Study on Governance at District Level and Below on Policies, Programme and Schemes Related to Children in Two States

Sitapur (Uttar Pradesh)

June, 2020

Centre for Budget and Policy Studies

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This paper can be quoted in part, with the full citation.
Suggested citation:
Rao, B.V. M., Sundar, S., Sahu, D. K. and Susmitha, M.V. (2020).
Study on Governance at District Level and Below on Policies,
Programme and Schemes Related to Children in Two States - Sitapur (Uttar Pradesh).
Centre for Budget and Policy Studies and Child Rights and You, India.

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Acknowledgments

The study team would like to thank Ms Shreya Ghosh and Dr Varun Sharma from Child Rights and You for their support in providing us with the inputs for the study. We also like to thank the district offices especially the office of the District Magistrate, heads of the departments of education, health, social welfare and officials concerned with Juvenile Justice for their co-operation by way of providing information, data and sharing valuable insights. We would also like to thank the officials at the block level, GP level and including the school education staff for their support in this study.

We would like to mention the fieldwork support provided by Ms Rashmi Jain.

We thank **Child Rights and You** for funding CBPS to conduct this study.

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List of Abbreviations

ACMO	Assistant Chief Medical Officer.
ADM	Additional District Magistrate.
ALC	Accelerated Learning Camps.
ANM	Auxiliary Nursing Midwife.
ASHA	Accredited Social Health Activist.
AWC	Anganwadi Centre.
BDO	Block Development Officer.
BEO	Block Education Officer.
BHW	Basic Health Worker.
BSA	Basic Shiksha Adhikari.
BSPM	Bal Swasthya Poshan Mahi
BRC	Block Resource Centre.
BRGF	Backward Regions Grant-Fund Programme (BRGF).
CARA	Central Adoption Resource Authority.
CDPO	Child Development Project Officer.
CDO	Chief Development Officer.
CDPO	Child Development Project Officer.
CHC	Community Health Centre.
CMO	Chief Medical Officer.
CRP	Cluster Resource Person.
CWC	Child Welfare Committee.
DCPU	District Child Protection Unit.
DDO	District Development Officer.
DIOS	District Inspector of Schools.
DM	District Magistrate.
DPMU	District Programme Management Unit.
DPO	District Programme Officer.
GGIC	Government Girls Inter College.
GP	Gram Pradhan.
HBNC	Home Over based New Born Care.
HEO	Health Education Officer.
ICDS	Integrated Child Development Scheme.
ICT	Information and Communication Technology.
JJB	Juvenile Justice Board.
JSSK	Janani Shishu Suraksha Karyakram.
JSY	Janani Suraksha Yojana.

KGBV	Kasturba Gandhi Balika Vidyalaya.
MDM	Mid-Day Meal
NGO	Non-Government Organization.
NHM	National Health Mission.
NIC	National Informatic Centre.
NRC	National Rehabilitation Centre.
OBC	Other Backward Class.
PHC	Primary Health Centre.
PRI	Panchayati Raj Institution.
RBSK	Rashtriya Bal Swasthya Karyakram.
RMSA	Rashtriya Madhyamik Shiksha Abhiyan.
RKSK	Rashtriya Kishore Swasthya Karyakram.
SC	Scheduled Caste.
SMC	School Management Committee.
SMDC	School Management Development Committee.
SP	Superintendent of Police.
SSP	Senior Superintendent of Police.
SSA	Samagra Shiksha Abhiyan.
ST	Scheduled Tribes.
THR	Take Home Ration.
U-DISE	Unified District Information System for Education.
VEC	Village Education Committee.

Chapter 1: Introduction

In the recent era, there has been an increasing need to uplift the marginalized communities for the overall development of any state / district / region. Rights of children in general and those of marginalized communities in particular have to be addressed in a holistic approach for achieving substantial reduction in disparities (of income, voice, representation) across different sections of population in a sustainable manner. The functioning of Government at different levels, its interactions with different stakeholders holds the key to success of any developmental program or intervention aimed at improving the welfare of people especially of marginalized communities and children. With the historical 73rd and 74th amendments to the Constitution, the third-tier governments have been created across Indian states. The three tier Panchayat Raj Institutions (PRIs) at District, Block and Village level came into existence in rural setup. Similarly, the Town Panchayats, City Municipal Councils, City Corporations were formed in urban areas. The 11th and 12th schedule of the Constitution listed 29 and 18 subjects that can be transferred to rural and urban local governments respectively. The subject of local government is in 'State list' and the State Governments are empowered to have the final say in terms of devolution of Functions, Functionaries and Funds (also referred to as 3 Fs). The extent of devolution of these 3 Fs varies across states. The study focused on understanding the governance at district level and below with respect to welfare of children, particularly the processes of planning, budgeting, implementation and monitoring focusing on the access to entitlements under various laws, policies and more specifically, schemes implemented in the district. This involved the understanding of the functioning of the core departments concerned with the welfare of children including the convergence among them and that of PRIs at all the mandated levels, their interaction between state government and the other stakeholder down below and vice-versa in enhancing the welfare of the children.

Chapter 2: Objectives of the Study

The key objectives of this study are -

1) Understanding and mapping the governance (focused on child welfare) at district level in terms of planning including budgeting, implementation, monitoring and the flow of information (from State - district – Block - Panchayat level and vice-versa).

2) Collating the information on all child related legislations, guidelines, programmes and schemes implemented in the district comprising of Central schemes/Centrally Sponsored Schemes, State Sponsored Schemes).

3) Understanding the convergence among departments at district level and below for implementation and monitoring of child welfare programmes.

4) Documenting the role of other stakeholders (NGOs, corporates etc.) working on the aspects of children and their focus areas.

Chapter 3: Methodology of the Study

The study involved a comprehensive desk review (web search) of schemes and policies related to children in the state. A budget analysis was undertaken to understand the important schemes and budget provisions meant for the children to identify important and critical schemes to understand the implementation and monitoring processes at the district level and below leading up to the last level.

This was followed by an intensive field work at the district level which involved:

- Consultations using semi-structured interviews to understand the functioning of the important departments, implementation of important schemes including convergence among departments and role of District Magistrate and Panchayat Raj Institutions. (Annexure 1) The questionnaire for all the key departments focused on beneficiary identification, data assimilation, planning, fund allocation, channels of communication, implementation, monitoring and challenges. This questionnaire was supported with scheme specific questions to trace out the governance of the schemes and the functioning of departments. Information has been collected through semi structured interviews.
- Visits to the School education department, Women and Child Development Department, Health Department and Social welfare department to understand the role of departments at the district level in implementing child welfare schemes.
- Consultations using semi-structured interviews with village level field functionaries covering Gram panchayat, schools, PHC/sub center and Anganwadi centers to understand the implementation of schemes, flow of information and data upwards for planning and budgeting, issues of convergence and flow of funds (Annexure 2). Interviews were also conducted with few important officials like the Health Education Officer (HEO) at the Community Health Centre (CHC), Supervisor of Anganwadi workers and the data operator at the Block Resource Centre (BRC).
- Consultations were held with the Child Welfare Committee, prominent Non-Government organization such as Uma Mahila Sansthan.

3.1. Selection of Blocks and Gram Panchayats (Villages) For the Study

Khairabad and Ailiya blocks were selected for the study. On the basis of the discussions with the district department heads, it was understood that these two blocks were finalized. These blocks were selected on the basis of proximity to the district so as to understand the magnitude of problems in the blocks which are closer

to the district of Sitapur which was based on the conclusion that if the schemes are not functioning smoothly in the nearest blocks to the districts then it cannot be expected that the schemes will be functioning smoothly in the distant blocks. The two blocks were selected in a manner that different scenarios could be examined as the two blocks are located in opposite directions and accordingly be probed for examination. Khairabad and Ailiya were the only two blocks which had schools up to class 12.

Two Gram Panchayats (villages) were chosen from each block after consultation with the field guides based on requirements for the study. ***Sipah*** and ***Mulahimpur*** in the Khairabad block and ***Imaliya Sultanpur*** and ***Hempur*** in Ailiya block were visited for the study. It is to be noted that the selected villages differ from the names of villages mentioned in the list of villages and blocks provided by the CRY as they don't have secondary schools as mentioned by the DIOS department.

Chapter 4: Findings of the Study

4.1. District Profile of Sitapur- Demography, Economy and Political Setup

Sitapur is the 4th largest in terms of geographical area and 8th most populous district in the state of Uttar Pradesh in India. The total geographical area of Sitapur is approximately 5,743 square km. The district is located on the banks of river Sarayan which is located halfway between Lucknow and Shahjahanpur and is well connected to the state capital - Lucknow. 68% of the whole population belong to general caste and remaining 32% comes under schedule caste. It is to be noted that there is no scheduled tribe population in Sitapur. The district is home for about 44.8 lakh people (2011) with a population density of 781 persons per square kilometre. The majority of the population approximately 88% live in Sitapur district rural part and 12% population lives in urban part of Sitapur with a rural population density and urban population density of 701 and 4,976 per square kilometre respectively. The district accounts for nearly 2.4% of the total households of the state and the average size of the household in the district is 5.6 persons. Based on the census of 2011, nearly 723 families live on the footpath which accounts for 0.08% of the district population. The district forms the part of the upper Ganga valley. Tributaries like Gomti flows in the district. Ghaghra, Sharda, Sarayan and Kathana are other rivers of the district. The district is endowed with good rainfall of about 150 cm annually. The main occupation in the district is agriculture sector and also the primary source of income for majority of the people a total cropped area of 6.72 lakh ha. Wheat, rice and urad are the important staple crops while sugarcane, mustard and groundnuts are main cash crops grown in the district. Since the district is well connected with the state capital Lucknow through road (National Highway 24) and rail network, it has influenced the presence of many agro-based industries. The sugar and rice mills, plywood and carpet industries have their presence all over the district. Many people migrate to nearby Lucknow in search of jobs. Around 32% of the district population are employed in either main or marginal work. Out of total male population, 38% and 11% are employed as main workers and marginal workers respectively whereas 6% of total female population are engaged as main workers and 6% as marginal workers. The per capita income of the district is around Rs. 40,924 which is lower than the state average. Sitapur is regarded as one of the country's 250 most backward districts and was one of the 34 districts in Uttar Pradesh that received funds from the Backward Regions Grant-Fund Programme (BRGF).

Sitapur as a district has always been politically awakened and the district has played an important role in the fight for freedom in the year 1857. For administrative purposes, the district was divided into 6 tehsils and for climatic and geographical purposes the district was further divided into uparihar (high land) and ganjar (low lands). For better monitoring and implementation, the district was further divided into 19 community development blocks. There are 1329 Gram Panchayats with 2348 revenue villages and 2317 inhabited villages and 31 uninhabited villages in the district. The urban area consists of 11 statutory towns and a census town. The statutory towns consist of five Nagar Palika Parishad and six Nagar Panchayats.

Figure 4. 1: Political Map of Uttar Pradesh

Figure 4. 2: Map of Sitapur District, Uttar Pradesh

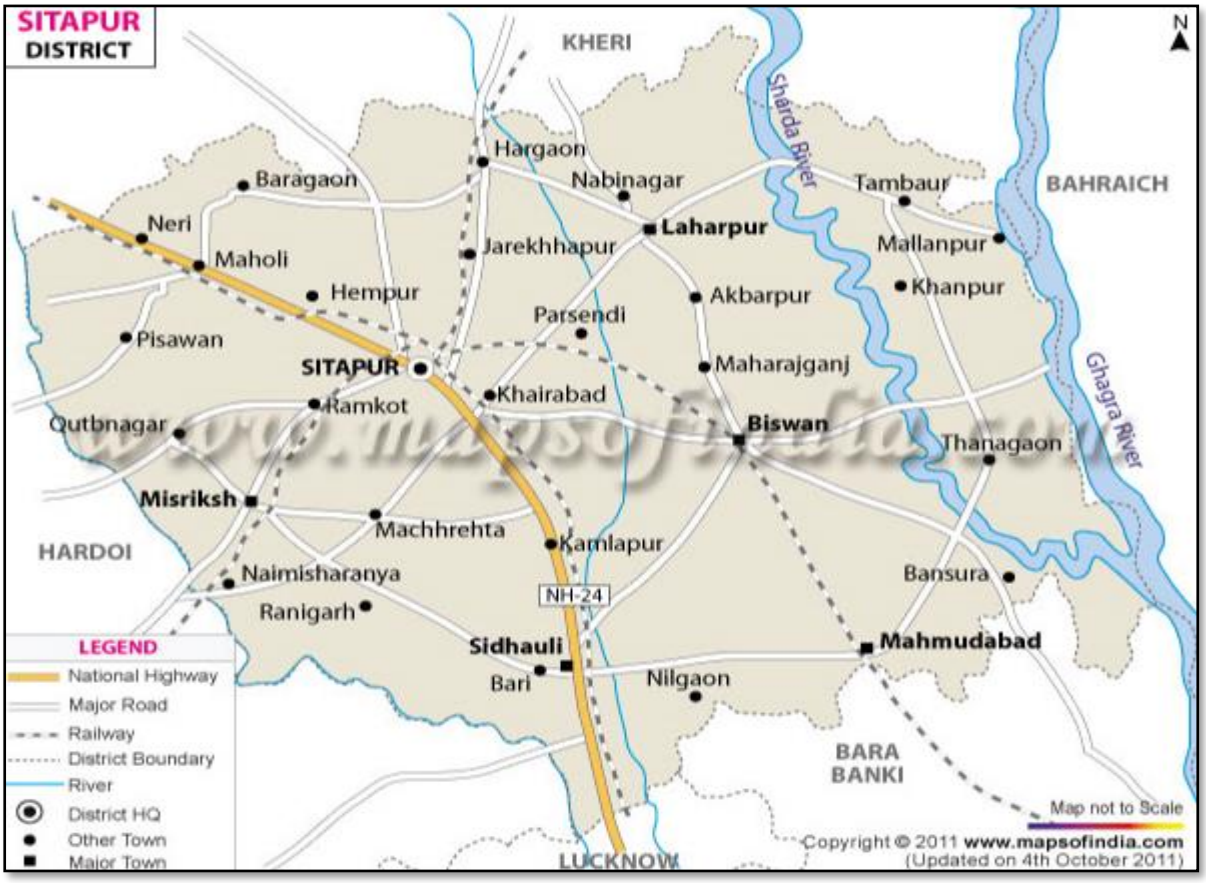


Table 4. 1: Profile of Sitapur District

Indicator	Value
Area of the District (in Sq. KM)	5743 sq. km
Number of villages	2348
Number of Gram Panchayats	1329
Total Population (2011 Census) (in persons)	44,83,992
Total Male Population	23,75,264
Total Female Population	21,08,728
Sex Ratio (females for every 1000 males.)	888
Density of Population (2011 census)	781/Km^2
Decadal Population Growth rate (2001-2011)	23.88%
People living in Rural areas	3,953,208
People living in Urban areas	530,784
Percentage of Urban population	11.83%
Population of children below 0-6 age group	747,558
Child Sex ratio (females for every 1000 males.)	930
Birth rate*	28
Children age 12-23 months who have received measles vaccine (%)	72.9

Indicator	Value
Children age 12-23 months fully immunized (BCG, measles, polio and DPT) (%)	44.8
IMR* (Male & Female)	82
Children under 5 years who are stunted (%)	56.4%
Children under 5 years who are wasted (%)	14%
Children under 5 years who are severely wasted (%)	5.6%
Children under 5 years who are underweight (%)	48.6%
Children age 12-23 months fully immunized (BCG, Measles, 3 doses of each polio and DPT) (%)	44.8%
Women between age 20-24 married before 18 years	32.8%
Children age 6-59 months who are anaemic (%)	52.6%
Pregnant women aged 15-49 who are anaemic (%)	38.6%
Literacy rate	61.12%
Male literacy rate	70.31%
Female literacy rate	50.67%
Single class room schools	1.6%
Single teacher schools	6.2%
Schools with Play ground	85.2%
Schools with toilets for girls	100%
Schools with toilets for boys	100%
Net enrolment ratio at Elementary level	87
Transition rate elementary to secondary	35.6%
Pupil-teacher ratio	36%
Student classroom ratio	35%

Source: NFHS 4 (2015-16) - District Profile , District report cards- UDISE 2016-17.

