.24	28.41	25.00	34.09	38.24
Khagaria	15.38	17.65	3.85	5.88	3.85	11.76	26.92	23.53	26.92	17.65	23.08	23.53
Bhagalpur	23.29	34.00	1.23	1.21	4.59	4.67	20.02	18.95	27.37	23.22	22.91	17.71
Banka	30.38	46.11	1.60	1.23	9.60	8.88	28.03	21.31	21.12	14.72	7.75	6.59
Munger	22.20	31.81	4.68	3.39	5.11	5.08	23.39	20.60	24.70	22.95	19.70	15.51
Lakhisarai	43.75	56.72	2.08	1.12	6.60	10.82	27.78	20.52	10.42	6.72	8.68	3.73
Sheikhpura	14.29	33.33	14.29	0.00	14.29	4.17	23.81	20.83	19.05	25.00	14.29	16.67
Nalanda	18.03	62.50	3.28	0.00	4.92	4.17	24.59	10.42	32.79	14.58	16.39	8.33
Patna	9.36	15.13	2.51	1.96	3.42	4.20	14.38	14.85	29.00	30.81	41.32	32.21
Bhojpur	16.09	35.53	1.42	2.00	6.78	6.59	21.45	22.16	32.97	23.55	21.14	9.98
Buxar	12.86	25.67	2.02	1.68	5.91	9.32	26.78	27.16	36.28	25.37	16.01	10.60
Kaimur	12.80	20.30	5.30	4.66	6.25	7.42	37.23	37.54	29.17	22.36	8.92	7.27
Rohtas	20.57	26.38	1.77	1.75	10.28	10.04	30.93	33.62	25.86	17.73	10.36	10.22
Aurangabad	29.41	43.48	2.94	2.17	2.94	6.52	23.53	15.22	29.41	19.57	11.76	13.04
Gaya	21.09	29.27	1.56	3.25	7.03	12.20	19.53	21.14	25.00	21.95	25.78	12.20
Nawada	54.12	52.63	8.24	5.26	2.35	2.63	16.47	21.05	8.24	9.21	10.59	9.21
Jamui	19.30	36.16	5.36	4.75	10.59	11.67	31.29	26.48	21.67	13.87	11.78	7.06
Jehanabad	23.08	54.05	5.13	0.00	7.69	10.81	12.82	16.22	25.64	5.41	25.64	13.51
Arwal	46.43	62.50	3.57	12.50	3.57	12.50	14.29	0.00	7.14	12.50	17.86	0.00

Table A8 – Number of Institutional Deliveries under JSY (in '000),

Bihar State Health Society

Source: Economic survey, 2016-17

District	2012-13	2013-14	2014-15	2015-16
Patna	69	78	83	64
Nalanda	47	46	41	41
Bhojpur	29	43	39	38
Buxar	27	24	25	21
Rohtas	33	33	43	27
Kaimur	22	26	23	24
Gaya	44	52	63	49
Jehanabad	25	21	16	16
Arwal	9	10	10	9
Nawada	29	33	32	30
Aurangabad	37	36	36	33
Saran	54	52	57	48
Siwan	41	45	48	39
Gopalganj	38	40	37	38
W.Champaran	66	73	57	67
E.Champaran	55	67	73	62
Muzaffarpur	52	56	69	54
Sitamarhi	31	49	49	43
Sheohar	**7**	10	9	9
Vaishali	62	63	50	60
Darbhanga	44	51	57	48
Madhubani	51	54	65	54
Samastipur	81	94	61	88
Begusarai	51	57	43	55
Munger	20	23	20	21
Sheikhpura	14	13	9	13
Lakhisarai	13	16	14	16
Jamui	19	29	25	27
Khagaria	29	36	24	34
Bhagalpur	41	50	44	52
Banka	31	36	29	35
Saharsa	36	41	27	40
Supaul	43	46	32	46
Madhepura	32	38	29	37
Purnea	62	73	47	71
Kishanganj	24	27	24	21
Araria	40	51	40	51
Katihar	52	56	44	52
Bihar	**1469**	**1647**	**1498**	**1534**

Table A9 – Total child workers in the age group of 5-14 years across districts, excluding non-workers of all kinds (Census 2011)		
State/ Districts	**Total**	%
BIHAR	**1288321**	**10.99**
Gaya	93653	7.27
Patna	77926	6.05
Purba Champaran	63489	4.93
Pashchim Champaran	63049	4.89
Madhubani	61523	4.78
Muzaffarpur	52523	4.08
Purnia	47398	3.68
Nalanda	43108	3.35
Sitamarhi	42801	3.32
Nawada	41351	3.21
Araria	40663	3.16
Bhojpur	37068	2.88
Darbhanga	36256	2.81
Bhagalpur	34548	2.68
Aurangabad	33217	2.58
Saran	33011	2.56
Siwan	32035	2.49
Supaul	31149	2.42
Begusarai	31120	2.42
Katihar	31049	2.41
Samastipur	30611	2.38
Rohtas	30397	2.36
Vaishali	30118	2.34
Banka	29959	2.33
Madhepura	29829	2.32
Gopalgan	28923	2.25
Jamui	28524	2.21
Khagaria	21754	1.69
Saharsa	20744	1.61
Kishanganj	19905	1.55
Kaimur (Bhabua)	16290	1.26
Buxar	16157	1.25
Sheikhpura	11588	0.90
Lakhisarai	10757	0.83
Jehanabad	10502	0.82
Munger	9896	0.77
Sheohar	8844	0.69
Arwal	6586	0.51

Table A10: Health Indicators (Source: NFHS-4, 2015-16)							
Location	Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	Mothers who had full antenatal care (%)	Mothers who received postnatal care from any health personnel within 2 days of delivery (%)	Institutional births (%)	Children under age 5 years whose birth was registered (%)	Children age 12-23 months fully immunized (BCG, measles, and 3 doses each of polio and DPT) (%)	Children age 9-59 months who received a vitamin A dose in last 6 months (%)
INDIA	**7.9**	**21.0**	**62.4**	**78.9**	**79.7**	**62.0**	**60.2**
BIHAR	**12.2**	**3.3**	**42.3**	**63.8**	**60.7**	**61.7**	**62.3**
Araria	11.2	1.8	43.2	51.6	50.5	53.9	61.0
Arwal	9.7	2.3	50.1	69.9	88.8	74.1	60.0
Aurangabad	7.2	4.3	58.3	71.5	57.2	77.6	59.5
Banka	10.6	6.0	45.4	70.7	80.8	64.9	64.0
Begusarai	15.4	1.1	58.9	75.3	68.0	77.1	66.1
Bhagalpur	8.2	4.4	51.4	69.4	78.7	66.7	72.7
Bhojpur	7.2	3.6	52.6	80.4	89.2	71.9	64.7
Buxar	5.5	5.2	58.1	81.6	63.2	63.9	65.3
Darbhanga	11.5	2.6	25.2	47.1	65.4	52.9	70.7
Gaya	14.9	3.7	53.1	56.8	56.2	67.6	63.1
Gopalganj	6.5	3.7	28.3	75.2	60.1	64.3	67.1
Jamui	14.9	2.3	40.0	59.4	53.0	55.5	49.9
Jehanabad	13.0	4.2	66.9	83.0	63.6	67.5	56.7
Kaimur	8.8	1.6	56.1	80.1	62.6	70.5	48.0
Katihar	14.3	2.1	40.3	51.8	62.4	71.2	64.5
Khagaria	16.8	2.0	55.8	71.2	62.5	65.9	66.6
Kishanganj	6.6	2.4	40.6	41.8	66.2	54.9	70.4
Lakhisarai	12.4	3.4	41.6	64.1	51.6	59.1	62.1
Madhepura	19.2	1.1	37.2	60.9	56.3	62.2	57.3
Madhubani	12.0	4.8	33.4	50.3	53.7	48.9	61.2
Munger	9.1	5.5	59.4	83.5	63.4	63.7	68.6
Muzaffarpur	13.1	1.7	23.6	62.3	60.0	55.0	58.9
Nalanda	14.7	1.9	56.0	78.5	63.2	65.2	58.5
Nawada	10.8	1.9	51.7	67.8	51.0	63.5	57.0
Paschim Champaran	19.9	2.2	28.4	64.2	50.5	29.4	59.6
Patna	8.6	7.9	63.2	86.4	66.8	69.7	55.7
Purvi Champaran	17.7	1.2	21.2	45.1	44.7	49.3	46.5
Purnia	12.3	4.6	46.8	61.5	59.4	65.8	71.9
Rohtas	10.2	2.1	57.1	80.7	64.9	75.6	59.1
Saharsa	11.8	3.8	40.4	59.6	52.0	78.0	60.2
Samastipur	19.3	2.2	35.5	73.4	58.9	57.4	63.2
Saran	10.4	3.1	34.5	62.0	56.3	55.1	60.0
Sheikhpura	14.0	3.3	57.2	74.6	59.0	63.5	60.5
Seohar	14.0	1.0	34.5	52.7	52.2	59.3	49.8

