

# Budget for Children in **MEGHALAYA**

2012-13 to 2016-17



Photo credit: Ramakrishna / Wordpress

HAQ:Centre for Child Rights  
in partnership with  
North Eastern Social Research Centre



# Budget for Children in MEGHALAYA

## 2012-13 to 2016-17

Meghalaya has the highest child population among the seven North Eastern states with 47 per cent of its population being children. To enable these children to realise their rights, what has the government of Meghalaya been investing through its budget every year? Was this allocation and expenditure adequate and appropriate? These are some of the questions that we shall attempt to examine.

A budget of a country or a state is perhaps the most important reflection of its political priorities. It signals the country's vision and future policy priorities through the commitment of financial resources. Over the years, the importance of examining the budget for children has been recognised in India and as well as in the world.

The Government of India has been undertaking child budgeting since 2003 and decided to include a separate statement for children (Statement 22) in its Expenditure Budget. Indeed, India is one of the few countries in the world to have accorded this recognition to children.

In a significant move towards the recognition of importance of budgeting for children, the United Nations Committee on the Rights of the Child adopted **General Comment No. 19 (2016) on public budgeting for the realization of children's rights (Art. 4)** to "assist States parties in the implementation of article 4 in relation to public budgets. It identifies States parties' obligations and makes recommendations on how to realize all the rights under the Convention, especially those of children in vulnerable situations, through effective, efficient, equitable, transparent and sustainable public budget decision-making."

### Budget for Children (BfC)

The Ministry of Women and Child Development defines Child Budget as:

*The total magnitude of child specific budget outlays, i.e. the total magnitude of budget outlays on child specific programmes/schemes, is what we refer to as the 'Child Budget'. Thus, 'Child Budget' is not a separate budget, but a part of the usual government budget.*

*In the context of the Union Government, 'Child Budget' refers to the total outlays for child specific schemes in the Union Budget.*

*'Child Budgeting' has emerged as an analytical tool for assessing the priority accorded to children in public spending in the country.*

Source: <http://wcd.nic.in/ar0708/English/Chapter-7.pdf>

### The Ministry of Women and Child Development has recognised the importance of the inclusion of Statement 22 in its Annual Report 2015-16 (page 54):

A statement of 'Child Budgeting' was introduced in the Union Budget for 2008-09 (i.e. Budget Provisions for Schemes for the Welfare of Children, Statement 22, Expenditure Budget Vol. I, Union Budget 2008-09). This statement has been carried over in subsequent Union Budgets, and captures all child specific schemes in the Union Budget. In 2008-09, when the 'Child Budgeting' statement was introduced in the Union Budget, the 'Demands for Grants' with child-specific schemes included those of the Ministries of Women and Child Development, Human Resource Development, Health and Family Welfare, Labour and Employment, Social Justice and Empowerment, Tribal Affairs, Minority Affairs and Youth Affairs and Sports. The 'Child Budgeting' statement now covers 18 'Demands for Grants' (including Union Ministries/ Departments of Atomic Energy, Industrial Policy and Promotion, Posts, Telecommunication and Information and Broadcasting among others), marking a significant increase from an initial eight.

India is also a signatory to a number of international commitments (UN conventions and declarations), the Sustainable Development Goals (SDG), against which progress will be measured nationally and globally. There are 17 goals prescribed under SDGs and particularly, Goals 1, 2, 3, 4 and 5 that need urgent attention in the context of children.

				
<b>GOAL 1</b> End poverty in all its forms everywhere	<b>GOAL 2</b> End hunger, achieve food security and improved nutrition, and promote sustainable agriculture	<b>GOAL 3</b> Ensure healthy lives and promote wellbeing for all at all ages	<b>GOAL 4</b> Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all	<b>GOAL 5</b> Achieve gender equality and empower all women and girls

### Sustainable Development Goals (SDGs): What they mean for India's children

The SDGs place focus on children in several important ways. Not only is the entire agenda important for children, given the impact all the goals will collectively have on today's children and tomorrow's adults, but there are specific commitments for children. These include ending preventable deaths, ending hunger and ensuring children's access to the nutrition that will help them thrive; promoting learning and educational outcomes for all children and ensuring children live without fear of violence, through efforts to end all forms of violence and promote peaceful and just societies.

9 October 2015, Ramya Subrahmanian. [www.knowviolenceinchildhood.org/blog/sustainable-development-goals-what-they-mean-for-indias-children/](http://www.knowviolenceinchildhood.org/blog/sustainable-development-goals-what-they-mean-for-indias-children/)

In conformity with the definition of the child under the United Nations Convention on the Rights of the Child (UNCRC), for purposes of this study, a person up to the age of 18 years is defined as a child.

Children are not a homogeneous group. Their needs are determined by their age, gender, socio-economic status, physical and mental well-being and where they live, for which interventions have to be designed. For example, nutrition and health inputs in the early childhood years are critical for the child's growth. Therefore, inputs and interventions on these aspects in the early years are critical. In the later years, enrolment and retention in school becomes crucial, as does the issue of prevention of entry into the labour market. The programme interventions in the adolescent years need to target their educational, health and sexual needs as well as their transition into adulthood. Besides, children who are socio-economically vulnerable and children with disability need special attention. All these must be reflected in the budget.

## Budget for Children in Meghalaya

In 2014, HAQ: Centre for Child Rights (HAQ) and North Eastern Social Research Centre (NESRC) began studying the budget for children in Meghalaya. Their first analysis, which is the first ever for the state on this issue, was released on 30th November 2015 by Ms. Deborah Marak, Honourable Minister for Social Welfare, Government of Meghalaya.

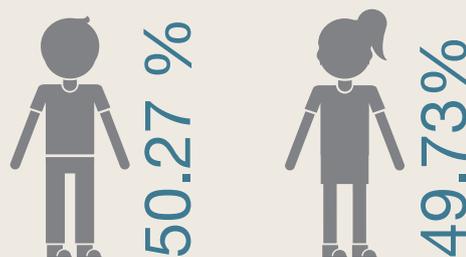
This is a five-year analysis (2012-13 to 2016-17) that allows us to study the trend of allocation and expenditure for children. The context for the analysis is the promises made to the children through national and state commitments in the form of laws, policies, programmes and schemes.

The situation of children and the needed outcomes determine the nature of investment required. A look at the status of children in Meghalaya reveals huge gaps both in terms of overall statistics, where it stands vis-à-vis other states of India on indicators for children, as well as intra-state (inter district disparities) that need to be addressed.

**46.52%**  
Total population in the 0 to 18 years age group.

**19.16%**  
of the state's total population in the 0-6 year age group.

The child population above 7 years



Child sex ratio of 0-6 years age group



Infant mortality

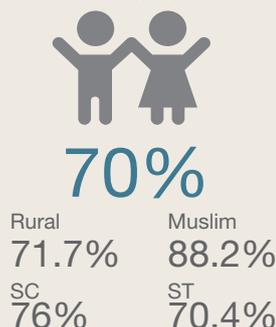


National average: 44

Under 5 mortality



Anaemia in 6-59 months age group



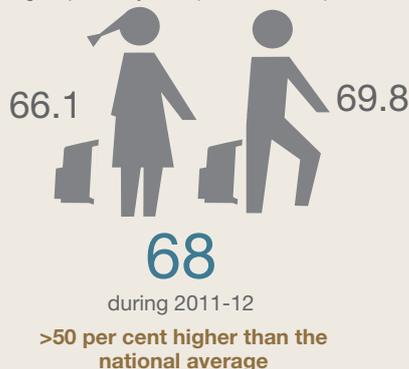
Anaemia in girls in 6-19 year age group



Gross Enrolment Ratio within the age group 6-13 years (Classes I-VIII)



Dropout Ratio within the age group 6-13 years (Classes I-VIII)