The district is famous for its place Naimisharanya which is important religious place according to Hindu mythology and attracts visitors from all over the country. The district has an eye hospital in Sitapur and serves for the patients across the region.

4.2. Education, Health and Nutrition of Children

The literacy rate of Sitapur is 61.12% with 70% literate male and 51% literate female which shows that there is a large difference between female literacy rate and male literacy rate. In addition, the literacy rate of the district is relatively lower than the state average (67.68%). The transition rate from elementary to secondary is just 35.6% indicate a huge dropout rates among the students. Given the low literacy rate and high dropouts in the state of Uttar Pradesh, a drive was launched to increase enrolments in schools of the 35 districts. However, among these 35 districts, there were 10 districts shortlisted where the dropout rate was comparatively much higher

than the remaining 25 districts of which, Sitapur was one of them. Main reasons cited for the high dropouts were migration, poverty, child marriage, child labour. The dropout at government high schools was also because of severe staff shortage and few high schools are being run by 1-2 teachers.

Malnutrition is one of the leading causes of half of India's childhood deaths and if they are affected at an early age then there can be long term consequences. With a population of 4.4 million, Sitapur is considered as one of 25 high priority districts across Uttar Pradesh and 184 across India identified for special attention to pare child marriage and adolescent pregnancies. With over 33 % of girls married before attaining the age of 18 years and high prevalence of anaemia among women and children, the nutrition of children seems to have taken a back seat. With over 56% of children under five years being stunted speaks of the much-needed attention towards under-nutrition levels. The programme to address early marriage and teenage pregnancy, the Rashtriya Kishore Swasthya Karyakram (RKSK), a five-year-old, national youth programme, saw a reduction in its share of allocations under National Health Mission to one percent in the year 2016-17 from the previous three percent in this district according a low priority.

Health systems are seriously plagued by understaffing and non-availability of specialists and often medicines. Poor people who cannot afford to reach district hospital resort to local medical aids. Poor sanitation also has added to the problem of malnutrition by way of higher diarrhoeal cases.

Sitapur is the eighth largest populated district in Uttar Pradesh and has a literacy rate which is lower than the state average literacy rate. The proportion of women aged between the years 20-24 who were married below the age of 18 is 35% which is higher than the country average of 26.8% and state average of 21%. Sitapur is classified as a *"high priority district"* identified for special attention to reduce child marriage and teenage pregnancy. Most girls are asked to leave their education mid-way and thus they do not proceed with secondary education. However, girls who receive secondary education are six times less likely to marry below the age of 18 in comparison to girls who receive no education. Ending child marriage could also reduce the national fertility rate by an average of 11%, according to the https://www.icrw.org/ - International Centre for Research on Women, a global research organisation which has stated that women getting married before the age of 18 have an extended fertility span leading to multiple and pre mature pregnancies thereby increasing the maternal and infant mortality rate as their bodies are not

entirely developed. A girl in a family especially in Sitapur is weighed down by poverty or any death with responsibilities which require her to forego her education. Forgoing education automatically leads her to take up labour at a very young age. Child labour is one of the reasons why the rate of literacy has fallen low. Children are expected to perform odd jobs like knitting, working in the field, doing household work and working in sugar mills which can also turn out to be hazardous in nature. Child labour also deprives a child to the access to education and denies them of the fundamental opportunity to attend school. This in turn also affects their health. Social and cultural deprivations such as lack of education, poor standard of living, poverty and health hazards are the responsible factors of child labour.

4.3. Mapping of Institutions/Schemes to Understand the Key Departments and Critical Schemes Meant for Children

The UP-state budget was analysed to identify the most spending line items for child development. The average revenue expenditure on child exclusive schemes has been analysed for the three latest financial years; 2017-18 AE, 2018-19 RE and 2019-20 BE to identify prominent schemes and budget line items meant for children under each department (Annexure 3). This was used to prepare a matrix on child related initiatives including central and state government programs to understand the policy environment and governance structure. The matrix indicates the type of scheme (state/central), objective of the scheme, target group, implementation mechanism and outputs/outcomes to be achieved (Annexure 4).

Table 4. 2: Scheme Matrix

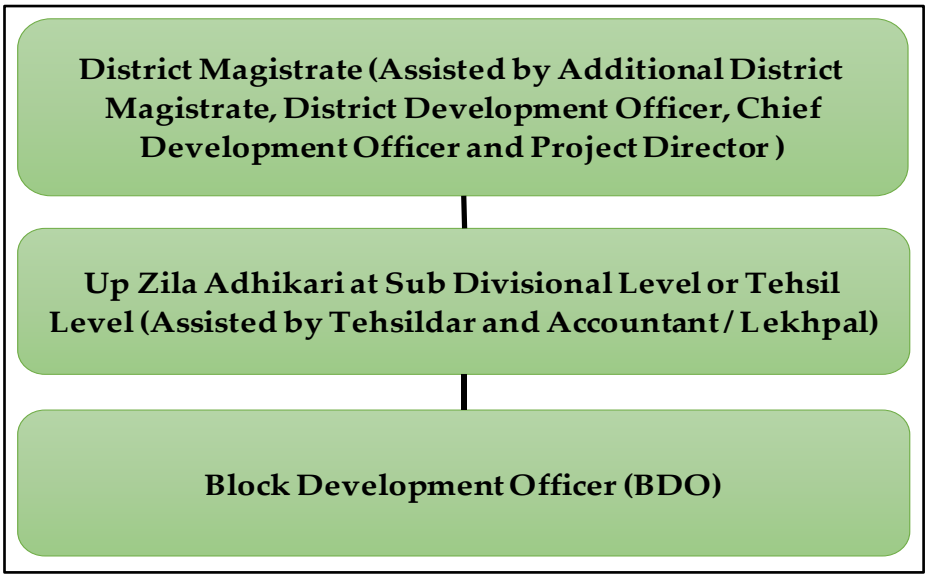
School Education Department (Elementary & secondary)	**Women and Child Welfare Department**
Providing, shoes, socks, uniforms, sweaters and school bags	ICDS and CWSN (children with special needs)
Distribution of free textbooks	Uttar Pradesh child protection scheme
Mid-Day Meals	Beti Bachao Beti Padhao scheme (100:0)
Assistance to economically weaker students of classes 1 to 8 (students in private schools)	Operation of children home shelters with the help of Voluntary Organization (60:30:10)
SSA-RMSA-Samagra Shiksha	National Nutrition Program (80:20) & State nutrition mission
Merit based Scholarships	Programmes for adolescents' girls (50:50)
Pre-Matric and Post Matric Scholarships	Pushtaahar Program (50:50)
ICT classes	Kanya Sumangala Yojana
Kanya Vidya Dhan Yojana	Shabari Sankalp Campaign

Educational tour of teachers of aided higher secondary schools	Expert Adoption Agency
Health Department (& Medical Department)	**Social Welfare Department**
Teenager Health Protection scheme	Scholarships to the students of OBC Class 1-10 (50:50)
Maternity Scheme (60:40)	Scholarship and non-recurring assistance OBC Class 1-10
PMMVY	State Ashram schools for ST
NRHM	Scholarships to the students (class 1 to 10) of classes other than unreserved class who come under BPL
Districts and states created under child life and safe motherhood (60:40)	Scholarships to the ST students of classes 9 and 10 (100:00)
Maternity and child welfare (100:00)	Samagra Shiksha Abhiyan (60:40)

4.3. Role of District Magistrate, District Officials of Important Departments and Committees – With A Main Focus on Children

4.3.1. District Magistrate

Figure 4. 3: Administrative Set-Up under District Magistrate



Source: Collected by CBPS

The district administration consists of Revenue, Development, Police (Law and Order), Judiciary, and Local self-government. The District Magistrate is in charge of revenue and administration. He is further assisted by the Additional District Magistrate (Finance and Revenue). At the tehsil level, the Sub-Divisional Magistrate is in charge who is designated as the Up-Zilla Adhikari. He is assisted by Tehsildars

in each tehsil and for revenue collection. Each tehsil is further entrusted to Naib Tehsildars for Kanoongo's circles respectively and the Lekhpal is in-charge for each revenue village.

The Chief Development Officer (C.D.O.) and the District Development Officer (D.D.O) are in charge of development activities in the district. They assist the District Magistrate for implementation and monitoring of various development-based schemes in the district. The Project Director is also deployed to assist the D.M. and the C.D.O. in implementation and supervision of different development programmes in the district. The district is further divided into development block which is well known as Vikas Khand which is also known as the office of Kshetra Panchayats. The Block Development Officers (B.D.O.) works at the block level and thus looks after the administration of the block. For his assistance, there is an assistant development officer and at the village level, there is a village development officer.

Under the police set-up, the Senior Superintendent of Police (S.S.P) and the Superintendent of Police (S.P) are in charge of their respective districts. The Judicial administration of the District is headed by the District and Session Judge. In addition, there are several Additional District Judges, Civil Judges, Chief Judicial Magistrate and Additional Civil Judges are appointed to look after legal matters under the aegis of Allahabad High Court. One Additional District Judge exclusively looking after cases related to POCSO Act 2012 is stationed at Sitapur.

The Chief functionaries of urban self-government consists of the Mayor and Nagar Ayukat [1](Commissioner) at Nagar Nigam level and Chairperson and Executive Officer at Nagar Palika Parishad / Nagar Panchayats. Similarly, in the rural self-government set up (Panchayat[2] Raj Institutions) at the Zilla Parishad level it is Zilla Panchayat Chairperson and Apar Mukhya Adhikari while at the block level it is Pramukh of Kshetra Panchayat[3] along with Khand Vikas Adhikari[4] (B.D.O in charge) and Gram Pradhan[5] and Panchayat Secretary at Gram Panchayat.

As the supreme administrative body, the District Magistrate plays an important role in implementing all the schemes, augmenting the resources and play a key role in making decisions. All the important meetings and official decisions are routed

[1] Ayukat- Commissioner.
[2] Panchayat- Village Council.
[3] Kshetra Panchayat- A council for a certain block.
[4] Khand Vikas Adhikari- Block Development Officer.
[5] Gram Pradhan-Head of the village council.

through the DM. The DM's office acts as a convergence point for all the departments and any communication regarding the departments has to pass through the District Magistrate. The overarching role of DM often results in certain routine steps of permissions for program implementation getting delayed affecting progress of development departments. As mentioned by the department officials, at ICDS and the BSA it is often very time consuming and tedious to seek approval from the DM and CDO.

The District Magistrate is omnipresent in almost all decision-making bodies related to child development. DM is empowered to take suitable decisions on schools, hostels, AWC's and approval of NGOs that run child homes etc. The Basic Shiksha Adhikari informed that the project officer of SSA, RMSA needs the approval of the DM for incurring expenditure over Rs 1 lakh. The District Magistrate supervises all the functionaries in the district right from departmental heads to frontline workers.

DISHA COMMITTEE

The District Development and Monitoring Committee (DISHA) is formed for the improvement of infrastructure and rural development. Its is formed with a view to improve development coordination and monitoring within the Constitutional framework of responsibilities with the Centre, State and Local governments. A DISHA committee comprises of a chairperson who is an elected member of the Parliament in the Lok Sabha. The other members of the parliament of the Lok Sabha who represent the district are considered as co-chairpersons. An elected Member of Parliament of the Rajya Sabha is also elected as the co-chairperson by the Ministry of Rural Development. The member secretary of the DISHA committee is the District Magistrate. In his absence (in case of special circumstances), the meeting is attended by the Senior ADM or the DM could authorize the Zilla Parishad to be the Member secretary. The other members consist of all members of the state legislative assembly, one representative of the state government, all members of the Gram Panchayat, Chairperson of the zilla panchayat, CEO of zilla panchayat, project director. The ministry of rural development nominates up to 4 members as the member of the committee namely one member of an NGO, one representative each of SC, ST and women, Lead bank officer of the district, SP or SSP of the postal department and district level functionaries who will be under the purview of DISHA. Meetings of DISHA should be held once in every quarter. At least 4 meetings have to be organized in a year.

4.3.2. School Education Department

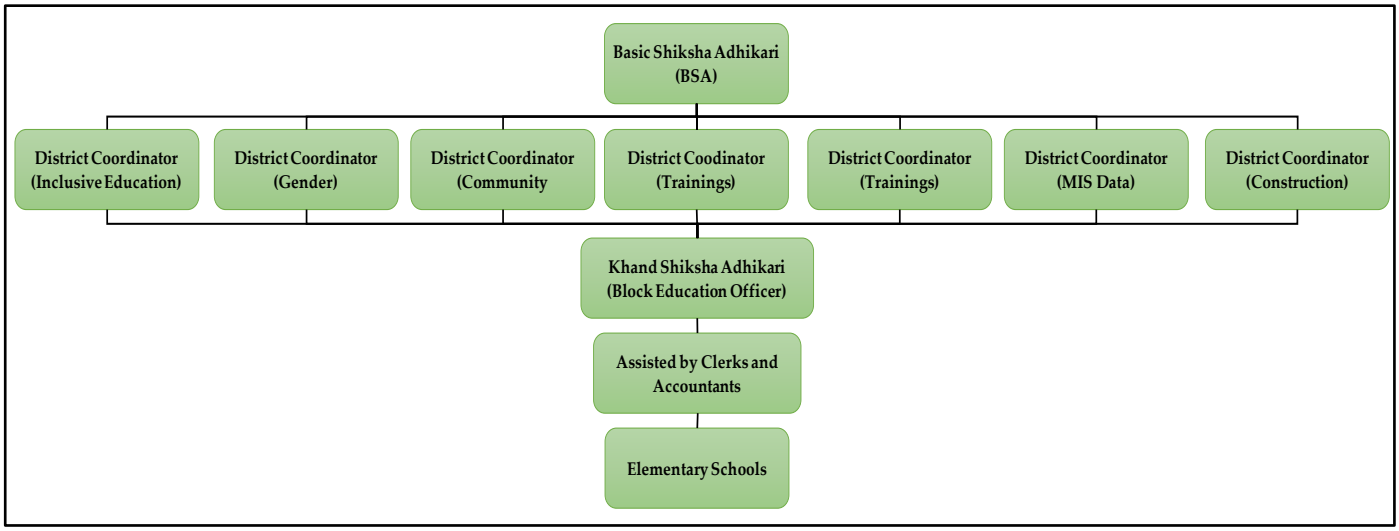
Under school education department in Uttar Pradesh, there are two categories:

- Elementary Education Department
- Secondary Education Department

Elementary Education Department (Basic Shiksha Adhikari Office)

This elementary education department at the district is known as the Basic Shiksha Adhikari (BSA) Office. They are responsible for implementing the schemes related to school teachers and education, conduct Board Exams and address the grievances. The department's objectives include ensuring and providing access to quality education, reduce the dropout rates and enhance the retention rates. As a part of implementing the schemes that facilitate the schooling, the department is responsible for supply of textbooks, workbooks, uniforms, shoes, school bags and full-sleeve sweaters to the students every year apart from provision of mid-day meals in the schools. In addition, kids are also provided one fruit each wednesday and one glass of milk each monday (150 ml and 100 ml for lower primary and upper primary respectively). It is also responsible for providing training to the teachers and other important officials at lower levels like Block Education Officer (BEOs) and Cluster Resource Person (CRPs).

