Child Rights in India

An Unfinished Agenda

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JOINING
FORCES
For Children
India

Acknowledgement

Preface

1989 was a momentous year when world leaders came together and made a historic commitment to the world's children by adopting the United Nations Convention on the Rights of the Child (UNCRC), which is the most widely ratified human rights treaty. 2019 is an important milestone in the journey of UNCRC as it completes 30 years. This is an opportune moment to take note of the progress of child rights globally and in India over these years.

India has more than one-sixth of the global population; therefore, achieving global UNCRC mandate and the success of the SDG agenda depends on the progress made by India. Quite simply, the world will fail in achieving its targets if India fails. India's progress is all the more important due to the sheer size of its children's population – as out of 1.3 billion people in India nearly 40% are under the age of 18.

India has progressed well on a number of child-related indicators, including introducing a number of progressive legislations to protect the rights of children. Under-five mortality has come down significantly and marriages of girls has come down by half in past ten years contributing to global reduction of incidence of child marriage. However, even today, violations of child rights is an area of great concern. As the report highlights, 2 out of every 5 children are stunted, sex ratio is declining and vast majority of children still face violence in their everyday lives.

Joining Forces For Children-India is an alliance of six leading child development organizations working towards the well-being and protection of rights of vulnerable children and young people. This report endeavors to present the findings of the progress made by various stakeholders including children, State, civil society organisations, private sector, media and academia and submits recommendations for future course of action. We hope that this report will contribute to the discourse and concrete actions to ensure that every child has the right to survival, development, protection and participation.
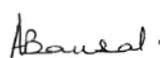
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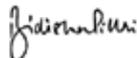
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MESSAGE

World Leaders agreed to set the Sustainable Development Goals (SDGs) at the United Nations Conference on Sustainable Development in Rio de Janeiro in 2012, in order to meet the urgent environmental, political and economic challenges facing our world. The SDGs, which came into force in January 2016, reaffirm our commitment to end poverty and to ensure that 'no one is left behind'. SDGs involve us all to build a more sustainable, safer, more prosperous planet for all humanity. Almost all SDGs focus on children. Earlier India showing commitment to provide a conducive environment for children to grow and prosper, ratified the UNCRC in 1992.

Towards achievement of child related SDGs and alignment with the provisions under UNCRC, India has made appropriate changes in the existing laws and initiated various policies and programmes to address the most pressing child rights issues. India recognizes that achievement of SDGs by world is dependent on achievement of the SDGs by India. NITI Aayog, in association with MOSPI, has prepared national indicators framework to track the SDGs and has established a baseline for the same. We, however, recognize that government's efforts in this regard need to be supplemented by other stakeholders including Civil Society Organisations, Private Sector, Communities and most important Children.

I am happy to note that in order to ascertain India's progress towards attaining child rights goals as enshrined in the UNCRC and SDGs, six leading child focused organizations have joined forces, to assess the situations of child rights in India. The national Child Rights Situational Analysis report that prioritized 15 indicators using the framework of Survival, Development, Protection and Participation, is an excellent effort to examine child rights issues that are critical and relevant for India's performance on the UNCRC and the SDGs.

I am confident that this report will serve as a valuable resource for those engaged in the implementation of the 2030 agenda and the UNCRC and serve as an aid in evolving effective policy cohesion at the Centre and State level. This report will also provide insights into the progress made by India on child rights issues and would be useful for relevant stakeholders to chalk out corrective measures and roadmap for achieving SDGs. I complement the Joining Forces for Children -India alliance for this commendable effort and appreciate the efforts of all individuals and institutions who have contributed to this report.
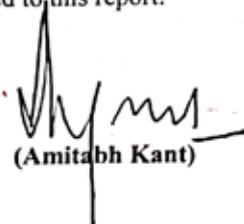
(Amitabh Kant)

Place-New Delhi
Date- June, 2019

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Abbreviations

ABSC	Army Boys Sports Companion
ALMSC	Anganwadi Level Monitoring and Support Committee
ANM	Auxiliary Nurse Midwifery
ASER	Annual Status of Education Report
ASHA	Accredited Social Health Activist
AWW	Anganwadi Worker
BPL	Below Poverty Line
CBSE	Central Board for Secondary Education
CCI	Child Care Institutions
CoE	Centre of Education
CLPRA	Child Labour (Prohibition and Regulation) Act
CMAM	Community Management of Acute Malnutrition
CPC	Child Protection Committee
CRBP	Child Rights Business Principles
CRC	Convention on the Rights of the Child
CRS	Civil Registration system
CRSA	Child Rights Situation Analysis
CSAM	Child Sexual Abuse Material
CSO	Civil Society Organisation
CSR	Corporate Social Responsibility
CWC	Child Welfare Committees
DCPO	District Child Protection Officer
DISE	District Information System for Education
DLHS	District Level Household Survey
ECCD	Early Childhood Care and Development
ECCE	Early Childhood Care and Education
FBNC	Facility Based Newborn Care
FFC	Fourteenth Finance Commission
FGD	Focus Group Discussion
FIR	First Information Report
GAA	Girls Advocacy Alliance
GHI	Global Hunger Index
GoI	Government of India
HBNC	Home Based Newborn Care
HLPF	High Level Political Forum
ICDS	Integrated Child Development Services
ICPS	Integrated Child Protection Scheme
IDCF	Intensified Diarrhoea Control Fortnight
IDI	In-Depth Interviews
IFA	Iron-Folic Acid
ILO	International Labour Organisation
IMR	Infant Mortality Rate
IMS	Infant Milk Substitute
JJ	Juvenile Justice
JSY	Janani Suraksha Yojna
JOVT	Job Oriented Vocational Training
KSY	Kishori Shakti Yojna
MDM	Mid-Day Meals
MHA	Ministry of Home Affairs
MH&FW	Ministry of Health and Family Welfare
MIYCN	Maternal, Infant, Young Child Nutrition Practices
MOSPI	Ministry of Statistics and Programme Implementation
MWCD	Ministry of Women and Child Development

NAS	National Achievement Survey
NBCC	Newborn Care Corners
NBSU	Newborn Stabilisation Units
NCB	Narcotics Control Bureau
NCC	National Charter for Children
NCCS	Nutrition Counselling and Childcare Sessions
NCLP	National Child Labour Project
NCPCR	National Commission for Protection of Child Rights
NCRB	National Crime Record Bureau
NDM	National Disaster Management
NFHS	National Family Health Survey
NGO	Non-Governmental Organisation
NHM	National Health Mission
NITI	National Institute for Transforming India
NMR	Neonatal Mortality Rate
NNM	National Nutrition Mission
NPAC	National Plan of Action for Children
NRC	Nutrition Rehabilitation Centre
NSSO	National Sample Survey Organisation
NSSP	National School Safety Programme
NSTC	National Sports Talent Contest
OBC	Other Backward Communities
ORS	Oral Rehydration Solution
PCMA	Prohibition of Child Marriage and Restraint Act
PCPNDT	Pre-Conception Pre-Natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act
PIL	Public Interest Litigation
PMKVY	Pradhan Mantri Kaushal Vikas Yojna
PNC	Post Natal Care
POCSO	Prevention of Children from Sexual Offences
RGNCS	Rajiv Gandhi National Creche Scheme
RKSK	Rashtriya Kishor Swasthya Karyakaram
RSOC	Rapid Survey on Children
RTE	Right to Education
RUTF	Ready to Use Therapeutic Food
SAA	Specialised Adoption Agencies
SAG	Special Area Games
SAG	Scheme for Adolescent Girls
SAM	Severe Acute Malnutrition
SC	Scheduled Caste
SCERT	State Council for Education, Research and Training
SD	Standard Deviation
SDG	Sustainable Development Goal
SMC	School Management Committee
SNCU	Special Newborn Care Unit
SRHR	Sexual and Reproductive Health Rights
SRS	Sample Registration System
SSA	Sarva Shiksha Abhiyan
ST	Scheduled Tribe
STC	SAI Training Centre
TLM	Teaching and Learning Materials
U-DISE	Unified District Information System for Education
UIDAI	Unique Identification Authority of India
UIP	Universal Immunisation Programme
UN	United Nations
UNCRC	United Nations Convention on the Rights of the Child
UT	Union Territory
VCPC	Village Child Protection Committee
VNR	Voluntary National Report
WFA	Weight for Age
WINGS	World of India Girls

Executive Summary

Context

Child rights are a disconcerting issue across the globe. Due to its large population, India plays a major contributary role in the achievement (or non-achievement) of global child rights targets as described under the Sustainable Development Goals (SDGs) and the United Nations Convention on the Rights of the Child (UNCRC). This study has been commissioned to demonstrate the journey since the inception of the UNCRC leading up to the current situation of child rights in India.

As part of the global initiative to assess the situation of child rights, a coalition of six child focused organisations, named as 'Joining Forces For Children-India', was formed in India to support children in defending their rights and to combat violence against children. The focus of the coalition was to work on commemorating 30 years of the Convention of Child Rights and to take the opportunity to lobby for children's rights at the highest level. In order to capture evidence-based information to convince policy makers and service providers, of the need to work for the rights of children, 'Joining Forces for Children-India' had commissioned a national level Child Rights Situation Analysis (CRSA) with these primary objectives:

- To describe how well India is progressing towards achieving the child rights goals as enshrined in the UN Convention on the Rights of the Child and SDGs; and,

- To recommend the ways in which India can progress towards the achievement of rights as committed in the UNCRC and SDG agenda.

Methodology

The study was designed using a research framework, presented below:
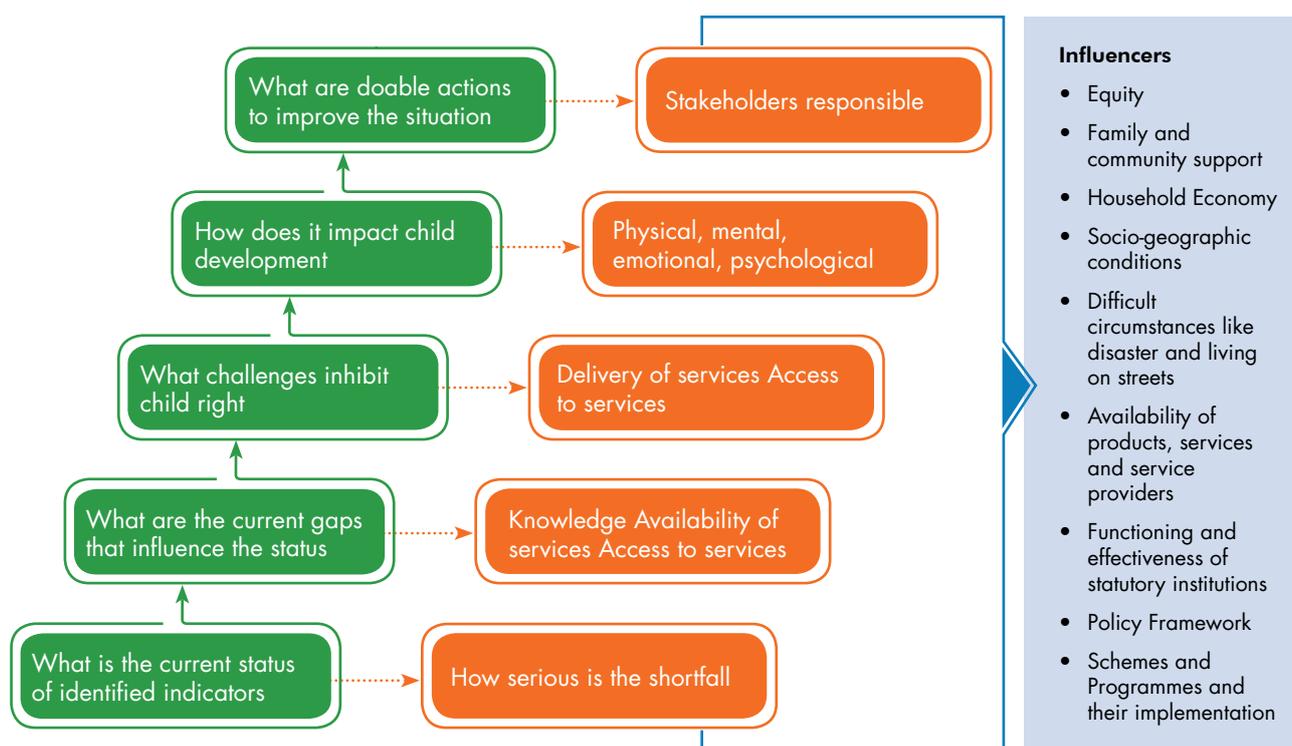
The report also refers to primary data gathered from 11 states and 1 Union Territory.

For the national Child Rights Situational Analysis report, 15 indicators were prioritised using the framework of Survival, Development, Protection and Participation. These issues were judiciously picked up to reflect India's performance against the SDGs and UNCRC indicators that are most relevant for child rights. This report attempts to highlight the progress made and identify themes where progress has either not been made, or is insufficiently made.

All available data sources like the government, Joining Forces partners, and other civil society organisations were reviewed for this study, which helped in building the argument regarding the variation in different states and the geographic specificities. Status reports submitted by the government to the UN and other agencies were also consulted, along with other international sources that mentioned India's

Indicators		Mapping	
		UNCRC Article	**SDG**
Survival	Under-5 Mortality	6	3.2.1, 3.2.2
	Sex Ratio	6	5.1.3
	Severe Malnutrition	24	2.2
	WASH	24	6.1, 6.2
Development	Access to Quality and Holistic Education & Skills	23, 28, 29	4.1, 4.2, 4.3, 4.4, 4.5, 8.3
	Access to Play, Recreation and Leisure	31	
Protection	Violence against children	11, 19, 34, 35, 36, 37	5.1, 5.2, 5.3, 8.7.2, 11.2, 16.2
	SRHR for Boys and Girls		3.7
	Family/Parental Care/Foster Care	5, 9, 18, 21	
	Child Labour and Migration	32	8.7
	Child Marriage		3.7.2, 5.3
Participation	Identity	7, 8	
	Engagement in decision-making within family	12	
	Engagement in decision-making in community institutions	13	

status on SDGs, UNCRC and other child rights commitments and achievements.

Currently, data on child right indicators are available through discrete sources, including Census (e.g. sex ratio, number of children in labour); U-DISE (e.g. enrolment rate and drop-out rate in education); National Family Health Survey (NFHS) (e.g. under-5 mortality, rate of child marriage, rate of early pregnancy); and Sample Registration Systems (SRS) (e.g. IMR), etc. This report focuses on key child rights indicators through these data sources the UNCRC and SDGs.

The report also refers to primary data gathered from 11 states and 1 Union Territory. All 29 states and 7 UTs were ranked on a collective score drawn from ten indicators (discussed in detail in the methodology chapter). Out of 13 states having scores less than the average score, 8 states were identified, each representing uniqueness of geography. Additionally, two states were selected, as "Good Practice" states where the status of certain child rights indicators was favourable. Delhi (urban city and national capital) was included from the UTs. Focus Group Discussions (FGDs) were held with groups of adolescent boys, adolescent girls and parents. Voices of children were captured through 42 separate FGDs in these locations that included 10 FGDs each with rural and urban boys and rural and urban girls. Two FGDs with mixed groups were organised in urban areas of Delhi. Children included in these discussions were from the poor communities and often from the marginalised sections of society. Many of these discussions were carried out in government schools where access to children was easier. In-depth interviews (IDIs) were held with stakeholders like Labour Enforcement Officer, District Child Protection Officer, Child Welfare Committee member, Child Marriage Prohibition Officer, teachers, *Gram Pradhans*, etc.

Key Findings

While India is yet to achieve any of the SDG targets, it has demonstrated steady progress and intention to achieve the targets: child mortality is one such area. The recent UNICEF report (2018) suggests that India has for the first time in history, reached the current global average of under-5 mortality (39 per 1000 live births) and is more likely to achieve the SDG target. IMR has also come down from 79 in 1992-93 (NFHS-1) – to 41 in 2015-16 (NFHS-4). Other areas with significant progress include universal enrolment in primary education as literacy rate among 7-14 years children has gone up from 64% (Census 1991) to 88% (Census 2011).

The proportion of women in the age group of 20-24 years who got married before the age of 18 has declined from 47.4% in NFHS-3 (2005-06), to 26.8% in NFHS-4 (2015-16).

and communities believe that incidents of violence, particularly on younger children, have also gone up. Girls, especially from rural areas across the country, believe that security concerns are leading to limited mobility, thus hampering their economic and social development (WINGS 2018).

This report has also identified four specific components of child rights that have received less attention, and they are: (a) sexual and reproductive health; (b) access to play, recreation and leisure; (c) family and community-based protection mechanisms and (d) engagement of children in decision-making at family and community level. As a result, the information available on these components is too limited to even comment on the status of these components.

The study has also identified that gender, disability and disaster are three important factors that increase vulnerability of children and their ability to demand their rights. Decreasing sex ratio, and increase in incidents of rape among girls are the two indicators that demonstrate the increased vulnerability of girls. In all the states, girls reported that their mobility is severely compromised due to safety and security reasons and this does not affect boys to the same extent. Infant mortality is reported to be higher among girls than boys (girls 36 and boys 32.5 per 1000 live births, SRS 2016) and diarrhoea leads to deaths of 6% of boys and 7% of girls below one year of age (Ministry of H&FW, GoI 2017).

During disasters, children especially girls are the worst affected due to physical, psychological and social vulnerabilities. The major impact remains due to physical vulnerability as children bear the brunt of shock due to any disaster. Be it natural disasters like: flood, earthquake, cyclone, heat and cold wave; or man-made disasters like: fire,

Though progress has been noted in reducing malnutrition and incidents of childhood diarrhoea, the rate of reduction, however, is not as desired. As per NFHS-4 data (2015-16), 38.4% children are still stunted, which is an area of concern. The proportion of under-5 deaths due to diarrhoea has reduced from 13% in 2000; to 9.5% in 2016 (UNICEF 2018). Specifically for two components, i.e. child labour and skill building, the progress has been too slow. Child labour has only marginally come down from 5.4% (Census 1991) to 3.9% (Census 2011).

Causes of concern for India include two critical child rights components, sex ratio at birth and violence against children, where the trend seems to be reversing. Despite efforts, the child sex ratio has declined from 927(Census 2001) to 919 (Census 2011), and continues to decline in many states of India. For violence against children, the NCRB suggests that the absolute number of rapes against children has increased approximately five times between 1994 and 2016. While the reporting of crime against children has increased, experts

epidemic, civil strife, etc., — children are the worst sufferers as they are doubly hit. Firstly, at the time of disaster: due to the inability to escape or fend for themselves, especially for very young children at high risk of injury; and secondly, post disaster, due to separation or loss of their families and their homes (Care 2017).

There are few data sources explaining how disability further marginalises children. As per Census 2011, only 61% of children 5-19 years with disability are attending school. The percentage further reduces to 54% and 50% in cases of children with multiple disabilities and mental disability, respectively. NCRB data does not provide disaggregated data to suggest if violence is higher among children with disabilities. Similarly, the Census or NFHS does not provide disaggregated data to suggest if prevalence of diarrhoea, malnutrition, etc., is different among children with disabilities as compared to their peers.

India has demonstrated its political commitment to ensuring child rights as per UNCRC and SDGs by making appropriate changes in the existing laws and initiating path-breaking policies and programmes to address the most pressing child rights issues. A national indicators framework to track the SDGs has been finalised by the Ministry of Statistics and Programme Implementation (MOSPI) along with NITI Aayog (National Institution for Transforming India) and has established a baseline for selected indicators (aligned with the SDGs) as of 2018. Collaborative efforts of different ministries and departments and the civil society through innovative programmes like Integrated Child Development Services (ICDS), *Sarva Shiksha Abhiyan* (Universal Education Programme), Integrated Child Protection Scheme (ICPS), *Swachh Bharat Abhiyan* (Clean India Mission), *Poshan Abhiyan* (National Nutrition Mission) and Skill India has led to improvement in some of the critical child rights indicators included in the SDGs.

Under these programmes, some of the landmark schemes for ensuring the rights of children include *Janani Suraksha Yojna* (Institutional Delivery Programme), Mid-day Meal for children and *Beti Bachao Beti Padhao* (Save the Girl Child, Educate the Girl Child).Civil society has been effectively playing its role in supporting the government to implement these schemes through grassroots programming, strengthening the capacities of government institutions through regular training and supporting the community in raising their voices to advocate with the government to bring about legislations like POCSO(Prevention of Children from Sexual Offences), 2012.

However, considering the magnitude of the problem due to the large number of children in India, it takes longer for the achievements to be significant. Also, implementation of these landmark schemes has been a challenge and

their reach to the most marginalised children has been limited. Currently, India is struggling with the shortage of human resources in many departments (e.g. teachers in schools) which is adversely affecting the smooth implementation of these landmark schemes. Moreover, India needs to step up regular monitoring of these schemes and programmes, ensuring that timely data is available that can be used to streamline these schemes.

With limited availability of resources in India, ensuring appropriate budget allocation for children- related schemes has been a challenge. For example, Children, in the Union Budget 2018-19, received only 3.24% of the total financial resources, a decline of 0.08 percentage points from the 2017-18 budget. Of this (in 2018-19 budget), a very large proportion (69%) is allocated for education and only 1.5% is allocated for protection. Development gets 25% share and the remaining 4% goes to health (HAQ, Budget for Children, 2018-19).

Assessing the child rights climate in India, the report thus highlights the mixed progress on the prioritised 15 child rights indicators for children, under the survival, development, protection and participation framework. As identified through international sources (KidsRights Index 2018), India is performing lower than the desirable level with an overall score of 0.64 and ranked 120 in the list of 182 countries. This is a cause of concern both for India and for the international community as India's rate of achieving the SDGs is significantly influencing the global rate of achieving the SDGs. While recognising the good progress made on indicators like under-5 mortality and child marriage, it is essential that child rights violations especially on issues of violence against children, declining sex ratio and malnutrition get urgent attention from the State and civil society.

The report reinforces the need to focus on the most marginalised children, capturing their voices and the status of their rights, and

India has demonstrated its political commitment to ensuring child rights as per UNCRC and SDGs by making appropriate changes in the existing laws and initiating path-breaking policies and programmes to address the most pressing child rights issues.

highlights the need for proactive initiatives to enhance children's participation in public decision-making. Further, it highlights the issues needed to address the political, social and economic factors inhibiting child rights and the slow implementation of policies and programmes. There is urgent need to build on the opportunities provided by progressive social legislations and programmes, presence of statutory child rights institutions and strong civil society presence. Collaborative action from all key developments actors, including State, CSOs, children, communities, media and private sector; is required to prioritise child rights as enshrined under the UNCRC and the SDGs.

Recommendations

Based on the analysis of available information and as informed by the children and other stakeholders, this report presents a set of recommendations for consideration.

1. ***Achieve the 'Leave No One Behind' Pledge:*** Development policies and programmes formulated for children must ensure that no child is left behind. This includes special focus on, and inclusion of, children like the children of sex workers; children of convicts or those born in prison; orphans; trafficked children; children in street situations; children with disabilities, children in conflicts and disasters; and, children belonging to the third gender. In addition,

there is need to ensure recognition of adverse socio-economic and cultural norms, so as to ensure rights of all children.

2. ***Disaggregated and Issue-based Data on Children:*** For many aspects of child rights (such as sexual violence, sexual and reproductive health of adolescents, access to play and recreation, engagement of children in decision-making at family and community levels, children in street situations, etc.), limited credible data sources are available so as to assess the true picture on the ground and plan accordingly. The government and civil society should make more investments to create credible data sources that can inform policy and programme.

3. ***Child Participation and Accountability Mechanism:*** The voice of children in decision-making in all situations, whether formal or informal, should be ensured. It will help in getting the perspective of the child and informed decisions can be made keeping the best interest of the child. Participation of the community along with the children should also be ensured to promote active citizenship for children and enhance the accountability of the system. The government and civil society should engage with children and communities in sensitising them about child rights and empowering them to raise their voice and demand entitlements.