Cases of crime against children in 2015



- According to the Census of India 2011, the total population in the 0 to 18 years age group was 46.52 per cent, while in the 0-6 year age group, the population was 19.16 per cent of the state's total population.<sup>1</sup>
- About 50.27 per cent of the child population above 7 years was male and 49.73 per cent female. Given that all the tribes of Meghalaya are matrilineal, though this is a very marginal difference, it is to be noted.
- Child sex ratio of 0-6 years age group was 970, much higher than the national average of 914.<sup>2</sup> It is important to note that there is a three point decrease in child sex ratio between 2000 and 2011.
- Infant Mortality Rate (IMR) of the state is 47, slightly higher than the national average of 44.<sup>3</sup>
- As per National Family Health Survey (NFHS-4) 2015-16, the Under Five Mortality Rate (U5MR) in urban area was 20 and in rural area 43.<sup>4</sup>
- According to District Level Household & Facility Survey (DLHS 4) (2012-13), more than 70 per cent of both girls and boys in the 6-59 months were anaemic. What is more interesting is that 71.7 per cent children in rural areas, 88.2 per cent Muslim children, 76 per cent scheduled castes and 70.4 per cent scheduled tribes were anaemic.
- According to DLHS 4 (2012-13), almost 49 per cent girls in the 6-19 year age group of school going girls were suffering from anaemia.
- The Gross Enrolment Ratio within the age group 6-13 years (Classes I-VIII) was 114.0 during 2011-12, which is higher than the national average of 97.4.<sup>5</sup>
- The Dropout Ratio of children within 6-13 years (Classes I-VIII) of age was recorded as 68 in 2011-12, more than 50 per cent higher than the national average of 40.8.<sup>6</sup>
- A total number of 262 cases were recorded as crimes against children in 2015.<sup>7</sup>

1 Census of India 2011

2 ibid

3 ibid

4 [http://rchiips.org/nfhs/pdf/NFHS4/ML\\_FactSheet.pdf](http://rchiips.org/nfhs/pdf/NFHS4/ML_FactSheet.pdf)

5 Statistics of school education 2011-12, Gol 2014. [http://www.educationforallindia.com/Statistics\\_of\\_School\\_Education\\_2011-12,%20MHRD.pdf](http://www.educationforallindia.com/Statistics_of_School_Education_2011-12,%20MHRD.pdf)

6 ibid

7 Source: [http://megpolice.gov.in/crime/Crime\\_Children.pdf](http://megpolice.gov.in/crime/Crime_Children.pdf)

In a national index prepared by HAQ in 2011, using government data on different indicators, Meghalaya ranked 26 out of the 29 states. As can be seen from the Table 1 below, it needed to pay greater attention on most indicators. The situation has only marginally changed since 2011, as the status of children indicates.

**Table 1: India – Child Rights Index**

State	Overall National Ranking	Overall GDP	Birth Registration	Sex Ratio	Early Childhood Care	Child Marriage	Child Labour 5-14	Education	Health	Crimes Against Children-Incidences	Crimes Against Children-Victims	Crimes By Children
Kerala	1	9	1	3	21	29	1	2	1	14	15	7
Karnataka	2	7	6	8	12	26	21	7	10	1	6	4
Maharashtra	3	1	8	27	14	19	7	4	7	4	11	3
Tamil Nadu	4	4	2	6	18	25	8	6	3	17	9	13
Andhra Pradesh	5	3	18	11	20	28	24	19	11	2	2	11
Gujarat	6	5	9	22	16	10	10	9	19	3	16	5
Rajasthan	7	8	10	26	24	24	26	18	22	5	5	2
Punjab	8	13	1	20	15	4	6	15	12	10	13	16
Himachal Pradesh	9	20	1	16	13	15	23	3	5	9	24	18
Haryana	10	12	7	28	26	17	12	12	16	7	8	15
Madhya Pradesh	11	11	17	21	8	23	20	17	23	6	3	8
Delhi	12	10	1	24	27	11	2	1	14	19	17	19
Uttaranchal	13	19	16	25	29	14	5	13	13	15	18	14
Orissa	14	15	4	17	7	21	13	20	18	21	20	10
West Bengal	15	6	3	9	23	27	14	26	15	12	7	17
Bihar	16	14	14	13	25	18	11	29	24	13	19	1
Jharkhand	17	17	21	15	9	16	16	28	27	11	1	6
Uttar Pradesh	18	2	19	23	10	13	9	24	28	16	10	9
Chhattisgarh	19	16	11	5	28	20	22	16	20	8	4	20
Goa	20	22	1	19	19	9	3	22	2	26	23	23
Tripura	21	23	1	10	5	22	4	11	17	24	27	21
Assam	22	18	12	7	11	12	15	25	29	20	22	12
Mizoram	23	28	1	1	4	2	29	5	6	22	28	28
Jammu & Kashmir	24	21	15	29	22	7	19	21	8	18	12	24
Sikkim	25	29	5	12	17	8	28	10	4	25	25	26
Meghalaya	26	24	1	2	6	3	25	23	21	23	21	22
Manipur	27	25	13	18	3	6	17	14	9	28	14	29
Nagaland	28	26	1	14	1	1	27	8	26	29	29	25
Arunachal Pradesh	29	27	20	4	2	5	18	27	25	27	26	27

**Ranking** ■ 1-5 ■ 6-10 ■ 11-14 ■ 15-19 ■ 20-24 ■ 25-29

Source: HAQ: Centre for Child Rights, 2011

The District Index (Table 2) indicates there are inter-district regional disparities as well, which clearly calls for appropriate planning and distribution of resources within the state itself. For example, while most districts in Meghalaya are performing moderately well in sex ratio at birth, Ribhoi shows a dip in sex ratio for 0-6 years and 7-14 years' age group. Similarly, on issues like child labour and child marriage (both male & female), while most districts in the state are performing well, East Khasi Hills district requires immediate attention. This is only possible with adequate budgetary provisions, which will further lead to effective implementation of the schemes and programmes needed to tackle such issues in the district.

**Table 2: Meghalaya – District Index**

District	Sex Ratio At Birth	Sex Ratio 0-6 Years	Sex Ratio 7-14 Years	Sex Ratio 15 -18 Years	Sex Ratio 0-18 Years	Child Labour (5-14 Years)	Child Marriage Males (0-17)	Child Marriage Females (0-17 Years)
East Garo Hills	4 (969)	1 (980)	5 (962)	3 (988)	5 (972)	2	2	5
East Khasi Hills	7 (953)	6 (964)	2 (981)	1(1006)	2(1011)	7	7	6
Jaintia Hills	6 (959)	2 (976)	1 (1007)	2(1000)	1(1013)	5	3	2
Ribhoi	3 (975)	7 (953)	7 (958)	4 (948)	6 (953)	6	6	3
South Garo Hills	1 (987)	4 (974)	6 (958)	6 (935)	7 (945)	4	4	7
West Garo Hills	2 (984)	3 (976)	3 (976)	5 (935)	3 (984)	3	1	1
West Khasi Hills	5 (961)	5 (967)	4 (972)	7 (926)	4 (980)	1	5	4
Meghalaya State	966 ( rate)	970 ( rate)	977 ( rate)	968 ( rate)	973 ( rate)	44469 (total)	20,493 (total)	97,673 (total)

**Ranking Key**

Best Performing Districts (1-7)

Moderately Performing Districts (8-14)

Districts Need Attention (15-21)

Worst Performing Districts (22-27)

Source: HAQ: Centre for Child Rights

**A note on methodology**

Article 15(3) of the Constitution of India mandates that in recognition of the vulnerability of children and women, states must make special provisions for them. Allocation of resources for children in the budget is one such step. While all budgetary provisions for the public at large have an impact on children, there are also special provisions made for them in the budget. Article 4 of the UN Committee on the Rights of the Child that India has ratified in 1992, also requires allocation of adequate resources for children.

Child budgeting or Budget for Children (BfC) monitoring can loosely be described as research that examines how well governments are using programme development, budget allocation and programme implementation to respond to obligations. BfC is not a separate budget: it is merely an attempt to disaggregate from the overall allocation made, those made specifically for programmes that benefit children. The analysis of BfC in India, both at the level of the union and a particular Indian state, entails a rather complex exercise of disaggregating from various heads of account in the overall union or state budget to arrive at a comprehensive understanding of how financial allocation is impacting the lives of children. This enables us to assess how far the policy and programme commitments are translated into financial commitments.

This methodology and analysis was developed by HAQ in 2000 and has continued to be the same. It has been adapted by most others undertaking similar analysis in India and also in other countries.

The departments/ministries that run the programmes for children are selected for calculating the BfC. Further, child-related expense heads in the detailed demands for grants (DDGs) of the concerned departments are selected for the purpose of calculation. All three budget figures [Budget Estimate (BE), Revised Estimate (RE) and Actual Expenditure (AE)] pertaining to the selected heads are entered and tabulated for comparison and analysis.

For preparing the BfC report, the programmes/schemes are divided into four sectors specific to children, which are health, development, education and protection. In other words, the total budget for children is the sum total of the allocations made towards the above mentioned four sectors. Then the sectoral totals and the BfC are compared with the total state budget. The share of BfC is calculated with the total state expenditure which is available in the annual financial statement.

