**India: Third and Fourth**

**Combined Periodic Report**

**on the**

**Convention on the**

**Rights of the Child**

**2011**

**Ministry of Women and Child Development**

**Government of India**





Minister of State for Women and Child

Development (Independent Charge)

Government of India

New Delhi-110001.

**Foreword**

‘India: Third and Fourth Combined Periodic Report on the Convention on the Rights

of the Child’ presents the major initiatives that have been taken to ensure the rights of

children. It also highlights the current status of children, efforts made to address their

concerns and the challenges which are yet to be overcome.

India’s approach to protection and promotion of child rights derives from the Constitu-

tion of India. We have also in place legislation, policies and programmes for safeguarding

the rights of children and especially, of the girl child. Our commitment to the children

is reiterated continuously through the efforts to strengthen the framework for protection

of their rights, which include establishment of a National Commission for Protection

of Child Rights in 2007, one of the few of its kind in Asia, to safeguard and enforce the

rights of all children in the country, and the launch of a universal Integrated Child Pro-

tection Scheme in 2009-2010 based on the principles of ‘protection of child rights’ and

‘best interest of the child’. These endeavours reflect our commitment to safeguard and

enforce the rights of children in our country.

While dealing with the complex dimensions of child rights, both in terms of numbers

and in quality, there is a measure of satisfaction in addressing the overall challenges of

poverty, malnutrition, illiteracy and access to primary health services. The expansion of

the Mid-Day Meal Scheme; progress of the Integrated Child Development Services into

the third phase of expansion; revamping of the rural public health infrastructure and

rapidly-expanding social protection net through insurance schemes and pensions are

some of the initiatives taken to ensure the survival, development, care and protection

of our children. Finally, with the adoption of the Right of Children to Free and Com-

pulsory Education Act, 2009, we expect to move closer to fulfilling the commitment of

providing free and compulsory education to all children in the age group of 6-14 years

within the next three years.

The Report, no doubt, continues to remind us of the challenges for the fulfilment of

child rights in our country. We reiterate our solemn commitment to this goal and reaf-

firm our determination to translate the rights of all children into reality.

(Smt. Krishna Tirath)







**Acknowledgement**

The preparation of ‘India: Third and Fourth Combined Periodic Report’ on the Con-

vention on the Rights of the Child would not have been possible without the valuable

contribution of Ministry of Human Resource Development; Ministry of External Affairs;

Ministry of Health and Family Welfare; Ministry of Home Affairs; Ministry of Defence;

Ministry of Information and Broadcasting; Ministry of Labour and Employment; Minis-

try of Law and Justice; Ministry of Social Justice and Empowerment; Ministry of Tribal

Affairs; Ministry of Rural Development; Ministry of Urban Development; Ministry of

Environment and Forests; Ministry of Tourism; Ministry of Panchayati Raj; Ministry of

Minority Affairs; Ministry of Statistics and Programme Implementation; Ministry of Fi-

nance; all State Governments and Union Territories; Registrar General of India; Central

Social Welfare Board; National Commission for Protection of Child Rights; National

AIDS Control Organisation; National Council for Educational Research and Training;

National Institute for Public Cooperation and Child Development; National Institute

for Educational Planning and Administration; Central Adoption Resource Agency; Na-

tional Commission for Minorities; National Commission for Women; National Com-

mission for Scheduled Castes; National Commission for Scheduled Tribes; the UNICEF

Country and State Offices, and many committed NGOs and members of the public.

I would like to thank UNICEF and, particularly, Ms. Karin Hulshof, Country Represen-

tative and Ms. Karuna Bishnoi, Child Rights Specialist. I would like to place on record

the hard work and contribution made by Ms. Anju Bhalla, Director and Mr. C.K. Reejo-

nia, Under Secretary of the Ministry for completion of this exercise.

The Ministry of Women and Child Development would also like to thank New Concept

Information Systems Private Limited, for assisting the Ministry in the gigantic task of

compiling and collating information from all over India that is presented in this Report.

Vivek Joshi

Joint Secretary

Ministry of Women and Child Development

New Delhi-110001



**Introduction**

India has the largest child population in the world. The number of children under age

18, which was 428 million in 2001 and rose to 430 million in 2006, is projected to re-

main above 400 million in the coming decade.

India’s approach to protection and promotion of human rights and child rights derives

from the Constitution of India, which provides for affirmative action in favour of children.

It also directs the State to ensure that children are not abused and are given opportunities

and facilities to develop in a healthy manner in conditions of freedom and dignity. In

2002, Article 21 A was added through a Constitutional amendment to make elementary

education a Fundamental Right for every child in the age group of 6 to 14 years.

To provide focus on issues related to women & children, the erstwhile Department of

Women & Child Development under the Human Resource Development Ministry was

upgraded as an independent Ministry in 2006.

The National Commission for Protection of Child Rights was constituted in 2007 under

the Commissions for Protection of Child Rights Act, 2005, which also provides for set-

ting up sub-national level Commissions and Children’s Courts to be set up in each state

of the country. Eleven State Commissions have already been set up and are at different

stages of being operational. These statutory bodies are meant to work for protection and

promotion of child rights in the country. It underscores the commitment to the prin-

ciples of universality, inviolability, indivisibility, interdependence and mutually reinforc-

ing 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.

Besides the institutional, legislative and administrative framework which is in place to

extend and protect human rights, India has a strong presence of non-governmental and

voluntary action, through a network of community-based people’s organisations. They,

along with the independent media, act as a watchdog for the protection of human and

child rights.

The Government is increasingly earmarking large resources for programmes of health, ed-

ucation, employment, sanitation, drinking water, child development and urban renewal

with focus on system strengthening, increased inter-sectoral convergence and collabora-

tion for improved outcomes for children. But, in the context of India which is both large

and diverse, it is important to understand that while children have equal rights, their

needs and entitlements are area-specific, group-specific, culture-specific, setting-specific,

and age-specific and demand a variety of interventions. This, coupled with the problems

of displaced and migrant children, children in areas of civil unrest, children belonging to

marginalized groups, children who have suffered violence, abuse and exploitation, makes

the task really challenging to see that interventions for children do not exclude anyone.

‘India: Third and Fourth Combined Periodic Report on the Convention on the Rights

of the Child’ is a product of extensive consultations with all stakeholders. The Report

has been prepared after consultations with and based on inputs received from other key

ministries and agencies, following the general guidelines issued by the Committee on

CRC. A High Powered Committee, comprising representatives of different government

ministries, 18 state governments and representatives of non-governmental organizations,

academic institutions and international agencies was constituted in December, 2006, to

guide the preparation of the CRC Report and Reports on the two Optional Protocols

(OPs). Guidelines were shared with the state governments and Central ministries/de-

partments for their inputs. Five regional consultations were held across the country be-

tween July and October, 2007 to engage with stakeholders to make the Report as broad

based and representative, as possible.

In this background, this Report combines an analysis of the overall implementation

of the CRC in our country, a review of its progress, and identification of continuing

challenges that impede the realization of all rights of all children. Significantly, the

period under Report has seen introduction of several laws, policies and programmes

to implement India’s CRC commitments for the survival, development, protection

and participation of children. These include adoption of free and compulsory edu-

cation for the age group of 6-14 years; universalisation of services for nutrition and

development of children in the age group of 0-6 years; launch of a comprehensive

scheme for protection of children in difficult circumstances; adoption of legislation

to prohibit child marriage; and amendments in several laws to ensure better care and

protection of children.

In conclusion, protection and promotion of child rights and all-round care and develop-

ment of children continue to be the major priorities. The Government at the Centre and

in the States are all committed to ensure that all children enjoy their rights to education,

protection, growth and development in a secure and nurturing environment. With the

help of coordinated implementation of programmes, partnership with community and

non-governmental sectors, we are confident of achieving this goal.

D.K.Sikri,

Secretary,

Ministry of Women and Child Development

Government of India

New Delhi-110001.



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ACA

ADEPTS

ADI

ADIP

ADPC

AEP

AEEO

AHTU

AIDS

AIE

AIMMP

ALS

AMU

ANC

ANM

ARI

ART

ARSH

ASER

ASHA

ASSOCHAM

AWC

AWH

AWW

AYJNIHH

AYUSH

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Antyodaya Anna Yojana

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Acute Respiratory Infection

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Adolescent Reproductive and Sexual Health

The Annual Status of Education Report

Accredited Social Health Activist

Associated Chambers of Commerce and Industry

Anganwadi Centre

Anganwadi Helper

Anganwadi Worker

Ali Yavar Jung National Institute for the Hearing Handicapped

Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy

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BBM

BCG

BHU

BMGF

BPL

BPR&D

BRC

BRTE

BSS

BSUP

BSY

BVCA

CAC

CARA

CARINGS

CBDP

CBHI

CBO

CBSE

CCRT

CCT

CEO

CEP

CHC

CHV

CIC

CIF

CII

CJM

CMC

CMM

CMP

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Babu Bahini Manch

Bacillus Calmette Guerin

Banaras Hindu University

Bill and Melinda Gates Foundation

Below Poverty Line

Bureau of Police Research and Development

Block Resource Centre

Block Resource Teacher Educator

Behavioural Surveillance Survey

Basic Services to the Urban Poor

Balika Samriddhi Yojana

Bihar Voluntary Coordinating Agency

Central Advisory Committee

Central Adoption Resource Authority

Central Adoption Resource Information and Guidance System

Community-Based Disaster Preparedness Programme

Central Bureau of Health Intelligence

Community-Based Organisation

Central Board of Secondary Education

Centre for Cultural Resources and Training

Conditional Cash Transfer

Chief Education Officer

Child Environment Programme

Community Health Centre

Cultural Heritage Volunteer

Crisis Intervention Centre

Childline India Foundation

Confederation of Indian Industry

Chief Judicial Magistrate

Central Monitoring Committee

Chief Metropolitan Magistrate

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DAA

DCPS

DCRB

DDRC

DEO

DFID

DGP

DHAP

DIET

DISE

DLHS

DMS

DPEP

DPT

DSEL

Child Mortality Rate

Cancer Patients Aid Association

Commission for Protection of Child Rights Act

Criminal Procedure Code

Common Property Resource

Child Protection Unit

Convention on the Rights of the Child

Cluster Resource Centre

Composite Regional Centre

Child Rights and You

Central Statistical Organisation

Civil Society Organisation

Corporate Social Responsibility

Central Social Welfare Board

Child Welfare Committee

Children with Disabilities

Children with Special Needs

District Appropriate Authority

District Child Protection Society

District Crime Records Bureau

District Disability Rehabilitation Centre

District Education Officer

Department for International Development

Director General of Police

District Health Action Plan

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EMIS

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ESIC

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FCC

FCTC

FICCI

FIR

FNB

FRU

GBC

GCERT

GER

GIS

GNK

GPI

GWA

HAMA

HBNC

HDI

HIV

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Employees State Insurance Corporation

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Federation of Indian Chamber of Commerce and Industry

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Food and Nutrition Board

First Referral Unit

Gender Budgeting Cell

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ICPS

ICTC

IDD

IDMI

IEAG

IEC

IEC

IEDC

IEDSS

IFA

IGNOU

IHSDP

ILO

IMA

IMNCI

IMR

INGO

IOM

IPC

IPHS

IPPI

Head Master

Hindu Minority and Guardianship Act

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Infrastructure Development in Minority Institutions

India Expert Advisory Group

Institutional Ethics Committee

Information, Education and Communication

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IPSC

ISS

ITPA

IYCF

JJ Act

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JNNURM

JRM

JSY

KGBV

KSY

KV

LAPA

LEP

LIC

LPS

LSE

MCH

MDG

MDM

MDMS

MES

MHA

MHRD

MIS

MMA

MMR

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Indian Police Service

Integrated Programme for Street Children

Institute of Social Sciences

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Joint Review Mission

Janani Suraksha Yojana

Kasturba Gandhi Balika Vidyalaya

Kishori Shakti Yojana

Kendriya Vidyalaya

Licensed Adoption Placement Agency

Learning Enhancement Programme

Life Insurance Corporation

Low Performing States

Life Skills Education

Mother and Child Health

Millennium Development Goal

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Mid-Day Meal Scheme

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Ministry of Human Resource Development

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MoTA

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MRW

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MTP

MWCD

NACO

NACP

NALSA

NALSAR

NCAER

NCA

NCB

NCC

NCC

NCG

NCDAP

NCERT

NCF

NCLP

NCMEI

NCPCR

NCRB

NCT

Mobile Medical Unit

Mother NGO

Ministry of Culture

Ministry of Health and Family Welfare

Ministry of Housing and Urban Poverty Alleviation

Ministry of Overseas Indian Affairs

Ministry of Labour and Employment

Ministry of Panchayati Raj

Ministry of Tribal Affairs

Ministry of Youth Affairs and Sports

Multipurpose Rehabilitation Worker

Ministry of Social Justice and Empowerment

Medical Termination of Pregnancy

Ministry of Women and Child Development

National AIDS Control Organisation

National AIDS Control Programme

National Legal Services Authority

National Academy of Legal Studies and Research

National Council of Applied Economic Research

National Council on AIDS

Narcotics Control Bureau

National Charter for Children

National Cadet Corps

National Coordination Group

National Centre for Drug Abuse Prevention

National Council of Educational Research & Training

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NICP

NID

NIHFW

NIMHANS

NIPCCD

NIOS

NISD

NJA

NLSIU

NMR

NNF

NPAC

NPAG

NPC

NPE

NPEGEL

NP-MDMS

NP-NSPE

NPRPD

NREGA

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National Council for Vocational Training

National Commission for Women

National Disaster Management Authority

Narcotic Drugs and Psychotropic Substances Act

National Disaster Response Force

National Environment Policy

Net Enrolment Ratio

National Family Health Survey

National Food for Work Programme

National Human Rights Commission

National Informatics Centre

National Initiative for Child Protection

National Immunisation Day

National Institute of Health and Family Welfare

National Institute of Mental Health and Neuro Sciences

National Institute of Public Cooperation and Child Development

National Institute of Open Schooling

National Institute of Social Defence

National Judicial Academy

National Law School of India University (Bangalore)

Neonatal Mortality Rate

National Neonatology Forum

National Plan of Action

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OBC

ODP

OIW

OP

ORGI

ORS

PCMA

PCPNDT

PCR

PDS

PHC

PIL

PIP

PJJ

PLHA

PMGY

POA

National Rural Employment Guarantee Programme

National Rural Employment Guarantee Scheme

National Rural Health Mission

National Skills Development Mission

National Service Scheme

National Sample Survey

National Sample Survey Organisation

National Sports Talent Contest

National Service Volunteer Scheme

Neural Tube Defects

National University for Educational Planning and Administration

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Navodaya Vidyalaya

National Vector-Borne Disease Control Programme

Nehru Yuva Kendra Sangathan

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RDA

RGNCS

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RMK

RMSA

RNTCP

RRE

RTI

RYSC

SAA

SAARC

SACS

SARA

SBA

SC

SCA

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Prevention of Terrorism Act

Public-Private Partnership

Prevention of Parent-to-Child Transmission

Panchayati Raj Institutions

Pre-School Education

Public Sector Undertaking

Parent-Teacher Association

Particularly Vulnerable Tribal Groups

Pupil-Teacher Ratio

Persons with Disabilities

Protection of Women from Domestic Violence Act

Panchayat Yuva Khel Abhiyan

Registration of Births and Deaths

Reproductive and Child Health

Rape Crisis Intervention Centre

Rural Community Workshop

Required Dietary Allowance

Rajiv Gandhi National Crèche Scheme for Children of Working Mothers

Rogi Kalyan Samiti

Rashtriya Mahila Kosh

Rashtriya Madhyamik Shiksha Abhiyan

Revised National Tuberculosis Control Programme

Red Ribbon Express

Right to Information

Rural Youth and Sports Club

State Appropriate Authority

South Asian Association for Regional Cooperation

State AIDS Control Societies

State Adoption Resource Agency

Skilled Birth Attendant

Scheduled Caste

Special Central Assistance

Abbreviations

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SCERT

SCPCR

SCPS

SCRB

SCSP

SDMC

SGRY

SGSY

SHC

SHRC

SJA

SJPU

SJSRY

SNAC

SNAP

SNP

SPQEM

SRC

SRMS

SRS

SSA

SSHE

ST

STD

STI

STOP

TFR

THR

TI

ToT

TPDS

TSC

State Council for Educational Research and Training

State Commission for Protection of Child Rights

State Child Protection Society

State Crime Records Bureau

Scheduled Caste Sub-Plan

School Development and Monitoring Committee

Sampoorna Grameen Rozgar Yojana

Swarnjayanti Gram Swarozgar Yojana

Sub-Health Centre

State Human Rights Commission

State Judicial Academy

Special Juvenile Police Unit

Swarna Jayanti Shahari Rozgar Yojana

State Nodal Agency Centre

State Nodal Agency Partner

Supplementary Nutritional Support

Scheme for Providing Quality Education in Madrasas

Socio-Religious Community

Scheme for Rehabilitation of Manual Scavengers

Sample Registration System

Sarva Shiksha Abhiyan

School Sanitation and Hygiene Education

Scheduled Tribe

Sexually Transmitted Disease

Sexually Transmitted Infection

Stop Trafficking and Oppression of Children & Women

Total Fertility Rate

Take Home Ration

Targeted Intervention

Training of Trainers

Targeted Public Distribution System

Total Sanitation Campaign

xxii

TSP

UEE

UGC

UIP

UNCRC

UNCRPD

UNCRC

UNDP

UNFPA

UNICEF

UNIFEM

UNODC

USAID

UT

VE

VEC

VET

VHND

VTP

WDPSCA

WHO

YaR

India: Third and Fourth Combined Periodic Report on the CRC

Tribal Sub-Plan

Universalisation of Elementary Education

University Grants Commission

Universal Immunisation Programme

United Nations Convention on the Rights of the Child

United Nations Convention on the Rights of Persons with Disabilities

United Nations Convention on the Rights of the Child

United Nations Development Programme

United Nations Population Fund

United Nations Children’s Fund

United Nations Development Fund for Women

United Nations Office on Drugs and Crime

United States Agency for International Development

Union Territory

Vocational Education

Village Education Committee

Vocational Education and Training

Village Health and Nutrition Day

Vocational Training Provider

Watershed Development Project in Shifted Cultivation Areas

World Health Organization

Young at Risk

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**Glossary**

*Aage Aao, Labh Uthhao*

*Abhiyan*

*Anganwadi*

*Bachhon ka Akhbar*

*Bal Adalat*

*Bal Panchayat*

*Bal Sabha*

*Bal Samvad Adalat*

*Bal Sangopan*

*Bal Sansad*

*Balika Ashram*

*Balika Graha*

*Balika Shivir*

*Balwadi*

*Basti*

*Beedi*

*Bhojan Mata*

*Bhonga Shalas*

*Chalta Phirta*

*Dai*

*Dalit*

*Devadasi*

*Dhaba*

*Gram Sabha*

*Gutka*

*Jhuggi Jhopri*

*Kishore Kalyan Nidhi*

*Kishori Balika*

Come Forward, Get Gains

Movement, Campaign

Child-Care and Mother-Care Centre

Children’s Newspaper

Children’s Court

Village Council Managed by Children

Children’s Council

Interactive Children’s Court

Foster Care

Child Cabinet

Centre for Adolescent Girls

Home for Destitute and Neglected Girls in the Age-group of

16-18 Years

Children’s Camp

Pre-School

Habitation

Thin cigarette filled with tobacco flake and wrapped in a tendu leaf

(used to wrap the tobacco) tied with a string at one end.

Woman Entrusted with the Task of Cooking Mid-day Meal in School

Schools in Temporary Huts

Mobile

Midwife

Socially-Backward Caste

Girls Married to a Deity and Dedicated to a Temple Service

Roadside Eating Place

Body Consisting of Persons Registered in the Electoral Rolls of a

Village or a Group of Villages which Elect a Panchayat

Mild Stimulant, Prepared with Crushed Areca Nut (also called Betel

Nut), Tobacco, Lime and Sweet or Savory Flavorings

Slum Cluster

Juvenile Welfare Fund

Teenage Girl

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*Kishore Nyay*

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Juvenile Justice

*Kishori Balika Mandal*

*Kalajatha*

*Lok Sabha*

*Ma-beti*

*Madrasa*

*Mahila*

*Maqtab*

*Mandal*

*Meena Manch*

*Mela*

*Mitanin*

*Mujhe Beti Hi Chahiye*

*Mujhe Mat Maro*

*Padyatra*

*Panchayat*

*Panchayat Samiti*

*Phoolwadi centre*

*Raen Basera*

*Rajya Sabha*

*Sabla*

*Samiti*

*Sammelan*

*Sarpanch*

*Sashaktikarn*

*Sehat Ki Sawari*

*Shishu*

*Shishu Greh*

*Zari*

*Zilla Parishad*

Forum for Teenage Girls

Awareness Campaign Aided through Art Forms

Lower House of Indian Parliament

Mother-Daughter

School for Teaching Islamic Theology

Woman

Elementary School for Teaching Islamic Subjects, and Practical Subjects

Administrative Unit, comprising a City/Town, and a few

Villages

Girls’ Forum

Fair

Community Health Worker; Literally Meaning ‘Friends’

I Want Only a Daughter

Don’t Kill Me

Marches

Local Government Body at the Village Level

Local Government body at the Tehsil/ Taluka Level, which is an

Administrative Division

Day-care Centre for Children below Three Years

Night Shelter

Upper House of Indian Parliament

Empowered, Strong Woman

Registered Society

Meeting

Elected Head of Panchayat

Empowerment

Health Vans

Child

Home for Children

Type of Thread Meant for Weaving and Embroidery

District Councils

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**Preface**

1.

2.

3.

4.

5.

India acceded to the UN Convention on the Rights of the Child (CRC) in 1992,

becoming one of the first few countries in the world to do so. India submitted its

First Report on the implementation of the CRC in 1997. This was reviewed by the

UN Committee on the Rights of the Child (UNCRC) in January 2000. The Sec-

ond Periodic Report on CRC was submitted by India in 2001, which was reviewed

by UNCRC in February 2004. The Committee recommended India to submit the

next report as a combined third and fourth periodic report in July 2008. India:

Third and Fourth Combined Periodic Report takes into consideration a period

between 2001 and 2008.

The Second Periodic Report of India, while presenting a comprehensive picture

of the situation of children in the country and achievements in the earlier period,

expressed concern about some critical indicators and gave a solemn commitment

to address them. The present India: Third and Fourth Combined Periodic Report

on CRC – a product of extensive consultations with all stakeholders – has tried to

make a candid assessment of how much of this commitment, has been translated

into action. A sincere attempt has been made in these pages to describe the current

status of well-being of children in India, efforts made during the period to address

the concerns of children and the challenges, which have yet to be overcome.

During the reporting period, the Government has targeted and worked diligently

towards inclusive growth, with the ultimate objective of creating an inclusive society.

The period is too short to achieve this goal. But tremendous momentum has already

been imparted through policy initiatives and programmes initiated and implemented

for children. These years have also seen a continued emphasis on transparency and

better governance – the bedrock of efficient and outcome-oriented programming.

Assessments during the 10th Plan (2002-07) highlighted the persisting development

deficits caused by slower-than-expected reduction in poverty levels. These assess-

ments triggered major policy initiatives and resource commitments for child surviv-

al and development. The 11th Plan (2007-12) remains geared to these commitments,

with focus on inclusion and empowerment.

During this period, ongoing flagship programmes for employment, education,

health, nutrition, rural infrastructure and urban renewal have been consolidated.

New flagship programmes for food security and skill development have been intro-

duced or are in the process of being initiated. The Government is seriously engaged

in not only restoring the economy after the global meltdown in 2008-09 to a higher

growth trajectory, but is also ensuring that the growth process is socially and re-

gionally more inclusive and equitable. For this reason, all the current development

initiatives are much better clued to the welfare of women and children, Scheduled

Castes/Scheduled Tribes, Other Backward Classes, minorities and the differently-

abled. The upgradation of the Department of Women and Child Development

into an independent Ministry has no doubt helped to bring the children issue into

better focus and to manage child-related initiatives in a better manner.

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6.

7.

8.

9.

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Among the notable achievements in this reporting period have been the perceptible

improvement in access to education, expansion of the Mid-Day Meal Scheme to cover

over 117.4 million children, revamping of rural public health infrastructure and a rap-

idly-expanding social protection net through insurance schemes and pensions. Under-

developed States and regions have been the special focus of development efforts. The

National Rural Employment Guarantee Scheme has been universalised in coverage

and proved to be an effective social protection measure. It is the largest programme

in the world, for rural re-construction. The National Rural Health Mission has been

put in mission mode for implementation and has been taking steps to bring about a

reduction in infant and maternal mortality. An important aspect of development pro-

gramme in this period has been increased transparency and greater public account-

ability through enabling legislations and independent monitoring mechanisms.

The groundwork done during this reporting period is set to pay dividends in the

coming years. The early childhood education and nutrition delivery programme,

Integrated Child Development Services, has entered the third phase of expansion.

The Sarva Shiksha Abhiyan has positively impacted on the access and retention

in schools. The focus has shifted more to quality education, and with the Right

of Children to Free and Compulsory Education Act, 2009, the enabling legisla-

tion, in place, this will receive further impetus. Recognising that increased female

literacy is a force multiplier for social development programmes, the Government

has launched a National Mission for Female Literacy to make every woman literate

in the next five years. The proposed National Food Security Act, once enacted, will

provide the statutory basis for the framework to assure food security for all. With

40% of the population in the under-18 age group, a National Skill Development

Mission has been launched to tap this demographic dividend.

A big boost to developing a protective environment for children during the report-

ing period has been provided by the setting up of National Commission for Protec-

tion of Child Rights, guided by an appropriate legislative framework. The work on

setting up of State-level Commissions and Children’s Courts is under way. The Na-

tional Commission has been functional for more than three years and has been ad-

dressing issues of working children, sexual abuse, female foeticide, and others. The

Integrated Child Protection Scheme has been launched, based on the principles

of ‘protection of child rights’ and ‘best interest of the child’. The Scheme will help

build a protective environment for all children, who are in difficult circumstances

and reduce vulnerabilities of other children, subject to abuse and exploitation.

Consistent and high economic growth over the past few years has enabled increased

allocation of funds for social sector investments, particularly targeting the vulner-

able groups, including children. Child budgeting has had a head start. Even during

the period of global economic downturn, the Government has ensured that invest-

ments for children continue to increase, even if it has resulted in an overall increase

in deficit financing.

10. Increased allocations, outcome-oriented implementation and inclusive poli-

cies have, no doubt, produced encouraging results during this period, particu-

larly in education and health. It is evident that the experience gained in the

Preface

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implementation of certain National-level programmes would be leveraged now to

make a decisive impact in other dimensions of child rights, particularly in reaching

out to and improving the situation of children in special and difficult circumstances.

11. This Report, while acknowledging the achievements, underscores areas, where ur-

gent attention is required. We would like to take this opportunity to reiterate our

commitment to continue working towards realising the rights of all children.

**Presentation of the Report**

12. India: Third and Fourth Combined Periodic Report on CRC has been prepared in

accordance with the Guidelines adopted by the UN Committee on the Rights of

the Child in its Thirty-Ninth (39th) Session on June 3, 2005. The Report is divided

into eight thematic chapters, based on grouping of the Articles of the Convention.

Each thematic chapter begins with the Government’s response to the Concluding

Observations made by the Committee on the Rights of the Child in its Thirty-Fifth

(35th) Session. This is followed by a description of the steps taken by the Govern-

ment towards implementation of Articles of the Convention and the enjoyment

of human rights by children in the country. The discussion is grouped under the

following sub-headings in each chapter:

* + - * + Status and Trends
        + Policy
        + Legislation
        + Programmes
        + Coordination
        + Monitoring
        + Awareness-Generation
        + Capacity-Building
        + Resources
        + Challenges

13. Recognising that different Articles of the Convention are not stand-alone Articles

and are inter-related, cross-references have been given both within and across the

chapters. India: Third and Fourth Combined Periodic Report on CRC is in full

compliance with the provisions of Article 44 of the Convention.

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**Information Update**

1.

India: Third and Fourth Combined Report on the CRC was planned for submis-

sion to the UN Committee on the Rights of the Child in 2008. Internal discussion

among ministries, constant feedback on the report and availability of new data has

been a continuing challenge in the finalisation of the Report. In order to incorpo-

rate new developments and information, this additional chapter on “Information

Update” has been added to the report.

**General Measures of Implementation**

**Articles 4, 42 and 44 (para 6)**

**Mid Term Evaluation of the 11th Five Year Plan**

2.

3.

The 11th Five Year Plan recognised rights of children regardless of vulnerabilities of

their class, caste, religion, ethnicity, regional and gender status. The Plan envisioned

inclusive growth and advocated for ending the exclusion and discrimination faced

by children. The first half of the 11th Five Year Plan saw the introduction of some

new schemes to tackle issues of declining sex ratio, trafficking and child protection.

Half way through the Plan, the steps taken to attain inclusive growth as per the

goals set out in the Plan are clearly visible; and efforts are being made to accelerate

this progress. It is to be recognised that the process of systematic transformation has

started and success lies in proper implementation and good governance.1

The mid-term evaluation of the 11th Five Year Plan provides an assessment of exist-

ing programmes and schemes along with recommendations to fulfil the 11th Plan

vision of child rights. Some of the key programmes for which the Plan has made

recommendations include: the Integrated Child Development Services (ICDS),

a Conditional Cash Transfer Scheme called Dhanalakshmi, Ujjawala to address

the issue of trafficking, Integrated Child Protection Scheme (ICPS) and the Rajiv

Gandhi National Crèche Scheme (RGNCS) (See Section 1.5.1 for details.). Accord-

ing to the mid-term evaluation, concerted, focused and outcome-oriented efforts

are required to address malnutrition for development of children under two years

of age. There is need to clearly define the specific purpose of ICDS and param-

eters against which its performance should be measured. There is need to focus on

impacts and outcomes rather than outputs. For the Dhanalakshmi Scheme, there

is need to review and revise the Scheme to make it worthwhile and less cumber-

some, and also increase the geographical coverage to make it viable and of inter-

est to States. Ujjawala needs much greater publicity, Non-Governmental Organisa-

tions (NGOs) need to be encouraged and sensitised to take up the Scheme and

procedures need to be streamlined to enable safe and quick repatriation of the

victims. ICPS is already being implemented through States/Union Territories

(UTs). The RGNCS should be considered for converting into a centrally sponsored

scheme with revision in user charges and cost norms to bring them at par with

those of ICDS. Furthermore, the mid-term evaluation recommends that efforts are

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needed to generate flexibility of norms to address critical needs at community level by

creating a flexi pool of resources. Schemes need to be funded with realistic cost

norms. Dissemination of information about existing schemes also needs to be

strengthened.2 Government is making effort in this direction.

**Data Collection**

4.

5.

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7.

A system for name-based tracking of pregnant women and children for ante-natal

care and immunisation is being put in place to obtain accurate data from across

the country. The tracking system will capture the contact numbers of beneficiaries

and health providers. This will help national monitoring of the health status of

pregnant women and infants/children across the country. A help desk/call-centre is

also being established to randomly cross-check the health services delivered to these

mothers and children.3

For the first time, an Annual Health Survey has been launched to provide data on

key health indicators like the Total Fertility Rate (TFR), Crude Birth and Death

Rates, Infant Mortality Rate (IMR), etc. at the District level and Maternal Mortality

Rate (MMR) at the Regional level. The survey is being conducted in collaboration

with the Office of the Registrar General of India (ORGI) and has been launched in

the 284 Districts of nine States, namely, Bihar, Jharkhand, Madhya Pradesh, Chhat-

tisgarh, Uttar Pradesh, Uttarakhand, Orissa, Rajasthan and Assam. A proposal for

estimation of anaemia, malnutrition, hypertension, diabetes, and testing of iodine

in salt used by households has also been approved.4

The results of the District Level Household Survey (DLHS-3) 2007-08 were released

in 2010. DLHS-3 is a nation-wide survey that covers 601 Districts from 34 States

and UTs of India. The earlier surveys were conducted in 2002-04 (DLHS-2) and in

1998-99 (DLHS-1). The DLHS-3 provides data on maternal and child health, family

planning and other reproductive health indicators. The broad objective of DLHS-3

is to provide reproductive child health outcome indicators at the District level in

order to monitor and provide corrective measures to the National Rural Health

Mission (NRHM), which was launched in 2005-06 to provide effective health care

to the rural population in the country with special focus on States with poor health

outcomes and inadequate public health infrastructure and manpower (See Section

1.5.2 for details). The results of the Survey are being used by the States and Districts

in monitoring and assessing existing programmes, and initiating steps to further

strengthen NRHM’s programmatic interventions.5

According to DLHS-3, at the national level, the proportion of children receiving

full vaccination is 54%. The full vaccination includes one dose of BCG, three injec-

tions against DPT, three doses of Polio and one vaccine against measles. About 5%

of the children at the national level had not received a single vaccine. The cover-

age of immunisation is higher in urban areas compared to that in the rural areas

(63% and 50% respectively).6 Considerable State-level variations with regard to im-

munisation coverage persist (See figure 1). States like Himachal Pradesh, Punjab,

Goa, Kerala and Tamil Nadu have about 80% coverage. In States like Rajasthan,

Information Update

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Figure 1: Full Immunisation Coverage of Children

(aged 12-23 months) by States

Source: District Level Household and Facility Survey 2007-08, Ministry of Health and Family Welfare, GoI, page 94.

Arunachal Pradesh, Manipur, Tripura, Meghalaya and Assam more than 10% of

the children never received a single vaccine. It is as high as 21% and 15% in Tripura

and Meghalaya. In Himachal Pradesh, Sikkim, Karnataka, Goa, Kerala and Tamil

Nadu, children who did not receive any vaccine is less than 1%.7

8.

A high proportion (78%) of women are aware of diarrhoea management and what

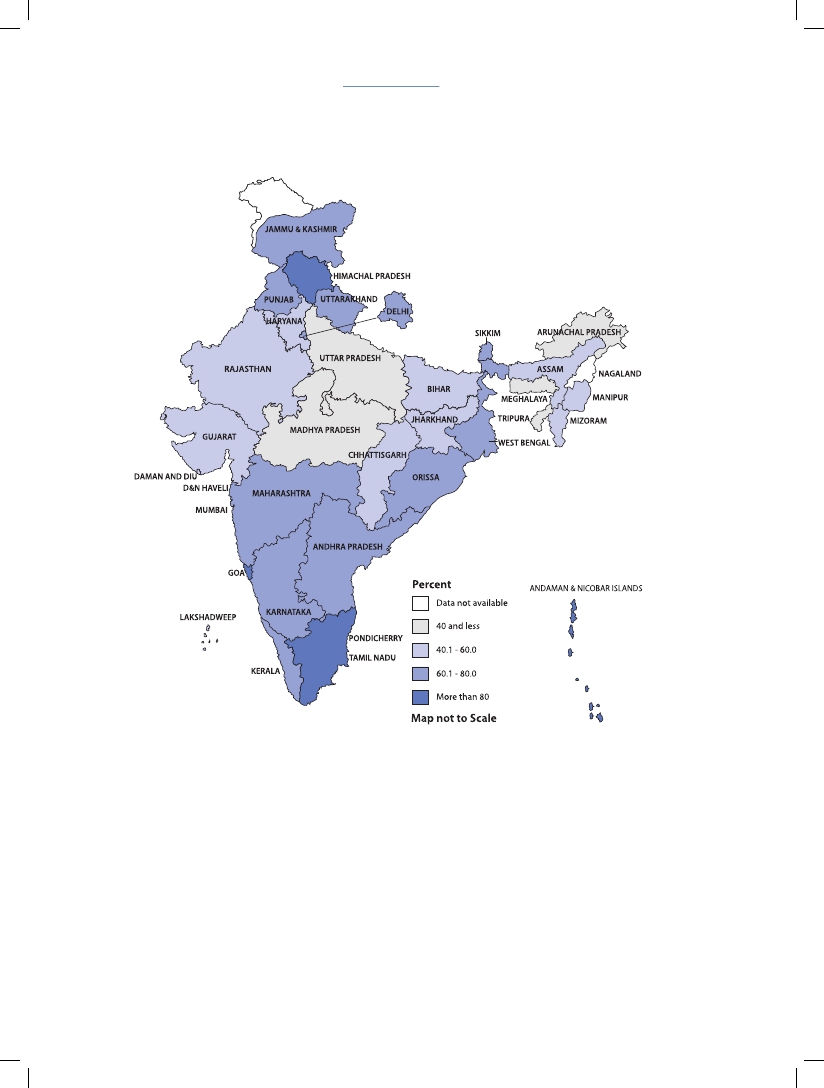
to do when a child has diarrhoea. Nearly 50% of women are aware about oral rehy-

dration solution (ORS) and 58% have knowledge regarding salt and sugar solution.

A high proportion (85%) of urban women are aware about the diarrhoea manage-

ment as compared to 75% of rural women. Among the mothers with 10 or more

years of schooling, the awareness level is 91%. The awareness is 90% among women



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9.

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belonging to the highest wealth quintile households. The knowledge of diarrhoea

management is quite high in almost all the States/UTs. Women in Assam, Uttar

Pradesh, Rajasthan, Jharkhand, Haryana, Maharashtra, Tamil Nadu and Andhra

Pradesh have relatively low levels of knowledge about ORS.8

About 57% of the women reported awareness about danger signs of acute respirato-

ry infection (ARI) and 11% of the women reported that their children suffered from

ARI during the two-week period prior to the survey. A high proportion (77%) of

the children who suffered from ARI or fever sought advice/treatment. The percent-

age of children with ARI symptoms varies considerably across States, from 2% in

Arunachal Pradesh to 25% in West Bengal. More than 80% of the children

suffering from ARI or fever sought advice/treatment in Andhra Pradesh, Arunachal

Pradesh, Delhi, Goa, Haryana, Himachal Pradesh, Jammu and Kashmir, Karna-

taka, Kerala, Meghalaya, Punjab, West Bengal and Tamil Nadu.9

10. At the national level, 57% of the children received at least one dosage of vitamin A.

However, the proportion who received three to five dosages of vitamin A is only 19%.

About 29% of the children received injections against Hepatitis-B. The coverage is

high in urban areas (44%) compared to rural areas (23%). Children belonging to

households coming under the highest wealth quintiles, better educated mothers and

lower order births are more likely to be vaccinated against Hepatitis-B. The same is

the case with Vitamin A supplementation. Only 11% of children from households

belonging to the lowest wealth quintile receive the Hepatitis-B injection while it is

54% among the highest wealth quintile households.10

11. The data collected on the utilisation of Antenatal Care (ANC) services for women

who had their last live/still birth during the three years prior to the survey shows that

at the national level 75% of the women received at least one antenatal care visit dur-

ing pregnancy. About 55% women received ANC from Government health facilities.

The percent of women who received any ANC during pregnancy is lowest in Megha-

laya (55%) and almost universal in Tamil Nadu, Goa, Kerala and Lakshadweep. At

the national level, nearly half of the deliveries (47%) take place in health institutions.

The extent of institutional deliveries varies considerably across the States/UTs from

the lowest of 18-28% in Jharkhand, Chhattisgarh, Meghalaya, Uttar Pradesh and

Bihar to the highest of 94-99% in Tamil Nadu, Goa and Kerala.11

**General Principles**

**Articles 2, 3, 6 and 12**

12. The Ministry of Women and Child Development (MWCD) launched a scheme for

adolescent girls “Rajiv Gandhi Scheme for Empowerment of Adolescent Girls –

SABLA” on a pilot basis in 200 Districts in 2010. These Districts have been selected

from all States/UTs on the basis of a composite index on indicators relevant to the

condition of adolescent girls across the country. In the selected Districts, SABLA

replaces the existing Nutrition Programme for Adolescent Girls (NPAG) and Kishori

Shakti Yojana (KSY). In the remaining Districts, KSY where operational, continues

as before. SABLA aims at empowering adolescent girls of 11-18 years by improving

Information Update

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their nutritional and health status, up-gradation of home skills, life skills and vo-

cational skills. The girls will be equipped with information on health and family

welfare, hygiene and guidance on existing public services. The Scheme also aims to

mainstream out-of-school girls into formal education or non-formal education.