4. ***Enhanced Focus on Nutrition:*** Though progress has been noted in reducing malnutrition, the rate of reduction, however, is not as desired. As per NFHS-4 data (2015-16), 38.4% children are still stunted, which is an area of concern. The government should develop innovations and operational guidelines to improve access to quality complementary food and improve inter-sectoral convergence of nutrition specific and sensitive departments; at district and sub-district levels.

5. ***Education, Play and Recreation for All:*** Education empowers children to raise their voice and demand their rights. It is widely understood to be a means out of poverty securing better livelihood opportunities. It also leads to reduction in child labour and child marriage and enhancement in children's civic engagement. Along with education, there is a growing understanding about the need for recreation and play for children's wholesome growth and development. The government should ensure upward and downward extension of the RTE Act and ensure compliance of RTE norms. Specific focus is needed on ensuring regular physical education and recreational activities for children as mandated in the RTE.

6. ***Prevention of Violence against Children:*** Abuse, exploitation and all forms of violence against children is unacceptable as it creates self-harm tendencies among children interfering with their rights to equality and their rights to expressing themselves freely. A special mention must be made on violence based on social and gender norms and adverse sex ratio as continuation of these trends leads to an unhealthy and iniquitous status of girls in the society. Ensuring implementation of the RTE Act, Child Marriage Prohibition Act, and Juvenile Justice Act to give equal and equitable access to both girls and boys to a violence-free life, whether in school or at home, is critical. Stringent implementation of the provisions in the PCPNDT Act is also important. The government needs to develop a framework for protection of children from online abuse and ensuring privacy, safety and confidentiality of data. Civil society needs to create awareness amongst children on safe usage of online platforms.

7. ***Alternative Care for Children without Parental Care:*** The care and protection of children has always been considered as the primary responsibility of the family. Family is essential for a child's wellbeing especially during the formative years. However, when families themselves are not in a position to take care of their children or when children do not have any family to look after them, substitute or alternative forms of care become necessary. There is a huge scope to implement foster care and the government has come out with foster care guidelines recently.

8. ***Increased Investments in Children:*** India constitutes about one-fifth of the world's children. The progress in the situation of

Disaggregated and Issue-based Data on Children required to address child rights

its children has a big impact on the global indicators on child rights. Sufficient funds in health, nutrition, education (early grade learning and elementary), and protection systems should be invested to help in the growth and development of all deprived and marginalised children.

9. ***Monitoring Implementation of Development Programmes:*** Many of the well laid out schemes and programmes are not being implemented in the right sprit to reach the most deprived child. There should be robust systems of accountability to enhance the progress towards all children. This would also deter the perpetrators of child rights violation. Creating special mechanisms for monitoring of the SDGs that are specifically related to child rights is key. Monitoring key acts on child rights like RTE, POCSO, CALPRA, PCMA, PCPNDT, etc., is also critical.

10. ***System Strengthening:*** A strong and robust system is a prerequisite for meeting the child rights obligations of country. There is a need to strengthen the mechanisms for ensuring effective implementation of schemes and programmes for children. Ensuring the availability of qualified and trained professional human resources for implementation of schemes and provisioning of services can play an important role. There is need to specifically focus on frontline service providers like ASHAs, Aanganwadi Workers, primary school teachers, etc., to build their capacities. Vacant positions for child protection services need to be filled.

Developing innovative models, equipping work force functionaries with adequate tools and hand-holding support to make them effective in their jobs; is also required to be scaled up.

11. ***Multi-stakeholder Engagement:*** It is essential to recognise the contribution of diverse stakeholders as facilitators of change for child rights. A coordinated and synergised effort is required to have State, civil society organisations, private sector, academia, media, community, citizens and children work together to address the violation of child rights and come up with innovative solutions to address the complex problem. It will also enable effective engagement with national and international accountability mechanisms.

1 Introduction

Child rights are a disconcerting issue across the globe. Due to its large numbers, India plays a major contributory role in the achievement (or non-achievement) of global child rights targets as described under the Sustainable Development Goals (SDGs) and the United Nations Convention on the Rights of the Child (UNCRC). In order to demonstrate the journey since the UNCRC and current situation of child rights in India, 15 indicators were prioritised using the framework of Survival, Development, Protection and Participation. These issues were judiciously picked to reflect India's performance against the SDGs and UNCRC indicators that are most relevant for child rights. This report attempts to highlight the progress made post UNCRC and identify themes where further progress is required. While attempts have been made to discuss the progress made since adoption of the Convention on the Rights of Child (UNCRC) by the UN Assembly in 1989, data from national sources for all indicators are not available and hence data closest to 1989 have been considered for comparison.

While India is yet to achieve any of the SDG/ UNCRC targets, it has demonstrated steady progress and intention to achieve some of the targets; and child mortality is one such area. The recent UNICEF report (2018) suggests that India has for the first time in history, reached the current global average of under-5 mortality (39 per 1000 live births) and is likely to achieve the SDG target. The IMR, on the other hand has come down from 79 in 1992-93 (NFHS-

1) to 41 in 2015-16 (NFHS-4). Other areas with significant progress include universal enrolment in primary education as literacy rate among 7-14 years children has gone up from 64% (Census 1991) to 88% (Census 2011). The proportion of women in the age group of 20-24 years who got married before the age of 18 has declined from 47.4% in 2005-06 (NFHS-3) to 26.8% in 2015-16 (NFHS-4).

Though progress has been noted in reducing malnutrition and incidence of childhood diarrhoea, the rate of reduction, however, is not as desired. As per NFHS-4 data (2015-16), 38.4% children are still stunted, which is an area of concern. Proportion of under-5 deaths due to diarrhoea has reduced from 13% in 2000 to 9.5% in 2016 (UNICEF 2018). Specifically; for two components, i.e. child labour and skill building, the progress has been too slow. Child labour has only marginally come down from 5.4% (Census 1991) to 3.9% (Census 2011).

Causes of concern for India are two critical child rights components– sex ratio at birth and violence against children– where the trend is distressing. Despite efforts, the child sex ratio has declined from 927 (Census 2001) to 919 (Census 2011), and continues to decline in many states of India. For violence against children, the NCRB suggests that the absolute number of rapes against children has increased approximately 5 times between 1994 and 2016. While the reason may be

Recent UNICEF report (2018) suggests that India has reached the current global average of under-5 mortality (39 per 1000 live births).

that the reporting of crime against children has increased, yet experts and communities opine that the incidence of violence, particularly on younger children, might have gone up. Girls, especially from rural areas across the country, believe that security concerns are leading to limited mobility, thus hampering their economic and social development (WINGS 2018).

This report has also identified four specific components of child rights that need further attention and they are: (a) sexual and reproductive health; (b) access to play, recreation and leisure; (c) family and community-based protection mechanisms and (d) engagement of children in decision-making at the family and community level.

India has demonstrated its political commitment to ensuring child rights as per the UNCRC and SDGs, by making appropriate changes in the existing laws and initiating path-breaking policies and programmes to address the most pressing child rights issues. A national indicators framework to track the SDGs has been

finalised by the Ministry of Statistics and Programme Implementation (MOSPI) along with the NITI *Aayog* (National Institution for Transforming India) and has established a baseline for selected indicators (aligned with the SDGs) as of 2018. Collaborative efforts of different ministries and departments and the civil society through innovative programmes like: Integrated Child Development Services (ICDS), *Sarva Shiksha Abhiyan* (Universal Education Programme), Integrated Child Protection Scheme (ICPS), *Swachh Bharat Abhiyan* (Clean India Mission), National Nutrition Mission and Skill India has led to improvement in some of the critical child rights indicator levels included in the SDGs. Under these programmes, some of the landmark schemes for ensuring the rights of children include *Janani Suraksha Yojna* (Institutional Delivery Programme), Mid-day Meal for children and *Beti Bachao Beti Padhao* (Save the Girl Child). Civil society has been playing its role effectively in supporting the government in implementing these schemes through grassroots programming; strengthening the capacities of government institutions through regular training; and supporting the community in raising their voices, to advocate with the government to bring about legislations like the POCSO (Protection of Children from Sexual Offences) Act, 2012.

However, considering the magnitude of the problem due to the large number of children in India, it takes longer for the achievements to be significant. Also, implementation of these landmark schemes has been a challenge and their reach, to the most marginalised children, has been limited. Currently, India needs to strengthen human resources in many departments (e.g. teachers in schools), which would help in the smooth implementation of these landmark schemes. Moreover, India needs to step -up regular monitoring of these

schemes and programmes, ensuring that timely data is available which can be used to streamline these schemes.

With limited availability of resources in India, ensuring appropriate budget allocation for children related schemes, has been a challenge. For example, Children, in the Union Budget 2018-19, received only 3.24% of the total financial resources, a decline of 0.08 percentage points from the 2017-18 budget. Of this (in 2018-19 budget), a very large proportion (69%) is allocated for education and only 1.5% is allocated for protection. Development gets 25% share and the remaining 4% goes to health (HAQ, Budget for Children, 2018-19). "Though there is an increase in total transfers and total expenditures of the States, there is a declining priority towards Social sectors and Child oriented budgeting. Even the grants-in-aid to States towards funding of child-oriented budget at State level has declined post the FFC period particularly for Education and ICDS without any substantial increases for Child Protection and Health" (Amarnath and Singh, 2019).

Assessing the child rights climate in India, the report thus highlights the mixed progress on the prioritised 15 child rights indicators for children, under the Survival, Development, Protection and Participation framework. As identified through international sources (KidsRights Index 2018) India has an overall score of 0.64 and ranks 120 in the list of 182 countries. This is a cause of concern, both for India and for the international community, as India's rate of achieving the SDGs is significantly influencing the global rate of achieving the SDGs. While recognising the good progress made on indicators like: under-5 mortality and child marriage; it is essential that child rights violations especially on issues of violence against children, declining sex ratio and malnutrition; get urgent attention from the State and civil society. The report reinforces the need to focus on the most marginalised

children, capturing their voices and the status of their rights, and highlights the need for proactive initiatives to enhance children's participation in public decision-making. Further, it highlights the urgency to address the political, social and economic factors inhibiting child rights and ineffective implementation of policies and programmes. There is urgent need to build on the opportunities provided by progressive social legislations and programmes, presence of statutory child rights institutions and a strong civil society. Collaborative action from all key developments actors, including the State, CSOs, children, communities, media and private sector is required to prioritise child rights as enshrined under the UNCRC and the SDGs.

2 Methodology

2.1 Goal of the Study

The goal of this study was to ascertain the current status of child rights issues that are critical and relevant for India's performance on the UNCRC and the SDGs indicators; identify areas of concern; and suggest possible ways for addressing the concerns.

2.2 Objectives of the Study

Following were the specific objectives of the study:

• To describe how well India is progressing towards achieving the child rights goals as enshrined in the UN Convention on the Rights of the Child and the SDGs.

• To highlight the obstacles to, and enablers of, their realisation in India, including the role of cross-cutting factors such as gender, caste and ethnic identity.

• To conduct stakeholder mapping and highlighting the key stakeholders that need to be approached/ influenced to strengthen the situation of child rights goals in India.

• To recommend the ways in which India can progress towards the achievement of child

rights as committed in the UNCRC and the SDG agenda.

2.3 Identifying Research Parameters

The most widely accepted framework of child rights referred across the globe classifies the civil, social, political, economic and cultural rights of children into four interdependent categories, i.e. Survival, Development, Protection and Participation. As this research was being carried out in the backdrop of the Convention on the Rights of the Child (UNCRC), it was required to ensure that it provides necessary and sufficient information on the parameters included in the convention. The other important reference point for this research was the Sustainable Development Goals (SDGs) that are specifically related to children and child rights. As such, for a comprehensive analysis of the situation of child rights in India, it is not only important to understand the status of children on various aspects of child protection; but also to assess the preparedness and response of the concerned institutions; and the policy environment.

Hence, the starting point for this research was to list down all the stakeholders including target groups and institutions, and exploring the existing

Parameters for Survival

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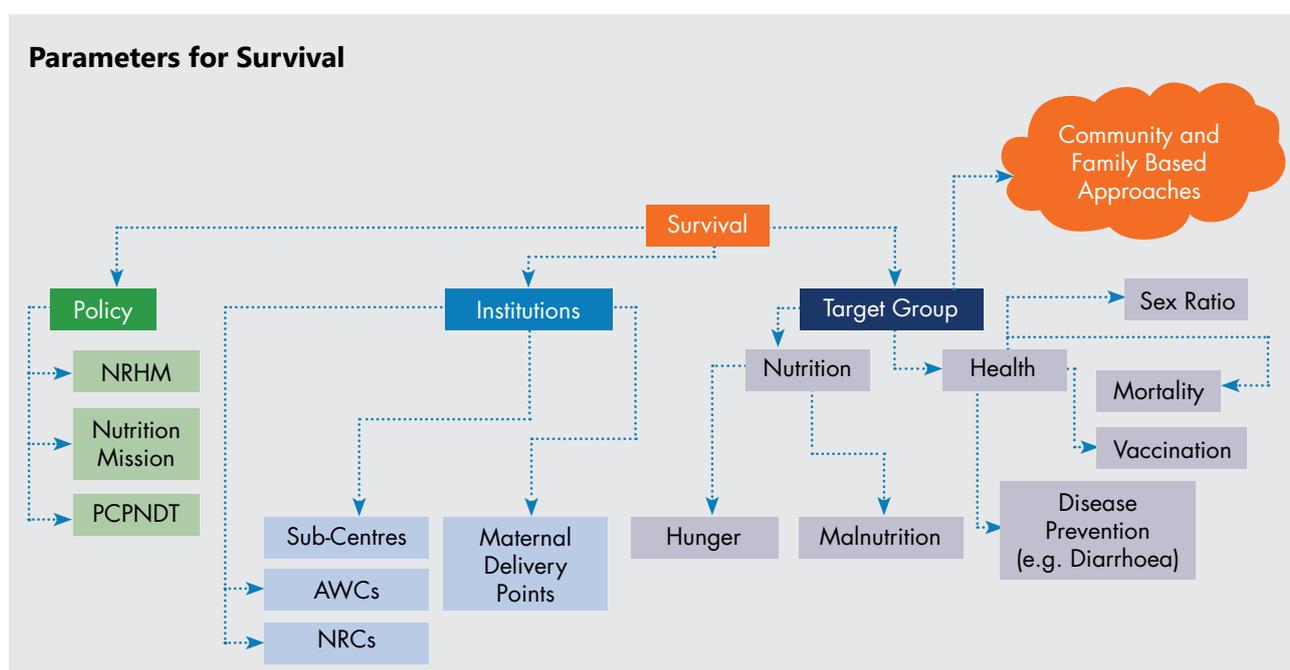
policy environment that supports or inhibits the realisation of child rights in India. The listing was then used to prioritise the child rights parameters to be researched in-depth for this study.

The following four diagrams provide the list of parameters under each of the identified categories of child rights.

Parameters for Development

```
                          Development                          Community and
                                                              Family Based
                                                               Approaches

   Policy              Institutions                  Target Group

   SSA          Schools/              Education      Vocational      SRH
                Training                             Skills
                Institutes            Pre School                  Adolescent
   Skilling                                                        Births
   India        SMCs                  Drop Out

                Health Centres        Transition

                NSDC
```

Parameters for Protection

```
                           Protection                          Community and
                                                              Family Based
                                                               Approaches

   Policy           Institutions                    Target Group

   POCSO        CWC and CPC      Trafficking       Child          Gender
                                                   Marriage       Discrimination
   Child Labour JJB             Sexual
   Act                          Offences           Separated      Gender
                DCPU/SJPU                           from family    Violence
   Child                        Child Labour
   Marriage Act Shelter                            Substance      Denial of
                Homes                              Abuse          Rights
   ICPS
                Childline
   JJ Act

   SoPs
```

Parameters for Participation

2.4 Prioritising the Child Right Issues

From this long list of identified parameters, a prioritisation was carried out in relation to the context and purpose of this research. The following points were considered for the basis of prioritisation:

- Parameters that are common between the SDGs and the UNCRC framework (e.g. mortality rates).

- Non-availability of sufficient secondary data/information (e.g. substance abuse).

- Lack of focus in government policy and programmes (e.g. participation, sexual abuse of boys).

- Issues that are common across goals and programme foci of the partners of Joining Forces.

Through this process, a total of 15 child rights parameters were identified for inclusion in the study. These issues were carefully picked to reflect the performance of India vis-à-vis the SDGs and the UNCRC indicators that are relevant for child protection.

	Indicators	Mapping	
		UNCRC Article	**SDG**
Survival	Under-5 Mortality	6	3.2.1, 3.2.2
	Sex Ratio	6	5.1.3
	Severe Malnutrition	24	2.2
	WASH	24	6.1, 6.2
Development	SRHR for Boys and Girls		3.7
	Access to Quality and Holistic Education & Skills	23, 28, 29	4.1, 4.2, 4.3, 4.4, 4.5, 8.3
	Access to Play, Recreation and Leisure	31	
Protection	Violence against children	11, 19, 34, 35, 36, 37	5.1, 5.2, 5.3, 8.7.2, 11.2, 16.2
	Family/Parental Care/Foster Care	5, 9, 18, 21	
	Child Labour and Migration	32	8.7
	Child Marriage		3.7.2, 5.3
	Identity	7.8	
Participation	Engagement in decision-making within family	12	
	Engagement in decision-making in community institutions	13	

The identified 15 parameters were further sub-classified in order to arrive at sub-components to be researched under each parameter. The following matrix presents the listing of these sub-components for each of the CR components:

A. Survival

Mortality	Sex Ratio	Severe Malnutrition	WASH
Neonatal (1 month)	Sex Ratio at Birth	Weight for age (less than 2 SD)	Prevalence of diarrhoea
Infant (1 year)	Sex Ratio at 5 Years		Access to safe drinking water for children
Child (5 years)			Access to toilet for children

B. Development

SRHR for boys and girls	Access to Quality and Holistic Education	Access to Quality and Holistic Skills Building	Access to Play, Recreation and Leisure
Teenage child bearing	Regularity in attendance in schools and AWCs	15-18 years old accessing vocational skill building (by gender)	Availability of play grounds in schools and outside
Unmet need for contraception	Distance from home to a higher secondary school		Availability of library in schools and outside
	Age-appropriate academic performance		Availability of sports and other recreation materials in schools

C. Protection

Violence against children including sexual violence	Family/Community Based Protection Mechanisms	Child Labour and Migration	Child Marriage
Trafficking (including kidnapping) of children	Vulnerability of families	Child labour (by age group)	Children married before legal age (by gender)
Sexual violence against children (by gender)	Availability and access of support institutions	Children working under hazardous conditions	
	Foster Care	Children living away from their family/ parents	

D. Participation

Identity	Engagement in decision-making within family	Engagement in decision-making in community institutions
Birth Registration	Participation in key decisions that affect children (e.g. education, marriage, recreation)	Participation in VCPC, SMC and Gram Sabha
Aadhaar Card		

For each of the child rights components, the list of parameters was prioritised so as to understand the key aspects on which child rights interventions are to be focused in the future. Subsequently, a research framework and a list of research questions were also developed for each of the components so as to obtain comprehensive information for analysis.

2.5 Research Framework

Based on the research questions and parameters, the following research framework was developed and adopted for the study. This research framework provided a detailed guideline on the data and information to be gathered, in order to present a holistic picture of each of the identified child rights parameters and also to identify the critical gaps that should be addressed in the near future so as to accomplish the targets set by the UNCRC and the SDGs. The research framework covered all aspects such as: current status, knowledge, service delivery mechanism, impact of the gaps/shortfalls, stakeholders and actions— that can influence the implementation of measures protecting child rights.

What are double actions to improve the situation → Stakeholders responsible

How does it impact child Development → Physical, Mental, emotional, Psychological

What challenges inhibit child right → Delivery of services Access to services

What are the current gaps that influence the status → Knowledge Availability of services Access to services

What is the current status of identified indicators → How serious is the shortfall

Influencers

- Equity
- Family and community support
- Household Economy
- Socio-geographic conditions
- Availability of products, services and service providers
- Functioning and effectiveness of statutory institutions
- Policy Framework
- Schemes and Programmes and their implementation

The first stage was to gather and analyze secondary information available in the public domain.

2.6 Sources of Information and Secondary Data

The study was conducted in two stages. The first stage was to gather and analyse secondary information available in the public domain. At the second stage of research, primary data was gathered, essentially to capture the voices of children (which were not available through secondary data), triangulating the findings from the secondary data and filling up any information gaps as per the research framework.

Stage 1: Collating information from members of Joining Forces

Key researches and studies on various themes like education, health and nutrition, WASH, child protection, etc., were collated from all the six partners of Joining Forces. From these documents/reports, important findings, conclusions and recommendations were drawn as per the proposed research questions and framework. In addition, other national level data sources such as NFHS, Census of India, NCRB, etc., were consulted to gather the required information.

Stage 2: Primary Data Collection

The primary data collection was carried out with selected stakeholders from pre-identified locations. FGDs were held with groups of adolescent boys, adolescent girls and parents. Voices of children were captured through 42 separate FGDs in these locations that included; 10 FGDs each with rural and urban boys, and rural and urban girls. Two FGDs with mixed groups were organised in urban areas of Delhi. Children included in these discussions were from the poor communities and often from the marginalised sections of society. Many of these discussions were carried out in government schools where access to children was easier.

IDIs were held with stakeholders like the Labour Enforcement Officer, the District Child Protection Officer, a Child Welfare Committee member, the Child Marriage Prohibition Officer, teachers, *Gram Pradhans*, etc.

2.7 Geography of the Study—States and Districts

To identify the appropriate location for gathering primary data, a two-stage sampling process was adopted for selecting states and then districts. A total of 11 districts from 11 states were then included for primary data collection.

Initially, all the states in India were ranked, on the basis of the score obtained using the status of each state on the following indicators:

1. Child (U-5) Mortality

2. Sex Ratio

3. Severe Malnutrition (weight for age)

4. Pre-School Education

5. Fertility Rate (15-19 Years)

6. Proportion of 6-17 Year-old children Attending School

7. Reported Crime Against Children (per lakh Population)

8. Teenage Child Bearing

9. Children Not Living with Biological Parents

10. Birth Registration

Using different secondary data sources, a state or UT was assigned a score based on its performance with respect to that particular indicator. For each indicator, the state performing the best (with respect to the indicator) was given the maximum score (36) and the one performing the least was given the minimum score (1). A maximum of 360 and minimum of 10 score could, therefore, be obtained by any state. Using this method, scores were obtained for each state and UT. The scores are presented in the graph below:

The mean score was found to be 183 (±60 SD). It can be seen from the graph that there were 10 states/UTs that scored less than 40% of the maximum score (360) and 19 states/UTs scored less than the average score of 183.