Figure 4. 4: Structure of Elementary Education Department in Sitapur District



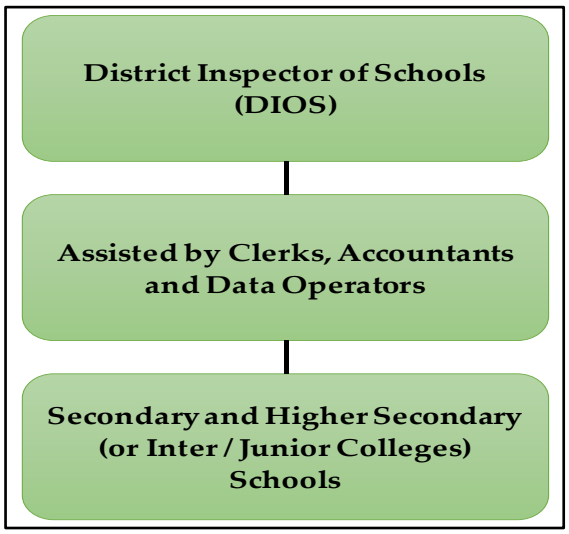
Source: Collected by CBPS

As informed by the BSA, kids from poor families avail 25% reservation in private schools. The state government deposit Rs. 5000/- to their parents/guardian's account for the uniforms and textbooks while school fees are directly paid to the school account. Accelerated learning camps (ALC) are conducted where students with learning disabilities are trained for eight months and then they are admitted to the schools. Also, some of the schools are being converted in english medium schools.

As per the district functionaries, there are seven district coordinators handling different academics (Inclusive education, community mobilization, gender, training)

and non-academic (MDM, construction of school hostels and buildings, data maintenance) subjects. They are responsible for those activities at the school levels apart from the required maintenance of data and communications.

Figure 4. 5: Secondary Education Department (DIOS department/ Madhyamik Shiksha Vibhag



Source: Collected by CBPS

The head of this department at the district is the District Inspector of Schools (DIOS). This officer is assisted by a few lower level officers and clerks. According to him, there is no such structure in this department. There is no block level officer and they have direct contact with schools. Main schemes of this department are different kinds of schemes meant for secondary school students (like RMSA, scholarships) and ICT classes. Under ICT, only 45 schools have been provided ICT facilities. The main function of this department is to verify the list of scholarships and further forward them to the social welfare department through NIC (National informatic centre) as well as providing guidelines to schools regarding scholarships from time to time.

District Institute for Education and Training (D.I.E.T)

District Institute for Education and Training (D.I.E.T) are district level educational institutes which have been established in each district of India by the Indian government. They primarily help in coordinating and implementing government policies at the district level. D.I.E.T's are usually established as centers of guidance for educational institutes and schools at the district level. They also function as a flatform for research and experimental work in the domain of education. It also organizes programme to train teachers using innovation.

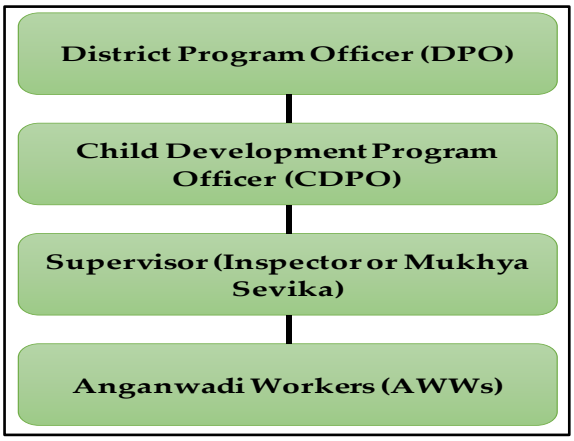
The D.I.E.T center is located in Khairabad block of the Sitapur district which provides academic and resource support at the grassroot level primarily elementary education and adult education. Emphasis is largely given on teacher training as it is believed that the quality of education is largely and substantially dependent on the quality of training and other support provided to the teachers. Until the adoption of the National Policy on Education (NPE), the support in the area of elementary education was being provided largely at the national and state level only by institutions like NCERT, NIEPA and SCERT's.

4.3.3. Women and Child Welfare Department

The department has two wings: Integrated Child Development Services unit that implements ICDS and District Child Protection Unit (DCPU) that is responsible for the implementation of Integrated Child Protection Services as well as cash transfer related schemes (for example Kanya Sumangala Yojana). At the state level, DCPU comes under the administrative control of State Child Protection Society.

The WCD's main function is to promote women, child and juvenile welfare through empowerment, institutional and legal support. At the district level, they implement schemes for reducing malnutrition, infant and maternal mortality. The department acts as a preventive care institution focusing on women and children to improve the nutritional status, to support them in avoiding and dealing with difficult circumstances.

Figure 4. 6: Integrated and child development Services (ICDS)



Source: Collected by CBPS

ICDS wing of department is responsible for implementation of nutrition related schemes and missions. It concentrates on various components under ICDS for which the whole district is divided into project areas which are again divided into sectors and finally divided into anganwadi centres. The head of ICDS wing is the DPO

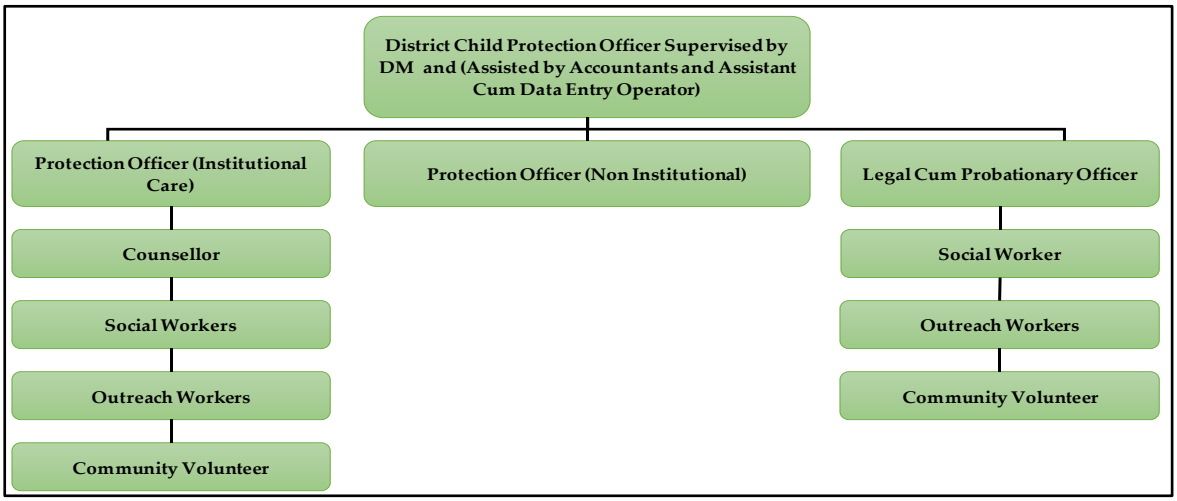
(District Program Officer). Each project is headed by a Child Development Project Officer (CDPO) and a sector is headed by a supervisor (inspector/Mukhya Sevika) and further anganwadi centre is headed by anganwadi workers (AWW). The ICDS unit works to achieve the WHO targets given by the State and Central governments under Poshan Abhiyan. This department also works with the health department at the lower level, especially for the implementation of immunization. Though the norm of one supervisor for 25 Anganwadi Centres exists, often 30-50 AWCs are supervised by one supervisor which affects their performance and has a bearing on their efficiency as well.

Integrated child Protection Services (ICPS)

The District Child Protection Unit (DCPU) is headed by District Child protection officer (District Probation Officer) who is under the administrative control of the District Magistrate. The ICPS consists of DCPU, Child Welfare Committee (CWC) and Juvenile Justice Board (JJB). The DCPU coordinates and implements all child rights and protection activities at the district level which includes certain important functions like ensuring that for each child in need of care, there is an individual child care plan and that the plan is regularly reviewed. CWC is responsible for the protection of children in need of care and support. CWC looks after matters of child labor and child marriage. In most places, there exists a position of a child marriage probation officer (CMPO) who visits with police to the families of the boy, girl who have been forced into child marriage and takes care that necessary action is taken. However, in Sitapur, the same comes under the purview of the Child Welfare Committees. There exists a child helpline number -1098 and the children contact the CWC via the helpline number. The CWC consists of a team which includes police officers to rescue the specific child. A FIR is lodged against the parents and the parents and the child have to visit the CWC every month to ensure that the child is doing well. In case the issue directly reaches the District Magistrate, the DM sends a team with the help of CWC to rescue the child. With respect to child labor, a team is sent every month around the district to restaurants, field, mills, factories to check for any child who is underage and working. Subsequently the owners of the respective places are reprimanded and a FIR is lodged against them. In case of child labor under MGNREGA, the CWC informs the Gram Pradhan as MGNREGA comes under the purview of the Gram Pradhan. All the members of CWC must have a minimum of 7 years' experience in child issues or law background and one of them should be a woman. The Juvenile Justice Board (JJB) performs first class magistrate functions in cases involving juvenile crime. It comprises two social workers and a

chairman who is of the rank of Principal Magistrate. The social workers of the board must have a minimum of 7 years' experience who are also selected by a state level committee. All the members are appointed for a term of 3 years. In addition, this wing is also responsible for the cash transfer related scheme for example Kanya Sumangala Yojana.[6]

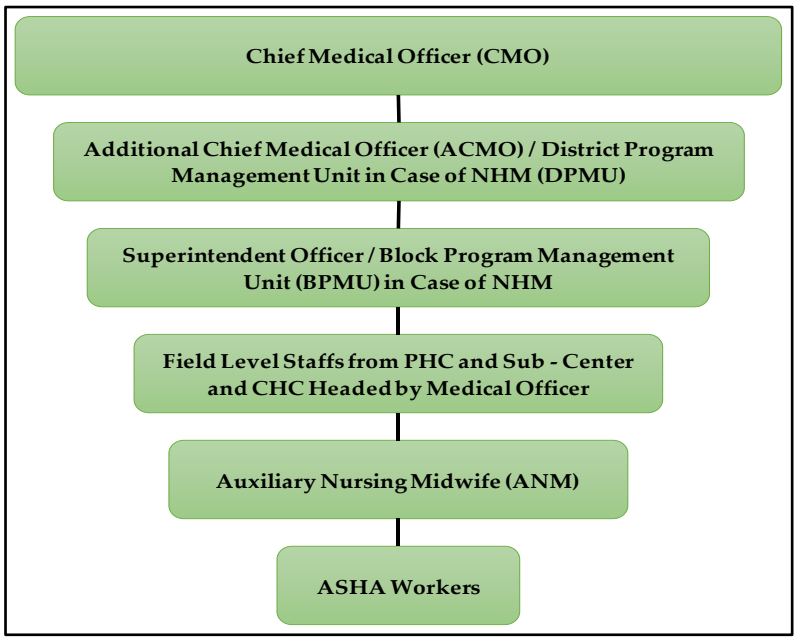
Figure 4. 7: District Child Protection Unit in Sitapur District



Source: Collected by CBPS

4.3.4. Health Department (Medical Department)

Figure 4. 8: Structure of Health Department in Sitapur District



Source: Collected by CBPS

[6] Kanya Sumangla Yojana – Monetary benefit scheme which revolves around the upliftment of girl child in Uttar Pradesh. The scheme proposes monetary help to the guardians for the benefit of two girls from a single family.

Chief Medical Officer (CMO) is the head of the department. There are ACMO (Assistant Chief medical Officer) for each program and scheme and they are headed by CMO. They are basically nodal officers. There are superintendent officers under ACMO who supervise over the field staff (ANM, ASHA workers and other staffs) who work under medical officers. The field staff connect the department with the beneficiaries in implementing various health programs. In terms of responsibilities, CMO and ACMO are engaged in monitoring and supervision of the schemes. The actual implementation of each of the scheme basically starts at the superintendent level and stretches till the beneficiary level.

The structure is slightly different for NHM (National Health Mission) which is one of the major umbrella schemes under the health department. In parallel to ACMO, there are DPMU (District Program management Unit) officers and Block Program Management Unit (BPMU) at the lowest level of administration and then field workers along with PHC/Sub Centres. Around 95% of the child welfare schemes comes under National Health Mission (NHM). Several health schemes are aimed to improve the accessibility of healthcare services and to build an enabling environment for the mother and child development. It looks over the issues of maternal and infant deaths. Important schemes for child welfare are Janani Suraksha Yojana (JSY), Janani Shishu Suraksha Yojana (JSSK), Home over based New Born Care (HBNC), Bal Swasthya Poshan Mahi (BSPM), Rashtriya Bal Swasthya Karyakram (RBSK), Rashtriya Kishore Swasthya Karyakram (RKSK), distribution of sanitary napkins, immunization. It is also in charge of conducting medical camps during disasters. Apart from Implementation of various schemes, the unit is also responsible for training Medical Officers in the district.

Rashtriya Kishore Swasthya Karyakram

The Government of India in 2014, introduced the Rashtriya Kishore Swasthya Karyakram focusing on adolescents – targeting age groups 10-14 and 15-19, the programme aims at the universal coverage of health information and services for adolescents-which includes those in and out of school, married and unmarried and vulnerable groups. RKSK focuses on six domains namely nutrition, sexual and reproductive health, mental health, injuries and violence such as gender-based violence, substance abuse and non-communicable diseases. The RKSK strategy expands a focus on adolescent health care through established frontline workers and youth clubs. The strategy also calls for setting up of Adolescent Friendly Health Clinics and at least four peer educators per village to establish groups, conduct participatory sessions, and facilitate referrals to the health clinics. RKSK also

promotes coordination of activities for adolescents, within Health and Family Welfare Department and Women and Child Development Department. To also implement the paradigm shift, the strategy identifies seven main components that needs to be ensured across all programme areas. The components are Coverage, Content, Communities, Clinics, Counselling, Communication and Convergence. The implementation and monitoring process of the scheme is as follows – PHC-CHC-District-Divisional and then state level.