Sitamarhi	11.1	2.5	38.1	37.3	56.5	62.6	56.7
Siwan	5.9	9.0	36.3	75.2	67.1	63.3	70.7
Supaul	18.6	3.1	48.0	61.1	55.9	65.9	75.3
Vaishali	12.7	5.6	40.9	78.7	78.5	70.2	76.1

Table A11: Health Indicators (Source: NFHS-4, 2015-16)						
Location	Children under age 6 months exclusively breastfed (Based on the youngest child living with the mother) (%)	Children under 5 years who are stunted (height-for-age) (%)	Children under 5 years who are wasted (weight-for-height) (%)	Children under 5 years who are underweight (weight-for-age) (%)	Households with an improved drinking-water source (%)	Households using improved sanitation facility (%)
INDIA	**54.9**	**38.4**	**21.0**	**35.7**	**89.9**	**48.4**
BIHAR	**53.5**	**48.3**	**20.8**	**43.9**	**98.2**	**25.2**
Araria	51.2	48.4	22.8	45.4	99.6	12.5
Arwal	-43.2	50.2	30.7	54.0	99.1	21.3
Aurangabad	-51.9	48.3	24.8	47.6	98.8	27.1
Banka	-54.3	49.6	26.0	48.5	92.9	14.3
Begusarai	-27.3	44.9	18.4	39.1	99.1	34.2
Bhagalpur	61.7	46.6	23.1	40.8	97.3	32.3
Bhojpur	-57.0	43.5	26.0	47.2	99.9	26.2
Buxar	-56.2	43.9	19.6	41.2	99.7	27.9
Darbhanga	61.4	49.0	16.6	41.1	99.9	27.7
Gaya	-28.4	52.9	25.6	53.1	96.7	26.8
Gopalganj	61.4	35.6	16.5	30.5	99.0	26.4
Jamui	40.2	45.9	29.4	47.2	78.6	14.8
Jehanabad	-35.9	52.1	19.6	47.1	99.4	29.3
Kaimur	-34.1	53.8	21.4	48.1	95.3	21.5
Katihar	-62.4	49.2	20.7	45.1	99.2	21.5
Khagaria	48.4	49.8	17.0	42.4	98.8	30.8
Kishanganj	66.8	46.9	22.8	45.4	98.8	15.9
Lakhisarai	32.7	50.6	20.1	47.3	93.8	36.8
Madhepura	64.4	51.8	24.2	49.2	100.0	15.0
Madhubani	63.2	51.8	19.1	45.4	99.6	19.1
Munger	-46.4	46.6	21.5	43.7	90.5	34.1
Muzaffarpur	-78.9	47.9	17.5	42.3	99.4	28.5
Nalanda	-36.7	54.1	24.3	50.2	97.9	31.0
Nawada	32.8	48.4	21.4	45.9	98.8	28.8
Paschim champaran	48.7	43.6	21.7	39.1	96.1	21.4
Patna	35.4	43.5	28.5	43.3	98.8	49.9
Purvi Champaran	51.7	47.2	18.0	40.8	99.4	20.5
Purnia	-60.0	52.1	20.8	47.0	99.7	14.4
Rohtas	-42.6	48.5	19.9	45.1	99.4	25.9
Saharsa	59.9	43.9	24.0	44.4	99.7	16.6
Samastipur	44.0	49.2	18.4	41.3	98.5	19.2
Saran	73.8	46.1	18.1	40.4	98.4	25.4
Sheikhpura	41.2	46.4	28.9	51.7	94.4	33.6
Seohar	55.0	53.0	14.8	42.8	99.5	21.0
Sitamarhi	38.4	57.3	15.8	47.7	100.0	20.2
Siwan	63.3	37.9	15.0	31.6	98.4	23.6
Supaul	68.3	48.1	20.9	43.4	99.9	15.8
Vaishali	63.4	53.7	15.1	41.3	97.6	30.5

Table A12 – Children with Special Needs in Schools across Districts (Source: U-DISE 2015-16)					
District's name	Total enrollment (I-VIII)		Children with Special Needs in schools (I-VIII)		
	Total enrollment	Number of Girls	Boys CSNW	Girls CSNW	Total of CWSN
Araria	693900	345903	2549	2116	4665
Arwal	166600	82937	1055	702	1757
Aurangabad	630604	316631	3546	3119	6665
Banka	454733	223358	3206	2367	5573
Begusarai	676532	334670	2898	2520	5418
Bhagalpur	643848	322629	2729	1942	4671
Bhojpur	607399	300631	2672	1913	4585
Buxar	389871	193260	1782	1249	3031
Darbhanga	861444	423907	3165	2414	5579
Gaya	918806	465906	4349	3432	7781
Gopalganj	599242	306392	2650	2164	4814
Jamui	456726	221228	1771	1283	3054
Jehanabad	244947	121964	3321	2353	5674
Kaimur(Bhabhua)	358075	179129	2697	1933	4630
Katihar	728845	368346	3396	2550	5946
Khagaria	405611	199315	2562	1184	3746
Kishanganj	437168	227054	1482	1119	2601
Lakhaisarai	243046	118767	781	598	1379
Madhepura	529945	255570	4075	2890	6965
Madhubani	1013300	509402	3225	2442	5667
Munger	299553	145999	1957	1625	3582
Muzaffarpur	987593	492392	4445	3494	7939
Nalanda	612519	301838	2600	2025	4625
Nawada	557189	273714	2585	2186	4771
Paschim Champaram	919779	457516	3749	2789	6538
Patna	963020	484131	3829	3029	6858
Purba Champaran	1219275	602039	3787	2619	6406
Purnea	805684	397265	4423	3252	7675
Rohtas	658107	324466	3448	2662	6110
Saharsa	494482	236281	3886	2592	6478
Samastipur	908690	459530	4485	3501	7986
Saran	910450	457151	3979	2900	6879
Sheikhpura	157863	76732	1445	1126	2571
Sheohar	166094	82994	1141	762	1903
Sitamarhi	826781	414487	2626	1917	4543
Siwan	685259	351769	4363	3269	7632
Supaul	522168	253744	3758	3082	6840
Vaishali	676637	338742	2553	1922	4475