A total of eight states with the minimum score were then selected for gathering primary

Scores of States and UTs

States with less than average (183) score

States with less than 40% of maximum (360) score
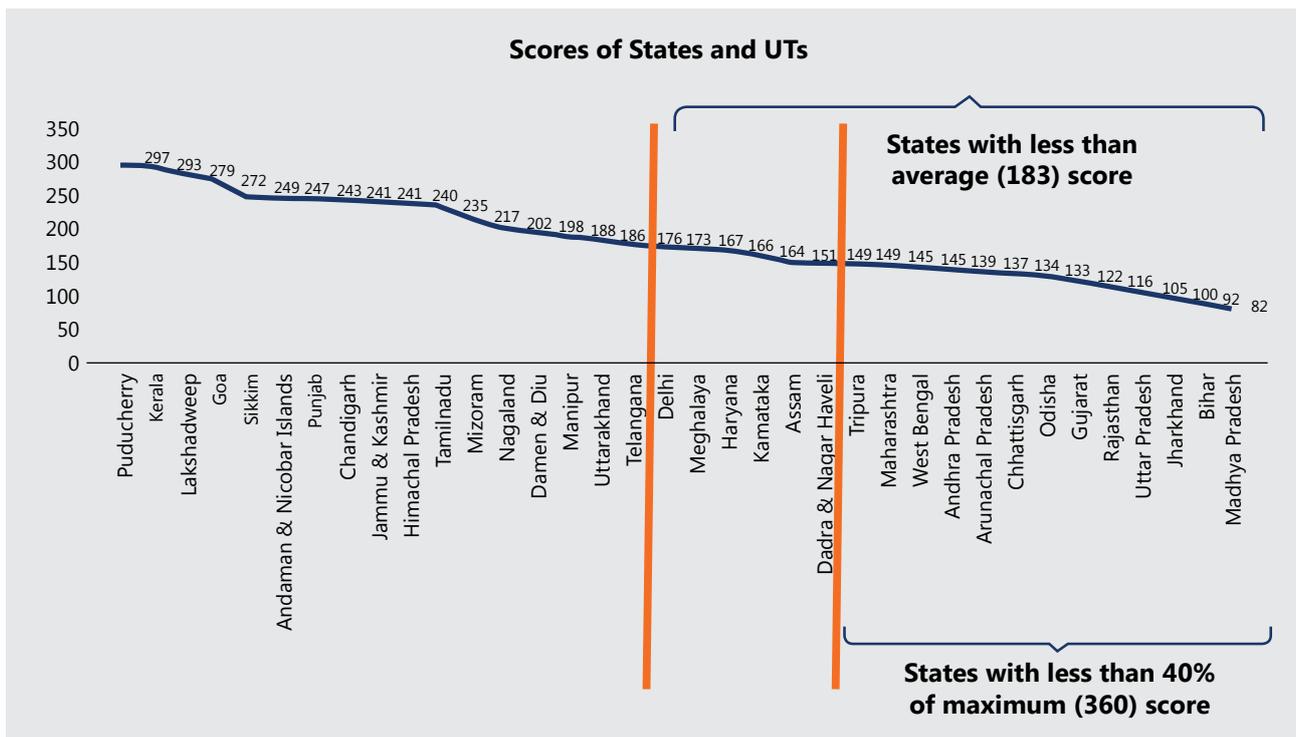
A total of eleven states were then selected for gathering primary data

data. Along with these, two high-performing states were identified so as to understand "good practices" in relation to protection of child rights. Some adjustments were made to capture the regional variations. One district from each of these 10 states was selected based on their representation of the issue. For example, when Bihar was identified as a state to represent the issue of child labour migration, Gaya was identified as the district as it has the highest rate of migration within Bihar. Additionally, Delhi was identified as the 11th state, being representative of the national capital and a metro city. The list of districts and states finally included is.

Sl. No.	States	Districts
1.	Bihar	Gaya
2.	Chhattisgarh	Bastar
3.	Delhi	
4.	Haryana	Faridabad
5.	Himachal Pradesh	Shimla
6.	Kerala	Ernakulam
7.	Madhya Pradesh	Vidisha
8.	Manipur	Imphal West
9.	Telangana	Yadadri
10.	Uttar Pradesh	Bareilly
11.	West Bengal	Murshidabad

2.8 Data Analysis and Report Writing

All the data was gathered and analyzed using the framework discussed above. During the analysis, attempts were made to highlight the achievements, along with the unfinished agendas and gaps in information.

2.9 Usefulness of the Research

Through this research, specific issues of child rights were explored using, both, the secondary sources of information and the voices of children and their parents. While the report celebrates the accomplishments,

it also highlights the gaps; both in terms of accomplishments and information. This report can be effectively used by policy makers and implementing institutions for prioritisation of issues; as well as by civil society organisations to advocate with these agencies for change, and to support the process of change in India.

Limitations of the Study

Despite several national level databases, there is a paucity of data on certain aspects. For some indicators, national level data (e.g. third gender, street children) are not available in the public domain. For certain indicators, data was available but their disaggregation in terms of caste, tribe, disability and other groups was not always available. It is possible that the government may be monitoring the implementation of their schemes and programmes in these areas, but these findings are not readily available in public domain.

3 Situation of Child Rights in India

As discussed in the previous chapter, detailed analyses were carried out for each of the identified 15 indicators of child rights. This chapter systematically presents the indicator specific situation, as classified under Survival, Development, Protection and Participation.

3.1 Current Status of Child Rights in India

3.1.1 Survival

A. Mortality

SDG 3.2: By 2030, all countries will aim to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births.

The recent UNICEF report (2018) suggests that India has for the first time in history, reached the current global average of under-5 mortality (39 per 1000 live births) and is likely to achieve the SDG target. The IMR has also come down from 79 in 1992-93 (NFHS-1); to 41 in 2015-16 (NFHS-4). The under-5 and infant mortality rates are the highest in Uttar Pradesh and the lowest in Kerala. Both the rates are considerably higher in rural areas than in urban areas.

The SRS report 2016 suggests that there has been a steep decline in infant mortality rates in India from 44 per 1000 live births in 2011 to 34 per 1000 live births in 2016. While the drop is similar in boys and girls, mortality among girls still remains higher (36) than boys (33). The national trend of the IMR over nearly four decades is presented in the graph below (SRS 2016).
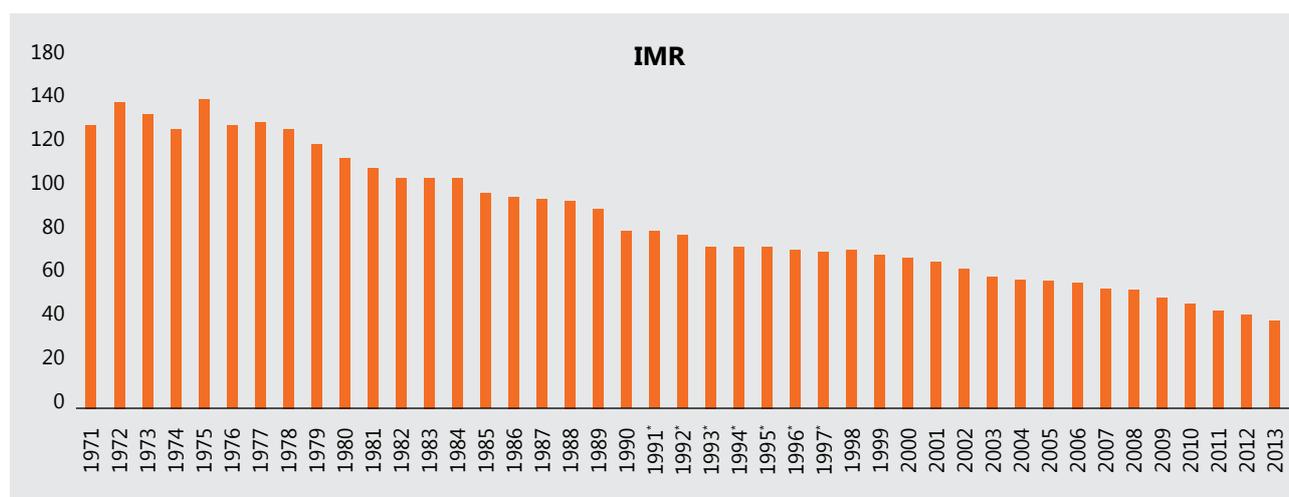
IMR

75% of high priority districts identified by the NITI Aayog in 14 states now have at least one functional NRC.

JOINING FORCES For Children India

The KidsRights Index reports that India's index on child health is 0.541 and ranks 150 among the 182 countries in the world.

The data also suggests that infant mortality constitutes 10.9% of the total deaths (in any age group) and this proportion is higher in rural areas (12.2%); as compared to urban areas (7.4%). SRS 2016 also reports that neonatal deaths still constitute 69% of the total infant deaths and hence the neonatal mortality rate for India remains as high as 24 (rural 27 and urban 14) and within this, early neonatal mortality (within 7 days of birth) is the largest component, i.e. 53% of the total infant deaths.

B. Sex Ratio

The SRS report (2016) suggests that despite best efforts, the sex ratio at birth is still declining in India. While it was close to 910 during 2010-12, it further dropped to slightly less than 900 during 2014-16. SRS indicates that during 2014-16, Haryana had the

lowest ratio (832) whereas Chhattisgarh was the highest (963), among 22 bigger states/UTs

The sex ratio figure in rural areas of the country stands at 902 as compared to 888 in urban areas. According to Census 2011, the all-India child sex ratio is 919 while that for rural areas is 923, and for urban areas it is 905. Census 2011 also points to the spread of this phenomenon of the decreasing sex ratio, from largely urban and prosperous areas to rural, remote and tribal pockets of the country. While in 2001, 120 tribal districts had a CSR of 950 or more, in 2011 this number declined to 90 districts.

C. Severe Malnutrition

SDG 2.2: By 2030, end all forms of malnutrition, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children under-5 years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women and older persons.

A significant number of children in India are undernourished and this reflects in the national surveys. As per the NFHS-4, 38.4% of the

Sex ration at birth

- - - - Total ——— Rural ——— Urban
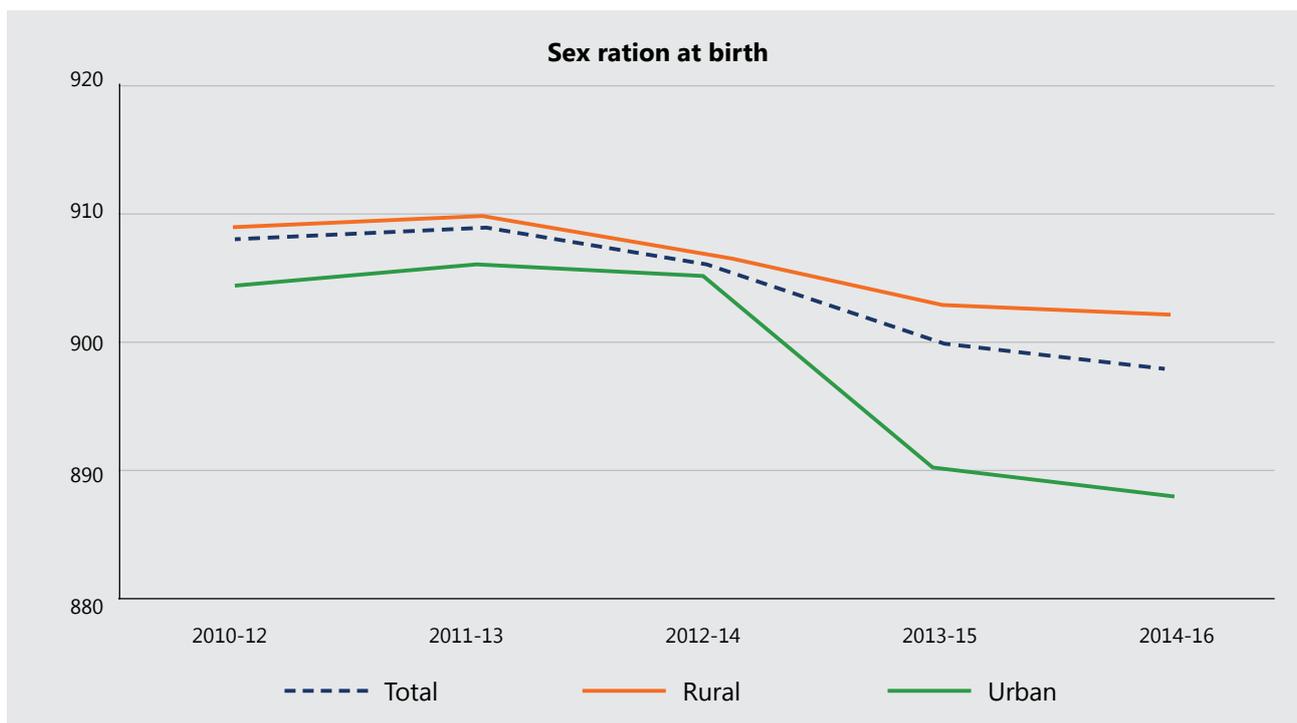
children are stunted (height for age <-2 SD; 35.7% are underweight (weight-for-age <-2 SD); and 21% are wasted (weight-for-height <-2 SD). The NFHS-4 has reported 7.4% children (among under-5 years of age) are severely wasted (weight for height <-3 SD). NFHS-4 also reports that 18% infants are born with low birth weight; 29% children are born with moderate anaemia and 1.6% with severe anaemia. India ranks 103 out of 119 countries as per the Global Hunger Index (GHI 2018) and as per the GHI 2018 calculation, India suffers hunger at a serious level.

As per the NFHS-4, the prevalence of underweight children was found to be higher in rural areas (38.3%) than in urban areas (29.1%).

There have been some initiatives to tackle malnutrition among children and the Nutritional Rehabilitation Centres (NRC) are providing comprehensive care to under-nourished children. As per India's 3rd and 4th combined periodic report to the UNCRC in 2014, 784 NRCs are functional across 16 states/UTs at present. The states were directed to prioritise, high focus districts and tribal districts identified as having a high burden of malnutrition for the establishment of NRCs. As a result, 75% of high priority districts identified by the NITI Aayog in 14 states, now have at least one functional NRC.

A study by Plan India (2017) in nine states suggested that only 63% of 9-23 months-old children and 54% of 24-71 months-old children; reported receiving Vitamin A and just about one-third are receiving the IFA syrup or de-worming tablets. A study by World Vision (2017) provided a different dimension to the situation of malnutrition in India. The report argues that drought conditions and extreme heat increase the risk of normal nourishment among children.

JOINING FORCES
For Children
India

Reducing Child Malnutrition by Improving Home Augmented Diet through Positive Deviance Approach in West Bengal, India

Background: India accounts for the world's largest share of malnourished children under-5 years of age. Positive Deviance is a community-based behaviour change intervention for rehabilitation of families with undernourished children. The model is used to identify behaviours practiced by caregivers of well-nourished children and transfer the positive practices to caregivers of malnourished children, within the same community. The Positive Deviance approach was initiated in the 1970s in Vietnam by Save the Children, and has since been implemented all over the world by many different organisations.

Target geography: Save the Children has implemented a project to improve the nutrition status of children in the urban slums of Kolkata, West Bengal, India. Between September 2016 and December 2017, 546 children (based on WFA Z score criteria) have received services from Nutrition Counselling and Childcare Sessions (NCCS), which is based on the Positive Deviance approach.

NCCS package of interventions

- Active screening and regular growth monitoring of children under-5 years.
- Identification of positively deviant child for conduction of NCCS.
- Formation of mothers' groups and their regular meetings for reinforcing positive change.
- Spot feeding and counselling sessions on home augmented nutritious food
- Each cycle duration is 30 days (comprising of 12 days group counselling & on-spot feeding, and 18 days follow up & monitoring through home visits)

Admission details

	N	N	%
Total children enrolled for NCCS	546		
Children still on NCCS	194	546	35.5
Dropouts due to administrative reasons	24	546	4.4
Children who completed NCCS	328	546	60.1

(N = 546)

49% 51%

19%
81%
■ WFA < − 2SD ■ WFA < − 3SD

1%
36%
37%
26%
■ 0-6 Months ■ 7-23 Month
■ 24-36 Month ■ 37-60 Month
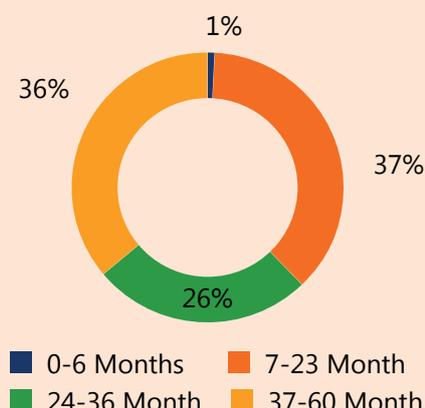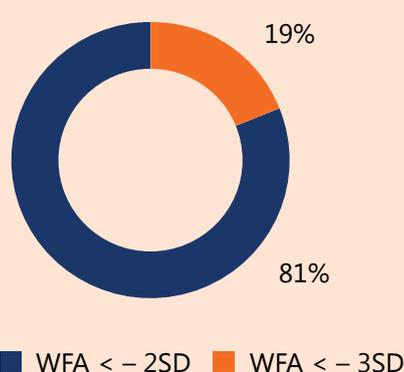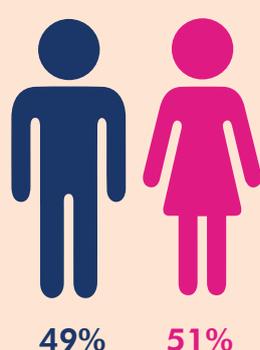
Results

- 328 children benefitted from the interventions, the outcomes categories are explained as follows.
- Out of all children who didn't default (n = 179), recovery rate is 83.2%
- Average weight gain of recovered children (n=139) is 2.4g/kg/day
- Median recovery time is 1.8 cycle; i.e 55.5 days

Kolkata

(N = 328)

0.3%

42.4%

45.4%

11.9%

- Death
- Non-respondent
- Defaulter
- Recovered
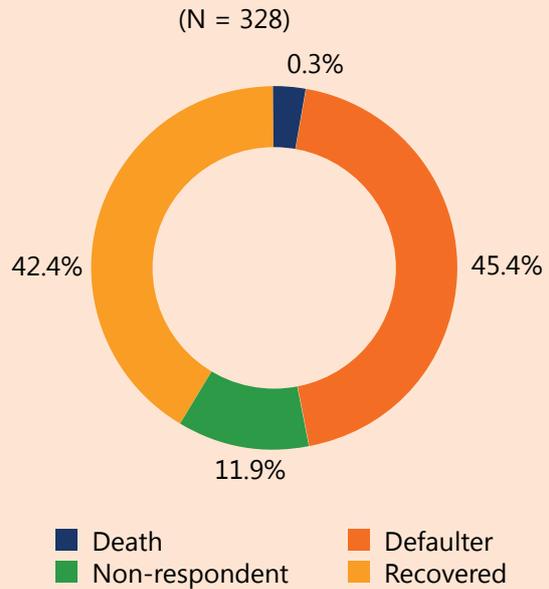
Recovery rates in sub-groups

6-23 month: 43.8	24-36 month: 38.6	37-60 months: 43.8

MUW: 45.7	SUW: 24.0

Male: 47.2	Female: 37.9
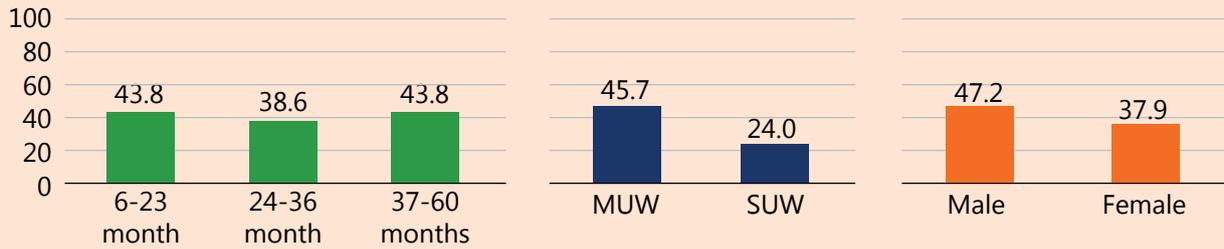
- Recovery rate is
    > Higher in moderately underweights who have a lesser target weight to achieve (P<0.003)

Average weight gain of recovered children in gms/KG (n=139)

All children	MUM	SUM	6-23 month	24-36 month	37-60 month
2.4	2.3	3.2	2.8	2.4	2
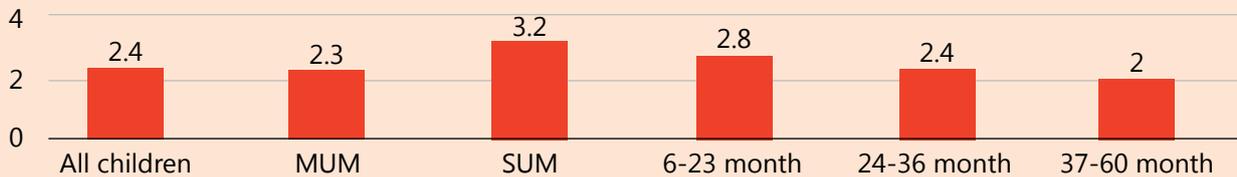
Key learnings: The recovery rate of 42.4% among underweight children (without using therapeutic food) through spot feeding, counselling and home augmented nutritious diet is quite encouraging. Majority of children recover within 55 days (less than 2 months), which is within the norms of global CMAM guideline. Reasons of default are mostly due to social factors such as migration.

Way forward: Augmentation of home diet through counselling using Positive Deviance approach needs wider use in CMAM settings. This is encouraging in a context when the national policy environment in India is to opt for home augmented local food to improve nutrition in children

D. WASH

UNICEF data (2016) suggests that in India, 22% of the total post neonatal deaths and 9% of under-5 deaths are due to diarrhoea, which is completely preventable. The data also suggests that since 2000, this percentage has only come down three and four percentage points respectively, suggesting the slow rate of progress in managing diarrhoea in the country. The data also suggests that only 50.6% of under-5 children with diarrhoea are provided with a fluid made from an ORS packet. As per NFHS-4 (2015-16), diarrhoea was prevalent among 9.2% of under-5 children in the last two weeks preceding the survey. The proportion of these children was 9.5% in rural areas and 8.2% in urban areas. Of these children, 9.6% of children belonged to the Scheduled Caste and OBC category, and each of them had suffered from diarrhoea in the two weeks preceding the survey. The proportion of children belonging to the Scheduled Tribe category suffering from diarrhoea in this period was 8.1%. According to H&FW Statistics in India (2017), diarrhoea stood at the fifth position among the 10 causes of deaths in below one-

year children in India during 2010-13. It contributed to the deaths of 6.2% of boys and 7.3% of girls below one year of age (Ministry of H&FW, GoI 2017).

NFHS-4 data suggests that though 90% of households in India use an improved source of drinking water (protected against outside contamination and more likely to be safe to drink), more than 60% households report that they do no treat their water prior to drinking. Treatment is less common in rural areas than in urban areas; 70.5% of rural households do not treat their drinking water as compared to 47% of urban households. A report by World Vision on the impact of droughts on India's children (2017); explains that access to safe drinking water is one of the major concerns during droughts in many villages in the country. The report gathered data from 21 villages of Kandukur Mandal, of Prakasam district in Andhra Pradesh and points out that over 9,000 children faced scarcity of clean water in multiple ways during the drought. The report cited the UNICEF note on El Nino's impact on children and described how infants are at a higher risk of getting heat stroke and diarrhoea from drinking contaminated water, that leads to aggravating dehydration.

The Plan India survey (2017) suggests that about 85% of households in nine major states of the country have access to safe drinking water, with Telangana having the highest (100%) and Rajasthan the lowest (60%); even though more than half of these households have to go outside their homes to fetch water. About 80% reported availability of safe drinking water throughout the year. In addition, in the same study, it is reported that 94% of the students (6-18 years) have reported availability of drinking water in their schools through hand pumps, tube wells and taps.

The Annual Status of Education Report (ASER 2018) states that drinking water was available in 74.8% of the schools that were visited in 2018, down from 75.6% in 2014. In 2010, this figure was 72.7%. In four states (Bihar, Gujarat, Uttar Pradesh and Himachal Pradesh), drinking water was available in 85% or more schools.

The NFHS-4 found that only about half of Indian households (48%) use improved toilet facilities: which are non-shared facilities that prevent people from coming into contact with human excreta and which reduces the transmission of cholera, typhoid, and other diseases. Shared toilet facilities of an otherwise acceptable type are also common, especially in urban areas; 15% of urban households use a shared facility compared to 6% of rural households.

ASER 2018 also highlights that since 2010, there has been significant progress in the availability of useable toilets in schools. In 2018, 74.2% of schools visited, had toilet facilities that were useable as compared to 47.2% in 2010. In the same year, only 3% of the schools visited had no toilet facility. The proportion of schools visited where separate useable girls' toilets with lock facility were available, has gone up from 32.9% in 2010, to 61.9% in 2016, and to 66.4% in 2018.

Though diarrhoea comes under the national health programme, not much information is available in the public domain about allocation and utilisation of government funds for tackling diarrhoea among children. As per the annual report of the Department of H&FW 2016-17, around 1.9 crore and 6.34 crore under-5 children were reached by the ASHAs during the Intensified Diarrhoea Control Fortnight (IDCF) 2014 and 2015, respectively; for distribution of Prophylactic ORS packets. However, no open data source provides any information about budget allocation and utilisation for this initiative; and evaluation reports of IDCF are not available in the public domain.