Table 4. 3: Implementation of RKSK at different levels

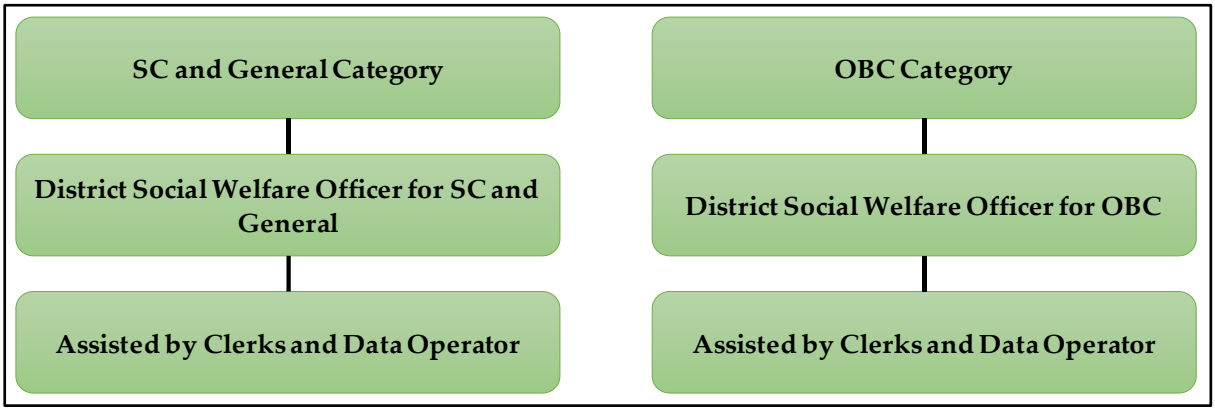
Level	**Person Responsible**	**Minimum Frequency of Field Visit**
PHC	LHV	• At least 3 days/ week, to one SC per visit • Every SC will be covered twice a month • At least 1 VHND/ Week
	Medical Officer – PHC	• At least twice a month to 2 weak performing SCs/ANMs and 2 VHNDs/ Month
CHC	Block MO-I/C	• At least twice a month to 2 weak performing PHCs and 2 weak performing SCs
	Block Programme Manager	• At least twice a week i.e. 8 times in a month ➢ 2 SCs /Outreach and household assessment per visit OR ➢ 1 PHC and 1 SC/outreach and household assessment per visit
District	Public Health Nurse	• At least twice a week i.e. 8 times in a month ➢ 1 PHC and 1 SC per visit OR ➢ 2 SCs, 1 outreach and household assessment per visit
	CMO	• At least twice a month to any weak performing facility and outreach
	District Programme Manager	• At least once a week i.e. 4 times in a month ➢ 1 CHC and 1 SC per visit OR ➢ 2 PHCs and 1 SC per visit OR ➢ 1 PHC, 1 SC, 1 outreach and household
	ACMO and other technical officers	• At least once a week i.e. 4 times in a month ➢ 1 CHC and 1 SC per visit OR ➢ 2 PHCs and 1 SC per visit OR ➢ 1 PHC, 1 SC, 1 outreach and household

Level	Person Responsible	Minimum Frequency of Field Visit
Divisional	Regional Programme Manager /Divisional Programme Manager	• At least once a week i.e. 4 times in a month to different districts by rotation ➢ 2 CHC- FRUs/ SDH per visit OR ➢ 1 CHC – FRU/SDH and 1 PHC per visit OR ➢ 1 PHC, 2 SCs / outreach and household
State	Mission Director	• At least twice a month to one poor performing district per visit, ideally 1SC, 1PHC and 1 CHC/DH to be visited per visit
	State Programme Manager	• At least twice a month to one poor performing district per visit. Ideally 1SC, 1PHC and 1 CHC/DH to be visited per visit
	Senior Officer of State Directorate/ State Technical Programme Officer	• At least twice a month to one poor performing district per visit. Ideally 1SC, 1PHC and 1 CHC/DH to be visited per visit

Source: Collected by CBPS

4.3.5. Social Welfare Department (Two wings)

Figure 4. 9: Structure of Social Welfare Department



Source: Collected by CBPS

The departments mainly function for the welfare and protection of all the disadvantaged groups. There are two wings under this department: department for schedule caste and general categories and department for other backward class category. Important child welfare schemes which come under this department are scholarship schemes for Scheduled Castes / Scheduled Tribes and Scheduled Castes, and general category of students who poverty line and financial assistance given to them. The department verifies the data that are forwarded by the DIOS through NIC at the district level and eventually forward the consolidated data to the state directorate with the approval of DM and CDO as well as accounts officer. The head officers of

both wings are assisted by a few clerks and data operator. There are two types of scholarships namely pre-matric scholarship (state scheme) and post-matric scholarship (centrally sponsored scheme). There is no mention of schedule tribes because there are no scheduled tribe population in Sitapur.

4.3.6. Role of Panchayati Raj Institutions

Panchayats have been the backbone of Indian villages and they are considered to be India's ancient democratic institutions whose description is found in ancient texts as Sabhas or Samitis. At various instances, these government bodies have proved their importance despite the political disturbances in the country. The 73rd Amendment of the Constitution accorded a statutory status and enabled the creation of third tier governments across the country. This was meant to facilitate the rural development by way of empowering the panchayat raj institutions. The state of Uttar Pradesh which has the highest population in the country has 75 districts and 820 development blocks and 1,07,452 villages, has 75 Zilla Panchayats, 820 Kshetra Panchayats and 51976 Gram Panchayats. The size of population of Gram Panchayats does not exceed one thousand and would largely comprise of 1-2/3 villages.

The Department of Panchayat Raj has provided a charter of 7 subjects for Zilla Panchayat which are:

1) Financial Aid to Gram Panchayats.
2) Rural Cleanliness Programme.
3) Responsibilities of the Panchayats like transparency in the work, rural development and administration.
4) Responsibilities of the public towards the Panchayats.
5) Decentralization Programme.
6) Control over the Gram Panchayats.
7) Arrangement of Panchayat Help-line.

At the block level, the Block Development Officer is in charge of the activities and at the village level, the Gram Panchayat is actively involved and is held accountable for village level activities. The Gram Panchayats are given financial aid based on the recommendations of the State Finance Commission to undertake works that help the villagers. The key responsibilities of the Gram Panchayats include periodic meeting of the Gram Sabha, attending monthly meetings of the Panchayat Samitis, rural welfare, control over government ration depot to ensure timely ration supply to

households, to ensure and pass welfare programmes for poor and needy with the coordination of public up to an amount of Rs 5000. Gram Pradhan is responsible for co-ordinating the developmental activities at the village level.

4.3.7. Non - Governmental Organizations in the District

The three main Non-Government Organisations (NGOs) working in the child welfare space are Pratham, World Vision and Vidya Gyan Shiv Nadar Foundation. Pratham is an innovative learning organisation which works to improve the quality of education in India and it focuses on high-quality, low cost and aims to fill the gaps in the field of education. World Vision majorly works for underprivileged children. Their main aim is to uplift the lives of the children in need. They help the children living in poverty and injustice to become self-sufficient and bring a lasting change. The vision of Vidya Gyan Shiv Nadar Foundation is attempting to build future leaders from rural India by providing high quality school education as a tool to bridge the rural-urban divide. They provide free education to children coming from financially poor families in the rural setup to enable them to transcend their limitations and compete at equal footing with their urban counterparts.

Interaction with The State and Convergence at The District

Any developmental scheme is communicated to the respective departments at the district by state directorates or nodal agencies. The district officials communicate it further to the implementing agencies or their block level counterparts who are responsible for taking it further to the last destination. District Magistrate acts as a converging point for all the departments at the district level. Each scheme has a comprehensive or scheme specific web portal where the data on implementation is uploaded. These websites are relied upon for identification of beneficiaries and for monitoring. The data collected from the implementation point is consolidated at the block level or district level and sent to state directorates/ nodal agencies at regular intervals. Another avenue for the interaction of state and district level officials and staff has been the training. State directorates undertake continuous training for the capacity building of district level functionaries. Scheme specific training also happens through workshops, video conferences etc. The district functionaries in turn train the blocks or project level functionaries who build the capacity of lower level staff like HMs, AWWs, ANMs and ASHAs etc with respect to implementation of schemes, collection of data or uploading it to the portals.

The lower level staffs of Health department such as ANMs and ASHA workers opined of lack of adequate training sessions especially when it comes to uploading

the data collected locally at the village. ANM informed us that while she has been provided tab/phone for uploading the data, she is not confident of uploading the data and also checking whether the same has been entered without any error and felt that more training and handholding is required for this kind of technology led interventions. However, on the other hand, the lower level staff at schools School Education department expressed that there are too many training sessions without a proper schedule which often disturb their regular work.

Regarding influencing policy/budgetary changes, there is very less discretion to the district officials. They can only communicate the need for a policy/budgetary change to the higher level which may or may not be accepted. The district departments act as only a conveyor belt for the distribution of benefits. Speaking on the issues, one officer told us that they attend state level meetings and present the requirements of the district and this may or may not be accepted for tweaking the policy/budget. Even when accepted it may be partial and may not be fully as demanded by the districts. District offices however can suggest and also implement few changes in improving the efficiency of delivery of developmental schemes. Beneficiaries for all the schemes are identified at the state level and funds are released accordingly.

Chapter 5: Field Observations

5.1. Early Child Care (0-6 years)

Early Childhood Care is a preparation for primary school and it aims at holistic development of a child's broad foundation of lifelong learning, nutrition and well-being.

5.1.1. Availability and Accessibility

At the bottom of the pyramid, ASHA, ANM and Anganwadi workers are the main pillars for early child care. ANMs and ASHAs in the villages visited have a track of deliveries and high-risk pregnancies. They assist the antenatal and postnatal care right from the conception to the last dose of vaccination and they make sure that there are no home deliveries take place. Anganwadi workers make sure that all the enrolled children aged between 3-6, come to the anganwadi centre on a regular basis and have proper nutrition. The Anganwadi worker is assisted by the anganwadi helper whose primary task is to bring children to the centre from their homes and drop them back once the class is done after making sure that they get the nutrition and pre-school education that the children are supposed to be provided with. In addition to the above, ASHA, ANM and the Anganwadi worker have to maintain data of the services they provide on a daily basis which is then further consolidated by the higher authorities and is sent to the respective district department. Along with the aforementioned, ASHA and Anganwadi workers are also responsible to conduct Godhbharai and Mamta Divas and along with the ANM, they also conduct Swasthya Mela. During Godhbharai, ASHA and Anganwadi workers visit the house of the pregnant woman and provide her and her family with all the items required for the ceremony – e.g. milk, Daliya, fruits etc. For this purpose, they also have to receive a fee of Rs 250 from the Gram Pradhan. However, most if the times, they do not receive the amount. During Mamta Divas, health care facilities are provided for women and child population. Though the rules provide Rs 250/- for the Godh Bharai (Baby Shower function) function for a pregnant woman, the money often doesn't get transferred on time and the Anganwadi workers spend from their pocket and conduct the functions which is very difficult

5.1.2. Systemic Factors

Observations from the four villages revealed that most of the Anganwadi centres and CHCs / PHCs were severely understaffed and they lack basic infrastructural amenities - for e.g. drinking water, toilet water, structure of the building. It was observed that one of the Anganwadi centre which was sanctioned an amount of Rs

7,00,000/-, for construction of new building 3 years ago however, had cracks on the walls of the building and lacked proper drinking water and a toilet for children. None of the Anganwadi centres visited had any tube lights, fans or bulbs despite being electrified. Anganwadi workers informed about the cases of stealing of weighing machines, toys and Anganwadi registers from the anganwadi centres. Anganwadi workers also discussed about few centres having received toys 16 years ago (in 2004), the problems of understaffing coupled with the issues of contract workers who do not receive their payments regularly and also are not given in-charge of tabs for feeding the data from the field level. In one of the blocks visited, it was informed that one supervisor who was also the CDPO was in charge of 100 Anganwadi workers/AWCs. For the maintenance of records, the Anganwadi workers and ANMs are expected to enter data on a daily basis on a mobile tab/value machine provided to them by the government. However, they are not provided with basic complementary facilities like internet charge and proper training on how to use the mobile tab/ value machine. Often the internet connection is not good and data does not get uploaded on the same day. This kind of delays in uploading often does mis-interpreted as delays in service provision by superiors in the department.

Anganwadi centres are plagued with multiple issues apart from poor infrastructure and severe staff shortage. Attendance rates are very low compared to the children enrolment in AWCs. There are high rates of anemia, severe malnutrition - undernourishment among children and often they are referred to the Nutritional Rehabilitation Centre (NRC) where they are taken care of for 14 days and the parents of those kids are provided a sum of Rs 1400/- which is to be used to provide nutritional food for the kids in order to improve their health.

Due to lack of basic hygiene, sanitation and coupled with severe malnutrition, often significant proportion of women become high-risk pregnant mothers in the villages. These mothers who are termed as high-risk pregnant women are directed to the district hospitals directly for further treatment as there are not enough female medical doctors at the block level Community Health Centre and women not comfortable being treated by male doctors. Even delivery cases are referred directly to district hospitals for lack of female doctors at the lower levels. Even when the Swasthya Melas equipped with all health facilities to address health issues apart from providing entertainment to kids by way of competitions and games, it is either difficult for children to go by themselves because of distance or it becomes difficult for parents to accompany their children for such distances covering costs for the same.

5.1.3. People's Experiences and Expectations

Frontline functionaries like ASHAs, ANM and Anganwadi workers are the face of the service delivery system within the villages and they act as important and sometimes the last delivery point of services to the people of the villages. Since these frontline workers are females, they are in need of basic amenities like sanitation, drinking water and maternity leave which is essentially not provided to them.

In one of the AWCs visited, only 35 kids were present against the enrolment of 77 children. Similarly, in the other AWC, only 20 kids were present against the enrolment of 75 children. One of the reasons was of the food (Daliya) which was salty and children could not eat the same. AWWs felt that it would be better if they were provided with the meal like in the schools. Anganwadi workers and ASHAs informed that they are not provided with any maternity leave and they have to work through the 9 months of their pregnancy period and are expected to report back to work within 3 days of normal delivery and 7 days in case of C-Section delivery. Apart from this, these staff are overburdened with various activities such as attending several meetings, helping during Gram Panchayat elections etc and they are not provided salary regularly.