Table A13 – District wise GER, NER, and Drop Out Rate for Primary and Upper Primary (Source: U-DISE 2015-16)						
District's name	**GER-Primary**	**GER-Upper Primary**	**NER-Primary**	**NER- Upper Primary**	**Drop out rate-Primary**	**Drop out rate Upper Primary**
Araria	119.02	65.63	NA	53.11	NA	6.26
Arwal	109.12	102.57	NA	93.41	NA	NA
Aurangabad	118.3	102.2	NA	93.5	NA	0.25
Banka	107.96	85.08	NA	76.48	0.41	5.03
Begusarai	110.65	86.11	NA	81.68	NA	4.73
Bhagalpur	103.7	82.66	99	75.16	2	7.58
Bhojpur	112.39	93.95	NA	84.18	NA	NA
Buxar	110.21	100.9	NA	94.51	NA	3.25
Darbhanga	108.98	78.89	NA	74.52	NA	6.88
Gaya	105.75	77.5	98.63	69.83	0.37	5.92
Gopalganj	116.16	88.81	NA	76.48	NA	NA
Jamui	127.58	91.54	NA	84.64	2.46	4.95
Jehanabad	101.8	92.52	95.3	84.71	0.13	0.94
Kaimur(Bhabhua)	99.95	90.28	94.71	83.34	2.33	5.61
Katihar	110.37	79.17	97.37	63.61	NA	9.98
Khagaria	107.58	83.2	98.47	72.13	NA	2.4
Kishanganj	120.07	77.05	NA	63.41	2.3	14.28
Lakhaisarai	114.17	89.36	NA	78.22	1.67	1.1
Madhepura	114.73	95.39	NA	83.9	NA	9.71
Madhubani	109.74	85.62	NA	81.06	2.75	7.48
Munger	112.59	95.33	NA	86.16	NA	NA
Muzaffarpur	103.58	84.59	96.3	75.56	2.19	8.61
Nalanda	103.24	81.85	NA	77.19	3.43	0.55
Nawada	122.5	90.37	NA	83.54	NA	NA
Paschim Champaram	111.87	68.07	NA	56.58	4.72	5.5
Patna	89.18	73.49	83.38	66.22	NA	NA
Purba Champaran	108.8	77.09	NA	69.1	NA	5.09
Purnea	118.2	75.37	NA	73.49	NA	7
Rohtas	108.57	95.81	NA	87.39	NA	0.79
Saharsa	118.29	83.07	NA	70.74	NA	5.63
Samastipur	101.02	83.56	94.8	74.38	1.69	5.57
Saran	114.26	93.44	NA	82.95	NA	1.66
Sheikhpura	114.88	89.02	NA	79.55	NA	NA
Sheohar	121.42	82.76	NA	70.08	NA	4.74
Sitamarhi	116.28	80.91	NA	71.2	NA	5.28
Siwan	104.86	88.26	98.27	80.56	NA	NA
Supaul	108.79	78.07	98.02	65.27	NA	9.57
Vaishali	96.53	89.72	91.93	83.32	0.24	3.28

Table A14 – District wise Enrolment of SC children in Primary and Upper Primary (Source: U-DISE 2015-16)					
District's name	**Total enrollment**	**% total SC enrolment in Primary**	**% total SC enrolment in Upper Primary**	**SC Girls Primary**	**SC girls Upper Primary**
Araria	693900	15.4	13.9	47.3	46.2
Arwal	166600	25.3	23.2	49.9	50
Aurangabad	630604	30.9	28.7	49.5	50.9
Banka	454733	14.6	14.7	48.5	49.5
Begusarai	676532	19.3	16.7	48.4	49.7
Bhagalpur	643848	13.2	13.6	49	49
Bhojpur	607399	20.8	17.9	48.6	48.5
Buxar	389871	17.7	17.3	48.6	49.2
Darbhanga	861444	21.4	17.8	48.4	47
Gaya	918806	40.9	34.3	49.6	50.8
Gopalganj	599242	16.5	14.9	49.4	51
Jamui	456726	19.7	18.4	48.5	48.1
Jehanabad	244947	26	24.3	48.9	49.4
Kaimur(Bhabhua)	358075	27.7	27.3	48.8	49.5
Katihar	728845	8.7	9.7	48.2	47.4
Khagaria	405611	20.5	16.5	48.2	47.7
Kishanganj	437168	6.9	7.5	48.6	48.9
Lakhaisarai	243046	19	15.1	47.9	47.6
Madhepura	529945	20.4	19.1	47.6	46.9
Madhubani	1013300	19.9	18.7	49.7	49.3
Munger	299553	17.5	15.4	48.2	47.5
Muzaffarpur	987593	20.9	18.3	49.5	50.4
Nalanda	612519	28	25.6	47.8	48.3
Nawada	557189	30.8	26.3	48.1	49.4
Paschim Champaram	919779	17.2	15.5	48.6	48.4
Patna	963020	23.7	20.9	49.2	49.3
Purba Champaran	1219275	15.4	13.3	48.5	49.1
Purnea	805684	13.6	13.3	48.3	47.2
Rohtas	658107	23.6	22.1	48.5	49.5
Saharsa	494482	21.7	17.6	47.3	45
Samastipur	908690	24.7	21.3	49.5	51.3
Saran	910450	15.9	14.3	49.2	50.4
Sheikhpura	157863	26.3	21.2	47.2	48.1
Sheohar	166094	18.3	16.6	48	50.9
Sitamarhi	826781	15.8	13.5	48.8	48.7
Siwan	685259	15.4	15.2	49.8	51.7
Supaul	522168	19.7	17.9	47.5	46.6
Vaishali	676637	27.8	25.1	49.7	50.3