Availability of ORS and zinc has been a regular issue in diarrhoea management and as a result, under-5 deaths due to diarrhoea remain challengingly high. Despite strong evidence of effectiveness of zinc in diarrhoea management, there are not enough producers of zinc tablets/syrup in the country and hence it remains in short supply. ORS, though available within the government system and open market, faces the challenge of supply chain management and hence is not easily accessible to mothers in rural areas.

3.1.2 Development

A. Sexual and Reproductive Health

SDG 3.7: By 2030, ensure universal access to sexual and reproductive health-care services, including, for family planning, information and education, and the integration of reproductive health into national strategies and programmes.

NFHS data indicates that the level of teenage childbearing in the country declined between 2005-06 (16%) and 2015-16 (8%). According to NFHS-4 (2015-16),
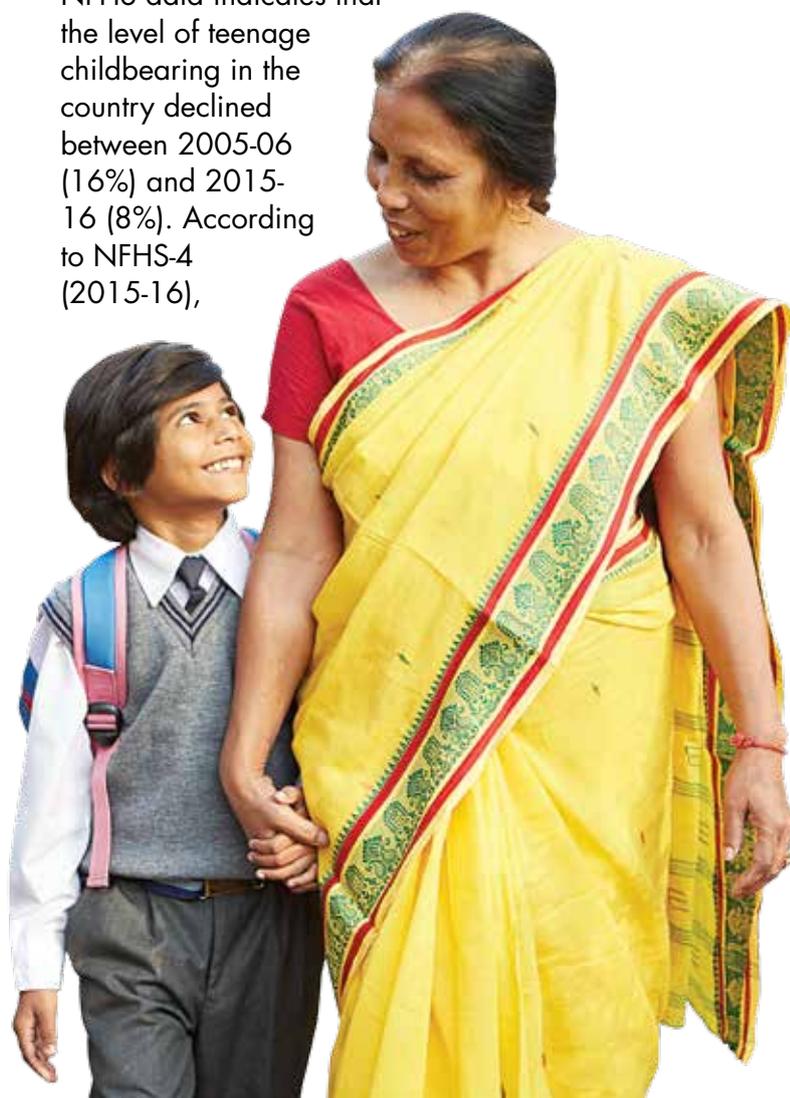
the level of teenage childbearing decreases with an increasing level of schooling. 20.2% of girls aged 15-19 years with no schooling have already become mothers, compared with only 4.4% of girls who had 12 or more years of schooling. Childbearing among girls aged 15-19 years also decreases with the level of wealth. Only 2.5% of teenage girls in the highest wealth quintile have begun childbearing, compared with 10.6% in the lowest two wealth quintiles. NFHS-4 also highlights that teenage childbearing is higher among ST girls (10.5%) than in the other three caste/tribe groups. NFHS-4 data shows that 27% of women aged 20-24 years were found married before the age of 18 years whereas this proportion was 47% in NFHS-3. The percentage of men and women aged 15-19 years who had knowledge about at least one method of contraception has slightly reduced from NFHS-3 (94% women and 96% men) to NFHS-4 (93% women and 94% men). Only 15% of currently married women aged 15-19 years reported using any contraceptive method as per NFHS-4. Total 37% of currently married women of age 15-19 years demanded family planning while 22% had an unmet need for family planning.

According to NFHS-4, 62% of adolescent girls (15-19 years) still use cloth for menstrual protection. The survey found that 42% of adolescent girls in the country used sanitary napkins while 16% used locally prepared napkins. Overall, only 58% of girls in this age group use a hygienic method of menstrual protection. The proportion of women/girls belonging to the Scheduled Tribe category, in this context was found lower (only 40%) as compared to other social categories. Again, the same data suggests that the economic condition of the family had a great impact on the practice of hygienic methods for menstrual protection. It was found that only 21% of girls/women belonging to the families from the lowest wealth quantile and about 90% girls/women from the highest wealth quantile families; used hygienic methods.

B. Access to Quality and Holistic Education

SDG 4.1: By 2030, ensure that all girls and boys complete free, equitable and quality primary and secondary education leading to relevant and effective learning outcomes.

SDG 4.2: By 2030, ensure that all girls and boys have access to quality early childhood development, care and pre-primary education so that they are ready for primary education.

As per the Census 2011, the literacy rate among children (7-18 years) is reported at 88.3%. The

data from U-DISE (2015-16) highlights the fact that Gross Enrolment Rate (GER) is highest at the primary level (99.2%) but steadily declines as it moves to upper primary (92.8%), secondary (80%) and with a drastic reduction (to 56%) at the senior secondary levels. As per Educational Statistical report (2018) of GoI, the National Sample Survey (71st round) data indicates that in 2014, a greater number of households had access to primary and upper primary schools within 1 km distance than secondary schools. Data shows that per 1000 households, 936, 718 and 484 numbers of households were at the distance of 1 km from primary, upper primary and secondary schools, respectively. However, 85 per 1000 households were at the distance of 5 or more kilometres from secondary schools in the same year. More than 12% of rural households don't have any secondary schools within 5 kilometres whereas in urban areas this is less than 1%. The same report further highlights that the average annual dropout rate was much higher at the secondary level (17%) compared to primary and upper primary levels (4%) during 2014-15. This report further states that at higher education levels, the enrolment of girls (23.5%) was lower than that of boys (25.4%).

One of the important reasons for school dropouts is also the availability of institutions. The number of primary schools in India is much higher than the number of senior secondary schools and, therefore, the teacher–student ratio also increases at each level of education. In this context, DISE (2015-16) data, suggests a teacher-pupil ratio to be: 23 at the primary, 17 at the upper primary, and 27 at the secondary level; which is lower than the standard ratios prescribed under RTE Act, 2009.

A study by Save the Children (2017) conducted in the spice industry highlighted the fact that while children may be going to school, they miss many school days due to work and this affects their performance in school and in the educational outcomes. The study revealed that on an average, working children miss about 7 days of school in a month; with

children, working on their own farm on an average missing school for a day more than children working on other's farms, do. This essentially means missing out one-third of the school days in a month, which is significant. Eventually many give up education, as they do not have any alternative, to give up the work they are doing. Further, 56.8% dropped out due to poor performance in school and 43.6% dropped out due to work-related reasons. Plan India study (2017) reported 22% absenteeism in all nine states where the survey was carried out. The major reason for this is reported to be work (paid or unpaid) as 71% of the school-going children said they were engaged in some work—which could be household or outside.
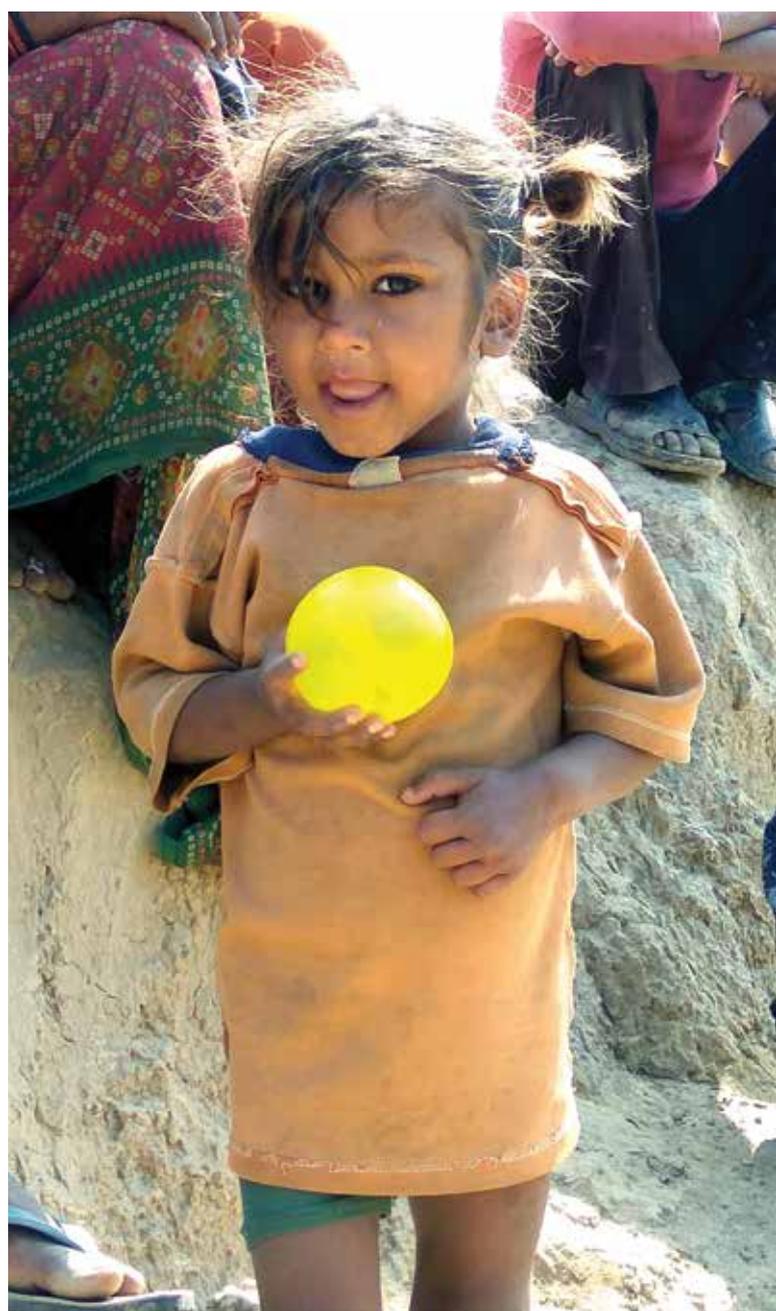
Teaching and Learning Materials (TLMs) with an active engagement of children and the involvement of parents; were the contributing factors for significant progress among boys and girls in Grade 1-5 (aged 6-12 years), who moved from lower to higher levels of learning in a particular intervention period and area. This report also establishes that the increasing economic status of the family eventually improves access to education as families can then afford their children's education.

According to the Save the Children Study (2017), currently, there is a need for a strong regulatory framework for pre-primary education, which is important not just to address implementation issues but also to address issues of equity. With no estimate of the size of the private pre-school market in India and with large variations in quality, there is an imminent danger that the ECCE space in India may also follow the lines of school education. The National Commission for Protection of Child Rights (NCPCR) has issued guidelines (2013) for private play schools (for children 3-6 years) that are expected to help the government in regulating private play schools in the country.

A report from World Vision (2011) states that in India, 84% of primary schools are multi-graded, i.e. in these schools one teacher handles more than one grade in a single room, which compromises the quality of education, in spite of the high enrolment rate in primary schools. Another report of World Vision (2018) makes a case that rigorous training and regular follow-up of the teachers, development; and use of locally made

NFHS-4 data suggests that though 90% of households in India use an improved source of drinking water

Community-based creation of contextual gender-sensitive and inclusive multilingual children's literature for 3 -14 years age group supportive of their language and socio-emotional development.

Introduction: ChildFund India has developed an intervention for creation of context-based, gender-sensitive and inclusive multilingual children's literature. It sets out to achieve improved literacy skills in children, promotes socio-emotional skills for learning in children, as well as improved relationships between parents and children. The pilot project was implemented in four states–Madhya Pradesh (Jhabua district), Jharkhand (Daltonganj district), Rajasthan (Udaipur district) and Uttar Pradesh (Chitrakoot district)–and now it's being taken to other project areas in around 14 states. So far, 3,880 children have benefitted from the intervention, in terms of getting multilingual material for their learning and experiencing improved relationships with their parents and siblings. Many parents and grandparents now report feeling heard and more close to their grandchildren and vice versa. The intervention at present has a lot of anecdotal and observation-based evidence but a proper assessment of the same is being planned.

It is also envisaged that the states will print and use these materials for wider circulation in hundreds of other schools from similar language speaking districts. Additionally, discussions are ongoing, with the State Councils for Education, Research and Trainings (SCERT) of a few states like Uttar Pradesh, Rajasthan, Odisha and others for the development of a pictorial glossary in a few tribal languages, so that the teachers appointed to these locations can understand the language children speak and can communicate and teach in these languages. The education department was kept in loop from the beginning because once these materials are developed the teacher will be trained to use the same in their classrooms. The partnership with the education department will help in sustaining as well as scaling and replication of the intervention.

Key problems addressed are: **Gaps in mother tongue based teaching–learning:** National level researches as well as their programme baselines, field observations and consultations with children and their parents indicate that one of the major barriers to learning experienced by children is the direct use of the standard/official language as a medium of instruction in the early years instead of the mother tongue; and the huge gap in availability of context-based, multilingual material for teaching–learning. In the chosen project area, there are around 34 different languages that the children speak and the assessment of the material available in these languages suggests that only nine languages out of these thirty-four have some kind of teaching–learning material available, that too primarily because most of these are official languages

Lack of parental support due to self-efficacy issues: Recent consultations with parents and baseline reports indicate that the parents from DEV communities have somehow come to strongly believe that they are not capable of contributing meaningfully to the learning of their children. Interestingly the data for children's learning achievements in these areas is also very low; and children have also expressed during consultations and interviews; that they feel the need for support and spending quality time in positive relationships with the adults around them. The traditional sources for spending this quality time used to be the story telling sessions, the occasions of singing and dancing together; and other such events. Now, these communities have slowly started thinking of these things as futile. Whereas, research now clearly indicates

the importance of all of these in the enhancement of the child's ability at performing better academically, as well as, for the development of social and emotional skills, which are an important aspect of learning along with being, an important contributor to learning.

Implemented through a team of local youth specially trained as facilitators. A children's literature expert is also hired as a consultant for providing overall guidance. Community leaders, experts in the art of traditional story narration, etc., are also identified and they play an important role as change agents within the community.

The approach included collection of local content through the facilitators who visited people in their natural settings (at the agricultural fields, homes, during a gathering and so on). The content was then shared with children's literature experts for scrutinising. Simultaneously, the community was sensitised and capacitated on storytelling, reading to their children, gender issues and inclusiveness and other related aspects. Then a participative process of collectively rewriting and developing the manuscripts was carried out. Here the community, children's literature experts and facilitators discussed the content and converted it into manuscripts, to be then illustrated and designed in the local art form, which after being tested with children, is printed; for being regularly used in the classrooms and community libraries.

C. Access to Quality and Holistic Skill Building

SDG 4.3: By 2030, ensure equal access for all women and men to affordable and quality technical, vocational and tertiary education, including university education.

Recognising the priority given to skill development, there has been a steady increase in the financial allocations made by government for this sector over the years. There has been a quantum leap in the allocation from INR 1,129.62 crore, in 2012-13, to INR 2,549.29 crore in 2015–2016, indicating the importance being given to skill development (Tara N. and Kumar NSS 2016). The Pradhan Mantri Kaushal Vikas Yojna (PMKVY) (2016-20), the flagship scheme of the Ministry of Skill Development and Entrepreneurship launched in November 2016, is the biggest training and certification programme of the Government of India. It aims to skill one crore youth by 2020.

Access to job-oriented vocational training is minimal in India, as reported by the study carried out by Plan India (2017). The study reported that only 4% of youth (18-29 years) mentioned, had any vocational and/or job-oriented training and of these, 39% had accessed government facilities for training. The types of training ranged from conventional stitching, tailoring and computer skills, to some innovative ones like manufacturing soft toys or cotton swabs.

D. Access to Play and Recreation

There is very limited information available on access to play and recreation by children as no major surveys (Census, NFHS, etc.,) report on this indicator. The percentage of schools with playground facilities in India was 61.25 as on April 2016. Government sources (U-DISE) in their 2015-16 report stated that despite government provisions that mandate playgrounds and sports kits in schools, there is no data on the proportion of schools having sports kits. The Central Board of Secondary Education (CBSE) has also made it mandatory for all affiliated schools to provide one compulsory period for sports every day up to the 10th grade and two periods a week for grades 11 and 12: but there is no data on the extent to which this has been implemented.

In the Plan India study (2017), mothers of 0-3 year children were asked if they had played games with their children in the last three days, and about half (52%) mothers said that they had (this statistic was the lowest in Jharkhand at 21%). For fathers, the reported proportion was a bit less at 37%. For some other recreation and leisure activities, the same study reported 30% mothers taking their children outside the home, 46% reported sharing stories with them and about a quarter reported reading books or looking at picture books along with their children. The same research reported that 72% school-going children admitted that their school organised extra-curricular activities and about three-quarters of these students said they participated in these activities. Schools have arranged for designated teachers for extra-curricular activities and have included these in the school timetable.

Another study by Save the Children (2017) identified this as a major issue with children from rural areas of Madhya Pradesh. This study mentioned that around 68% children felt they did not get enough time for leisure and recreational activities. A larger proportion of girls (77%) were not getting enough time to rest and play as they were also engaged in household chores in after-school hours. For boys, the percentage stood at 60. According to an earlier study by Save the Children (2012), boys still get time to listen to music in their leisure time but girls carry out household activities and thus have no amusement/recreation in their daily routine. Boys have greater opportunities for activities like watching movies, playing cards, taking rest, playing, chatting, etc., from which the girls are mostly excluded. Therefore, there is little chance that the girls of migrant labourers can get time for any form of recreation.

3.1.3 Protection

A. Violence against Children Including Sexual Violence

SDG 16.2: End abuse, exploitation, trafficking and all forms of violence against; and torture of; children

According to the NCRB report, 'Crimes in India 2016', a total of 106,958 crimes were committed against children during 2016. The major crimes committed were kidnapping and abduction (52.3%) and sexual offences (POCSO) (34.4%), including child rape. As per the NCRB data, a total of 96,900 cases reported under 'crime against children' were disposed of by the police during 2016.

In India, over the last decade, the volume of human trafficking has increased though the exact numbers are not known. NCRB data suggests that the absolute number of child trafficking cases is on the rise and has grown from 2,599 in 2004 to 17,330 in 2014. A large number of children are trafficked not only for the sex 'trade' but also for other forms of non-sex-based exploitation that includes servitude of various kinds: as domestic labour, industrial labour, agricultural labour, and for

begging, organ trade and false marriage. As per the NCRB crime report 2016, there were 763 victims of child trafficking under 340 registered cases. During the year, the highest number of child trafficking cases were reported in Jharkhand (69) followed by West Bengal (38) and Assam (32).

A Plan International's report titled 'Children in Difficult Circumstances (2018)' analysed the trend of child trafficking in India from 2004 to 2014, as presented in the graph below:

The Plan India study (2017) reported that 14% of adolescent girls and 7% boys experienced violence and abuse. The incidence of violence was quite high in Rajasthan (34% girls and 18% boys) followed by Mumbai slums (11% girls and 10% boys). Home as a place of violence was reported by the largest proportion of girls (66%) while for boys, school/college was reported to be the most common place of violence b (63%).

While children seem to be getting less than the desired attention in terms of budget share, child protection seems to be further marginalised within the budget allocated for children. Data suggests that in the past 5 years, share of child

Crime Head	Total Cases Reported	Major State/UT During 2016		
Kidnapping and Abduction	54,723	Uttar Pradesh (9,657)	Maharashtra (7,956)	Madhya Pradesh (6,016)
Protection of Children from Sexual Abuse Act 2012	36,022	Uttar Pradesh (4,954)	Maharashtra (74,815)	Madhya Pradesh (4,717)

	Crime Incidence			Crime Rate			Percentage Variation	
	2014	**2015**	**2016**	**2014**	**2015**	**2016**	**2014-2015**	**2015-2016**
Total Crime against Children	89,423	94,172	1,06,958	20.1	21.1	24.0	5.3	13.6

Number of Cases reported under Child Trafficking (NCRB)

	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Number of Cases	2599	2817	4005	4606	5564	5862	7266	11520	13223	19178	17330

Share of Child Protection Budget in Total Budget for Children

Percentage	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19
	0.85	0.72	0.78	1.38	1.04	1.49	1.48
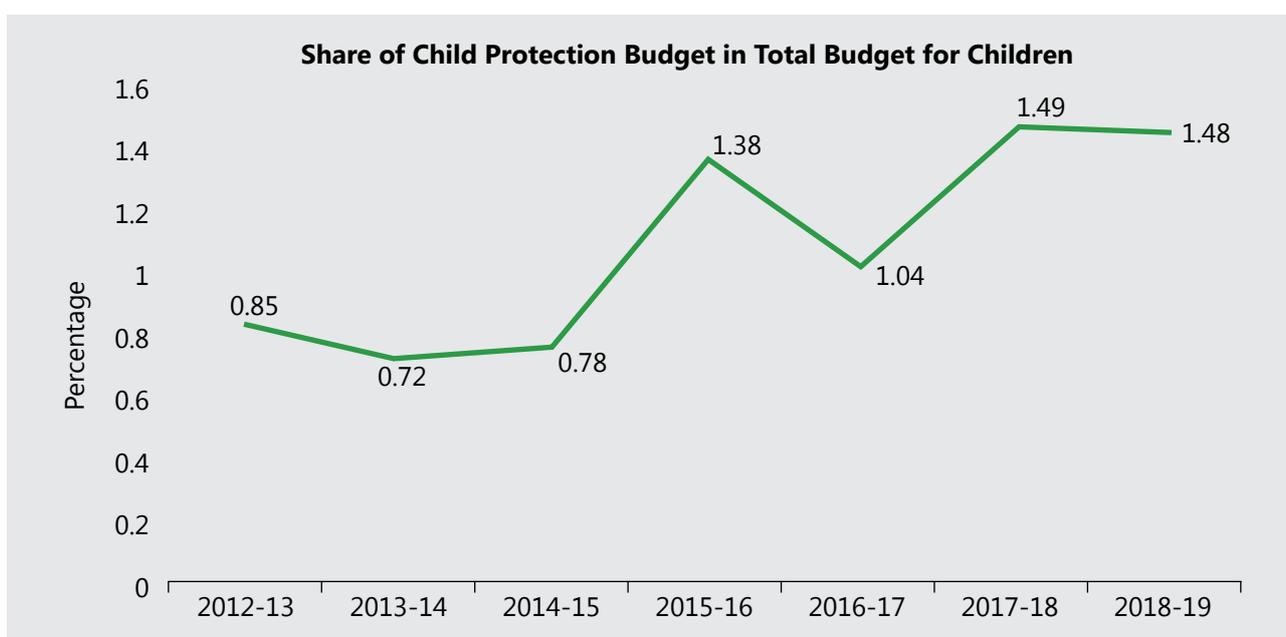
protection has never crossed 1.5% of the total budget allocated for children.