5.2. Health, Education, Nutrition and Child Protection (6-18 years)

5.2.1. Health and Nutrition

5.2.1.1. Access and Availability

The important schemes for children in the age group of 6 to 18 under health and nutrition are Rashtriya Bal Swasthya Karyakram (RBSK), Rashtriya Kishor Swasthya Karyakram (RKSK) and Take-Home Ration (THR) and distribution of sanitary napkins. On the other hand, RKSK scheme had largely focussed on psychological and reproductive issues in the puberty period. However, schools and ANMs reported to have not utilised scheme because they were not aware of the scheme apart from difficulty in identifying the children facing transition issues.
There is a provision of take-home rations even to the dropout adolescent girls with the roll out of Poshan Abhiyan. According to the frontline officials, it is difficult to identify the dropouts as the education department does not disclose the data on dropouts. It was also observed that the names of the students dropped out were not removed from their database to avoid the wrath of the higher authorities. In addition, the school authorities were also not comfortable about disclosing the dropout rates. It is for these reasons, data of dropouts collected by the Anganwadi workers at the village level is relied upon for to provide take-home rations.

5.2.1.2. Systemic Factors

One of the other major problems also identified was the lack of provision of quality sanitary napkins to adolescent girls in a sustained manner. It was informed that in the beginning of the scheme, the adequate number of good quality sanitary napkins were provided but of late the napkins provided were of low quality. Although many schools are in need of sanitary napkins, there is no timely delivery of the same and often the teachers provide it from their pockets. The scheme which aims at inculcating a hygienic habit of using sanitary napkins demand uninterrupted supply and training for use and safe disposal in a regular manner which seems to be missing. After the discussion at the CHC level, the sanitary napkins are provided to KGBV school as it is a residential school and there are no markets. Thus, for the same reason the district office sanctions 500 sanitary napkins to KGBV and only 150 sanitary napkins are kept at the CHC level for emergency purposes.

5.2.1.3. People's Experiences and Expectations

It was informed that under RBSK, important issues found and treated among children included dental problems, anaemia, skin problems and eyesight problems. Children in the child care homes were also reported to have eye-problems, dental problems and few cases of mental disorders. Children were provided with spectacles after eye check-ups. Peer educators are formed and trained to provide information on the same to the adolescent students in schools and Swasthya melas. However, none of the schools visited reported the conducting of peer educators training apart from few Swasthya melas being conducted by the health department. Peer educators are formed and trained to provide information on the same to the adolescent students in schools and Swasthya melas. However, none of the schools visited reported the conducting of peer educators training apart from few Swasthya melas being conducted by the health department. Adolescent students are provided with iron and calcium tablets on every Monday to increase the level of haemoglobin. However, it was found that the people were wary of its alleged negative side effects of the tablets. Children fall sick and there are side effects such as rashes, infection and in some severe cases- death of the child.

5.3.2. Education

5.3.2.1. Access and Availability

As mentioned earlier, the literacy rate of Sitapur (61%) is lower than the state average (67%) and the national average (70%). Both the Basic Shiksha Office and DIOS departments oversee elementary schools and the secondary schools in the

district. The main schemes for the elementary schools are provision of uniforms, shoes, socks, sweaters, mid-day meal scheme, fruits (once in a week) and milk (once in a week). For secondary schools, the important schemes are pre-matric scholarships, post-matric scholarships, distribution of sanitary napkins and iron tablets. The average attendance of the elementary schools visited in Sitapur were reported to be at about 70% as per BRC and an average dropout rate of 10%. The enrolment data was also found to be lower than that of the enrolment data as per U-DISE data in the district.

5.3.2.2. Systemic Factors

Based on the observations in the schools during field visit, it was found that the main problems at the elementary level included lack of infrastructure, insufficient provision of milk, late arrival/delays in supply of uniforms, socks, shoes and sweaters which gets delayed by over 3 months. The notebooks and workbooks also arrive late by one semester the children are forced to use the books used by their friends or siblings who study in higher classes. It was observed that none of the schools visited had basic water and toilet facilities, the children did not have adequate number of desks/benches and there were no bulbs, fans and tube lights although there was electricity supply. The provision of milk was relatively low as compared to the demand for the milk (6 litres of milk for 150 students). One of the teachers felt that it would have been better to provide seasonal fruit along with biscuit instead of milk as the milk often gets spoilt apart by the time it reaches school. On a positive note, MDM was reported to be functioning smoothly and children were found to be satisfied with the food while the cooks and helpers complained of the delays in getting their monthly honorariums.
The important problems faced at the secondary level were found to be rejection of scholarship applications, insufficient provision of sanitary napkins and iron tablets, absence of RKSK activities apart from severe understaffing in schools Children who could afford to go to private schools have chance to study science further while the remaining would drop out of the school. The absence of female teachers in schools is also another factor that contributes to dropout of girl students. This coupled with poor infrastructure, lack of proper drinking water and toilets make it more difficult for the girl students to attend the classes. However, the enrolment of girls was more than that of the boys in the secondary schools as parents preferred sending their boys to private schools. The other reasons for dropouts in government schools was due to inability of parents to pay the fees. While RTE helped them to send their

children to elementary schools, here they have to pay fees and few opt out for this as well. Child marriage, child labour and migration also add to the dropout scenario. Most of the parents were daily wage workers or agricultural workers and thus they are not motivated enough to attend the meetings unless they foresee any monetary incentive.

5.3.2.3. Utilisation

Funds for RMSA and SSA were received on a quarterly basis. A major proportion of the expenditure went towards paying electricity bills and very less was spent on improving basic infrastructure issues such as sanitation, drinking water and so on. The integration of SSA and RMSA into Samagra Shiksha Abhiyan was received with contradictory opinions. For example, one of the teachers (upper primary) in a school mentioned that the integration was good because it would help in effective monitoring and supervision of schools whereas, the HM (lower primary) in the same school feared that the integration would lead to her demotion from the HM position. On a surprising note, few schools were found to be facing the wrath of local politics because of the differences between the elected representative who was elected earlier with the current one. One school which was supposed to be functional till 12th standard and having good infrastructure, in reality teaches only classes 6th and 7th despite having good infrastructure.

5.3.2.4. People's Experience and Expectation

It was reported that the scholarships were not received by students because their applications were rejected and there was no clarity on why the applications were rejected. According to the BRC, the sanitary napkins have not been supplied at the Centre for the past 2 years. In case of insufficient provision of iron tablets, the children are given awareness on the fruits and vegetables to be consumed which have a higher iron content. The schools also mentioned that no RKSK teams visited and few schools were unaware of the RKSK scheme. The primary problem was of severe understaffing especially of subject teachers. It was noticed that in most schools visited, there was only one Head Master assisted by one clerk and the headmaster is also the teacher and in-charge of headmaster. It was also informed that teachers would hire contract teachers on their own to teach some subjects for shorter periods. In G.G.I.C (Khairabad), it was informed that children who were interested in studying science left the school as there was no science teacher. School Management Committee (SMC) and Village Education Committee (VEC) at elementary level and the School Management Development Committee (SMDC) at the secondary level are the important decision-making bodies formed at the school

level. These committees hold meetings on a monthly basis and they comprise of head masters (or principal in case of secondary schools), Gram Pradhan, accountant, teachers and guardian members. There is one VEC for nearly 4-5 schools in a Gram Panchayat to discuss the internal problems of these schools but the committee seemed limited to the paper and HM would take all the decisions on behalf of the committee.

5.2.3. Child Protection

At the district level, the district child protection unit is in-charge of implementation of schemes related to child protection. There are two different types of child care homes for children in need of care and protection. The first one is for children between age-groups of 0-10 where boys and girls are kept together and the second one is for children between the age groups of 10-18 years where boys and girls are kept separately. It is to be noted that there is only one child care home in Sitapur which is for boys and the girls are sent to the state child care homes which is situated in Lucknow. The funding pattern of the child care home which is being run in Sitapur is such that it is sponsored 60 % by the state, 30% by the centre and 10% by itself. The child care homes are mainly meant for children who are missing, orphans or whose parents are jailed and children in need of care and protection. It was informed that the supervision and monitoring of the child care homes was undertaken on a regular basis. The children in child care homes are provided with counselling services, vocational training, food, clothing and lodging facilities apart from making efforts to connect these children with their parents/guardian.
Child welfare committee which is situated in Sitapur district is responsible for taking all the decisions related to children in the child care homes right from admission to adolescence. Adoption of any child is made through the approval from the child welfare committee. The adoption details and process are uploaded on the CARA website from the time a child is legally certified for adoption. One problem to be noted is that when the CWC identifies the whereabouts of the child's family, escorting is done only till the nearest urban centre to the location of family due to financial and jurisdictional issues from the police department. This issue becomes more serious when it involves inter-state escort. All criminal cases involving children are dealt with by the juvenile justice board. The accused and convicted children are kept in two different homes and are provided with food, clothing, non-formal education and indoor games.

The two major challenges that were reported of were child labour and child marriage for which poverty remains the main cause. The children are usually

involved in knitting the mat, working in sugar mills, household activities and agricultural work. The condition of few families is so poor that they use the money received as scholarship for child marriage. Despite this being an important issue at the district level, it is being viewed as an internal family matter and no action is taken against the same. Even the reporting of child marriage is avoided due to fear of local people.

5.2.3.1. People's Experiences and Expectations

The role of the Gram Pradhan includes smooth facilitation of the village developmental activities and to take care of the overall development of the respective villages. For example, Gram Pradhan is responsible for ensuring timely expenses related to MDM, Swachh Bharat Abhiyan, and Godh Bharai. However, many of the Gram Pradhans met were unaware of it. According to the Pradhans, there were no problems in village as far as children were considered which was untrue. Among the 4 Gram Pradhans who were met, only one was completely aware of the village activities and was actively involved in the overall development of the village. He maintained proper data, did monitoring and also made efforts to stop child marriage as soon as it gets known to him.

Chapter 6: Identified Gaps for Possible Interventions

6.1. Infrastructure

Infrastructure is the basic requirement and structures such as roads and buildings with facilities become critical for any organisation to function properly. Infrastructure in total contributes to the economic development of a region by increasing productivity and as an enabler in providing services which in turn increases the quality of life. The important places for children such as Anganwadi centres, schools and sub centres were found to be with huge infrastructure deficits. Poorly maintained, dilapidated, crumbling infrastructure with no provision of running water, toilets, compound walls, inadequate benches, bulbs and fans indicated the much-desired attention for improving the infrastructure at the earliest. This coupled with poor transport facilities have impacted the child development significantly. There is a need for providing immediate attention on this aspect. The scholarship forms are to be filled online. However, few children do not get scholarships because they fail to fill out the form in spite of regular reminders. Nearly 75,000 forms were reported to have been rejected because of improper filling. Expecting scholarship application to be submitted online seemed to be odd when the schools do not have electric lights and fan running in a regular manner. This is also a problem that needs to be fixed at the earliest.

6.2. Understaffing

One of the major problems witnessed in the district was that of understaffing especially in the CHCs, PHCs and secondary schools. In schools, there were hardly enough teachers and mostly there was only one teacher who was the principal as well as the only teacher handling secondary school which in turn added pressure on one person and the teacher was unable to give attention to one class/ section entirely as he/she also has to look after the administration. Most teachers were found to be travelling from distant places like Lucknow which is over 90 kilometres. Similar problem was witnessed in CHCs and PHCs where there was shortage staff and especially of female staff. For example, there was no female medical officer and thus women/girls are asked to go to the district hospitals which is far away and male doctors were also reported to be reluctant to treat women/ girls and high-risk pregnant women.

6.3. Poor Adolescent Care

The age groups 11-18 are considered one of the most crucial years for a child while growing up as the child enters their respective adolescent age where they evolve from a child to a teenager and thus there are bodily/hormonal changes which take place especially in a girl as she begins her menstrual cycle. During this period, utmost care is ought to be given with respect to good nutritious food, health, hygiene and sanitation. However, in most of the villages in Sitapur, these basic factors were neglected or the residents were unaware of the schemes. For example, most of the people in schools were unaware of Rashtriya Kishor Swasthya Karyakram (RKSK) which is a scheme specifically curated for teenagers by the government to ensure that they are provided with basic health, nutrition and sanitation facilities. There was a counselling team which was regularly sent for Rashtriya Bal Swasthya Karyakram (RBSK) but not for RKSK and thus teachers were mostly unaware. The distribution of sanitary napkins was found to be irregular and inadequate in all of the school visited. In few schools, teachers themselves were providing the same for students. It is important that the intervention of these kinds should ensure adequate and uninterrupted supplies coupled with efforts towards behavioural change communication to bring a significant and sustained positive changes.

6.4. Higher Dropout Rates, Poor or Ineffective RKSK, Child Labour and Child Marriage

The quality schooling at the level of secondary and higher secondary seems to be compromised by way of severe understaffing and poor infrastructure. The ineffective or no implementation of critical adolescent program focusing on health, nutrition and empowerment seems to be missing and adding to the higher rate of dropouts at secondary level. Child labour is also present and children are mainly involved in agricultural work and knitting of mats and they earn around Rs 150-200/- a day depending on the work done. These twin issues of poor provisioning of secondary schools and ineffective RKSK has in a way pushed the adolescent girls into child labour and child marriage as they could not visualise/ have seen the demonstration effect of the completion of secondary schooling leading to productive employment. The lack of awareness regarding contraceptives, various kinds of diseases including Sexually Transmitted Diseases (STD's) and HIV/AIDS and teenage pregnancy has added problems to adolescent girls.

6.5. Nutrition Issues

Health and Nutrition are two important factors for a child while growing up and it plays an important role in their wellbeing and better standards of living. Child needs to be provided with healthy food which is balanced with nutrient contents during their early age especially under 5 years to have a potential impact on health and productivity. Daliya provided to the children in the Anganwadi centre is of poor quality and taste. There are three kinds of Daliya – sweet, salty and pre-mix Daliya which is given in the form of cakes or ladoos during birthdays or special occasions. The salty Daliya is reportedly poor in taste and quality as it contains a lot of salt and could not be consumed by children. The sweet Daliya which has a good taste is reportedly consumed by children. The poor quality of Daliya was also one of the reasons for low attendance in Anganwadi centres. Similarly provisioning of milk to children has failed to serve the purpose of adding nutritive value because of its very low quantity. The iron and calcium tablets which are provided without adequate information has made people wary of the side effects and thus has had an impact on its consumption. Mid-day meals seem to be running well and could be a better platform to join milk and other nutritional supplements. Under the THR scheme, the households are provided with the same Daliya and the low quality of the same has grave effects on the family members especially children and pregnant/ lactating women. Pregnant women are asked to cook the salty Daliya with vegetables so that it reduces the effect of the salt but there is not much improvement with the taste.

6.6. Inadequate and Poorly Trained Frontline Functionaries

Anganwadi workers, ASHA workers and ANMs are important frontline workers who can significantly impact the health, nutrition and early pre-school learning of the child. Unfortunately, these functionaries are expected to perform despite the poor infrastructure that they are being provided with in their sub centre and anganwadi centres. The problem of understaffing coupled with poor incentive structures to the women staff of child bearing age (3 days leave for normal delivery and one week for c section deliveries) has a bearing on the efficiency of delivery of services. Often the honorariums are not received on time and they have to pay for data charges (to send the data to superiors) and also spend from their pockets to conduct Godh Bharai and wait for reimbursement.