**Basic Health and Welfare**

**Articles 6, 18 (para 3), 23, 24, 26 and 27 (paras 1-3)**

**Children with Disabilities**

**Article 23**

13. The Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Par-

ticipation) Rules, 1996 were amended by a notification in 2009, so as to (i) simplify and

decentralise the process of issue of disability certificates, and (ii) make more detailed

provision regarding eligibility for appointment of Chief Commissioner for Persons

with Disabilities with terms of appointment. Detailed guidelines have been issued to

State Governments requesting them to make similar changes in the State Rules.12

**Health and Health Services**

**Article 24**

14. A new training programme on Basic Newborn Care and Resuscitation, Navjat Shi-

shu Suraksha Karyakram (NSSK), was launched in 2009 to address important inter-

ventions of care at birth, which includes: prevention of hypothermia, prevention of

infection, early initiation of breast feeding and basic newborn resuscitation. It is a

two-day rapid training programme that trains the doctors and nurses at health facili-

ties about newborn care. The objective of this new initiative is to have one person

trained in basic newborn care and resuscitation at every delivery. This training is be-

ing imparted to medical officers, staff nurses and auxiliary nurse midwife (ANMs)

at community health centres (CHCs)/first referral units (FRUs) and 24x7 primary

health centres where deliveries are taking place and is expected to reduce neonatal

mortality significantly in the country.13 District-level trainers have been trained for

the States of Bihar, Chhattisgarh, Jharkhand, Madhya Pradesh, Orissa, Rajasthan,

Uttar Pradesh, Uttarakhand and Jammu & Kashmir. State-level trainers have been

trained in the remaining States.14

15. Significant success has been achieved in reducing the number of polio cases in the

country and only Uttar Pradesh and Bihar remain the two endemic States in the

country for wild polio virus where indigenous transmission still continues. For the

first time, Bivalent Polio Vaccine for two wild polio virus (P1 and P3) was intro-

duced in the immunisation programme in January 2010, first in Bihar and then in

Uttar Pradesh, and is expected to lead to rapid increase of population immunity

and control of these two types of virus.

16. Diagnosis of HIV in infants and children below 18 months by using DNA PCR Test-

ing (Early Infant Diagnosis) was rolled out in 2010 through Integrated Counselling

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and Testing Centres (ICTCs) and Anti-Retroviral Treatment (ART) centres. The cost

of the test is fully borne by the Government and is to be repeated up to three times,

till the baby is 18 months old. At present, testing has begun in 767 ICTC and 181

ART centres in the States/UTs of Andhra Pradesh, Tamil Nadu, Gujarat, Madhya

Pradesh, Karnataka, Maharashtra, Kerala and Puducherry.15

17. The Red Ribbon Express (RRE) after a successful first run in 2007-08 returned

for a second run from December 2009 to December 2010 with services, informa-

tion, education and communication (IEC) material, and infotainment activities to

educate and inform people on all aspects of HIV/AIDS. This time, National Rural

Health Mission (NRHM) has also come on board with National AIDS Control

Organisation (NACO), with one coach having an exhibition on TB, and H1N1, ma-

laria, reproductive health and child services. Services for HIV testing, STI treatment

and general health check-ups are also catered for. Those who are not able to visit the

train are being reached by outreach services through IEC vans and folk troupes in

the villages of the Districts through which the RRE is passing.

18. MWCD launched a new scheme in 2010 – Indira Gandhi Matritva Sahyog Yojana

(IGMSY) -Conditional Maternity Benefit (CMB) – for pregnant and lactating wom-

en on pilot basis in 52 selected districts across the country. The Scheme would con-

tribute to better enabling environment by providing cash incentives for improved

health and nutrition to pregnant and lactating mothers. It would address short term

income support objectives with long term objective of behaviour and attitudinal

change. The Scheme attempts to partly compensate for wage loss to pregnant and

lactating women both prior to and after delivery of the child.

**Education Leisure and Cultural Activities**

**Articles 28, 29 and 31**

19. The Right of Children to Free and Compulsory Education (RTE) Act, 2009 pub-

lished in the Gazette of India on August 27, 2009 was enforced by the Central

Government from April 1, 2010. The Act provides for Free and Compulsory educa-

tion to all children between 6-14 years of age. The Act has considerable implications

for the implementation of Sarva Shiksha Abhiyan (SSA). Steps have been initiated

to harmonise the vision, strategy and norms under SSA with the RTE Act, 2009

mandate. The Right of Children to Free and Compulsory Education Rules, 2010

have been formed and a National Advisory Council was set-up in 2010 to advice the

Central Government on implementation of the provision of the RTE Act, 2009 in

an effective manner.

20. The National Commission for Protection of Child Rights (NCPCR) has been as-

signed with the responsibility of monitoring the child’s right to education under

Section 31 of the RTE Act, 2009. Accordingly the Commission constituted an Ex-

pert Group in 2009 with eminent persons from government and NGOs for advice

on matters relating to NCPCR’s role in monitoring children’s right to education.

The group has met thrice to develop strategies and action plan for NCPCR vis-à-vis

its role in monitoring child’s right to education.16

Information Update

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**Special Protection Measures**

**Articles 22, 30, 32-36, 37 (b)-(d), 38, 39 and 40**

21. The Ministry of Women and Child Development (MWCD) launched the centrally

sponsored scheme–ICPS with a view to create a safe and secure environment in the

country for comprehensive development of children in need of care and protection,

children in conflict and contact with law, and any other vulnerable child such as

children of migrant families, children of prisoners, children of women in prostitu-

tion, working children, children living on the streets, trafficked or sexually exploited

children, etc. The signing of memorandum of understanding (MoU) between the

Government of India and the respective State Governments/UTs is a prerequisite

for the implementation of the Scheme. Majority of the States/UTs (30) have signed

the MoU and the remaining States are in the process of doing so.

22. The MWCD is piloting the Protection of Children from Sexual Offences Bill, 2011.

**End Notes**

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**1. General Measures of**

**Implementation**



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**General Measures of Implementation**

**Articles 4, 42 and 44 (para 6)**

The Concluding Observations (COs) addressed in this chapter include:

* The Declaration made under Article 32 of the Convention, CO No. 8 in para 43
* Scrutiny and implementation of legislations to ensure implementation of the provi-

sions of CRC, CO No. 10 (a) and (b) in paras 25-55

* Resources, CO No. 12 (a) and (b) in paras 130-132
* Coordination, CO No. 14 in paras 87-89
* The National Plan of Action/National Charter for Children, CO No. 16 in paras

12-13 and 89-90

* Independent monitoring structures, CO No. 18 in paras 5-10
* Cooperation with NGOs, CO No. 20 in paras 125-128
* Data collection, CO No. 22 in paras 101-116
* Dissemination of CRC, CO No. 24 (a) in paras 95 and 99-100
* Involvement of Parliamentarians and community and religious leaders, CO No. 24

(b) in paras 92 and 96-98

* Systematic education on the provisions of CRC, CO No. 24 (c) in paras 117-120

and 124

* Promotion of human rights education, CO No. 24 (d) in paras 121-122
* Technical assistance, CO No. 24 (e) in paras 125-126
* Programmes based on child’s needs and rights, CO No. 32 in paras 56-79
* Gender impact studies, CO No. 34 (c) in paras 133-134
* The Child Marriage Restraint Act, CO No. 61(a) in paras 29-32
* Childline, CO No. 67 in para 67

**Introduction**

1.

The reporting period has witnessed two Five Year Plan periods, in which there has

been implementation of the 10th Five Year Plan (2002-07) and conceptualisation

and beginning of the 11th Five Year Plan (2007-12). During the 10th Plan period,

the Government has initiated policies and programmes to further implement In-

dia’s Convention on the Rights of the Child (CRC) commitments for the survival,

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3.

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development, protection and participation of children. This was achieved by in-

creased allocation of resources; launch of flagship programmes; convergence of ex-

isting programmes; strengthening of legislations; increased coverage of services and

enhanced coordination between different stakeholders.

The development of children has been at the centre of the 11th Five Year Plan. It takes

forward the agenda of child rights and inclusive growth more vigorously, by further

strengthening legislations and expanding delivery systems. This includes universali-

sation of services for nutrition and development of children in the age group of 0-6

years; adoption of free and compulsory education for the age group of 6-14 years;

amendment of existing legislations; and launch of comprehensive schemes for pro-

tection of children in difficult circumstances, working children, victims of trafficking

and other vulnerable children. Furthermore, the Government has set up National

Commission for Protection of Child Rights (NCPCR), which has been followed by

setting up of similar Commissions by several States at the State level.

In early 2006, a major step was taken to consolidate all child-related issues under

one umbrella by upgrading the Department of Women and Child Development

(DWCD) into a full-fledged Ministry, with enhanced human and financial resources.

This has given the much-needed impetus to holistic planning and programming for

children. The Ministry of Women and Child Development (MWCD) is working

towards the realisation of child rights through improved coordination with other

Ministries, State Governments, institutions and civil society.

**1.1 Institutional Mechanisms**

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**Ministry of Women and Child Development:** The newly-formed Ministry contin-

ues to implement and monitor all policies and programmes/schemes pertaining

to children through existing institutional mechanisms. These include the National

Institute of Public Cooperation and Child Development (NIPCCD), Central Adop-

tion Resource Authority (CARA), Food and Nutrition Board (FNB), Central Social

Welfare Board (CSWB), National Commission for Women (NCW) and Rashtriya

Mahila Kosh (RMK). In addition, the MWCD has set up the NCPCR to look into

specific cases of child rights violation, which were earlier addressed by the National

Human Rights Commission (NHRC).

**National Commission for Protection of Child Rights:** The establishment of

NCPCR in 2007, one of the few of its kind in Asia, is a major step towards the

protection of rights of children in India. The Commission ensures that all laws,

policies, programmes and administrative mechanisms are in consonance with the

child rights perspective, enshrined in the Constitution of India and CRC. In addi-

tion, it produces and disseminates information about child rights; takes *suo motu*

cognizance of violation of rights and compiles and analyses data on children. The

Commission has recently been entrusted with monitoring of the fundamental

right to free and compulsory education.

Since its formation, the Commission has received and inquired into complaints

related to working children, sexual abuse, corporal punishment and juvenile justice.

General Measures of Implementation

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In order to improve the juvenile justice system, the Commission has examined the

functioning of statutory bodies such as Juvenile Justice Boards (JJBs), undertaken

visits to several observation homes across the country and held consultations with

senior officials from different Government Departments, Police and High Court

judges and children themselves. It has constituted Working Groups, which have

worked on the juvenile justice system, corporal punishment and child labour. The

Commission has organised several conferences, workshops and public hearings

on the issue of child labour in the States of Andhra Pradesh, Jharkhand, Madhya

Pradesh, Chhattisgarh, Bihar, Tripura, Assam, Rajasthan and Gujarat; on the rights

of children in civil-strife-affected areas in Andhra Pradesh and Chhattisgarh; and on

corporal punishment and child abuse in the State of Tamil Nadu. (See Section 1.8

for details.)

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Eight States — Goa, Sikkim, Delhi, Maharashtra, Karnataka, Assam, Madhya

Pradesh and Rajasthan — have set up State Commissions for Protection of Child

Rights (SCPCR) till date; the other States are in the process of setting them up.

**National Human Rights Commission:** The Commission, functioning since 1993,

has played a proactive role in this reporting period in the ratification of two Op-

tional Protocols (OPs) to the CRC in 2005 and the United Nations Convention on

the Rights of Persons with Disabilities (UNCRPD) in 2007. The NHRC undertook

a pioneering study in 2003-04, in collaboration with UNIFEM, MWCD and the

Institute of Social Sciences (ISS), to understand the issue of trafficking of women

and children. The Commission has given recommendations on missing children,

which were forwarded for compliance to all the States/Union Territories (UTs).

These recommendations, *inter alia*, include: setting up of a special squad/missing

person’s desk at every police station across the country; involvement of community

at large by investigating police teams and the evolving of a system of mandatory

reporting, whereby all incidents of missing children across the country are reported

to the NCPCR.

State Human Rights Commissions (SHRCs), set up in 18 States in accordance with

the Protection of Human Rights (Amendment) Act, 2006, are engaged in the pro-

tection and promotion of child rights.

10. **National Commission for Women:** During the reporting period, the Commission,

along with 26 State Commissions1, has handled several complaints of child marriage

and has acted *suo motu* in some cases to provide speedy justice. The Commission has

sponsored legal awareness programmes and undertaken publicity campaigns against

female foeticide, child marriage, rape, etc.

**1.2 Policy**

11. **The National Policy for Children (NPC), 1974:** The Policy, adopted in, 1974, de-

scribes children as ‘a supremely important asset’ of the nation. This is being reviewed,

so that it is brought in tune with current priorities and emerging needs of children.

12. **The National Charter for Children (NCC), 2003:** The NCC, 2003, adopted

in 2004, emphasises the Government’s commitment to children’s rights to

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survival, development and protection. Whilst listing the responsibilities of the

State and the community towards ensuring the rights of children, it also enu-

merates children’s duties towards their families, society and the nation.2 The

Charter seeks and:

i.

Emphasises survival, life and liberty.

ii. Promotes highest standards of health and nutrition.

iii. Assures basic minimum needs and security.

iv. Provides for free and compulsory education.

v. Provides for protection of children from economic exploitation and all forms

of abuse.

vi. Provides for protection of the girl child from discriminatory practices, including

child marriage.

vii. Emphasises strengthening of families.

viii. Provides for protection of Children with Disabilities (CWDs).

ix. Ensures child-friendly procedures, namely judicial, administrative, educational

and social.

13. **The National Plan of Action for Children (NPAC), 2005:** The NPAC, 2005, com-

mits to ensure the rights of all children by creating an enabling environment for

their survival, growth, development and protection. The NPAC, 2005, envisages a

collective commitment and action by all sectors and levels of Governments, and a

partnership of the Government with families, communities, voluntary sector, civil

society and children themselves, in consonance with the CRC, COs of the UN

Committee on the Rights of the Child (UNCRC), the Millennium Development

Goals (MDGs), and ‘A World Fit for Children’.3 The NPAC, 2005, has set specific

time-bound targets to:

i.

Reduce Infant Mortality Rate (IMR) to below 30 per 1,000 live births by 2010.

ii. Reduce Child Mortality Rate (CMR) to below 31 per 1,000 live births by 2010.

iii. Reduce Maternal Mortality Rate (MMR) to below 100 per 100,000 live births

by 2010.

iv. Provide universal equitable access and use of safe drinking water and improved

access to sanitary means of excreta disposal by 2010.

v. Provide 100% access to basic sanitation to the rural population by 2012.

vi. Eliminate child marriages by 2010.

vii. Eliminate disability due to poliomyelitis by 2007.

viii. Reduce the proportion of infants infected with Human Immunodeficiency

Virus (HIV) by 20% by 2007 and by 50% by 2010.

General Measures of Implementation

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14. **The 11th Five Year Plan (2007-12)**: The mid-term appraisal of programmes for wom-

en and child development in the 10th Five Year Plan had revealed gaps and incon-

sistencies. As a result, the second half of the 10th Five Year Plan witnessed major

initiatives in policy and resource commitments to child survival and development,

such as the universalisation of Integrated Child Development Services (ICDS), Mid-

Day Meal Scheme (MDMS) and Sarva Shiksha Abhiyan (SSA), and the introduc-

tion of Kishori Shakti Yojana (KSY). Certain flagship programmes addressing poor

communities and impacting children were also launched, such as the National Ru-

ral Health Mission (NRHM), Total Sanitation Campaign (TSC) and the National

Rural Employment Guarantee Scheme (NREGS).4 Furthermore, assessments at the

close of the 10th Plan period highlighted a slowdown in the pace of decline of pov-

erty, which was a cause of concern, as it resulted in food insecurity and high levels

of malnutrition among children.

15. The 11th Five Year Plan has, therefore, accorded the highest priority to India’s com-

mitment to children, as laid down in the Constitution of India, the UNCRC, NPC,

1974, NPAC, 2005, and the Millennium Declaration.5 The 11th Plan commits to

create a protective environment, which will ensure every child’s right to survival,

development and participation. Recognising that women and children are not ho-

mogenous categories, it places an emphasis on mapping of specific deprivations and

addressing the issues related to inclusion, education, health and protection through

planned interventions. It lays down six specific targets:

i.

Raising the sex ratio for the 0-6 age group from 927 in 2001 to 935 by 2011-12

and to 950 by 2016-17.

ii. Ensuring that women and girl children comprise at least 33% of the direct and

indirect beneficiaries of all Government schemes.

iii. Reducing IMR from 57 to 28, and MMR from 3.01 to 1 per 1,000 live births by

the end of the 11th Five Year Plan.

iv. Reducing malnutrition among children in the 0-3 age group to half its present

level by the end of the 11th Five Year Plan.

v. Reducing anaemia among women and girls by 50% by the end of the 11th Five

Year Plan.

vi. Reducing drop-out rates at the level of primary and secondary schooling by 10%

for both girls and boys by the end of the 11th Five Year Plan.

16. **The National Policy for Persons with Disabilities, 2006**: The Policy recognises that

a majority of Persons with Disabilities (PWDs) can lead a better quality of life if they

have access to equal opportunities and effective rehabilitation measures. The provi-

sions for children under the Policy include6:

i.

The right to care, protection and security.

ii. The right to development with dignity and equality in an enabling environment

and in accordance with various Statutes.

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iii. Inclusion and effective access to education, health and vocational training,

along with specialised rehabilitation services.

iv. The recognition of special needs of children with severe disabilities for their

care and protection.

17. To further these, an amendment in the Persons with Disabilities (Equal Opportu-

nities, Protection of Rights and Full Participation) Act, is being undertaken. (See

Section 1.4.3 for details.)

18. **The Policy Framework for Children and AIDS in India, 2007:** The ‘Policy Frame-

work for Children and AIDS in India’ was released by the Ministry of Health and

Family Welfare (MoH&FW) and the Ministry of Women and Child Development

in 2007. This Policy Framework seeks to address the needs of children infected/

affected by HIV/Acquired Immuno Deficiency Syndrome (AIDS), by integrating

services for them within the existing development and poverty-reduction pro-

grammes. It focuses on vulnerable children and adolescents, HIV positive children,

pregnant HIV positive women, and children, whose parents are either HIV positive

or have AIDS or have died of AIDS-related condition.7 The four key strategies are:

prevention of Parent-to-Child Transmission (PPTCT), primary prevention among

adolescents, paediatric AIDS treatment, and protection and care of children and

families affected by AIDS.

19. **The National Rehabilitation and Resettlement Policy, 2007:** This Policy replaced

the National Policy on Resettlement and Rehabilitation for Project Affected Fami-

lies, 2003. Under the new Policy, no project involving displacement of families

beyond defined thresholds can be undertaken without a detailed social impact as-

sessment, which would include impact on the lives of children. The key features of

the Policy include: principle of rehabilitation before displacement, housing benefits

to all affected families, including the landless, and monthly pension to the vulner-

able people, such as disabled, destitute, orphans, unmarried girls, etc.8 Guided by

the new Policy, a National Rehabilitation and Resettlement Bill, 2007, has been

drafted. (See Section 1.4.4 for details.)

20. The NCPCR has made recommendations *vis-à-vis* the Bill in the context of child

rights. These include the need for an assessment of the impact of displacement

on children (gender-and age-specific) and their access to entitlements. It has also

emphasised the need for a mandatory survey of affected families, enumerating their

state of health, nutrition and education.9

21. **The National Urban Housing and Habitat Policy, 2007:** The Policy seeks to pro-

mote sustainable development of habitat in the country with a view to ensure eq-

uitable supply of land, shelter and services at affordable prices to all sections of the

society and thereby provides shelter to children from disadvantaged families.10

**1.3 International Legal Instruments**

22. On January 5, 2002, India signed the South Asian Association for Regional Co-

operation (SAARC) Convention on Prevention and Combating Trafficking of

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Women and Children in Prostitution to promote cooperation amongst Member

States. The Convention helps to effectively deal with various aspects of prevention,

interdiction and suppression of trafficking in women and children. Under the Con-

vention, repatriation and rehabilitation of victims of trafficking and prevention of

the use of women and children in international prostitution networks, (particularly

where SAARC member countries are countries of origin, transit and destination),

are areas of focus. In 2002, India became a signatory to the SAARC Convention on

Regional Arrangements on the Promotion of Child Welfare in South Asia, which

recognises survival, protection, development and participatory rights of the child

as a vital pre-requisite, and promotes solidarity, cooperation and collective action

between SAARC countries in the area of child rights.

23. India ratified the two OPs of CRC, namely the OP on the Sale of Children, Child

Prostitution and Child Pornography, and the OP on the Involvement of Children

in Armed Conflict, on September 16, 2005, and December 30, 2005, respectively.

24. On October 2, 2007, India ratified the UN Convention on the Rights of Persons

with Disabilities (UNCRPD), and committed itself to the rights of PWDs, includ-

ing the rights of children with disabilities.

**1.4 National Legislation**

25. The legislative framework for children’s rights is being strengthened with the for-

mulation of new laws and amendments in old laws. This includes new legislations

such as the Prohibition of Child Marriage Act (PCMA), 2006, the Right of Chil-

dren to Free and Compulsory Education Act 2009, the Protection of Women from

Domestic Violence Act (PWDVA), 2005, and the Commissions for Protection of

Child Rights Act (CPCRA), 2005. Amendments have been made to existing legisla-

tions such as the Juvenile Justice (Care and Protection of Children) Amendment

Act, 2006, (JJ (Amendment) Act, 2006) and the Goa Children’s (Amendment) Act,

2005. In addition, there are new legislations on the anvil, such as the proposed

Prevention of Offences against the Child Bill, 2009, and the HIV/AIDS Bill, 2006.

Both are currently at different stages of discussion. The legislations that already ex-

ist for children have been described in India First Periodic Report 2001 (See India

First Periodic Report 2001, paras 7-13, pp. 5-6 for details.) The Central Govern-

ment as well as State Governments undertake several awareness generation activi-

ties through print and electronic media to inform and educate people about the

provisions under the new and old legislations.

**1.4.1 New Legislation**

26. **The Commissions for Protection of Child Rights Act, 2005:** This Act provides for

the setting up of independent Commissions at the national and State levels (See

Section 1.1 for details.), to monitor all laws, policies, programmes and administra-

tive mechanisms, from a child rights’ perspective. It also provides for setting up of

children’s courts for speedy trial of offences against children, including violation of

child rights.11

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27. **The Protection of Women from Domestic Violence Act, 2005:** The Act pro-

vides a more comprehensive definition of domestic violence, which, besides acts of

abuse, includes the threat of physical, sexual, verbal, emotional or economic abuse.

The Act indirectly provides protection to children, who may also be victims of do-

mestic violence, and also extends its protection to women who are sisters, widows

or mothers.12

28. **The Right to Information (RTI) Act, 2005:** The RTI Act, 2005, mandates timely

response by public authorities to citizens’ requests for information. This Act has

brought about a revolution in the flow of information to the common person on

various domains of public life, including the use of public resources; and thereby

brought about more transparency in governance.13

29. **The Prohibition of Child Marriage Act, 2006:** This law has replaced the Child Mar-

riage Restraint Act, 1929. The offences under the Act are both cognizable and non-

bailable. Some of the important provisions are: child marriage to be made void at the

option of the contracting party, who was a child at the time of the marriage upto two

years after obtaining adulthood; provision for maintenance to the female contracting

party until her re-marriage; and passing of appropriate custody orders by the District

Court for children born out of a child marriage. All these changes have been made

keeping the welfare and best interests of the child as the paramount consideration.

The PCMA, 2006, has enhanced the punishment for male adults marrying a child

and for persons performing, abetting, promoting or attending a child marriage, with

imprisonment of up to two years and a fine of up to Rs 0.1 million.14

30. Under this Act, 10 States have framed their Rules; in other States it is in progress.15

The States of Chhattisgarh and Karnataka have appointed Child Marriage Prohibi-

tion Officers in every District.

31. The Supreme Court has reiterated its earlier judgement of February 14, 2006, on

July 23, 2007, that marriages of all citizens of India, irrespective of their religion,

have to be compulsorily registered in the States where the marriage was solemnised.16

This is a major step forward to prevent child marriage, as it makes it mandatory to

give age at the time of marriage.

32. The MWCD has developed a handbook on the Act and its implementation. To

implement the PCMA, 2006, the Government of India is conducting capacity-

building and training programmes for stakeholders in collaboration with UN agen-

cies and Non-Governmental Organisations (NGOs) and is also actively seeking

the participation of all stakeholders, including community and religious leaders,

for the purpose.

33. **The Scheduled Tribes and other Traditional Forest Dwellers (Recognition of For-**

**est Rights) Act, 2006:** This Act seeks to recognise and vest forest rights and occupa-

tion of forest land with traditional forest dwellers. The provisions of the Act have

come into force with effect from December 31, 2007.17 The Rules under the Act

have also been notified on January 1, 2008.18

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34. **The Unorganised Workers’ Social Security Act, 2008:** The Act provides for formu-

lation of welfare schemes for workers of different sections of the unorganised sector

on matters related to: (i) life and disability cover; (ii) health and maternity benefits

for the workers and their children; (iii) old-age protection, etc.19

35. **The Right of Children to Free and Compulsory Education Act, 2009:** The Con-

stitutional (Eighty Sixth) Amendment Act, 2002, inserted Article 21-A in the Con-

stitution, which provides that *‘the State shall provide free and compulsory education to all*

*children of the age of 6-14 years in such manner as the State may, by law, determine’.* The

resulting legislation has been titled the Right of Children to Free and Compulsory

Education Act, 2009.20 Some of the key features of the Act include:

i.

The right of children (6-14 years) to free and compulsory education till the com-

pletion of elementary education in a neighbourhood school.

ii. Specification of duties and responsibilities of Governments, local authorities

and parents in providing free and compulsory education.

iii. Revision in norms and standards relating, *inter alia*, to Pupil-Teacher Ra-

tio (PTR), buildings and infrastructure, school’s working days, and teachers’

working hours.

iv. Rational deployment of teachers by ensuring that the specified PTR is main-

tained for each school, thereby ensuring that there is no urban-rural imbalance

in teacher postings.

v. Appointment of appropriately-trained teachers, i.e. teachers with requisite entry

and academic qualifications.

vi. Prohibition of (a) physical punishment and mental harassment; (b) screening

procedures for admission of children; (c) capitation fees; (d) private tuition by

teachers; and (e) running of schools without recognition.

vii. Penalty for charging capitation fee, for resorting to screening during admission

and for running a school without recognition.

viii. Development of curriculum in consonance with the values enshrined in the

Constitution.

ix. Protection and monitoring of the child’s right to free and compulsory educa-

tion and redressal of grievances by the NCPCR and the SCPCRs.

**1.4.2 Amendments in Existing Legislation**

36. **The Hindu Succession (Amendment) Act, 2005:** The Amendment Act removes

gender-discriminatory provisions in the Hindu Succession Act, 1956, and gives

equal rights to daughters (See Annexure 1.1 for details of provisions of the Hindu

Succession (Amendment) Act, 2005.)

37. **The Goa Children’s (Amendment) Act, 2005:** The Goa Children’s Act, 2003,

a pioneering attempt to address abuses against children, formulated by the State

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Government of Goa, was amended in 2005 to deal more stringently with various

forms of child abuse and to regulate children’s homes and hospitals. The amended

Act has expanded the scope of various abuses under commercial sexual exploitation

of children and grave sexual assault through a comprehensive definition of child

pornography. The Act also provides for strict punitive action and focuses on care

and protection of children through appropriate rehabilitative measures.21

38. **The Criminal Procedure Code (Amendment) Act, 2005 (CrPC (Amendment)**

**Act, 2005):** The Act was amended twice during the reporting period, in 2005 and

again in 2008. The notable changes include: women judges to hear rape cases as

far as practicable; recording of statements of victims at places of their choice; and

completion of investigations within three months from the date on which the in-

formation was recorded by the officer-in-charge of the police station. (See Annexure

1.2 for details of provisions under the CrPC (Amendment) Act, 2008.)

39. **The Juvenile Justice (Care and Protection of Children) (Amendment) Act, 2006:**

The Juvenile Justice (Care and Protection of Children) Act, 2000, (JJ Act, 2000) was

amended in 2006 to ensure better care and protection for children. The Juvenile Jus-

tice (Care and Protection of Children) Rules, 2007, (JJ Rules, 2007) were also made

by the Government for effective implementation and administration of the Act.

40. The JJ (Amendment) Act, 2006, states that JJBs and Child Welfare Committees

(CWCs) are to be set up by State Governments for all the Districts within a year of

this Act coming into force. The amendment prohibits placement of a juvenile in

conflict with law in police custody/lock-up. It places the juvenile under the charge

of the Special Juvenile Police Unit (SJPU) or a designated police officer immedi-

ately, and states that a juvenile in conflict with law has to be produced before a JJB

within 24 hours. The Act also protects the privacy of the child/juvenile in conflict

with law by prohibiting the publication of names, etc. in any print or visual media.

It also provides for speedy disposal of cases through regular review of pending cases

every six month by the Chief Judicial Magistrate (CJM)/Chief Metropolitan Magis-

trate (CMM). Furthermore, it restricts the stay of a child/juvenile in conflict with

law in a special home to three years and directs that the State Governments shall

constitute child protection units in every District of the State.

41. The JJ (Amendment) Act, 2006, also includes child beggars and working children in

the category of children in need of care and protection, thereby expanding the scope

of the Act. The Act states that all institutions, whether run by State Governments

or by voluntary organisations for children in need of care and protection, are to be

registered within six months of the Act being passed. The Act has made the adoption

process simpler and allows for adoption of children from juvenile homes.22

42. **The Child Labour (Prohibition and Regulation) Act, 1986:** The Government is-

sued two notifications (on July 10, 2006, and September 25, 2008) during the report-

ing period, expanding the list of banned and hazardous processes and occupations

in Schedule II of the Child Labour (Prohibition and Regulation) Act, 1986. Among

the additions are domestic work, work in hotels, *dhabas*, spas and recreation centres,

diving, processes involving exposure to excessive heat and cold, such as mechanised

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fishing, food processing, beverage industry, timber handling and loading, mechani-

cal lumbering and warehousing, etc.23 The number of occupations listed in Part A

is 16 and the number of processes listed in Part B is 65. (See Annexure 8C.1.2 for

list of occupations and processes banned under the Child Labour (Prohibition and

Regulation) Act, 1986.)

43. In response to the UN Committee’s recommendation to withdraw the declara-

tion made to Article 32 of the Convention, the Government considering the so-

cio-economic conditions in the country has adopted a multi-pronged strategy for

elimination of child labour, which emphasises on: (a) legislative measures; (b) gen-

eral development programmes for the benefit of the families of child labour and;

(c) project-based action in the area of high concentration of child labour. In addi-

tion, the ILO, in its resolution of 1979, also called for combination of efforts for

prohibition of child labour with measures for harmonising child labour wherever

the same cannot be outright eliminated. Keeping in view all these factors, but at the

same time to give effect to UN recommendations, amendments are being made in

labour laws, which is a continuous process.24

44. **The Maternity Benefit (Amendment) Act, 2008:** The amended Act provides for

more time to mothers for the care and protection of infants by regulating maternity

benefits available to women in factories, mines, circuses, plantations and shops or

establishments employing 10 or more persons. Consequent upon the acceptance of

the recommendations of the Sixth Pay Commission, as a measure of India’s com-

mitment under CRC, the Central Government has issued an order allowing child-

care leave to employees.

45. T**he Information and Technology (Amendment) Act, 2008:** The amended Act

addresses exploitation of children through the internet. Section 67 (b) provides for

punishment for publishing or transmitting material depicting children in sexually

explicit acts, etc. in electronic form.25 The amended Act provides for punishment

to whoever:

i.

Publishes or transmits or causes to be published or transmitted material in any elec-

tronic form, which depicts children engaged in a sexually-explicit act or conduct.

ii. Creates text or digital images, collects, seeks, browses, downloads, advertises,

promotes, exchanges or distributes material in any electronic form depicting

children in an obscene or indecent or sexually-explicit manner.

iii. Cultivates, entices or induces children to online relationship with one or more

children for, and on, a sexually-explicit act or in a manner that may offend a

reasonable adult on the computer resource.

iv. Facilitates abusing children online.

v. Records in any electronic form own abuse or that of others pertaining to sexu-

ally explicit act with children.

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**1.4.3 Proposed Amendments in Existing Legislations**

46. **Amendment to the Immoral Traffic (Prevention) Act (ITPA), 1956:** The ITPA,

1956, criminalises procuring, inducing and detaining for purpose of prostitution

but it does not define ‘trafficking’ *per se* in human beings. The Government has

been considering making amendments to this Act to widen its scope, to focus

on traffickers, to prevent re-victimisation of victims and to ensure its effective

implementation.

47. A major amendment proposed includes insertion of a new section defining compre-

hensively the ‘Trafficking in Persons’ on the lines of definition of trafficking con-

tained in the OP to Prevent, Suppress and Punish Trafficking in Persons, Especially

Women and Children, to UN Convention on Trans-National Organized Crime.

48. **Amendment to the Pre-Conception and Pre-Natal Diagnostic Techniques (Prohi-**

**bition of Sex Selection) (PCPNDT) Act, 1994:** The existing PCPNDT Act, 1994,

pre-empts the use of technologies, which significantly contribute to the declining

child-sex ratio and to curb their misuse for detection and disclosure of sex of the foe-

tus, lest it should lead to sex-selective abortion. Amendments have been proposed

to make the implementation of the Act more effective and stringent by strengthen-

ing the appropriate authorities.26

49. **Amendment to the Registration of Births and Deaths (RBD) Act, 1969:** The Gov-

ernment has proposed amendments to certain Sections of the RBD Act, 1969, in

order to increase the accountability, simplify the procedure of registration of births

and deaths, and make the Act citizen-friendly. The proposed amendments, *inter*

*alia*, include enabling provisions for registration of births of ‘street children’, as well

as ‘adopted children’.27

50. **Amendment to the Persons with Disabilities (Equal Opportunities, Protection**

**of Rights and Full Participation) Act, 1995:** The proposed amendments pertain

to the definition of a number of disabilities (*viz.* mental illness, cerebral palsy, low

vision, mental retardation and other impairments) and revised provisions regard-

ing the institutions responsible for implementation. Furthermore, the amendments

also propose more specific obligations of the States and local authorities (such as

developing strategies and schemes for inclusive education) and stronger provisions

for regular data collection on socio-economic status of PWDs. The Government has

initiated steps for amending the Act to harmonise it with UNCRPD.

51. A**mendment to the Land Acquisition Act, 1894:** The proposed amendment seeks

to modify provisions of the existing Land Acquisition Act, 1894, with a view to

strike a balance between the need for land for development and other purposes,

and protecting the interests of families, including children, displaced or adversely

affected on account of in-project acquisition of their land.

**1.4.4 Proposed Legislations**

52. **The Prevention of Offences against the Child Bill, 2009:** The MWCD felt the need

for a dialogue on various kinds of offences against children and a comprehensive

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legislation to address these more effectively. After wide consultations with voluntary

organisations, experts and UN agencies, Prevention of Offences against the Child

Bill, 2009, was prepared and is being reviewed by MWCD. The MWCD is also in

the process of formulating a comprehensive legislation to address the issue of sexual

offences against children.

53. **The HIV/AIDS Bill, 2006:** The proposed Bill seeks improved access to HIV/AIDS

services and facilities for testing, and deals with issues such as human rights, special

provisions for women, children and young persons, disclosure of information, so-

cial security, procedure in court and implementation.28 It also recognises the right

of children and young persons to access healthcare services and information in

their own right. This is particularly important for street children and those living

on their own. This Bill has been drafted through extensive research and nationwide

consultations with stakeholders.

54. **The National Rehabilitation and Resettlement Bill, 2007:** This Bill aims at giving

a legal basis to the provisions of the National Rehabilitation and Resettlement Pol-

icy, 2007, by articulating the basic premise that all projects leading to involuntary

displacement must address the grievances of affected persons, and that administra-

tive mechanisms must be established at the Central and State levels for the effective

rehabilitation and resettlement of the displaced population.

55. **The Communal Violence (Prevention, Control and Rehabilitation of Victims)**

**Bill, 2005:** This Bill contains measures for prevention of acts leading to communal

violence, and protects children who are victims of communal situations, both di-

rectly and indirectly.

**1.5 Programmes**

56. The Government of India is implementing a number of programmes, which fo-

cus on social inclusion, gender sensitivity, child participation and protection. This

approach is based on the principles of the CRC and MDGs, and is reflected in the

NPAC, 2005, the 11th Five Year Plan and all national flagship programmes.

**1.5.1 Programmes Implemented by MWCD**

57. **Integrated Child Development Services:** The ICDS has been a major initiative of

the MWCD for achieving child-nutrition-related MDGs. In 2008, the Government

of India approved the third expansion phase of the ICDS, with special focus on

habitations/settlements predominantly covered by Scheduled Castes (SCs)/ Sched-

uled Tribes (STs) and minority population. As of March 31, 2009, the Scheme has

reached 86 million supplementary nutrition beneficiaries and 33 million pre-school

education beneficiaries. (See Section 6C.3.2 for details.)

58. **Kishori Shakti Yojana and Nutrition Programme for Adolescent Girls (NPAG):**

These two Schemes are being implemented on a pilot basis for the development

of adolescent girls, using the ICDS infrastructure. The KSY promotes self-devel-

opment, nutrition and health status, literacy and numerical and vocational skills

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among girls in the 11-18 age group. The NPAG addresses the problem of under-nu-

trition among adolescent girls. The MWCD has decided to merge the two schemes

into a unified National Programme ‘Rajiv Gandhi Scheme for Empowerment of

Adolescent Girls’, with content enrichment and universal coverage. (See Section

6C.3.2 for details.)

59. **Rajiv Gandhi National Crèche Scheme for Children of Working Mothers:** The

Scheme, launched in 2006 by the MWCD, provides day-care crèche services to the

children in the 0-6 age group and includes provisions for supplementary nutrition,

emergency medicines and contingencies. The Scheme has an in-built component

for monitoring of crèches. A component of the crèche workers’ training has been

added to orient the crèche workers to provide better services and to create a child-

friendly environment in the crèche centres. At present, 31,718 crèches have been

sanctioned under the scheme. (See Section 5B.3 for details.)

60. **Scheme of Assistance to Home for Children (Shishu Greh) to Promote In-country**

**Adoption:** The Scheme provides support for institutional care within the country

for care and protection of infants and children up to six years of age, who have ei-

ther been abandoned, or orphaned or have been rendered destitute. Nearly 6,000

children have been placed in adoption through Shishu Grehs in 18 States (Andhra

Pradesh, Arunachal Pradesh, Assam, Bihar, Delhi, Gujarat, Haryana, Himachal

Pradesh, Karnataka, Kerala, Madhya Pradesh, Maharashtra, Manipur, Mizoram,

Orissa, Rajasthan, Tripura and West Bengal.). This Scheme has now been merged

with the recently-launched Integrated Child Protection Scheme (ICPS).

61. **Dhanalakshmi – A Conditional Cash Transfer Scheme:** A new pilot Scheme

‘Dhanalakshmi – Conditional Cash Transfer (CCT) for Girl Child with Insurance

Cover’ was launched on March 3, 2008, by the MWCD in 11 blocks across seven

States of Andhra Pradesh, Bihar, Chhattisgarh, Jharkhand, Orissa, Uttar Pradesh

and Punjab. The Scheme proposes to provide cash transfers to the family of the

girl child (preferably the mother) on fulfilling certain specific conditions for the

girl child: at the time of birth and registration of birth; during immunisation; on

enrolment and retention in school; and at the age of 18 years, for unmarried girls.

In addition, insurance cover of Rs 0.1 million would be done for the girl child born

on, or after, the cut-off date suggested in the Scheme.

62. The direct and tangible objective of the Scheme is to provide a set of staggered fi-

nancial incentives for families to encourage them to retain the girl child and educate

her. The more subtle and intangible objective is to change the attitudinal mindset

of the family towards the girl, by linking cash transfers to her well-being. This will

force the families to look upon the girl as an asset rather than a liability, since her

very existence has led to cash inflow to the family.