The biggest challenge remains availability of correct information as well as the selection of the schemes and programmes that are to be included. Since this choice of programmes are based purely on an understanding of what constitutes “child focussed”, it tends to differ thereby impacting the overall results—even if the proportion may not change substantially.

## Share of BfC in the Meghalaya State Budget (2012-13 to 2016-17)

The average share of budget for children in Meghalaya state budget (from 2012-13 to 2016-17) is 6.14 per cent (Fig.1). This average share is better than the national average share of BfC, which is less than five per cent. This is heartening, but still not adequate as the states have a greater responsibility to invest for its direct beneficiaries as most issues concerning children are either part of the state list or the concurrent list of the Constitution.

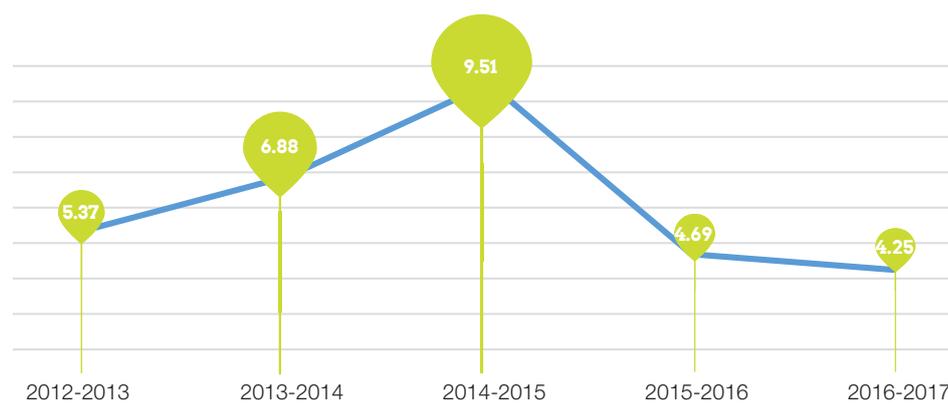
**While the actual budget allocations of Meghalaya increased by 12 per cent in 2016-17, the share of children increased by a mere 1.10 per cent.**

However, what remains a matter of concern is that the BfC which was showing a steady increase till 2014-15 suddenly fell in 2015-16 from 9.51 per cent to 4.69 per cent, falling further to 4.25 per cent in 2016-17.

**Figure 1: Average Share of BfC (BE) in Meghalaya Budget (2012-13 to 2016-17) (In per cent)**



**Figure 2: Share of BfC (BE) in Meghalaya State Budget (In per cent)**



**Table 3 : State Budget and Budget for Children (in ₹ Crores)**

YEAR	State Budget			Budget for Children (BfC)		
	BE	RE	AE	BE	RE	AE
2012-13	21860.22	23106.99	24533.78	1173.49	1443.49	1229.53
2013-14	24975.07	27889.00	25296.97	1718.71	1700.20	984.08
2014-15	31285.91	31322.16	27986.47	2974.51	2976.92	1298.19
2015-16	29985.98	29994.99	NA	1405.21	1269.93	NA
2016-17	33458.61	NA	NA	1420.60	NA	NA

Is it possible that this is the fallout of the 14th Finance Commission Recommendations on fiscal devolution to states with cuts in the central share for centrally sponsored flagship schemes? Is this posing a challenge in the fund flow pattern in the states as also in the implementation of these schemes?

Since the implementation of the 14th Finance Commission Recommendation, several Chief Ministers from the North Eastern states, including Shri Mukul Sangma, Chief Minister of Meghalaya, have voiced their concerns over this.

**“While, allocations in the social and welfare sectors have been protected, it is expected that the States’ will be bringing in greater share to give fillip to government spending in these sectors”.**

Source: Fiscal Policy Strategy Statement  
<http://indiabudget.nic.in/ub2015-16/frbm/frbm3.pdf>

**Figure 3: State Budget(BE) & share of BfC (BE) in ₹ Crores**



“One of the challenges emerging out of the recommendations of the 14th Finance Commission is creating the fiscal space for supporting ongoing projects under Special Plan Assistance which amount to over ₹2,000 crore. We have resolved that we shall vigorously pursue this matter with Government of India so that the State receives all its due entitlements to complete these ongoing projects in a time bound manner.”

*Shri Mukul Sangma, Budget Speech 2015-16*

## Rate of Change in the State Budget and BfC

The rate of change in allocations enables us to see what the pattern of investment has been for the state budget as a whole as well as for schemes for children over the years. From 2012-13 to 2014-15, the rate of investment on children has been much higher than the increase in the Meghalaya state budget as a whole. However, while the dip in the rate of change in budget in 2015-16 is visible in both the state budget as well as the BfC in 2015-16, this is much more within BfC. Also the rise in BfC by only 1 per cent in 2016-17 is much lower than that seen within the state budget as a whole. This is because of the much higher increase in the state budget as whole as compared to allocations for children

What also calls for attention is the rate of change in actual expenditure between 2012-13 and 2013-14 (almost 20 per cent) which shows that there was a fall in actual spending on children. Luckily that trend seems to have reversed in 2014-15. The report card for the other years is still to be out as AE figures are available with a gap of a year (the 2015-16 AE will be available in 2017-18).

**Table 4: Rate of Change in the state budget and BfC (In per cent)**

Year	State Budget			BfC		
	BE	RE	AE	BE	RE	AE
2013-14	14.25	20.70	3.11	46.46	17.78	-19.96
2014-15	25.27	12.31	10.63	73.07	75.09	31.92
2015-16	-4.16	-4.24	NA	-52.76	-57.34	NA
2016-17	11.58	NA	NA	1.10	NA	NA

## Trend of Expenditure in BfC

The questions that need to be asked are – how far has the allocated budget been spent? What have been the outcomes? The Union government's constant complaint is about the underspending by the states. Meghalaya shows the same trend yet again with an average underspending (BE-AE) of 32.44 per cent (Table 4 and 5).

While there was a small overexpenditure of 4.78 per cent in 2012-13, the very next year over 42 per cent of the allocations remained unutilised. In 2014-15, more than half (over 56 per cent) of the allocations have remained unspent. Such a trend of underspending raises serious questions about the implementation of schemes and programmes meant for the welfare of children.

The expenditure data is released a year later. Hence for a study of a five-year budget cycle, actual expenditure (AE) is available for only three years.

**Table 5: Expenditure in Budget for Children (BfC)**

Year	BfC (In ₹ Crores)				Expenditure (In per cent)		
	BE	RE	AE	AE-BE (Actual)	AE-BE (%)	AE-RE (Actual)	AE-RE (%)
2012-13	1173.49	1443.49	1229.53	56.05	4.78	-213.95	-14.82
2013-14	1718.71	1700.19	984.08	-734.64	-42.74	-716.12	-42.12
2014-15	2974.51	2976.92	1298.19	-1676.32	-56.36	-1678.73	-56.39
2015-16	1405.21	1269.92	NA	NA	NA	NA	NA
2016-17	1420.60	NA	NA	NA	NA	NA	NA

The appropriation accounts refer to the unspent money as “saving”, but whether this saving in finances impacts the actual delivery of services to children on the ground has always remained a question. For example, given the high rates of crimes against children, why is there underspending or saving in the protection sector budget? (Discussed later)

### Few examples of overexpenditure and underexpenditure as per the Appropriation Accounts of Meghalaya 2014-15

- **Integrated Child Development Service Scheme Sixth Schedule (Part-II) Areas:** ‘Surrender of ₹1,66.51 lakh without assigning any specific reason. Reasons for final excess of ₹2,99.68 lakh have not been intimated (August 2015).’
- **Sarva Shiksha Abhiyan – (ix) General & (x) Sixth Schedule (Part-II) Areas:** ‘Withdrawal of ₹48.54 lakh through re-appropriation at serial number (ix) and (x) was owing to less requirement of fund. Reasons for final saving of ₹1,54,31.87 lakh have not been intimated (August 2015).’
- **Mid Day Meal Incentive to Students:** Reasons for saving of ₹87,83.57 lakh have not been intimated (August 2015).
- **Rashtriya Madhyamik Shiksha Abhiyan:** Reasons for non-utilisation of provision of ₹1,50.00 lakh and saving of ₹1,10.78 lakh have not been intimated.
- **Pre-Matric Scholarship for Minorities:** ‘Withdrawal of entire budget provision of ₹1,72.50 lakh was owing to curtailment of provision under the Scheme.’
- **Rajiv Gandhi Scheme for Empowerment of Adolescent girls (RGSEAG)-SABLA Sixth Schedule (Part-II) Areas:** ‘Surrender of ₹77.75 lakh was stated to be due to less receipt of fund from Government of India.’
- **Correctional Services (03) Implementation of Children Act. Establishment of Juvenile Guidance Centre Sixth Schedule (Part-II) Areas:** ‘Augmentation of provision by ₹13.65 lakh through re-appropriation was attributed to more expenditure on (G.I.A) salaries under ICPS [of the Children’s Home] Shillong and by way of surrender of ₹3.32 lakh was due to 20 per cent economy cut as imposed by the Government.’
- **Correctional Services (02) Integrated Child Protection Service General:** Augmentation of provision of ₹1,03.83 lakh through re-appropriation was stated to be due to requirement of more fund for implementation of ICPS.