Table A15 – District wise Enrolment of ST children in Primary and Upper Primary (Source: U DISE 2015-16)					
District's name	**Total enrollment**	**% total ST enrolment in Primary**	**% total ST enrolment in Upper Primary**	**ST Girls Primary**	**ST girls Upper Primary**
Araria	693900	1.9	1.6	46.6	48.1
Arwal	166600	0.2	0	48	42.9
Aurangabad	630604	0.5	0.3	49.1	47.9
Banka	454733	5.9	4.2	48.9	47.3
Begusarai	676532	0.1	0.1	40.4	43.9
Bhagalpur	643848	3.6	3.1	49	47.1
Bhojpur	607399	1.1	0.9	47.1	47.1
Buxar	389871	2.2	2.1	47.7	49.7
Darbhanga	861444	0.2	0.1	43	43.5
Gaya	918806	0.4	0.1	52.3	59.7
Gopalganj	599242	3.9	4	49.9	50.8
Jamui	456726	7.3	5.7	47.7	48.2
Jehanabad	244947	0.2	0.2	49.1	54.1
Kaimur(Bhabhua)	358075	5.3	3.8	50.4	53.2
Katihar	728845	5.4	5	48.4	50.5
Khagaria	405611	0.3	0.1	47.8	42.2
Kishanganj	437168	4	2.9	48	52.8
Lakhaisarai	243046	1.9	1.2	44.8	50.4
Madhepura	529945	0.9	0.6	50.2	55.5
Madhubani	1013300	0.3	0.2	48.9	50.4
Munger	299553	3.2	2.3	47.4	52.1
Muzaffarpur	987593	0.2	0.3	49.2	50.4
Nalanda	612519	0.2	0.2	43.5	47.9
Nawada	557189	0.6	0.3	45.6	50.2
Paschim Champaram	919779	7.7	9	49.6	51.8
Patna	963020	0.4	0.3	46	46.3
Purba Champaran	1219275	0.5	0.4	49.1	51.8
Purnea	805684	5.2	4.8	48.4	48.6
Rohtas	658107	1.9	1.2	47.5	48.4
Saharsa	494482	1.2	0.8	48.9	47.8
Samastipur	908690	0.3	0.1	41.1	47
Saran	910450	1.7	1.8	50.4	51.4
Sheikhpura	157863	0.1	0.1	43.4	55.2
Sheohar	166094	0.1	0.1	50.3	35.9
Sitamarhi	826781	0.2	0.1	51.2	48.2
Siwan	685259	4.1	4.2	50	53.4
Supaul	522168	0.6	0.4	46	52.4
Vaishali	676637	0.3	0.4	49.4	46.3

Table A16 – District wise Enrolment of OBC Children in Primary and Upper Primary Schools (Source: U-DISE 2015-16)					
District's name	**Total enrollment**	**% total OBC enrolment in Primary**	**% total OBC enrolment in Upper Primary**	**OBC Girls Primary**	**OBC girls Upper Primary**
Araria	693900	75.3	75.9	50	52.4
Arwal	166600	66.8	68.4	49.7	49.8
Aurangabad	630604	56.5	57.9	50.2	51.4
Banka	454733	72.2	72.8	49.2	49.5
Begusarai	676532	65.8	65.8	49.4	51.3
Bhagalpur	643848	71.2	70.9	50	50.4
Bhojpur	607399	63.3	63.7	50.1	50
Buxar	389871	65.8	64.6	49.8	50.1
Darbhanga	861444	57.4	57.9	49.2	49.1
Gaya	918806	50.2	55.4	50.7	52.3
Gopalganj	599242	66.1	66.6	51.1	53.4
Jamui	456726	63.7	64	48.9	48.1
Jehanabad	244947	63.7	63.7	50.2	50.2
Kaimur (Bhabhua)	358075	58.3	58.8	49.9	50.8
Katihar	728845	59.7	59.8	49.6	52
Khagaria	405611	71.3	74.2	49.4	49.2
Kishanganj	437168	34.1	37	50.5	53.5
Lakhaisarai	243046	65.6	67	49.1	49.8
Madhepura	529945	72.7	73.8	48.1	48.4
Madhubani	1013300	67.3	68.4	50	50.8
Munger	299553	68	69.4	48.8	49.4
Muzaffarpur	987593	65.7	65.8	49.6	50.8
Nalanda	612519	63	64.4	49.3	51
Nawada	557189	56.5	58.6	49.4	50.2
Paschim Champaram	919779	65.1	63.7	50	49.9
Patna	963020	63.8	64.8	50.5	51.8
Purba Champaran	1219275	69.4	70.2	49.2	49.6
Purnea	805684	73.9	73.7	49.4	50.8
Rohtas	658107	62.3	63.9	49.2	50.7
Saharsa	494482	65.3	68.7	48.1	47.5
Samastipur	908690	65.2	67.6	50	52.3
Saran	910450	68.8	68.7	50.2	51.6
Sheikhpura	157863	61.4	63	48.6	50.3
Sheohar	166094	64.9	63.9	49.7	51.1
Sitamarhi	826781	70	70.7	49.8	50.1
Siwan	685259	65.6	65.6	51.2	53
Supaul	522168	70.2	72.6	48.7	48.8
Vaishali	676637	63.6	64.6	49.8	51.1

Table A17 – District wise Enrolment of Muslim Children in Primary and Upper Primary Schools (Source: U-DISE 2015-16)					
District's name	**Total enrollment**	**% total Muslim enrolment in Primary**	**% total Muslim enrolment in Upper Primary**	**Muslim Girls Primary**	**Muslim girls Upper Primary**
Araria	693900	43.2	29.6	51.1	57
Arwal	166600	7.6	8.8	49.4	52
Aurangabad	630604	7.1	7	50.8	53.7
Banka	454733	10.9	8.8	51.8	54.4
Begusarai	676532	11.8	9.7	50.1	54.2
Bhagalpur	643848	15	13.5	52.5	59.1
Bhojpur	607399	6	6	50.7	53.5
Buxar	389871	5.7	6.1	50.4	50.4
Darbhanga	861444	21.6	21	50.8	54.6
Gaya	918806	7.7	8.1	51.2	54.9
Gopalganj	599242	14.6	14.8	50.9	53.5
Jamui	456726	12.4	10	49.5	50.8
Jehanabad	244947	4.4	4	50.6	53.7
Kaimur (Bhabhua)	358075	9.4	9.3	50.4	51.5
Katihar	728845	48.8	41.3	51.3	56.4
Khagaria	405611	9.3	8.4	50.7	52.3
Kishanganj	437168	67.8	63.6	51.2	58.6
Lakhaisarai	243046	3.9	3.5	49.5	52.3
Madhepura	529945	11.1	9	49.6	50
Madhubani	1013300	19.1	14.3	50.7	53.7
Munger	299553	4.6	4.2	49.9	59.8
Muzaffarpur	987593	15.6	14.9	50.7	54.6
Nalanda	612519	4.1	4	52.6	57.7
Nawada	557189	8.7	8.3	51.1	54.6
Paschim Champaram	919779	21.9	17.9	50.8	50.1
Patna	963020	4.8	5.1	51.8	56.6
Purba Champaran	1219275	17.9	16.2	50.4	51.7
Purnea	805684	38.6	30.8	50.1	54.4
Rohtas	658107	9.6	9.3	49.4	51.8
Saharsa	494482	13.4	11.8	49.7	52.3
Samastipur	908690	10.4	9.4	50.8	55.2
Saran	910450	10	9.7	50.7	53
Sheikhpura	157863	4.3	4.6	49.6	51.7
Sheohar	166094	16.7	14.6	51	56.7
Sitamarhi	826781	20.3	17.3	51.5	56.6
Siwan	685259	15.1	15.4	51	53.4
Supaul	522168	18.6	14	48.9	50.8
Vaishali	676637	8.6	8.1	50.8	54.2

Annex. 18 – Proposed composition of the Convergent Programme Review Committee

Chief Secretary (Chair)
Development Commissioner
Principal Secretary, Department of Education
Principal Secretary, Department of SC ST Welfare
Principal Secretary, Department of BC MBC Welfare
Principal Secretary, Department of Minority Welfare
Principal Secretary, Department of Labour Resources
Principal Secretary, Department of Home
Principal Secretary, Department of Social Welfare (Convener)