63. **Programme for Juvenile Justice:** The Programme provides for the establishment

and maintenance of institutions for the rehabilitation of juveniles in conflict with

law and children in need of care and protection. At present, there are 794 homes

established under the JJ Act, 2000, catering to 46,957 children. This Programme has

been merged with the recently-launched ICPS. (See Section 8B.4.3 for details.)

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64. **Integrated Programme for Street Children:** The objective of this Programme is

to prevent destitution of children and facilitate their withdrawal from life on the

streets. Financial assistance (90%) is provided to the eligible NGOs working for

the welfare of street children and providing services such as shelter, formal and

non-formal education, vocational training, nutrition, healthcare, sanitation and hy-

giene, safe drinking water, recreational facilities, and protection against abuse and

exploitation. Since its inception, 321,854 street children have been extended help

through 83 organisations in 21 States/UTs. This Programme has now been merged

with the recently-launched ICPS. (See Section 8E.3 for details.)

65. **Scheme for Welfare of Working Children in Need of Care and Protection:**

Launched in 2005-2006, the Scheme lends support to projects in urban areas not

being covered by the existing schemes of the Ministry of Labour and Employment

(MoL&E). The Scheme provides support for the wholesome development of child

workers and potential child workers, especially those with none or ineffective fam-

ily support, such as children of pavement dwellers/drug addicts, children living in

slums/on railway platforms/along railway lines, children working in shops, *dhabas*,

etc. (See Section 8C.1.3 for details.)

66. **Ujjawala – A Comprehensive Scheme for Prevention of Trafficking, and Rescue,**

**Rehabilitation, Re-integration and Repatriation of Victims of Trafficking and**

**Commercial Sexual Exploitation:** The Scheme, launched in December 2007, pri-

marily focuses on preventing trafficking through social mobilisation and commu-

nity involvement on the one hand and rescue and rehabilitation of its victims on

the other. (See Section 8C.5.5 for details.)

67. **Childline:** The Childline service, being run by the Government through CIF, is a

24-hour, toll-free phone no. 1098 with outreach service linking children in need of

care and protection to organisations run by Government departments, as well as

to those run by civil society agencies. Currently, the service operates in 83 cities/

towns across the country, with 190 collaborative, support and nodal partners, and

services over two million calls a year. Under the ICPS, Childline services are to be

extended to the entire country in a phased manner. Childline is dependent on a set

of structures and services that are provided by the system to be able to rehabilitate

the child. The Government is continuously strengthening these structures to ensure

child protection such as CWCs, JJBs, SJPUs, State Child Protection Society, and

District Child Protection Society. Inter-departmental coordination and convergence

at the field level is also being strengthened to ensure that children can be rescued

and rehabilitated in time and that prosecution is initiated against perpetrators of

crimes against children. Improved access and quality of services is an important ele-

ment under the recently-launched ICPS and will be taken up during the 11th Five

Year Plan. The Childline ensures proper documentation of all children rescued to

facilitate their rehabilitation and restoration where necessary and also provides data

related to children rescued and rehabilitated, for compilation of a national compre-

hensive database on child protection.

68. **Integrated Child Protection Scheme:** The Ministry formulated ICPS, a Centrally

Sponsored Scheme (CSS), with a view to provide a safe and secure environment for

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the overall development of children, who are in need of care and protection, as well

as children in conflict with law, including children in difficult circumstances.

69. The objectives of the Scheme are to contribute to the improvement in the well-being

of children in difficult circumstances, as well as to the reduction in vulnerabilities to

situations and actions that lead to abuse, neglect, exploitation, abandonment and

separation of children. These will be achieved by:

i.

Improved access to and quality of child protection services.

ii. Raised public awareness about the reality of child rights, situation and protec-

tion in India.

iii. Clearly-articulated responsibilities and enforced accountability for child

protection.

iv. Established and functioning structures at all Government levels for delivery of

statutory and support services to children in difficult circumstances.

v. Introduction of operational, evidence-based monitoring and evaluation.

70. The services financed under the ICPS for strengthening/introduction are emer-

gency outreach services through Childline, transitional/open shelters for children

in need in urban and semi-urban areas, cradle baby reception centres, family-based

non-institutional care through sponsorship, foster care, adoption and after care. In

addition, institutional services such as shelter homes, children’s homes, observa-

tion homes, special homes, and specialised services for children with special needs

are also provided under the Scheme. Besides, general grants-in-aid for need-based/

innovative interventions are also being given; a child-tracking system, including a

website for missing children, is being created; and interventions are being planned

for advocacy, public education and communication and training of all child-

protection personnel.

71. The service delivery structures for the above services will be available at the Central,

State and District levels. These are in the form of Central Project Support Unit,

Childline India Foundation (CIF), CARA and NIPCCD at the Central level; State

Project Support Unit, State Child Protection Society, and State Adoption Resource

Agency at State level; and District Child Protection Society and Specialised Adop-

tion Agencies at District level.

**1.5.2 Programmes Implemented by Other Ministries**

72. **Sarva Shiksha Abhiyan:** A flagship programme of the Government of India, it is

being implemented in partnership with States, to address the educational needs of

children in the age group of 6-14 years. SSA aims to bridge all social, gender and

regional gaps, with active participation of the community in the management of

schools. A 2% education cess is being levied since 2004 on all taxes and has been

earmarked to fund this programme.29 In the 11th Five Year Plan, SSA will shift its

focus from access and infrastructure at the primary level to enhancing retention and

improving quality of learning. (See Section 7A.5.2 for details.)

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73. **National Programme for Education of Girls at the Elementary Level (NPEGEL):**

The Programme provides additional support for development of a ‘model girl-

child-friendly school’ in every cluster, with more intense community mobilisation

and supervision of girls’ enrolment in schools. The programme also provides reme-

dial teaching to girls, apart from holding bridge courses and providing additional

incentives, such as uniforms to girls. (See Section 7A.5.2 for details.)

74. **Kasturba Gandhi Balika Vidyalaya (KGBV):** The Scheme was launched in July

2004 for setting up residential schools at upper primary level for girls belonging

predominantly to SCs, STs, Other Backward Castes (OBCs) and minority commu-

nities. The KGBV Scheme was operated as an independent scheme for the first two

years, but was merged with SSA in 2007. (See Section 7A.5.2 for details.)

75. **Mid-Day Meal Scheme:** The Scheme covers approximately 117.4 million children

in 0.95 million primary schools, run or aided by the Government (including local

bodies), and centres run under the Education Guarantee Scheme (EGS) and Alter-

native and Innovative Education (AIE) Scheme. The Scheme was extended, with

effect from October 1, 2007, to children in the upper primary stage of education

(Classes VI-VIII) in 3,479 Educationally Backward Blocks (EBBs). Approximately 17

million additional children in classes VI-VIII in EBBs are expected to be included.30

(See Section 7A.5.2.2 for details.)

76. **National Rural Health Mission:** A flagship programme of the MoH&FW, the NRHM

(2005-12) seeks to provide effective healthcare services to rural population throughout

the country, with special focus on 18 States, which have weak public health indica-

tors and/or weak infrastructure. It seeks to improve access of rural people, especially

poor women and children, to equitable, affordable, accountable and effective primary

healthcare. It aims to ensure transparency in the health delivery system and, by ex-

tending its outreach to the lowest levels through integration with the Panchayati Raj

Institutions (PRIs), reaching out to the most marginalised children. It also aims at

effective integration of various components of health, that is, sanitation and hygiene,

nutrition, and safe drinking water. The NRHM has successfully provided a platform

for community health action at all levels. (See Section 6C.3.1 for details.)

77. **Jawaharlal Nehru National Urban Renewal Mission (JNNURM):** Under the Basic

Services to the Urban Poor (BSUP), JNNURM was launched in December 2005,

and is an important initiative of the Government of India for planned development

of key cities of the country. The Mission aims at creating economically productive,

efficient, equitable and responsive cities in an integrated framework, with focus on

economic and social infrastructure, basic services to the urban poor, urban sector

reforms and strengthening of municipal Governments and their functioning. (See

Section 6C.4.2 for details.)

78. **Universal Immunisation Programme (UIP):** The UIP has contributed to the re-

duction of cases of major vaccine-preventable diseases, such as decline of diphtheria

and pertussis by 83% each, measles by 59%, neonatal tetanus by 94% and poliomy-

elitis by 97% between 1988 and 2006. Hepatitis-B vaccination programme, started

in 2002 in 33 Districts and 15 cities as a pilot initiative, will be expanded to other

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Districts in the 11th Five Year Plan. Vaccination against Japanese Encephalitis was

also started under this programme in 2006.31 (See Section 6C.3.1.4 for details.)

79. **Integrated Management of Neonatal and Childhood Illnesses (IMNCI):** This

strategy encompasses a range of interventions to prevent and manage five major

childhood problems: acute respiratory infection (ARI), diarrhoea, measles, malaria

and malnutrition, as well as major causes of neonatal mortality, prematurity and

sepsis. (See Section 6C.3.1.5 for details.)

**1.5.3 Progress on Millennium Development Goals**

80. India’s position with reference to MDGs reveals that to achieve Goal 1 of eradicat-

ing extreme poverty and hunger, India will have to reduce the proportion of people

below poverty line from nearly 37.5% in 1990 to about 18.75% by 2015. The pov-

erty headcount ratio was 27.5% in 2004-05 (28.3% rural population and 25.7%

urban population). The rural-urban gap in poverty has also narrowed.

81. For achieving Goal 2, i.e. universal primary education, India has to ensure the

primary school enrolment rate of 100% and wipe out the dropouts by 2015. The

drop-out rate for primary education during 2004-05 was 29%. The Gross Enrol-

ment Ratio (GER) in primary education has crossed the 100% mark for both boys

and girls. However, the Net Enrolment Ratio (NER), taking into consideration the

official school age of 6-11 years enrolled in grades I-V, was about 82% in 2004-05.

82. To ensure gender parity in education as per Goal 3, the female-male proportion in

respect of primary education has increased to 88:100 in 2004-05, as compared to

71:100 in 1990-91. During the same period, the proportion has increased to 71:100

from 50:100, in case of secondary education.32

83. With respect to Goal 4, aimed at reducing Under-Five Mortality Rate (U5MR), the

data shows that it has decreased from 125 deaths per thousand live births in 1988

-92 to 99.1 during the period 1999-2003. The overall U5MR for the period 1999-

2003 is by and large consistent with the National Family Health Survey (NFHS)

results. The IMR of 80 per thousand live births in 1990 has come down to 58

per thousand in 2005. However, the Central Indian belt of Uttar Pradesh, Bihar,

Madhya Pradesh, Chhattisgarh and Rajasthan continues to have more than 60 per

thousand infant mortality.

84. The progress on Goal 5 of reducing MMR shows a decline from 424 deaths per

100,000 live births in 1992-93 to 256 in 2004-05.

85. As far as Goal 6 is concerned, though India has a low prevalence of HIV among

pregnant women as compared to other developing countries, the prevalence rate

has decreased from 0.74 per thousand pregnant women in 2002 to 0.68 in 2006.33

86. With reference to Goal 7, which aims at ensuring environmental sustainability,

India is on track. The number of households with access to improved drinking

water source in rural areas has increased from 55.5% in 1991 to 84.5% in 2005-

06; similarly for urban areas, the number has increased from 81.4% to 95% for

the same period. In case of households using toilet facilities in the rural areas,

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the figure stands at 26% in 2005-06, as compared to 9.5% in 1991. The percentage

of households using toilets in urban areas stands at 83.2% in 2005-06, as compared

to 47% in 1991.34

**1.6 Coordination**

87. The Government of India recognises that addressing the right and needs of the

child requires programming across different sectors and integrating their impact on

the child in a synergistic way. The MWCD has a nodal role in coordinating efforts

for the translation of the Constitution and other national laws and policies, the

MDGs, the NPAC, 2005, and the International and regional treaty obligations into

effective programmes for children, encompassing the entire period of childhood

and removing disparities in access due to any reason.

88. The convergence and coordinated delivery of inter-related services is not a new

concept. It has already been attempted in the past with varying degrees of success at

various levels of planning and implementation. ICDS, which is more than 35 years

old is primarily based on the philosophy of convergence as ICDS functionaries are

tuned to seeking and obtaining services from other Government departments work-

ing in the field. A rights-based approach to survival, development and protection

calls for lateral linkages with different sectors, viz. education, health, rural develop-

ment, labour, urban affairs, legal affairs, home affairs, etc. of Central and State

Governments, including local self-Government and PRIs.

89. The MWCD has played a major coordination role in the context of CRC. For im-

proving coordination in the implementation of child rights, a National Coordination

Group (NCG) was constituted on April 8, 2005, under the Chairpersonship of the

Secretary, MWCD. Subsequently, the NPAC, 2005, was prepared in consultation with

the concerned Ministries and Departments and State Governments in 2005, wherein

it was provided that monitoring of the Plan will be done by the NCG. Accordingly,

the Group was re-constituted in 2007 to expand its terms of reference. Its first meeting

after re-constitution was held in 2008, in which the provisions of NPAC, 2005, and

the proposed actions to be taken collectively by all the Ministries and Departments,

including the State Governments, for achieving the targets were discussed.

**1.7 Monitoring**

90. Monitoring is being undertaken by several Ministries and Departments dealing

with children’s issues. The re-constituted NCG has met to discuss issues pertaining

to the implementation of child rights and the monitoring of NPAC, 2005. Besides

an initial discussion on the issue of child health, a meeting was also held to discuss

monitoring indicators for all rights.

**1.8 Awareness Generation**

91. Given the multitude of Government agencies at different levels and NGOs en-

gaged in awareness generation on social issues, including children’s issues, there is

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progress on various fronts. There is much greater visibility and awareness on chil-

dren’s rights, resulting in increased reporting of cases. From the communication

perspective, socio-economic, cultural and linguistic disparities pose considerable

challenge in the way of creating awareness on child rights.

92. The MWCD is engaged in generating public awareness on issues concerning women

and children, as well as policies, programmes and developmental activities formu-

lated to address those issues. Publicity campaigns have specifically focused on the

issues of girl child, early childhood development, education, nutrition, social evils

such as child marriage, trafficking, gender inequality, sexual abuse, exploitation

and violence against women and children, and have effectively utilised the print,

electronic and traditional media.35 Religious and spiritual leaders have been moti-

vated to spread awareness on the issue of sex selection and early marriage, and its

implications. (See Section 3B.5.5 for details.) As a component of its larger agenda

of promoting child rights, the MWCD has institutionalised several awards recog-

nising the achievements of children, and work of institutions and individuals on

child rights’ issues. These include the National Award for Child Welfare, conferred

on individuals and institutions for outstanding performance in the field of child

welfare; the Rajiv Gandhi Manav Seva Award, to honour an individual, who makes

an outstanding contribution towards service to children; the National Child Award

for Exceptional Achievement, to present recognition to children with exceptional

abilities and who have achieved outstanding status in various fields, including aca-

demics, arts, culture and sports; and the National Bravery Awards.

93. Public education campaigns, advocacy, awareness, communication and capacity

building have been proposed in the 11th Five Year Plan.36 The MWCD has been

coordinating media campaigns on the issues related to the girl child, nutrition and

domestic violence. The Ministry has conducted campaigns to eradicate customs and

traditions that impede the implementation of the Convention, such as campaigns

on ill-effects of early marriage, female foeticide, etc. The MWCD, as part of its

advocacy efforts, published its 2008 calendar, highlighting the importance of early

childhood care and nutrition issues.

94. A number of public information campaigns of other Ministries also focus on issues

critical for children and women. These multimedia campaigns are supported by Gov-

ernment institutions and infrastructure, and seek to highlight the regional/local nu-

ances in the messages. For instance, multimedia campaigns by the NRHM have pro-

jected the immunisation week, ‘Save the Girl Child’ message, and the profile, roles

and responsibilities of an Accredited Social Health Activist (ASHA). The NRHM

health messages are printed on the official stationery and prescription slips used at

Primary Health Centres/Community Health Centres (PHCs/CHCs) and projected

in health *melas* at the District level through outdoor exhibition tools. Calendars

and wall writings have also been used to convey information on NRHM themes,

including the Janani Suraksha Yojana (JSY) and immunisation. A north-east specific

campaign has also been outlined for electronic and audio-visual media.37 A number

of campaigns have also been undertaken to promote early childhood education,

such as *ma-beti* fairs, *Meena* campaigns, *prabhat pheris*, meetings with religious leaders

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and community-based meetings. Public information campaigns also focus on social

evils, such as caste discrimination, female foeticide and early marriage. (See Sections

3B.1.5, 3B.5.5, 6C.7 and 7A.6 for details.) The ICPS also focuses on awareness

generation and advocacy regarding children’s issues through the implementation

agencies, viz. State Governments, CARA and CIF.

95. **Dissemination of the CRC and COs of the UN Committee:** The COs and recom-

mendations of the UN Committee, following the consideration of India First and

Second Periodic Report on the CRC, were distributed among the relevant Central

Ministries, the State Governments and UT Administrations, and also put up on

the MWCD website to ensure wider public access. These COs are often referred to

when policies, plans and legislations pertaining to children are being drafted by the

Government. The NGOs and their networks, UNICEF and other international or-

ganisations have been using them as tools for advocacy and collective action within

a rights-based approach on the issues concerning children.

96. **Parliamentary Forum on Children:** The Forum, constituted on March 2, 2006,

aims to enhance awareness and attention of Parliamentarians towards the critical

issues affecting children’s well-being; and to provide a platform for Parliamentarians

to exchange ideas, views, experiences, expertise and practices with regard to chil-

dren. It also provides an interface with civil society for highlighting children’s issues

and thereby helps to fosters effective strategic partnerships. Furthermore, it enables

the Parliamentarians to interact in an institutionalised manner; and to undertake

any other tasks, projects, assignments, etc., as the Forum may deem fit.

97. The Speaker, Lok Sabha, is the ex-officio President. The Deputy Chairman, Rajya

Sabha; Deputy Speaker, Lok Sabha; the Ministers of Women and Child Devel-

opment, Human Resource Development, Labour and Employment, and Health

and Family Welfare; and the Chairmen of the Committees on Human Resource

Development and Labour are the ex-officio Vice-Presidents of the Forum. The

Forum consists of not more than 31 members. It has been briefed on issues

such as child marriage, girl child, malnutrition, education and child labour. The

Forum has also held sessions, in which the members have interacted with chil-

dren involved in creating awareness on child rights, and girl role models from

deprived backgrounds.

98. The Forum plays an important role in spreading awareness among the Parliamentar-

ians, which has also resulted in action being taken based on such interactions. In

the State of Bihar, legislators have placed their experiences and recommendations

in the State Assembly, based on their visits made through this Forum on issues such

as child health, child marriage, declining child sex ratio, etc. The legislators are also

working on the implementation of these recommendations in the State.

99. **NCPCR:** Since its inception, the NCPCR has initiated a number of measures to pro-

mote awareness on child rights among Parliamentarians, Government officials, pro-

fessionals, NGOs and the society. Awareness on children’s issues and their rights is

also being promoted through the Commission’s website and its newsletter. There

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are plans to promote awareness among children about their rights in hostels, or-

phanages, juvenile observation homes, children’s homes and shelter homes.

100. The NCPCR is creating public awareness about child rights through visits to States

and consultations with officials, NGOs, trade unions, children and others.38 In

view of the reported serious violations of rights of children in the form of corporal

punishment in schools, the NCPCR has informed the chief secretaries of all States

to issue instructions to their education departments to ensure that violence is not

perpetrated on children.39

**1.9 Data Collection**

101. There has been a significant progress since 2004 in terms of information on chil-

dren. Major nation-wide surveys have been undertaken during this period, provid-

ing disaggregated data on children and introducing child-specific indicators. While

many of them were routine and repeat surveys, some were new and innovative.

Improved access to information technology in the country resulted in improved

dissemination and use of data. The results of these surveys and studies are being

disseminated proactively, and are proving useful in policy making and programme

implementation. The qualitative information is being used for advocacy and policy

and programme planning. However, it may be noted that while there are statistics

available for younger children, the data for 15-18-year olds is limited. Major surveys

that have strengthened the database on children since 2004 are described below

and these have been used in drafting this report.

102. **National Census:** The Census of India, 2001 (released in 2004), with disaggregated

data on the various socio-economic characteristics by religion, helped to generate

information on children belonging to various religious minorities and their socio-

economic issues. This data-set, together with data-set on children belonging to SCs/

STs, has improved the understanding of issues of socio-economic development and

exclusion. The planning for the next Census in 2011 has begun and the first Data

Users’ Conference in April 2008 discussed various issues, including framing of

questions specifically pertaining to children.

103. **Sample Registration System (SRS):** This survey provides disaggregated data on the

birth rate, death rate, fertility rate, IMR, neonatal rate and CMR at the State level,

and has begun providing sub-State level data as well, since 2005. The recent Cause

of Death Report, based on SRS, provides comprehensive data for the first time on

the causes of death of children in various age groups, disaggregated by sex and rural-

urban residence.

104. **District Level Household Survey (DLHS):** The second in a series of comprehensive

surveys, DLHS, 2002-04, measured the progress of Reproductive and Child Health

(RCH) programmes in all the 593 Districts of the country. For the first time, data

on the levels of anaemia among children and underweight children was collected in

548 Districts. The third round of DLHS was undertaken during 2007-08 and the

key results for most of the States and Districts have been released.

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105. **National Family Health Survey:** The results of the third round of NFHS, under-

taken in 2005-06, released in August 2007, provide the most recent disaggregated

data on fertility, infant and child mortality, maternal and child health, reproductive

health, family planning, nutrition, anaemia, utilisation and quality of health and

family planning services at the national and State levels. For the first time, it pro-

vides information on child protection issues, *viz*. orphans and vulnerable children,

child work and birth registration. The key data sets of the NFHS, such as child nu-

trition, have caught the attention of the policymakers and programme implement-

ers and are proving to be useful in framing new policy and programmes.

106. **National Nutrition Monitoring Bureau:** The Bureau, operating from the National

Institute of Nutrition, Hyderabad, is involved in periodic nutritional surveys to as-

sess the nutritional status of children.

107. **National Annual Educational Statistics:** The statistics brought out by the Ministry

of Human Resource Development (MHRD) provide data collected from one mil-

lion institutions, covering all the levels of education, from pre-primary to higher ed-

ucation, through mailed questionnaires, in collaboration with the State Education

Departments. On the basis of data collected from the States, the Statistics Division

brings out an annual publication.

108. **Out-of-School Survey, 2005:** The MHRD, in collaboration with Educational Con-

sultants, India, conducted an all-India survey to estimate the number of children in

the 6-13 age group, who had never attended a school or had dropped out of school

(including Government, private or alternate system). The survey also studied their

composition by gender, social status and residence (rural-urban).

109. **District Information System for Education (DISE):** This comprehensive, internet-

enabled system enables collection and compilation of District and sub-District-level

school data on a yearly basis. It contains information on the number of schools,

grade-wise and level-wise enrolment of children, teachers by school category and

management type, examination results, condition of classroom and many other im-

portant indicators. Progressive efforts are being undertaken to improve the coverage

and quality of the data collected.

110. **Annual Status of Education Report (ASER)-Rural 2008:** The ASER, released

by Pratham, an NGO, provides data for all Districts of the country on children’s

ability in reading, writing, maths and comprehension; school infrastructure; out-

of-school children; the progress of MDMS, and the educational profile of moth-

ers. This report is the fourth in a series of surveys that are expected to continue

till 2010. The information from ASER-Rural 2008 has proved useful in drafting

this report.

111. **Study on Child Abuse-India, 2007:** The MWCD conducted a study to assess the

magnitude of various forms of child abuse, viz. physical abuse, sexual and emo-

tional abuse, and girl child’s neglect, among five different evidence groups, namely

children in family environment, in school, at work, on streets and in institutions.

The Study covered 13 States40 of the country with a sample size of 12,447 children,

2,324 young adults and 2,449 stakeholders. This study is the largest of its kind

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undertaken anywhere in the world. It has been widely disseminated by the Govern-

ment, NGOs and the media, and has generated serious discourse on an important

and socially-sensitive issue.

112. **National Sample Survey Organisation (NSSO):** The NSSO conducts nation-wide

sample surveys on various socio-economic issues, such as poverty, employment, mi-

gration and health and education, during a specific survey period, usually of one-

year duration. The data generated through the NSSO helps immensely in under-

standing children’s issues in a comprehensive way. It helps in the formulation of

relevant policies, legislations and programmes, in view of the overall socio-economic

contexts in the country.

113. **Annual Surveillance of HIV:** The Surveillance for HIV infection comprises four

broad areas: HIV Sentinel Surveillance (HSS), AIDS Case Surveillance, Behavioural

Surveillance and Sexually Transmitted Infections (STIs) Surveillance. HIV surveil-

lance closely monitors and tracks the level, spread and trends of the epidemic, as

well as the risk behaviours that pre-dispose the growth of epidemics. Inputs from

the Sentinel Surveillance System of India, routine AIDS case reporting, and pe-

riodic Behavioural Surveillance Surveys (BSS) give direction to the Government

programmes by highlighting the impact of the interventions, and areas that need fo-

cus. The HIV Sentinel Surveillance System of India has evolved over time, covering

most of the Districts of the country, as well as all the high-risk population groups.

Based on the HSS data, all the Districts in the country are categorised into four for

giving priority to the programme. Estimation of HIV prevalence and the number

of People Living with HIV/AIDS (PLHA) is done annually, depicting the scenario

of HIV epidemic at the national as well as sub-national levels. BSS throws light on

the knowledge, awareness and behaviours related to HIV/AIDS among the general

population, youth, as well as different High-Risk Groups (HRG). It also provides

deeper understanding on the impact of interventions under the National AIDS

Control Programme (NACP).

114. **Crime in India:** Published annually by the National Crime Records Bureau

(NCRB), Ministry of Home Affairs (MHA), Crime in India provides data on the

crime against children, such as murder, infanticide, rape, kidnapping, foeticide,

abetment of suicide, buying/selling of minor girls, etc. The NCRB also maintains

Talash Information System at the national level, which is a database containing in-

formation regarding missing persons under the broad categories41. It also provides

data on the children in conflict with law. As data on missing children was not avail-

able in the past, efforts are being made to make available gender-disaggregated data

on missing children for the 0-2 and 13-18 age groups.

115. **Child Tracking System:** In order to track missing children, the NHRC has made

recommendations for setting up a web-based and other intra- and inter-State net-

works for tracing missing children, so that the police, in any one particular State/

District of the country, can have access to the data of missing children in other

parts of the country. In response to these, many States, such as West Bengal, Maha-

rashtra, Karnataka, etc., have set up such missing-child tracing systems. The system,

which is child-friendly, managed by the police and the Social Welfare/Women and

Child Department, has links to NGOs with user-friendly search tools.

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116. **Future Directions:** Recognising the inability of the current system to fulfil all

the data gaps, the 15th Conference on Central and State Statistical Organisation,

organised by the Central Statistical Organisation (CSO) in February 2008, recom-

mended the establishment of a forum on child statistics, comprising various stake-

holders, international agencies and NGOs. The scope, content, quality, consistency

and reporting of data on children, keeping in mind the NPAC, 2005, could be

improved upon by such coordination and collaboration. The CSO could sponsor

studies on issues concerning child statistics. The proposed forum could also explore

the possibility of compiling a child development index. In addition, a child-tracking

system, including a web-enabled Child Protection Data Management Software and

website for Missing Children, will be set up under ICPS to help in the follow-up and

tracking of children in institutional and non-institutional care.

**1.10 Capacity Building**

117. The Government and its agencies at the Central, State and District levels undertake

systematic education and training on the provisions of the CRC for all professional

groups working for, and with children. Several NGOs also conduct orientation and

training of Government functionaries at different levels. Given the magnitude of

the country and the multiplicity of the agencies, a mapping of these interventions

is extremely difficult in the absence of a unified system of tracking capacity develop-

ment initiatives. As such, given the capacity-building initiatives of various depart-

ments and agencies, the scope and spread of interventions is likely to be much

wider than what is reported here.

118. **Training of Government Functionaries:** Various institutions and academies for po-

lice, judiciary and public administration at the Central and State levels, responsible

for developing capacities of Government functionaries, have continued with their

efforts during the reporting period.42

i.

NIPCCD: The Institute was established as a nodal centre for training, capac-

ity building, as well as research and documentation in the overall domain of

child development, welfare and protection. The scope of regular training was

expanded to emphasise early childhood care and development, adolescent de-

velopment and health, juvenile justice system and trafficking among women

and children. From 2006 onwards, an Advanced Diploma Course on Child

Guidance and Counselling has been initiated. In order to promote and facili-

tate effective implementation of the ICPS and all other child protection policies

and programmes at regional levels, the regional centres of NIPCCD shall func-

tion as regional resource centres, and the Scheme will support the setting up

of a Child Protection Section within all the four regional centres of NIPCCD.

A one-month Certificate Course on Child Rights and Child Protection was

initiated in 2008-09. (See Annexure 1.3 for details on training programmes or-

ganised by NIPCCD during 2004-05 to 2007-08.)

ii. National Institute of Social Defence (NISD): The Institute, set-up under Minis-

try of Social Justice and Empowerment (MSJ&E), undertakes training, research

and documentation in the areas of child protection and juvenile justice through

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the National Initiative for Child Protection, a joint programme started in

collaboration with CIF. Members of JJBs and CWCs, police, social welfare of-

ficers and probation officers, institutional staff and NGOs working in the field

of juvenile justice are trained at regional and State levels. Training manuals

are developed and a cadre of senior-level master trainers identified for building

capacities on juvenile justice. A one-month Certificate Course on Child Protec-

tion for personnel working in the juvenile justice sector, law under-graduates

and in judicial academies has also been initiated. (See Annexure 8B1.6 for de-

tails of training programmes under NISD.)

iii. The National Judicial Academy (NJA), Bhopal: Since 2004, the NJA has been

engaged in building professional skills of magistrates, judges, and members of

JJBs and CWCs from all over the country through innovative, interactive ju-

venile justice training programmes. During the 11th Five Year Plan period, the

training programmes would be decentralised to the 19 State Judicial Academies.

(See Annexure 8B1.6 for details on capacity building under NJA.)

iv. The National Council for Teacher Education (NCTE): Since 1995, the Council

aims to achieve planned and coordinated development of teacher education,

and to regulate and maintain norms and standards in the teacher education

system. So far, norms and standards of 12 courses have been prescribed by

the Council.

v. Police Academies: Sardar Vallabhbhai Patel National Police Academy, Hydera-

bad; and the North-Eastern Police Academy, Shillong, are the centres of excel-

lence under the MHA that provide both basic and in-service courses for the

Indian Police Service (IPS) officers at various levels. Most of the Central/State

Police Forces have set up their own training institutions for imparting induction

and in-service training to their personnel. The training curricula and schedules

are made to suit the role of respective forces.

vi. Other training institutions such as the National Council of Educational Re-

search and Training (NCERT), National Institute of Mental Health and Neuro

Sciences (NIMHANS), universities offering courses in child development and

child rights, public administration institutions, National Legal Services Author-

ity (NALSA) and judicial academies such as National Law School, National

Academy of Legal Studies and Research (NALSAR) University of Law, etc. are

also being used for enhancing capacity development efforts.

119. **Orientation of Other Key Stakeholders:** A Parliamentary Forum on Children was

constituted on March 2, 2006, to enhance awareness and engage the Members of

Parliament (MPs) on critical issues affecting the children’s well-being. (See Section

1.8 for details.)

120. **Training Organised by NGOs:** Several NGOs have also been imparting training to

law enforcement officials and social work professionals on issues and ways to deal

with matters related to child rights and their violations.

121. **Institutionalising Child Rights and Human Rights Education:** A number of

Indian universities and institutes offer certificate, diploma and degree courses on

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human and child rights. (See Annexure 1.4 for details of institutions offering cours-

es on child rights and human rights.)

122. Human rights in school curricula is recognised as a subject of academic study and

programmes have been implemented by several States throughout the country. (See

Section 7B for details.) The National Curriculum Framework, 2005, encompasses

respect for human rights, justice, tolerance, cooperation, social responsibility, and

respect for cultural diversity, in addition to a firm commitment to democracy and

non-violent conflict resolution. The Framework emphasises that human rights are

central to the concept of peace.

123. The NHRC has an internship programme for students from India and abroad, who

are pursuing graduate and post-graduate studies in Law, Political Science, Sociology,

Criminology and other relevant disciplines at the Commission’s headquarters, as

well as at the regional centres. It is an annual feature and students usually intern for

a month during their summer and winter vacations.

124. As described above, there are several agencies working at the Central, State and Dis-

trict levels, building capacities of functionaries, who directly or indirectly deal with

children. However, much more needs to be done in this area, and efforts are being

made under the ICPS to enhance capacities of all child protection functionaries,

including administrators and service providers, at the central, regional, State and

District levels. The Scheme also provides for sensitisation and training of members

of allied systems, including, local bodies, police, judiciary and other concerned de-

partments of the State.

**1.11 Partnerships**

125. The Government recognises the important role of UN agencies, NGOs, private

sector and local communities as partners in implementing the provisions of the

Convention. UN agencies and NGO representatives are invited from time to time

for consultations at the national, regional and State levels to work on policies, plans

and legislations. These agencies have made significant contributions in drafting

several legislations, such as National Plan of Action for Children, 2005, the Com-

missions for Protection of Child Rights Act, 2005, the JJ (Amendment) Act, 2006,

the Prohibition of Child Marriage Act, 2006, to name a few. The UN agencies and

NGOs were also actively involved in the regional and State consultations for the

preparation of India: Third and Fourth Combined Periodic Report on the CRC.

126. The Study on Child Abuse: India 2007, conducted by the MWCD, was supported

by UNICEF and Save the Children. The review of data, the analysis of findings and

the final report, along with the recommendations, were conducted through a Core

Committee, which had representation from UN agencies and NGOs. Similarly, the

study on Trafficking in Women and Children in India by the NHRC was conducted

in consultation with the ISS, UNIFEM and USAID. The MWCD also collaborates

with UN agencies in preparing Information, Education and Communication (IEC)

materials for all aspects of child rights.

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127. Many NGOs are implementing various child rights programmes through financial

and technical support from the Government. The Government has involved NGOs

in programmes for street and working children, and management of institutions

for children. The JJ Act, 2000, specifically promotes partnerships with NGOs in

management of homes for rehabilitation of children. Many Civil Society Organi-

sations (CSOs) have been partnering with the Government to run crèches. With

flexibility in their operations, and professional and volunteer support from various

disciplines, NGOs have been successful in responding to children’s needs through

education and vocational training, and helped with family tracing and re-unifica-

tion.43 The Central Government has encouraged such partnerships, which have

shown considerable success, particularly in Tamil Nadu, Maharashtra, Karnataka,

West Bengal and Delhi. The CIF initiates and monitors performance of Childline

services in cities and Districts and conducts training, research and advocacy at the

national level on child protection issues. The NGO contribution to early childhood

education, non-formal education and implementation of SSA has been significant.

The ICPS also emphasises enhanced role and participation of NGOs as partners in

protection and development of children.

128. There has also been cooperation between the Government and the private sector,

especially in the field of health and education. Public-private collaboration has ex-

panded beyond creating awareness and demand for developmental programmes, to

provision of services at the community level. There has been collaboration with the

private sector in implementation of national health programmes and running of

public hospitals. Several States, such as Chhattisgarh, Jharkhand and Uttarakhand,

with weak public services’ networks, have adopted social franchising and social mar-

keting in their health services, especially in the area of RCH. (See Section 6C.6 for

details.) The involvement of private sector in the provision of formal schooling is

increasing, and there has been a steady increase in private unaided primary schools.

Several private foundations and initiatives focusing on the quality of education have

emerged in the recent years. (See Section 7A.8 for details.)

129. Partnership with local communities is essential for securing universal access of qual-

ity education to children. This is encouraged through Village Education Commit-

tees (VECs) and Parent-Teacher Associations (PTAs). The PRIs play a dominant role

in evolving a system of democratic decentralisation and devolution of people, with

a view to ensuring rapid socio-economic progress and speedier and inexpensive jus-

tice. The 11th Five Year Plan, which has identified ‘inclusive growth’ as the overarch-

ing objective, seeks to substantially empower and use PRIs as the primary means of

delivery of essential services that are critical to inclusive growth. Some of the issues

with regard to child rights taken up by PRIs include:44

i.

Examination of status of girl child and stopping early child marriages and regis-

tration of marriages.

ii. Monitoring of attendance of children going to school, taking up issues of corpo-

ral punishment, caste discrimination, MDMS and other governance issues that

can come in the way of child’s attendance in schools.

iii. Maintenance of a register for children in the 0-18 age group by several *panchayats*,

and examination of their status in a periodic manner.

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iv. Interaction with the staff of the line departments of sectors such as education, health,

revenue, development, welfare, etc. to ensure protection of children’s rights.

v. Establishment of linkages with households, often mediating through/and over-

riding social and cultural hierarchies for taking up the agenda of protection of

children’s rights.

**1.12 Resources**

130. There has been an increase in the proportion of budget allocated to the realisation of

child rights during the reporting period. The enhanced budget is reflected in the vari-

ous schemes and programmes for children, information about which is disseminated

through print and electronic media and also through the website of ministries. The

magnitude of Child Budget in the Union Budget, that is the aggregate outlay for child-

specific schemes as a proportion of total budget outlay by the Union Government,

has increased from 2.15% in 2001-02 to 5.35% in 2008-09.45 Keeping in mind the

different needs of children in the country, all programmes/schemes included in the

Child Budget are categorised into four sectors: child development, child health, child

education, and child protection. The percentage allocation for different sectors in the

Child Budget as a proportion of total Union Budget outlays is depicted in Fig. 1.1.

131. As children constitute around 41% of the country’s population and many of the

outcome indicators for children point to the disadvantaged status of children, the

proportion of Child Budget in the Union Budget seems inadequate. Moreover,

analysis of the budgets of States (such as Rajasthan, Uttar Pradesh, and Madhya

Pradesh) indicates that many of the State Governments have become heavily depen-

dent on the Union Budget outlays for the centrally sponsored schemes for children

(such as the SSA, ICDS and RCH) for financing targeted interventions for children

in their States. In order to address both the issues of allocation and effective utilisa-

tion of funds earmarked for children, the MWCD convened a national consulta-

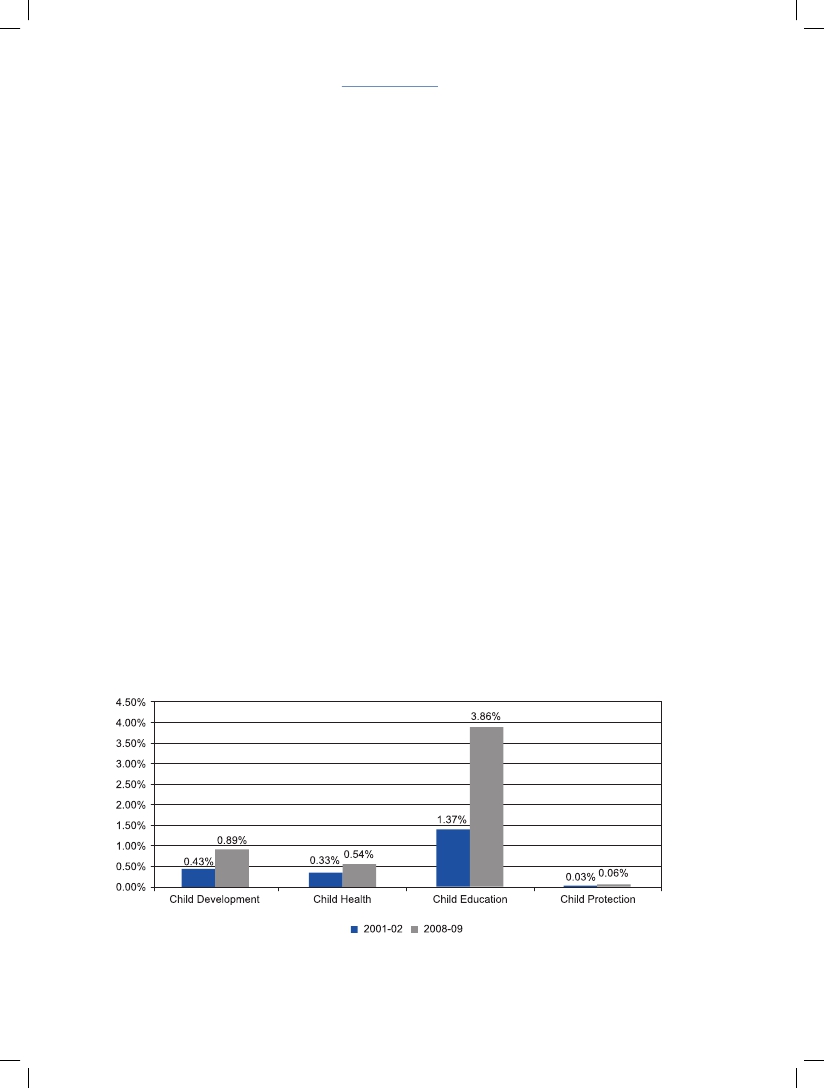
tion in February 2008. The consultation developed recommendations for improv-

ing planning and budgetary processes within an outcome-based framework.46

Fig 1.1: Child Budget as a proportion of total outlay of Union Budget

**Source:** Annual Report (2005-06), Ministry of Women and Child Development, GoI, pp 135-136 and Annual

Report (2007-08), Ministry of Women and Child Development, GoI, page 138.