Child Protection Services provides for the security net of institutional care and non-institutional support to children in need of care and protection as well as children in conflict with law, as envisaged under the Juvenile Justice (Care and Protection of Children) Act, 2015 and are implemented by the Centre in partnership with the state/UTs governments. The Government of India, in the past decade, has significantly widened the network of institutions that support children in difficult conditions. Three main institutional support systems developed under ICPS include: Child Care Institutions (CCI), Specialised Adoption Agencies (SAA) and Open Shelters.

As per India's 3rd and 4th periodic report to the UNCRC in 2014, Child Welfare Committees have been set up in 619 districts out of 660 districts across the country; and Juvenile Justice Boards have been set up in 608 districts across the country under the JJ Act.

A report of World Vision (2017) states that engaging parents in different child protection systems like training, awareness and orientation programmes, evidently built a strong connection

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AsER2018 suggest in 74.2 % of school visited had toilet facilities useable as compare to 47.2% in 2010.

between adolescents and their parents and caregivers, even in the short span of one year. The report also establishes that Men Care Model (sensitising men through training and awareness programmes on addressing violence against children both at the household and at the community level) helps in building strong relationships within families and provides a safe, conducive environment for children.

The SoS Children's Village is one of the successful models of foster care in India. Across the country, they manage 39 villages that provide group foster care to children who are orphans or in need of other special care. One of the evaluations of their programmatic intervention, revealed high levels of satisfaction among youth who had moved on from these villages. More than three-fourths of the youth were both socially and economically settled (SoS Children's Villages 2010).

B. Child Labour and Migration

According to an ILO report (2017), on any given day in 201, among children aged 5-17 years; 152 million were working as child labour, of which, 73 million were in hazardous work. Owing to a huge number of child labourers, India contributes significantly to this global burden of child labour.

Census 2011 reports 1.01 crore working children (main or marginal) in the age group of 5-14 years which is close to 4%. Out of the total boys in the same age group, 4.15% are working, while the figure among girls is 3.63%. It further states that 2% of the children aged 5-9 years; and 6% of the children aged 10 -14 years; are working. In 2011, among the child workers, 75% belonged to the age group 10-14 years and 25% were from the age group 5-9 years. Since the last Census in 2011, the percentage of working children has come down from 5%. Further analysis of Census 2011 data suggests that about 22% of the total child labour come from Uttar Pradesh, followed by about 11% from Bihar, i.e. about one-third of the child labour in the country is contributed by these two states.

A study carried out by Save the Children (2018) in districts of Madhya Pradesh reported rampant child-labour where around 58% children reported working as their primary occupation, of which nearly 32% was in the age group of 7-14 years. Those who reported to be attending schools also said they were engaged in similar kinds of income-generating activities as their out-of-school counterparts did.

In the same study, nearly three-fourths of working children reported that they were

treated unequally at their workplace and about 8% children shared that they had been victims of abusive language at the workplace. This was reported more among older children (12-17 years) and among boys. It is of concern that the groups that were most responsible for using abusive language comprised parents and adult family members. As much as 63% of working children reported that they were aware of the incidence of sexual abuse and worryingly, 16% said that they would not dare to report such incidents.

In a similar study in the spice industry, Save the Children (2017) concluded that two-thirds of the working children were working on family farms; as it led to significant cost savings, since labour constitutes almost 60% of the total cultivation cost of spices. The other important reason for engaging child labour in the spice industry is a dearth of adult labour, a perception that certain activities are best

performed by children and the fact that wages paid to children are much lower than those paid to adults (almost 50% of an adult wage).

The above study also reported that children have very limited control over their employment terms. Less than 8% of working children reported that they themselves decided their terms of employment including payments and working hours. More than 70% of the children reported that they did not receive payments directly, and these were made to their parents instead.

Children who work, face graver health issues as compared to children who do not work. Save the Children study (2017) highlighted that children working in spice farms, regularly complain of back pain and ear and eye problems. Children have also been reporting juvenile arthritis and asthma and they are able to relate these diseases with their work and

As one would expect, child labour comes with its own dangers and consequences. Children from West Bengal mentioned that boys are taken by the labour contractors with a verbal assurance of being paid INR 10,000 for three months, sometimes with some advance to the family. But often, they don't get paid at all and are only given food to eat. Many a time these boys go missing and never come back home. Children in Gaya mentioned that sometimes tourists take these children with them and these children never return. Children from all states were aware of the consequences of working and mentioned: health hazards, accidents, injuries, low performance in examination, dropping out of school, risk of being abused verbally, physically and sexually — as common consequences of children getting into labour.

C. Child Marriage

South Asia as a region exhibits very high child marriage rates. According to UNICEF (2014), almost half of all girls in South Asia (46%) aged 20-24 reported marrying before the age of 18, while one in five girls (18%) were married before the age of 15. The highest prevalence rate of child marriage reported by 20-24 year olds, was in Bangladesh (where two out of every three girls married before age 18). As per the Census 2011, 2.2% of children in the 10-14 years age group were married. The proportion was higher for girls (2.86%) as compared to boys (1.59%). As the age increases, the proportion of girls getting married increases almost four times, as 10.5% girls in the 15-17 age group were married. However, there is a significant change in this data. The NFHS-4 (2015-16) data shows that 27% of women aged 20-24 years were found married before the age of 18 years; whereas this proportion was 47% according to NFHS-3 (2005-06).

employment. According, to another Save the Children study (2012) with children working in sugarcane farms, the living conditions of seasonal migrants are harsh. Often, they have to share a small conical-shaped hut made from the leaves of sugarcane and are, thus, exposed to the vagaries of nature. As an immediate consequence, most of them suffer from cold, cough and fever. They also experience physical inconveniences and suffer from diarrhoea due to the non-availability of safe drinking water.

Migration is recognised as a major contributor to child labour as children do not work in their respective districts or states. Moreover, states like West Bengal and Bihar do not have enough work opportunities. Hence, children, particularly from these two states, migrate to states like Rajasthan, Andhra Pradesh, and Telangana for work. Some sectors like the carpet industry in Uttar Pradesh, bangle making industry in Jaipur (Rajasthan) and the bidi industry (for rolling) in Telangana are specially known for engaging child labour.

Mobilizing Religious and Community Leaders for the Prevention of Child Marriages

One of the most prevalent forms of gender-based violence is child marriage. In India, 47% of the girls are married by 18 years of age, and 18% are married by 15 years of age (UNICEF, 2014). Among the worst-affected states are Andhra Pradesh and Telangana (DASRA, 2014). The DLHS-4 (District Level Household Survey) 4 (2012-13) reports that 15.9% of the girls in Andhra Pradesh are married before 18 years of age, while in Telengana, 10.7% of girls are married before 18 years of age.

In India, Plan India is implementing a project in nine districts of Andhra Pradesh (AP) and Telangana (TS) in partnership with Mahita; while Terre des Hommes – Netherlands is implementing the programme in six districts of Andhra Pradesh and Telangana. The project primarily advocates addressing child marriage and child trafficking; promoting secondary education (SE) among girls; and Job Oriented Vocational Training (JOVT) for young women in both the states. – This as per the project can be achieved only by working with four key actors, i.e. communities, civil society organisations (CSOs), government and private sector. The GAA believes that inclusive economic growth is possible when there are 'equal rights and opportunities for girls and young women'. This contributes to the elimination of violence against girls and young women and their economic exclusion thereby reducing their vulnerability towards child marriages and child trafficking. The programme closely works with the four key actors, to bring about the desired change.

Religious and Community Leaders

The programme intensively initiated a dialogue with various religious and community (R&C) leaders on child marriage and child trafficking issues in the priority districts. A few orientation/sensitisation meetings were also conducted on these topics. As a result of this, it was observed that the active participation and positive response of the (R&C) leaders in the programme activities ensured the support of community towards the GAA programme in prevention of child marriages. It was also observed that many (R&C) leaders were adopting effective practices to address child issues in their districts and communities.

Plan India and Mahita engaged with 700 R&C leaders across both the states in the first 18 months of the GAA intervention period, of whom 30% were Muslims, 40% were Hindus and 30% were Christians. A mapping of these stakeholders was done, and a purposive sampling method was adopted to involve them as key informants. Mahita and lead partner teams identified a total of twenty-two (22) (R&C) leaders (belonging to Hindu, Islamic and Christian faiths/religions or belonging to other traditional groups) who, during the project implementation phase, were found to demonstrate effective practices for addressing the issues of child marriages in their geographic operational areas.

Good Practices Adopted by Religious and Community Leaders to Prevent Child Marriages are:

- Active participation in sensitisation programmes on child marriages
- R&C leaders being aware of the Conditional Cash Transfer Schemes (such as Bangaru Talli, Kalyana Lakshmi, Shaadi Mubarak, Giriputrika Kalyana Pathakam, etc.) for girls; implemented by the state governments in both the states, which either directly or indirectly contribute to prevent child marriages.

- Financial incentives play an enabling role in removing the existing gender barriers and denting the parental perception of considering the girl child as a 'liability'. The (R&C) leaders facilitated the community members in availing the benefits from these schemes as applicable.

- (R&C) leaders encouraged women community members to comply with the Compulsory Registration of Marriage Act, 2002 and register their marriages for their own security and protection.

- Coming together of inter-faith leaders and leaders from diverse community backgrounds on a common platform and engagement in various dialogues to stop child marriages helped them to recognise the need, and accept the importance of working in collaboration, for a larger common goal thus lending moral authority to campaigns to end child marriages. Respecting theological differences and pledging to work together in harmony to stop child marriages is a good practice.

- Community awareness generation and counselling: All the R&C leaders were involved in providing psycho-spiritual guidance and counselling of the youth and their family members under their purview; regarding the legal age of getting married, and the implications of child marriages; mainly on the health of the girl child.

- Direct actions by R&C leaders to stop child marriages: Every religious leader ensured that they verify the age of the couple by scrutinising age-proof documents before agreeing to solemnise the marriage. If they come across any minors during this process, they refuse to get them married and do a one-on-one counselling of the parents and children about the consequences of, and alternatives to, child marriage. They then suggest postponing the marriage until the minor attains the legal age.

3.1.4 Participation

A. Identity

SDG 16.9: By 2030, provide legal identity for all.

According to the annual report of Civil Registration System (CRS 2016), the registration of births in India has increased to 86% in 2016 from 74.5% in 2007. Fifteen States/UTs have achieved hundred per cent levels of registration of births. As per data provided by Unique Identification Authority of India (UIDAI), more than half (53%) of the children below 5 years, and about 80% of children aged 5-18 years, have their Aadhaar Card as of September 31, 2018.

Though a greater number of children possess identification documents, many of the most vulnerable children like children in street situations lack these documents. According to 'Life on the Street' study, majority of children (79%) did not have any identification document. Among those children, with whom some ID was found, most common were unique ID or Aadhaar card, birth certificate, ration card, and/or education certificates (Save the Children 2016).

B. Engagement in Decision-making within Family and Community Institutions

When rights are granted to children, it is critical for them to demand their rights and raise their voice in case these are not being granted and participate in decisions that affect their lives. Children participation has been adequately recognised in the UNCRC (Article 12, 13 and 15). It is, therefore, important to ensure that children have the confidence and the awareness of the processes through which they can participate in the decision-making processes. Children also have the right to organise themselves into groups that can represent thems at various forums.

There is no data or information in the public domain about the engagement of children in decision-making processes at the family level. No national level survey (Census, NFHS, etc.,) captures information related to this and hence commenting on the existing situation of this indicator is challenging. Considering there is little data to understand the situation, it is likely that not much is being done to ensure this particular right of children. Through one of their projects, World Vision (2018) highlighted that activities for strengthening child protection systems like engaging children in trainings, awareness and orientation programmes that builds leadership qualities, confidence, awareness of rights, and protection; helps to increase the participation of children in family discussions and make sure their voices are heard.

A baseline report published by the Population Council in collaboration with Save the Children (2017); highlighted that only a few girls–14% in Jharkhand, about 30% in Odisha and Rajasthan, and no more than 40% in Bihar–were allowed to go out after sunset.

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Only **20**% of the street children in Delhi were girls.

Participation in cultural activity in the three months prior to the baseline interview was also limited across all four states, ranging from 5% to 15%. The same report further indicates that very limited numbers of girls reported that they were members of any adolescent group at the village level, i.e. 6% with the highest proportion in Bihar.

Some small-scale studies carried out by organisations and institutions working on child rights have published some researches that hint at the current situation in this regard. A situational analysis of children in the spice industry conducted by Save the Children reveals that the participation levels and sociability of children belonging to households engaged in the spice industry, seemed to be low, as more than 70% of children were reluctant to express themselves either in private or in public spaces.

Some important steps have been taken by the government to ensure the participation of children. It is mandatory for both SMC and CPC to have at least two child representatives, and this is found to be true in most cases. However, there is limited information available on the effectiveness of these measures.

3.2 Children with Specific Vulnerabilities

3.2.1 Children in Street Situations

Children in street situations is one of the biggest issues of urbanised India. According to the Census of Street Children carried out

by Save the Children (2011), approximately 51,000 children below 18 years of age were enumerated as street children. 36% of street children belonged to the category of children from street families. Children who work on the streets and returned home regularly constituted 29% and children living alone on the street constituted 28% of the total street children population in the city. 61% of the children surveyed were 7-14 years of age. Only 20% of the street children in Delhi were girls. Dalits were 36% while 17% were Adivasis. The same study suggests that one out of every three children (34%) was on the street due to poverty and hunger. Around 30% were on the street in search of jobs; they had either come by themselves (17.7%) or were sent by their parents (12.6%); 9% were on the street after running away from home (the reasons for running away included curiosity, escape from abuse, and family issues); or they had been kidnapped; or orphaned, because of incidents such as riots, accidents and natural calamities; or because they had inadvertently lost contact with their parents while travelling.

3.2.2 Children in Disaster Affected Areas

The huge impact of disasters on children is visible in the statistics of the staggering number of deaths and injuries to children. Children's vulnerability increases with the decrease in age and existing ill-health conditions. Among lives lost in disasters, at least one out of three is a child below 18

years. Children are the worst affected during disasters due to physical, psychological and social vulnerabilities. The major impact remains due to their physical vulnerability as children bear the brunt of the shock from any disaster. Be it a natural disaster; like flood, earthquake, cyclone, heat and cold wave or a man-made disaster like; fire, epidemic, civil strife, etc., children are the worst sufferers as they are doubly hit. Firstly, at the time of disaster, due to their inability to escape or fend for themselves, especially with very young children at high risk of injury. Secondly, post disaster due to separation or loss of their families and their homes (Care 2017).

A study on the impact of small and moderate disasters in rural India indicates that the exposure to a natural disaster in the preceding month increases the likelihood of acute illnesses such as diarrhoea, fever, and acute respiratory illness in children under-5 years by 9-18%. Exposure to a disaster in the previous year reduces height-for-age and weight-for-age scores; by 0.12-0.15 units, increases the likelihood of stunting and being underweight by 7%, and reduces the likelihood of having full age-appropriate immunisation coverage by nearly 18% (Datar et al. 2013).

Within the last decade or so, India has faced huge disasters such as tsunamis in the Indian ocean, earthquake and flood in Kashmir, cyclones in Odisha and West Bengal, Kosi river floods, flash floods in Uttarakhand, Kerala flood, etc. Protection of the child has become one of the top priorities for the Government of India, before, during and after a disaster. Child-focused disaster risk reduction mechanisms have been included in the disaster mitigation policy with sound investments. The National School Safety Programme (NSSP), a Centrally Sponsored Demonstrative Project of the GoI, with a total cost outlay of INR 48.47 crore, is being implemented by NDMA in partnership with the State/UT Governments. The project covers 200 schools in each of the selected 43 districts (a total of 8,600 schools) spread over 22 States/ UTs falling in the seismic zones IV & V with an aim to sensitise children and the school community on disaster preparedness and safety measures (National Disaster Management Authority, GoI 2017).

3.2.3 Children with Disabilities

Census 2011 estimates that 1.24% of the total children (0-6 years) are affected by disabilities. The percentage of male children with disabilities compared to the total male children is 1.3% and the corresponding figure for females is 1.2%. Among all persons with disabilities, Bihar (12.5%) has the highest share of children with disabilities in the age group of 0-6 years followed by Meghalaya (11.4%).

Census 2011 data showed that only 61% of the children with disabilities in the age group of 5-19 years are attending any educational institution and of which 57% are boys. The rate of school attendance of children with disabilities in the same age group is higher in urban areas (65%) compared to rural areas (60%). Among all girls and boys with disabilities (5-19 years), 60% and 62% are attending educational institutions, respectively. The same data source suggests that 54% of disabled children with multiple disabilities and 50% of children with mental illnesses have never attended any educational institution.

The Census 2011 highlights that one in every 25 children with disabilities in the age group 0-14 years is working, whereas out of total children with disabilities in the same age group, 1.8% and 2.3% are working as main and marginal workers, respectively.

It is believed that disability substantially increases a child's vulnerability to violence. A systematic review of seventeen studies on violence against children with disabilities (aged 18 years and under) provides the estimates of risk. Estimates of risk in this review indicated that children with disabilities were at significantly greater risk of experiencing violence than their peers without disabilities; i.e. 3.7 times more likely of facing combined measures of violence, 3.6 times more likely of physical violence and 2.9 times more likely of sexual violence (UNICEF 2013). NCRB data does not provide disaggregated data to suggest if violence is higher among children with disabilities. Similarly, neither the Census nor the NFHS provides disaggregated data to suggest if prevalence of diarrhoea, malnutrition, etc., is different among children with disabilities as compared to their peers.

3.2.4 Alternative Care for 'Children without Parental Care'

The care and protection of children has always been considered as the primary responsibility of the family. However, when families themselves are not in a position to take care of their children, substitute or alternative forms of care become necessary. Family is essential for a child's wellbeing especially during the formative years. As many as 170 million children in India are in need of care and protection and out of them 20 million are estimated to be orphans, i.e. who have lost one or more parents (Census 2011 and study by SOS Children's Villages of India). A robust system on alternative care[1] that works to restore, protect and reintegrate all such children, is a pressing need of the nation.

The United Nation Convention on the Rights of the Child (UNCRC) mandates that every child has a right to a family and that "children have the best chance of developing their full potential in a family environment". The United Nations General Assembly Guidelines for the Alternative Care of Children (resolution A/RES/64/142) demands respect for two basic principles of alternative care for children, namely: that such care is genuinely needed **(the 'necessity principle')**, and that, when this is so, care is provided in an appropriate manner **(the 'suitability principle')**.

Due to the large number of children requiring care vis-à-vis the services available for them, institutionalisation is still one of the main forms of substitute care. Several research studies have shown negative impacts of the long-term institutionalisation on the child. Some children have shown traits such as low self-esteem, failure to trust, etc., that constitute what is known as the *Institutional Child Syndrome*. This is the result of continuous regimentation and impersonalised care given at the institution (Mehta 2015). In India, efforts towards deinstitutionalisation have just begun and

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[1] Alternative care is any arrangement, formal or informal, temporary or permanent, for a child who is living away from his or her parents.

Family-Like Alternative care for 'children without parental care'

One of the categories of most vulnerable children who get left out in the developmental agenda of the country are 'Children without Parental Care'. SOS Children's Villages of India focuses on creating innovative solutions to integrate such children into mainstream society by providing for the fulfilment of their survival, developmental, protection and participation rights. This gets implemented through an innovative 'family-like' child care model at 32 locations across the country. This model of care extends care services beyond 18 years through it's 'After care' programme, which helps such children to fully integrate as contributing members of society. The 'After care' programme is a structured three-year support system which prepares the youth to acquire employable skills and education, leading to self reliance.

What sets this child-care model apart is that it offers an environment which is family–like, with children and mother (care giver) staying together, sharing responsibility as well as joy and emotions; and where the children get a sense of belonging. Thus the house becomes a home for them!

This model of care is aligned to the UN Guidelines on Alternative care and provides the following for children who come into its care programme:

• A trained, stable care giver.
• Sibling groups staying together in one family home.
• Individual child development plan.
• Youth development plan.
• Positive youth development programme.
• Resilience building of children and youth.
• Child safeguarding focusing on awareness, prevention, reporting and responding.

Around 6,500 children have grown up in SOS Families in India and are now leading independent lives. They have settled in various professions like engineering, journalism, aviation, teaching, nursing, management, business, among others. Currently around 7,000 children and youth are part of SOS families in India and are on their way to a quality settlement in Life.

As many as 170 million children in India are in need of care and protection

need to be further accelerated. The primary principle behind deinstitutionalisation or alternative care is that children who cannot live with their parents should still grow up in a loving home and enjoy all their rights. Deinstitutionalisation includes the process of: a) unnecessary admission and retention of children in Institutions, b) finding and developing appropriate community-based alternatives for children who need not be in institutions, and c) improving conditions, care and treatment for those who need institutional care (Segal 1987). Deinstitutionalisation is a multi-pronged approach and the above-mentioned three areas need to be addressed simultaneously.

In India in the recent JJ Act amendment 2015, a new category of childcare, 'Group Foster care' has been introduced under the larger umbrella of foster care in Section 44 of the JJ Act. 'Group Foster care' in the Act is described as — a family-like care facility for children in need of care and protection who are without parental care, aimed at providing personalised care, and fostering a sense of belonging and identity; through family life and community-based solutions.

Foster care has been further detailed in the 'Model Guidelines for Foster Care' developed by the Government in 2016 which have been shared with all States in the country.

3.3 Strategy to Monitor Implementation of SDGs

As a nation, India is committed to its international commitments including the SDGs. The responsibility for overseeing SDG implementation has been assigned to the National Institution for Transforming India (NITI Aayog) that has mapped the goals and targets for various nodal ministries as well as flagship programmes. State governments are also engaged in developing roadmaps for achieving the SDGs. Draft indicators for tracking the SDGs have been developed and placed in the public domain by the Ministry of Statistics and Programme Implementation (MOSPI), for wider consultation.

As a part of its oversight responsibility, NITI Aayog has led the process of preparing a Voluntary National Review (VNR) Report. A multi-disciplinary task force was constituted to coordinate the review and process the documentation. While reporting about the various facets of the SDGs, the VNR Report focuses on the progress made towards achieving SDG 1, 2, 3, 5, 9, 14 and 17. The first such report was presented in July 2017 at the UN SDG Knowledge Platform-2017 in New York. NITI Aayog has identified 117 aspirational districts on the basis of 49 indicators; and a special Aspirational Districts Programme and Monitoring Dashboard has been developed for the same. In relation to child rights, the list of indicators includes health, sex ratio, nutrition, WASH, education, and skills development. The list, however, misses out the critical component of child protection and hence, child protection issues may not get the required attention under this programme.

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4 Voices from the Field

In order to capture the voices of children and ensure that their views are captured in the study, FGDs were carried out with children (10-18 years of age) in rural and urban areas. Also, FGDs were carried out with the parents of such children. In addition, in-depth discussions were held with service providers and other stakeholders who are responsible for ensuring that children get their rights. This section summarises these discussions.

4.1 Children's Perspective on Child Rights

4.1.1 Children's Awareness about their Rights

Children in almost all groups consulted during this study, had some knowledge about their rights. It was evident that children know about their rights to some extent but do not necessarily articulate them in their thoughts and actions. Most do not think in terms of standard frameworks like the UNCRC or the SDGs and are also not aware of these terms. All the children were aware of their right to education and the minimum legal age to get married Other rights like health, food, security, vote, freedom, leisure and recreation were mentioned by very few children. Boys in the rural areas of Telangana, girls in rural areas of West Bengal, street connected boys in Delhi and girls in urban areas of Haryana mentioned the four rights of children such as right to survival, development, protection and participation. This was most probably because of NGOs working directly with these groups of children on the issue of child rights. As many international and national agencies are working for the rights of children and putting in efforts to make these children aware about their rights: hence, children connected with these specific projects have better knowledge about child rights as compared to other children. Quality issues including non-availability of nutritious food, quality healthcare by nearby health institutions and quality education in schools was pointed out by many children.