Chart C1 - Distribution of child mortality indicators across districts (persons/ 1000 live births)(Source: AHS, 2012-13)

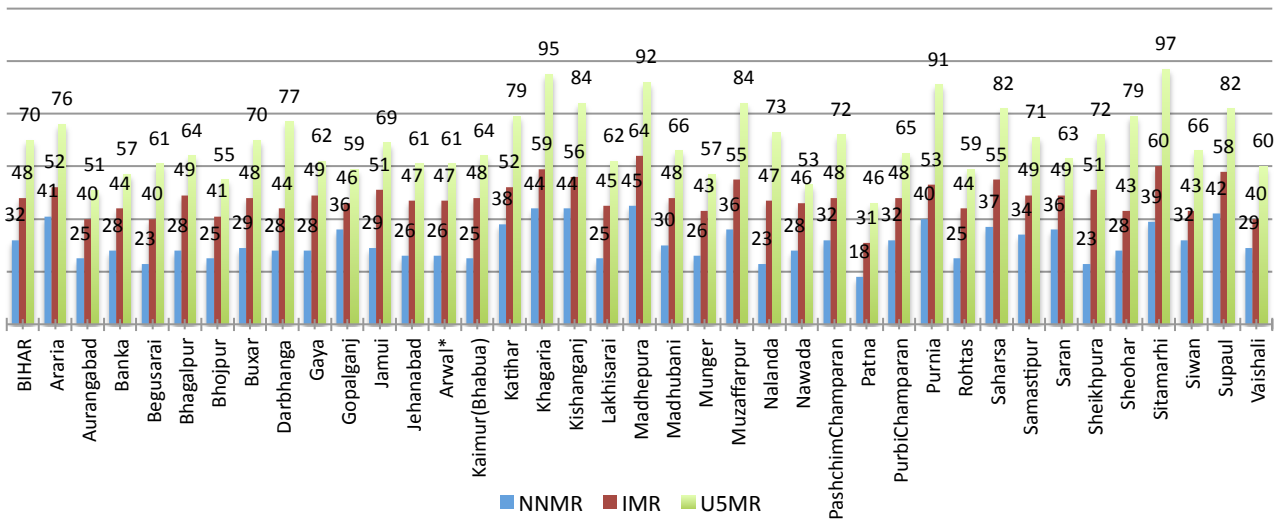
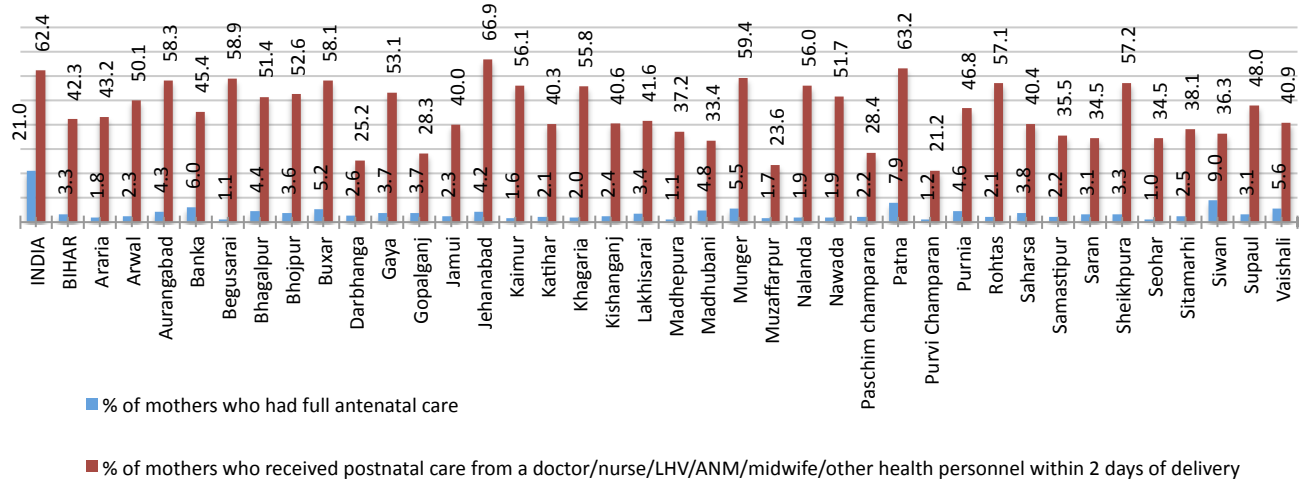


Chart C2 - Percentage distribution of female population availing full ANC & PNC facilities (Source: NFHS-4, 2015-16)



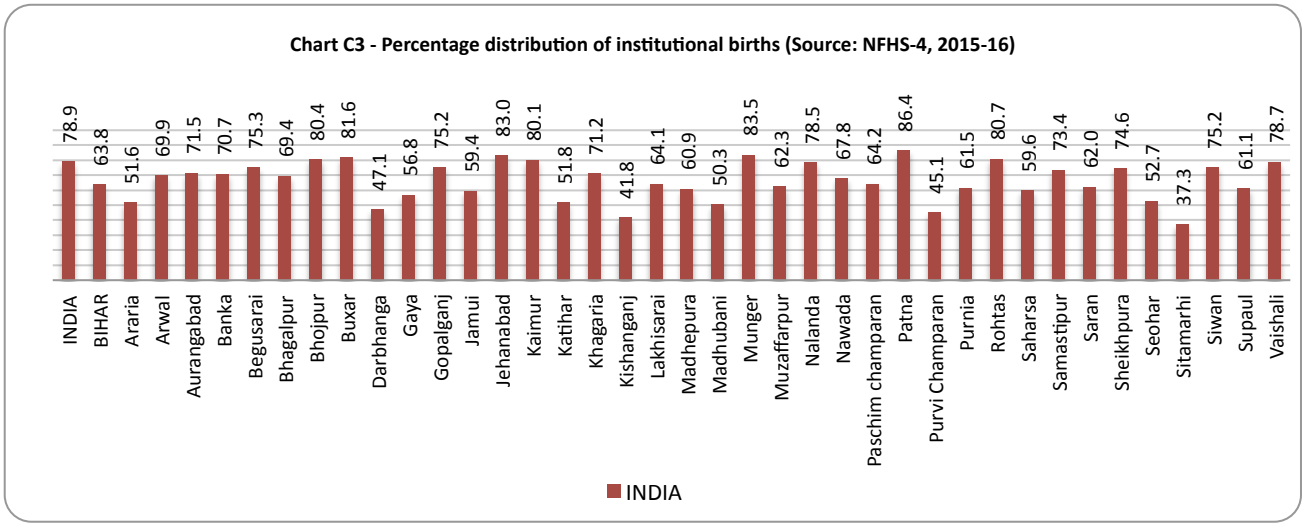


Chart C3 - Percentage distribution of institutional births (Source: NFHS-4, 2015-16)
78.9
63.8
51.6
69.9
71.5
70.7
75.3
69.4
80.4
81.6
47.1
56.8
75.2
59.4
83.0
80.1
51.8
71.2
41.8
64.1
60.9
50.3
83.5
62.3
78.5
67.8
64.2
86.4
45.1
61.5
80.7
59.6
73.4
62.0
74.6
52.7
37.3
75.2
61.1
78.7
INDIA
BIHAR
Araria
Arwal
Aurangabad
Banka
Begusarai
Bhagalpur
Bhojpur
Buxar
Darbhanga
Gaya
Gopalganj
Jamui
Jehanabad
Kaimur
Katihar
Khagaria
Kishanganj
Lakhisarai
Madhepura
Madhubani
Munger
Muzaffarpur
Nalanda
Nawada
Paschim champaran
Patna
Purvi Champaran
Purnia
Rohtas
Saharsa
Samastipur
Saran
Sheikhpura
Seohar
Sitamarhi
Siwan
Supaul
Vaishali
INDIA