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132. The overall increase in the budget for children between the periods 2003-04 and

2008-09 reflects the focus being given to programmes related to children. Al-

though this is just a beginning of MWCD’s mandate to bring children into the

mainstream of developmental programmes, the linkages established with the Plan-

ning Commission and the integration of children’s programme with the overall

rights-based strategy under the NPAC, 2005, and the large budget of Rs 107.3 mil-

lion earmarked under the ICPS for child protection, clearly reflect Government’s

intent in this direction.

133. In 2004-05, the MWCD adopted ‘Budgeting for Gender Equity’ as a mission state-

ment. The essence of the statement is to reinforce Gender Budgeting as a process

that entails mainstreaming a gender perspective at various stages of planning and

programme implementation.

134. A new initiative to set up Gender Budgeting Cells (GBCs) in various Ministries/

Departments was initiated by the Ministry of Finance in 2007. So far, 56 Minis-

tries/Departments have set up these cells, which serve as focal points for coordinat-

ing Gender Budgeting initiatives, both intra- and inter-ministerial. The MWCD

has been constantly engaging with Ministries/Departments across sectors to enable

a better understanding of the Gender Budgeting exercise. Some of the initiatives

taken by MWCD include:

i.

Organising training programmes and workshops with officials of different Min-

istries/Departments, as well as one-to-one orientations for Ministries for capac-

ity building of the GBCs.

ii. Organising gender budget trainings for State Governments, regional workshops,

as well as workshops for public sector units and CSOs.

iii. Developing a core team of trainers at the national and State training institutes.

iv. Developing resource material for Gender Budgeting.

**1.13 Process of Preparation of the Reports on the CRC**

**and its Optional Protocols**

135. A High Powered Committee, comprising representatives of different Ministries, 18

State Governments, representatives of NGOs, academic institutions and interna-

tional agencies, was constituted by the MWCD and met in February 2007 to guide

the preparation of the present CRC report and the report on the two OPs.

136. Guidelines to the State Governments and concerned Ministries/ Departments were

sent for submission of their inputs to the MWCD. Five regional-level consultations

were held between July and October, 2007, to initiate the process and engage the

States and NGOs on CRC implementation and preparation of the Reports. The

consultations were attended by participants from State Government Departments,

such as Women and Child Development, Social Justice/Social Welfare, Police,

Health, Education, Labour, and representatives of key NGOs.

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137. As a follow-up to the regional consultations, several States organised independent

State-level consultations, inviting participants from various Government Depart-

ments and CSOs. States such as Bihar, Kerala and West Bengal developed an

extensive consultative process for providing inputs for the Reports. In some of the

regional and State-level workshops, there was significant representation of children,

who expressed their views on various aspects of CRC. States such as Bihar, West

Bengal, Maharashtra and Rajasthan also organised independent consultations with

children as well.

138. These consultations were important for obtaining information on the situation of

children at the State/UT level, advocating children’s rights among the State Gov-

ernment leadership and officials, and promoting interaction between the Govern-

ment functionaries and NGOs. In States such as Bihar, Tamil Nadu and West Ben-

gal, participation was seen at the highest level of political leadership, reflecting the

strong political will on issues concerning children.

139. The MWCD advertised in leading newspapers and on its website, inviting inputs

from individuals and other stakeholders. The MWCD served as the Secretariat for

collating inputs from the decentralised processes and coordinating the preparation

of the reports. The State inputs to the national CRC report not only provided an

opportunity for meaningful participation on CRC issues within States, but also as-

sisted in setting benchmarks for future reporting on children’s issues. Twenty-five

State Governments provided their inputs to the national CRC report. Key Minis-

tries, such as Health and Family Welfare, Human Resource Development, Social

Justice and Empowerment, Home Affairs, External Affairs, Defence, Labour and

Employment, Tribal Affairs, Tourism, Panchayati Raj, Rural Development, Minor-

ity Affairs, Statistics and Programme Implementation, Environment and Forests,

Urban Development, and Information and Broadcasting also provided inputs for

the preparation of this report.

140. In addition, research studies and reports prepared by the Government, NGOs and

UN organisations were also used in preparation of this report.

141. The draft report prepared by MWCD was placed before the High Powered Commit-

tee for approval, which gave useful comments towards the finalisation of the report.

India: Third and Fourth Combined Periodic Report on the CRC is in full compli-

ance with the provisions of Article 44 of the Convention.

**1.14 Challenges**

142. India’s democratic set-up provides a robust structure for the implementation of the

CRC. Significant initiatives taken during the reporting period to strengthen the pro-

tection of children and realisation of their rights will now require focused implemen-

tation and monitoring at all levels. With an estimated child population of 423.6

million (0-18 age group), and State-wise disparities on several fronts, the challenges

would need concerted attention, additional resources, capacity development and

close monitoring, so that improvements in children’s lives become measurable.

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143. The changes brought in by the MWCD are aimed at increasing access, convergence

and strengthening delivery of services. There is an increased emphasis on coordina-

tion among different Ministries/Departments and with the States. The MWCD will

strengthen coordination, implementation and monitoring progress on CRC through

the NCG by increasing frequency of meetings. The Ministry will also encourage

States to create a similar coordination group at State-level to accelerate implementa-

tion and strengthen monitoring of outcomes for children. There is need for taking

up review of all the existing development policies and plans to assess their impact on

children and to ensure that children are not marginalised. The MWCD is commit-

ted to ensure that the targets set in the policy documents are realised.

144. The reporting period has witnessed adoption of some path-breaking legislations

directly affecting children, as well as amendments in existing legislations to remove

shortcomings. The challenge now is to ensure adequate training and capacity-build-

ing of personnel working with children at all levels, so that their effective implemen-

tation provides the necessary protection to children.

145. The setting up of NCPCR and several State Commissions is a significant step for-

ward. The MWCD will continuously advocate for Commissions to be set up by all

the State Governments as provided in the CPCRA, 2005.

146. Considerable awareness on child rights among all stakeholders has resulted in in-

creased reporting of cases of violations of child rights. However, keeping in view

the size of the country and the wide range of disparities as also the challenge of

languages, these efforts need to be further strengthened.

147. Capacity building of stakeholders, including law enforcement officials, judiciary,

Government functionaries, etc. has been a priority for the Government. These ef-

forts would be further scaled up to cover all those, who deal directly with children.

**End Notes**

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**2. Definition of the Child**



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2.

**Definition of the Child**

**Article 1**

**2.1 Age of Childhood**

1.

2.

In accordance with the standards prescribed in the Convention on the Rights of

the Child (CRC), the Juvenile Justice (Care and Protection of Children) Act, 2000

defines a ‘juvenile’ or ‘child’ as a person, who has not completed 18 years of age. Un-

der the Immoral Traffic Prevention Act (ITPA), 1956, the age prescribed for a ‘child’

is 16 years. The laws regulating employment, such as the Child Labour (Prohibition

& Regulation) Act, 1986, the Factories Act, 1948, and the Mines Act, 1952, pro-

hibit employment of children under 14 years only, in line with the Constitutional

provisions. Palpably, there has been no uniformity in respect of the definition of

‘child’ under different Acts and other Instruments.

Harmonising the definition of ‘child’ under the different Acts is a progressive exercise.

**2.1.1 Age of Criminal Responsibility**

3.

The age of criminal responsibility as described under Section 82 of Indian Penal

Code (IPC), 1860, states that nothing is an offence which is done by a child under

seven years of age. Furthermore Section 83 of IPC, 1860 emphasises that nothing

is an offence which is done by a child above seven years of age and under 12 years,

who has not attained sufficient maturity of understanding to judge the nature and

consequences of his conduct on that occasion.

**2.2 Minimum Age of Sexual Consent for Boys and Girls**

4.

The minimum age for sexual consent for boys has not been fixed as in the case of

girls, which has been fixed at 15 years. On February 6, 2008, the Law Commission

recommended that the age of consent for sex be raised from 15 years to 16 years for

girls, regardless of marriage.

**2.2.1 Enforcement of Minimum Age Standard in the**

**Context of Marriage**

5.

The Prohibition of Child Marriage Act, 2006, specifies the minimum age for mar-

riage of girls as 18 years and for boys, 21 years. The legislation has several forward-

looking provisions, which include prohibition rather than prevention of child

marriage, provision of compensation to the victims of child marriage, as well as

enhanced punishments for all those who have actively abetted and solemnised the

marriage. (See Section 1.4.1 for details.)



**3. General Principles**



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3.

**General Principles**

**Articles 2, 3, 6 and 12**

The Concluding Observations (COs) addressed in this chapter include:

* Policy and resources for vulnerable groups, CO No. 26 in paras 17-18, 28, 32-35,
* 38-44, 56-58 and 71-72
* Implementation of legislation for vulnerable groups, CO No. 28 in paras 19-22, 22, 26-27
* National Plan of Action for the Girl Child, CO No. 30 in para 71 and 86-96
* Programmes based on child’s needs and rights, CO No. 32 in Chapter 1, paras 56-79
* Implementation of sex selection legislation, CO No. 34 (a) in paras 73-77
* Awareness campaigns on sex-selective abortions, CO No. 34 (b) in paras 86-93
* Gender impact studies, CO No. 34 (c) in chapter 1, paras 133-134
* Racial discrimination, CO No. 35 in para 16
* Respect for the views of the child, CO No. 37 (a), (b) and (c) in paras 119-137

**3A. Best Interests of the Child**

**Article 3**

1.

2.

3.

4.

Constitutional provisions, legislations, policies, action plans, schemes and pro-

grammes increasingly include the ‘best interest of the child’ as a guiding principle.

Furthermore, constitution of the National Commission for Protection of Child

Rights (NCPCR) has added rigorous focus to ensure consistent application of the

principle of the ‘best interest of the child’.

The 11th Five Year Plan is committed to creating a protective environment for chil-

dren through a host of schemes and programmes based on the best interest of the

child. The Ministry of Women and Child Development (MWCD) is increasingly

focusing on child-friendly approaches, while formulating new policies, legislations,

guidelines and programmes.

The National Plan of Action for Children (NPAC), 2005, recognises the best inter-

est of the child in all aspects affecting the child. The ongoing review of the National

Policy for Children, 1974 adopts the best interest of the child as a key principle.

The principle of best interest of a juvenile or a child in conflict with law was the

primary consideration for the amendment of the Juvenile Justice (Care and Protec-

tion of Children) Act, 2000, (JJ Act, 2000) in 2006 and is a guiding principle of the

Juvenile Justice (Care and Protection of Children) Rules, 2007 (JJ Rules, 2007).

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The National Human Rights Commission (NHRC) has prepared guidelines for

speedy disposal of child rape cases that underline the best interest of the child vic-

tims in all procedures followed to prosecute and punish the perpetrators.

The Supreme Court and High Courts have kept the best interest of the child as the

primary concern while passing judgements. (See Section 5C.2 for details.)

The Integrated Child Protection Scheme (ICPS) concretises Government/State re-

sponsibility for creating a system to protect children in the country from all types of

exploitative and vulnerable situations. (See Section 1.5.1 for details.)

**3B. Non-Discrimination**

**Article 2**

**Introduction**

8.

9.

Children in India often face different types of discrimination. This could be due

to socio-economic factors, gender-related issues, minority status, disability, Human

Immunodeficiency Virus (HIV)/Acquired Immuno Deficiency Syndrome (AIDS)

status among other concerns.

The Government of India is committed to tackling discrimination. Measures taken

include the 11th Five Year Plan objective of inclusive growth; focus on social in-

clusion in all flagship programmes of the Government; the proposed Prevention

of Offences against the Child Bill, 2009, to cover all kinds of offences, including

discrimination; and the launch of ICPS to protect children from all vulnerable/

exploitative situations, including discrimination.

**3B.1 Scheduled Castes and Scheduled Tribes**

**3B.1.1 Status and Trends**

10. The population of Scheduled Castes (SCs)1, according to the 2001 Census, was

166 million, and constituted 16.23% of the total population of India. Almost

80% of the SCs in the country live in rural areas. They are spread all over the

country, although more than half are concentrated in the five States of Uttar

Pradesh, West Bengal, Tamil Nadu, Andhra Pradesh, and Bihar. They constitute

more than a fifth of the population of Uttar Pradesh, Punjab, Himachal Pradesh,

and West Bengal. The State of Punjab has the highest proportion of SCs (28.9%)

to the State population.

11. The population of Scheduled Tribes (STs) stood at 84.33 million, as per the 2001 Cen-

sus, which is 8.2% of the total population, with 91.7% living in rural areas, and 8.3%

in urban areas. The proportion of STs to the total population in States/Union Territo-

ries (UTs) is highest in the north-eastern region, followed by Chhattisgarh, Jharkhand

and Orissa. Of the total ST population in the country, Madhya Pradesh accounts for

the highest proportion of ST population (14.5%), followed by Maharashtra (10.2%),

Orissa (9.7%), Gujarat (8.9%), Rajasthan (8.4%), Jharkhand (8.4%), and Chhattisgarh

(7.8%). In fact, 68% of the country’s ST population lives in these seven States.2

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12. While there is progress in terms of most indicators of social and economic develop-

ment, the progress needs to be accelerated to reduce the gap between the SCs/STs,

and the general population.

13. The enrolment and retention rates at primary and upper primary levels, for both

SCs and STs, have shown progress in the reporting period. Although, the drop-out

rates at primary level are substantially high for both SCs and STs, they have shown a

declining trend during the reporting period. On the other hand, in case of second-

ary education, there is a substantial gap in enrolment for these groups, compared to

the overall population. (See Sections 7A.1.2.7 and 7A.1.3 for details.)

14. There is a gap between the SCs and the rest of population with respect to the avail-

ability of basic civic amenities such as electricity, housing, water supply and toilet

facilities. Access to, and benefits from, the public health system have been uneven

between the better endowed and the more vulnerable sections.3 The cumulative

impact of disparities is reflected in high levels of poverty among SCs (36% in rural

areas and 39% in urban areas) and STs (47% in rural areas and 33% in urban areas),

compared to the total population in 2004-05 (28.3% in rural areas, and 25.7% in

urban areas).4

15. Although, there has been an impressive decline in overall mortality rates since 1998-

99, challenges remain with regard to the health status of both SCs and STs, as

their infant mortality rates remain higher than the average. STs have a lower Infant

Mortality Rate (IMR) (62) than SCs (66); whereas, the Under-Five Mortality Rate

is higher among STs (96) than among SCs (88). Other Backward Classes (OBCs)

have lower mortality than SCs/STs, but have higher mortality than other castes at

all childhood ages.5

16. India does not face the problem of racism, racial discrimination, xenophobia and

related intolerance.

**3B.1.2 Policy**

17. The NPAC, 2005, addresses the issue of discrimination and accords utmost priority

to the most disadvantaged, in all policy and programme interventions. Technical

assistance was sought from UN agencies such as UNICEF in the preparation of this

policy statement.

18. The Ministry of Tribal Affairs prepared a draft Policy to address disparities and

discrimination against STs, such as empowerment, gender equity, enhancement of

Human Development Index, alienation of tribal land, tribal-forest interface, dis-

placement, resettlement and rehabilitation, creation of critical infrastructure, etc.

The Policy is being finalised.6

**3B.1.3 Legislation**

19. **The Protection of Civil Rights (PCR) Act, 1955, and The Prevention of Atrocities**

**(POA) Act, 1989:** The Government has created these Acts as welfare legislations to pro-

tect civil rights and prevent atrocities, especially among disadvantaged communities.

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The Ministry of Social Justice and Empowerment (MSJ&E) has impressed upon

State Governments the need for mechanisms for expeditious disposal of cases, in-

cluding setting up of special exclusive courts and awareness generation as a special

package for development of atrocity-prone areas. Several State Governments have

set up SC/ST Protection Cells, designated nodal officers, identified atrocity-prone

areas, constituted State-and District-level vigilance committees, set up special exclu-

sive courts for speedy trial of cases, and formulated contingency plans to effectively

provide relief and rehabilitation to victims. As a follow-up to the Inter-State Council

meeting in December 2006 on atrocities against the SCs and STs, the MSJ&E sug-

gested that States take specific measures to curb atrocities against these communi-

ties, such as sensitisation of officers and identification of Non-Governmental Or-

ganisations (NGOs), which can play a leading role in getting the cases of atrocities

registered, in their regular follow-up, etc. The Prime Minister also addressed Chief

Ministers on this matter in May 2007.7

20. The 11th Five Year Plan notes that protective legislation needs to be complemented

by legislation on education, vocational training, higher education, and employment

of SCs. It has also proposed the setting up of a special law facility by the Depart-

ment of Justice for educating judicial officers, public prosecutors and police officials

about the legal issues, and conducting research for effective implementation of the

PCR, 1955, and POA Act, 1989.8

21. **The Scheduled Tribes and Other Traditional Forest Dwellers (Recognition of**

**Forest Rights) Act, 2006:** The major rights granted under the Act are the right to

cultivate forest land to the extent under occupation (subject to a ceiling of four hect-

ares); the right to own, collect, use, and dispose of minor forest produce; and rights

inside forests that are traditional and customary, e.g. grazing. The Act is at various

stages of implementation in different States. (See Section 1.4.1 for details.)

22. **The Employment of Manual Scavengers and Construction of Dry Latrines (Pro-**

**hibition) Act, 1993:** Eradication of the practice of manual scavenging is an area

accorded high priority by the Government. The Employment of Manual Scavengers

and Construction of Dry Latrines (Prohibition) Act, 1993, prohibits employment

of manual scavengers, as well as construction of dry latrines. The Self Employment

Scheme for Rehabilitation of Manual Scavengers, implemented by the MSJ&E since

January 2007, provides loan at a subsidised rate of interest, and credit-linked capital

subsidy for setting up self-employment projects. Awareness camps are also organised

by State Channelising Agencies in the *basties* of scavengers, with a view to generate

awareness at all levels to ensure that the optimum benefit reaches the beneficiaries

in the shortest possible time.

**3B.1.4 Programmes**

23. The MSJ&E implements several programmes for educational development, eco-

nomic empowerment and social empowerment of socially disadvantaged groups.

A number of schemes encourage SC students for continuing their education from

school level to higher education. Special Central Assistance is given to the Sched-

uled Caste Sub-Plan (SCSP), a major scheme for economic advancement of persons

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belonging to SCs. The National Scheduled Caste Finance and Development Corpo-

ration provides credit facilities to the beneficiaries, who are living below the poverty

line. Economic empowerment of STs is provided through extension of financial sup-

port through the National ST Finance Development Corporation. The Tribal Coop-

erative Marketing Development Federation of India Limited is engaged in marketing

development of tribal products and their retail marketing through its sales outlets.

24. Programmes of other Ministries and Departments also focus on inclusive and equi-

table growth. Notable among these are Bharat Nirman, with focus on infrastructure

and basic amenities in rural areas; the National Rural Employment Guarantee Pro-

gramme, which aims at eliminating poverty and generating employment and also

provides social security for marginalised groups; Rajiv Gandhi National Drinking

Water Mission, which ensures potable drinking water in SC/ST habitations; and

the National Rural Health Mission (NRHM), which provides for accessible, afford-

able, accountable, effective and reliable primary healthcare, especially to poor and

vulnerable section of the population, including the SC/STs.

25. Other Flagship programmes, such as the Integrated Child Development Services

(ICDS), Sarva Shiksha Abhiyan (SSA) and Mid-Day Meal Scheme (MDMS) are

child-focused interventions, with special focus on SC/ST and minority population.

(See Section 1.5 for details.)

**3B.1.5 Awareness Generation**

26. Steps are being taken to spread awareness about different legislations addressing

the rights of SCs and STs. In most States, the task has been entrusted to *Zilla Pari-*

*shads, Panchayat Samities* and village *panchayats*, which constitute the three-tier local

governance system. Awareness campaigns are being organised by involving *dalit* or-

ganisations and NGOs. Steps are also being taken for supply of posters and trans-

lated vernacular copies of the POA Act, 1989, for distribution to various agencies/

organisations. The State Governments are encouraging NGOs to conduct awareness

camps in atrocity-prone areas for better social integration of the communities. Dis-

play boards depicting important provisions of the POA Act, 1989, have been erected

in the premises of police stations and *mandal* offices in the atrocity-prone areas in

most of the States. Seminars, debates and essay competitions are being organised

regularly to spread awareness.9

27. Awareness camps are being organised by the MSJ&E through Special Central As-

sistance10 in the residential areas where sweepers and scavengers reside, to convince

them to break away from their traditional occupation of scavenging and sweeping,

and adopt alternative and dignified occupations or self-employment activities.11

**3B.1.6 Resources**

28. There has been an increase in budget allocation for programmes for the uplift-

ment of SCs/STs. The annual allocation made under the schemes for Development

of PTGs has shown an eleven-fold increase between 2001-02 and 2009-10, from

Rs 141.8 million in 2001-02 to Rs 1,600 million in 2009.12 Special allocations have

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also been made in the flagship programmes, with specific components for SC/STs.

The Planning Commission has issued guidelines on the use of funds, role of the

concerned departments and officials, achievement of physical targets, and coordina-

tion with, and support of, other concerned departments for effective implementa-

tion of the SCSP and Tribal Sub-Plan.13

**3B.2 People Belonging to Different Religious Groups**

**3B.2.1 Status and Trends**

29. According to 2001 Census, 18.4% of the country’s population comprises minor-

ity communities, of which Muslims constitute 13.4%, Christians 2.3%, Sikhs

1.9%, Buddhists 0.8% and Parsis 0.07%. Assam, West Bengal, Kerala, Uttar

Pradesh, Bihar, J&K and Jharkhand have a higher proportion of Muslims than the

national average.

30. The 2001 Census shows that whereas the all-India literacy rate is 65.6%, the all-In-

dia literacy rate among Muslims is 59.1%. States, where the literacy rate for Muslims

is below the State literacy rate, are Bihar, Uttar Pradesh, Delhi, Assam, West Bengal

and Punjab. The differentials are highest in West Bengal, Assam and Delhi. How-

ever, several States, particularly Madhya Pradesh, Gujarat, Maharashtra, Andhra

Pradesh, Karnataka and Tamil Nadu, where the percentage of Muslim population is

quite high, and/or where Muslims are economically better off, have higher literacy

rate among Muslims than the State literacy rate.

31. In order to assess the social, economic and educational status of the Muslim com-

munity, the Government of India constituted a High Powered Committee, known

as Sachar Committee, in 2005. The Committee’s report has found that the Muslim

community is lagging behind other religious groups of India in most development

indicators. However, there is considerable variation in the condition of the commu-

nity across States and regions.14

**3B.2.2 Policy and Programmes**

32. The Ministry of Minority Affairs was created on January 29, 2006, with a wide charter

related to the overall policy planning, coordination, evaluation and review of the regula-

tory framework, and development programmes related to the minority communities.

33. The policy implications of the geographical distribution of minorities in India and

the urban bias in the population, have been examined in detail by the Ministry.

An inter-ministerial task force was constituted under the chairmanship of member,

Planning Commission, to look into policy implications of the distribution of minor-

ity population, and suggest suitable steps in the field of housing, education, health,

and civic amenities to improve their living conditions, and employment prospects.

34. The recommendations of the Sachar Committee have been seriously considered

by the Government. A multi-sectoral development programme has been launched

in 2008-09 to address issues such as education, employment, sanitation, housing,

drinking water and electricity supply. (See Annexure 3B.1 for details on the recom-

mendations of the Sachar Committee.)

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35. The 15-point programme for minorities, launched by the Prime Minister, ensures

that the benefits of several Government schemes reach the disadvantaged sections of

the minority community. The programme focuses on education, standard of living

and prevention of communal disharmony. (See Section 8D.3 for details.)

**3B.3 Children with Disabilities**

**3B.3.1 Status and Trends**

36. The Census is one primary source of data on disability, which is collated every

decade. As per the 2001 Census, there were 21.91 million Persons with Disabilities

(PWDs), viz. visual, hearing, speech, locomotor and mental, constituting 2.13% of

the total population of India. According to the latest data on disability available

from 58th (2002) Round of National Sample Survey Organisation, there are an

estimated 18.49 million PWDs in the country (1.8% of the population). The differ-

ence in aggregate estimates could be due to different definitions of disabilities used

in NSS and Census for disabilities.15 According to the Rehabilitation Council of

India, these estimates are extremely conservative, and 10% is cited as more accurate.

Based on the various estimates, there are between 6 and 30 million Children with

Disabilities (CWDs) in India, who have special needs.16 The data from these sources

influences all policy decisions pertaining to CWDs.

37. The 58th round of NSS reveals that in case of CWDs, attendance in school never

rises above 70% for boys and around two-thirds for girls. Attendance rates in urban

areas for CWDs are higher than in rural, but even at peak, attendance never exceeds

74% in urban, and two-thirds in rural areas. Even the best performing major States

with excellent outcomes on their general child population, such as Kerala and Tamil

Nadu, have stubbornly high out-of-school rates for CWDs. It is recognised that

CWDs living in poverty are among the most deprived.17

**3B.3.2 Policy**

38. The NPAC, 2005, recognises that CWDs must be provided opportunities to lead

a full life with dignity and respect and thus, the State shall provide for their educa-

tion, training, healthcare, rehabilitation and recreation in a manner that will con-

tribute to their overall growth and development.

39. The National Policy for Persons with Disabilities, adopted in 2006, focuses primarily

on prevention of disability, early detection, appropriate interventions, physical and eco-

nomic rehabilitation measures, inclusive education, creation of a barrier-free environ-

ment, and development of rehabilitation professionals. (See Section 1.2 for details.)

40. The States of Chhattisgarh and Karnataka have draft Disability Policies, while Ma-

harashtra has a State-level action plan for implementing its commitments to PWDs.

Some important features of the draft State Policies are explicit discussion of different

disability models, and identification of special cross-cutting areas for special atten-

tion, including mental illness, gender issues, and prevention and early detection

of disabilities. The Policy mandates a State Disability Council as an institutional

means to focus on major disability issues and to improve coordination, as well as set

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specific coverage/performance targets by the sector, to ensure monitorable indicators

of progress, and focus on strategies to mobilise public financing for the sector. 18

41. In order to check disorders caused by iodine deficiency, the Ministry of Health and

Family Welfare (MoH&FW) issued a notification banning the sale of non-iodised

salt for direct human consumption in the entire country with effect from May 17,

2006. In order to monitor the quality of iodised salt and urinary iodine excretion,

18 States/UTs have set up Iodine Deficiency Disorder monitoring laboratories,

while the remaining States are in the process of establishing the same.19

42. The Ministry of Urban Development has been designated as the nodal Ministry for

providing barrier-free environment for PWDs. Model building bye-laws have been

prepared to provide access for PWDs to public buildings/places.20

43. The 11th Five Year Plan has proposed provision of ramps in schools, development of

disabled-friendly curricula, training and sensitisation of teachers, and partnerships

with NGOs and other specialised institutions working for the protection and rights

of CWDs.21

44. To prevent disabilities among children caused by accidents, the Department of

Road Transport and Highways, under the Ministry of Shipping, Road Transport

and Highways, formulated a draft National Road Safety Policy, 2007, with a number

of positive elements for action. Kerala provides a good example of State-level action,

addressing a range of factors in road safety, developing State-level Road Safety Ac-

tion Plan, and implementing the Action Plan through Good Practices Manual of

Public Education in Road Safety.

**3B.3.3 Legislation**

45. India ratified the UN Convention on the Rights of Persons with Disabilities

(UNCRPD) in 2007. As a follow-up action, the NHRC appointed a Special Rap-

porteur on women, children and disability-related issues and also constituted a core

group on disability comprising experts and activists.

46. The Persons with Disabilities (Equal Opportunities, Protection of Rights and Full

Participation) Act, 1995, (PWD Act, 1995) has a number of limitations, such as

coverage of only designated groups of PWDs; weak enforcement mechanisms, with

rather limited role for actors outside the core administrative framework; and lack of

guidance on the most appropriate type of education for CWDs. The Government

has initiated a process to amend the Act to widen its scope and strengthen its imple-

mentation. (See Section 1.4.3 for details.) The JJ Act, 2000, also provides for care

and protection of CWDs.

47. The National Trust for Welfare of Persons with Autism, Cerebral Palsy, Mental

Retardation and Multiple Disabilities Act, 1999, enables and empowers PWDs,

including CWDs, to live as independently and fully as possible, extends support to

registered organisations providing need-based services, and evolves procedure for

appointment of legal guardians for PWDs requiring such protection. The Office of

the Chief Commissioner for Persons with Disabilities takes steps to safeguard the

rights of, and facilities for, the PWDs.

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**3B.3.4 Programmes**

48. The NHRC, along with the MSJ&E, the Ali Yavar Jung National Institute of Hear-

ing Handicapped, and other institutions and NGOs, developed a project titled

‘Indian Sign Language for Deaf Persons’, with the objective of warding off discrimi-

nation faced by persons with hearing impairments, especially children. The mod-

ules prepared under the project were field-tested in 2007-08. A Disability Manual

was published by the NHRC in 2005.22 Several ministries, such as the MSJ&E,

MWCD and MoH&FW are implementing programmes to address both preven-

tive as well as curative aspects of disabilities among children. (See Section 6B.4 for

details.) The ICPS has a special provision for children with special needs, who have

been institutionalised in homes set up under the JJ Act, 2000.

**3B.3.5 Awareness Generation**

49. Several State Governments regularly organise sensitisation camps on the provi-

sions of the PWD Act, 1995, at the Municipal Corporation, sub-divisional, divi-

sional, and District levels. Information on this Act is also printed in local languages,

and distributed to diverse stakeholders, such as NGOs, teachers and community-

based workers.23

50. A study conducted by the World Bank in 2005 in rural Uttar Pradesh and Tamil Nadu

revealed that the overall awareness regarding the PWD Act, 1995, in these States was

very low, especially among households with PWDs. These findings were supported by

evidence from other States, such as Orissa, indicating low awareness about the PWD

Act, 1995, entitlements among civil society, and public sector actors.

**3B.4 Children Infected/Affected by HIV/AIDS**

**3B.4.1 Status and Trends**

51. According to National Family Health Survey-3 (NFHS-3), and Behavioural Surveil-

lance Survey in 2007, it was estimated that 2.31 million people are infected with

Human Immunodeficiency Virus (HIV)/Acquired Immuno Deficiency Syndrome

(AIDS), of which 39% are women and 35% are children.24 It is also estimated that

94,00025 children below the age of 15 are HIV positive, and based on antenatal

prevalence, about 21,000 children are infected every year through mother-to-child

transmission.26 A high percentage of HIV positive pregnant women are not identi-

fied during pregnancy, due to relatively limited coverage of antenatal care services

or access to counselling and testing facilities, while others identified as HIV positive

are lost due to limited follow-up. As a result, many children born of an HIV positive

mother and at risk of being affected by HIV themselves are not identified in a timely

manner and hence, they are deprived of the opportunity of prophylaxis after birth

or treatment later on in life.

52. Six States have been identified as high-prevalence States (having more than 1%

HIV prevalence in the general population), five States/UTs as moderate-prevalence

States (concentrated epidemic with more than 5% HIV prevalence in high-risk

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population), and the rest as low-prevalence States.27 (See Figure 3B.1.) Fourteen

States/UTs have been identified as highly vulnerable. However, as per the current

surveillance, only Andhra Pradesh and Maharashtra have prevalence higher than

1% of the general population, while 156 Districts have high prevalence (Category

A) of HIV across the country.

53. The single most adverse impact of HIV/AIDS is stigma and discrimination, which

is weakening social support systems, intensifying vulnerability, and impacting the

economic status of those affected. While economic deprivation has resulted in chil-

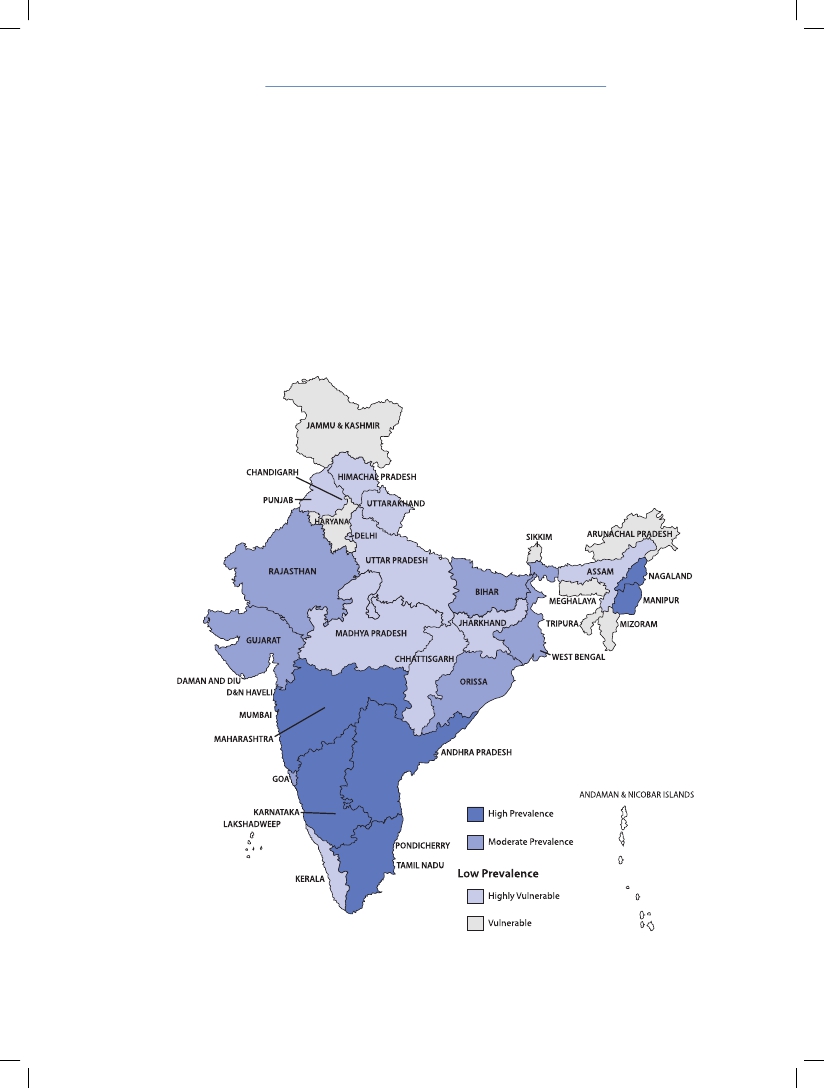
dren withdrawing from school to care for sick parents or earn additional income,

social discrimination may result in the denial of basic services to affected children,

especially health and education services. Discrimination enhances the vulnerability

Figure 3.1: HIV Prevalence

Source: Policy Framework for Children and AIDS in India, 2007, NACO.



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of children to disease, and also subjects them to other forms of exploitation. Chil-

dren orphaned by AIDS and other reasons, especially girls, tend to become vulner-

able to sexual exploitation due to their disadvantaged socio-cultural status. In India,

of the 0.18 million estimated HIV positive children, 18-20% may require Antiretro-

viral Treatment (ART). Presently, 0.015 million children are on ART.28

54. A study on ‘Barriers to Services for Children with HIV Positive Parents’ in the

six high-prevalence States revealed ill-treatment of children affected by HIV/AIDS

in the education and health sectors. It reported their segregation, neglect and hu-

miliation by teachers, nurses and *Anganwadi* workers. Some children, especially in

Andhra Pradesh, mentioned that they were withdrawn from school to care for sick

parents, or supplement household income.29

55. The NHRC has taken *suo motu* cognizance, and initiated proceedings in two cases,

both involving children in Kerala, who faced discrimination in schools due to their

HIV positive status. It has taken note of cases of discrimination against children in

education, clinics and orphanages because they or their family members were HIV

positive. As there is no unified system of tracking episodes of stigma and discrimina-

tion among service providers (education, health, etc.), the possibility of knowing the

exact scope of the problem is limited.

**3B.4.2 Policy**

56. HIV/AIDS policies and guidelines in India view the situation as a developmental

problem rather than a mere public health issue.30 The NPAC, 2005, has specific

objectives and strategies pertaining to children living with HIV/AIDS. (See Annex-

ure 3B.2 for details on objectives and strategies for children affected by HIV/AIDS

under the NPAC, 2005.)

57. The Policy Framework for Children and AIDS in India has brought to focus that

although HIV/AIDS will primarily remain a health issue, the unique nature of this

disease, leading to violations of basic rights of children, needs to be addressed by

a concerted effort of all key Ministries, which are responsible for the well-being of

children. (See Section 1.2 for details.)

58. Furthermore, India being a member of South Asian Association for Regional Coop-

eration, became signatory to the Regional Strategic Framework for the Protection,

Care and Support of Children Affected by HIV/AIDS, in 2008. The Framework

lays emphasis on the inclusion of children affected by AIDS in services available to

other children. Under the Framework, monitoring and evaluation guidelines were

developed in 2008 and 10 core indicators were identified, which were tied to the

strategic approach identified by the Framework.

**3B.4.3 Legislation**

59. The draft HIV/AIDS Bill, 2006, by the MoH&FW and National AIDS Control

Organisation (NACO) seeks to improve access to HIV/AIDS services and facilities

for testing, human rights, disclosure of information, social security, procedure in

court, and implementation. (See Section 1.4.4 for details.)

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**3B.4.4 Institutional Mechanisms**

60. **National Council on AIDS (NCA):** This high-level body, chaired by the Prime Min-

ister, and comprising Union Ministers, Chief Ministers, State Health Ministers,

Health Secretaries, NGOs, community-based organisations (CBOs), and people

from HIV positive networks, held its first meeting in New Delhi in 2006. It recom-

mended the involvement of several key Ministries31 in spreading awareness, build-

ing partnerships with NGOs for implementing programmes, motivating the private

sector to participate in Indo-US corporate fund for HIV/AIDS, and seeking tax

exemption for contributions.

61. Efforts are being made to mainstream the response to HIV/AIDS in over 31 Min-

istries, including the Ministries of Home, Panchayati Raj, Human Resource Devel-

opment, Youth Affairs and Sports, and Women and Child Development. Elected

presidents of *Zilla Parishads* have been sensitised and encouraged to take increasing

responsibilities in HIV prevention, treatment, care and support. An increase in

the frequency of meetings of the NCA will ensure a high-level commitment for the

integration and mainstreaming of HIV in different programmes.

62. An HIV/AIDS Cell has been set up in the MWCD to strengthen the coordination

between MWCD and NACO (MoH&FW) at the national, State and District levels

to address the needs of children affected by HIV/AIDS. The Cell facilitates review

of policy and programmes to integrate information on and needs of HIV/AIDS af-

fected women and children.