Verbal harassment is quite common by boys as they often pass comments and whistle at girls. They stand at the gates of schools and coaching institutes. Girls are also wrong sometimes, particularly when a boy passes comments or whistles, girls turn to see these boys and by doing this they encourage the boys

Girls from Urban Areas of Bihar

4.1.2 Survival

A. Gender Disparity

Girls from all groups also spoke about other gender differences. For instance, in West Bengal, Uttar Pradesh, Bihar— girls generally help their mothers in domestic work; whereas boys just go to school and play after that or study at home. In West Bengal, girls are pressurised by their parents to get enrolled in school to avail the scholarship, which can be used for their marriage at a later stage. On the other hand, boys have a choice, of whether they would like to go to school or not. It was observed that in both the states (West Bengal and Uttar Pradesh) girls don't like to work after school and want to play and study more at home too. But in Bihar, girls were fine with doing domestic chores along with their studies.

When the children in groups were asked about their responsibilities towards their community and country, only in a few groups (Himachal Pradesh and Kerala); children spoke about serving society as well as the country by helping others, taking steps to stop child labour and child marriages, creating awareness to provide equal rights to all children and keeping their surroundings clean. Street-connected children in Delhi had a limited sense of responsibility towards their family or community due to the bitter experiences they had in the past or are currently experiencing. These

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children were happy living with their friends on the streets or railways platforms; and working and earning money only for themselves.

> *It is our responsibility to be good in behaviour taking responsibilities because, we can only make proud of our family, community and country by our good work*
>
> **Girls from Rural Haryana**

Information received from children during discussions carried out during this research reaffirmed the findings from secondary sources. Children from seven (Bihar, Telangana, Manipur, Haryana, Uttar Pradesh and West Bengal) out of 11 states included in this research, highlighted the scarcity of drinking water in their schools and their residential areas — as one of the biggest problems. The same was also reported by some parents in states like Haryana, Telangana, Uttar Pradesh and West Bengal.

B. WASH

Similarly, in Bihar, Haryana, West Bengal and Telangana, children reported having unclean toilets in their schools, whereas children in Bihar and Haryana also mentioned the lack of water supply in these toilets. At the same time, some boys in Bihar and West Bengal also reported

not having any toilets for them in schools and girls in the same states reported about having no option but to use unclean toilets there. Some girls in Bihar also spoke about not using the toilet in schools as there were no doors. In Manipur, children mentioned that they had common toilets for both boys and girls in their school.

4.1.3 Development

A. Sexual Reproductive Health

Discussion on sexual and reproductive health rights of children was held with boys and girls from urban and rural areas of all the ten states included in the study. In general, it was observed that both boys and girls were not comfortable discussing these issues. Also, there appeared to be little awareness on the issue and particularly on the rights that boys and girls have with regards to their sexual and reproductive health.

The girls in West Bengal spoke of the menstrual cycle and its associated discomforts like pain in the lower abdomen and physical discomfort, etc. Most of them said that they use sanitary napkins / pads but may have to use cloth in case pads are not available. Girls also stated that the use of cloth for menstrual protection is still in practice in their area, particularly among middle age women and those who are poor. Moreover, those who are going to school have learned the concept of pads from their schoolteacher and fellow students. The

Children in almost all groups consulted during this study had some knowledge about their rights.

people in the interiors are still not so aware of the concept of sanitary napkins. Further, it was observed that sanitary napkins were available from the ASHA at a cheaper rate compared to the normal medical/general stores. Nevertheless, these pads are mainly availed of by the Muslim girls. The Hindu girls said that they never get the napkins from the ASHA and hence have to buy them from outside. According to the representative of a local NGO, the ASHAs get a very limited stock of sanitary napkins and hence not everyone gets the packs free.

Our mothers and grandmothers normally say "You are not different from us. We were also using cloth. Don't waste money in buying all this useless stuff (sanitary napkins). Save some money for your marriage"

A girl from Uttar Pradesh

B. Education

There is certainly an increased awareness regarding education and its benefits among the local community, including children and their parents. It was evident during the discussions that both children and parents understand the need for education and are aware of the components that influence the quality of education. There is a wide-scale felt need for education and both parents and children are trying their best to access education, to the extent possible. However, it was also clear that while almost all children attend school at the primary level, there is a huge incidence of dropouts from primary to secondary, and then from secondary to senior-secondary levels.

From the discussions with children across the states included in this research (with an exception of girls in rural Telangana and students from Madhya Pradesh), it was evident that schools in their villages were struggling to maintain the quality of education and as a result, there was a mushrooming of private English medium schools that provided a

comparatively better quality of education, at least ensuring availability of teachers and basic infrastructure like classrooms and toilets. As a result, parents in most states prefer sending their children to private schools, provided they can afford it. Otherwise, in government schools, there were examples cited where: only two teachers manage eight classes; children from grade 1 to 5 are grouped together as one class; and instances of the unfriendly teaching styles of teachers including corporal punishment. In terms of basic infrastructure facilities, clean toilets for children seems missing from most schools, but these are available for teachers and school staff and are locked to keep children away.

Generally, the poor economic condition of the family is cited as a common reason for children not accessing schools, but this appears to be more of an excuse than reality, considering that education is completely free in schools across India and children get books, note books, uniforms and other necessities; free of cost. However, it is also true that many states charge a one-time annual admission fee (between INR 200 and 300) at the beginning of a new session; and sometimes; families find it difficult to manage even this amount.

When asked why children drop out of schools, one of the reasons reported by children from rural areas of Telangana and Himachal Pradesh, was the inability to handle the study pressure. Due to the inadequate quality of education, children are not able to get their basic concepts right, but because of the no-detention policy, they keep moving up in their class grades, without fully grasping the course. Excessive homework further adds to this pressure. Students from

Telangana also reported that their schools do not even have a library from where they can get some additional reading materials, whenever required. As a result, at a certain level, they find themselves unable to manage the studies on their own. There is limited additional support available for them at the family or school level. As a combined result of all these factors, many students choose to drop out from schools.

Easy access to child labour is also reported as one of the reasons for children choosing to dropout of school. A particular example is of Gaya in Bihar which is worth noting: where children like to resort to tourism-based child labour, including begging and selling small things to tourists. Parents also see the comparative advantage in this; since, here a child is able to bring in few hundred rupees each day.

> *At times we also feel that our neighbours are responsible for such situations; as they tell our parents, 'why do you educate your daughters, you have to give dowry at the time of marriage and there is no use of sending them to school'.*
>
> **A girl from urban area of Telangana**

Students from both rural and urban areas of Kerala mentioned the high influence of politics and drug peddling within and outside school premises— engaging children. They were of the opinion that teachers belong to different political ideologies and hence try to influence students by engaging them in political (non-academic) activities like rallies. Students from schools are also being engaged in both consumption and movement of drugs. Both parents and teachers acknowledged this concern of the children.

While these factors lead to the permanent dropout of children in some cases, these issues hugely influence the regularity of children at

school. Some of the important reasons for irregular attendance cited by students include non-availability of clean toilets (Bihar, Manipur and Telangana), irregular attendance of teachers (Manipur and West Bengal), poor quality of mid-day meals (West Bengal), and discrimination against children from excluded communities or minorities (Haryana and Uttar Pradesh). Students from West Bengal, Bihar and Telangana felt that irregularity in schools is far more prevalent among boys, as they are less serious about schools and also have the option of earning money. Students in Bihar felt that since low attendance is not a deterrent to availing benefits from school, neither the children nor the parents care much about their regularity in attending school.

C. Skills Development

Students from rural areas of all ten states included in this study had one common complaint, i.e. about non-availability of options for higher education and skills development courses. The secondary schools are too far from their village and parents do not allow girls to go that far every day and as a result, girls are left with no option but to drop out. Students mentioned that it is not easy for boys either because their families cannot afford the high transportation cost which could be anywhere between INR 30-40 per day. There are very limited options of residential schools, which further restricts their access to higher education. Under RTI, education is free and compulsory till grade 8 and hence after grade 8, many families are not able to afford the education of all of their children and, therefore girls are more likely to dropout while families may decide to continue the education of the boys.

4.1.4 Protection

A. Violence against Children

Violence against children is very common and widely acknowledged by children, parents and other stakeholders. Children from all states could relate to this subject and were quite vocal about the issues and challenges they face in their day-to-day lives. Interactions with these children from all states reflected that children are neither safe in home settings nor outside the home, including schools, streets and places of work. Children spoke volumes about the physical and verbal abuse they face but were visibly reluctant to talk about sexual abuse.

Unfortunately, like child marriage, violence against children is also largely associated with girls and violence against boys does not get the required attention. However, it is also true that violence has a much wider and deeper impact on girls as compared to boys. Girls from urban areas in all the 11 states mentioned the constant threat they face from boys as they move on the streets. They mentioned that their mobility is highly compromised as parents fear violence against them. Girls need to seek permission before going out of the home, they can't go out after dark and can't go to watch movies, or other such recreational activities with their friends. What seriously affects their lives

children is largely confined to sexual violence and, therefore, they do not think boys are as vulnerable as girls.

Beyond this, girls in Telangana were aware about female infanticide, women trafficking, abandoning of the girl child after birth; whereas boys in the same state only mentioned ragging by seniors; as a social evil in the school and college. Children in Telangana, Bihar, West Bengal, Haryana and Uttar Pradesh spoke about experiencing violence personally mainly in the form of beating, scolding, ragging and eve-teasing.

During discussions, particularly in Himachal Pradesh, Kerala, Uttar Pradesh and West Bengal, a common observation was that children, especially girls, did not get into in-depth discussions on violence. While they were mentioning general instances of violence (as discussed above), deeper issues like perpetrators of this violence, extent to which children face violence, and personal experiences of violence; were avoided by the children and they remained silent on these issues. It is quite likely that children were not comfortable discussing these issues in a group setting. However, it was quite clear from their body language and brief statements from them; that children do face violence at home, within and outside school and other places accessed by children.

is that many options of higher education and employment for them are not even considered by their parents, as they do not approve of girls going out of the village or the town to study or to work. Girls from Kerala particularly mentioned the prevalence of alcoholism in their community as a major threat to their security. All girls felt that boys are exempted from all these restrictions and are able to enjoy their freedom. During discussions with parents, it was observed that parents were generally concerned about the security of their girls and not so much about boys, despite the fact that boys are equally prone to violence. It was also the conception that violence against

It was important to explore if children are aware of the agencies that can help children facing violence. Children in Telangana, Haryana, Manipur, West Bengal and Delhi were aware about Childline, that helps children who are either at risk of violence or are facing violence. These children were all part of a target group of some child protection intervention being carried out by a local NGO. Hence, these children also felt that local NGOs help children in difficult conditions. Children in Haryana, Telangana and West Bengal also spoke about seeking help from the police. Some children in Telangana, Manipur and Haryana were also aware about children groups (e.g.

Among parents, the police and Childline seemed to be the only options known to them regarding reporting violence against children.

SHE team in Telangana and AMSU-All Manipur Student Union in Manipur) whom they could approach for help. Children from Madhya Pradesh and Uttar Pradesh had no awareness or opinion about who can help children that face violence. Among parents, the police and Childline seemed to be the only options known to them regarding reporting violence against children. Some parents in Haryana mentioned the Durga Shakti App launched by the Delhi Police for the protection of girls and women.

Safety and security seemed to be the biggest concern expressed by children in all groups. During discussions, boys in urban Telangana and girls in urban Manipur mentioned the unavailability of proper safety and security measures for girls as their major concern. Boys in Telangana, West Bengal and Bihar spoke about incidents of child trafficking and illegal organ trading in their areas in the context of safety and security for children. In Kerala, girls were concerned about their safety and security due to the prevalent alcoholism in their area. They mentioned that this situation severely limits their access to the job market as parents are not willing to let their daughters go away from home for earning. Discussion with children living at the railway stations in Delhi revealed their higher level of vulnerability with regard to safety and security, and many of them mentioned the risk of getting addicted

to drugs; abused by elder children, police and vendors on the platform; and, getting injured while working and sleeping on railway tracks. Girls in five out of eleven states included in this study were of the opinion that girls don't have freedom like boys, as they always need permission from their parents or family members to step outside the home (except for going to school) and boys are generally exempted from this permission.

I have to do a lot of household work after I return from school in the evening. I am waiting for my elder brother to get married so that my sister-in-law takes over this work and I will then get time to play with my friends and watch television.

A girl from rural Uttar Pradesh

B. Child Marriage

There is limited understanding about the harmful effects of child marriage as only children from Telangana, West Bengal and Haryana discussed these ill effects like — increasing the family burden, increasing the work load and early age pregnancy. When asked about

the reasons for child marriage, children in Telangana, Bihar, Manipur, West Bengal, Uttar Pradesh and Haryana stated the poor economic condition of the family, thus their inability to manage dowry; as the prime reason. A girl's parents are generally offered money, rather than them arranging dowry; and hence marrying a girl child early, is economically beneficial for the family. Children in Bihar, Manipur and Telangana also mentioned that the fear of love affairs and elopement, puts societal pressure on the parents to marry their daughters at an early age. Girls from rural West Bengal confirmed incidents where girls married without their parents' consent or even informing them about their marriage. In Haryana particularly, girls in both rural and urban areas felt that parents consider girls to be a burden and want to get rid of them as soon as possible.

Children in all states felt that parents should seek the opinion of girls before marrying them. They also agreed that girls should raise their voice, if they don't want to get married. Girls in this context felt that it was their future and they had the right to decide what they want to do, i.e. study, or work to earn or get married. Girls from Bihar had a fear of being beaten up, in case they raised their voice against this decision of their parents.

Children from all states mentioned that they could approach the police for help, if their parents are marrying them without their consent and they want to raise their voice. Children from six states (Telengana, Madhya Pradesh, West Bengal, Haryana, Himachal Pradesh and Kerala) were aware of Childline and its contact number "1098". Community-based mechanisms including Bal Panchayats and Women SHGs (Haryana and Himachal Pradesh), local NGOs (Bihar and West Bengal), friends and relatives (Telangana and Manipur) and teachers (Telangana) also came up as options. Girls from West Bengal cited some incidences of taking the help of peer leaders and stopping their imminent marriage through Childline. Few children in Manipur and Telangana felt that they do not have any other option other than

their parents, whom they could ask for help to prevent themselves from getting into child marriage.

However, the biggest issue is the community resistance and/or reluctance to report a potential incident of child marriage and in absence of community support, it is difficult to fight this phenomenon. Girls from all the states mentioned that even when neighbours come to know about a child marriage happening, they would not attempt to try to stop it or report it, as they themselves may have either married their girl, some time ago or would be marrying their girl in the near future, for which they would need the same support from the community. A CPC member from West Bengal stated that they would come to know about a child marriage only on the day/time of marriage and therefore, they were not able to take any action.

C. Child Labour

Child labour is directly linked with the retention in schools and children from all states (irrespective of their opinion on child labour) agreed to this. Children were of the opinion that as long as they were going to school, they would not get into labour (except that within the household). Once a child was out of school, both parents and these children consider working to earn money, as the next best alternative, both for the family and for themselves. However, they fail to realise that getting into child labour eliminates all possibilities of the child returning to school.

These discussions with children also corroborated the fact that when children engage in labour at an early age, they get into unskilled jobs. Considering that there are hardly any opportunities for them to get technically/ professionally trained for a particular skill, they tend to remain as unskilled daily labourers for the rest of their lives. Irrespective of whether they stay at home or migrate for work, they remain engaged in unskilled labour. In the states included in this study, common work for boys were like: driving e-rickshaws, selling petty

articles and becoming farm and construction labourers. For girls, the common types of work were like: becoming household maids and rolling bidis. Working in household enterprises (shops and farms) is common for both boys and girls across all states, except Himachal Pradesh and Kerala.

While child labour exists in all 11 states included in this study, it has state-specific variations between more progressive states (e.g. Himachal Pradesh and Kerala) and comparatively less progressive states (e.g. Bihar and Uttar Pradesh). In the states of Himachal Pradesh and Kerala, children do not engage in child labour, but children from other states like Bihar, Uttar Pradesh and West Bengal; are brought into these states to work as child labour. Boys in urban areas of West Bengal revealed that boys in the age group of 15-18 years from their community, migrate to work in different cities like Mumbai, Bhubaneswar, Goa, and Kolkata; where they work as plumbers, masons or as daily labourers.

When asked how child labour can be prevented through community engagement, children had some specific recommendations. Other than general suggestions like creating awareness and informing the Police or Childline to take legal action against the culprits, they could think of some workable options. For instance, in Telangana children said, community should do whatever is required to ensure that all children are going to school; going further, children from Manipur suggested that the community should help the families that cannot afford the education of their children. In West Bengal, children suggested that the community should check every child's identity proof to ensure that no child below 18 years leaves the village for work; and in Haryana, children recommended that the community should approach the NGOs to increase the livelihood options for parents. In West Bengal, the police

officer interviewed was of the opinion that child labour cannot be prevented due to the absence of livelihood options. There are no skill-building opportunities in the area and therefore most of the boys go in for wage labour and some of them help their parents in family business like dairies, shops, etc.

4.1.5 Participation

A. Engagement in Decision-making

Both boys and girls in each group accepted that children should be involved in decision-making at the family and community level. They further clarified that at the family level, children should be involved in decisions related to their education, career and marriage: while at the community level they should be involved in all decisions related to children. Boys in rural areas of West Bengal and girls in rural areas of Bihar clearly believe that the decision-making process lies with their parents with regard to education, household matters and other major issues. Particularly for decisions like marriage and employment, children think that parents should take these decisions, and that they have

no role to play. Children can only decide minor things like – visiting a friend's house close by, going to play with friends, what to wear and what to eat. In the context of community level involvement, both boys and girls from all states unanimously stated that no official had ever come to them to talk about the issues concerning children.

Discussions carried out with children during this research highlighted the critical gap in ensuring rights of children. Neither did children confirm their participation in family level decision-making nor did they think that it was important. Only girls from Himachal Pradesh and Kerala mentioned that they should be consulted when decisions are made about their marriage. Other than this, children thought that parents are best positioned to take decisions for them and that they may not be able to make the right decision for themselves. No child acknowledged their participation in any community institution including Gram Panchayat, SMC or CPC.

B. Views of Parents on Child Rights

When the parents were asked to speak about what they know about rights of the children, it was observed that parents in most states were quite aware about child rights like right to food, clothes and education. Only in one state (Haryana) parents mentioned that both boys and girls should be provided with equal rights. With regard to violation of child rights, parents in urban areas of Telangana reported that the right to education of children is being violated in their area due to the unavailability of proper educational facilities. Similarly, parents in rural areas of Haryana mentioned the increased instances of sexual violence against children and mentioned that this is a violation of children's right to being safe. In other states, parents were not aware about the child rights that are being violated in their areas.

In many states including West Bengal and Delhi slums, parents were not serious about their children's education. On the contrary, in Kerala and rural areas of Uttar Pradesh, parents were quite serious about the education of their boy child and send their boys to private schools assuming that private schools provide better education as compared to government schools. They also arrange extra coaching and tuition for boys while girls are expected to work at home to help their mothers after school hours.

When parents were asked what families expect from their children, it was observed that in all states across rural and urban areas, parents had a common response. They said, children should study hard, earn money and take care of their family. They also added that children should make their parents and family members proud with their good deeds. Again, when asked about expectations of the community from children, parents across all states had one opinion, i.e. children should help others and be good citizens in their life.

Parents from all states were of the opinion that child marriages only happen due to financial compulsions including arranging dowry, societal pressure and also sometimes when parents perceive that the girl child could herself bring dishonour to the family. The Childline official from Bihar stated that though efforts are being made by the NGOs and the government, child marriage is still a common phenomenon in Bihar.

Both children and parents understand the need for education and are aware of the components that influence the quality of education

At the community level, there is an acknowledgement of the fact that child marriages continue to happen in all states. Except in the urban areas of Manipur; in all other places, parents had come across child marriages: meaning that they had seen it or heard about it, even though it has substantially reduced in the last five years. The other fact is that children and parents in all the states were aware of the legal age for marriage, and that girls should not be married before the age of 18 years. Through these discussions, it was understood that child marriage is only considered contextual for girls and there is no acknowledgement or even discussion about marriage of boys below 21 years of age. This could be because the community does not pay any attention to this, as the child marriage focus in India has always been about the girls and not boys.

> *It is the responsibilities of our children to help us in earning. Children should understand the hard work that the parents are doing for them and hence they should also do something for their parents in return.*
>
> **A Parent in West Bengal**

Except Haryana and Manipur, in all other states, parents believed that the community could create awareness among parents and children, which could help to reduce the incidence of child labour in their areas. However, parents in Haryana mentioned that the government should create more livelihood options for parents, which could improve the economic conditions of the parents: thus allowing them to keep their children in school. In Telangana, Madhya Pradesh and Manipur, parents stated that people in their area, generally seek the opinion of their girls before marrying them. However, in other places, parents believed that girls cannot take the right decision as it is about their future, and only parents could take the best decision for them.

There is also not much information available on children's engagement in community institutions as these indicators are also not included in any of the national level surveys.

Parents across all states have a similar opinion that children should work to support their families. In West Bengal, parents considered child labour to be quite a natural phenomenon as children are part of the family and should be sharing the burden.

4.2 Stakeholders' Opinion on Child Rights

4.2.1 Survival

A. Child Sex Ratio

Stakeholders from Himachal Pradesh, contacted during this research believed that wide scale action against clinics engaged in foetal sex determination in the past two years has led to people travelling to the neighbouring state for this reason, even though it is expensive. The opinion of health officials from MP was similar where they attributed the decline in sex determination cases due to effective implementation of PCPNDT Act. These claims, however, are not supported by the community. For example, in Himachal Pradesh, the girls were of the opinion that sex selection is still prevalent and mobile ultrasound machines are being brought from Punjab to provide this service. Children and parents in West Bengal acknowledged incidents of female infanticide and foeticide and highlighted that these were never reported.

B. WASH

As per some of the stakeholders' interviews in Madhya Pradesh and Haryana, it was realised that the situation of unsafe drinking water persists. The AWW in MP said that water is often dirty and leads to many diseases. The ANM in Haryana said that in the village, there is no safe drinking water. Further, they also confirmed that there is an open drainage system and open defecation is practised in the area, leading to several diseases among children, including diarrhoea.

4.2.2 Development

A. Sexual Reproductive Health

Interaction with the ASHA in rural Uttar Pradesh reveals that many adolescent girls are aware about using sanitary pads to maintain menstrual hygiene. Nevertheless, this practice gets influenced by the older women like the mother or the grandmother at home.

B. Education

As expected, there are contrasting views of stakeholders in terms of quality of education. *A Gram Pradhan* in Gaya was happy to note that private schools were coming up in his area and he considered this a positive development regarding education. A primary school teacher from Haryana when interviewed spoke a lot about good infrastructure facilities in schools around his village, including regular training of teachers and adoption of technology in education. He felt that parents' engagement in educating their children needs strengthening. On the other hand, the president of an orphanage in Haryana stated that the right to education is being grossly violated in the community. A CPC member in West Bengal categorically stated that all children irrespective of their caste or religion attend school at least up to 9th grade, after which girls usually drop out. The CWC chairperson in Telangana stated that the quality of education in their area has improved tremendously in the last 15 years. He was of the opinion that the existence of private schools is a strong indication that parents are now willing to spend money for the education of their children.

The CWC chairman, Haryana mentioned that there are sponsorship schemes and children do receive money, easily. However, it takes about six months for the distribution of the amount by the state government in case of sponsorship. Further, he added that there are complaint boxes in all institutions and schools. Telephone numbers of Childline and all district officials like the CWC members and the DCPO are displayed; and awareness camps on child protection are organised through the CBSE

apart from the DCPO and the CWC. As per the government primary school teacher (and member of the School Management Committee) in Haryana, the SMC is functional and meetings are regularly conducted. The SMC sensitises parents on various issues and ensures participation and ownership of parents in the school education system. The Parent Teacher Meeting is one forum where complaints and concerns can be raised. Parents are allowed to visit the school authorities on any day in case they have any concerns to share. Girls are encouraged to contact woman teachers in case they have any complaints/ concerns to share.