6.7. Lack of Comprehensive Approach for Addressing the Needs of Child Development

What appears as the problems or shortcomings in the implementation of schemes together depict a larger issue of lack of political will in the form of comprehensive approach to the child development. Education is not about providing little school infrastructure with one or two teachers and implementing some scholarship schemes. It is about provisioning of quality education with adequate number of teachers, female teachers and subject teachers. This will also require facilitating the kids from poor financial background to have schooling by way of providing supplies such as books, bags, uniforms, footwear, etc along with providing transport as required. This is also about maintenance of data of each individual child right from the issuance of birth certificate so that their admissions to anganwadi, schools can be traced. The provision of comprehensive school health program including that of adolescent programs should aim at creation of healthy and confident children who could become productive resources. The sectors of health, education, together with infrastructure such as roads, transport, electricity, water supply needs critical investments for it to be productive and have impact on child development. Mere implementation of few schemes does not help and often go waste. Schools or health centres are of very less use when run with minimal staff and less facilities.

This kind of a situation calls for a radical shift in the investment pattern by way of investing comprehensively on infrastructure, recruitment, roads and transport, cash and in kind subsidies for poor children, effective implementation of school health programs, empowerment programs along with significant investment in form of behavioural change communication at the community level in villages. This is also because the health, education and infrastructure complement each other and contribute to the enhanced efficiency of one another. Data collection and its use should become integral part of monitoring and supervisory activities apart from planning. Identifying NGO/individuals who are inclined or gained expertise in social change/behavioural change communication and roping them for effective stakeholder involvement in developmental programs is a necessary complement for child development.

Annexure 1: Questionnaire to The Department Officials at The District Level

Beneficiary identification and data assimilation

1. How are the beneficiaries identified? What is the information that is relied upon while deciding the beneficiaries?
2. Does the department set any target? If yes, how are they set? Who sets them? What is the data/information that is considered before setting the target? What is the time frame that is set to achieve that target?
3. Do you conduct needs assessment for the state to formulate scheme by collecting and sharing the data/ information (or by any other means)?

Interaction

4. How are you informed about the new scheme? What are the means and official routes of communication?
5. Is there any discretion to district officials to make changes in the scheme according to the need? If yes, how are they done? If no, will the need/ problem be communicated to the state level?

Planning and fund allocation

6. When a scheme is formulated at the ministry level, is there a role that the district departments play? If yes, how does that collaboration happens?
7. How do you plan for implementation? Who plans at the district level? And who approves that plan? Who can revise the approved plan if revision is necessary?
8. What is the planning process? Are there any meetings conducted? If yes, who are the participants? Who decides the participants? Who records and who preserves the minutes of the meeting?
9. How are the funds allocated to a district for one particular scheme? Is it based on the demand raised? Or population? Or size of beneficiaries?
10. How is the fund allocation different for CSS schemes, state schemes and local initiatives? How is the 40% state share being used? Are they run under a different name?
11. How are the funds rooted from state to GP at each level? What is the role of Department in allocation of funds to Blocks/GPs?

Implementation

12. What are the departments that are contacted before planning or implementing a particular scheme? How do you coordinate with the other departments (i.e. at what level and to what extent)?
13. What is difference in implementation process of schemes involving cash/kind transfer and schemes involving service delivery? How is the scheme implemented at various levels?
14. How is the information related to a scheme is shared with the lower levels of administration? What is the point of contact, how is it communicated to the blocks and GP level?
15. Is there a particular cell or nodal office that is vested with the responsibility of coordination and implementation of the scheme?
16. Who is the last bureaucrat or official who implements the scheme? How does the district and blocks level authority maintain contact with him/her? How do they report to the higher-level officials?
17. What is the role of Zila Parishad in planning/implementation of a scheme?
18. Are there any collaborations with NGOs/CBOs for the implementation? If yes. How are the collaborations formed? How are the NGO/CBOs hold accountable?

Monitoring and Evaluation

19. Is there a review mechanism for the scheme? If yes, how is it reviewed? Who reviews it? Were there any reviews done till date?
20. Are there any reviews done by external agencies (state and non-state)?
21. Can you describe the review process?

Challenges and Suggestions

22. What are the problems faced during planning (like data inadequacy) and implementation (lack of resources) period? How are they tackled at various levels? Is there a feedback mechanism that is sent by the officials at District and below? If yes, how does that work?

General

Do you know how many NGOs are functional working on child welfare? On what sectors or age groups do they work?

Total no. of children in the district by category wise- SC, ST, minority, OBC? Also, by age group?

Scheme Specific Questions:

Women and Child Welfare Department

National Nutrition mission

1. How is it different from Posahn Abhiyaan?
2. What are the state specific programs under NNM?
3. Are there sub components of projects under NNM?

ICDS

1. What are the sub- components under ICDS? Under every component do you have the total no. of beneficiaries?
2. How are the funds allocated under each component? Are those guidelines set or do you have the description to allocate funds based on the need?

ICPS

1. What are the sub- components under ICPS? Under every component do you have the total no. of beneficiaries?
2. How are the funds allocated under each component? Are those guidelines set or do you have the description to allocate funds based on the need?
3. Is there any child welfare committee? If yes, how does it work?

SABLA

1. Is SABLA still existing in the state? Are SABLA and SAG (launched by the CM under social welfare department) are similar? If not, how are they different from each other?
2. How do you identify the out of school children? Do you have the data?
3. What are the activities under non-nutrition component and how are the services/ training provided? What is the institutional mechanism?
4. How is the fund divided between nutrition and non- nutritional components? How and at what level is this decision made?

State Nutrition Mission

1. How is this scheme different from that of National Nutrition Scheme?
2. Why is this scheme only focusing on the children up to the age of 3 years only not 0-6 age group?

Kanya Sumangla Yojana (6 stages)

1. How you have identified these different-stages, as on what basis? From where they have got this record regarding the stages and particularly regarding their standards/classes? Do they get this info from school attendance?
2. What parameters do you take into consideration while defining "full immunization"?
3. What changes have been made till now in these stages in terms of compensation?
4. Have you estimated any success rate of this scheme? If yes, is there any data maintained regarding that? If No, then also is there data maintained regarding that?
5. How many girls registered under this, have completed 12th or Bachelors?

Shabari Sankalp Yojana

1. Is there any follow up of this scheme as whether pregnant women and the child of 2 years old are getting the money and they are being used for their malnutrition problem?
2. Is there any data maintained regarding the number of beneficiaries?
3. How have they come up with this estimated amount of Rs 500/-
4. Is there any success rate of this scheme in Sitapur? If Yes, is there data or evidence regarding this. If no, then comparative analysis (why it is successful in other districts and not in Sitapur?)

School Education Department:

Mid-day meal

1. What is the total no. of beneficiaries that are benefited through the scheme by age group?
2. How are the new schools added and the dysfunctional schools deleted?
3. How are the food materials procured?
4. How are the cooks appointed/ Who appoints them? How are they paid?
5. Do the procurement or implementation or convergence mechanisms differ with the type of school (Govt/Aided/Madrassas/ Central Govt)? If so, how?
6. What are the basic amenities (LPG connection, discrete kitchen building etc) existing and the status of those amenities?

Distribution of school bags, uniforms, sweaters, notebooks

1. Is it part of SSA fund? If yes, why is the expenditure accounted under the minor head 800 "Other expenditure"?
2. Whose bids are invited for the manufacturing and supply of School Bags? Who is the current supplier?
3. How is the quality of the bags, uniform, notebooks ensured?
4. What are the procedures undertaken before distributing it to students?
5. Any complaints so far from the side of recipients? If yes, regarding what aspects (Poor quality, delay in distribution etc)?

One - Fruit - per week scheme (MDM)

1. Is it part of MDM fund? If yes, why is the expenditure accounted under separate head?
2. How are they procured and distributed?
3. Is there any improvement in the attendance of students on the first day of the week (Monday)?

4. How efficacious is providing fruit only on Monday, in terms of nutrition and what is its relevance as an objective of improving nutrition?
5. Are there any funding related issues?

ICT scheme

1. How many schools have been covered under this scheme?

2. What are the capacity building activities for teachers? How often does it happen?

3. What are the infrastructure facilities (computers, computer labs, projector, LAN cabling etc) existing and facilities yet to install?

Samagra Siksha Abhiyan

1. Are you aware of the new integrated scheme "Samagra Shiksha Scheme"?
2. Are there any new components added after the merger of SSA and RMSA under Samagra Siksha Abhiyan?
3. What is the institutional re-arrangement that took place?
4. What are the views on such an integrated scheme?
5. What are the challenges faced in merging and implementation of the scheme?
6. Does this scheme account for any issues under the earlier scheme and what changes has the scheme brought to address them?

Scholarships

1. What are the scholarships? What are the targeted population?
2. What is the minimum time period for disbursement of scholarship amount?
3. Does the targeted population get their scholarships? If not, why?

Sanitary napkins

1. How are the pads procured and distributed? When, where and by whom are the pads distributed?
2. Who provides training on the usage and safe disposal?
3. What is the limit on no. of pads supplied per student?

Health Department (or Medical Department)

Teenager Health Protection Scheme

1. According to the WHO report, nearly 1.1 million population represent adolescents and due to lack of health protection and safety nearly 3000 children from the age group of 10-19 years have died. Thus, how has the Teenage Health Protection Scheme helped in improving the situation of the adolescents?
2. The RKSK (Rashtriya Kishore Swasthya Yojana) scheme expands its primary focus on curative health care for adolescents to health protection and promotion. Is there any local data to support the statement?

3. If so, how is the data collected and analysed?
4. The scheme also promotes enhancement of mental health which is also one of the main causes of adolescent mortality. Thus, how has RKSK helped in the enhancement of mental health?
5. How does the implementation process differ between age groups 10-14 and 15-19 years?
6. What was the nutrition rate before the implementation of the scheme and how has it changed after the implementation of the scheme?
7. The UDAYA report indicates that most teenagers were aware of Anganwadi workers and Accredited Social Health Activists (ASHA's). What is the reach of these social groups in Sitapur and how have they contributed to the benefit of the teenagers?
8. So far have you faced any challenges in the implementation of the scheme? If yes, then what are they and how do you intend to tackle them?

Menstrual Hygiene Program (Sanitary Napkins Distribution)

1. Has the program been able to achieve its desired objective? If yes, then what does the local data represent?
2. Are the high-quality sanitary napkins used effectively and are there safety disposal bins?
3. Is there timely distribution of sanitary napkins by ASHA?
4. Has awareness increased after the implementation of the program and to what extent? Do you also keep a check on the local data and keep accounts of the amount recovered by the napkins sold?
5. Are you facing any difficulty in implementing the scheme or in maintaining records? If yes then how do you intend to solve the problem?

Rashtriya Bal Swasthya Karyakram (under NHM)

1. To what extent has the defects at birth reduced after the implementation of the RBSK scheme?
2. Is there any local data available and how do you manage to collect the local data?
3. How effective is the intervention by the District Early Intervention Centre and ASHA?
4. Have you been able to observe any major difference after the implementation of the scheme?
5. Are you facing any difficulty in implementing the scheme or in maintaining records? If yes then how do you intend to solve the problem

Immunization

1. NFHS shows that 67.6% of children are fully immunized. Do you have any alternative data sources on immunization to indicate the total level of immunization? If so, how is this local data collected, for what age groups and what is the time frame at which it is updated?
2. What has been the role of Indra dhanush in improving the immunization levels?
3. How does the implementation process differ from rural to urban area in terms of frontline workers and the presence of NGOs?
4. Are there any area wise differences in the levels of immunization?
5. What are the challenges of implementing the scheme? Like; shortages, logistical problems.

NHM

1. What are the components under NHM for maternal and child care and how is the respective budget allocation done for those components?
2. What are the other agencies that are involved in implementation?
3. Are there any studies/ reports on child health- impact of NHM?
4. Are there any specific initiatives to Sitapur that have taken or in the planning to improve certain indicators?

PMMVY

1. Is it applicable to single mothers and divorcees? Can non-resident of Uttar Pradesh (migrant labor) be registered for the benefit? Does the process vary?
2. During what period should the application be filled? Who are responsible for communicating the timeline to the intended beneficiaries?
3. How are the women tracked if they deliver the baby in a different place other than where they have registered?

Social Welfare department

Scholarships

1. What are the types of scholarships for the age group 0-18 years? What are the targeted population for different scholarships?
2. How does this PFMS system work in scholarships schemes? And how do you assure that money is being rightly transferred to the students?
3. Do you get any challenges in distributing the scholarships on time?
4. What is basis apart from income limit to decide the students for scholarship?

5. Is any data maintained regarding the students and the parameters on the basis of which these students have been selected for their scholarship and list of students who have been benefitted already?

Teacher training for the identified dyslexia and attention deficit under syndrome affected children

1. What are the ways to create awareness among parents and teachers?
2. What are ways for the training of teachers (on the job or off the job, internal recruitment or external recruitment)?

Schemes for adolescent girls

1. Are SABLA and SAG (launched by the CM under social welfare department) are similar? If not, how are they different from each other?
2. How do you identify the out of school children? Do you have the database for this?
3. What are the activities under non-nutrition component and how are the services/ training provided? What is the institutional mechanism?
4. How is the fund divided between nutrition and non- nutritional components? How and at what level is this decision made?

Annexure 2: Questions to the Village Level Officials

Gram Pradhan/Sarpanch (Gram Panchayat or village)

1. What is the important child related schemes in this village?
2. What is the critical child related issues (specially 0-6 and 14-18 age groups) in this Village? How do you address them? How do they monitor the impact of the steps taken by them to address these issues?
3. Any specific initiative taken by the GP to address the child related issues? Has there been any implication of these initiatives? Have you faced any constraints that made you withdraw from implementing any child friendly initiatives/innovations?
4. How do you identify problems (child sensitized area problems) like child marriage, child labor, beggary, child abuse and so on? After they are identified, how do you rehabilitate? Is there any separate committee for these types of issue?
5. How do they get funds? Who gives them? Is there any source of funds other than state and Centre?
6. What standing committees and sub-committees have been formed by the Gram Panchayat? Please explain function, appointment and members of these standing committees. What is the frequency at which these committees meet? What is the agenda of these meetings? Is any data related to children discussed? How?
7. Is there any NGO working on child and adolescent welfare?
8. How often do you have immunization and health camps?
9. Do you have any scheme for adolescent care? If not, what is this RBSK and RKSK?
10. Are you aware of "Operation Kaya Kalp"?
11. What child related data is being collected and maintained by the Gram Panchayat? Please also mention the frequency of data collection.
12. If you do not collect data on children, how do you monitor and ensure that the desired progress on improving the well-being of children is achieved? Do you collect reports prepared by functionaries and are they available with the GP?
13. Who in the Gram Panchayat is responsible for its collection, documentation and updating? Please share the process involved. Please also share the challenges faced in collecting, documenting and updating this data.
14. Can you please elaborate the steps/actions taken with regard to monitoring the implementation of government schemes and programs related to children based on the data collected, compiled and maintained by you?

15. Can you please explain the channels and frequency of interaction from state and district to panchayat level and vice versa?
16. Can you please elaborate the steps/actions taken with regard to improving the overall welfare of children based on the data collected, compiled and maintained by you?