63. The NCPCR has made specific recommendations to the respective State Govern-

ments for ameliorating the conditions of vulnerable children affected by HIV/AIDS

in Manipur and Mizoram.32 It has also conducted public hearings on this subject for

infected/affected children from other States.

**3B.4.5 Programmes**

64. NACO, under the MoH&FW, is implementing several programmes for children in-

fected/affected by HIV/AIDS. (See Section 6C.3.3 for details.) The ICPS makes spe-

cial provision for children, who are affected/ infected by HIV/AIDS, in institutions.

**3B.5 Girl Child**

**3B.5.1 Status and Trends**

65. **Child Sex Ratio:** Elimination of female foetus from the womb itself through the

misuse of technology, resulting in declining sex ratio, is a matter of great concern.

The 2001 Census found a sex ratio of 927 girls per 1,000 boys for the population

aged 0-6 years. Approximately five years after the Census, NFHS-3 found the sex

ratio of the population aged 0-6 years to be 918 for India as a whole. The under-six

sex ratio in urban areas is the same in NFHS-3 as in 2001 Census. However, in rural

areas, NFHS-3 found a sex ratio of 921 for this population, lower than 934 found

in the Census. The Planning Commission has included raising of sex ratio in the

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0-6 age group from 927 in 2001 to 935 by 2011-12 and to 950 by 2016-17 as a moni-

torable target in the 11th Five Year Plan.33

66. **Female Mortality:** It is seen that the IMR is marginally higher for females (58) than

males (56). However, in the neonatal period, like elsewhere, mortality in India is

lower for females (37) than for males (41). As children get older, females are exposed

to higher mortality than males. Females have 36% higher mortality than males in

the postneonatal period, but a 61% higher mortality than males at the age 1-4 years.

Infant and under-five mortality rates are higher for females in rural areas and males

in urban areas.34

67. **Educational Status:** The gender gap has been rapidly declining at the primary level,

and there is a steady, though smaller, decline at the upper primary level. (See Sec-

tion 7A.1.2.8 for details.)

68. **Neglect and Abuse:** Rape, trafficking, sexual abuse and exploitation, child labour,

and beggary are some forms of violence perpetuated on the girl child. The Study

on Child Abuse: India 2007 revealed that more than two out of every three girls

reported neglect, and 48.4% of girls wished they were boys. Seventy percent of the

girls did household work, and 49% of the girls took care of their siblings. This is in-

dicative of the fact that these girls are deprived of developmental opportunities.35

69. **Child Marriage:** The incidence of early marriage declined from 50% in 1998-99

(NFHS-2) to 44.5% in 2006 (NFHS-3), although some States continue to report

above 60% incidence, especially in rural areas. These include Jharkhand (71%),

Rajasthan (65.7%), Bihar (65.2%), West Bengal (62.6%), Madhya Pradesh (62.0%),

Andhra Pradesh (61.4%), Uttar Pradesh (61.1%) and Chhattisgarh (60.3%).36 The

NFHS-3 findings show a slight rise (17.2 years) in the median age of marriage for

women aged 20-49 years, from 16.78 years in NFHS-2. Among the major States in

India, the age at marriage is highest in Kerala for both males and females, at 28.7

years and 22.7 years respectively.37

70. **Early Pregnancies and Child Bearing:** The marriage of girls at young age leads to

teenage pregnancy and motherhood. Young women, who become pregnant and give

births, experience a number of health, social, economic, and emotional problems.

In addition to the relatively high level of pregnancy complications among young

mothers because of physiological immaturity, inexperience associated with child-

care practices also influences maternal and infant health. According to NFHS-3,

one in six women aged 15-19 begins childbearing. The proportion of women aged

15-19, who have begun childbearing, is more than twice as high in rural areas (19%)

as in urban areas (9%). Early pregnancy and childbearing is highest in Jharkhand

(28%), West Bengal (25%) and Bihar (25%).38

**3B.5.2 Policy**

71. The National Plan of Action for the Girl Child has been merged into the NPAC,

2005, which includes goals, objectives, strategies and a time plan for the empower-

ment of the girl child. (See Annexure 3B.3 for details on rights of the girl child

under the NPAC, 2005.) The emphasis is on creating an enabling environment,

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increasing choices, and promoting development through special opportunities. Un-

der the NPAC, 2005, the MWCD has undertaken advocacy through social, political

and religious leaders and through all the Government programmes to change atti-

tudes and practices discriminatory towards girls. Efforts have been made to enforce

and amend the laws to protect the equal rights of the girl child. Gender sensitisa-

tion among all those in authority, including the judiciary, police, local authorities

and members of the general public has been undertaken. Affirmative actions have

been taken to inform and sensitise society about traditional and customary prac-

tices which are harmful to the girl child. Support is also being provided to NGOs

and CBOs to promote positive attitudes and practices towards the girl child.

72. The 11th Five Year Plan seeks proactive, affirmative approaches and actions necessary

for realising the rights of the girl child, and providing equal opportunity. *Panchayats,*

*Gram Sabhas*, CBOs, and District Magistrates/Collectors at District level, would be

responsible for monitoring the overall progress.

**3B.5.3 Legislation**

73. Preference for the male child continues in the country, even though there is an

Act to prohibit sex-selection techniques. In addition to this, prosecution of offend-

ers under the Pre-Conception and Pre-Natal Diagnostic Technique (Prohibition of

Sex Selection) (PCPNDT) Act, 1994, needs to be strengthened further. As per the

reports received from the States and UTs, 34,012 bodies/institutions using ultra-

sound, image scanners, etc. have been registered under the Act. As of April 21,

2008, there were 420 ongoing cases in the courts/police stations for violations of

the law, and 165 ultrasound machines had been sealed and seized. Though most of

the cases are for non-registration of the centre/clinic, 65 cases relate to determina-

tion and disclosure of the sex of the foetus in the States of Bihar (3), Haryana (21),

Karnataka (1), Madhya Pradesh (1), Maharashtra (13), Punjab (18), Tamil Nadu (1),

Uttarakhand (2), Uttar Pradesh (1) and Delhi (4). There are 43 cases against people

who have given advertisement about facilities of pre-conception/pre-natal sex selec-

tion in Gujarat (3), Haryana (5), Madhya Pradesh (2), Maharashtra (6), Punjab (5),

Rajasthan (1), Tamil Nadu (1), Uttarakhand (1), Uttar Pradesh (7) and Delhi (12).

The concerned State Governments are regularly requested to take effective mea-

sures for speedy disposal of the ongoing cases.39

74. There have been a few convictions under the Act in the States of Punjab, Haryana

and Rajasthan. As per a court order, a National Inspection and Monitoring Com-

mittee was constituted to examine the ground realities. During 2006-07, the Com-

mittee visited many Districts in the States of Haryana, Punjab, Maharashtra, Uttar

Pradesh, Himachal Pradesh, West Bengal, Andhra Pradesh, Karnataka, Gujarat and

National Capital Territory of Delhi, and sealed a number of clinics that were violat-

ing the provisions of the PCPNDT Act, 1994. A National Support and Monitoring

Cell was set up for effective implementation of the Act, consisting of professionals

from police, medical, law and social sciences as full time consultants. Initially, the

Cell is focusing on Punjab, Haryana, Gujarat, Chandigarh and Delhi, where the

problem is more prevalent. Computerisation of the records is underway to facilitate

close monitoring and timely action against defaulters.

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75. A High Powered Committee, chaired by the Secretary, MoH&FW, was formed

in May 2007 to consider proposed amendments to the PCPNDT Act, 1994, to

strengthen its implementation. (See Section 1.4.3 for details.)

76. Developments in technology and market forces, however, continue to undermine

the efforts of the Government. Websites advertise gender-testing kits, and the media

has reported that such kits, made in USA and Canada, are available in Punjab for

Rs 15,000-20,000. The High Court of Punjab and Haryana took *suo motu* cogni-

zance of these reports, and issued notices to the State Governments of Haryana and

Punjab, and the Central Government. In November 2007, the Customs Depart-

ment was directed to examine the possibility of intercepting the import of such

gender determination kits, and to furnish details of the importers. In response, the

Customs Department, in consultation with the MoH&FW, has decided to frame a

draft notification towards banning the import of gender-testing kits.

77. To crack down on sex-selection facilities offered on the internet, the MoH&FW has

sought the assistance of the Ministry of Communication and Information Technol-

ogy in blocking websites providing access to such facilities, and preventing search

engines such as Google from highlighting relevant sites.

78. The Prohibition of the Child Marriage Act (PCMA), 2006, which replaced the Child

Marriage Restraint Act, 1929, has some forward-looking provisions, which include

prohibition, rather than prevention, of child marriages, and provision of relief to the

victims of child marriage, as well as enhanced punishments for those who have abet-

ted and solemnised the marriage. (See Section 1.4.1 for details.) The MWCD is con-

ducting training and sensitisation workshops for stakeholders on the salient features

of the Act. A guidebook for the implementation of the Act is also being prepared.

**3B.5.4 Programmes**

79. In March 2008, a Conditional Cash Transfer Scheme, called Dhanalakshmi was

launched in 11 educationally most backward blocks of seven States (viz. Andhra

Pradesh, Chhattisgarh, Orissa, Jharkhand, Bihar, Uttar Pradesh and Punjab), which

provides for a set of staggered financial incentives for the families of girl children on

completion of certain conditions, viz. survival, immunisation, retention in school

and delay in marriage beyond 18 years of age, and an insurance cover for the girl

child. About 101,970 children from families living below, as well as above, the pover-

ty line have been targeted, and an outlay of Rs 100 million proposed for 2008-09.

80. Ujjawala – a Comprehensive Scheme for Prevention of Trafficking, and Rescue,

Rehabilitation, Re-integration and Repatriation of Victims of Trafficking and Com-

mercial Sexual Exploitation, launched by the MWCD – aims to address the issue of

trafficking, and is based on experiences of earlier schemes run by the MWCD. (See

Section 8C.5.5 for details.)

81. The Nutrition Programme for Adolescent Girls, Kishori Shakti Yojana (KSY)

and Balika Samriddhi Yojana (BSY) address the health and nutrition needs of

the girl child.

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82. The MWCD has proposed a merger of KSY and BSY into a new scheme called Rajiv

Gandhi Scheme for Empowerment of Adolescent Girls, to be administered through

the ICDS Scheme. The Scheme aims to improve the health and development status

of adolescent girls, promote awareness on health-related issues and provide oppor-

tunities for learning life skills, etc. (See Section 6C.3.2 for details.)

83. Community Vigilance Committees formed at village level under the SSA of the

Ministry of Human Resource Development (MHRD), ensure enrolment and regu-

lar attendance of every girl child. The MHRD is to open adequate number of bridge

schools, with quality education packages for girl children, as also street children,

child labourers, seasonal migrants, and all those who are out of the formal educa-

tion system.40 The SSA has specific strategies for enhancing girls’ access, enrolment

and schooling. (See Section 7A.5.2 for details.)

84. The NHRC and UNFPA have taken up a collaborative study titled Research and

Review to Strengthen PCPNDT Act’s implementation across key States. The main

objective of the research is to focus on the impediments in implementation of the

Act by reviewing the cases registered by the States/UTs under the PCPNDT Act,

1994, identifying the hurdles in filing of such cases and studying the final orders

passed on these cases. The Commission also sent an investigation team to Pataudi

village in Gurgaon District of Haryana to enquire into a case related to the recovery

of half-burnt foetuses from a well near a nursing home, which was allegedly involved

in sex-determination tests and female foeticide for many years.41

85. The ICPS provides for setting up Cradle Baby Reception Centres in each District

to offer temporary shelter to children in crisis situation, especially abandoned chil-

dren, and provide them care and affection till he/she is given in adoption. The

Scheme envisages protection of girl child from sex-selective abortion and female

foeticide, a cause of growing concern for declining sex ratio in India. These Cradle

Baby Reception Centres will be linked to Cradle Points at Primary Health Care

Centres, hospitals/nursing homes, Swadhar units, short-stay homes and in the of-

fice of District Child Protection Society to receive abandoned babies. Individual

care plan for every child received shall be initiated by the reception centre and fur-

ther developed by the Specialised Adoption Agency, in whose care the child is to be

transferred after the authorisation of the Child Welfare Committee.

**3B.5.5 Awareness Generation and Capacity Building**

86. A number of campaigns have been launched for sensitising the public and chang-

ing social behaviour towards the rights of girls, child marriage, and the problem of

declining child sex ratio.

87. Among the notable campaigns against adverse sex ratio are ‘Save the Girl Child’,

which highlights the achievements of young girls; *‘Mujhe Mat Maro’*, which focuses

on the problem of female foeticide; and *‘Mujhe Beti Hi Chahiye’*, which aims at

encouraging survival of girls. Electronic and print media are being used to spread

awareness. The National Radio Broadcasting Service airs campaigns against gen-

der discrimination, early marriage and educational empowerment of the girl child

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through its various channels. Posters are displayed at prominent public places (e.g.

Metro stations in Delhi) for spreading awareness. In October 2007, a signature

campaign was launched to generate awareness regarding the evil of female foeticide,

and rallies were organised in Delhi to generate awareness among the public. Besides

the Central Government initiatives, State Governments also regularly use print and

electronic media to spread awareness on the issues of early and forced marriage, and

female foeticide.

88. A national-level meeting on ‘Save the Girl Child’ was organised by the MoH&FW

on April 28, 2008, in which accredited media personalities, bar associations and

heads of high schools and colleges were motivated to further the message regarding

the girl child in a phased manner.

89. Religious and spiritual leaders have been motivated to spread awareness on the is-

sue of sex selection and early marriage and its implications. Two such partnerships

were formed with the Art of Living Foundation and the World Council of Arya

Samaj.42 The Art of Living hosted a conference of inter-faith religious leaders, who

pledged to take the message forward through their discourses. Spiritual leaders and

social activists have led *padyatras* to focus on the issue across the States of Gujarat,

Rajasthan, Delhi, Haryana, Chandigarh and Punjab, and are using festivals for ad-

vocacy on the issue of sex-selection in Mumbai.

90. Sensitisation on child sex ratio has been made a part of curriculum for Auxiliary Nurse

Midwife. For tracking the delivery of a pregnant woman, it is proposed to provide Ac-

credited Social Health Activist a remuneration of fixed amount at the village level.

91. The appropriate authorities are unable to devote adequate attention to the imple-

mentation of the PCPNDT Act, 1994, and have expressed their lack of expertise and

experience in such legal matters.43 In order to address this, in place of Chief Medical

Officer/District Health Officer, District Collectors/District Magistrates have been

placed as District Appropriate Authorities to strengthen the implementation of the

Act at the ground level. The States of Maharashtra, Tripura, Gujarat and Chhattis-

garh have informed that they have issued the necessary notification in this regard.44

92. With a view to sensitise the judiciary, the National Judicial Academy, Bhopal, pro-

vided training to trainers from the State Judicial Academies during 2005-06, who

in turn are providing training to the judiciary in areas under their jurisdiction. The

National Law School of India University, Bangalore, has been provided grants for

training of lower judiciary and public prosecutors from State Judicial Academies in

a phased manner, beginning with Karnataka during 2007-08.45

93. Police training academies and schools have added the issue of declining child sex

ratio, and also the PCPNDT Act, 1994 in their training curriculum. The *Panchayati*

*Raj* Institutions (PRIs) also play an important role in spreading awareness on issues

related to the girl child, such as stopping of early child marriages, etc.

94. The ICPS, which focuses its activities on children in need of care and protection,

including the girl child, has a separate component on advocacy, public education

and communication, under which the MWCD is developing an effective strategy

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for child rights and protection in partnership with other Ministries, and national/

and international organisations working in this sector.

95. While the range and number of advocacy materials is huge, its content has not

been systematically evaluated through a rights and gender perspective. A recent

study commissioned by the UNFPA to assess the impact of various communication

strategies found that many stakeholders, such as family members, accept and justify

sex-selective elimination of girls because of strong son preference, perceived cost on

education and marriage of girls, and concern for the future well-being of girls.46

96. In 2009, the MWCD dedicated January 24 as the National Day for the Girl Child.

This day will be celebrated every year to focus on the rights of the girl child.

**3B.6 Challenges**

97. The Government is continuously trying to address the issue of discrimination. The

reporting period has seen several efforts directed towards this result. The 11th Five

Year Plan has the vision of inclusive growth to ensure equality of opportunity to

all, with freedom and dignity, accompanied by an expansion in the opportunities

for economic and social advancement. India has ratified the UNCRPD, adopted

the National Policy for Persons with Disabilities and formulated the Policy Frame-

work for Children and AIDS in India. In addition, accelerated implementation of

schemes and programmes to address discrimination against the girl child and the

adoption of the PCMA, 2006 by the Government reflect some of the key ongoing

efforts to fight discrimination.

98. However, prevailing social norms and harmful practices, and exclusion and dis-

crimination on various counts continue to limit affirmative action through revised

policies, programmes and awareness initiatives, posing a continuing challenge for

the realisation of child rights. Sustained efforts are required to address inequalities

and their root causes that come in the way of full realisation of rights of children.

99. Some of the key areas identified for action include:

Addressing inequalities and exclusion by strengthening access to basic services

for SC/ST population, especially through the flagship programmes.

Strengthening capacity-building and awareness initiatives to address low aware-

ness on matters of differently-abled children by service providers and low

awareness about the PWD Act, 1995, and its specific entitlements among the

general population.

Widening the scope of PWD Act, 1995, to include all forms of disability.

Strengthening access to basic services, especially health and education, for chil-

dren affected/infected by HIV/AIDS, and addressing the weak social support

system compounded by stigma and discrimination.

Strengthening the effective implementation of the PCPNDT Act, 1994; evidence

collection and prosecution under it; mass awareness and incentive programmes,

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including conditional cash transfers; promoting access of services for girls; and

addressing the prevailing discrimination.

* Safeguarding the survival and security of the girl child from conception to birth

and throughout the period of her childhood.

**3C. The Right to Life, Survival and Development**

**Article 6**

**3C.1 Status and Trends**

100. **Child Mortality:** More than one in 18 children die within the first year of life, and

more than one in 14 die before reaching the age of five. Neonatal (first month)

deaths constitute about two-thirds of total infant deaths, 56% of these being male

and 44%, female.47 More than half of the child deaths are accounted for by four

States, viz. Uttar Pradesh, Chhattisgarh, Bihar and Madhya Pradesh. In contrast,

Kerala shows lower incidence of child deaths in every age group. (See Section 6A

for details.)

101. **Accidents:** Traffic accidents (including road and train accidents), drowning (includ-

ing capsizing of boats) and poisoning (including food poisoning, accidental intake

of insecticides, snake or animal bite, and leakage of poisonous gases) are among the

major causes of accidental deaths among children in the 0-14 age group.48

102. **Suicides:** Suicides by children is a matter of concern, particularly in urban areas.

Unreal expectations of parents, competition in the education system, the inability

to cope with societal pressure to succeed, and lack of adequate counselling services

are some of the primary reasons for children taking this extreme step. About 35% of

the total suicidal deaths belong to the 15-24 age group. The States of Kerala, Tamil

Nadu, West Bengal, Andhra Pradesh, Karnataka and Maharashtra are reporting

higher proportion of deaths due to suicide in this age group.49

103. **Crimes against Children:** About 20,410 cases of crimes against children were re-

ported in 2007, as against 10,814 in 2001. Crimes against children include murder,

rape, abduction, buying/selling of girls for prostitution, infanticide, foeticide, abet-

ment of suicide, etc. The States that accounted for most reported cases of crimes

against children were Delhi, Madhya Pradesh, Maharashtra and Uttar Pradesh. (See

Annexure 3C.1 for details on crimes against children in the country.)

104. **Natural Disasters:** The reporting period has witnessed several major natural disas-

ters, including the earthquake in Gujarat in January 2001, tsunami in December

2004,50 the earthquake in Jammu & Kashmir (J&K) in October 2005, major flood-

ing in Bihar, Uttar Pradesh, Assam, Orissa, West Bengal, and other States in 2007

and 2008, and major avian flu outbreak in West Bengal in 2008. The earthquake

in Gujarat took 13,805 lives51 and the tsunami affected 4,700 children, including

deaths in the State of Tamil Nadu. About 340 children were separated from their

parents.52 In addition, a number of relatively smaller-scale emergencies, primarily

floods, droughts, landslides, cholera, and avian flu outbreaks have also occurred.

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Millions of people are affected annually in India; most of them from the poorest

strata of the population, a high proportion among them being children.53 Natural

disasters disrupt access to education because of displacement, injuries or deaths of

teaching staff, destruction or damage to school buildings or loss of educational ma-

terials. Financial losses often force children to drop out. For example, in Rajasthan

in 2006, schools were closed because of heavy rains, leaving 400,000 children with-

out education for many days.54 The exact number of children affected by natural

disasters is not available.

**3C.2 Policy and Legislation**

105. **Child Mortality:** The NPAC, 2005, through its goals, objectives and strategies seeks

to ensure that all children enjoy the highest attainable standard of health through

holistic care and protection. (See Section 1.2 for details.)

106. **Accidents:** A draft National Road Safety Policy for significantly reducing morbidity

and mortality from road accidents is being prepared and amendments of traffic laws

are also being considered. In addition, the Supreme Court, taking note of the increas-

ing accidents involving children in Delhi, has provided guidelines for ensuring safety

of school buses. These include clear captions identifying a school bus, a first aid box,

fire extinguisher, reliable locks, spaces below the seats for school bags, an attendant

from the school, and a parent/guardian or a teacher to ensure safety norms.55

107. **Suicides:** The Central Board of Secondary Education (CBSE), through its Circular

dated March 10, 2008, made it mandatory for all affiliated schools to employ coun-

sellors to help children cope with psychological pressure that often drives them to

take the extreme step. The circular notes that exercises in building self-concept, self-

image, acceptability, ability to withstand pressures, sense of enterprises, etc. should

be part of the learning process, and schools are instructed to provide planned and

effective counselling to achieve this.56

108. **Crime against Children:** There are several legislations that provide for protection

and care of children, such as the Prohibition of the Child Marriage Act, 2006; Juve-

nile Justice (Care and Protection of Children) Act, 2000; Child Labour (Prohibition

& Regulation) Act, 1986; Information and Technology (Amendment) Act, 2008; Im-

moral Traffic Prevention Act, 1956; Pre-Conception and Pre-Natal Diagnostic Tech-

nique (Prohibition of Sex Selection) Act, 1994, etc. (See Section 1.4 for details.)

109. **Natural Disasters:** The Disaster Management Act, 2005, has been enacted as the

Central Act to deal with the management of disasters. As mandated by the Act,

National Disaster Management Authority (NDMA) has been set up as the apex

body for disaster management in India, and is headed by the Prime Minister. The

NDMA is responsible for laying down policies, plans and guidelines on disaster

management, so as to ensure timely and effective response to disaster. The State

Governments are in the process of setting up State and District Disaster Manage-

ment Authorities.57

110. The NDMA has prepared guidelines for preparation of State Disaster Management

Plans, which are sensitive to the needs of vulnerable sections, including children.

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The Authority accords a high priority to ensuring immediate care of children dur-

ing emergency situations, including special provisions for children in the National

Relief Package.58

**3C.3 Programmes**

111. **Child Mortality:** The MoH&FW, along with the MWCD, is implementing pro-

grammes for survival and development of children, such as the Reproductive and

Child Health (RCH) Programme, NRHM, ICDS, Total Sanitation Campaign, etc.

(See Section 6C.3 for details.)

112. **Accidents:** The Road Safety Cell of the Ministry of Road Transport and Highways

and its counterparts in the States undertake publicity programmes through elec-

tronic/print media to spread awareness on road safety.

113. **Suicides:** Helplines are set up by CBSE during exam times to provide counselling

services to children to help overcome examination fear.

114. **Crime against Children:** The recently-launched ICPS provides for improvement in

the well-being of children in difficult circumstances. The Scheme also provides for

reduction in vulnerabilities to situations and actions that lead to abuse, neglect, ex-

ploitation, abandonment and separation of children. (See Section 1.5.1 for details.)

115. **Natural Disasters:** The tsunami in 2004 resulted in several initiatives taken by the

Government to provide relief and create disaster management strategies. The worst-

affected State of Tamil Nadu opened three orphanages in the most-affected Districts.

Children were admitted in these orphanages where no other alternatives were avail-

able, adoption of such children was prohibited to prevent trafficking and they were

provided with psychological counselling. The State Government also provided Rs

0.5 million as fixed deposit for each destitute child in the 0-14 age group. Free books,

notebooks and uniforms were also distributed to children studying in I-XIIth standard.

Village-level watchdog committees were oriented to prevent trafficking of children.59

(See Annexure 3C.2 for details on initiatives taken by the Central Government and

State Governments for disaster risk reduction, management and preparedness.)

**3C.4 Challenges**

116. Steps taken to safeguard the right to life, survival and development of the child in-

clude the launch of the third phase of RCH, NRHM, the Universal Immunisation

Programme, etc. Helplines have been set up by the CBSE to provide counselling

services to children in coping with examination pressure. The JJ Act, 2000 and

the ICPS have provisions for rehabilitation of children affected by various forms of

crime. The NDMA focuses on prevention, mitigation and preparedness as a means

to avert or reduce the impact of natural disasters.

117. There are, however, continuing challenges affecting life, survival and development

of children, which are as under:

* High mortality among children below five years in the States of Uttar Pradesh,

Chhattisgarh and Madhya Pradesh, which needs to be addressed in a focused way.

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* High cases of suicides among children in urban areas.
* Incidences of crime against children, such as murder, rape, sex-selective abor-

tion and sale of girls for sexual exploitation.

* Vulnerability of children to exploitative situations, displacement and depriva-

tion of basic services and disruption of education system.

* Lack of a system for data collection on total number children affected by natural

disasters, which remains a continuing challenge.

**3D. Respect for the Views of the Child**

**Article 12**

**3D.1 Status and Trends**

118. The Government has been taking measures to promote child participation through

provisions in policies and legislations. The MWCD uses public media, print and

electronic, to disseminate information on child rights, Constitutional commitments

and all child-related legislations, so that all children are made aware of their rights.

Efforts are being made to strengthen the capacity of NGOs and children’s organisa-

tions towards facilitating child participation and providing children with opportu-

nities to advocate with adult institutions for greater respect for their rights.

**3D.2 Policy and Legislation**

119. The NPAC, 2005, includes goals, objectives and strategies on child participation.

The approach focuses on promoting respect for children’s views, including the most

marginalised, especially girls, and facilitation of their participation in all matters

affecting them in social arenas, and judicial and administrative proceedings in ac-

cordance with their age and maturity.

120. The JJ Rules, 2007, recognise the NPAC, 2005, goals for child participation, and

recommend that children’s opinions should be sought at every stage in the juvenile

justice process. This includes creation of developmentally appropriate tools and

processes of interacting with children, promoting children’s active involvement in

decisions regarding their own lives and providing opportunities for discussion and

debate through children’s committees set up for the purpose.

**3D.3 Children’s Participation in Administrative and**

**Judicial Processes**

121. Consultations with children in the national and regional processes contributing to

the UN-initiated study on Violence against Children in 2004, and the proposed Pre-

vention of Offences against the Child Bill, 2009, indicate the growing openness in

the Government to listen to children, and to incorporate their views in the outcome

documents. During the preparation of this report, workshops with children were

held in Bihar, Rajasthan, West Bengal and Maharashtra to get their perspectives,

and for an assessment of the extent to which the rights enshrined in Convention on

General Principles

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the Rights of the Child (CRC) have been realised in their lives. The Government

has held consultation with children on strategies for prevention of child abuse.

122. There has been greater representation of children in conferences, consultations,

workshops, and public hearings on child rights issues within the country. However,

it is difficult to determine their impact, and efforts are also being made to bring

about qualitative improvements in the process of engagement with children.

123. A significant initiative in 2006 was a successful consultation with 53 HIV-affected

children from 10 States on the need for ‘paediatric formulations’ of ART, and over-

coming stigma and discrimination. This was taken up by the MWCD, NACO and

UNICEF in a National Consultation on Children Affected by and Vulnerable to

HIV/AIDS.60

124. The practice of considering the views of children, especially in cases of contested

custody, is increasing, albeit it remains the prerogative of the presiding judge or

magistrate. There have been cases, where the views of children as young as 10 years

have been considered, while in others, the views of 16 year olds have been over-

looked. Greater sensitisation of the judges and courts is required that would have

better impact, especially as the assessments of the best interests of the child and the

influence of the custodian and others, can be very subjective. The monthly *Bal Sam-*

*vad Adalat* in all juvenile justice boards in Bihar is an effort in this direction.

**3D.4 Children’s Participation in Institutions**

125. The NCPCR has issued guidelines to check corporal punishment and has directed

the States to ensure that every school, including hostels, homes under the JJ Act,

2000, including shelter homes and other public institutions meant for children,

must have a forum where children can express their views. Further, a box where

children can drop their complaints, even if anonymous, has to be provided for in

each school. Similar guidelines have also been issued by the CBSE to all its affiliated

schools. However, there is a need to build the capacity of staff in these institutions.

**3D.5 Children’s Participation in Governance**

126. The Constitution of India does not specifically mention *Bal Panchayats*. However,

these have been functional in several parts of rural India for over a decade now. The

spaces available in the democratic set-up of the country have been utilised creatively

by many *Bal Panchayats*, which follow the model of PRIs, and which, in some in-

stances, have established links with the formal adult structures.

127. In order to emphasise the commitments made to children in election manifestos,

consultations on the legislators’ commitment to children, followed by felicitation of

legislators as ‘child-friendly legislators’ for raising questions on children’s issues in

State Assemblies, is now an annual event in Karnataka.61

128. An interesting development has been the production of ‘children’s manifestos’ be-

fore elections. Before the Kerala Legislative Assembly Elections in 2006, 50 children

in the 13-18 age group from different socio-economic and cultural backgrounds

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from 10 different Districts of the State met in Kochi, and prepared a manifesto

based on children’s rights.62 A similar manifesto was prepared in Karnataka before

the Assembly Elections 2008.

129. The Government, as well as NGOs, have been making efforts to spread awareness

about critical children’s issues and rights among key institutions and functionaries.

(See Section 1.8 for details.)

**3D.6 Children’s Associations and Organisations**

130. The Child Reporters Initiative, started in 2005, is a collaborative effort of State

Governments, local partners and UNICEF to involve children, particularly from

marginalised and vulnerable communities, in the use of media tools and thereby to

give them the means to express their views and raise their concerns on issues facing

them and their communities in the media and larger forums. The initiative is cur-

rently being implemented in 13 States of India, with around 7,000 child reporters

in Andhra Pradesh, Bihar, Chhattisgarh, Gujarat, Jharkhand, Karnataka, Madhya

Pradesh, Maharashtra, Orissa, Rajasthan, Tamil Nadu, Uttar Pradesh and West

Bengal. It is still in a nascent stage in Assam.

131. Overall, children have been able to discover a unique voice through this initiative.

They have raised issues experiential and personal in nature, such as the problem

of teachers’ absenteeism, corruption in the MDM Scheme, girl child education,

child marriage, lack of *Anganwadi* facilities in their village and so on. At the same

time, the initiative has also created a scope for articulation of problems plaguing

their communities, like that of caste discrimination, health and hygiene and poor

development infrastructure in their villages. The reporters have used various kinds

of media to bring these concerns to the fore.

132. With more than 90% of the child reporters belonging to marginalised sections, their

empowerment is an important outcome for enabling them in securing their rights.

133. The Child Development Bank63 is an initiative that promotes the habit of saving

among children. School councils enable children’s participation in matters related

to school and education. The *Meena Manch* has proved popular in the promotion

of girls’ education, and building life skills of adolescent girls. These are associations

or groups of adolescent girls established at the school or village level, with members

drawn from upper primary schools, Alternative Learning Centres, and a few study-

ing in colleges.

134. One of the numerous initiatives across the country is the Babu Bahini Manch

(BBM), evolved by Gram Niyojan Kendra in two blocks of the backward Maha-

rajganj District of Uttar Pradesh. This forum of adolescent girls and boys meets

regularly to discuss matters of interest, including education, health, sanitation

and hygiene, human rights and child rights, environment, and family life. Some

of the positive outcomes of BBMs have been in bringing children, especially girls,

back to school, integration of girls from minority communities in mainstream

schools, computer-learning opportunities, and greater acceptance and apprecia-

tion of girls’ employment.

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135. There are cases of children’s participation in public campaigns on issues such as

schooling of out-of-school children, monitoring of MDMS, tree plantation in and

around the schools, and other relevant development interventions.64

136. After the tsunami, NGOs involved children in the monitoring process after training

them in survey methods, digital photography, information analyses and presenta-

tion techniques, to ensure that vulnerable groups were not deprived of relief assis-

tance. Children surveyed more than 700 people, drew conclusions and summarised

their findings.65 Experiences suggest that while the rescue efforts are often sponta-

neous, children’s actions are made possible through prior involvement in projects

and organisations. (See Annexure 3D.1 for initiatives taken by States in forming

children’s associations and organisations.)

137. NGOs continue to promote children’s participation by devising innovative ways

of facilitating children’s expression of views, and advocacy of their role as social

actors. International organisations such as UNICEF, Save the Children and Plan

International have supported innovative approaches, and facilitated participation

of children at all levels.

**3D.7 Challenges**

138. The adoption of NPAC, 2005 was the first step towards strengthening of Govern-

ment’s efforts for promoting respect for the views of children and taking them into

consideration. Since then actions on promoting participation of children and re-

spect for their views within the family, community, schools and institutions, as well

as in judicial and administrative proceedings, have found increased space.

139. However, facilitating child participation in critical matters and decisions concern-

ing them remains a significant challenge, as children in India are traditionally and

conventionally not consulted on matters and decisions affecting their lives in the

family and household, the neighbourhood and wider community.

140. Capacity-building is required at different levels, especially among caregivers, as they

do not have the understanding and skills for involving children’s views in matters

affecting them.

141. There is a need to move from sporadic efforts at engaging children and listening to

their views, to institutionalising participation in programmes for children.

142. There is a need to sensitise the judiciary and court officials for enabling processes

and creating an environment, where children’s views are heard and considered in

judicial proceedings affecting them.

**End Notes**

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‘Scheduled Castes’ are ‘castes, races or tribes or parts of or groups within castes, races or tribes’, which

the President, by public notification, “specifies” to be scheduled castes in relation to a State or Union

Territory. (Article 341, Constitution of India).

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**4. Civil Rights and Freedoms**



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4.

**Civil Rights and Freedoms**

**Articles 7, 8, 13-17 and 37(a)**

Concluding Observations (COs) addressed in this chapter include:

* Birth registration, CO No. 39 in paras 5-14
* Pakistani refugee and Mohajir children, CO No. 41 in para 4
* Convention against torture, CO No. 43 (a) in para 36
* Child-sensitive mechanisms, CO No. 43 (b) and (c) in paras 37-38
* Training on human rights, CO No. 43 (d) in para 47
* Physical and psychological recovery, CO No. 43 (e) in paras 45-46
* Corporal punishment, CO No. 45 in paras 39-44

**4A. Name and Nationality**

**Article 7**

**4A.1 Birth Registration: Status and Trends**

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It is estimated that 26 million births and 9 million deaths occur in India every year.

Of these, nearly 18 million births (69%) and 5 million deaths (63%) are being reg-

istered across the States.1 The level of birth registration varies across the States. (See

Figure 4.1 for level of birth registration across the States.)2

The National Family Health Survey - 3 (NFHS-3) provided data for the first time on

birth registration, according to which 41% of children under five years of age have

had their births registered with the civil authorities. However, only 27% of children

under five years of age have a birth certificate. The extent of registration of births

among children aged less than two years, and aged two to four years is about the

same; which suggests that despite efforts to increase birth registration, there is no

change in registration yet. It is children with more educated mothers and fathers,

and children from the higher wealth quintiles, who are more likely to have their

births registered, and to have birth certificates. The births of less than one-fourth

of children, who belong to households in the lowest wealth quintile, have been reg-

istered, and only one in 10 has a birth certificate. The level of birth registration is

higher in urban areas (59.3%) than in rural areas (34.8%).3

The major causes for low levels of registration include lack of awareness among

the general public about the importance and need for registration and registration

procedures; low priority assigned to civil registration work by States; inadequate

allocation in State budgets; lack of procedural knowledge among the registration

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Figure 4.1: Level of birth registration in the country

Source: Census 2001.

functionaries, particularly at lower levels; inadequate manpower at the local registra-

tion and supervisory level; low utility of birth/death certificates; and acceptance of

alternate documents in place of birth/death certificates issued under the Registra-

tion of Births and Deaths (RBD) Act, 1969.4

4.

With regard to providing nationality to the Pakistani refugee and Mohajir children

residing in India, the Citizenship Act, 1955, does not discriminate on the basis

of nationality for granting Indian citizenship. All foreign nationals, who fulfil the

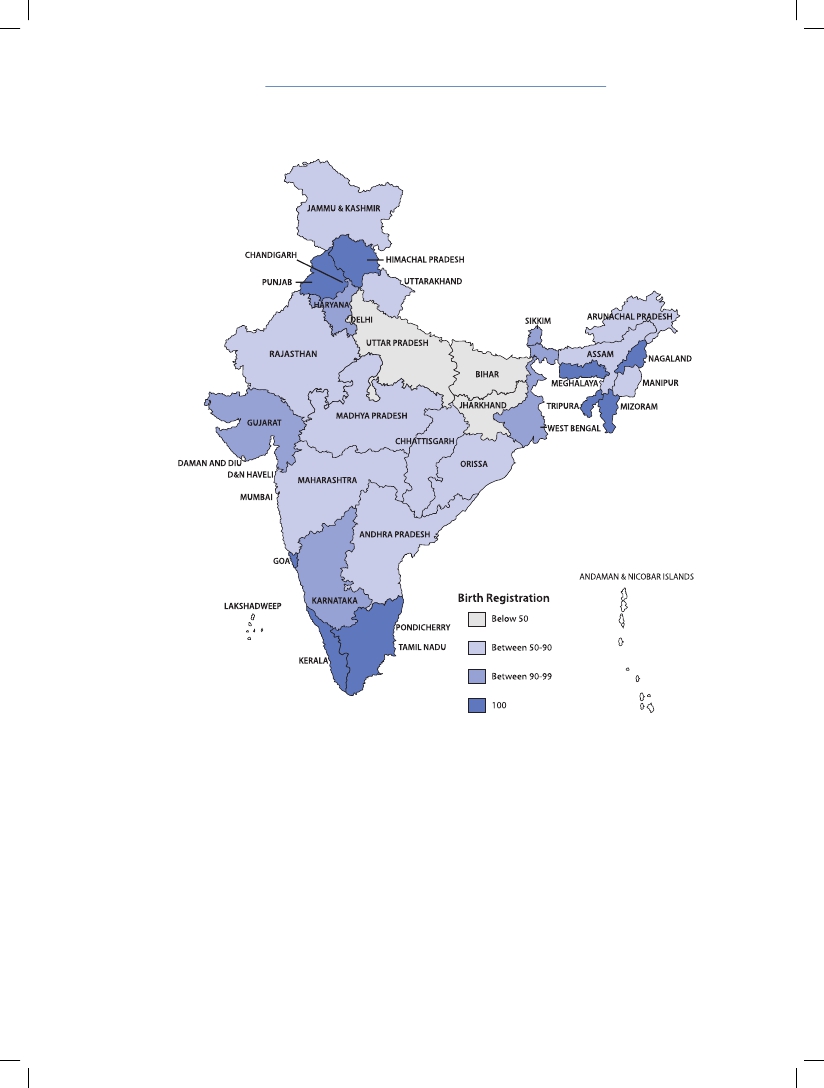
eligibility criteria as laid down in the Act, are granted Indian citizenship. Further,

in order to address the problems of Pak Hindu minorities displaced consequent to

the wars between India and Pakistan in 1965 and 1971, powers were delegated to

the State Governments of Rajasthan and Gujarat for a period of three years from

February 28, 2004, to grant Indian citizenship.5



**4A.2 Legislation**

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6.

Based on the experience in implementation of the RBD Act, 1969, an urgent need

has been felt for simplifying the procedures for registration of events and promoting

efforts to achieve 100% registration in the country. Accordingly, provisions of the

RBD Act, 1969, have been reviewed and amendments have been suggested. The

proposed amendments also take care of the technological innovations taking place

in information technology.