There was major underspending in 2014-15 in development and education sectors. After two years of underspending, in 2014-15 there has been an almost 142 per cent overexpenditure in the child health related programmes.

**Table 6: Sectoral Spending (AE-BE) in per cent**

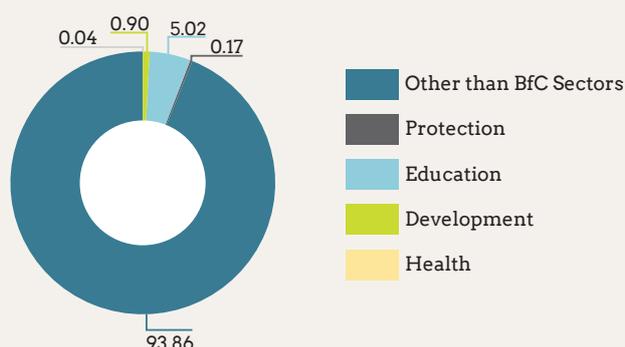
Year	Health	Development	Education	Protection
2012-13	-74.36	-25.66	14.50	3.26
2013-14	-52.85	-34.98	-43.41	-57.18
2014-15	141.91	-77.36	-55.75	9.19
Average	-6.30	-57.63	-37.96	-20.63

## Sectoral Share in the State Budget and Within BfC

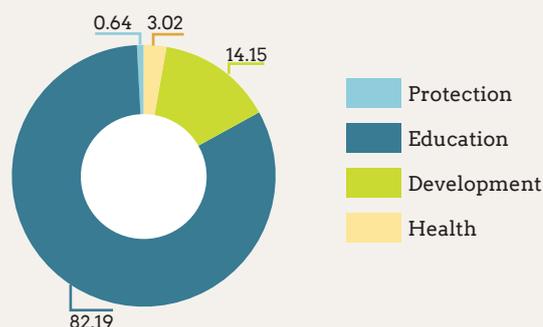
The budget for children has been divided into four broad sectors – Health, Development, Education and Protection.

The trend of sectoral share within the state budget and within BfC is very similar. In both cases the distribution across sectors was uneven, with education receiving the maximum share (an average share of 5.02 per cent within the state budget and 82.19 per cent within BfC). Development sector received a mediocre share with an average of 0.90 per cent in the state

**Figure 4: Average Sectoral Share in the State Budget (2012-13 to 2016-17) (In per cent)**



**Figure 5: Average Sectoral share within BfC (2012-13 to 2016-17) (In per cent)**



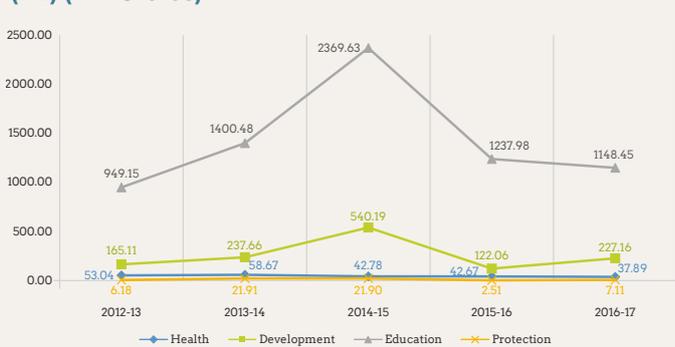
budget and 14.15 per cent within BfC (Figures 4 and 5 and Tables 6). The least prioritised sector was child protection with an average share of 0.04 per cent in the state budget and 0.64 per cent within BfC. Budget for the health sector is only marginally better with an average share of 0.17 per cent in the state budget and 3.02 per cent within BfC.

**Table 7: Sectoral Share in the State budget and within BfC**

Year	State Budget				Budget for Children (BfC)			
	Health	Development	Education	Protection	Health	Development	Education	Protection
2012-2013	0.24	0.76	4.34	0.03	4.52	14.07	80.88	0.53
2013-2014	0.23	0.95	5.61	0.09	3.41	13.83	81.48	1.27
2014-2015	0.14	1.73	7.57	0.07	1.44	18.16	79.66	0.74
2015-2016	0.14	0.41	4.13	0.01	3.04	8.69	88.10	0.18
2016-2017	0.11	0.68	3.43	0.02	2.67	15.99	80.84	0.50
Average	0.17	0.90	5.02	0.04	3.02	14.15	82.19	0.64

The allocations for sectors that had risen steadily between 2012-13 and 2014-15 suddenly saw a fall in 2015-16. While this is very visible in the development and education sectors (Figure 6), the same happened with the protection sector where the allocation fell from ₹ 21.9 crores in 2014-15 to ₹ 2.51 crores in 2015-16. The same trend is visible in the health sector too where in the allocation was reduced from ₹ 58.67 crores in 2013-14 to ₹ 48.67 crores in 2013-14, and finally fell further to ₹ 37.9 crores in 2016-17. Although there were some increases in the development and protection sectors in 2016-17 they never quite gained the same level of allocation.

**Figure 6 Sectoral Allocations for Children in Meghalaya (BE) (In ₹ Crores)**



## Child Health

The status of child health in Meghalaya has remained very poor and disturbing. The financial investment on health must match the need for it to impact the status of children's health in the state.

According to a news report in 2013,<sup>8</sup> more than 60 per cent children in the state were malnourished. As per SRS bulletin 2013<sup>9</sup>, the infant mortality rate (IMR) in Meghalaya was 47/1000, the under-five mortality rate was also high in rural areas as per National Family Health Survey (NFHS-4)<sup>10</sup> and many of them suffered from malaria and tuberculosis. As per the statistics of District Level Household & Facility Survey (DLHS-4), more than 70 per cent children in the age group of 6-59 months were anaemic and almost 49 per cent girls in the 6-19 year age group were suffering from anaemia. As per NFHS-4, 3.4 per cent urban and 10.1 per cent rural women aged between 15-19 years were already mothers or pregnant.<sup>11</sup>

### Over 60% children in Meghalaya malnourished

Manosh Das, TNN | Aug 28, 2013, 06.12AM IST

**SHILLONG:** Around 64.4 per cent of the children in the state are suffering from malnutrition while 47.2 per cent of the women are anaemic. This was revealed in a health camp organized by the Martin Luther Christian University (MLCU) in Moodymmai village under Thadlaskein block in the Jaintia Hills district.....

A total of 336 people attended the camp, including 143 schoolchildren. The most common diagnoses were nutritional anaemia, dental caries, cataract, allergic conjunctivitis and refractive errors.....

Last year, the Meghalaya government had decided to conduct a research to understand the reasons for the high prevalence of anaemia in the state. "It was found that many women died after childbirth due to lack of blood. This is also one of the reasons for the increase in the maternal mortality rate in the state," a health official said.