Anganwadi Centers (Anganwadi workers)

1. What is your daily work/responsibilities? What are the critical schemes for the kids?
2. How do you identify high risk pregnant mothers and malnourished kids? What is the extra care which are provided to these mothers and kids?
3. Do you know who the GP members are? Do they call you for meetings, please elaborate? What do you usually discuss if you have attended these meetings?
4. What are the infrastructural and maintenance issues (drinking water, toilets) according to you? This AWC is rented or permanent?
5. What support do you receive in anganwadi health and nutrition program?
6. What responses do you get from the beneficiaries on the nutritious meal provided to them?
7. How and when do you collect data? Is there any mobile or tab given to you for uploading the data? If yes, how do you maintain data if devices do not work?
8. How frequent you people get trainings?
9. Is there any delay in supply of food stuffs and toys for kids? If there is any shortage, how do deal the situation?
10. In general, if you get any issues or challenges, how do you address these issues? Do you get positive responses?
11. Are you aware of Samagra Shiksha Abhiyan?
12. How do you coordinate with ASHA workers for schemes like immunization?
13. Is there any NGO which is supporting in the welfare of child in this village?

PHC and Sub Centre (ANM and ASHA)

1. Framework of a PHC and Sub Centres? Who are the people at different level of this framework and what are their roles? Roles of ANM and ASHA at sub Centre and PHC. How are they appointed? Where is your Sub Centre or PHC?
2. What are your responsibilities?
3. What is the monthly average deliveries at this sub Centre/PHC?
4. What are the critical issues with the 0-6 years kids and adolescents (14-18 years) which you observe at the Centre? What is the most frequent child and adolescent

case that come to this PHC? How are they addressing this issue and cases? Is there any specific schemes to address this issue? If yes, has there been any positive impact of this program or scheme on this critical issue? For example- Anaemia Mukt Bharat.

5. Do you have any mobile hospital also?
6. Do you face any vaccine and medicine issues? If yes, what is the reason? Is this because of budget shortage (according to DPO of NHM, the budget matches the estimated demand)?
7. According to WHO report, the immunization rate has fallen? What is the reason according to you- vaccine shortage/any side effect of vaccine/any other reason?
8. Recent vaccination drive and health check-up drive?
9. How do you maintain data at PHC or sub-Centre level? What is the basis of estimating the demand? What are the issues in maintaining and uploading data? Who monitor or supervise this data? Are they using RTM (Real time monitoring; mentioned by the district department) based application to upload the data? Do they get any mobile or tab for using RTM? If these devices do not work, how do they maintain data?
10. How are funds appropriated?
11. If there is improvement in any indicator, how do you monitor this? If possible, can you please provide any example?
12. Do you (ANM worker) work as mentor for the meeting between peer educators and adolescent? If yes, when was your last meet?
13. How do you coordinate with Anganwadi workers for schemes like immunization and so on?
14. Is there any NGO which is supporting in the welfare of child and adolescent?

Elementary schools (HM/Teachers)

1. What are the critical schemes in this school at elementary level? Is there any scholarship type scheme at primary level?
2. What are the schemes which are based on direct fund transfers and direct distribution?
3. Do students get sweaters in winter season?
4. Do students get milk and fruit apart from MDM? Is there any impact on nutrition of kids due to distribution of fruits and milk?
5. Which scheme has shown highest positive impact on school education at elementary level?

6. According to you, where does gap lies? What improvement is needed at school level? What do schools need?
7. How do you check dropouts in schools and then re-enroll them?
8. Are you aware of "Samagra Shiksha Abhiyan"? Has there been any change in departmental structure due to this?
9. Who maintain data at school level? Does this increase the administration burden to the school? If yes, how?
10. On what type of data (school attendance or enrolment), you estimate the demand for anything like sweaters/ cycles/fruits?
11. SMC: - Members, appointment, meetings and function
12. What is the frequency of SMC meetings in your school? What is discussed and what is the role played by the GP member, who attends SMC? Who is maintaining the proceedings of these meetings? Do you share these proceedings with the panchayat?
13. What are your views on attitudes of parents and guardians in meetings and participations?
14. How are the interaction with BRCs and DEOs?
15. Do all eligible kids get schools? If not, how many are left out? Is there any provision for these left out schools?
16. Do students get their books and copies on time?
17. Is there any sports activity or library in school as you get some grant for library and sports materials as mentioned by BSA?
18. Is there any NGO working for school education in this block/district/ village? If not, are you aware of Shiv Nadar Foundation?
19. Any award related scheme which is given to the teacher/principal/student for best performance?
20. Any scheme that has reduced the dropouts in the school? Can you provide some example regarding this that tells about the decrease in dropouts and behavioral changes in parents? Are the dropouts for girls high? Ask for the data on enrolment, dropouts and so on?
21. What are the issues in implementing the scheme? How do you address the challenges? Whom do you address the complain? What are their responses on the issues? Is there any other way to resolve the issues according to you?
22. Any training programs? Who gives them? When does it happen? Does this time taken in training of teachers hamper the classes timings? How do you manage these things?
23. Is there any vacancies in school?

24. Is there any school health check-up scheme? If not, what are these RKSK and RBSK? How does it work in your school? Has there been any case of sever diseases in any students? If yes, where are they referred further?
25. How do you handle with the shortage and excess of meal in schools? How does MDM work at school level? What is student's response on this MDM? What is your views on the news of MDM meal (roti and salt) in UP?
26. How is cook appointed? Who is responsible for the payment to the cooks of MDM? What is the issue in payment?
27. Is the retention rate well enough at secondary level (specially girls)? If not, what is the reason behind this? What are they doing to address this issue?
28. Is there any pre-school education Centre for kids other than Anganwadis?

Secondary schools (Principal/Teachers)

1. What are the critical schemes in this school at secondary level? Is there any scheme apart from scholarship at secondary level? Is there any scheme particularly for adolescent girls?
2. What are the schemes which are based on direct fund transfers and direct distribution?
3. Did you get cycle? When do you get this?
4. Which scheme has shown highest positive impact on school education at secondary level?
5. According to you, where does gap lies? What improvement is needed at school level? What do schools need?
6. Is there any computer class for students at secondary level? Is there any facility available at school for filling scholarship forms? Because many forms are rejected for scholarships as they are not filled correctly, may be because students are not aware of how to fill the forms?
7. How do you check dropouts in schools and then re-enrol them?
8. Are you aware of "Samagra Shiksha Abhiyan"? Has there been any change in departmental structure due to this?
9. Who maintain data at school level? Does this increase the administration burden to the school? If yes, how?
10. On what type of data (school attendance or enrolment), you estimate the demand for anything like sanitary napkins, iron tablets?
11. What is the frequency of SDMC meetings in your school? What is discussed and what is the role played by the GP member who attends SDMC? Who is

maintaining the proceedings of these meetings? Do you share these proceedings with the panchayat?

12. Do you attend any other meeting apart from SDMC? Please share its details.
13. What are your views on attitudes of parents and guardians in meetings and participations?
14. How are the interaction with BRCs and DEOs?
15. Do all eligible kids get schools? If not, how many are left out? Is there any provision for these left out schools?
16. Is there any NGO working for school education in this block/district/ village? If not, are you aware of Shiv Nadar Foundation?
17. Any award related scheme which is given to the teacher/headmaster/student for best performance?
18. When are sanitary pads distributed? By whom? How? Do students get it on time?
19. Any scheme that has reduced the dropouts in the school? Can you provide some example regarding this that tells about the decrease in dropouts and behavioural changes in parents? Are the dropouts for girls high? Ask for the data on enrolment, dropouts and so on?
20. What are the issues in implementing the scheme? How do you address the challenges? Whom do you address the complain? What are their responses on the issues? Is there any other way to resolve the issues according to you?
21. Any training programmes? Who gives them? When does it happen? Does this time taken in training of teachers hamper the classes timings? How do you manage these things?
22. Is there any vacancies in school?
23. Is there any school health check-up scheme? If not, what are these RKSK and RBSK? How does it work in your school? Has there been any case of sever diseases in any students? If yes, where are they referred further?
24. Is the retention rate well enough at secondary level (specially girls)? If not, what is the reason behind this? What are they doing to address this issue?

Annexure 3: Budget Matrix

Table A3. 1: Budget Matrix

Department Wise Schemes	Average Expenditure of Actual 2017-18, 2018-19 RE and 2019-20 BE (in Rs. Lakh)	Type of Funding
School Education Department (Elementary)		
Providing free shoes, shocks and sweaters	38783.56	State
Distribution of free textbooks	5846.953	State
Provision of free uniforms	3836.047	State
Distribution of school bags to primary school students	13694.57	State
Assistance to economically weaker students of classes 1 to 8	580.5567	CSS
SSA	1087519	State
Mid-Day Meals (including fruit distribution)	157603.6	CSS
School Education Department (Secondary)		
Scholarships	64.17333	State
RMSA	13857.49	CSS
ICT in aided secondary schools	1029.12	CSS
Educational tour of teachers of aided higher secondary schools	5.386667	State
Kanya Vidya Dhan Yojana	10.4	State
Health Department (or Medical Department)		
Teenager Health Protection scheme	1724.84	State
Maternity Scheme (60:40)	7750.143	CSS
PMMVY	20517.37	CSS
NRHM	15725.78	CSS
Districts and states created under child life and safe motherhood (60:40)	1536.17	CSS
Maternity and child welfare (100:00)	39668.2	CSS
Women and Child Welfare Department		
ICDS	65705.41	CSS
For the child with special needs	1189.54	CSS
Expert Adoption Agency	451.4267	CSS
Operation of children home shelters with the help of Voluntary Organization (60:30:10)	964.8367	CSS
National Nutrition Program (80:20)	18973.35	CSS
Programmes for adolescents girls (50:50)	4227.573	CSS

Department Wise Schemes	Average Expenditure of Actual 2017-18, 2018-19 RE and 2019-20 BE (in Rs. Lakh)	Type of Funding
Pushtaahar Program (50:50)	227185.3	CSS
Kanya Sumangala Yojana	40000	State
State nutrition mission	2216.667	State
Shabari Sankalp Campaign	24133.33	State
Beti Bachao Beti Padao scheme (100:0)	163.4467	Centre
Uttar Pradesh child protection scheme	443.5633	State
Social Welfare Department		
Scholarships to the students of OBC for Class 1-10 (50:50)	4052.497	CSS
Scholarship and non-recurring assistance to students of backward classes from 1 to 10	12449.58	State
Scholarships to the students (class 1 to 10) of classes other than unreserved class who come under BPL	1948.793	State
SSA	17156.89	CSS
Scholarships to the ST students of classes 9 and 10 (100:00)	16008.09	Centre
State Aashram schools for ST	43.08538	State
Samagra Shiksha Abhiyan (60:40)	267817.6	CSS
Schemes for the adolescent (SAG)	974.67	SAG

Annexure 4: Schemes Description

Table A4. 1: Schemes Description

SI. No.	Education (Elementary)	Share	Objective	Target Group	Implementation	Monitoring
1	Distribution of school bag to primary school students	State		Supply of School Bags for students of class 1 to 8 of Parishadiya Primary and Upper Primary Schools, Government Schools, Schools run by Social Welfare Department, Aided Primary/Upper Primary/Secondary Schools		
2	Free Uniform to Children studying in primary and upper primary schools run in the state	State		Students studying in classes 1 to 8 of Parishadiya Primary and Upper Primary Schools, Government Schools, Schools run by Social Welfare Department, Aided Primary/Upper Primary/Secondary Schools		
3	Providing free shoes, shocks and sweaters to students of class 1 to 8 studied in schools run by Uttar Pradesh Basic Education Council	State		Students studying in classes 1 to 8 of Parishadiya Primary and Upper Primary Schools, Government Schools, Schools run by Social Welfare Department, Aided Primary/Upper Primary/Secondary Schools		
4	One- fruit- per week scheme	State	motivates more students to attend school as the attendance is	Since it is part of Mid-day meal scheme, the target group is also similar		

SI. No.	Education (Elementary)	Share	Objective	Target Group	Implementation	Monitoring
			usually low on the first day of the week. Hence the fruit is distributed on Mondays.			
5	Mid-day meal scheme	CSS	To enhance the retention, enrolment and attendance by providing nutritious meal to the students.	School going children in Govt and govt aided schools.	The scheme is implemented through MHRD at national level. Below the state level a nodal agency designated by the state government is responsible for the execution. 1.A hot cooked meal is served to the students of primary and upper primary schools with the calorie content of 630 and 855 calories respectively. The meal is served once in day for 200 days a year. 2.It is implemented in the schools covered under Sarva Siksha Abhiyan (SSA) Government schools, government aided schools, Local body, Madarsas and Maqtabs etc.	National Steering and Monitoring Committee (SMC) reviews the MDM work at national level and submits the report to Program Implementation Board based on whose approval the subsidies are released. State level SMC will monitor the implementation at state level along with the nodal department responsible for implementation.
6	Text book distribution	State		Students studying in classes 1 to 8 of Parishadiya Primary and Upper Primary Schools, Government Schools		

SI. No.	Education (Elementary)	Share	Objective	Target Group	Implementation	Monitoring
7	Assistance for the economically weaker students belonging to Class-I to VIII students of non-government primary / upper primary schools.	CSS				
	Education department (Secondary)					
8	Information and Communication Technology Scheme in Aided Secondary Schools (60:40)	CSS	To provide computer education at Govt and Govt aided secondary and higher secondary schools. To build the capacity of teachers in the schools by providing in-service and pre-service training, to create an ecosystem in schools through e-content development and by providing infrastructure facilities to teach the computer education.	Government and aided Secondary and Higher secondary schools	The scheme is implemented in BOOT model by state governments. The Ministry of Human Resource Development shall consider the entry of the private sector in a Build-Own-Operate or annuity modal wherever possible. The direct procurement of hardware by the State would be last resort. The National Council for Teachers Education shall be associated with the scheme in the context of training of teachers in computer-aided learning. The Rehabilitation Council of India would play an important role in projects involving introduction of use of technology for the	The Scheme envisages that the School Management Committee, Parents-teachers Association and local bodies would be involved in the programme management along with the setting up of an online web-based portal for real-time monitoring and transparency. In addition, independent monitoring and evaluation is envisaged.

SI. No.	Education (Elementary)	Share	Objective	Target Group	Implementation	Monitoring
					education of children with special needs.	
9	Integrated Education Scheme for Children with Disabilities (100:00)	Centre	Promote self-employment and other ventures for the benefit/economic rehabilitation of the persons with disabilities.	Disabled children		
10	E-books purchase / e-library installation	state				
11	In service teacher training and third-party evaluation to provide full education	state				
12	Kanya Vidya Dhan Yojana	state	Promotion of girl education and raise their standard of living	Girl students who pass with merit in 12th examination (priority to BPL girl students)	The government will provide Rs. 30000 cash benefit	
13	Scholarships	state				
	Women and Child Development					
14	National Nutrition Mission	CSS	The goals of NNM are to achieve improvement in nutritional status of Children from 0-6 years, Adolescent Girls, Pregnant Women and Lactating Mothers in a time bound manner during the	Children between 0-6 years Adolescent girls between 11 to18 years of age, Pregnant and lactating mothers.	The scheme converges all nutrition schemes like ICDS, PMVVYS, Adolescent girl scheme etc and looks over the implementation process through effective data management and use of ICT. The task of implementation of POSHAN Abhiyan is to	As a part of its mandate, NITI Aayog is required to submit implementation status reports of POSHAN Abhiyan every six months to the PMO.