The Citizenship Act, 1955, was amended in December, 2003, to provide for com-

pulsory registration of all citizens and issuance of national identity card.6

**4A.3 Programmes and Awareness Generation**

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With a view to clear the backlog of issuance of birth certificates to children in

the 0-10 age group, a National Campaign was launched in November 2003. About

37.3 million birth certificates were issued across States in the first phase (Novem-

ber 2003-March 2005) and about 26 million birth certificates in the second phase

(April 2005-October 2007) of the Campaign.

Until 2004-05, the public awareness campaign on birth and death registration was

focused on the need for registration. Since 2004-05, the focus has been on giving

more details regarding the process, as well as the significance, of birth registration

through various media and wider dissemination of information. With this in view,

new State-specific Information, Education and Communication (IEC) material have

been developed in prominent regional languages and widely distributed. Publicity

measures have also been intensified in low-performing States.

As per a study by the Office of the Registrar General India (ORGI) in collaboration

with UNICEF, the reach of publicity and advertisement ranges from 30% to 65%

even in the low-performing Districts of various States. The study recommended

the need to intensify the publicity campaign with a wider coverage and higher fre-

quency, which is being done since 2007-08.

10. In addition, several other items of publicity material are being prepared at the Cen-

tral level, which include stickers (for use as book labels by school children), posters,

wall hangings for Hindi-speaking States, tin plate boards, calendars, etc.

11. The ORGI has established a system of monthly monitoring in low- performing

States to enhance coverage, ensure efficient working of the system and better report-

ing from these States.

12. The old birth and death registration records need to be preserved. According to the

existing law, the legal portion of the birth and death reporting forms are legal docu-

ments, which need to be preserved in physical form, even if the contents are stored

digitally on any digital storage media. The ORGI provides financial assistance to the

States/Union Territories (UTs) for preservation of birth and death records.

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**4A.4 Capacity Building**

13. The ORGI undertakes several capacity-building programmes in States/UTs to

strengthen the knowledge of civil registration functionaries on birth/death registra-

tion procedures. This includes orientation of new staff, as well as in-service train-

ing/refresher training for personnel, who are already in place. The ORGI also pro-

vides financial assistance to States and UTs towards training of personnel engaged

in civil registration.

14. The ORGI has been organising workshops/conferences at the national level to col-

lectively review the working of the civil registration system in various States. These

conferences provide an opportunity to the States to interact and exchange views

and experiences related to the implementation of the RBD Act, 1969, and help in

evolving strategies for improving levels of registration, based on the experiences of

better-performing States.

**4B. Preservation of Identity**

**Article 8**

**4B.1 Policy, Legislation and Programmes**

15. The Constitution of India lays down provisions that ensure the right to language,

culture, and freedom of expression and speech. The Juvenile Justice (Care and Pro-

tection of Children) Act, 2000, (JJ Act, 2000), Juvenile Justice (Care and Protection

of Children) Amendment Act, 2006, (JJ (Amendment) Act, 2006), and the Juvenile

Justice (Care and Protection of Children) Rules, 2007, (JJ Rules, 2007) are important

initiatives for the preservation, care and protection of a child’s identity in India.

16. Similarly, for the identification, care and protection of children belonging to the mi-

norities and other indigenous groups, mechanisms have been created by the Central

Government through formulation of appropriate policies and enactment of legisla-

tions. The National Commission for Minority Educational Institutions (NCMEI)

provides minorities the right to establish and administer educational institutions of

their choice.

17. Efforts are also being made to foster the pride and respect for Indian identity, in-

cluding its culture and religion, by involving children in all national festivals such as

Independence Day, Republic Day, etc.

**4C. Freedom of Expression**

**Article 13**

**4C.1 Legislation and Programmes**

18. The JJ Rules, 2007, provides every child the right to express his/her views freely in all

matters affecting his/her interest at every stage in the process of juvenile justice. The

Government continues to enhance freedom of expression among children through

various interventions such as village-level youth clubs, which discuss contemporary so-

cial issues, such as gender bias, enrolment drives in primary schools, immunisation,

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drugs and substance abuse, Human Immunodeficiency Virus (HIV)/Acquired Im-

muno Deficiency Syndrome (AIDS) awareness, etc. Youth groups also actively par-

ticipate in sports and development activities through the Ministry of Youth Affairs

and Sports (MoYAS) programmes, and in disaster relief activities through Non-

Governmental Organisation (NGO) initiatives.

19. Children are provided an opportunity to express themselves through the print and

electronic media. There are various children’s magazines published by Children’s

Book Trust and other private publishing houses, in which articles and stories are

written by children themselves on various aspects of socio-economic life. Children’s

columns are also published in newspapers, wherein children get an opportunity to

express their opinion about different facets of life. Many NGOs involve children

in managing newsletters and magazines. Children also participate in Government-

sponsored television programmes, and programmes broadcast by private television

channels. Children’s organisations such as *Bal Panchayats, Bal Sabhas*, School Coun-

cils, etc. provide platform for children to express their views freely in matters af-

fecting their lives. Child Reporters is an initiative in several States, through which

children express their views on concerns facing them and their community, using

media as a tool. (See Section 3D for details.)

20. The Ministry of Women and Child Development (MWCD) has instituted Na-

tional Child Awards for Exceptional Achievement, and National Bravery Awards

to extend recognition to children with exceptional abilities, and those who have

achieved outstanding status in various fields, including academics, arts, culture and

sports. These awards encourage children to express their views and ideas through

different mediums.

**4D. Freedom of Thought, Conscience and Religion**

**Article 14**

**4D.1 Policy**

21. Children’s right to freedom of thought, conscience, and religion forms an impor-

tant part of participation rights. The National Plan of Action for Children (NPAC),

2005, states that the Government is committed to establishing a civilised, humane

and just civil order that does not discriminate on grounds of caste, religion, class,

colour, race or sex and which provides information and skills training to children

to build their capacities to think and analyse. (See India First Periodic Report 2001,

paras 22-27, pp. 87-88 for details.)

**4E. Freedom of Association and of Peaceful Assembly**

**Article 15**

**4E.1 Policy and Programmes**

22. The NPAC, 2005, provides strategies to encourage establishment of children’s groups,

councils, associations, and forums and projects in order to create an environment in

which children are invited to participate and feel comfortable participating.

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23. The Nehru Yuva Kendra Sangathan (NYKS), an autonomous organisation of MoYAS,

has presence in 500 Districts of the country, catering to the needs of more than eight

million non-student rural youth, enrolled through about 0.23 million village-based

youth clubs. (See India First Periodic Report 2001, paras 28-32, page 88 for details.)

24. The Ministry of Panchayati Raj (MoPR), in collaboration with the Nehru Yuva Ken-

dras, launched a nation-wide campaign, called the *Panchayat Yuva Shakti Abhiyan*, in

2006-07 to synergise the energy of youth for grassroots development and democracy

through *Panchayati Raj Institutions* (PRIs). Under this Abhiyan, composition and

meetings of core committee are held; State-level *sammelans*, District-level *sammelans*,

and *Gram Sabha Sashaktikarn Abhiyans* are also organised. Till date, State-level *sam-*

*melans* have been organised in the States of Mizoram, Arunachal Pradesh, Andhra

Pradesh and Kerala. A core committee meeting was held in Rajasthan.7

25. The NYKS also works with Save the Children UK in several programmes, such as

children-led Disaster Preparedness in Nancowry Group of Islands in Nicobar District,

Youth for Combating Child Domestic Work in the States of Bihar, Madhya Pradesh,

Chhattisgarh and Orissa, and more recently, in the Red Ribbon Express (RRE) proj-

ect, which was a multi-sectoral and multi-activity social mobilisation campaign on

HIV/AIDS. The National Service Scheme (NSS), National Service Volunteer Scheme

(NSVS), National Cadet Corps, Scouts and Guides, Red Cross, youth wings of po-

litical parties, faith-based organisations, and community-based organisations (CBOs),

such as Lion’s Club and Interact Clubs, were involved in the campaign.

26. Children’s associations and organisations have helped in empowering the children

deprived of liberty. They have also provided a platform and opportunity to share

common concerns and seek peer support. (See Section 3D for details.) Freedom

of expression and peaceful assembly is encouraged by many organisations and pro-

grammes, such as Gandhi Smriti, Spic Macay, Student Exchange Programme, Inter-

act Clubs, etc.

**4F. Protection of Privacy**

**Article 16**

**4F.1 Legislation**

27. Efforts have been made to protect the privacy of the child under various legislations,

such as the JJ Act, 2000, which discourages violation of children’s privacy by the print

and electronic media. The JJ Rules, 2007, further ensure that the juvenile’s or child’s

right to privacy and confidentiality shall be protected by all means, and through all

the stages of the proceedings, and care and protection processes. The Information

and Technology Amendment Act, 2008, which provides for protection from publish-

ing or transmitting material depicting children in sexually-explicit act, etc. in elec-

tronic form, is another landmark intervention to protect the privacy of the child.

28. The guidelines for speedy disposal of child rape cases, developed by National Hu-

man Rights Commission (NHRC), also make sure that identity of the victim and

the family are kept secret, and that their protection is ensured. Besides UNICEF

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and Save the Children, the Indian Council of Medical Research (ICMR) has also

developed guidelines on research pertaining to sensitive children’s issues. The Study

on Child Abuse: India 2007, by MWCD also adopted ethical guidelines in order to

ensure protection of privacy of children during the time of obtaining information

from them on various aspects of abuse.

**4G. Access to Appropriate Information**

**Article 17**

**4G.1 Legislation and Programmes**

29. The role of the print and electronic media has been adequately highlighted in the

last Periodic Report on the Convention on the Rights of the Child (CRC). (See

India First Periodic Report 2001, paras 39-50, page 90 for details.) The Govern-

ment is consciously promoting access to information, and enactment of the Right

to Information (RTI) Act, 2005, is a step in this direction. Increased and easy

access to the internet, both in urban as well as rural areas, has enabled children’s

outreach to information.

30. The Life Skills Education (LSE) programme of the Ministry of Human Resource

Development (MHRD) and National AIDS Control Organisation (NACO) sup-

ports the rights of young people by educating them about their adolescence, coping

with the growing-up process, basic facts on HIV, and other Sexually-Transmitted

Infections (STIs). (See Section 6C.3.3 for details.)

31. Although many Government schools in the country have library facilities for chil-

dren, there is no information on the actual number of libraries for children in the

country, and on the number of mobile libraries. Many NGOs in the country are

also running children’s libraries, both in urban and rural areas, for reaching out to

marginalised children.

**4H.Right not to be subjected to Torture or Other Cruel,**

**Inhuman or Degrading Treatment or Punishment,**

**including Corporal Punishment**

**Article 37a**

**4H.1 Status and Trends**

32. There is greater awareness in the Government on the issue of torture or other cruel,

inhuman or degrading treatment, including corporal punishment, which includes

abusing, hitting, demeaning a child, etc. by an adult authority figure in the family

or outside.

33. Due to growing sensitisation about children’s rights at all levels, increasing cases of

corporal punishment are being reported. The Study on Child Abuse: India 2007 by

the MWCD reported that an overwhelming majority of children, that is two out of

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three children, are victims of corporal punishment. Out of those reporting corporal

punishment in schools, 54.28% are boys and 45.72% are girls. The Study also revealed

that more of older children are beaten in schools than younger ones; very high per-

centage of corporal punishment is reported in Government and Municipal schools,

and NGO-run schools also reported high percentage of corporal punishment.8

34. The Government has taken several initiatives to address the issue of corporal pun-

ishment, such as undertaking the Study on Child Abuse: India 2007 to assess the

situation and enact laws. In addition to capacity-building of teachers, it has also

set up helplines for children. These measures show the Government’s intention to

tackle the problem on a priority basis.

**4H.2 Policy**

35. One of the core objectives of the NPAC, 2005, is “to protect all children from neglect,

maltreatment, injury, trafficking, sexual and physical abuse of all kinds, pornography,

corporal punishment, torture, exploitation, violence, and degrading treatment.”

**4H.3 International Legal Instruments**

36. India signed the Convention against Torture and Other Cruel Inhuman or Degrad-

ing Treatment or Punishment in 1997. It is currently in the process of ratification

and is being examined by a Parliamentary Committee.

**4H.4 Legislation**

37. Section 23 of the JJ Act, 2000, categorically states that whoever, having the ac-

tual charge of or control over a juvenile or the child, assaults, abandons, exposes

or willfully neglects the juvenile or causes or procures him/her to be assaulted,

abandoned, exposed or neglected in a manner likely to cause such juvenile or the

child unnecessary mental or physical suffering, shall be punishable with imprison-

ment for a term, which may extend to six months, or fine, or both. The JJ Rules,

2007, provide for a suggestion box to be installed in every institution at a place eas-

ily accessible to juvenile or child as complaint and redressal mechanism.

38. Through the JJ Act, 2000, the Government has set up child-sensitive mechanisms

to receive, investigate and prosecute complaints. The JJ Rules, 2007, also enunciate

fundamental principles of care and protection with regard to the juvenile justice

process, and institutional care in Juvenile homes, which explicitly prohibit corporal

punishment and maltreatment of children within the juvenile institutional system,

and lay down duties for the State for protection of children from abuse within the

juvenile justice system.9 According to Section 46(6) of the JJ Rules, 2007, every in-

stitution shall have the services of trained counsellors or collaboration with external

agencies, such as child guidance centres, psychology, and psychiatric departments or

similar Government and non-Governmental agencies, for specialised and regular in-

dividual therapy for every juvenile or child in the institution. In order to ensure the

physical and psychological recovery and social integration of child victims of torture

and ill treatment, the JJ Rules, 2007, lay down positive measures, which include av-

enues for health, education, relationships, livelihoods, leisure, creativity and play.

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39. With the enactment of the Right of Children to Free and Compulsory Education

Act, 2009, which prohibits physical punishment and mental harassment in all edu-

cational institutions in the country, (See Section 1.4.1 for details.) the Government

has strengthened the protection of rights of children.

40. Under the Indian Penal Code (IPC), 1860, a ‘hurt’ caused by an ‘act’ to the ‘body’

and to the ‘mind’ constitutes an offence under Section 323; however, in the context

of corporal punishment inflicted on children, such a ‘hurt’ does not constitute an

offence. Sections 88 and 89 of the IPC, 1860 provide immunity to a person causing

‘hurt’ to a child if the act is ‘done in good faith, not intending to cause harm, and

by consent whether expressed or implied’. Thus, effectively the law does not recog-

nise corporal punishment as an ‘offence’.10 To overcome this lacuna the proposed

Prevention of Offences against the Child Bill, 2009, being drafted by the MWCD,

covers corporal punishment as an offence.

41. The State Governments have also given due recognition to the issue, and introduced

and amended legislations to abolish corporal punishment. The Goa Children’s Act,

2003, categorically states in Section 4 (2) that ‘corporal punishment is banned in all

schools.’ States, such as Andhra Pradesh and Tamil Nadu, have also amended the

respective State Education Acts. The Education Departments in many States have

also issued orders and circulars, with the Government of Puducherry starting as

early as 2001.11

42. The National Commission for Protection of Child Rights (NCPCR) constituted a

working group to examine the existing legislation against corporal punishment, and

evolve a policy and strategies for stopping this menace. In its report, the group has

provided suggestions on four specific issues: developing campaigns and advocacy

material for parents and teachers; developing appropriate institutional framework to

create mechanisms for addressing the various category of persons (parents, teachers,

caretakers, and *balwadi* workers) engaged with children through a redressal mecha-

nism for victims of corporal punishment; suggestions to parents, Parent-Teacher

Associations (PTAs), Village Education Committees (VECs), and Gram Panchayats

to combat corporal punishment; and the need to amend existing Central and State

laws and rules.12

**4H.4.1 Guidelines**

43. The Central Board of Secondary Education (CBSE) issued instructions on July 20,

2002, to principals of all schools to totally ban corporal punishment. The Secretary

of the Department of School Education and Literacy (DSEL) also issued an order

on December 17, 2007, to the Chief Secretaries of all States/UTs to prohibit corpo-

ral punishment in all the schools under their jurisdiction.

44. In August 2007, the NCPCR issued guidelines to all State Governments to take effec-

tive steps to check incidents of corporal punishment in schools. It expressed concern

over recent incidents of violence in schools, and recommended ban on all forms of

corporal punishment.13 Corporal punishment is banned in Delhi, Maharashtra, Goa,

West Bengal Gujarat, Himachal Pradesh, Karnataka, Kerala, Assam and Puducherry.

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**4H.5 Programmes**

45. The Integrated Child Protection Scheme (ICPS) strengthens service delivery mecha-

nisms and programmes, including rehabilitative services for children in need of care

and protection, including child victims of torture and/or ill-treatment. (See Section

1.5.1 for details.)

46. Childline provides emergency phone outreach service for children in need of care

and protection. It is operating in 83 cities/towns across the country, and responds

to over two million calls a year. Under ICPS, Childline services are to be extended

to the entire country.

**4H.6 Capacity Building**

47. The National Institute of Public Cooperation and Child Development (NIPCCD)

is the nodal agency for training and capacity building of Government functionaries

on issues of human rights and child protection, including the rights of children.

Other institutes, such as National Institute of Social Defence (NISD) and National

Judicial Academy (NJA), provide training to police, judiciary, social welfare officers

and NGOs working in the field of child protection. (See Section 1.10 for details.)

Under the ICPS, training and capacity building of all personnel involved in child

protection will be taken up on priority basis.

**4I. Challenges**

48. The ORGI, through its periodic awareness campaigns and regular monitoring, is

working towards strengthening the civil registration system. The Juvenile Justice

(Care and Protection of Children) Act, 2000, Juvenile Justice (Care and Protec-

tion of Children) (Amendment) Act, 2006, and the Right of Children to Free and

Compulsory Education Act, 2009 protect children from ill-treatment, torture and

corporal punishment. In addition, setting up of NCPCR has further given impetus

to protection of rights of children. The challenges faced in addressing the civil rights

and freedom of children include:

Low priority assigned to the State Civil Registration System, inadequate allo-

cation in State budgets and poor procedural understanding among the regis-

tration functionaries. This is combined with inadequate awareness about the

importance of birth registration and procedures for obtaining the birth registra-

tion certificates, especially in difficult to reach areas.

Low levels of birth registration affecting the monitoring of child marriages,

child labour, trafficking, tracing of missing children, etc., often compromising

protection of children under the corresponding legislations.

Low awareness amongst parents and teachers about the adverse impact of cor-

poral punishment on children.

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* Violation of children’s right to privacy by the print and electronic media, and

the police. Capacity development of functionaries needs to be strengthened for

protection of children.

* Lack of special studies and information systems on the implementation of the

provisions described, making it difficult to report on actual implementation.

**End Notes**

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India: Third and Fourth Combined Periodic Report on the CRC draft, Response of Office of the Regis-

trar General India, GoI, September 2009, page 1.

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ference between Office of the Registrar General India and National Family Health Survey-3 data is due to

the fact that National Family Health Survey-3 data has been compiled by aggregating responses received

from the household respondent. In many cases, the respondent, especially in rural areas, would not know

that birth has actually been registered. This happens mainly in case of institutional births, which are

automatically registered with the local registrar without the knowledge of the household respondent.

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**5. Family Environment and**

**Alternative Care**



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5.

**Family Environment and Alternative**

**Care**

**Articles 5, 9-11, 18 (paras 1 and 2), 19-21, 25, 27 (para 4) and 39**

The Concluding Observations (COs) addressed in this chapter include:

* Common responsibility of parents, CO. No. 47 in paras 8-16 and 33
* Legislation on domestic adoption, CO. No. 49 (a) in paras 51 and 54-56
* Application of JJ Act, CO No. 49 (b) in para 53
* Adoption of children of all religions, CO No. 49 (c) in paras51, 54-56
* New legislation to prohibit abuse and violence, CO No. 51 (a) in para80
* Public education campaigns, CO No.51 (b) in paras 87-90
* Mechanism for monitoring, CO No. 51 (c) in paras 84-86
* Legal proceedings, CO No. 51 (d) in para 79
* Care, recovery and re-integration, CO No. 51 (e) in paras76-77, 81-83 and 91-92
* Training, CO No. 51 (f) in paras 87-90
* Assistance, CO No.51 (g) in para 93

**5A. Parental Guidance**

**Article 5**

**5A.1 Policy and Legislation**

1.

2.

In India, parents, by virtue of being natural guardians of their children, have the

right to determine the child’s upbringing with regard to religion, education and

overall care and development. The National Plan of Action for Children (NPAC),

2005, recognises the need for capacity building of both the parents in providing

care and meeting psycho-social needs of the child through effective parenting pro-

grammes. It recommends developing capacities of child-care workers and other com-

munity groups through training and refresher courses for ensuring good child-care

practices.1 The 11th Five Year Plan recognises that children are best cared for in their

own families, hence, strengthening family capabilities is necessary to provide care

and protection to children.2

The Juvenile Justice (Care and Protection of Children) Amendment Act, 2006 (JJ

(Amendment) Act, 2006), provides for care and protection to children, who do not

have adequate parental care for various reasons. It emphasises every child’s right to

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family by simplifying the adoption processes. The Juvenile Justice (Care and Protec-

tion of Children) Rules, 2007, (JJ Rules, 2007), also emphasise the role of family for

care and protection of a child.

**5A.2 Programmes**

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To strengthen maternal and child health, postnatal care counselling on new-born

care and infant and young child feeding, including adolescent healthcare educa-

tion, counselling and referral is being provided under the National Rural Health

Mission (NRHM).3

Under the Integrated Child Development Services (ICDS) Scheme, counselling, nu-

trition and health education is provided to pregnant and lactating mothers through

the *Anganwadi* Workers. Till date, a total of 86 million children and 14.8 million

pregnant and lactating mothers have been covered through 1.4 million *Anganwadi*

Centres (AWCs).

The Central Social Welfare Board (CSWB), an autonomous body under the Min-

istry of Women & Child Development (MWCD), is implementing the scheme of

Family Counselling Centres (FCC) to provide counselling, referral and rehabilita-

tive services to women and children who are victims of atrocity, family maladjust-

ment and social ostracism. Between 2001-02 and 2007-08, the number of FCCs has

increased from 417 to 767 and the number of beneficiaries has risen from 27,749 to

95,877 respectively. (See Annexure 5A.1 for details on FCCs.)

‘The Scheme of Assistance to Homes for Children (Sishu Greh) to Promote In-

country Adoption’ provides for counselling of prospective adoptive parents.

The Scheme for Welfare of Working Children in Need of Care and Protection has a

provision for counselling of parents and heads of families to wean these children from

child labour and facilitate their entry/return into mainstream education system.

**5A.3 Capacity Building**

8.

National Institute of Public Cooperation and Child Development (NIPCCD), Del-

hi, and its regional centres have laid special emphasis on organising capacity-build-

ing/training programmes for parents in the reporting period, besides programmes

on management of crèche services for supervisory level personnel. The objectives

of these programmes are to explore attitudes and skills related to creating a nurtur-

ing environment, orient parents to the need and importance of early detection of

behavioural problems of children, and enable them to take informed decisions on

specific issues of concern. The regional centre at Bangalore organised workshops

for parents to provide knowledge and skills on quality care, importance of early

detection of psychological problems in children and its management at home. To

bridge the gap of trained professionals on guidance and counselling intervention,

NIPCCD has also initiated an Advanced Diploma in Child Guidance and Counsel-

ling, a one-year programme, in August 2006. (See Annexure 1.3 for details of train-

ing programmes organised by NIPCCD during 2004-05 to 2007-08.)

Family Environment and Alternative Care

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9.

Building capacities of caregivers, strengthening family/parental capabilities to care

for and protect the child through capacity-building, family counselling and support

services, and linking it to development and community support services is a priority

under the Integrated Child Protection Scheme (ICPS) in the 11th Five Year Plan.4

**5B. Parental Responsibilities**

**Article 18, paras 1 and 2**

**5B.1 Status and Trends**

10. Given the new socio-economic environment, changing parental roles and respon-

sibilities, and increased pressure on children from school, family and peers, it has

become essential to facilitate the understanding of parents about their common

responsibilities in addressing the psychological problems and needs of children.

The prevailing laws in the country emphasise the role of parents/family in the up-

bringing of children. The State has taken several initiatives to provide assistance and

build the capacity of parents and families in their child-rearing responsibilities.

**5B.2 Policy and Legislation**

11. The NPAC, 2005, emphasises the need for setting up pre-school centres, day-care

centres and crèches at workplaces and in communities, especially in remote and

socio-economically backward areas, to reduce the burden of working/ailing moth-

ers, and to prevent diversion of girl child into sibling care.

12. As an extension of the principle established under the Juvenile Justice (Care and Pro-

tection of Children) Act, 2000, (JJ Act, 2000), the JJ (Amendment) Act, 2006, speaks

of the State taking responsibility of the child if there is “no family or ostensible sup-

port or if the child is in continued need of care and protection”. The State has the

obligation to provide shelter to the child till a suitable rehabilitation is found, or up

to the age of 18 years, through institutional or non-institutional care such as sponsor-

ship, adoption and foster care. The JJ Rules, 2007, also lay down the principle of best

interest to ensure physical, emotional, intellectual, social and moral development of

juvenile or child. These recognise the primary responsibility of biological parents to

bring up a child with care, support and protection. However, in the best interest of

the child, this responsibility may be bestowed upon willing adoptive/foster parents.5

It further specifies that in every matter and decision concerning children, their views

should be respected and their best interests should be given priority.

13. The Maternity Benefit Act, 2008, is an important legislation that provides leave

and security benefits to working mothers. Every women covered under this Act is

entitled to receive a medical bonus of Rs 1,000 from her employer. It empowers the

Central Government to increase the medical bonus to a maximum of Rs 20,000 by

notification every three years. (See Section 1.4.2 for details.) Recognising that early

childhood care and rights of working mothers, including breastfeeding, are inter-

connected, the 11th Five Year Plan seeks to ensure maternity entitlements to support

exclusive breastfeeding.6

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14. To enable both parents to share common responsibilities for bringing up their child,

paid paternity benefits have also been introduced in India. Currently, it is only 15

days for Central Government employees. The benefits have also been introduced in

some private sector companies.

15. The Prohibition of Child Marriage Act, 2006, ascribes responsibility to parents/

guardians, (amongst others) and provides for punishment for promoting or permit-

ting solemnisation of child marriage.

16. During separation of parents, the Court grants custody of children to one of the

parents and access to the other parent so that children grow under the care and af-

fection of both parents.7

**5B.3 Programmes**

17. The Government of India has taken several measures to provide assistance to par-

ents and legal guardians in their child rearing responsibilities.

18. Till 2005, the MWCD was implementing two schemes, namely ‘Assistance to Vol-

untary Organisations for Crèches for the Children of Working and Ailing Women’

with provisions of sleeping and day-care facilities, supplementary nutrition, medi-

cines and contingencies, as well as monitoring of crèches and the ‘National Crèche

Fund’ to provide assistance for opening of new crèches and converting existing AWCs

into *Anganwadi*-cum-Crèche Centres. In 2006, these two Schemes were merged into

Rajiv Gandhi National Crèche Scheme (RGNCS) for Children of Working Moth-

ers, launched on January 1, 2006. The RGNCS provides for improved services and

enhanced financial norms, besides increasing the number of crèches in the country.

The main objective of the Scheme is to promote a healthy all-round development of

children of working/ailing mothers, particularly those employed in the unorganised

sector and belonging to the below poverty line category. The Scheme, which has an

in-built component of monitoring of crèches and training of the crèche workers for

better services, aims to build a child-friendly environment in all crèches. Under this

Scheme, a total of 31,718 crèches have been sanctioned till date, reaching out to ap-

proximately 0.79 million children (See Annexure 5B.1 for details on RGNCS and

5B.2 for details of number of crèches sanctioned to the implementing agencies un-

der the RGNCS.). To meet the needs of 220 million working women in the informal

sector, 0.8 million crèches are required to be set up.8 To ensure better monitoring

and provide enhanced financial support, a revision of RGNCS has been taken up.

19. Under the National Rural Employment Guarantee Scheme, there is a provision to

set up child-care facilities/crèche at the worksite under the care of a woman if there

are more than five children below the age of six years.9

20. The Integrated Child Development Services, Kishori Shakti Yojana and Nutri-

tion Programme for Adolescent Girls have provisions for improving nutrition,

health and development of children, including adolescent girls. These programmes

also aim to promote awareness on health, hygiene, nutrition and family care. (See

Section 1.5.1 for details.)

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21. The ICPS thrust is on strengthening the family’s capabilities to care for and protect

the child through capacity building, family counselling and support services, and

by linking these to community support services.10 NIPCCD has been organising

workshops and training programmes for the capacity-building of parents, enabling

them to cater to the needs of their children. (See Annexure 1.3 for details of train-

ing programmes organised by NIPCCD during 2004-05 to 2007.)

22. Under the scheme of hostels for working women with day-care centres (for single

working women, working women away from their home towns, widows, divorcees

and separated women), 876 hostels and 321 day-care centres were functioning by the

end of December 2007, benefiting 8,442 children.

23. Labour legislations in India contain provisions for child-care facilities for women

workers. (See India First Periodic Report, 2001, para 22, page 108 for details.)

24. Based on the recommendation of the Sixth Central Pay Commission to enhance

maternity leave and introduce special leave for child care, the Government of India

has modified the existing provisions of the Central Civil Services (Leave) Rules,

1972, for civilian employees of Central Government. According to the new provi-

sions, the existing ceiling of 135 days maternity leave has been enhanced to 180

days (six months). This would promote breastfeeding, the first right of an infant. In

addition, women employees having minor children are now entitled for child-care

leave for a maximum period of two years (i.e. 730 days) during their entire service

for taking care of up to two children, whether for rearing or to look after any of their

needs such as examination, sickness, etc.11

25. States, such as West Bengal and Himachal Pradesh, are running child-care services

like *Balwadi Centres* for children taking pre-school education. Cottage schemes are

being run in West Bengal for children belonging to backward communities, while

Himachal Pradesh has launched Mother Teresa Matri Sambal Yojana that provides

financial assistance to destitute mothers, widows and deserted women below pov-

erty line. Besides the crèche programme, Karnataka offers foster-care services and

sponsorship programmes with the objective of de-institutionalisation of children.

*Balwadis* and *Phoolwadis* are being run in Rajasthan and Chhattisgarh respectively,

with the support of community women.12 (See Annexure 5B.3 for details on State

initiatives for child-care institutions and services.)

**5C. Separation from Parents**

**Article 9**

**5C.1 Status and Trends**

26. Separation from parents in the best interest of the child usually takes place when ei-

ther parent is not in a position to take care of the child because of poverty, ailment,

alcoholism or imprisonment, or when parents are not known, or when children are

abandoned, or when children became victims of man-made natural disasters.

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27. It is estimated that a large number children are destitute and orphans or without

parental support in the country. Many of them have been placed in institutional

care.13 These include children in conflict with law, children of prisoners, and chil-

dren in need of care and protection. Information on the number of children, who

are not orphaned but placed in institutional care, is not available. Keeping the best

interest of children in mind and their ultimate rehabilitation, initiatives are being

taken to place orphaned and destitute children in non-institutional care options,

such as adoption, foster care and sponsorship.

28. In matters concerning guardianship and custody of children, the courts have given

several judgements in preference/consideration of the best interest of the child.

**5C.2 Policy and Legislation**

29. The NPAC, 2005, the JJ (Amendment) Act, 2006, and the JJ Rules, 2007, recognise

the need for care and protection of children, who are separated from parents, in-

cluding children of prisoners.

30. The JJ (Amendment) Act, 2006, and JJ Rules, 2007, focus on placing children with-

out parental care and support in alternative care within families and use of insti-

tutionalisation only as a step of last resort. The JJ Rules, 2007, also provide that

parents and relatives of a juvenile placed in an institution should be allowed to visit

him/her once a month or more frequently in special circumstances. It also provides

the juvenile freedom to write and receive letters.14

31. Welfare of children of mothers living in prison as under-trial prisoners or convicts

has been a matter of concern. Children forced to live with their mothers in prison

in case there is nobody to look after at home, face the problem of social isolation

and the absence of healthy interaction, while those separated from their imprisoned

mothers and fathers have similar problems of healthy development.15 Responding

to a Public Interest Litigation, the Supreme Court of India, in its judgement dated

April 13, 2006, issued guidelines to the Central and State Governments to follow

minimum standards that provide these children an opportunity to lead normal

healthy lives. Taking note of the Model Prison Manual, prepared by a National

Expert Committee, 1986, on Women Prisoners, which makes special provision for

children of women prisoners, the Supreme Court also directed the amendment in

existing jail manuals, rules, regulations and instructions within three months to

implement the guidelines. The Supreme Court has laid down a uniform guideline

applicable to all prisons in the country. It has further allowed female prisoners to

keep children up to the age of six years with them. After the age of six, the child has

to be handed over to a suitable surrogate, in accordance with the mother’s wishes,

or put in an institution run by the social welfare department in the same city.16

32. The Family Courts Act, 1984, provides for establishment of Family Courts by the

State Governments in consultation with High Courts to deal with issues of guard-

ianship, custody and access to a child. In places, where there are no Family Courts,

the matter is taken up by the District Courts in India. So far, 190 Family Courts have

been set up in 24 States and Union Territories (UTs) across the country. Based on the

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recommendation of the Parliamentary Committee on Empowerment of Women, all

the State Governments/UT Administrations have been requested to set up Family

Courts in each District.17 These Courts are required to take a decision in favour of

the best interests of the child and may consult children to know their wishes.

33. Successive court judgements in recent years have given prime consideration to the

best interest and welfare of the child while appointing a guardian in matters of

custody, education and maintenance of children.18 In some of the judgements, the

court has recognised the mother as much a natural guardian as the father.19 Prior

to the judgement given by the Supreme Court of India (*in Githa Hariharan vs. Re-*

*serve Bank of India*, February 18, 1999), that mother was as much the child’s natural

guardian as the father) (See India First Periodic Report 2001, Box 5.1, page 107

for details.), the courts mostly gave importance to the father’s right as a natural

and legal guardian, but after this landmark judgment, courts all over India have

interpreted in favour of welfare of the child in matters of custody, overriding the su-

premacy of parental rights. For instance, in *Amit Beri vs. Sheetal Beri*,20 the Supreme

Court gave the custody to the mother, with whom the child was for 10 years, saying

that affluence of father cannot be a substitute for affection, whereas in *Mausami*

*Moitra Ganguli vs. Jayant Ganguli*,21 the court gave the custody rights of the child to

the father with visitation rights to the mother. (See Annexure 5C.1 for details of

recent court judgments on the best interest of children.)

**5C.3 Programmes**

34. The MWCD is implementing several programmes and schemes to reach out to chil-

dren having no support of parents and families, including those in situation of desti-

tution. These programmes include the Scheme of Assistance to Homes for Children

(Shishu Greh) to promote in-country adoption, Programme for Juvenile Justice, In-

tegrated Programme for Street Children and the ICPS. (See Section 1.5 for details.)

35. Several States have also taken initiatives for providing care and support to children

without parental care. In Rajasthan, the Government has launched ‘Palanhar Yo-

jana’, a unique Scheme to provide alternative care to children without parental

care and support. Under this Scheme, a child, whose parents have both died due

to accident or illness, or have been awarded life imprisonment/ death sentence, is

placed in the care of a willing family, for which financial assistance is provided by

the State Government. The Department of Social Justice and Empowerment, Rajas-

than, is running Shishu Grehs for newborn children abandoned by their mothers/

families and *Balika Grahas* for destitute and neglected girls in 6-18 age group.22 The

Maharashtra State Government is implementing a foster-care programme called

‘Bal Sangopan Yojana’, for children without family support.23 In Delhi, the State

Government has framed Foster-Care Placement Services to regulate the placement

of illegitimate and abandoned children in the 0-6 age group, including those from

fondling homes, juvenile homes and children referred by hospitals, nursing homes,

social workers and welfare institutions with foster parents.24 (See Annexure 5C.2 for

details on State initiative for alternative care and support to children.)

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**5D. Family Reunification**

**Article 10**

**5D.1 Status and Trends**

36. The Government of India recognises the need for effective measures to protect and

safeguard the interests and rights of families, especially the children of migrants for

reunification with the family. There are an estimated 25 million25 overseas Indians

spread globally and about five million Overseas Indian Workers (OIWs) employed

all over the world (over 90% being in Gulf countries and South-East Asia). The

process for family reunification has been simplified with the creation of the Minis-

try of Overseas Indian Affairs (MOIA), in 2004, as the nodal Ministry to manage

the migration issues of Indian workers for overseas employment, and ensure protec-

tion of emigrants and their families.

37. India has policy and legislative provisions to deal with emigration issues of Indian

citizens overseas and their return.

**5D.2 Policy and Legislation**

38. The NPAC, 2005, the JJ Act, 2000, the JJ (Amendment) Act, 2006, and the JJ Rules,

2007, recognise the need for care and protection of children, who are separated

from parents.

39. The JJ Rules, 2007, under the principle of repatriation and restoration, recognise

the right of every juvenile or child or juvenile in conflict with law to be re-united

with his/her family, and restored back to the same socio-economic and cultural sta-

tus as before coming within the purview of the Act, or becoming vulnerable to any

form of neglect, abuse or exploitation.26 A juvenile or child, who has lost contact

with his family, shall be repatriated and restored, at the earliest, to his family, unless

such an action is against the best interest of the juvenile or child.27 A juvenile or

child, who is a foreign national, shall be repatriated at the earliest to the country of

his origin in co-ordination with the respective Embassy or High Commission.28

40. The Emigration Act, 1983, deals with all emigration from India to overseas coun-

tries and the return of emigrants. To transform the emigration system into a simple,

transparent, humane and orderly process, the MOIA is in the process of finalising

the amendments proposed in the Emigration Act, 1983.29

41. To make the migration process of OIWs emigrant-friendly, and enable the reunifica-

tion of families, the MOIA has decentralised the process of emigration clearance.

Furthermore, the Emigration Check Required Suspension has been abolished with

effect from October 1, 2007. With this, children and spouses of migrant workers

are now entitled to get Emigration Check Not Required endorsement on their pass-

ports after showing proof of their eligibility. The number of emigration clearances

increased from Rs 0.466 million in 2003 to Rs 0.809 million in 2007.30

42. Issues related to children in India seeking to join their parents abroad, and the pro-

cess and purpose of visit by foreign nationals wishing to visit India, are described in

the last periodic report. (See India First Periodic Report 2001, paras 32-35, page 112

for details.)

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**5E. Recovery of Maintenance for the Child**

**Article 27, para 4**

**5E.1 Legislation**

43. The issue of guardianship and custody of minors in India is governed by the Guard-

ianship and Wards Act (GWA), 1890, the Hindu Minority and Guardianship Act,

1956, and the unmodified Muslim Law of Custody and Guardianship. Sections

41 to 44 of the Indian Divorce Act, 1869, deal with matters related to custody,

education and maintenance of children below 18 years of age.31 The personal laws

of Hindus, Parsis, and Christians lay down the principles relating to custody and

guardianship of children (See India First Periodic Report 2001, paras 39-43, page

114 for details).

44. In cases of custody dispute during separation, the Family Courts pass orders in

matters related to custody, education and maintenance of children, based on provi-

sions of the prevailing legislations on custody and guardianship, giving paramount

consideration to the best interest of the child, besides considering age, sex and

wishes of the child if old enough to form an opinion, and fitness of the parent to

whom custody is to be handed over.32 A guardian is expected to take custody of the

minor and is obliged to provide financial support, healthcare and education.33 (See

Section 5C.2 for details.)

45. India participated in the negotiations for the ‘Convention on the International

Recovery of Child Support and Other Forms of Family Maintenance’, adopted in

November 2007 by the Hague Conference on Private International Law, and the

Convention is being examined with a view to ratify and for enacting the implement-

ing legislation.34

**5F. Children Deprived of a Family Environment**

**Article 20**

**5F.1Status and Trends**

46. According to estimates, a large proportion of children in India are destitute, orphan

and without parental support. Many of these children get separated, temporarily

or permanently, from their family, under vulnerable and exploitative situations or

desertion by the family. To safeguard their best interest and their ultimate rehabilita-

tion, legislative provisions have been made and programmes initiated to place these

children in community-based alternative care or institutional care.