C. Play and Recreation

When the issue was discussed with children and stakeholders in Madhya Pradesh, West Bengal, Telangana and Haryana, stakeholders acknowledged the limited availability of facilities and infrastructure for play and recreation. In West Bengal, the CPC member agreed that most schools in the region do not have play grounds and this was also stated as a concern by a SMC member from Haryana. Lack of libraries was cited as a challenge by girls from Telangana and West Bengal. An AWW from Madhya Pradesh spoke about the need for sensitising parents about letting children devote time on play and recreation and not focus entirely on academics.

4.2.3 Protection

A. Violence against Children

Stakeholders from Madhya Pradesh and Telangana acknowledged the increase in violence against children, including sexual violence. They were also of the opinion that while the incidents of violence are increasing, reporting is not increasing and hence perpetrators do not get punished. In West Bengal, on the contrary, the police official tried portraying a normal picture. He mentioned that cross-border trafficking between India and Bangladesh has almost stopped now due to the increased vigil at international borders. He also mentioned that within the country, sex trafficking happens only with the consent of parents

and with the engagement of local agents. A CWC member from Haryana acknowledged a steep increase in cases of child trafficking from states like Assam, West Bengal, Bihar and Jharkhand, leading to the increase in reported cases of sexual violence. A Childline staff from Gaya highlighted that all kinds of cases of violence against children including those of: the abandoned child, the missing child, of child marriages and child labour; are regularly reported to them for action.

The CWC in Trissur district of Kerala initiated a campaign, "Touch Not My Child" to raise awareness regarding violence against children and the need for reporting the cases of violence. As part of the campaign, the CWC carried out the analysis of their data to state that reported cases of sexual violence have been constantly increasing since 2013 and the latest statistics showed almost 24 cases being reported every day. As many as 7% of these children (survivors of sexual violence) are less than 6 years of age and about 20% are boys. The study was disseminated across the district with an expectation, from authorities, to take appropriate action to prevent violence against children.

Discussions with the stakeholders during this study confirmed that there are limited schemes and services for protection of children. Children from rural areas were not aware of any community-based institution or mechanism (except their parents and teachers) that the can protect them from violence. As per the ICPS, each village should have a Village Child Protection Committee (VCPC) but no child in any of the 11 states was aware of the existence of any such committee at the village level. The Department of Women and Child Development reported that there are more than 4,000 VCPCs formed but most of these remain non-functional. CWC members from Madhya Pradesh and Telangana expressed their concern for not having a single shelter home in their respective districts, for children in need of care and protection. They also mentioned that the concerned department does not provide the desired attention to this issue and as a result, children suffer. Other associated mechanisms like availability of a counsellor are also not available.

INR 3,000 is paid immediately to the rescued child. In cases of bonded labour, along with this amount, INR 25,000 is transferred into the account of the child, that can be withdrawn along with the interest once the child attains the age of 18 years.

Labour Enforcement Officer, District Gaya, Bihar

Stakeholders from Madhya Pradesh, Telangana and West Bengal also stated that all concerned, including parents, service providers and stakeholders; are unaware of various laws, policies and schemes available for the protection of child rights. For example, the AWW from MP mentioned that the health facility in their village is non-functional but she does not know who she can send the complaint to. The President of an orphanage in Haryana stated that there are no children's clubs or

similar peer support mechanisms that can help children in difficult conditions. The institutions in Haryana are not strengthened and lack human and financial resources to be able to effectively support children.

B. Child Labour

Stakeholders from states, including Telangana, West Bengal, Bihar and Haryana, discussed the challenges they face in managing the issue of child labour in their respective target areas. A Labour Officer from Telangana stated that the state has no rehabilitation programme for child labour and hence their department does not do anything except rescue the child labourer and send him/her back home. They are most likely to return to work, after some point. Another police official from West Bengal noted that they generally tend to overlook child labour cases as rescuing them would mean starvation in their families or that these children would resort to criminal activities. He was also of the opinion that if children are working while they are going to school, it should be allowed. A Labour Enforcement Officer from Bihar noted that child labour and migration is particularly high among specific castes (e.g. Manjhi) and religions (e.g. Muslims); due to chronic poverty.

C. Child Marriage

Stakeholders also had a similar opinion about the reasons for the continued existence of girl child marriage. School dropout after 5th or 8th grade was considered as the primary reason by stakeholders from MP and Telangana. The Child Marriage Probation Officer from Telangana also mentioned that as the cost for marriage arrangements (including dowry) is increasing, some parents would want to marry their girls early, rather than spend money on their upbringing, including their education. A CPC member from West Bengal was of the opinion that around 20-30% of girls in the age group 15-17 years get married before attaining the legal age of 18 years.

Stakeholders interviewed on the issue of child labour were of the opinion that only the sensitisation of families on the ill effects of child labour can reduce this problem. They also mentioned that due to the increased vigil and general awareness among the employers, child labour has reduced; but it still exists at an alarming level. No provisions for the rehabilitation of rescued children and/or strengthening of family-based livelihoods, is leading to the continuation of child labour in the country.

4.2.4 Participation

Engagement in Decision-making

According to the CPC member in West Bengal, at the community level, children should be involved in development activities planned for them; like opening schools, appointing teachers, monitoring the quality of MDM or teaching in schools. According to the ANM in Haryana, the children are not involved in decision-making at the family or at the community level.

5 Enablers and Barriers to Change

5.1 Factors Influencing Child Rights

There are different factors that influence the rights of the children in the country. With its 29 states and 7 union territories, India is a country of diverse religions, communities, customs, norms, beliefs, cuisines, costumes, etc. Family and community structures also differ in different parts of the country. Caste, class and religion form the backdrop of the entire landscape of Indian society. Sometimes, these factors are intermeshed and sometimes they run parallel. Overcoming the barriers posed by these factors has always been challenging. The following paragraphs attempt to draw the linkages between these factors and the status of child rights. The analysis of these factors influencing child rights is presented in this chapter.

5.1.1 Political and Programmatic Factors

India's commitment to ensuring child rights is reflected through various initiatives. India has ratified relevant international conventions like the UNCRC, the ILO Convention 138 and 182 on Child Labour and Optional Protocol on Trafficking in Human Beings. Formation of National and State Commissions for Protection of Child Rights builds a positive child rights environment in the country. The government has identified specific issues (e.g. decreasing child sex ratio and girls facing neglect) for special campaigns and programmes. Other laws including Juvenile Justice (Care and Protection) Act, 2015; Child Labour Prohibition and Regulation Act, 2016; Prohibition of Child Marriage Act, 2006; Right of Children to Free and Compulsory Education Act, 2009; and Protection of Children from Sexual Offences Act, 2012— are some of the progressive laws that provide legal safeguards for children and for their rights. India has some unique and relevant laws such as: The Pre-Conception and Pre-Natal Diagnostics Techniques Act, 1994 (PCPNDT Act) to prevent sex selection during pregnancy (leading to abortion in case of a girl child). Despite this Act being promulgated, it has not seemingly deterred the perpetrators.

Several universal programmes and schemes serve as a vehicle for achievement of child rights such as the: Universal Immunisation Programme (UIP), Integrated Child Development Services (ICDS), Mid-day Meal, Integrated Child Protection Scheme (ICPS), National Nutrition Mission (NNM) and National Child Labour Project (NCLP). Nutritional Rehabilitation Centres (NRCs)— are being set up. These schemes play a crucial role in averting deaths due to under-nutrition and promoting physical and psychological growth of children with Severe Acute Malnutrition (SAM). Appropriate modifications have been made from time to time in these laws and programme to align these with the SDGs and the UNCRC. The Indian Railways recently published a Standard Operating Procedure to make railway stations child friendly. The Department of Women and Child Development launched the Model Guidelines for Foster Care in 2015.

For increasing the participation of children in decision-making: *Anganwadis* are required to form Adolescent Groups, and *Gram Sabhas* (local governments at the village level) are expected to invite children to their meetings. The government has launched flagship programmes like *Beti Bachao Beti Padhao* (Save Girl Child-Educate Girl Child) to work against the adversity in sex ratio.

The positive intentions of the government towards ensuring the children's rights are evident from the steps taken through designing of appropriate laws, policies, programmes and guidelines. However, implementation of these remains a challenge, particularly with insufficient mechanisms to monitor the implementation.

For many of the landmark laws and schemes such as the PCPNDT and the ICPS, there is no data readily available on their implementation status. For certain schemes like the ICDS and the *Sarva Shiksha Abhiyan* (Universal Education Programme), national level evaluations have not been carried

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out to assess their effectiveness in reaching their respective objectives. Specific funds have been allocated for progressing child rights (e.g. The Nirbhaya Fund to tackle child sexual abuse); but these have not been effectively utilised in the absence of a comprehensive programme to utilise these funds. At the policy level, there are provisions for providing compensation to child survivors of violence and children rescued from labour, but state and district authorities (State and District Legal Services Agencies) responsible for disbursing these compensations; lack the funds for disbursement. For certain schemes (e.g. compensation to the children victims of sexual crime and labour), insufficient budgetary provisions have been made and, as a result, even such compensation is not received by many children. The central government has readjusted the state budgets to receive, from the states, a larger share in social development schemes but does not have a provision to hold state governments accountable for ensuring their contribution.

Considering the large size of the population of children in India, budget allocations for them have been less than adequate. Children, in the Union Budget 2018-19, received only 3.24% of the total financial resources, a decline of 0.08 percentage points from the 2017-18 budget. Of this (in the 2018-19 budget), a very large proportion (69%) has been allocated for education and only 1.5% for protection. Development gets 25% share and the remaining 4% goes to health (HAQ, Budget for Children, 2018-19). The report further highlights that the ICPS received an increase of 11.88% from the allocation of the previous financial year 2017-18. The Integrated Child Development Services (ICDS), one of the oldest and flagship schemes to address the nutritional needs of children, has had only a 7.15% increase with a total allocation of INR 16,334.88 crore.

5.1.2 Socio-Cultural Factors

Existing social and cultural norms are critical bottlenecks in achieving certain child rights particularly regarding child sex ratio,

malnutrition, child marriage and engagement of children in decision-making processes. Indian society is deeply entrenched in patriarchy. Men mostly lead institutions like the family or societal structures like the community—across all religions, castes and communities (tribal communities could be an exception to some extent). Hence, the importance of men is emphasised right from their birth and consequently the survival of the girl child is endangered. Also, in some religions the belief that it is the son who lights the funeral pyre and helps his parents reach heaven; leads to the preference given to the son. Further, the patrilineal and patrilocal nature of society ensures that the bride moves to the groom's place, post-marriage. This spatial shift is accompanied by a great financial burden on the bride's parents in the form of dowry. This further devalues girls, especially the ones who are not economically empowered. The result is the lopsided child sex ratio.

Numerous data highlight the effect of socio-cultural determinants on the marginalised sections of society. NFHS-4 reports that under-5 mortality rates are higher among Scheduled Castes (56 deaths per 1,000 live births), Scheduled Tribes (57 deaths per 1,000 live births), and Other Backward Classes (51 deaths per 1,000 live births). The proportion of stunted, wasted and underweight children is highest among ST children, i.e. 43.8%, 27.4% and 45.3%, respectively.

The Right to Education Forum report (2014-15) identified that 28% children with disabilities continued to be out of school as compared to the national average of about 3%. Educational statistics published by the Ministry of Human Resource Development in 2018, explains that the dropout rate among students belonging to the ST category was higher than students belonging to the SC category both at the primary (4.4%-SC, 6.9%-ST) and at the secondary levels (19.3%-SC, 24.7%-ST). This report further states that at the higher education levels, girls' enrolment (23.5%) was lower than boys (25.4%).

The NFHS-4 (2015-16) highlights that teenage childbearing is higher among ST women (11%) and that girls/women in 15-24 years of age group using a hygienic method of menstrual protection was lowest (54%) among Muslim girls, as compared to other religious categories.

The MWCD Report (2007) stated that physical abuse was found to be significantly associated with domestic violence, substance use in family, presence of a step-parent, substance use by child, running away from home and working status. Incidents of violence, such as sexual violence on the girl child and incest, go unreported as families link these with their 'honour'. A high, 69% of all children reported physical abuse in one or more situations. In the overall percentage, there seemed to be not much difference in physical abuse being faced by girls and boys. According to the report, out of the total child respondents, 53.22% reported having faced one or more forms of sexual abuse, that ranged from severe to various other forms. Among them 52.94% were boys and 47.06% girls.

Breaking deep-rooted social barriers such as patriarchy and caste is the biggest challenge in realising child rights in India. Laws to protect the rights (e.g. criminalisation of child marriage and pre-natal sex determination) have little impact; as these laws do not have social acceptance and hence such cases go unreported. Violence against children is often pushed under the carpet and not reported as these incidents are linked with the pride of the family, resulting in the increase of such incidents (including incest) and lower prosecution and conviction rates. Similarly, since parents are not convinced of the usefulness of education in ensuring decent jobs, they prefer their children to work rather than spend time and resources in attending schools. As was evident from the discussions held with children and parents during this study, children are still not considered capable enough for their inclusion in decision-making at the family, school or community level; and hence despite provisions, are not included in the decision-making process. Children, on the other hand, lack the confidence and empowerment to raise their voices; as speaking against the decisions of parents is not socially accepted. This limits both the opportunities and the capacity of children to participate even in decisions that affect their own lives (e.g. marriage, education or work).

5.1.3 Gender

Plan International developed the Gender Vulnerability Index (2018) for children through 170 indicators disaggregated by the life cycle approach. The index ranged between 0 and 1, with higher values suggesting a better performance of the state. Goa ranked first (index value 0.656) and Bihar ranked last with an index value 0.410. The all-India index value was calculated as 0.531 indicating that India is only on about the half way mark, as far as minimising gender vulnerability is concerned.

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The index was further divided into specific components and individual indices were calculated at the national and state level. For education, the index is 0.499, for health it is 0.527, poverty is 0.490 and for protection, the index value is 0.630. This suggests that there is a long way to go, for India to bring in gender equity.

Even though most SDG targets, link up with existing policy areas in India, there is a greater need for integrated planning and action across policy areas. Also, of importance is how to make civil society and the business communities feel ownership of the SDGs.

Because I am a Girl Campaign 2016

Plan India is leading a campaign — 'Because I Am A Girl': that advocates girl's and women's rights and support millions of girls in getting quality education, and the requisite skills necessary to lead a decent life. This was initiated in 2009 and every year, a report is published with the current status and with a specific theme. The last report for 2016 discussed the SDGs, for the gender related

goals and the situation in India. The report explains how gender can influence the SDGs and cites specific examples from researches such as the disproportionate investment by families in seeking health care for girls and boys and that the demand for educated girls for marriage has forced families in Bihar and Uttar Pradesh to invest in the education of girls. The report cites examples of how the lack of girls (adverse gender ratio) is breeding the ill of purchasing brides from Rajasthan, Haryana and Punjab. The study proposes a methodology to track the progress of gender related goals (especially SDG 5) in scenarios where targets are set and not set.

Gender analysis conducted by Plan (2018) reports that the national average of girls to boys, in primary schools in India is 0.90 and that for higher secondary schools is 0.93 in India.

5.1.4 Economic Factors

Under-5 mortality rates are affected by poverty. The under-5 mortality rate declines with increasing household wealth, i.e. from 72 deaths per 1,000 live births in the lowest wealth quintile; to 23 deaths per 1,000 live births in the highest wealth quintile. Malnutrition is another off-shoot of poverty. It is an inter-generational health issue and hence may take more than one generation for its elimination.

India has ratified relevant international conventions like the UNCRC, ILO Convention 138 and 182 on Child Labour and Optional Protocol on Trafficking in Human Beings.

The proportion of stunted and underweight children decreases monotonically from the lowest to the highest wealth quintile

Poverty plays a significant role in putting and sustaining children in labour. It puts them in extremely vulnerable situations physically, mentally, emotionally and sexually. With the amendment in the Child Labour (Prohibition and Regulation) Amendment Act, 2016, child labour between 15-18 years is almost derecognised but these children can work in home enterprises. Further, the number of hazardous categories of work have been reduced from 86 to just three. Occasional actions by district authorities rescue children from labour but with no follow-up mechanisms to reduce their vulnerability at the family level, many of these children return to labour. Children who drop out from school are most likely to get into the labour market. NSSO data on expenditure quintiles of households shows that the magnitude of child labour is more significant among poorer sections than the richer sections. Wealth also plays an important role in the increase in the incidence of childbearing among women aged 15-19 years, which decreases with the increase in the level of wealth, according to NFHS-4 (2015-16).

5.1.5 Influence of Technology on Children

According to the National Crime Records Bureau (NCRB), Ministry of Home, cybercrimes have registered a sharp increase of 6.3%, from 11,592 in 2015 to 12,317 in 2016. Of late, children in India are also being influenced by the easy access to technology, particularly the internet. The precise number of child victims of online sexual exploitation in India or across the world is unknown. A study by Save the Children (WINGS 2018) revealed, among those girls who did spend time exploring cyber space and using social media, the proportion who claimed to be aware of basic safeguards and firewalls was very low, thus exposing the vast majority to cybercrime. The fact that nearly one in ten girls surveyed, who used social media, did report

being harassed in cyber space; reinforces the fragility of the situation. According to the International Association of Internet Hotlines, the number of webpages containing child sexual abuse material (CSAM) increased by 147% from 2012 to 2014, with children 10 years old or younger, portrayed in 80% of these materials.

> *We recently had a case where a 12-year-child watched pornography on his father's mobile and subsequently raped his 9-year old neighbour.*
>
> **CWC Chairperson, Kerala**

5.1.6 Other Factors

Another marginalised group of children are children in street situations. Many of these children lack identification documents. According to the, 'Life on the Street' study, the

majority of children (79%) did not have any identification document while 21% of street children mentioned having an identity proof. Most common identification documents were unique ID or Aadhaar cards, birth certificates, ration cards, and/or education certificates (Save the Children 2016). Most of the time, children who did not have any identity proof were denied access to various government services.

5.2 Facilitators of Change

5.2.1 State Actors (Executive and Legislature)

The Indian Constitution prohibits discrimination of children on the grounds of religion, socio-cultural category and sex. It accords special status to children and recognises the need for provisions to secure and safeguard their entitlements. As per India's response to the UNCRC on measures taken to ensure the effective implementation of anti-discrimination laws in the 3rd and 4th periodic report, the National Policy for Children 2013 has been formed with the main focus on welfare of children. The Policy takes special note of children who are socially and physically handicapped, or emotionally disturbed, aiming to provide on a priority basis; education, training, special
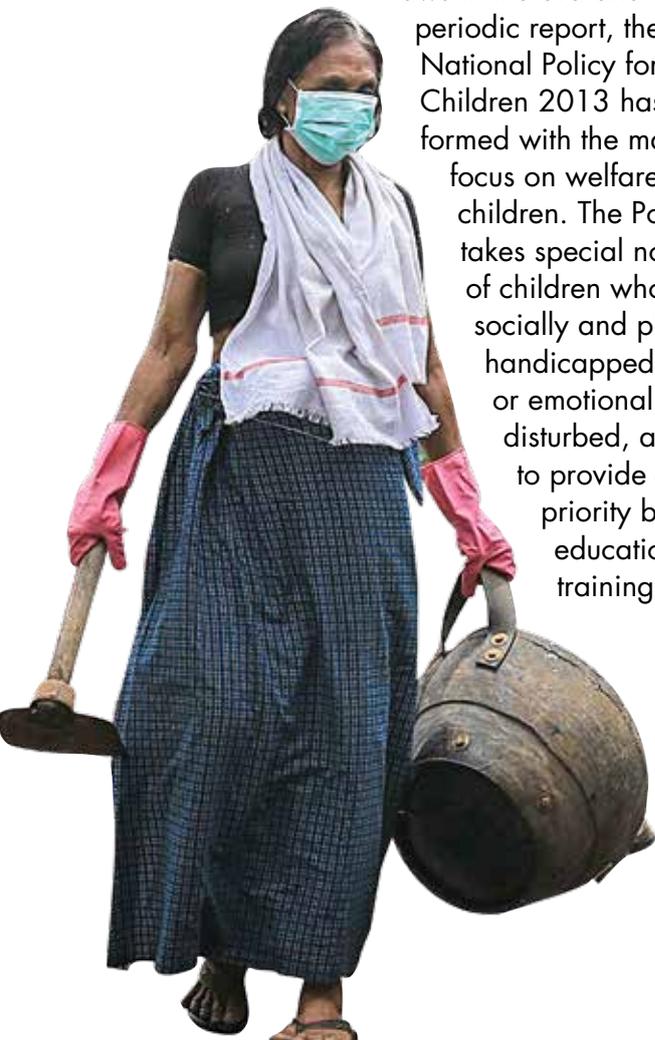
treatment, rehabilitation and care for them. The National Commission for Protection of Child Rights (NCPCR) has been set up in 2007 under the Commission for Protection of Child Rights Act, 2005, with the mandate to ensure that each and every child has access to all entitlements and enjoys all rights.

India is one of the few countries that has a dedicated Ministry for Women and Children, which looks exclusively at children's issues. The ministry is expected to formulate laws, policies and programmes intended to benefit children. India also has an autonomous statutory body, namely the National Commission for Protection of Child Rights, with a mandate to safeguard the rights of children and hold the government and civil society to account, on issues of child rights violation. With state commissions constituted, this statutory body underscores the commitment to the principles of universality, inviolability, indivisibility, interdependence and mutually reinforcing character of child rights; and ensures that the work is directly informed by the views of children in order to reflect their priorities and perspectives.

The Ministry of Health and Family Welfare has provided the needed attention to neonatal mortality through national health initiatives. There have been several programmes like *Janani Suraksha Yojna* and Universal Immunisation Programme that aim at improving institutional delivery rates and thus positively influence the NMR. The Facility Based Newborn Care (FBNC) programme ensures that every newborn receives essential care at birth and for the first 48 hours at the health facility. Newborn Care Corners (NBCCs) have been established at delivery facilities to provide essential newborn care, while Special Newborn Care Units (SNCUs) and Newborn Stabilisation Units (NBSUs) provide care for sick newborns. The Home Based Newborn Care (HBNC) Scheme is being implemented since 2011 for reduction of neonatal mortality in the first month of life in rural areas.

Under the National Health Mission (NHM) and within the umbrella of Reproductive and Child

Health (RCH) programmes, some limited efforts have been made to improve the sex ratio in the country. The Ministry of Women and Child Development, the Ministry of Health and Family Welfare and the Ministry of Human Resource Development; jointly run a scheme called *Beti Bachao Beti Padhao* (Save the girl child, educate the girl child) to generate awareness and improve the efficiency of welfare services intended for girls.

The Government in India has made sincere effort to provide legal safeguards for improving the child sex ratio by enacting the PCPNDT Act in 1994 for prohibition of sex selection after conception. The Act was further amended in 2003. According to India's third and fourth combined periodic report to the UNCRC, the government has set up a Support and Monitoring Cell on Sex Selection, which includes medical, legal and police experts and social scientists.

The Integrated Child Development Services (ICDS) Scheme launched in 1975 by the Department of Women and Child Development, is committed to improving the nutrition of children by providing pre-school non-formal

education on the one hand; and breaking the vicious cycle of malnutrition, morbidity, reduced learning capacity and mortality; on the other. Introduction of the Community-based Management of Acute Malnutrition (CMAM) model as a strategy under ICPS, is seen as a big milestone in the fight against malnutrition. The Integrated Child Protection Scheme (ICPS) is a centrally sponsored scheme aimed at building a protective environment for children in difficult circumstances, as well as other vulnerable children, through government-civil society partnerships. Its objectives include institutionalising essential services and strengthening structures, enhancing capacities at all levels, creating a database and knowledge base for child protection services, strengthening child protection at family and community levels, and ensuring appropriate inter-sectoral response at all levels.