SI. No.	Education (Elementary)	Share	Objective	Target Group	Implementation	Monitoring
			next three years beginning 2017-18		be carried out through the Technical Support Unit (TSU) established at NITI Aayog which, in addition to the M&E, will also provide research, policy and technical support to the Abhiyan.	
15	ICDS	CSS	1.To increase the nutrition and health conditions of children between 0-6 years old 2. To promote psychological, physical and social development of a child by providing pre-school education 3. To guide and increase the capabilities of mothers in nourishing the infant or child.	Children between 0-6 years Nutrition for 0-3 years children, nutrition and pre-school education for 3-6 years.	WCD provides many services under ICDS like provision of supplementary nutrition, pre-school non-formal education, immunization, heath check-up and referral services. The services are provided by Anganwadi Centres specially created for the purpose. As per 2015 ICDS report, 13.46 lakh AWCs are operational across India. The funds and orders for implementation of the schemes flow from CDPOs at state level to DPOs at District level. Supply of medicines and vaccines is done form Central drug of the district to DM&HO or to the PHC from where the ANMs and	Central level ICDS monitoring unit at WCD looks over the monitoring and evaluation of the scheme. It collects and analysis data from all the state governments. The state governments collect data from ASHAs and anganwadi workers who will enter the daily status of operations.

SI. No.	Education (Elementary)	Share	Objective	Target Group	Implementation	Monitoring
					ASHAs collect. Supply of food and supplementary items are outsourced to local contractors in the block or village.	
16	ICPS	CSS	The scheme brings together many existing child protection schemes under one consolidated umbrella in order to protect children and preventing harm.	It looks after the children and women.		
17	SABLA	CSS	The scheme SABLA aims at empowering Adolescent Girls (AGs) (11-18 years) through nutrition, health care and life skills education.	Nutrition: All girls between 14 to 18 years. out of schools girls between 11 to 14 years attending Anganwadi. Non-Nutrition: School going girls between 11-18 years (supplementation) School going girls between 16-18 (Vocational training, awareness on access to public services, skill education and family welfare etc)	The scheme includes two components Nutrition and Non-nutrition. Under nutrition, the out of school girls between 11-14 years age and all girls in 14-18 years age are provided with supplementary nutrition containing 600 calories, 18-20 grams of protein and micronutrients, per day for 300 days in a year through Anganwadi centres. The non-nutrition component addresses the developmental needs of	The monitoring and supervision mechanism set up under the Integrated Child Development Services (ICDS) Scheme is used for the scheme SABLA as well. Performance of the scheme is reviewed on a quarterly/annual basis to identify gaps and the monitoring committees are setup at four levels (State, district, block and village) by the Ministry of Women and Child Development at centre and State level. By the department of Women and

SI. No.	Education (Elementary)	Share	Objective	Target Group	Implementation	Monitoring
					adolescent girls by providing supplements to the school going girl children in age group 11-18 and the girls in age group 16-18 are provided with the training on family welfare, access to public services, skill development and vocational training.	Child Development at the district level and below.
18	Kanya Sumangla Yojana	State	The government has started this scheme to provide new opportunities for development along with social security to the girls and women. As a result, while efforts to prevent unilateral female feticide and child marriages will be strengthened, on the other hand, girls will get an opportunity to move towards higher education and employment opportunities. Women's empowerment is the	Children between 0-18. The family of beneficiary must have address proof of Uttar Pradesh. The beneficiary family must have maximum salary of Rs. 3 Lakhs. Maximum of 2 girls of one family will be benefitted under the scheme. Family must have maximum two children. If a family has adopted an orphan girl then maximum of two girls will be benefitting under the scheme including biological children and adopted girl child.	Stage 1: The girl child born on 01/04/2019 or after will be benefitted with Rs. 2000/-. Stage 2: The girl child who has received full immunization and is not born before 01/04/2018 will be benefitted with Rs. 1000/-. Stage3: The girl child who has enrolled in standard 1 during the current academic year will be benefitted with Rs. 1000/-. Stage 4: The girl child who has enrolled in standard 6 during the current academic year will be benefitted with Rs. 2000/-. Stage 5: The girl child who has enrolled in standard 9 during the current academic year will	

SI. No.	Education (Elementary)	Share	Objective	Target Group	Implementation	Monitoring
			commitment of the present. This is a conditional cash transfer scheme.		be benefitted with Rs. 3000/-. Stage 6: The girl who has passed standard 10th or 12th and has enrolled into a bachelor degree/at least 2 years of certified diploma course in current academic year will be benefitted with Rs. 5000/-. All the transfers are one-time transfers.	
19	Shabri Sankalp Yojana	State	The main objective of the scheme is to eliminate the malnutrition and improve health among women and their children up to the age of two years old. This will reduce the maternal, infant and child mortality. Under this scheme, women and their children up to two years of age are registered at anganwadis centres.	Children between 0-2 and pregnant women whose lives depend on the daily wages. In this scheme, only women who are at least 19 years old at the time of delivery and registered at anganwadis centres and their delivery in institutional government or private nursing homes are mandatory.	Rs. 500/- per month will be sent to these pregnant women bank account for 6 months. After 6 months, till the age of two years, the new born will be given every six months at the rate of Rs. 500/- per month for the nutrition. Also, the women have to swear in the declaration form on the application that her husband is not an employee in the central, state and public sector and that the amount given has been spent on the child and the women.	
20	State Nutrition Scheme	State	The main objective of the Nutrition Mission is to work	The scheme will focus on intervention directed at the maternal nutrition and initial	Act as a coordinating body engaged in facilitating inter-sectoral collaboration	

SI. No.	Education (Elementary)	Share	Objective	Target Group	Implementation	Monitoring
			closely with the nodal departments of health and ICDS and other contributing departments to ensure effective implementation of ongoing schemes to reduce undernutrition among children below three years.	age group of three years of age in the first phase of implementation.	for nutrition action among convergent departments like ICDS, NRHM, Rural Development, basic Education, Food and Civil Supplies, Panchayati Raj and others. Perform the role of a monitoring body for nutrition schemes/interventions.	
	Medical/Health Department					
21	Teenager Health Protection Scheme	CSS	The scheme aims to improve nutrition, sexual and reproductive health enhance mental health, prevent injuries and violence	The scheme focuses on age groups of 10-14 years and 15-19 years with universal coverage, i.e. males and females; urban and rural; in schools and out of school; married and unmarried; vulnerable and under-served.	MOHFW in collaboration with UNFPA has developed a National Adolescent Health Strategy. It re-aligns the existing clinic-based curative approach to focus on a more holistic model approach based on developmental needs.	The scheme falls under National Health Mission and is monitored under the mechanism of Annual Common Review Mission.
22	Menstrual Health Hygiene Programme	State and District	The programme aims to increase awareness among adolescent girls on menstrual hygiene, build self-esteem, greater	The programme is targeted to adolescent girls in the age groups of 10-19 years, residing in rural areas.	Funds are being provided to States and UT's under the National Health Mission for decentralized procurement of sanitary napkins	The ASHA maintains a monthly record of napkins sold to APL and BPL girls and keep accounts of amount recovered. The ANM and VHSC

SI. No.	Education (Elementary)	Share	Objective	Target Group	Implementation	Monitoring
			socialisation. It also aims to increase access to high quality sanitary napkins and ensure safe disposal of the same.		packs for provision to rural adolescent girls at subsidized rates. The ASHA will continue to be responsible for distribution of packs with an incentive of Re. 1 per pack sold.	(Village health and sanitation committee) will do the monitoring to ensure proper access to all adolescent girls. It will also be monitored by the Annual Common review mission.
23	Rashtriya Bal Swasthaya Karyakram (RBSK)	CSS	RBSK aims at early identification and early intervention for children from birth to 18 years to cover 4 D's which are defects at birth, deficiencies, Diseases, development delays including disability	The services aim to cover children of 0-6 years of age in rural areas in addition to children enrolled in classes I to XII in Government and Government aided schools	To achieve the objectives, a series of interventions have been formulated at the DEIC level and Anganwadi level	Under the National Health Mission, the scheme is monitored under the Annual Common Review Mission. It is also monitored by DEIC and Anganwadi Centres
24	Immunization	CSS	To protect the children from life threatening diseases which are preventable	Children from 0-16 years of age	Under the Universal Immunization Programme, Government of India is providing vaccination to prevent seven vaccine preventable diseases i.e. Diphtheria, Pertussis, Tetanus, Polio, Measles, severe form of Childhood Tuberculosis and Hepatitis B, Haemophilus influenza type b (Hib) and Diarrhoea.	The scheme is monitored by centrally developed dash boards and by constituting steering and monitoring committees at various levels of implementation. 1.The national steering committee comprises of secretaries from ministries of women and child, health and family welfare. secretaries from department of

SI. No.	Education (Elementary)	Share	Objective	Target Group	Implementation	Monitoring
					Integrated Disease Surveillance Project (IDSP) provides the evidence base for planning and development of the immunisation procedure through the country. Accordingly, vaccination is carried out across the country with set of targets each year. As per Coverage Evaluation Survey (2009), 89.8% of vaccination in India is provided through Public sector (53% from outreach session held at Anganwadi centre (25.6%), sub centre (18.9%) etc.) while private sector contributed to only 8.7%.	expenditure and financial services and advisor from NITI Aayog etc. the committee looks into the aspects of policy and pragmatic guidance, implementation experience, in depth analysis of scheme performance, feedback on state specific implementation process etc. 2. The state monitoring and steering committee consists of secretaries from implementing department, Women and Child, Planning, Panchayati Raj and IT and Nodal officer etc. the committee's main functions include in depth analysis of implementation process, ensuring Public audits, grievance redressal and funds availability etc. 3.District level steering includes District Collector, CMO, lead bank GPOs, DPO, all CDPOs and MOs etc. The main functions of the scheme include Monitoring implementation and grievance redressal.

SI. No.	Education (Elementary)	Share	Objective	Target Group	Implementation	Monitoring
24	PMMVVY	CSS	To ensure that Pregnant women take adequate rest before and after pregnancy by providing cash incentives.	Pregnant and lactating women who give birth in public health institutions	The beneficiaries are identified through AWCs and ANMs by making them to fill the PMMVY form. The cash is disbursed directly to the beneficiaries account in three instalments. The AWCs and the institutions where delivery took place are responsible for entering the details regarding the status of Pregnant women. At block level the application process and fund transfer are monitored by CDPO/ Block health official. At district level, District Nodal Officer designated by state government is responsible for implementation.	The scheme is monitored by centrally developed dash boards and by constituting steering and monitoring committees at various levels of implementation. 1.The national steering committee comprises of secretaries from ministries of women and child, health and family welfare. secretaries from department of expenditure and financial services and advisor from NITI Aayog etc. the committee looks into the aspects of policy and pragmatic guidance, implementation experience, in depth analysis of scheme performance, feedback on state specific implementation process etc. 2. The state monitoring and steering committee consists of secretaries from implementing department, Women and Child, Planning, Panchayati Raj and IT and Nodal officer etc. the committee's main functions include in depth analysis of

SI. No.	Education (Elementary)	Share	Objective	Target Group	Implementation	Monitoring
						implementation process, ensuring Public audits, grievance redressal and funds availability etc. 3.District level steering includes District Collector, CMO, DPO, all CDPOs etc. The main functions of the scheme include Monitoring, implementation and grievance redressal.
	Social Welfare Department					
25	Teacher training for the identified dyslexia and attention deficit under syndrome affected children	State	To identify children affected with Dyslexia, Attention Deficit and Hyper Activity Syndrome and taking steps to create awareness for their parents and in the society in this perspective.	Children affected with Dyslexia, Attention Deficit and Hyper Activity Syndrome	Training of teachers for identifying children affected with Dyslexia, Attention Deficit and Hyper Activity Syndrome is being carried out along with the steps to aware their parents and creating awareness in the society in this perspective.	
26	Schemes for the adolescent (SAG)	State	The broad objectives of this SAG scheme in UP are to improve the nutritional, health and development status, promote awareness of health, hygiene, nutrition and family care. Moreover, SAG	All the out of school girls b/w 11 to 14 years	Nutrition Component – All the out of school girls b/w 11 to 14 years can take Home Ration or Hot Cooked Meal. There is a nutrition provision Rs. 9.50 per day which includes 600 calories along with 18-20 gram of protein and recommended daily intake	

SI. No.	Education (Elementary)	Share	Objective	Target Group	Implementation	Monitoring
			scheme would also provide them opportunities for learning life skills, going back to schools, help them in gaining a better understanding of social environment and take initiatives to become productive members of the society.		of micro-nutrients per day. Non-Nutrition Component – For all the out of school girls can avail supplementation, Health check-up and Referral services, Nutrition & Health Education (NHE), Counselling / Guidance on family welfare, ARSH, child care practices, Life Skill Education and accessing public services for 2-3 times a week.	
27	Samagra Shiksha Abhiyan	CSS	To treat school education holistically without segmentation from pre-nursery to Class 12 with the broader goal of improving school effectiveness measured in terms of equal opportunities for schooling and equitable learning outcomes. Its overall goals include universal access and retention, bridging of gender and social	Children in schooling age 6-18		Under the Integrated Scheme, there will be a continuing evaluation by State Government agencies through a regular and well-structured system of field visits. Apart from regular monitoring by State and District officials, Panchayati Raj institutions are also involved to identifying and verifying the eligible students for hostels / Residential schools.

SI. No.	Education (Elementary)	Share	Objective	Target Group	Implementation	Monitoring
			category gaps in education and enhancement of learning levels of children			
28	Pre matric Scholarship	CSS	To reduce the high dropout rates among ST students who are studying in primary and secondary education level.	Students studying in classes 8, 9 and 10		
29	Scholarships to the students of OBC	CSS	To reduce the high dropout rates among ST students who are studying in primary and secondary education level.	OBC students		
30	Scholarships to the students of SC and BPL of unreserved.	CSS	To reduce the high dropout rates among SC and BPL students who are studying in primary and secondary education level.	SC and BPL (unreserved category)		
31	Government Ashram Schools	State	To provide excellent residential education free of cost to poor and	Poor and talented students of rural and urban areas of scheduled caste and scheduled tribe / deprived caste in the		

SI. No.	Education (Elementary)	Share	Objective	Target Group	Implementation	Monitoring
			talented students of rural and urban areas of scheduled caste and scheduled tribe / deprived caste in the state	state. In these schools, there is a provision for giving 60 percent SC / ST, 25 percent other backward classes and 15 percent general category students.		

Source: Collected by CBPS from scheme documents

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