**5F.2 Legislation, Programme and Monitoring**

47. The JJ Act, 2000, and JJ (Amendment) Act, 2006, outline provisions for non-

institutional (adoption, foster placement and sponsorship), as well as institutional

care. (See Sections 5G and 8B.4 for details.) The ICPS provides for sponsorship of

education, health, nutrition and other developmental needs of children at risk, to

support the family in taking care of the child. Section 43 of the JJ (Amendment)

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Act, 2006, lays down a provision for developing sponsorship programme for provid-

ing supplementary support to families, children’s homes and special homes to meet

medical, nutritional, educational and other needs of children for improving their

quality of life. The State Government may make rules for the purpose of carrying

out various schemes of sponsorship of children, such as individual-to-individual

sponsorship, group sponsorship or community sponsorship.35 The State has the

obligation to prepare the sponsorship programme in consultation with Non-Gov-

ernmental Organisations (NGOs), Child Welfare Committees (CWCs), relevant

Government agencies and the corporate sector.36 The Central Adoption Resource

Authority (CARA) promotes domestic adoption for the rehabilitation of orphaned,

abandoned and destitute children.

48. A few attempts have been made by NGOs such as Udayan Care (a Delhi- based

NGO) to promote group foster-care model, providing long-term residential care for

orphaned and abandoned children above six years of age, and SOS Children’s Vil-

lages of India that provide a family-like environment to enable children’s healthy

development through 40 SOS Children’s Villages.37 Maharashtra has introduced

Bal Sangopan Yojana, a foster-care scheme (tending to function as a sponsorship

programme).38 (See Annexure 5C.2 for details of State initiative for alternative care

and support to children.)

**5G. Adoption**

**Article 21**

**5G.1 Status and Trends**

49. CARA, through its agencies, gives approximately 3,000 children in adoption every

year. There has been a decline in the number of in-country adoptions by CARA

from 2,533 in 2001 to 2,294 in 2004 and further to 2,169 in 2008. The number

of cases of inter-country adoption of Indian children has also steadily declined in

the reporting period, from 1,298 in 2001 to 1,021 in 2004, and 821 in 2008.39 (See

Annexure 5G.1 for details of number of children placed in adoption through Recog-

nised Indian Placement Agencies and Shishu Grehs.) In addition, a large number of

adoptions take place between families and relatives, and through direct adoption.

**5G.2 Policy and Legislation**

50. At present, adoption takes place both formally and informally in the country. Formal

adoptions take place under the Hindu Adoption and Maintenance Act, 1956, (ap-

plicable to Hindus, Sikhs, Jains and Buddhists, wherein the child gets all the rights

of a biological child) and recently under JJ Act, 2000, amended in 2006. A child can

also be taken as a ward under the GWA, 1890, (applicable to all other communities,

but wherein the child does not have the rights of a biological child).

51. The JJ (Amendment) Act, 2006, has widened the scope of adoption of children by

adoptive parents. For the first time, this Act defines ‘adoption’ in absolute terms

as a process through which the adopted child is permanently separated from his

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biological parents, and becomes the legitimate child of the adoptive parents and

enjoys the rights, privileges and responsibilities of a biological child. The Act also

talks about setting up of specialised adoption agencies in every District and giving

all children living in institutional care an opportunity for adoption.

52. The JJ Act, 2000, makes it mandatory to register all child-care institutions, including

orphanages and homes actively taking up adoption, and to ensure that adoptions

take place only after proper documentation and scrutiny of prospective parents.

53. The Provisions of the JJ Act, 2000, and the JJ (Amendment) Act, 2006, are ap-

plicable in the entire nation, except in the State of Jammu & Kashmir (J&K). The

State has J&K JJ Act, 1986, under which it has recently formulated the J&K Juve-

nile Rules, 2007. Both the J&K JJ Act, 1986, and the J&K Juvenile Rules, 2007, are

being amended to bring them in line with the JJ (Amendment) Act, 2006.

54. I**n-Country Adoption:** To regulate and monitor all adoption programmes and the

working of recognised social/child welfare agencies engaged in in-country adop-

tions through State Governments and UT Administrations, CARA has notified

the In-Country Adoption Guidelines, 2004, formulated after a consultative process

with stakeholders.

55. **Inter-Country Adoption:** Inter-country adoption is now governed by Guidelines

for Adoption from India, 2006, issued on February 14, 2006, following India’s rati-

fication of the Hague Convention in 2003.40 These guidelines replaced the earlier

guidelines, in order to make adoption procedures simple and more transparent.

These guidelines provide a framework to protect the interests of both biological and

adoptive parents along with that of children through the mechanisms of licensing,

follow-up reports, documents, etc.41

56. At present, the In-Country Guidelines, 2004, and Inter-Country Guidelines, 2006,

are under revision, keeping in view the JJ Amendment Act, 2006. Some of the sa-

lient features of the proposed guidelines include more transparency across the adop-

tion system, production of surrendered children in front of CWCs, procedure for

adoption of children with special needs, central system for inter-country adoption,

etc.42 (See Annexure 5G.2 for salient features of the proposed adoption guidelines.)

**5G.3 Institutions and Programmes**

57. CARA, as nodal authority, promotes domestic adoption and regulates inter-country

adoptions in India, as provided under guidelines of the Government of India.

**5G.3.1 In-Country Adoption**

58. CARA is implementing the ‘Scheme of Assistance to Homes for Children (Shishu

Grehs) to Promote in-country Adoption’. (See Section 1.5 for details and Annexure

5G.1 for details of number of children placed in adoption through Shishu Grehs.)

At present, 74 organisations are being provided Grant-in-Aid to promote domes-

tic adoption.43 The States implementing Shishu Greh Projects include Andhra

Pradesh, Arunachal Pradesh, Assam, Bihar, Delhi, Gujarat, Haryana, Himachal

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Pradesh, Karnataka, Kerala, Madhya Pradesh, Maharashtra, Manipur, Mizoram,

Orissa, Rajasthan, Tripura and West Bengal.44

59. CARA recognises 18 Adoption Coordinating Agencies (ACAs) to promote in-coun-

try adoptions. These agencies maintain a State-level list of children available for adop-

tion, and prospective parents willing to adopt. Besides, they also undertake publicity

and awareness on adoption, and issue clearance for inter-country adoptions.

60. Regular monitoring and evaluation through follow-up on adoptive children/fami-

lies has been prescribed by CARA in case of in-country adoption. During pre-adop-

tion foster-care placement of a child, a professionally-trained social worker visits the

family regularly. After the legal adoption, the agency maintains a follow-up with

the family for a period of at least one year or as directed by the court. Post-adoptive

counselling is provided by the agency to the adoptive parent(s) and the adoptee

till the child has adjusted to the new environment. To deal with fears and appre-

hensions of prospective adoptive parents, pre-adoptive counselling sessions are also

taken by social workers.45

61. During the 11th Plan period, the ICPS will promote in-country adoption by setting

up a State Adoption Resource Agency (SARA) in every State/UT. SARA will coor-

dinate, monitor and develop the work of adoption, and provide assistance to the

State Adoption Advisory Committee.

62. The ICPS focuses on identifying bottlenecks to complete the adoption process in

the shortest possible time, and reaching out to children, whose parents are unable

to care for them.46

63. Recently, CARA has taken various initiatives, such as establishing an online da-

tabase, revision of existing adoption guidelines, training and development pro-

grammes and multimedia campaigns to revamp the adoption programme in the

country and developing of Central Adoption Resource Information and Guidance

System (CARINGS), a web-based MIS portal for child protection to reorganise adop-

tion system in the country and establishing transparency in adoption process.47

64. The central aim of CARA is to facilitate the adoption of as many Indian children

as possible who would benefit from adoption and to ensure that number of eli-

gible children are available for adoption without prospective adoptive parents hav-

ing to endure unnecessary onerous requirements, unreasonable delays and illegal

demands. CARA is also required to act as a clearing house for information about

children eligible for adoption; develop public awareness campaigns; undertake re-

search and evaluation; monitor and regulate the work of recognised and associated

agencies; liaison with the other central authorities and foreign missions and ensure

post-adoption follow-up and care for the adopted children.

65. CARA has been taking several initiatives such as training and development activities

through State orientation programmes, zonal meets, national-level meets for various

stakeholders in the adoption process for promoting adoption and non-institutional

care for children in need of care protection in general and for orphan, abandoned

and surrendered children in particular. The participants include adoption agencies

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and children homes housing orphan, abandoned and surrendered children, CWC

members, District Welfare Officers / Superintendents of Government run homes

and homes run by NGOs, advocates dealing with adoption matters, representa-

tives of the State chapters of Indian Medical Association (IMA), paediatric associa-

tion, gynaecologic association and District medical association, members of civil

society/Childline, etc. for their capacity building. The participants are imparted

training on adoption guidelines, laws dealing with adoption to minimise delay in

the adoption process so also to get feedback from the participants about regional

needs and requirements. CARA has also initiated workshops to promote domestic

adoption, feedback and interactive meets with prospective adoptive parents and

adoptive parents.

**5G 3.1.1 State Initiative to Promote In-Country Adoption**

66. Most States are making efforts to promote adoption by spreading awareness through

radio, television, newspapers, hoardings, leaflets, etc. The Government of Bihar set

up an Adoption Cell and constituted State- level Advisory Board on Adoption in

June 2005, and held an orientation workshop on adoption for placement agencies

and Government functionaries in December 2006. Karnataka State has also consti-

tuted a State Adoption Cell to supervise and monitor all adoption programmes and

agencies at the State level with the support of CARA.48 Adoptive parents in the city

of Bangalore have formed an association called Sudatta to look into the issues of

adoptive parents. Chhattisgarh has constituted a State-level Committee to monitor

inter-state adoption and other related issues.49 In Orissa, CARA collaborated with

Sanjog, a State-based adoption coordinating agency, to hold a consultative meet on

legal adoption in 2007. The State has also constituted a State Adoption Cell for

promotion and monitoring of adoption activities. Maharashtra too has formed an

Adoptive Parents Association. The Kerala State Council for Child Welfare, a rec-

ognised agency for local adoption, facilitated in-country adoption of 787 children

in 2004-05. The agency however, faces difficulties in nurturing the differently-abled

children, who face difficulty in getting adopted. (See Annexure 5G.3 for details on

State initiative to promote in-country adoption.)

**5G.3.2 Inter-Country Adoption**

67. CARA is the Central authority to implement the Hague Convention on Protection

of Children and Cooperation in respect of Inter-Country Adoption, 1993, ratified

by India on June 6, 2003. It has developed mechanisms to implement the salient

features of the Convention and to ensure that all orphan, abandoned and surren-

dered children are expeditiously placed in adoption. Regular inspection is done

by CARA to ensure quality child-care and compliance of existing guidelines.50 In

consonance with the Hague Convention, CARA ensures that all efforts are made to

place a child in his/her own socio-cultural milieu in his best interest, before giving

him/her in inter-country adoption.

68. CARA grants recognition to Indian placement agencies and enlists foreign agencies

engaged in sponsoring applications, which are recognised under the appropriate

laws of their own country or are recommended by Indian Missions abroad.

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69. At present, there are 73 Indian adoption agencies recognised by CARA for placing

children in inter-country adoption. However, these agencies are required to give pri-

ority to in-country adoption. There are 91 foreign adoption agencies enlisted with

CARA for processing the application of the prospective foreign adoptive parents

for adoption of Indian children. In addition, 46 Government departments from 24

countries are also involved in the process.

70. CARA organised its second International Conference on Adoption, from Oc-

tober 8-10, 2007, to discuss issues such as compliance of Hague Convention on

Inter-Country Adoption and the concerns and challenges faced in inter-country

adoption.51

71. The ICPS aims to regulate inter-country adoption through the State Adoption Ad-

visory Committee with the support of SARA, which will coordinate, monitor and

develop the work of adoption.

**5H.Illicit Transfer and Non-Return**

**Article 11**

**5H.1 Policy, International Legal Instruments and Legislation**

72. The Government’s commitment to counter the problem of trafficking and illicit

transfer of children to foreign destinations, including Middle-East and European

destinations, due to country’s porous border with Bangladesh and Nepal is reflect-

ed in the existing policies, international conventions and legislations. (See Section

8C.5 for details.) The Hague Convention on the Civil Aspects of International

Child Abduction is under examination before India becomes a party to it.52 Draft

legislation for implementing the Convention is also under consideration.53

**5H.2 Programmes**

73. The Government of India has taken multi-dimensional initiatives to combat the

problem of illicit transfer and non-return of children. (See Section 8C.5 for details.)

**5I. Abuse and Neglect, including Physical and Psycho-**

**logical Recovery and Social Re-integration**

**Articles 19 and 39**

**5I.1 Status and Trends**

74. Crime in India, published by the National Crime Record Bureau, which provides

statistics on crimes committed against children, including abuse and neglect, re-

ports an increase in crimes committed against children since 2001. While the total

number of cases of crime reported in 2001 was 10,814 in the country, the number

increased to 14,975 cases in 2005, suggesting an increase of 38.5%. The number of

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crimes against children in 2007 increased to 20,410, suggesting an increase of 7.6%

over 18,967 cases of crime reported in 2006. (See Annexure 3C.1 for details on

crimes against children in the country.)

75. Current data on children affected by abuse and neglect have limitations, which ad-

versely affects the formulation of specific policy, legislation and programmes to ad-

dress the problem. The Study on Child Abuse: India 2007 was conducted to collect

data and information on the extent and magnitude of child abuse/offences against

children,54 The Study, for the first time, brought out data on emotional abuse and

girl child neglect in the country. The findings of the Study have strengthened the

understanding of stakeholders, including families, civil society organisations and

States, and paved the way for the launch of ICPS, which provides for setting up

strong child-protection mechanisms at national, State, District, block and commu-

nity levels. (See Section 1.5.1 for details.)

**5I.2 Policy and Legislation**

76. The NPAC, 2005, has set goals, objectives and strategies for rehabilitation and support

programmes for victims/survivors of abuse and exploitation, including sensitisation

of adolescents on violence, abuse and exploitation.55 (See Section 1.2 for details.)

77. Reducing child vulnerability through systemic preventive measures to address pro-

tection issues at various levels, convergence of provisions and services for health,

child day-care, and education to strengthen families and to reduce the likelihood

of child neglect, abuse and vulnerability, along with provisions for shelter, care, psy-

chological recovery, social re-integration and legal services are the focus areas of the

11th Five Year Plan.56

78. The National Human Rights Commission released a set of guidelines in 2007 for

speedy disposal of child rape cases. The measures proposed by the guidelines to be

followed by the police officer investigating a rape case include: Fast-Track Courts

presided over by lady judge, in-camera trial, child-friendly atmosphere in courts and

video conferencing to avoid proximity with the accused.57 (See Annexure 5I.1 for

details of guidelines for speedy disposal of child rape cases.)

79. To prevent revictimisation of children in legal proceedings and to respect their pri-

vacy rights, the JJ (Amendment) Act, 2006, prohibits the publication of name of the

juvenile in conflict with law or child in need of care and protection involved in any

proceedings under the Act.58 The JJ Rules, 2007, have provisions to protect a child’s

right to privacy and confidentiality through all stages of proceedings and care and

protection processes.59 Section 23 of the JJ (Amendment) Act, 2006, provides for

punishment for cruelty to juvenile or child with imprisonment for a term extend-

able to six months, or fine, or both. Section 28 of the JJ (Amendment) Act, 2006,

also provides for alternative punishment, such as community service, etc. The JJ

(Amendment) Act, 2006, provides for institutional care systems for children, who

are victims of abuse and neglect.

80. The proposed Prevention of Offences against the Child Bill, 2009, aims to address

all offences against children. The Bill proposes to address issues related to child

abuse, exploitation and neglect of children.

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**5I.3 Programmes**

81. The CSWB and its 33 State Social Welfare Boards provide grants to registered

voluntary organisations for running short-stay homes, FCCs and for innovative

schemes. (See Section 5A.2 for details.)

82. The Rajiv Gandhi National Crèche Scheme, Programme for Juvenile Justice, Inte-

grated Programme for Street Children (IPSC) and Scheme for Welfare of Working

Children in Need of Care and Protection are being implemented with the aim

to create protective environment for children. Programme for Juvenile Justice and

IPSC are now merged under the ICPS, which provides for a safe and secure environ-

ment for overall development of children, who are in need of care and protection.

(See Section 1.5.1 for details.)

83. Several States have involved the police to take up issues of protection of all children

on priority and are providing special care to all child victims of abuse and neglect,

such as West Bengal and Karnataka.60

**5I.4 Monitoring**

84. All institutions for children/juveniles being run by the State Governments/volun-

tary organisations have to be registered within a period of six months from the

date of commencement of the JJ (Amendment) Act, 2006, bringing them into

the purview of monitoring.61 The JJ Act, 2000 has provisions for CWCs, Juvenile

Justice Board (JJBs) and Special Juvenile Police Units for receiving, monitoring

and investigating complaints related to children, and for recommending orders for

their rehabilitation.

85. The ICPS aims to create an effective system of monitoring at the District, State and

national level by establishing a standardised format and a minimum set of input and

outcome indicators for evidence-based monitoring, based on structures provided

under the Scheme.

86. The National Commission for Protection of Child Rights (NCPCR) is actively tak-

ing up suo motu cognizance of child-rights violations. Complaints can be made to

the Commission in any language of the 8th Schedule of the Indian Constitution, for

which no fee is charged. The State Commissions for the Protection of Child Rights

have already been set up in the States of Assam, Delhi, Madhya Pradesh, Maharash-

tra, Goa, Karnataka, Rajasthan and Sikkim. (See Section 1.1 for details.)

**5I.5 Awareness Generation and Capacity Building**

87. The MWCD undertakes awareness activities on issues of sexual abuse and exploita-

tion of children to bring about attitudinal changes and mobilise public opinion.

88. Comprehensive advocacy and communication strategies will be taken up by the

Central Government, State Child Protection Society, SARA and District Child

Protection Society under the ICPS, to promote favourable attitudes and address

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harmful ones. The ICPS aims to equip all those, who are associated with child pro-

tection with skills, knowledge and motivation, to identify, report and deal with child

protection issues.

89. The National Institute of Social Defence, NIPCCD and some NGOs have been

imparting training to law enforcement officials, social work professionals, personnel

of NGOs, chairpersons/members of CWCs and JJBs on ways to deal with matters

on child rights.62

90. The NCPCR is creating public awareness on child rights through visits to States, and

consultations with officials, NGOs, trade unions, children and others.63 It has taken

action to address the issue of violation of child rights in schools. (See Section 1.8

for details.)

**5I.6 Collaboration**

91. Initiatives, such as Crisis Intervention Centres (CICs), a partnership programme

of police, NGOs and medical professionals, are being run in Delhi and Chennai.

The objective of CIC is to rescue children from abusive circumstances and place

them in a positive environment, where their rehabilitation is ensured. Under this

programme, victims are also provided counselling and other mental health and

legal services.64

92. Childline, a 24-hour telephone outreach service, being run in collaboration by

Childline India Foundation with Government and NGOs, is a helpline for children

in distress and provides counselling and referral services to children.

93. The MWCD collaborates with UN agencies in the formulation of various policies

and legislations. These agencies have been providing technical support in capacity-

building initiatives, programme development and research studies. (See Section

1.11 for details.)

**5J. Periodic Review of Placement**

**Article 25**

**5J.1 Legislation and Monitoring**

94. The JJ (Amendment) Act, 2006, and the JJ Rules, 2007, lay down the process of

restoration, rehabilitation and social re-integration, as well as follow-up mechanisms

to assess the situation of child/juvenile, post- restoration and rehabilitation. Section

36 of the JJ Act, 2000 has provisions for social audit, which enables the Central

and State Governments to monitor and evaluate the functioning of the children’s

homes and also periodically review the situation of children placed in these insti-

tutions. The JJ Rules, 2007, focus on promoting the well-being of the juvenile or

child through preparation of individual care plans and also provide comprehensive

guidelines for monitoring and periodic review of standards of care in homes and of

children placed in adoption, foster care and institutions.

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95. The CWC has powers to direct officer-in-charge in a children’s home to submit a

quarterly progress report of any child, and produce the child before the Committee

for annual review of the progress.65 The Committee is required to visit each institu-

tion, where children are sent for care and protection or adoption, at least once in

three months to review the condition of children in institutions with the support

of State Government and suggest necessary action.66 The Committee is empowered

to order re-integration of the child with the family, if it’s in the best interest of the

child, based on the assessment of the family situation.67

96. CARA provides for monitoring and follow-up of children placed in adoption. (See

Section 5G.3.1 for details.)

97. The Commission for the Protection of Child Rights Act, 2005 empowers the NCP-

CR to monitor the conditions and functioning of all categories of juvenile homes in

the country. The NCPCR has recently initiated a process of reviewing the pending

cases of children placed in institutional care system in the country. (See Section 8

B-2.3.1 for details.)

98. Sections 14 and 33 of the JJ (Amendment) Act, 2006, have provision for review of

cases pending with CWC and JJB every six months. To deal with pending enquiries,

the State Government can direct the CWC and JJB to increase the frequency of its

sittings or cause the constitution of additional CWCs or JJBs.

**5K. Challenges**

99. The ICPS, with its budget of Rs 107.3 million for the 11th Plan, will contribute

significantly to develop systems and infrastructure to efficiently and effectively pro-

tect children in need of care and protection. (See Section 1.5.1 for details.) The

JJ (Amendment) Act, 2006, also provides for strengthening provisions for setting

up administrative mechanisms, and capacity-building of personnel concerned with

child protection and non-institutional/ alternative care system. It has also simpli-

fied the process for adoption of children.

100. The proposed Prevention of Offences against the Child Bill, 2009, aims to address

all the issues concerning children, including abuse and neglect of children, and be

a comprehensive legislation for protecting children.

101. In order to strengthen a supportive, enabling and protective environment for chil-

dren, the MWCD has identified the following issues for priority attention in the

coming years:

* Creation of support services to families at risk and strengthening of implemen-

tation of policies, legislation and programmes to protect children from vulner-

able and exploitative situations.

* Adequate child-care services and institutions for children in need of care and

protection, including child victims of abuse and exploitation, children of vul-

nerable groups, such as prisoners, and children of working parents.

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* Strengthening lateral linkages with essential services for children, such as educa-

tion, health, police, judiciary, services for the disabled, etc.

* Capacity-building of parents, caregivers and professionals engaged in child care

at various levels.

* Training and sensitisation of judges, lawyers and counsellors for adopting a

‘child-centred approach’.

* Adequate trained manpower and infrastructure, such as CWCs and Shishu

Grehs to deal with issues of abandonment, abuse and neglect of children.

* Comprehensive reporting of incidences of child sexual abuse and prosecution

of perpetrators.

* Expanding family-based non-institutional care services such as sponsorship, kin-

ship care, foster care and adoption for rehabilitation of children without family

care and support and strengthening follow-up and monitoring of these.

* Simplification of adoption process, supported by provision of trained staff, and

adequate counselling support to parents.

* Establishment of specialised adoption agencies in every District, supported by a

centralised and comprehensive database to identify children for adoption.

* Strengthening State adoption programmes to rehabilitate large number of chil-

dren in institutional care without homes/ family.

* Mapping of children in need of care and protection and the services available

for them at the city/District/State levels.

* Enhancement in allocation of resources for strengthening protection of vulner-

able children.

* Strengthening monitoring and systems for analysing implementation of these

provisions and their outcomes for children.

**End Notes**

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**6. Basic Health and Welfare**



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**Articles 6, 18 (para 3), 23, 24, 26 and 27(paras 1-3)**

The Concluding Observations (COs) addressed in this chapter include:

* Policies and programmes, CO No. 53 in paras 69-134
* Prevention of HIV/AIDS, CO No. 55 (a) in paras 108-116
* Mother-to-child transmission of HIV/AIDS, CO No. 55 (b) in paras 85-86, 112
* Awareness on HIV/AIDS, CO No. 55 (c) in paras 150-151
* Technical assistance on HIV/AIDS, CO No. 55 (d) in para 144
* Policy for Children with Disabilities (CWDs), CO No. 57 (a) in para 18
* Statistical data on disability, CO No. 57 (b) in paras 15-17
* Programmes for CWDs, CO No. 57 (c) and (d) in paras 23, 26, 27, 29, 30
* Awareness on CWDs, CO No. 57 (e) in paras 32-34
* Resources for CWDs, CO No. 57 (f) in para 31
* Technical cooperation for training of staff dealing with CWDs, CO No. 57 (g) in

paras 35-38

* Dowry Prohibition Act, CO No. 59 (a) in paras 154 and 157
* Awareness on harmful traditional practices, CO No.59 (b) and (c) in paras 154-156,

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* Implementation of the Child Marriage Restraint Act, CO No. 61 (a) in para 155
* Awareness programmes to prevent early and forced marriage, CO No. 61 (b) in Chap-

ter 1 paras 31-32

* Strengthening sexual and reproductive health education, mental health and adoles-

cent sensitive counselling services, CO No. 61 (c) in paras 22-25, 82-83 and 114-115

* Standard of living, CO No. 63 in paras 179-197

**6A. Survival and Development**

**Article 6, para 2**

**6A.1 Status and Trends: Childhood Mortality and Morbidity**

1.

There has been an impressive decline in overall mortality rates since 1998-99 (See

Figure 6.1.). Even so, more than one in 18 children die within the first year of life,

and more than one in 14 die before reaching the age of five.1

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Fig. 6.1: Early childhood mortality rates in the National Family

Health Surveys (NFHS)

Source: National Family Health Survey-3, Ministry of Health and Family Welfare, GoI, page 180.

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Children in the 0-4 age group account for about 19% of total deaths in the country.

Major causes of death in this age group include perinatal conditions, respiratory in-

fections, diarrhoeal diseases and other infections and parasitic diseases. All of these

together account for nearly 80% of deaths in this age group.2

The infant mortality rate (IMR), according to 2008 Sample Registration System

(SRS) in the country, is 53 per thousand live births. Again in this age group, perina-

tal conditions, respiratory infections, diarrhoeal diseases and other infectious and

parasitic diseases are the main killer causes.3 IMR is marginally higher for females

(58) than males (56). However, in the neonatal period, like elsewhere, mortality in

India is lower for females (37) than for males (41). As children get older, females

are exposed to higher mortality than males. Females have 36% higher mortality

than males in the postneonatal period, but 61% higher mortality than males at age

1-4 years.4 (See Annexure 6A.1 for details on early childhood mortality rates for

demographic characteristics.)

The perinatal mortality rate, which includes still births and very early infant deaths

(in the first week of life), was estimated at 49 deaths per 1,000 pregnancies for the

period 2001-05. In terms of socio-economic characteristics, perinatal mortality was

highest among children of rural mothers, mothers with no education or less than

five years of education, and mothers in the lowest wealth quintile5. Disaggregation

of perinatal deaths by its sub-causes shows that out of the total perinatal deaths,

56% are males and 44% females. Among the sub-causes, deaths due to premature

birth or slow foetal growth are the maximum, followed by other causes, including

haemolytic disease, asphyxia, and other perinatal jaundice.6

Out of about 26.1 million children born every year in India, 0.892 million new-

borns die before one month of life.7 Neonatal Mortality Rate (NMR) in India is 34

per thousand live births, contributing to about 50% of all deaths in childhood.8 The

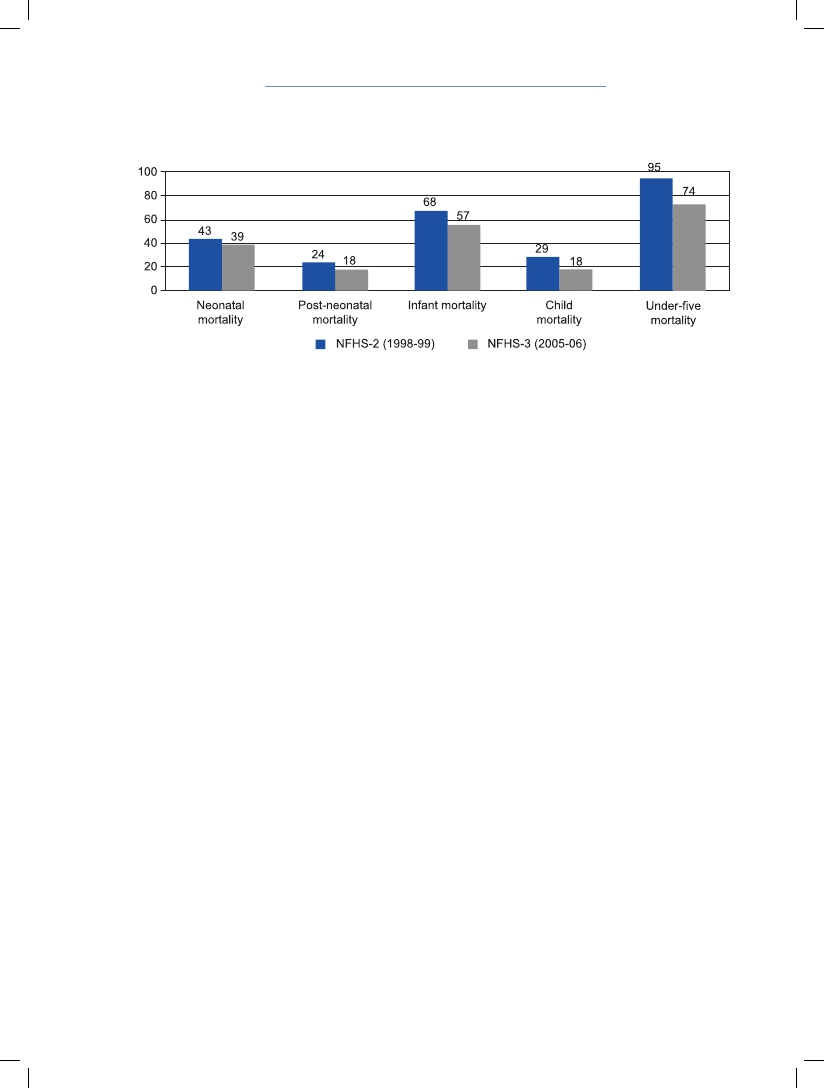
prominent causes of death among neonates are: perinatal conditions, respiratory in-

fections, other infectious and parasitic diseases, diarrhoeal diseases and congenital

anomalies. The proportion of female deaths is higher on all these counts, except

perinatal conditions and congenital anomalies.9 (See Annexure 6A.2 for details on

top ten causes of death in the 0-4 age group)



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The major childhood illnesses prevalent in the country are acute respiratory in-

fections (ARI), diarrhoea, measles and malaria. Malnutrition is responsible for

56% of under-five deaths. The risk of death rises among children who are mildly,

moderately and severely malnourished. On an average, a child who is severely

underweight is 8.4 times more likely to die from infectious diseases than a well-

nourished child.10 The National Family Health Survey-3 (NFHS-3) shows 6% prev-

alence of ARI among children under five years, which is highest among infants

aged 6-11 months (8%).11

Vaccine-preventable diseases are also major childhood killers. The proportion of

fully-immunised children in India in the age group of 12-23 months has increased

from 45.9% (District Level Household Survey (DLHS-2) (2002-03)) to 54% (DLHS-3

(2007-08)). According to NFHS-3, the proportion of fully-vaccinated children in the

age group of 12-23 months has increased from 42% (NFHS-2) to 43.5% (NFHS-3).

Pulse Polio campaigns are being organised frequently to reduce the incidence of

polio in the country. Pulse polio immunisation has been a massive programme, cov-

ering 166 million children in every National Immunisation Day (NID) round.12 Out

of the 35 States and Union Territories (UTs), 33 have become free from indigenous

transmission of polio virus since 2004-05. Uttar Pradesh and Bihar are taking more

time to achieve zero transmission due to several factors, including high population

density and poor sanitation.13

**6A.1.1 Urban-Rural Variations**

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Infant mortality rates are considerably higher in rural areas than in urban areas.

However, there has been improvement since 2000. In 2000 the IMR for rural areas

was 74, compared to 44 in urban areas; it declined to 58 in rural areas and 36 in

urban areas in 2008.14

According to NFHS-3, the IMR and child mortality rates are considerably higher in

rural areas than in urban areas. The rural-urban difference in mortality is especially

large for children in the 1-4 age group, for whom the rate in rural areas is twice as

high as the rate in urban areas. In both the neonatal and postneonatal periods,

mortality in rural areas is about 50% higher than mortality in urban areas. A com-

parison of NFHS-2 and 3 shows that infant and child mortality rates have declined

slightly faster in rural areas than in urban areas. Between 1991-95 and 2001-05,

infant mortality declined by 27% in rural areas, compared to 21% in urban areas.

During the same period, the child mortality rate declined by 45% in rural areas,

compared to 40% in urban areas. Even in the neonatal period, the decline in mor-

tality was slightly faster in rural areas (26%) than in urban areas (18%)15. The top

10 causes of death are common in rural as well as urban areas, with striking overall

similarity in patterns, as observed in case of ages 0 to 4. Perinatal conditions, re-

spiratory infections, diarrhoeal diseases and other infectious and parasitic diseases

clubbed together account for more than 80% infant deaths in rural areas as well as

in urban areas. The proportion of infant deaths due to malaria is more than twice

in rural areas (1.2%) than urban areas (0.5%).16

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**6A.1.2 State Variations**

10. The IMR is highest in Uttar Pradesh (73), and lowest in Kerala and Goa (15). With

respect to under-five mortality, Uttar Pradesh again has the highest rate (96) and

Kerala has the lowest (16). Apart from Uttar Pradesh, high levels of infant and child

mortality are found in Chhattisgarh and Madhya Pradesh in the central region,

Assam and Arunachal Pradesh in the north-eastern region, Jharkhand, Orissa and

Bihar in the eastern region, and Rajasthan in the northern region. In contrast, all

States in the southern and western regions have lower levels of infant and child

mortality. Three States in the north-eastern region have lower-than-average reported

levels of neonatal mortality but higher- than-average rates of postneonatal and child

mortality (Arunachal Pradesh, Meghalaya and Nagaland). (See Annexure 6A.3 for

details on early childhood mortality rates by State.) The Office of the Registrar Gen-

eral India (ORGI) provides variation in the causes of IMR as a proportion of all in-

fant deaths for two categories of States; the first category comprises the ‘Empowered

Action Group (EAG) States’.17 The State of Assam has also been added to this list.

The second category covers the remaining States and is labelled as ‘Other States’.

Infant deaths account for about 19% of the total deaths in the EAG States and As-

sam and 9% in the Other States. Perinatal conditions, the top cause in both the

category of States, accounts for 10% more deaths in the Other States, as compared

to the EAG States and Assam. However, respiratory infections, diarrhoeal diseases

and other infectious and parasitic diseases together account for about 45% deaths

in EAG States and Assam, *vis-à-vis* 30% in Other States. Deaths due to nutritional

deficiencies and malaria are also more prevalent in EAG States and Assam. In con-

trast, perinatal conditions and congenital anomalies dominate in the Other States.

The proportion of males dying from perinatal conditions, congenital anomalies

and unintentional injuries is higher than females in both the categories.18

11. A preliminary analysis of States was carried out by the Third Joint Review Mission

(JRM) of Reproductive and Child Health Phase-II (RCH-II) in 2007, in terms of

current status of maternal mortality ratio (MMR), IMR, Total Fertility Rate (TFR),

and past trends in terms of selected maternal health, child health, and family plan-

ning indicators. Eleven outcome indicators were studied, i.e. neonates who were

breastfed during the first hour of life; neonates who were breastfed exclusively till six

months of age; infants receiving complementary feeds apart from breastfeeding at

nine months; 12-23-month-old children fully immunised; 6-35-month-old children,

who are anaemic; pregnant women getting full antenatal care (ANC); pregnant

women who are anaemic; deliveries by Skilled Birth Attendants (SBAs); contracep-

tive-prevalence rate for any modern method; and unmet need for spacing methods

and terminal methods among eligible couples. The analysis suggests that in terms of

RCH outcomes, the States can be grouped into four categories, category one being

the best and category four being the worst.19 (See Figure 6.2.)

**6A.2 Programmes**

12. The Ministry of Health and Family Welfare (MoH&FW) is implementing several

programmes and schemes to address the issue of infant and child mortality. Notable

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Fig. 6.2: Outcomes of RCH-II

Source: Reproductive and Child Health Programme-II, Third Joint Review Mission,

January 15-February8, Ministry of Health and Family Welfare, GoI, 2007, page 8.

among these are Universal Immunisation Programme, where immunisation of chil-

dren is carried out against six vaccine-preventable diseases; control of deaths due to

ARIs; Integrated Child Development Services (ICDS) Scheme, with focus on im-

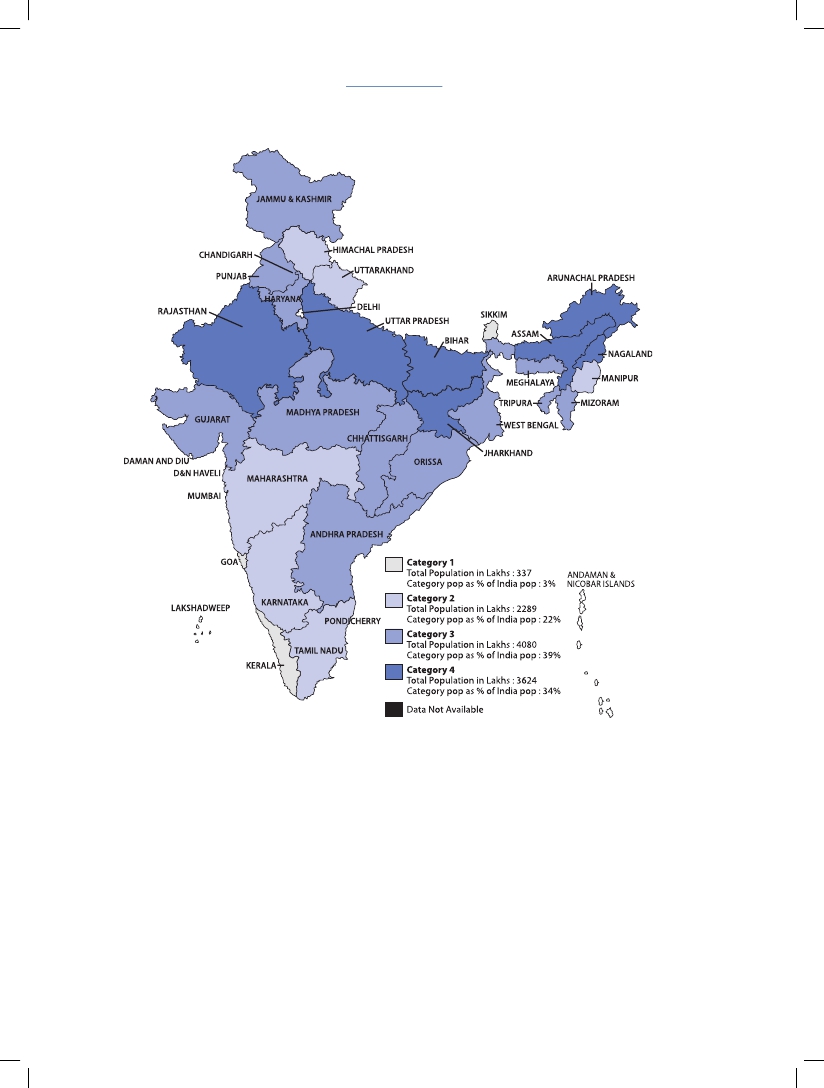
proving nutritional and health status of children below six years of age; and essential

new-born care to address the issue of the neonates. (See Section 6C.3 for details.)

**6A.3 Challenges**

13. The Government is continuously strengthening child-health services, which include

universalisation of ICDS in the 11th Five Year Plan; adoption of holistic approach



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through Integrated Management of Neonatal and Childhood Illnesses (IMNCI);

launch of second phase of RCH; and launch of the National Rural Health Mission

(NRHM). (See Section 6C.3 for details.)