In order to control diarrhoeal diseases, the Government of India has adopted the WHO guidelines on diarrhoea management and introduced the Low-Osmolarity Oral Rehydration Solution (ORS) for children. Zinc has been added as an adjunct to ORS for the management of diarrhoea to reduce the

age are being responded to by the Ministry of Health and Family Welfare (MoHFW) through the programme called *'Rashtriya Kishor Swasthya Karyakram (RKSK)'* launched in 2014. The programme introduces community-based interventions through peer educators and is strengthened by collaborations with other ministries, state governments, and knowledge partners. The programme is an effort to move away from a 'doctor-driven' effort towards a holistic and participative programme. It recognises that all adolescents need attention even before the occurrence of any disease or problem, in order to make informed decisions and choices.

Under the National Policy on Child Labour declared in August 1987, the Government has enacted the Child Labour (Prohibition & Regulation) Act, 1986 to prohibit the engagement of children in certain employments and to regulate the conditions of work of children in certain other employments. Considering poverty and illiteracy are the root cause for child labour, the government has adopted the strategy of supplementing the educational rehabilitation of the children with economic rehabilitation of their families; so that the parents are not compelled by economic circumstances to send their children to work.

The Government of India is taking various pro-active measures to improve the economic condition of the parents through several schemes and programmes like National Food Security Act, 2013; Mahatma Gandhi National Rural Employment Guarantee Act, 2005; provision of food and shelter to children withdrawn from work in Children Homes, etc. In addition to this, the Ministry of Labour & Employment is taking a number of steps for the rescue, safe repatriation and rehabilitation of migrant and trafficked child labour. These include a detailed protocol for prevention, rescue, repatriation, rehabilitation and

number, duration and severity of episodes of diarrhoea among children. Healthcare professionals and frontline workers are being trained on both facility and home-based management of childhood diarrhoeal diseases. Community members are continuously being made aware about the causes, symptoms, prevention and treatment of diarrhoea among children through various communication drives. In addition to this, the Ministry of Health and Family Welfare has launched the Intensified Diarrhoea Control Fortnight (IDCF) in order to intensify efforts to reduce child deaths due to diarrhoea. Through this initiative, the Ministry mobilises health personnel, state governments and other stakeholders to prioritise investment in the control of diarrhoea. It aims to create mass awareness about the most effective and low-cost diarrhoea treatment, i.e. a combination of ORS solution and zinc tablets.

Maternal and child health outcomes will be fulfilled with added impetus on adolescent health. The health and development needs of young boys and girls of 10-19 years of

reintegration of these children. A guideline has been issued by the Ministry to be followed by the state governments in this regard.

Some of the states included in this study have provided examples of effective mechanisms to support children. For example, schools in West Bengal and Haryana have a Complaint Box where children can put their complaints anonymously. The West Bengal police has launched an App— 'Sayang Shiddha' through which people can directly contact the police in case of need. The West Bengal government has also launched a special scheme *'Kanyashree'* to support the education of teenage girls. *'Kanyashree Yodha'* is a special drive launched with school children to stop child marriage.

Some states like Rajasthan and Bihar have introduced special schemes to encourage foster care within the community. It is named, *'Palanhaar'* in Rajasthan and, *'Parvarish'* in Bihar. The scheme was introduced by the government of Rajasthan to provide cash incentives to families who take care of children in difficult/vulnerable conditions like orphans, those affected by HIV or leprosy, those whose parents are in jail and abandoned children. The scheme provides INR 500 per month per child. The status of implementation of the scheme and proportion of eligible children availing the scheme is not available.

5.2.2 Judiciary

The apex court in India also takes cognisance of the issues pertaining to children and has demonstrated its sensitivity towards such issues. Mobilising the High Courts and the Supreme Court through Public Interest Litigation has been a powerful tool in India, appropriately used by civil society to seek favourable legislation for children. The instrument has been effectively used to seek government's accountability on implementation of the laws and policies and plugging the gaps in their implementation. There have been several landmark judgments that have changed the way child rights are viewed in the country. The Supreme Court in its

judgement of February 14, 2006, stated that marriages of all citizens of India, irrespective of their religion, have to be compulsorily registered in the state where the marriage was solemnised. This is a major step forward to prevent child marriage, as it makes it mandatory to declare and prove age at the time of marriage. The Supreme Court also directed both the Ministries of, Women and Child Development, and the Railways to form guidelines to make railway stations child friendly. In another case, the Supreme Court criminalised sex with a minor wife removing the anomalies between the Indian Penal Code and laws enacted to protect children (Ray and Ojha 2018). Very recently, The Supreme Court on February 9, 2018, delivered a judgement listing numerous suggestions for state and central governments and other relevant players to improve the condition of juvenile justice in the country (HRLN 2018).

Judiciary is the overall authority that can hold anyone (including government and community) to account, for ensuring the rights of children. There are examples of landmark judgments and suo moto cognisance of issues, but delays in ensuring justice is a constant struggle. In a situation where a large number of cases are pending for long periods, children's issues are not considered as priority. Judicial reforms (e.g. in-camera trials, fast track courts and special courts for children) have been under discussion for quite a long while, but are yet to be institutionalised. Specifically, for violence against children, the low prosecution and conviction rates, are a leading cause for the increase in incidents of violence. In addition to lack of reporting, long drawn and delayed legal processes, low priority given by investigating agencies, lack of victim witness protection, and survivors compromising with perpetrators due to families linking these issues with their pride: are some of the important reasons leading to low conviction rates. India continues to struggle with defining the legal age of the child and there is still a debate between the ideal being 18 or 14 years.

5.2.3 Civil Society

Considering the diversity and magnitude of issues concerning children in India, civil society has played many roles in this context. In India, space for civil society organisations to influence policies and programmes on child rights exists, though a much greater and strategic engagement between the state and civil society is desirable, in order to meet the SDG targets and UNCRC commitments. In addition to design and implementation of innovative programmes to address the rights of the marginalised children, civil society organisations and their active networks have made important contributions not only in influencing the framing of child rights legislations like Right of Children to Free and Compulsory Education, CLPRA and POCSO Acts; but also in monitoring their effective implementation. Strong and active CSO networks exist in India, at national and sub-national levels, around areas like education, child labour, child budget, nutrition, generating robust evidences on child rights violation; monitoring implementation of relevant policies, schemes and programmes; advocating for child rights; and deepening the discourse on child rights.

5.2.4 Media

Media (both print and digital media) plays an important role in the life of an individual or the community as a whole. It has reached the interiors of most regions creating an unprecedented impact. Media has so far picked up the issues of child rights in bits and pieces, more in terms of thematic interventions like education attainment or otherwise, health issues and problems, child abuse, etc. It can definitely play a more proactive role in building awareness about child rights. Instead of sensationalising issues, it can be more sensitive to the cause and steer the deliberations towards creating a more positive impact.

5.2.5 Private Sector

For ensuring child rights, the role of all the stakeholders in society is critical. Since the opening up of the economy in 1991, the role of the private sector has increased manifold. It is not only the biggest producer of goods and services but it also affects the various sections of society with its processes and functions. Considering this, it is important to integrate Child Rights Business Principles (CRBP) in the functioning of the private sector so that child rights violations can be avoided in supply chains and child-friendly rights-based business practices can be promoted

5.2.6 Children, Family and Community

During discussions organised as part of this study, children reported that their lives were still controlled by their parents and little room was left for them to make independent decisions that can often conflict with family norms and desires. Children in all groups (rural, urban, boys and girls) viewed that parents have the power to make changes in their lives. Outside the family, children felt teachers in their schools are the most powerful persons, who can bring some changes in their lives. Children could only think of parents and teachers as they interact largely with them. Very few children mentioned political leaders, government officials and NGOs who they think should take the responsibility of ensuring child rights. For example, street connected children in Delhi were relying more on NGOs as an NGO was directly working with these children. Only children who were part of a children's group mentioned that such groups have some power to resolve local issues of the children. Very few children mentioned institutions like Child Welfare Committees and Child Protection Committees taking up the responsibility to make parents and other community members aware about the violence against them; and how to ensure their rights by developing mechanisms for dealing with that violence.

At the policy and programme level, the government is committed to provide platforms to engage children in decision-making on issues that concern them. Necessary modifications have been made in respective laws and guidelines

(e.g. Right to Education, Integrated Child Protection Scheme) to ensure this. For example, every school should now have a School Management Committee (SMC), which should ideally include two children (a boy and a girl) who participate in each meeting. According to the District Information System for Education (DISE, 2015-16) statistics, 94% of government and government-aided schools have formed SMCs, though with significant interstate variations. Similarly, Village Child Protection Committees (VCPC) constituted under the ICPS are mandated to have at least two children as members. When discussed with children during this study, it was evident that children were not engaged in any such forum. It was realised that children severely lack confidence to raise their voices in a public forum and hence do not contribute, even if they are asked to attend.

5.3 Engagement with International and National Accountability Mechanisms

India became a signatory to the UNCRC within 3 years of its declaration. India has so far submitted four periodic reports on UNCRC. In order to ensure the best interests of the child, as per Article 21 of the Convention on Rights of the Child, the revised Guidelines for Adoption of Children were issued by the Ministry of Social Justice and Empowerment, Government of India. The government has adopted policies and plans that reiterate its commitment to the rights of children. These include the National Charter for Children (NCC), 2003, and the National Plan of Action for Children (NPAC), 2016. The NCC 2003 provides that children are not used in the conduct of any illegal activity, namely, trafficking, prostitution, pornography or violence. The State, in partnership with the community, shall ensure that such children are rescued and immediately placed under appropriate care and protection. The NPAC, 2016, has laid down specific strategies to protect children from sexual exploitation and pornography including setting up crisis intervention centres,

creating quality foster and alternative care for children, protecting the identity of child victims and sensitisation of service providers and community. On the suggestion of MWCD, the Ministry of Home Affairs (MHA) has set up a nodal cell (to be upgraded to a bureau) on the lines of the Narcotics Control Bureau (NCB) to coordinate, network and provide feedback to the state governments and develop an inter-state protocol for rescue and repatriation of victims of trafficking. The cell shares inputs, best practices, innovations, etc., on a sustained and continuous basis. Amendments to the Juvenile Justice Act and implementation of Prevention of Children from Sexual Offences (POCSO) are two landmark legislations introduced for children. The Trafficking of Persons (Prevention, Protection and Rehabilitation) Bill, 2018, is under consideration and that is expected to provide another tool for fighting violence against children.

6 Recommendations

A set of recommendations have been presented in this chapter on issues that were found during the course of this study, to be extremely critical for ensuring the rights of the children.

6.1 Achieve the 'Leave No One Behind' Pledge

Development policies and programmes formulated for children must ensure that no child is left behind. This includes special focus on and inclusion of children like the children of sex workers; children of convicts or those born in prison; orphans; trafficked children; children in street situations; children with disabilities, children in conflicts and disasters; and children belonging to the third gender. In addition, there is a need to ensure recognition of adverse socio-economic and cultural norms to ensure the rights of all children.

The government and civil society organisations should:

- Integrate the principles of child rights programming in their policies and programmes.
- Use convergence to track and report the status of social economic development in different groups.
- Ensure that resources are aligned with need by embedding equity-based allocation criteria in budget processes to reduce disparities in child survival outcomes.

6.2 Disaggregated and Issue-based Data on Children

For many aspects of child rights (such as sexual violence, sexual and reproductive health of adolescents, access to play and recreation, engagement of children in decision-making at family and community level, children in street situations, etc.), limited credible data sources are available so as to assess the true picture on the ground and plan accordingly.

The government and civil society organisations should:

- Make more investments to create a credible data sources that can inform policy and programme.
- Collect data on every child, to track their progress against relevant SDGs targets.
- Develop standardised measures/tools for multi-site research and evaluations to document diverse contexts and solutions.
- Invest in creating data to be used for planning for children who do not identify with their society's traditional gender and sexual orientation norms.

6.3 Child Participation and Accountability Mechanism

The voice of children in decision-making in all situations, whether formal or informal, should be ensured. This will help in getting the perspective of the child and informed decisions can be made keeping in mind the best interests of the child. Participation of the community along with the children should also be ensured to promote active citizenship for children and enhance the accountability of the systems.

Institutions for local self-governance should:

- Initiate community-monitoring mechanisms with support from parents and service providers, to ensure child rights in their wards/ panchayats. For instance, proper functioning of anganwadis; attendance and enrolment of children in schools; prevention of child labour, early marriage, trafficking of children, etc.

The government should,

- Include a child delegate within national delegations attending and participating at the HLPF and provide space for that child delegate to express their views and recommendations.
- Ensure meaningful participation of children in existing platforms including SMCs, ALMSC, CPCs and *Gram Sabhas.*

- Ensure participation of the community in school development so that they monitor, supervise and support pilot initiatives like complaint boxes in schools.
- Create exclusive platforms for children's participation within schools and communities such as Children Parliaments and Children and Adolescent Groups.
- Identify agents of change, including children (like Child Champions identified by Save the Children), who voice their concerns, or young adults who can support children in raising their voice and ensure structural support through the service providers (e.g. AWWs).

Civil society organisations should:

- Proactively engage with children and communities in sensitising them about child rights and empowering them to raise their voice and demand entitlements.

6.4 Enhanced Focus on Nutrition

Though progress has been noted in reducing malnutrition, the rate of reduction, however, is not as desired. As per NFHS-4 data (2015-16), 38.4% children are still stunted, which is an area of concern.

The government should,

- Increase investment to respond to the challenge of global malnutrition in all its forms and to ensure national nutrition plans are fully financed.
- Increase domestic and other innovative resources, driven by progressive tax reform, and supported by aid to end malnutrition by 2030. Spend that increase in revenue to meet the basic nutritional needs of all children, particularly the most deprived and marginalised, and Increase investment across sectors with nutrition-sensitive interventions.
- Undertake early identification and referral of SAM.

- Develop innovations and operational guidelines to improve the access to, quality complementary food.
- Improve inter-sectoral convergence of nutrition-specific and nutrition-sensitive departments at district and sub-district levels.
- Formulate national guidelines on Community-Based Management of Acute Malnutrition (CMAM).
- Ensure stringent actions against non-compliance of Infant Milk Substitute (IMS) Act.

Civil society organisations should:

- Promote maternal, infant, young child and nutritional practices (MIYCN).
- Develop targeted behaviour-change communication material for promoting nutritious food for infants.

6.5 Education, Play and Recreation for All

Education empowers children to raise their voice and demand their rights. It is widely understood to be a means out of poverty by securing better livelihood opportunities. It also leads to reduction in child labour and child marriage and enhancement in children's civic engagement. Along with education, there is a growing understanding about the need for recreation and play for children's wholesome growth and development.

The government should:

- Ensure extension of RTE ACT from 3 to 18 years.
- Improve quality of education by maintaining the mandated teacher to pupil and pupil to classroom ratio, library and reading corner, safe and secure environment, adequate quality physical infrastructure, etc., as per RTE norms.
- Ensure regular physical education and recreational activities for children as mandated in RTE.

- Ensure safe schools by integrating safe school principles in curricula, conduct awareness raising workshops and develop capacities of teachers and other staffs.
- Make life-skills education mandatory in schools.
- Emphasise on vocational training for children specially those involved in labour after they complete the age of 15 years.

Civil society organisations should,

- Help in providing support for the continuous professional development of teachers to ensure child participation in classroom situations.

6.6 Prevention of Violence Against Children at all Levels

Abuse, exploitation and all forms of violence against children is unacceptable as it creates self-harm tendencies in children interfering with their rights to equality and their rights to expressing themselves freely. A special mention must be made on violence based on socio and gender norms, and adverse sex ratio as continuation of this trend leads to an unhealthy and iniquitous status of girls in the society.

The government should:

- Strengthen the National and State Child Rights Commission(s) in line with NHRC while investing in all child-focused systems and bodies like ICPS, DCPU, CWC, JJB, Bal Mitra-Child Friendly Police stations, etc., to make these more functional and robust.
- Strengthen the reporting mechanism on violence against children by making it more accessible to children.
- Ensure empowered and functional CPCs at block and community levels for prevention of abuse, violence, neglect and exploitation of children.

- Strengthen the component of rehabilitation and social reintegration within the juvenile justice and ICPS framework for children rescued from difficult situations.
- Strengthen the juvenile justice system in India and provide care, support and rehabilitation to survivors, particularly of sexual violence.
- Ensure stringent implementation of the provisions in the PCPNDT Act, to avoid pre-natal sex selection and female foeticide.
- Ensure implementation of RTE Act, Child Marriage Prohibition Act, and Juvenile Justice Act to give equal and equitable access to both girls and boys to a violence free life, whether in school or at home. Special Courts with focus on victims of sexual offence and violence should be set up as per POCSO and JJ Act to ensure timely justice to child victims.
- Develop a framework for protection of children from online abuse and ensuring privacy, safety and confidentiality of data shared on digital platforms.
- Enhance financial investment on child protection components

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Civil society organisations should:

- Effectively engage with parents and communities for responsible parenting devoid of violence and use of corporal punishment in homes, institutional as well as non-institutional care settings.

- Sensitise parents, service providers and community for early identification and management of children facing abuse and violence; and sensitisation of children, parents and caregivers on gender issues.

- Orient SMCs for ensuring safe and violence-free environment for children in schools.

- Create awareness amongst children on safe usage of online platforms and protection from cyber abuse.

The private sector should:

- Integrate Child Rights Business Principles (CRBP) in their functioning so that they avoid any form of child rights violation in their supply chain and promote child friendly child rights based business practices.

The Media should:

- Make efforts at sensitive and sustained reportage of child rights violations, as well as good practices on coverage and facilitation of child rights

6.7 Alternative Care for Children without Parental care

The care and protection of children has always been considered as the primary responsibility of the family. Family is essential for a child's wellbeing especially during the formative years. However, when families themselves are not in a position to take care of their children or when children do not have any family to look after them, substitute or alternative forms of care become necessary. There is a huge scope to implement foster care as the government has come out with Foster Care Guidelines recently.

The government and civil society organisations should:

- Build a momentum to promote non-institutional models of care such as family-like and family-based care for children without families.

6.8 Increased Investments in Children

India constitutes about one-fifth of the world's children. The progress in the situation of its children has a big impact on the global indicators on child rights. Sufficient funds in health, nutrition, education (early grade learning and elementary), and protection systems should be invested to help in the growth and development of all the deprived and marginalised children, and reach the child-focused SDG targets.

The government should:

- Increase the budget allocation for children related schemes and programmes to 6% of GDP for education, 5% of GDP for health and 1.5% of GDP for child protection issues.

The private sector should:

- Prioritise child rights beyond education and health through its Corporate Social Responsibility (CSR) programme and invest more in community participation approaches that create a sustainable impact.

- Effectively engage civil society organisations in designing and implementing effective programmes.

International development funding institutions should:

- Continue to invest more in India and its children.

6.9 Monitor Implementation of Policies and Programmes for Child Rights

Many of the well laid out schemes and programmes are not being implemented in the right sprit to reach the most deprived child. There should be robust systems of accountability to enhance the progress towards all children. This

would also deter the perpetrators of violations of child rights.

The government should,

- Create special mechanisms for monitoring of the SDGs that are specifically related to child rights.
- Monitor key acts on child rights like the RTE, POCSO, CALPRA, PCMA, PCPNDT, etc., and bring out periodic status reports through national and state commissions for protection of child rights.

Civil society organisations should:

- Engage more in monitoring mechanisms at the state and district level for child rights violations; and inform the government through evidence-based research and evaluations of the programmes for children.
- Be involved in Social Audits of residential schools and child-care institutions with a view to make them free of neglect, violence and abuse.

6.10 System Strengthening

A strong and robust system is a prerequisite for meeting the child rights obligations of the country. There is a need to strengthen the mechanisms for ensuring effective implementation of all the schemes and programmes for children.

The government should:

- Ensure the availability of qualified and trained, professional human resource for the implementation of schemes and provisioning of services. There is a need to focus specifically on frontline service providers like the ASHAs, Aanganwadi Workers, primary school teachers, etc., to build their capacities.
- Make Integrated Child Protection Scheme (ICPS) more robust with greater emphasis on placing adequate, trained and certified child protection workforce in each district of the country. Many a times the responsibility for child protection is given to existing officials

as additional charge. However, there is a need to fill the vacant positions with new recruitments to ensure people are specifically selected with a protection-related mandate.

Civil society organisations should:

- Invest in system strengthening and providing support in building capacities of government functionaries to bridge the critical gap in quality of services currently available through government systems.
- Develop innovative models, equip work force functionaries with adequate tools and hand holding support to make them effective in their jobs: so that it can be scaled up.

6.11 Multi-stakeholder Engagement

It is essential to recognise the contribution of diverse stakeholders as facilitators of change for child rights. A coordinated and synergised effort is required to have State, civil society organisations, private sector, academia, media, community, citizens and children; work together to address the violation of child rights and come up with innovative solutions. This will also enable effective engagement with national and international accountability mechanisms.

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ANNEXURE

Policy and Programme Framework on Child Rights in India

India has some historic and well laid out laws, policies and national level programmes to ensure the rights of children under all circumstances. The major issue, however, is the implementation of these laws, which is evident from the fact that despite such a strong framework, India has not performed satisfactorily on the protection of child rights. This section lists various legal and programmatic provisions available at the national level for protection of children. In addition, almost all states have launched their own schemes and programmes to benefit children.

Legal Provisions

Some of the important legislations in India to safeguard the rights of children are:

- Right to Education (RTE) Act, 2009.
- The Immoral Traffic (Prevention) Act, 1956.
- The Child and Adolescent Labour (Prohibition and Regulation) Act, 1986.
- The Infant Milk Substitutes, Feeding Bottles and Infant Foods (Regulation of Production, Supply and Distribution) Act, 1992 and its amendment Act in 2003.
- The Prohibition of Child Marriage Act 2006.
- The Protection of Children from Sexual Offences (POCSO) Act, 2012.
- The Juvenile Justice (Care and Protection of Children) Act, 2015.
- The National Commission for Protection of Child Rights (NCPCR)
- The Young Persons (Harmful Publications) Act, 1956.
- The Guardian and Wards Act, 1890.

Policies and Programmes

In order to address the issues of child rights, India has launched several national level programmes and policies. Major policies and programmes are listed below.

- National Policy for Children 1974.
- National Policy on Education 1986.
- National Policy on Child Labour, 1987.
- National Nutrition policy. 1993.
- National Population Policy 2000.
- National Health Policy 2002.
- National Charter for Children (NCC), 2003.
- National Plan of Action for Children (NPA), 2005.
- The National Policy for Children 2013.
- National Early Childhood Care and Education (ECCE) Policy.
- The National Plan of Action for Children 2016.

National Schemes for Wellbeing and Protection of Children

Different Ministries have been launching schemes for the wellbeing of children and as these are sponsored by the concerned departments at the national level, they are expected to be implemented by all states, with their own financial contribution. Some of the major schemes related to children are listed here:

- Integrated Child Development Services (ICDS)

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- *Pradhan Mantri Matru Vandana Yojna*
- Rajiv Gandhi National Creche Scheme (RGNCS)
- Scheme for Adolescent Girls (SAG)
- *Kishori Shakti Yojna* (KSY)
- National Nutrition Mission (NNM)
- Child Rehabilitation through Non-Institutional Care of Children Adoption
- Integrated Child Protection Scheme
- Railway Childline
- *Beti Bachao Beti Padhao*
- Ujjawala Scheme for Combating Trafficking

A study by Save the Children (S3), discusses that despite non-discriminatory laws, legal provisions, welfare schemes and programmes, a large proportion of the children remain out of the purview of the law and thus deprived of their basic rights. Serious gaps in enforcement of laws related to children are observed which are mainly due to the lack of appropriate systems and mechanisms to address child rights violations and negligence on the part of the government. The onus of responsibility is also on child rights organisations to advocate the issues of migrant children, and demonstrate effective models in ensuring child rights.

National Schemes for Promotion of Sports

- National Sports Talent Contest (NSTC)
- Army Boys Sports Companies (ABSC)
- Special Area Games (SAG)
- SAI Training Centres (STC)
- Centres of Excellence (COE)

Joining Forces is an alliance of the six largest international NGOs working with and for children (those under the age of 18) to secure their rights and end violence against them. The alliance includes ChildFund Alliance, Plan International, Save the Children International, SOS Children's Villages International, Terre des Hommes International Federation, World Vision International.