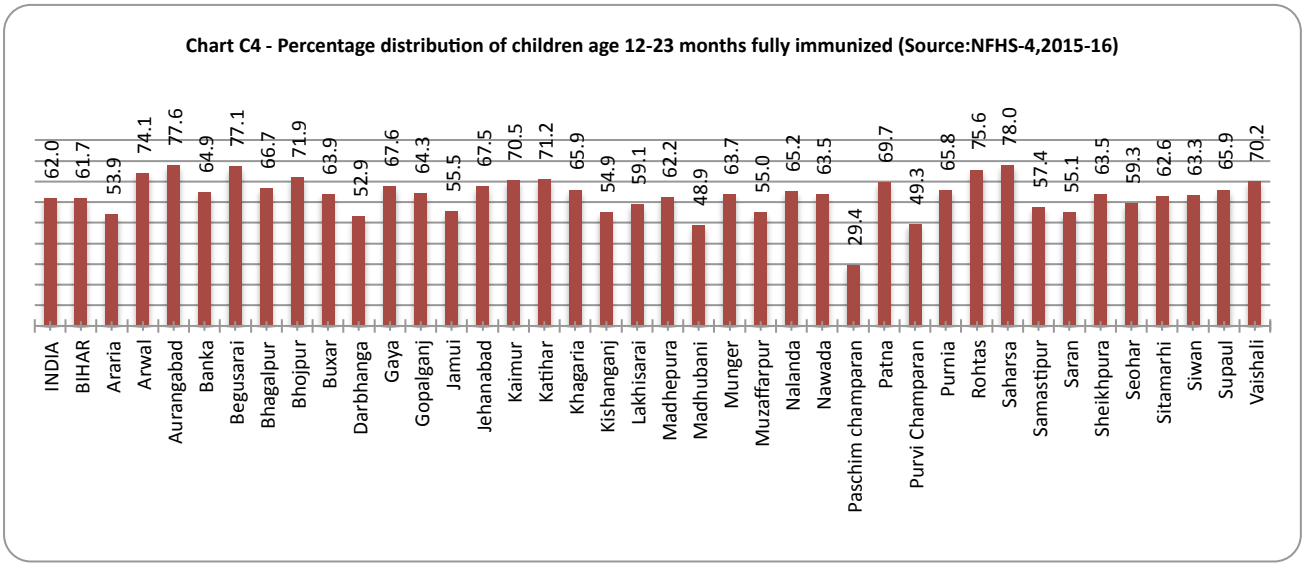


Chart C4 - Percentage distribution of children age 12-23 months fully immunized (Source:NFHS-4,2015-16)
62.0
61.7
53.9
74.1
77.6
64.9
77.1
66.7
71.9
63.9
52.9
67.6
64.3
55.5
67.5
70.5
71.2
65.9
54.9
59.1
62.2
48.9
63.7
55.0
65.2
63.5
29.4
69.7
49.3
65.8
75.6
78.0
57.4
55.1
63.5
59.3
62.6
63.3
65.9
70.2
INDIA
BIHAR
Araria
Arwal
Aurangabad
Banka
Begusarai
Bhagalpur
Bhojpur
Buxar
Darbhanga
Gaya
Gopalganj
Jamui
Jehanabad
Kaimur
Katihar
Khagaria
Kishanganj
Lakhisarai
Madhepura
Madhubani
Munger
Muzaffarpur
Nalanda
Nawada
Paschim champaran
Patna
Purvi Champaran
Purnia
Rohtas
Saharsa
Samastipur
Saran
Sheikhpura
Seohar
Sitamarhi
Siwan
Supaul
Vaishali