Source : <http://timesofindia.indiatimes.com/city/guwahati/Over-60-children-in-Meghalaya-malnourished/articleshow/22110509.cms>

8 <http://timesofindia.indiatimes.com/city/guwahati/Over-60-children-in-Meghalaya-malnourished/articleshow/22110509.cms>

9 Sample Registration Survey (SRS) bulletin 2013

10 [http://rchiips.org/nfhs/pdf/NFHS4/ML\\_FactSheet.pdf](http://rchiips.org/nfhs/pdf/NFHS4/ML_FactSheet.pdf)

11 [http://rchiips.org/nfhs/pdf/NFHS4/ML\\_FactSheet.pdf](http://rchiips.org/nfhs/pdf/NFHS4/ML_FactSheet.pdf)

**Table 8: Immunization and Child Nutritional Status as per NHFS-4 (2015-16)**

INDICATORS	URBAN	RURAL
Children aged 12-23 months fully immunized (BCG, measles, and 3 doses each of polio and DPT) (%)	81.4	58.5
Children aged 12-23 months who have received BCG (%)	96.2	84.4
Children aged 12-23 months who have received 3 doses of polio vaccine (%)	84.2	69.0
Children aged 12-23 months who have received 3 doses of DPT vaccine (%)	88.1	71.8
Children aged 12-23 months who have received measles vaccine (%)	86.6	69.7
Children aged 12-23 months who have received 3 doses of Hepatitis B vaccine (%)	79.9	60.3
Children aged 9-59 months who received a vitamin A dose in last 6 months (%)	63.7	52.9
Children under 5 years who are stunted (height-for-age) (%)	36.5	45.0
Children under 5 years who are wasted (weight-for-height) (%)	13.7	15.5
Children under 5 years who are severely wasted (weight-for-height) (%)	6.5	6.5
Children under 5 years who are underweight (weight-for-age) (%)	22.9	22.9

Source: [http://rchiips.org/nfhs/pdf/NFHS4/ML\\_FactSheet.pdf](http://rchiips.org/nfhs/pdf/NFHS4/ML_FactSheet.pdf)

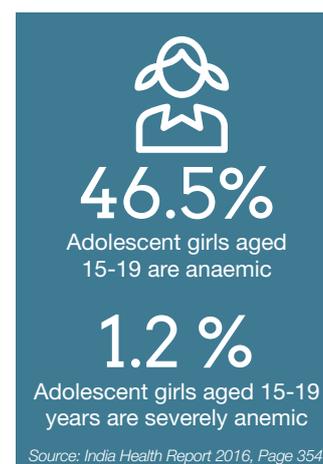


Source: India Health Report 2015. Page 349<sup>12</sup>

Although health care programmes meant for all individuals also cater to children, the budget calculations for health sector for children includes programmes and schemes related to their specific health care needs such as immunization against six killer diseases i.e. diphtheria, pertussis, tetanus, measles, tuberculosis and poliomyelitis; for prevention of diseases like malaria, smallpox etc.; for prevention of neo-natal mortality, infant mortality, malnutrition, and anaemia.

Unfortunately, most of these health initiatives cater to the infants and young children and not those in the adolescent category (beyond three years). This is because there are limited health-related initiatives for older children, and those that are available are part of the overall health initiatives for all persons, and hence difficult to disaggregate.

According to the Meghalaya Government, "Since service provisions for adolescents are influenced by many factors, wherein for e.g. at the level of health system, lack of adequate privacy, confidentiality and judgmental attitudes of service providers; who often lack counselling skills are barriers that limit access to services. Health care staff needs to be sensitive to signs of anxiety and know how to deal with young people in crisis or where to refer them. Services also need to include information and education to help adolescents to become active participants in their own health. So, investing in this group (10-19 years) is going to have rich dividend for the future health."<sup>13</sup> The state government has set up 39 adolescent-friendly clinics in the state.<sup>14</sup> This is a very positive move made by the state government and such initiative will certainly help the adolescent group to overcome their health issues.



<sup>12</sup> Rayker. N Majumdar, M.,Lakshminarayan R., Menon P. 2015. India Health Report-Nutrition. New Delhi. India: Public Health Foundation of India.

<sup>13</sup> <http://nrhmmeghalaya.nic.in/arsh.html>

<sup>14</sup> [http://nrhmmeghalaya.nic.in/pdf/ADOLESCENT\\_FRIENDLY\\_CLINICS.pdf](http://nrhmmeghalaya.nic.in/pdf/ADOLESCENT_FRIENDLY_CLINICS.pdf)

Since there is no separate mention of these schemes related to adolescent health (Table 9), including setting up of adolescent-friendly clinics in the Detailed Estimates and Demands for Grants, which is the source of data for this report, the following schemes found in Budget Summary could not be included in the report and in calculating the budget for the child health sector.<sup>15</sup>

**Table 9: Budget Summary - 2014-15<sup>15</sup>**

S. No.	Budget Head	2014-15		Proposed 2015-16	
		Financial Utilisation (₹ Lakhs)		Proposed Budget (₹ Lakhs)	% of total NHM budget
		Approved Budget as per RoPs 2014-15 (₹ Lakhs)	Expenditure (as on Dec 2014) (₹ Lakhs)		
PART I	NRHM + RMNCH plus A* Flexipool	12861.32	3315.67	22763.66	70.71
	Adolescent friendly health clinics/ AFHC (incl. HR, Training, IEC/ Printing, and Procurement)	166.49	24.23	118.59	0.37
	Menstrual hygiene (incl. Training and Procurement)	0.00	0.00	0.00	0.00

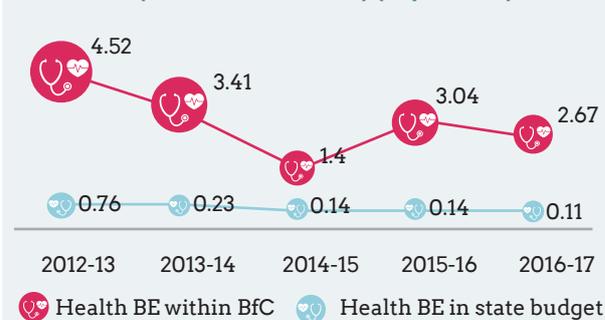
Based on the BE, RE and AE available for health schemes for children in the Detailed Demands for Grants it was found that:

- The average share of allocation (BE) on child health from 2012-13 to 2016-17 was 0.17 per cent the state budget and 3.02 per cent within BfC (Fig 6).
- There was a huge cut of 29 per cent in allocations in health-related schemes for children in Meghalaya in 2013-14 (from ₹ 53.04 crores to ₹ 37.89 crores in 2016-17). The reason was that many centrally sponsored schemes did not receive any funds in 2015-16 and 2016-17. Here are some examples:
  - “National Iodine Deficiency Disorders Control Programme (CSS)” (both in the General areas and Sixth Schedule areas in 2015-16 and 2016-17).
  - Scheme for Auxiliary Nurses and Mid-Wives Training Programme (Female Health Workers), Post-Partum programme at sub-divisional level (in the 2015-16 and 2016-17).

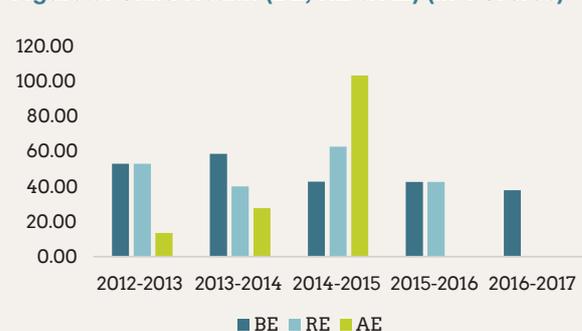
In 2016-17, the schemes under Central Sectoral Share (for Sixth Schedule Areas) titled Maternity and Child Welfare scheme, Post-Partum programme at district level and at sub-divisional level were merged under Centrally Sponsored Scheme component.

The actual expenditure has been erratic. The average underspending in child health has been 6.30 per cent. In 2012-13, a very large 74.36 per cent of the allocation remained unspent and in 2013-14 this was 52.85 per cent. However, in 2014-15 there was an overspending of 141.91 per cent. This overspending was because there was no allocation for the scheme Regional Health & Family Welfare Training Centre (both in General and Sixth Schedule Areas). There has also been overspending in some other schemes such as Scheme of ANM Training, Post-partum programme at district and sub-divisional areas under Sixth Schedule Areas too observed an overspending in 2014-15 budget. But the Appropriation Accounts in most cases say – “reasons not intimated” or “re-appropriation often due to less expenditure”.

**Figure 7: Share of Health BE in the State Budget and within BfC (2012-13 to 2016-17) (In per cent)**



**Figure 8: Child Health (BE, RE & AE) (In ₹ Crores)**



<sup>15</sup> <http://nrhm.gov.in/nrhm-in-state/state-program-implementation-plans-pips/meghalaya.html>

**Table 10: Child Health : Allocation and Expenditure (In ₹ Crores)**

Year	BE	RE	AE	AE-BE	AE-BE (%)	AE-RE	AE-RE (%)
2012-13	53.04	53.04	13.60	-39.44	-74.36	-39.44	-74.36
2013-14	58.67	40.15	27.66	-31.01	-52.85	-12.49	-31.10
2014-15	42.78	62.91	103.49	60.71	141.91	40.59	64.52
2015-16	42.67	42.67	NA	NA	NA	NA	NA
2016-17	37.89	NA	NA	NA	NA	NA	NA
Average (2012-13 to 2014-15)	51.50	52.03	48.25	-3.25	-6.30	-3.78	-7.27

## Child Development

Child development sector includes programmes and schemes for early childhood care and education; schemes for adolescent girls and boys, sports, and other general schemes and programmes that do not fit within any particular sectoral category, but are aimed at the overall development of children.

**Table 11: Details of Anganwadi Centres (ICDS)**

Availability of Anganwadi Centres and Workers (AWCs and AWWs)	Value
Pending or vacant Anganwadi workers to sanctioned number of workers	23.9%
AWWs living in the AWC Village/ward	93.3%
AWWs having 10 or more years of schooling	52.8%
Median age of AWWs	33 years
AWCs serving population more than stipulated norm	19.9%

Growth Monitoring	Value
AWCs having functional baby weighing scale	38.3%
AWCs having functional adult weighing scale	26.4%
Available WHO growth chart at AWCs	29.7%

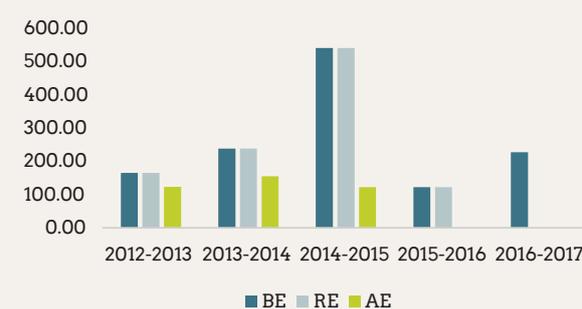
Source: India Health Report 2015. Page 358<sup>16</sup>

Development sector received an average share of 0.90 per cent in the state budget and 14.15 per cent within BfC.

The sharp decline of 78 per cent in 2015-16 (from ₹ 540.19 crores in 2014-15 to ₹ 122.06 crores in 2015-16) can be traced to the non-allocation of budgets for schemes like Training Programme of the Anganwadi workers, Implementation of Kishori Shakti Yojana, Supplementary nutrition programme, materials and supplies under the Integrated Child Development Services (ICDS) etc. both in General Areas as well for the Sixth Schedule Part II Areas under the centrally sponsored component.

There is an increase of 86.11 per cent in 2016-17 (from ₹ 122.60 crores in the year 2015-16 to ₹ 227.16 crores in 2016-17).

The highest share of allocation and spending (almost 90 per cent) in the development sector is for the ICDS.<sup>17</sup> As a result, any change in it affects the sectoral spending as a whole. Tables 12, 13 and 14 give an insight into the pattern of allocation and spending on ICDS.

**Figure 9: Child Development (BE, RE & AE) (in ₹ Crore)**

<sup>16</sup> India Health Report 2015, page 358

<sup>17</sup> ICDS is the flagship scheme for children in the 6 months to 6 years of age group, pregnant and nursing mothers and adolescent girls (11-19 year). Services provided under this scheme are non-formal pre-school education, supplementary nutrition programme, immunisation, health check-up, nutrition and health education and referral service. This scheme is specially meant for the poor and the disadvantaged

**Table 12: Total ICDS (General + Sixth Schedule Areas) in ₹ Crores**

Year	BE	RE	AE
2012-13	142.13	142.13	111.32
2013-14	189.42	189.42	144.82
2014-15	483.07	483.07	109.80
2015-16	113.57	113.57	NA
2016-17	206.32	NA	NA

**Table 13: Total ICDS State share (General + Sixth Schedule Areas) in ₹ Crores**

Year	BE	RE	AE
2012-13	18.18	18.18	28.32
2013-14	15.93	15.93	19.73
2014-15	113.54	113.54	20.28
2015-16	113.57	113.57	NA
2016-17	206.32	NA	NA

**Table 14 Total ICDS Central share (CSS) (General + Sixth Schedule Areas) in ₹ Crores**

Year	BE	RE	AE
2012-13	123.95	123.95	83.00
2013-14	173.49	173.49	125.09
2014-15	369.54	369.54	89.52
2015-16	0.00	0.00	NA
2016-17	0.00	NA	NA

- In 2014-15 ₹ 483.07 crores (₹ 113.54 crores in state share and ₹ 369.54 crores in Central share) was allocated to ICDS, which came down to ₹ 113.57 crores in state share in 2015-16. In 2016-17 the allocation again rose up to ₹ 206.32 crores (state share).
- The steep increase in 2014-15 (₹ 540.19 crores) was because of the high allocation for Implementation of ICDS Scheme under Central Assistance, Induction Training in ICDS (Central Assistance for CSS in respect of ICDS) etc.

A rapid survey of children in 2013-14<sup>18</sup> has shown some progress in immunization, health check-up, nutrition etc., but such inconsistent trend of allocation for this scheme will hinder the implementation processes.

It is also observed that the actual expenditure (AE) in the development sector has been low. In fact, **there has been an average under-expenditure of 57 per cent** (Table 15). In 2014-15 the percentage of under-expenditure was 77.36 per cent and no clear reason was cited in the appropriation account except to 2014-15 to state "non-utilisation and surrender of the budgetary provision under CSS".

**Table 15: Child Development : Allocation and Expenditure (in ₹ Crores)**

Year	BE	RE	AE	AE-BE	AE-BE (%)	AE-RE	AE-RE (%)
2012-13	165.11	165.11	122.73	-42.37	-25.66	-42.37	-25.66
2013-14	237.66	237.66	154.52	-83.14	-34.98	-83.14	-34.98
2014-15	540.19	540.18	122.28	-417.91	-77.36	-417.89	-77.36
2015-16	122.06	122.08	NA	NA	NA	NA	NA
2016-17	227.16	NA	NA	NA	NA	NA	NA
Average (2012-13 to 2014-15)	314.32	314.31	133.18	-181.14	-57.63	-181.14	-57.63

# Child Education

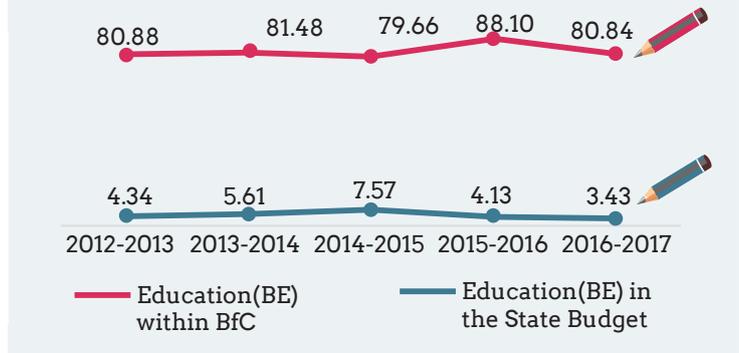
The budget for child education sector includes the budget data for all the elementary and secondary education programmes. To universalise primary and secondary education, government has initiated flagship schemes like Sarva Shiksha Abhiyan (SSA), Mid Day Meal (MDM) and Rashtriya Madhyamik Shiksha Abhiyan (RMSA).

According to Accountability Initiative (SSA budget briefs 2015), as of September 2014, 31 per cent children in the age 6-13 in Meghalaya were Out-of-School-Children (OOSC) – children who are enrolled but never attended school<sup>19</sup> There is a need to improve the quality of education and also shift the attention from not just enrolment but towards retention.

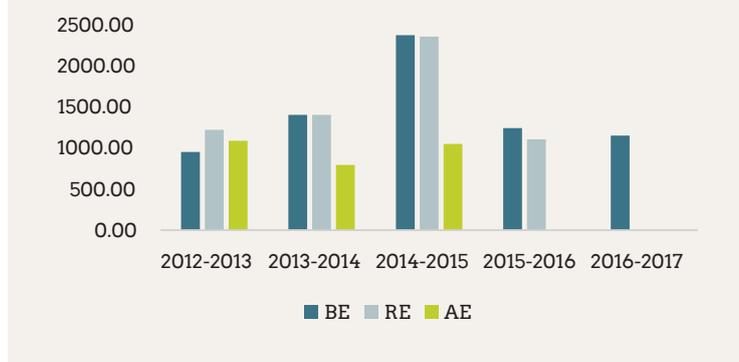
Of all sectors, education received the highest share in both the state budget (5.02 per cent) and BfC (82.19 per cent). Despite receiving the largest share, the increase in allocation for education sector has remained inconsistent over the years.