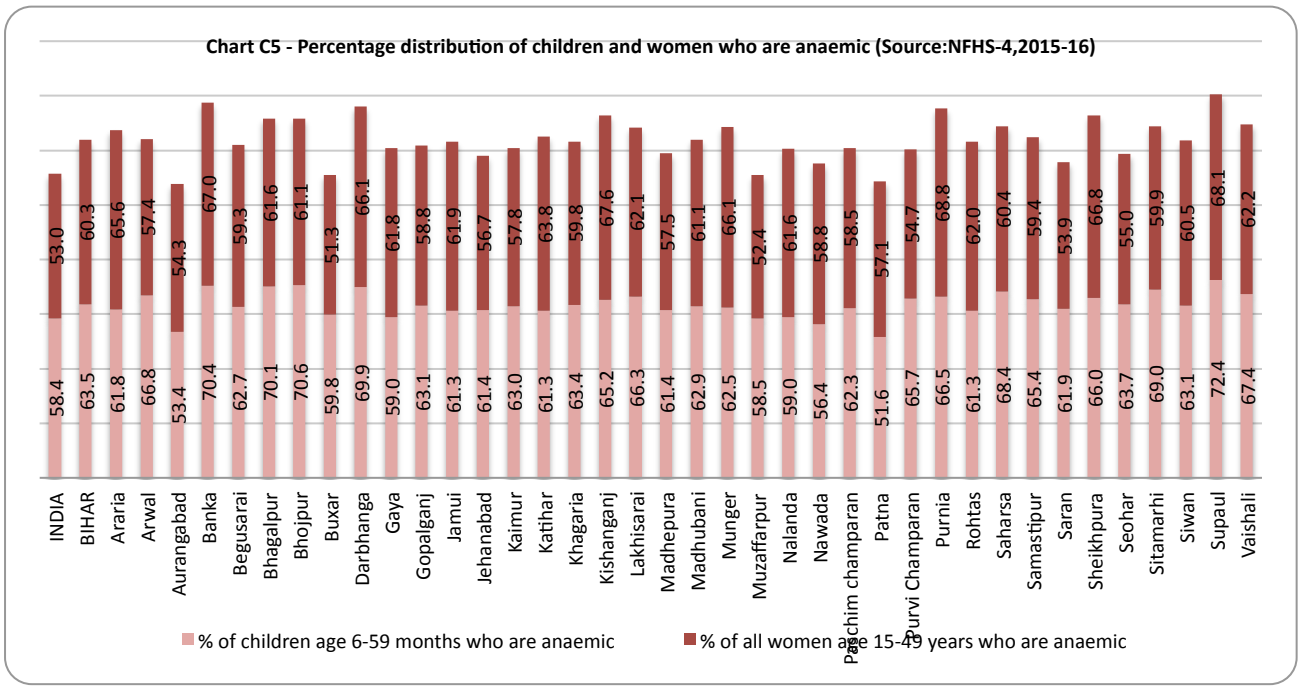


Chart C5 - Percentage distribution of children and women who are anaemic (Source:NFHS-4,2015-16)
INDIA 58.4 53.0
BIHAR 63.5 60.3
Araria 61.8 65.6
Arwal 66.8 57.4
Aurangabad 53.4 54.3
Banka 70.4 67.0
Begusarai 62.7 59.3
Bhagalpur 70.1 61.6
Bhojpur 70.6 61.1
Buxar 59.8 51.3
Darbhanga 69.9 66.1
Gaya 59.0 61.8
Gopalganj 63.1 58.8
Jamui 61.3 61.9
Jehanabad 61.4 56.7
Kaimur 63.0 57.8
Katihar 61.3 63.8
Khagaria 63.4 59.8
Kishanganj 65.2 67.6
Lakhisarai 66.3 62.1
Madhepura 61.4 57.5
Madhubani 62.9 61.1
Munger 62.5 66.1
Muzaffarpur 58.5 52.4
Nalanda 59.0 61.6
Nawada 56.4 58.8
Paschim champaran 62.3 58.5
Patna 51.6 57.1
Purvi Champaran 65.7 54.7
Purnia 66.5 68.8
Rohtas 61.3 62.0
Saharsa 68.4 60.4
Samastipur 65.4 59.4
Saran 61.9 53.9
Sheikhpura 66.0 66.8
Seohar 63.7 55.0
Sitamarhi 69.0 59.9
Siwan 63.1 60.5
Supaul 72.4 68.1
Vaishali 67.4 62.2
% of children age 6-59 months who are anaemic
% of all women age 15-49 years who are anaemic

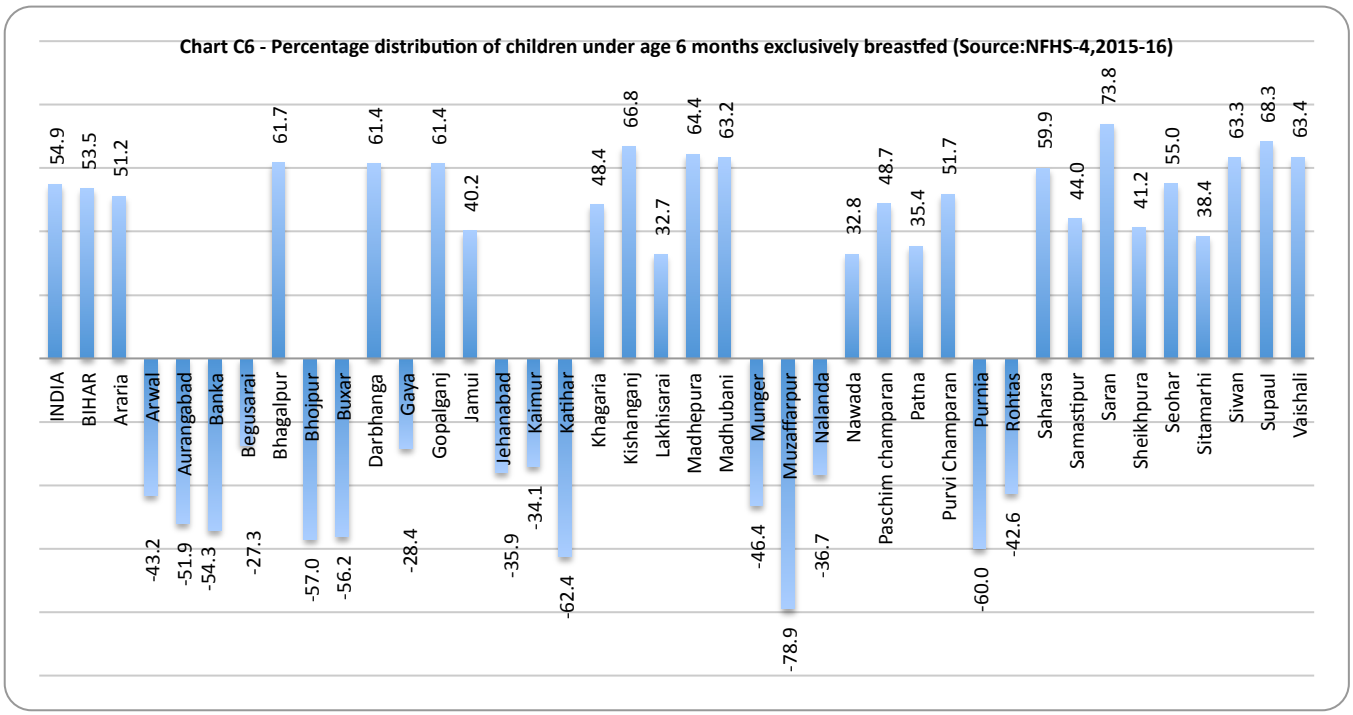


Chart C6 - Percentage distribution of children under age 6 months exclusively breastfed (Source:NFHS-4,2015-16)
INDIA 54.9
BIHAR 53.5
Araria 51.2
Arwal -43.2
Aurangabad -51.9
Banka -54.3
Begusarai -27.3
Bhagalpur 61.7
Bhojpur -57.0
Buxar -56.2
Darbhanga 61.4
Gaya -28.4
Gopalganj 61.4
Jamui 40.2
Jehanabad -35.9
Kaimur -34.1
Katihar -62.4
Khagaria 48.4
Kishanganj 66.8
Lakhisarai 32.7
Madhepura 64.4
Madhubani 63.2
Munger -46.4
Muzaffarpur -78.9
Nalanda -36.7
Nawada 32.8
Paschim champaran 48.7
Patna 35.4
Purvi Champaran 51.7
Purnia -60.0
Rohtas -42.6
Saharsa 59.9
Samastipur 44.0
Saran 73.8
Sheikhpura 41.2
Seohar 55.0
Sitamarhi 38.4
Siwan 63.3
Supaul 68.3
Vaishali 63.4

Chart C7 - Percentage distribution of malnourished child population across districts (Source:NFHS-4,2015-16)