From 2012-13 to 2013-14 the budget allocation for education increased by 44.54 per cent (from ₹ 949.15 crores in 2012-13 to ₹ 1400.48 crores in 2013-14). The amount further rose up to ₹ 2369.63 crores in 2014-15 which is almost 70 per cent increase, only to reduce by 48 per cent (₹ 1237.98 crores) in 2015-16 and falling further by 7.23 per cent in 2016-17.

**Figure 10: Share of Education BE in the State Budget and within BfC (2012-13 to 2016-17) (In per cent)**



**Figure 11: Child Education (BE, RE & AE) (in ₹ Crore)**



The fall in allocations can be traced back to the following:

- The allocation for Sarva Shiksha Abhiyan in the state share was reduced by 7.41 per cent for the general areas (from ₹ 162 crores in 2015-16 to ₹ 150 crores in 2016-17) while it was increased by 450 per cent (₹ 2 crores in 2015-16 to ₹ 11 crores in 2016-17) for the Sixth Schedule Areas.
- There were cut backs in allocations in 2016-17 for schemes such as Assistance for Construction Repairs of Primary Schools Buildings, Sarva Shiksha Abhiyan (State share), Construction of Girls Hostel, etc. in both General Areas and Sixth Schedule Areas. Besides, scholarship schemes like Pre-Matric Scholarship for Minorities, Post Matric Merit Scholarship and stipends, Post Matric Merit Scholarship and stipends did not receive any central share in both 2015-16 and 2016-17.
- Some other schemes like Inclusive Education of the Disabled at the Secondary Stage (IEDSS), Construction of Girls Hostel, drinking water and toilet facilities also did not receive any fund in the 2016-17 budget.

At the same time budget for Sixth Schedule areas also saw some heavy cut backs:

- The Mid Day Meal scheme (General Areas) allocation increased by 566.67 per cent (from ₹ 12 crores in 2015-16 to ₹ 80 crores in 2016-17) but there was 27.85 per cent cut (from ₹ 15.80 crores in 2015-16 to ₹ 11.40 crores in 2016-17) for the Sixth Schedule Areas.
- Similarly, the allocation for Rashtriya Madhyamik Shiksha Abhiyan increased to ₹ 12.14 crores from ₹ 1.50 crores in 2015-16, which means it increased by 709.35 per cent under the General Areas but the Sixth Schedule Areas, failed to receive any allocation in 2016-17.

19 [http://accountabilityindia.in/sites/default/files/ssa\\_2015.pdf](http://accountabilityindia.in/sites/default/files/ssa_2015.pdf)

As with the other sectors, education too has witnessed both overexpenditure and underspending:

**Table 16: Child Education - Allocation and Expenditure (In ₹ Crore)**

Year	BE	RE	AE	AE-BE	AE-BE (%)	AE-RE	AE-RE (%)
2012-13	949.15	1219.16	1086.82	137.66	14.50	-132.34	-10.85
2013-14	1400.48	1400.48	792.51	-607.96	-43.41	-607.96	-43.41
2014-15	2369.63	2351.94	1048.50	-1321.13	-55.75	-1303.44	-55.42
2015-16	1237.98	1102.67	NA	NA	NA	NA	NA
2016-17	1148.45	NA	NA	NA	NA	NA	NA
Average (2012-13 to 2014-15)	1573.09	1657.19	975.94	-597.14	-37.96	-681.25	-41.11

In 2012-13 there was an overspending of 14.50 per cent of the allocated budget. Reason for this overspending was that an amount of ₹ 1.15 crores was spent on the scheme New Model Schools in Blocks (SUCCES) for which there was no budget estimate (allocation). Few other schemes such as Strengthening of SCERT, Strengthening of Teachers Training Institution and District Institution of Education and Training (D.I.E.T) also observed heavy overspending without any allocation.

Here is an example of reasons given in Appropriation Accounts 2013-14 for the overspending and underspending (saving) in 2012-13:

**“Centrally Sponsored Schemes**

- (liv) 2202 General Education
  - 02 Secondary Education
    - Direction and Administration
      - 01 Headquarter
        - General
          - O. 9,00.00      9,00.00 ...                      (-)9,00.00

Reasons for final saving and non-utilisation of entire provision of ₹ 9,00.00 lakh have not been intimated (September-2014).

In another instance the following was the reason given for lack of spending in National Scholarship at Secondary state Level Children of Rural Areas; Pre-Matric Scholarship for Schedule Tribe was reportedly due to non-implementation of the scheme, non-receipt of applications from students, less requirement of fund etc.

Over spending in schemes like Pre-Matric Scholarship for Minorities; Post-Matric Scholarship for Minorities have not been intimated (September-2014).”

Since 2013-14 the trend has changed, with a 43.41 per cent of underexpenditure. In 2014-15 the percentage of underexpenditure further increased to 55.75 per cent which meant not even half of the allocated resources was put to use for the education sector.

There was 100 per cent saving (as has been described in the Appropriation Accounts) in schemes such as Pre-Matric Scholarship for Minorities, Inclusive Education of the Disabled at the Secondary Stage, Post matric scholarship for other backward classes and tribal student in 2013-14 and 2014-15. As per the appropriation account 2014-15, these are the reasons for underspending:

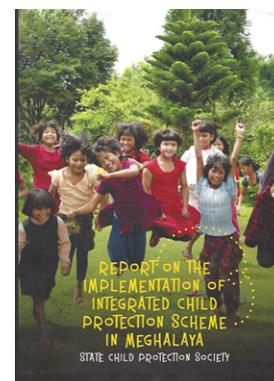
- Pre-Matric Scholarship for Minorities was ‘withdrawal of entire budget provision of ₹ 1,72.50 lakh was owing to curtailment of provision under the Scheme.’
- Construction of Educational Building Sixth Schedule Areas (Part-II) reason was ‘surrender of ₹ 25.00 lakh was attributed to less expenditure than anticipated.’

Reasons for the final excess of ₹ 5.17 lakh have not been intimated (August 2015). Similarly reasons for underspending or non-utilisation in the Rashtriya Madhyamik Shiksha Abhiyan (₹ 1,50.00 lakhs and ₹ 1,10.78 lakh), Mid Day Meal Incentive to Students (₹ 87,83.57 lakh) have not been intimated.

## Child Protection

The schemes/programmes under the child protection sector are the interventions that are aimed at creating a protective environment for all children and specifically address child labour, children in need of adoption, in prostitution, who are physically or mentally challenged, who are neglected or treated as juvenile offenders, are on the streets etc.

**There is a 191.11 per cent increase in the crimes against children from 2012 to 2015 in Meghalaya.**



It is indeed a matter of concern that as per the data given by the Meghalaya police department (Table 17), there is a 191.11 per cent increase in the crimes against children from 2012 to 2015. While some of this increase can be attributed to better reporting, not all of it can be analysed as that.

**Table 17: Incidences of Crime Against Children in Meghalaya during the years 2012-17**

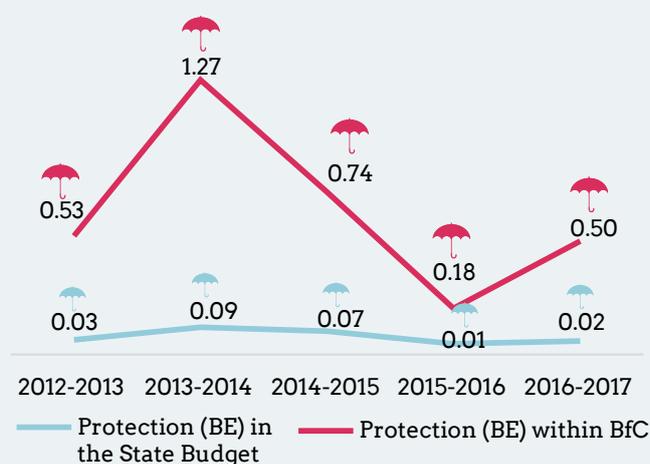
Sl No.	Crime Head	2012	2013	2014	2015
1	Murder	0	9	7	5
2	Infanticide	0	1	0	0
3	Other Murder	0	8	7	5
4	Rape	81	112	61	38
5	Kidnapping and Abduction	9	35	43	48
6	Foeticide	0	0	0	0
7	Abetment of Suicide	0	0	0	0
8	Exposure and Abandonment	0	0	0	0
9	Procuration of Minor Girls	0	8	11	18
10	Selling of Girls for Prostitution	0	0	0	0
11	Immoral Traffic (Prevention) Act, 1956	-	-	1	0
12	Protection of Children from Sexual Offences Act 2012	-	-	48	118
13	Other Crimes	0	19	42	30
14	Total Crime against Children	90	192	220	262

Source: [http://megpolice.gov.in/crime/Crime\\_Children.pdf](http://megpolice.gov.in/crime/Crime_Children.pdf)

Statistical report of the Meghalaya police shows that in 2014 a total 220 cases of crimes against children were listed while 2013 it was 192 cases. East Khasi Hills recorded the highest number of cases with 101 in 2015, while East Garo Hills recorded the lowest at two and Ribhoi recorded a total of 22 rape cases.<sup>20</sup>

Despite the growing violence against children being recorded, the protection sector received a very low average share of 0.04 per cent in the Meghalaya state budget from 2012-13 to 2016-17. Even, within the BfC, the average share of protection sector was just 0.68 per cent. This small share in the budget is unlikely to help protect children.

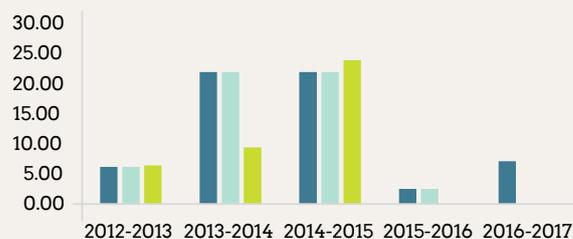
**Figure 12 : Share of Protection BE in the State Budget and within BfC (2012-13 to 2016-17) (In per cent)**



<sup>20</sup> Meghalaya Police Department – report, [http://megpolice.gov.in/crime/Crime\\_Children.pdf](http://megpolice.gov.in/crime/Crime_Children.pdf)

Like the other sectors, especially education, the protection sector has seen an inconsistent trend in terms of allocation. Between 2012-13 and 2013-14, there was an over 254 per cent increase in the allocation for schemes in the protection sector (from ₹ 6.18 crores to ₹ 21.91 crores). This increase was due to high amount of allocation in the schemes like Services for Children in need of care and protection (state share), State Commission for Protection of Child Rights (SCPCR), Protection of Children from Sexual offences (POCSO Act 2012) (state share), Child labour Rehabilitation-Cum-Welfare Officer Fund, etc. in the General Areas.

**Figure 13 : Child Protection (BE, RE & AE)  
(in ₹ Crore)**



While the allocation remained the same in 2013-14 and 2014-15, it fell drastically the following year (Table 18). This drastic fall in the budget for the protection sector in 2015-16 (to ₹ 2.51 crores) was due to non-allocation of central share under Centrally Sponsored Integrated Child Protection Scheme, the flagship scheme for child protection.

In the current financial year, i.e. 2016-17, there has been a slight increase in the share of allocation (₹ 7.11 crores) for this sector this is because the implementation of Integrated Child Protection Scheme under Central Assistance for CSS (state share) received a higher allocation. But, no allocation was made towards the budget for implementation of Protection of Children from Sexual offences (POCSO Act, 2012) in 2016-17. The Sixth Schedule Areas also failed to receive any allocation for many important schemes such as ICPS, SCPCR, POCSO Act, 2012 both in the central share as well as the state share in the 2015-16 and 2016-17 budget.

**Table 18: Some Schemes in the Protection Sector – Changes in Allocation (BE) (in ₹ thousands)**

Schemes	2012-13	2013-14	2014-15	2015-16	2016-17
Integrated Child Protection Scheme (ICPS)	1,02,000,00	52,97,000	50,000,00	5000000	1,00,000,00
Implementation of Integrated Child Protection Scheme (ICPS) under Central Assistance for CSS (new in 2016-17)	0	0	0	0	4,00,000,00
Protection of Children from Sexual offences (POCSO Act, 2012)	0	5,000,00	2,61,000	2,61,000	0
Implementation of Domestic Violence Act - establishment of Shelter Home	10,000,00	5,000,00	30,000,00	30,000,00	10,000,00
Integrated Child Protection Scheme (ICPS) -CSS)	3,00,00000	19,00,000,00	19,00,000,00	0	0

The concern over under-utilisation of resources remains. In 2013-14, more than 57 per cent of the allocated budget remained unutilised. For example of the ₹ 7,44,000 allocated for Services for Children in Need of Care and Protection, only ₹ 8,158 was spent that year and of the ₹ 5,00,000 allocated for Protection of Children from Sexual Offences (POCSO Act, 2012), nothing was spent. There are other schemes too which showed underspending.

The reason for such underspending was 'not intimated' as per the appropriation account 2013-14. The overspending in 2014-15, as explained in the appropriation account, was due to more expenditure than anticipated under the ICPS scheme on salaries (Children's Home).<sup>21</sup>

**Table 19: Child Protection: Allocation and Expenditure (In ₹ Crore)**

Year	BE	RE	AE	AE-BE	AE-BE (%)	AE-RE	AE-RE (%)
2012-2013	6.18	6.18	6.38	0.20	3.26	0.20	3.26
2013-2014	21.91	21.91	9.38	-12.53	-57.18	-12.53	-57.18
2014-2015	21.90	21.90	23.92	2.01	9.19	2.01	9.19
2015-2016	2.51	2.51	NA	NA	NA	NA	NA
2016-2017	7.11	NA	NA	NA	NA	NA	NA
Average (2012-13 to 2014-15)	16.66	16.66	13.23	-3.44	-20.63	-3.44	-20.63

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## Conclusion

This is the first ever trend analysis of the BfC in Meghalaya and throws a spot light on the allocations and spending for children in the state in the light of its indicators and outcomes .

This report coincides with the changes being witnessed in the context of the 14th Finance Commission recommendations. What is clear is that with the fiscal devolution taking place as per the recommendations, the greater burden of raising resources for children is shifting to the states, which has led to fall in allocations in most of the schemes in health and education sectors, especially under the central share. What is more disturbing is that in the absence of constant monitoring and a watchful eye, children will fall through the cracks. Perhaps this is the time to take the example of Statement 22 of the national budget and introduce a separate statement for children in Meghalaya state. This will enable the state government to keep the focus on children, bring all departments on board and track progress. The General Comment No. 19 (2016) on Public Budgeting for the Realization of Children's Rights (Article. 4) of the UN Committee on the Rights of the Child developed to guide the governments across the world, can be a very useful guideline.<sup>22</sup>

The key principle for budgeting for children is non-retrogression in budgeting – which means that whatever the circumstances, including economic crisis, the budget lines for children will be maintained and there will be no cut-backs. After all the needs of the children need to be addressed today and they cannot wait.

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22 [http://tbinternet.ohchr.org/\\_layouts/treatybodyexternal/Download.aspx?symbolno=CRC%2fC%2fGC%2f19&Lang=en](http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CRC%2fC%2fGC%2f19&Lang=en)

## HAQ: Centre for Child Rights

HAQ: Centre for Child Rights, formed in 1998, works towards the recognition, promotion and protection of rights of all children. It aims at contributing to the building of an environment where every child's rights are recognised and promoted without discrimination and in an integrated manner. HAQ believes that child rights and children's concerns have to be mainstreamed into all developmental planning and action and must also become a core development indicator.

To carry forward this mandate, HAQ undertakes research and documentation and is actively engaged in public education and advocacy. In India, HAQ pioneered the Budget for Children analysis in 2001. Over the years, it has developed skills for quick and incisive scanning of law and policy documents and commenting on them. It works with existing networks, builds alliances and partnerships with other actors/ stakeholders such as the bureaucrats, parliamentarians, judges and lawyers, police and media.

HAQ seeks to serve as a resource and support base for individuals and groups dealing with children at every level. It not only provides information and referral services but also undertakes training and capacity building for all those working with children or on issues concerning them, and for the children themselves.

HAQ works on children and governance, violence and abuse of children, child trafficking and juvenile justice. It provides legal support to children in need, particularly those who are victims of abuse and exploitation or are in conflict with the law. HAQ is the National Coordination Office of Campaign Against Child Trafficking (CACT).

## North Eastern Social Research Centre

Founded in 2000, the mandate of North Eastern Social Research Centre is to be a centre that combines serious intellectual pursuits with involvement with persons and groups active in the field of social change in the region. In this pursuit, it networks with field activists and researchers in order to change official policies in favour of the poor and disadvantaged sections of society. The main areas of its involvement are tribal issues, gender issues and livelihood issues, land being central to all three categories.

In the context of ethnic and political conflict, NESRC would like to provide a platform for different groups in the Northeast to meet and search for solutions. In this search the effort of NESRC is to assist and encourage voluntary agencies and others in their intellectual and activist pursuits. Our main activities are around research, library, networking and publications.

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