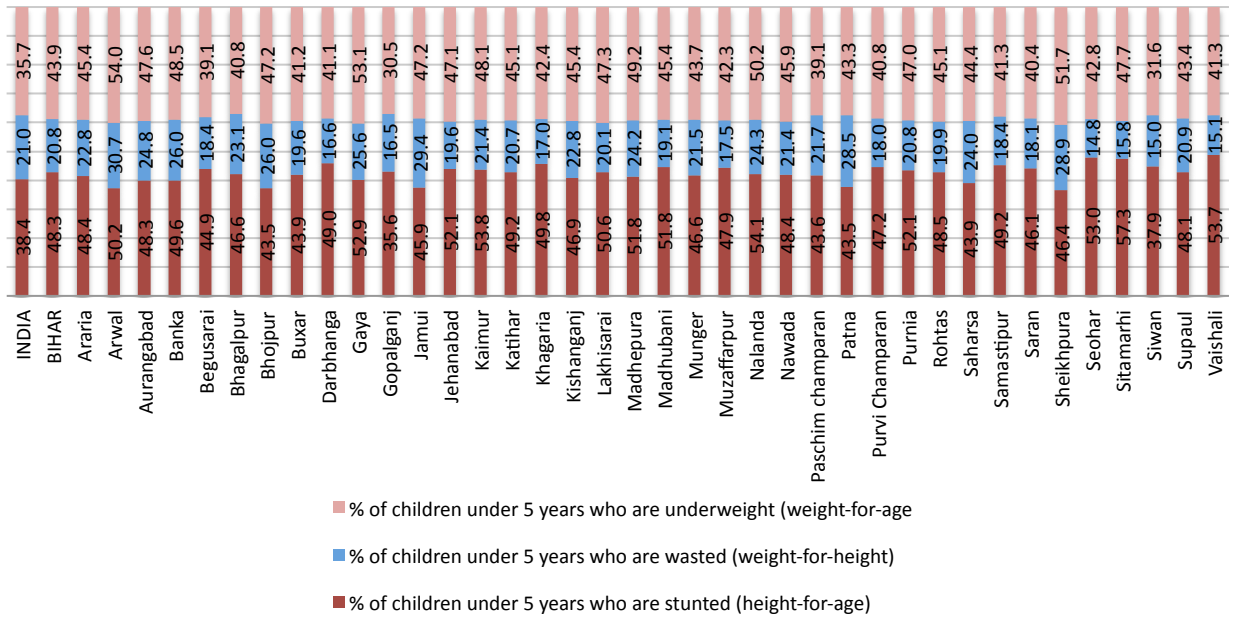


Chart C8 - Percentage distribution of households with improved drinking water and sanitation facilities (Source: NFHS-4, 2015-16)

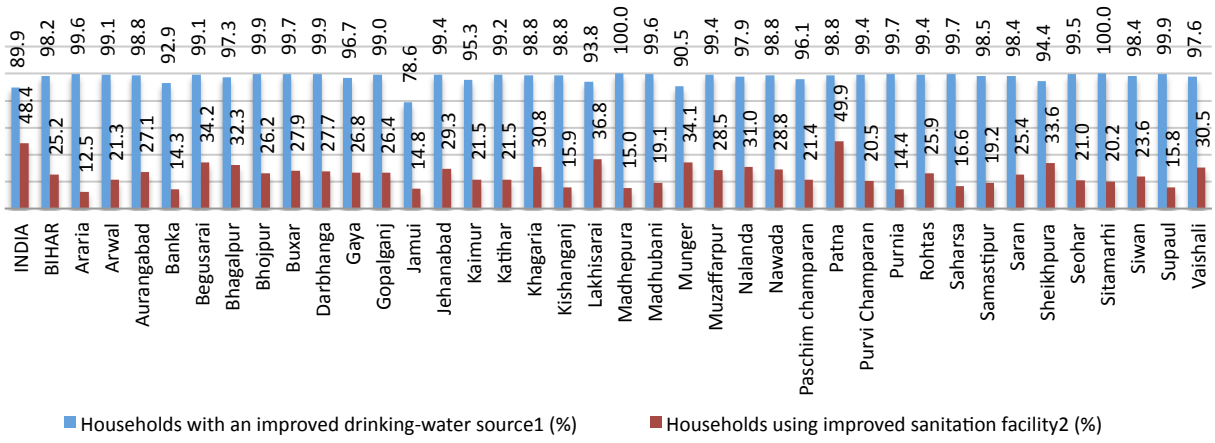


Chart C9 - Percentage distribution of children suffering from diarrhoea at the time of survey across districts (Source: AHS, 2012-13)

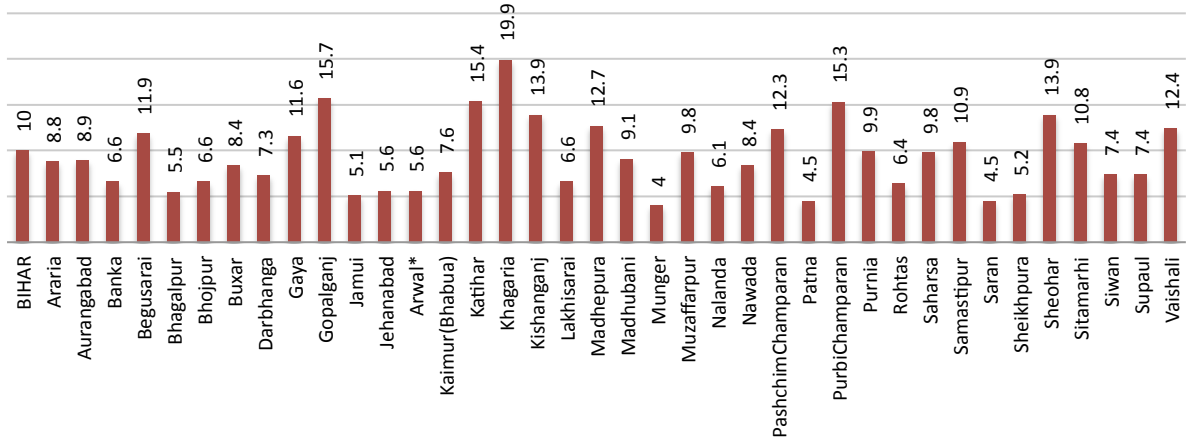
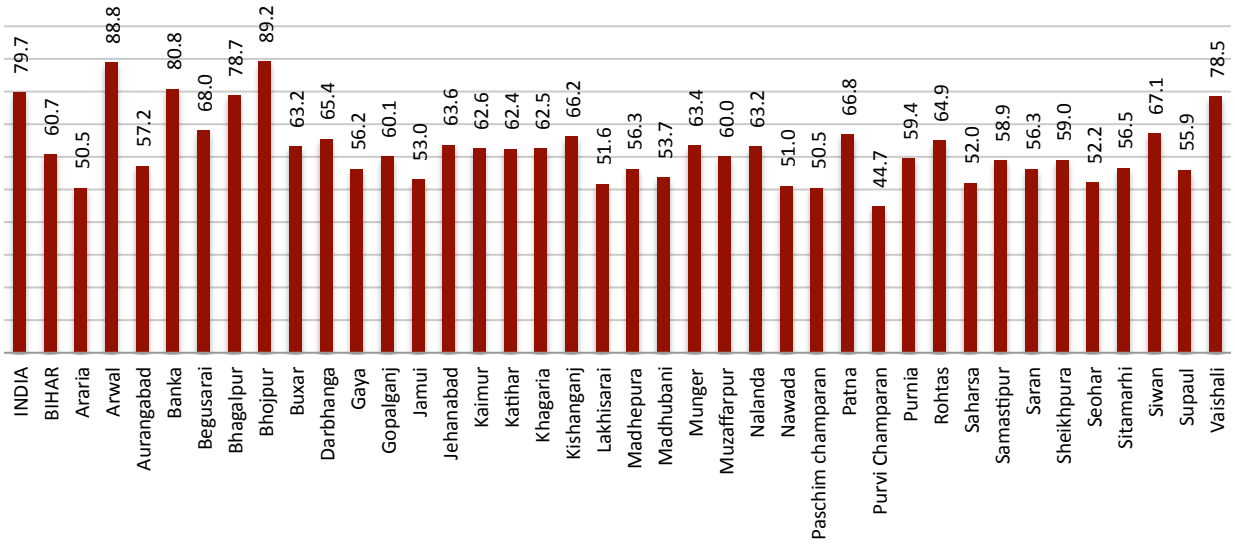


Chart C10 - Percentage distribution of children under age 5 years whose birth was registered (Source: NFHS-4)



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