14. The following are the key challenges related to survival and development of children:

* High levels of neonatal mortality, which contribute to about 50% of all childhood

deaths. For this, focused efforts are being made to address the key causes and de-

terminants of neonatal mortality through interventions on continuum of care.

* High levels of under-nutrition, particularly in the States of Madhya Pradesh,

Bihar, and Jharkhand.

* To improve access to food and knowledge of appropriate feeding care prac-

tices and services, especially among vulnerable population. Focused behaviour

change communication efforts are underway to improve key new-born and

child-care practices at the community level.

* To improve access and questionable quality of public health services in certain

regions. Government efforts are focussed on scaling up and improving the qual-

ity of services by expansion of NRHM and IMNCI and improved monitoring.

**6B. Children with Disabilities**

**Article 23**

**6B.1 Status and Trends**

15. The Census of India, which provides data on disability, is available for the year

2001, and the next Census will be taken up in 2011; thus, the reporting period

does not have new data to show changes in the status of Children with Disabilities

(CWDs). (See Section 3B.3.1 for details.)

16. India has made progress in reducing the incidence of specific diseases leading to

disabilities, such as polio. (See Section 6C.1.7 for details.) It is estimated that more

than 71 million persons are suffering from goitre, and other Iodine Deficiency Dis-

orders (IDDs).20 Iodine deficiencies could result in abortions, still-births, mental

retardation, deaf mutism, squint, goitre and neuromotor defects.

17. Disability arising from maternal causes is difficult to assess and estimate, but it is

well known that premature births, low birth weight, maternal anaemia and malnu-

trition increase the risk of disability among babies. The prevalence of Neural Tube

Defects (NTDs) is reported to be 3.63 per 1,000 live births. It can result in major

and irreversible disabilities in infant neonates, and can be prevented by including

folic acid supplements in the diet of pregnant women. The prevalence of NTDs is

particularly high in the northern States of Punjab, Haryana, Rajasthan and Bihar.

**6B.2 Policy**

18. The National Policy for Persons with Disabilities (PWDs), 2006, provides for pre-

vention of disabilities and includes rehabilitation measures. (See Section 1.2 for

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details.) Initiatives have also been taken by MoH&FW to prevent disabilities. In

order to check disorders caused by iodine deficiency, MoH&FW issued a notifica-

tion, banning the sale of non-iodised salt for direct human consumption in the

entire country with effect from May 17, 2006. (See Section 3B.3.2 for details.)

**6B.3 Legislation**

19. The Government has initiated steps to amend the Persons with Disabilities (Equal

Opportunities, Protection of Rights and Full Participation) Act, 1995, to harmonise

with UN Convention on the Rights of Persons with Disabilities (UNCRPD) ratified

by India in 2007. The amendments propose to comprehensively cover all kinds of

disabilities and more specific obligations of the States and local authorities. (See

Section 1.4.3 for details.)

20. The Juvenile Justice (Care and Protection of Children) (Amendment) Act, 2006,

(JJ (Amendment) Act, 2006), provides for care and protection of children with dis-

abilities. The National Trust for Welfare of Persons with Autism, Cerebral Palsy,

Mental Retardation and Multiple Disabilities Act, 1999, has provisions to enable

and empower PWDs. (See Section 3B.3.3 for details.)

**6B.4 Programmes**

21. Several schemes are being implemented by various Ministries for empowerment and

rehabilitation of PWDs. These schemes aim at promoting physical, psychological,

social, educational and economic rehabilitation and development of PWDs to en-

hance their quality of life and also enable them to lead a life with dignity.

22. The major schemes of the Ministry of Social Justice & Empowerment (MSJ&E),

which is the nodal Ministry, include:21

i.

The Scheme of Assistance to Disabled Persons for Purchase/Fitting of Aids/

Appliances (ADIP) provides assistive devices. Approximately 0.2 million PWDs

have been provided assistive devices under the Scheme. Under Sarva Shiksha

Abhiyan (SSA), assistive aids and appliances are distributed to school children

below 14 years of age.

ii. The Deendayal Disabled Rehabilitation Scheme includes projects for providing

education and vocational training, and rehabilitation of persons with ortho-

paedic, speech, visual and mental disabilities. The services provided under the

Scheme include: programmes for pre-school and early intervention, special edu-

cation, vocational training and placement, community-based rehabilitation, etc.

iii. The Scheme for Implementation of PWD Act, 1995: Under this Scheme, Grant-

in-aid is provided to various bodies set up by the Central Government and State

Government, including autonomous bodies and universities, to support activi-

ties related to implementation of the provisions of the PWD Act, 1995. The

range of activities, for which grant-in-aid is provided with regard to barrier-free

access, is wide, including ramps, lifts, tactile paths, new product development

and research.

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iv. There are schemes to support various organisations of the Ministry that are

involved in different aspects of rehabilitation of PWDs, such as Artificial Limbs

Manufacturing Cooperation of India, Rehabilitation Council of India and Na-

tional Handicapped Finance and Development Corporation.

v. The National Fund for PWDs is implementing a scholarship scheme for stu-

dents with disabilities, under which 500 new scholarships are awarded each year

for four major categories of disabilities: orthopaedic, visual, hearing and others.

Further, 40% of the scholarships in each category are reserved for girls.

23. A pilot project for creation of awareness on prevention and early detection of vari-

ous types of disabilities in children has been developed by the MSJ&E. The project

envisages dissemination of information about disabilities in rural areas through

*Anganwadi* Workers (AWWs). The project is to be taken up in 30 Districts of the

country (17 in Uttar Pradesh and 13 in Bihar). A similar programme is being taken

up in 13 Districts of Assam.22

24. Consequent to the enactment of the PWD Act, 1995, a scheme of setting up

Composite Regional Centre was formulated, which is a part of overall strategy to

reach out to PWDs and to facilitate the creation of the required infrastructure and

capacity-building at central, State and District levels, and even below, for aware-

ness generation, training of rehabilitation professionals, service delivery, etc. At

present, there are six Composite Regional Centres functioning in the country.

The Ministry, with support from State Governments, is also facilitating creation

of infrastructure and capacity building at District level for awareness generation,

rehabilitation, training and guiding of grassroot-level functionaries by setting up

District Disability Rehabilitation Centres (DDRCs) in all the unserved Districts

of the country.

25. The State Nodal Agency Centres (SNACs) are leading Non Governmental Organi-

sations (NGOs) and nodal agencies in each State, and supporting them are State

Nodal Agency Partners (SNAPs), each networking in 10 Districts in the larger States.

The activities of SNACs/SNAPs include sensitising families, PWDs and other re-

lated professionals and community members; training private school teachers to

handle the special needs of students; facilitating formation of Parent’s Association

and Disabled People’s Organisation, etc. The National Trust for the Welfare of

Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities

specifically focuses on early intervention. Under its Aspiration Scheme, day-care

centres have been set up for children upto six years with developmental disabilities,

to make them ready for mainstream and special schools.

26. Besides MSJ&E, other Ministries are also implementing programmes/activities re-

lated to disability. The ICDS, implemented by the Ministry of Women and Child De-

velopment (MWCD), addresses prevention of disability by reaching out to children

below six years, through early childhood health and nutrition interventions. The

ICDS network is vigorously working for prenatal and postnatal care of mother and

child, pre-school education and awareness through *Anganwadi* Centres (AWCs). In

2008, the MWCD adopted the new WHO Child Growth Standards under the ICDS

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for monitoring the growth of children. The proposed Rajiv Gandhi Scheme for Em-

powerment of Adolescent Girls aims to improve the nutritional and health status of

adolescent girls. (See Section 6C.3.2 for details.) The Integrated Child Protection

Scheme (ICPS), launched by the MWCD, provides for a safe and secure environment

for overall development of children in need of care and protection, including CWDs.

The Scheme’s primary focus is on integrating services for children with special needs

in existing institutional services, such as children’s homes and special homes. It also

provides for a separate home for such children in a situation, where there are a large

number of children with special needs, in a District or group of Districts.

27. The MoH&FW is also implementing programmes to address disability. These in-

clude the National Programme for Control of Blindness, which addresses reduc-

tion in the prevalence of blindness; the National Leprosy Eradication Programme,

focusing on early detection and prompt treatment of leprosy to prevent disability;

the Urban Leprosy Control Programme, which addresses the complex problems

related to leprosy control in urban areas like larger population size, migration and

poor health infrastructure that increase prevalence of the disease; and the National

Iodine Deficiency Disorders Control Programme, which includes surveys to assess

the magnitude of IDDs and the impact of control measures, supply of iodised salt

in place of common salt and Information, Education and Communication (IEC)

materials.23 In order to monitor the quality of iodised salt and urinary iodine excre-

tion, 18 States/UTs have set up IDD monitoring laboratories, while the remaining

States are in the process of establishing the same. Since its inception in 1995, the

Pulse Polio Immunisation Programme of the Ministry has achieved significant suc-

cess in reducing the number of polio cases in the country. The annual strategy for

polio eradication is decided on the basis of the recommendations of the India Ex-

pert Advisory Group (IEAG), consisting of national and international experts from

WHO, UNICEF and the Centre for Disease Control and Prevention, Atlanta. The

IEAG reviews the polio epidemiological situation twice a year and recommends

suitable strategies for the country. The National Polio Surveillance Project of WHO

provides technical support for high-quality acute flaccid paralysis surveillance,

and assists the Government in micro planning, training and monitoring of polio

immunisation campaign.24

28. The Ministry of Rural Development provides for 3% reservation for PWDs in ma-

jor poverty-alleviation programmes under the National Rural Employment Guaran-

tee Act (NREGA), the Swarnjayanti Gram Swarozgar Yojana (SGSY) and the Indira

Awaas Yojana (IAY).25

29. The SSA, a flagship programme of the Ministry of Human Resource Development

(MHRD), has specific interventions for inclusive education, such as identification,

functional and formal assessment, appropriate educational placement, prepara-

tion of Individualised Educational Plan, provision of aids and appliances, teacher

training, resource support, removal of architectural barriers, research, monitoring

and evaluation and a special focus on girls with special needs. SSA ensures that

every child with special needs, irrespective of the kind, category and degree of dis-

ability, is provided meaningful and quality education. Hence, SSA has adopted a

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zero-rejection policy. The measures include special schools, Education Guarantee

Scheme (EGS), Alternative and Innovative Education (AIE) and even home-based

education. Convergence has also been established with the MSJ&E to provide aids

and appliances to CWDs under SSA. The Scheme of Inclusive Education of the

Disabled at Secondary Stage (IEDSS) enables students with disabilities to complete

secondary and higher secondary education, and also supports a training programme

on inclusive education for general school teachers.

30. In addition, several States are taking up initiatives for the prevention and early

detection of disabilities through the Department of Health and Family Welfare or

through the SSA. For example, in West Bengal, efforts are being made through sen-

sitisation of AWWs and orientation of community leaders and teachers of primary

and upper primary schools to integrated education for disabled (IED) issues, includ-

ing early detection and prevention of disabilities, training of key resource persons

from the family of CWDs, and parental counselling through home visits, etc. (See

Annexure 6B.1 for State initiatives for children with disabilities.)

**6B.5 Resources**

31. In 2008-09, the percentage of expenditure on disabilities in the nodal Minis-

try (MSJ&E) to the total Government of India expenditure was 0.03%.26 While

spending under other Ministries may have risen in some cases, the MSJ&E

does not have figures of expenditure incurred on PWDs from other Ministries,

such as the Ministry of Health and Family Welfare, the Ministry of Human

Resource Development, the Ministry of Women and Child Development, etc.27

The information on trends in resource allocation and percentage increase in num-

ber of beneficiaries since 2002-03 is given in Table 6.1.

**6B.6 Awareness Generation**

32. Various awareness campaigns are being organised by the Information and Mass

Education Cell of MSJ&E, through the print, electronic and folk media. On De-

cember 3, the International Day for PWDs is commemorated, with organisation

Table 6.1: Plan outlay on disability-related

programmes and number of beneficiaries

Source: India: Third and Fourth Combined Periodic Report

on the CRC draft, Inputs of Ministry of Social Justice and

Empowerment, September 2009, Annexure 1.

of events related to sports, games,

debates, workshops and cultural

programmes in several States.

33. State Governments organise

sensitisation camps regularly at

the Municipal Corporation, Sub-

Divisional, Divisional, and District

levels. Books on relevant Acts/

Rules related to disability have also

been printed in local languages, and

distributed to diverse stakeholders

such as NGOs, teachers and com-

munity-based workers.28

|  |  |  |
| --- | --- | --- |
| Year  2002-03 | Plan outlay  (Rs in millions)  2,295 | No. of  beneficiaries  (in millions)  0.454 |
| 2003-04 | 2,195 | 0.443 |
| 2004-05 | 2,255 | 0.453 |
| 2005-06 | 2,506 | 0.500 |
| 2006-07 | 2,430 | 0.438 |
| 2007-08 | 2,210 | 0.450 |

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34. A study conducted by the World Bank in rural Uttar Pradesh and Tamil Nadu in

2005 revealed that the overall awareness about the PWD Act, 1995, in these States

was very low, specifically among households with PWDs compared to others. These

findings were supported by evidence from other States, such as Orissa, indicating

low awareness about the PWD Act, 1995, entitlements among a range of civil soci-

ety and public sector actors. The findings point not only to a general need for rais-

ing awareness about the rights of PWDs, but also specifically the need for enhanced

and focused information outreach to the core target group of PWDs.

**6B.7 Capacity Building**

35. National Institute of Public Cooperation and Child Development (NIPCCD) un-

dertakes training programmes for persons engaged/working in the area of disabil-

ity, both at the headquarters as well as its regional centres. The broad contents of

the programme include prevalence, causes and implications of the various types

of disabilities in children; prevention of childhood disabilities; rehabilitation of

CWDs; and community-based approaches for prevention, early detection and

management of disabilities.29

36. The Rehabilitation Council of India, established as a statutory body, regulates

the training policies, programmes and standardisation of training courses for pro-

fessionals dealing with PWDs. The Council is running 57 long-term/short-term

courses, to update the knowledge of professionals and personnel in the area of

disabilities.30

37. The Composite Regional Centres functioning in six States facilitate capacity build-

ing at the central, State and District levels and below, to establish, strengthen and

upgrade rehabilitation services to reach the un-reached disabled population. The

District Disability Rehabilitation Centres provide supportive and complementary

services to promote education, vocational training and employment for PWDs by

providing orientation training to teachers, community and families; and providing

training to PWDs for early motivation and early stimulation for education, voca-

tional training and employment.31

38. The National Trust for Welfare of Persons with Autism, Cerebral Palsy, Mental

Retardation and Multiple Disabilities Act, 1999, provides for training of school

teachers to handle the special needs of students with disabilities in inclusive class-

rooms through the State Nodal Agency Centres. Special training is also provided to

teachers with focus on early intervention and autism.32

**6B.8 Challenges**

39. The Government has strengthened its commitment towards PWDs, as is evident

from the ratification of UNCRPD in 2007, adoption of National Policy for PWDs

in 2006 and focus on inclusion in the 11th Plan. The shift from welfare-based ap-

proach till the Ninth Plan to the rights-based approach since then, and review of the

PWD Act, 1995, to make it more effective, are indicative of Government’s contin-

ued commitment.

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40. Following are the challenges related to CWDs:

* To harmonise definitions of disability used in collection of data, and to include

all types of disabilities, leading to better data.

* Effective coordination in planning and implementing programmes among Min-

istries to comprehensively address the needs of CWDs.

* Limited access to education, health and nutrition services for CWDs.
* Improving an understanding of skills of service providers, including teachers,

on the needs of CWDs.

* Generating and increasing awareness about the provisions of the PWD Act,

1995, especially among the target group.

* To tackle instances of discrimination faced by CWDs in access to education,

health, etc.

* To improve resource allocations for CWDs.

**6C. Health and Health Services**

**Article 24**

**6C.1 Health Status and Trends**

41. This section provides the status and trends about nine indicators of child health,

that is infant and neonatal mortality, maternal mortality, under-nutrition, child-

hood diseases, communicable diseases, vector-borne diseases, water-borne diseases,

Human Immunodeficiency Virus (HIV)/ Acquired Immunodeficiency Syndrome

(AIDS) and new emerging diseases.

**6C.1.1 Infant and Neonatal Mortality**

42. (See Section 6A for details.)

**6C.1.2 Maternal Mortality**

43. The goal of the NRHM is to reduce the MMR to 100/100,000 by 2012. In 2001-

03, the MMR in India was 301 per 100,000 live births, representing a decline of

24% from 1997-98, when it was recorded as 407.33 The SRS for 2004-06 shows that

the MMR has declined further to 254.34 Nearly two-thirds of the maternal deaths

in the country are reported from Assam, Bihar, Chhattisgarh, Jharkhand, Madhya

Pradesh, Orissa, Rajasthan, Uttar Pradesh and Uttarakhand.

44. In India, more than one-third of women in the 15-49 age group have Body Mass

Index (BMI) less than 18.5 kg/m2 and 55.3% have anaemia. Efforts are being made

to increase attention to maternal nutrition, as a woman’s nutritional status has im-

portant implications for her health, as well as the health of her children. A woman

with poor nutritional status, as indicated by a low BMI, short stature, anaemia or

other micronutrient deficiencies, has a greater risk of obstructed labour, having a

baby with a low birth weight, having adverse pregnancy outcomes, producing lower-

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quality breast milk, death due to postpartum haemorrhage, and illness for herself

and her baby.

45. The lacunae in maternal health include varying availability and understanding of

technical guidelines, resulting in differences in implementation. The training of

Auxiliary Nurse Midwives (ANMs) needs greater attention at the State level. The

pace of comprehensive emergency obstetric and neonatal care training requires ac-

celeration. Safe medical termination of pregnancy (MTP) needs greater attention

in most States. Further, the data on anaemia in women underscore the need for

improvement in the nutritional status of women both before and during pregnancy.

Also, there are constraints in public facilities for meeting an increased demand for

institutional deliveries, often leading to sub-standard quality of institutional deliver-

ies and lack of full complement of inputs in the First Referral Units (FRUs).35

**6C.1.3 Under-Nutrition**

46. Under-nutrition continues to affect a large number of children in the country. Al-

most half of children under five years of age (48%) are stunted and 43% are un-

derweight. The proportion severely undernourished children is 24% according to

height-for-age (stunting) and 16% according to weight-for-age (wasting).

47. The proportion of stunted or underweight children increases rapidly with the child’s

age through age 20-23 months. Under-nutrition decreases thereafter for stunting and

levels off for underweight. For both of these measures, under-nutrition peaks at the

age of 20 months. Wasting generally decreases throughout the age range. Even dur-

ing the first six months of life, when most babies are breastfed, 20-30% of children

are under-nourished, according to the three nutritional indices. It is notable that at

the age of 18-23 months, when many children are being weaned from breast milk,

30% of children are severely stunted and one-fifth are severely underweight.36

48. A comparison of nutritional status of children under three years of age for NFHS-2

and NFHS-337 is given in Figure 6.3. The improvement in height-for-age, combined

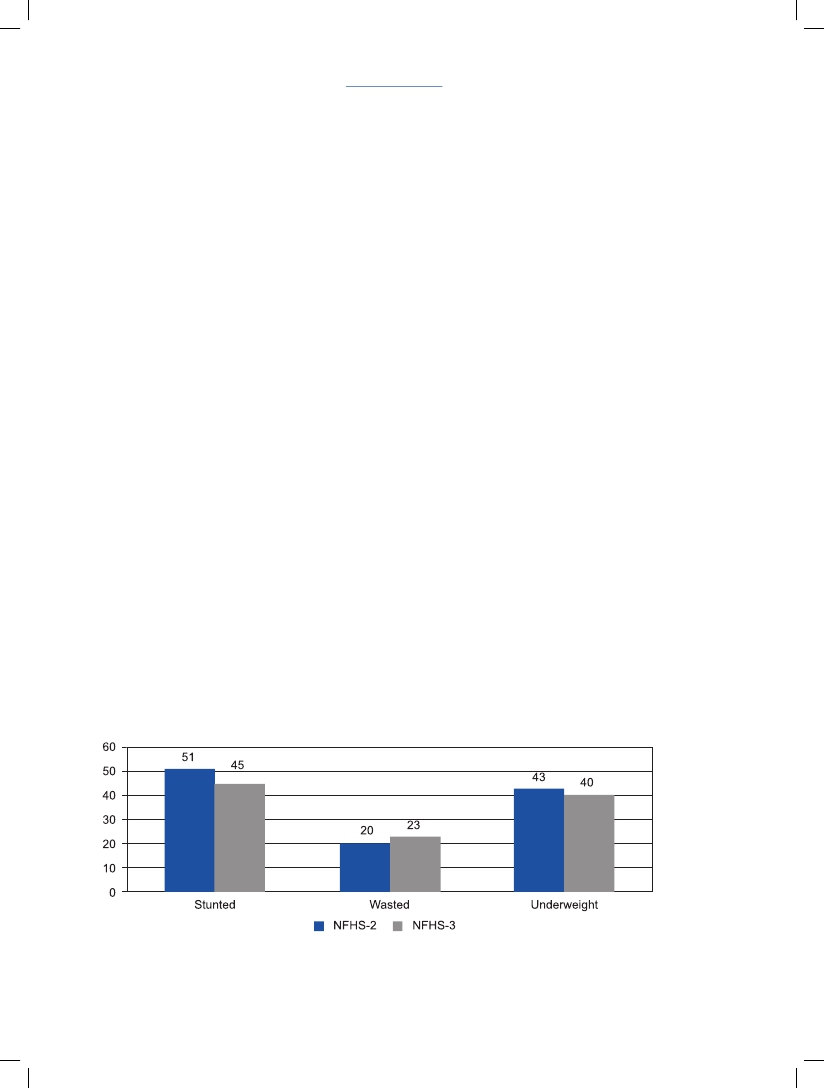
with a somewhat slower improvement in weight-for-age, actually produced an in-

crease in wasting and severe wasting over time.38

Fig 6.3: Trends in nutritional status of children

(Percentage of children under three years of age)

Source: National Family Health Survey-3, Ministry of Health and Family Welfare, GoI, page 274.



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49. Anaemia is very common in India. NFHS-3 shows that 70% of children in the age

group of 6-59 months are anaemic. To allow a comparison of NFHS-2 and NFHS-3

anaemia estimates, it is necessary to restrict the analysis to only two children aged

6-35 months of ever-married women, who were interviewed. In this group, the prev-

alence of anaemia increased from 74% in NFHS-2 to 79% in NFHS-3. The increase

is seen primarily in rural areas, where anaemia rose from 75% to 81% between the

two surveys.39 Other characteristics of children affected by under-nutrition, as indi-

cated by NFHS-3, are:40

i.

Overall, girls and boys are almost equally undernourished. Under-nutrition is

generally lower for first birth than for subsequent births, and consistently in-

creases with increasing birth order for all measures of nutritional status.

ii. Under-nutrition is much more common for children of mothers whose BMI is

below 18.5 than for children whose mothers are not underweight.

iii. Under-nutrition is substantially higher in rural areas than in urban areas.

iv. Children from households with a low standard of living are twice as likely to be under-

nourished, compared to children from households with a high standard of living.

v. Under-nutrition has a strong correlation with the mother’s education. The per-

centage of severely underweight children is almost five times high in case of chil-

dren, whose mothers have no education, compared to children, whose mothers

have 12 or more years of education.

vi. Among children for whom birth weight was reported, 22% had a low birth

weight (weighed less than 2.5 kg). The proportion of children weighing less than

2.5 kg is slightly higher in rural areas (23%) than in urban areas (19%). The pro-

portion of children with low birth weight is greater among those born to women

of Jain and Sikh communities, women who use tobacco, and young women (age

at birth <20 years). The proportion of children with a low birth weight declines

with increase in the wealth quintile and with higher levels of education.

vii. Although breastfeeding is almost universal in India, only 46% of children under

six months of age are exclusively breastfed, while 53% are given complementary

feeding (breast milk and complementary food), and only 21% are fed according

to Infant and Young Child Feeding (IYCF) recommendations.41

viii. Inadequate nutrition is a problem throughout India, but under-nutrition is

most pronounced in Madhya Pradesh, Bihar and Jharkhand. Nutritional prob-

lems are also substantially higher than average in Meghalaya and Uttar Pradesh

(for stunting). Nutritional problems are least evident in Mizoram, Sikkim, Ma-

nipur and Kerala, and relatively low levels of under-nutrition are also notable in

Goa and Punjab.

**6C.1.4 Childhood Diseases**

50. The NFHS-3 provides information on the prevalence of three childhood diseases:

ARI, fever and diarrhoea. ARI is one of the leading causes of childhood morbidity

and mortality. A comparison of NFHS-3 and NFHS-2 for ARI prevalence data is not

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meaningful, because the questions employed to estimate ARI have changed between

the two surveys, and because the prevalence of ARI is subject to seasonal variation,

and the surveys took place at different times of the year. In NFHS-3, 36.2% of children

under five years of age reported symptoms of ARI. ARI is less prevalent among older

children, children of mothers who have completed 12 or more years of school educa-

tion, children in households belonging to the highest wealth quintile, Buddhist/Neo-

Buddhist children, and children in the ‘other’42 religion category. Overall, however, re-

spiratory infections affect children from all strata, irrespective of their socio-economic

background. The percentage of children with ARI symptoms varies greatly by State,

from 1% in Himachal Pradesh to 13% in West Bengal, and 14% in Tripura.43

51. Fever is a major symptom of malaria and other acute infections in children. Malaria

and fever contribute to high levels of malnutrition and mortality. NFHS-3 indicated

that 15% of the children under five years of age suffered from fever at the time of

the survey, while NFHS-2 indicated that 30% of children were suffering from fever

during two weeks before the survey. The prevalence of fever is higher among infants

in the 6-11 months age group, and children in the 12-23 months age group (21%

and 19% respectively).44

52. Following ARI, diarrhoea is one of the single-most common causes of death among

children under-five worldwide. A comparison of NFHS-2 and NFHS-3 reveals that

there is very little change in the seven-year period in the percentage of children with

diarrhoea in the two weeks prior to the survey, who received Oral Rehydration Solu-

tion (ORS) (26% in NFHS-2 and 27% in NFHS-3).

53. The Use of ORS packets for treatment of diarrhoea remains particularly limited in

several States. The use of ORS for children sick with diarrhoea ranges from 13% in

Uttar Pradesh, 15% in Assam and 17% in Rajasthan, Nagaland and Jharkhand to

almost two-thirds of children sick with diarrhoea receiving ORS in Meghalaya and

almost half or more in Tripura, Himachal Pradesh, Goa and Mizoram. In Kerala, on

the other hand, more than 8 out of 10 children received ORS or increased fluids,

and in Himachal Pradesh, this proportion was only somewhat lower, at 75%.

54. According to NFHS-3, overall, one in six women (16%) aged 15-19 years had begun

child bearing; 12% had become mothers; and 4% were pregnant with their first

child at the time of the survey. Early marriages are associated with a number of

health problems among adolescent girls, as early sexual activity leads to early preg-

nancy. Early pregnancy not only leads to a high risk of abortion, but also causes

severe health damage to the adolescent girls.

**6C.1.5 Vector-Borne Diseases**

55. Japanese Encephalitis (JE) has been reported from different parts of the country,

and so far, 26 States/UTs have reported JE viral activity. However, the prevalence

of the disease has been reported from 15 States, of which, Andhra Pradesh, As-

sam, Bihar, Haryana, Karnataka, Kerala, Maharashtra, Manipur, Tamil Nadu, Uttar

Pradesh and West Bengal have been reporting recurrent outbreaks. The total num-

ber of cases reported has declined from 2,061 in 2001 to 391 in 2007 (till July), and

the number of deaths has also declined from 479 to 92 for the same period.45

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56. The high-risk areas of malaria are largely tribal, difficult, remote and inaccessible,

and forested and forest fringed, with operational difficulties, although risk factors

also exist in other parts of the country.46 Over the years, the incidence of malaria has

shown a definite decline. In 2001, there were 2.09 million cases of malaria, which

declined to 1.82 million cases in 2005, 1.66 million in 2006, and declined further

to 0.32 million cases till May 2007.47 The pattern of drug use for malaria does not

differ much between rural and urban areas.

57. The Third JRM of RCH-II, 2007, points to the need for: (i) distribution of insecticide-

treated bed nets in malaria endemic areas to pregnant women at ANC registration;

(ii) specific IEC materials for malaria intervention; and (iii) strengthened malaria pre-

vention and treatment during pregnancy, and for children. This includes clarification

of policy for treatment of malaria among pregnant women. There is also a need for

greater convergence of RCH-II with the Malaria Control Programme.48

58. Dengue fever is endemic in 18 States/UTs, with the population of about 450 mil-

lion at risk. The number of cases of dengue has risen from 3,306 cases and 53

deaths in 2001 to 12,317 cases and 184 deaths in 2006.49 In 2007, up to July, 536

cases and 6 deaths had been reported in the country.50

59. The States reporting confirmed cases of chikungunya are Andhra Pradesh, Karna-

taka, Maharashtra, Tamil Nadu, Madhya Pradesh, Gujarat, Kerala, Andaman and

Nicobar Islands, Rajasthan, Goa, Orissa, West Bengal, Lakshadweep, Uttar Pradesh,

Delhi, including National Capital Region (NCR), and Puducherry. However, there

are no reported deaths directly related to chikungunya. The number of confirmed

cases up to July 2007 was 733, compared to 2,001 cases in 2006.51

**6C.1.6 Water-Borne Diseases**

60. Children under five years of age are vulnerable to water-and sanitation-related ill-

ness. As per NFHS-3, it is estimated that along with malnutrition, the primary rea-

son for the high infant mortality and child morbidity rates is water- and sanitation-

related illnesses, such as diarrhoea, malaria, etc. NFHS-3 reveals that overall, 9% of

all children under-five had diarrhoea, with 1% having diarrhoea with blood.

**6C 1.6.1 Access to Water and Sanitation**

61. The status of provision of water has improved slowly in the country. As of April 1,

2007, 74.39% of rural habitations in the country were fully covered, and 14.64%

were partially covered. Similarly as of March 31, 2004, about 91% of the urban

population had access to water supply facilities. However, this access needs to be

improved, and the per capita availability is not as per norms in many areas.52

62. Though sanitation coverage has gone up considerably over the years, a large pro-

portion of the population, especially in rural areas, still lacks basic facilities. Ac-

cording to the online monitoring system under Total Sanitation Campaign (TSC),

the sanitation coverage in rural areas is 58.38%, as against a projected coverage of

households in 2009. (See Annexure 6C.1 for details on State-wise progress under

TSC.) As of March 31, 2004, 63% of the urban population had access to sewage and

sanitation facilities (47% sewer and 53% low-cost sanitation). As a consequence,

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open defecation is widely prevalent in rural areas, but also significantly in urban

areas.53 Lack of urban sanitation directly affects the quality of river water and also

contaminates urban water supply. Only 30% of sewage is treated.

63. The results of DLHS-3 (2007-08) suggest some improvements in housing conditions.

Seventy percent of households in India have electricity. Most households (84.4%)

have access to an improved source of drinking water in 2007-08, with greater access

in urban areas (94.4%), compared to rural areas (79.6%). The percentage of house-

holds that have access to toilet facility has increased from 36.2% (2002-04) to 49.3%

in 2007-08.54 However, in terms of numbers, open defecation is practised by 665

million people in India.55

64. There are about 0.217 million water quality-affected habitations in the country,

with more than half of the habitations affected with excess iron, followed by fluo-

ride, salinity, nitrate and arsenic. There are about 25,000 habitations affected with

multiple problems. About 66 million population is at risk due to excess fluoride in

200 Districts of 17 States. Arsenic contamination is widespread in West Bengal and

it is now also seen in Bihar, Eastern Uttar Pradesh and Assam. The hand-pump-at-

tached defluoridation, iron-removal plants and desalination plants have not yielded

desired results since there is a need to enhance the quality of technology and involve

the local community in a greater manner.56

**6C.1.7 Other Communicable Diseases**

65. Significant success has been achieved in reducing the number of polio cases in the

country. As against 1,600 cases in 2002, total cases declined gradually to only 66

cases in 2005.57 The total number of cases reported in 2006 was 676 (after occur-

rence of an outbreak in western Uttar Pradesh in 2006). In 2007, a total of 874 cases

were reported, and in 2008 (up to August), 420 cases were reported, mainly from

Uttar Pradesh and Bihar. In Uttar Pradesh, the number of polio cases has fallen

from 341 in 2007 to 184 in 2008. The figures for Bihar show a sharper decline from

503 cases in 2007 to 222 cases in 2008.58

66. Tuberculosis (TB) is a major public health problem in India. Two persons die from

TB in India every three minutes; more than 1,000 people every day; and almost

370,000 every year. TB has devastating social costs as well. Data suggests that each

year, more than 300,000 children are forced to leave school because their parents

have TB, and more than 100,000 women with TB are rejected by their families. This

continued burden of the disease is particularly tragic, given the fact that TB is nearly

100% curable.59

67. It is estimated that 2.31 million people are infected with HIV/AIDS, of which 39%

are women and 35% are children. (See Section 3B.4.1 for details.)

**6C.1.8 New Diseases**

68. Diabetes and obesity among children are emerging areas of concern in the country.

According to hospital statistics, in 2002, Delhi alone had about 4,000 to 5,000

diabetic children, and it is estimated that there might be an equal number of undi-

agnosed cases.60

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**6C.2 Policy and Legislation**

69. The National Population Policy, 2000, and the National Health Policy, 2002, aim to

achieve universal immunisation of children against all major preventable diseases,

addressing the unmet needs for basic and reproductive health services, and sup-

plementation of infrastructure. The synchronised implementation of these two

Policies is the cornerstone of every national structural plan to improve the health

standards in the country.

70. The National Plan of Action for Children (NPAC), 2005, through its goals, objec-

tives and strategies, targets the highest attainable standards of health and provides

for preventive and curative facilities at all levels, especially immunisation and

prevention of micronutrient deficiencies for all children.

71. The Infant Milk Substitute, Feeding Bottles and Infant Foods (Regulation of Pro-

duction, Supply and Distribution) Act, 1992, promotes breastfeeding and ensures

proper use of infant foods by regulating their production, supply, distribution

and marketing. (See India First Periodic Report 2001, paras 87-88, pp. 168-169

for details.) The Act was amended in 2003 by widening its scope, making the

violations punishable under law, and strengthening its provisions on publicity

and advertisement. The amendments to the Act include continued breast feed-

ing up to the age of two years, along with complementary food after six months

under the definition of infant food; continued breastfeeding up to two years of

age in the definition of infant milk substitutes; and bringing the healthcare work-

ers, pharmacies and drug stores, and professional associations of health workers

within the purview of the Act.

72. The environmental quality is a priority in the present scenario of increasing ur-

banisation, industrial and vehicular pollution, as well as pollution of water cours-

es due to discharge of effluents without conforming to the environmental norms

and standards. Recognising that these lead to several water-borne, vector-borne

and air-borne diseases, the Government has taken various steps, such as adoption

of stringent regulations, development of environmental standards, control of ve-

hicular pollution, control of air & water pollution, etc. The Government further

adopted the National Environment Policy (NEP), 2006, which seeks to extend the

coverage, and fill in the gaps that still exists.

73. A National Consultation on Children Affected by and Vulnerable to HIV/AIDS,

jointly organised by the Ministry of Women and Child Development, National

AIDS Control Organisation (NACO) and UNICEF in 2006, ensured conver-

gence of various agencies working on the issue. They formulated an action plan

for the next two years, and formed a National Task Force to plan and conduct as-

sessments, strengthen policy and monitor the implementation of key actions from

the consultation.61

74. The MWCD and NACO participated in the development of the South Asian

Association for Regional Cooperation (SAARC) Regional Strategic Framework

for protection, care and support for children affected by HIV/AIDS in 2007. The

Framework, released in 2008, provides programmatic guidance to all the member

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States in South Asia for addressing the needs of these children in a low-prevalence

as well as in concentrated situation.

75. A Policy Framework for Children and AIDS, 2007, based on the principles of

SAARC Regional Strategy and United Nations Convention on the Rights of the

Child (UNCRC), provides direction for key programme strategies and also lays

down the mandate of all Ministries, which provide services to children. (See Section

1.2 for details.)

76. The National Task Force for Children Affected by HIV/AIDS formulated op-

erational guidelines for implementation of protection, care and support services

for children affected by HIV/AIDS. To implement these guidelines, NACO has

agreed to implement a National Scheme for Children Affected by HIV/AIDS in

all the high-prevalence Districts in the country. This will involve a multi-sector ap-

proach and the goal will be to reach the maximum number of children living with

HIV/AIDS to bring them under treatment and care at the earliest, and to make

sure that all affected children and their families are able to access services under

various departments.

**6C.3 Programmes**

**6C.3.1 National Rural Health Mission (NRHM) 2005-12**

77. The NRHM was launched on April 12, 2005, to provide accessible, affordable and

accountable quality health services to rural population throughout the country,

with special focus on 18 States62, which have weak public health indicators, and/

or weak infrastructure. Its key components include: provision of a female health

activist in each village, called Accredited Social Health Activist (ASHA); a village

health plan prepared through a local team headed by the health and sanitation

committee of the *Panchayati Raj* Institutions (PRIs); and strengthening of the ru-

ral hospital for effective curative care, made measurable and accountable to the

community as per Indian Public Health Standards (IPHS). Primary Health Centres

(PHCs) will be strengthened for quality, preventive, promotive, curative, supervi-

sory and outreach services. The 3,222 existing Community Health Centres (CHCs)

will be operationalised as 24-hour FRUs, including posting of anaesthetics. District

health plans will be formulated, which will be an amalgamation of field responses

through village health plans, and State and national priorities for health, water sup-

ply, sanitation and nutrition. Public-Private Partnership (PPP) for achieving public

health goals, including regulation of private sector, will be formulated. *Panchayats*

and NGOs will play an active role.63

78. All the vertical programmes have been merged under the NRHM, such as the RCH-

II, National Vector-Borne Disease Control Programme (NVBDCP), National TB

Control Programme, National Leprosy Eradication Programme, Iodine Deficiency

Control Programme, and the National Programme on Prevention of Blindness.

(See India First Periodic Report 2001, paras 74, 96-99, pp. 163, 171-172 for details.)

The IMNCI, control of deaths due to ARI, and control of deaths due to diarrhoeal

diseases are all budgeted under RCH-II.

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**6C.3.1.1 Reproductive and Child Health Programme Phase-II**

**(RCH-II) 2005-10**

79. The RCH-II aims to ensure a change in three critical health indicators, i.e. reducing

TFR, IMR and MMR, with a view to realise the outcomes envisioned in the Mil-

lennium Development Goals (MDGs), the National Population Policy 2000, the

National Health Policy 2002, and Vision 2020 India. It is an important and integral

component of the NRHM.

80. The MoH&FW appraised and approved the State Programme Implementation

Plans (PIPs) for the RCH-II programme during the years 2005-06 and 2006-07. The

Ministry, in partnership with other development agencies and States, conducts

quarterly JRMs to monitor the progress of RCH-II programme.

81. The Third JRM of RCH-II, 2007, indicated that over one million monthly Village

Health and Nutrition Days (VHND) have been held at AWCs across the country.

This initiative brings together a range of services from RCH, ICDS and other sec-

tors to the community. The JRM points to the need for a more focused nutrition

education among pregnant and lactating women, and also the community, for ap-

propriate care of children.64

82. The PIP of National RCH-II has approved an Adolescent Reproductive and Sex-

ual Health (ARSH) strategy. This strategy focuses on re-organising the existing

public health system in order to meet the service needs of adolescents. Steps are

being taken to ensure improved service delivery for adolescents during routine

sub-centre clinics and ensure service availability on fixed days and timings at the

PHC and CHC levels. This is in tune with outreach activities. A core package of

services would include preventive, promotive, curative and counselling services

for adolescents.

83. Most States have incorporated this strategy in their respective State PIPs. In order

to facilitate the effective implementation of the national strategy, the IEC Division

brought out an implementation framework along with training modules, which

were launched in 2006.65 Adolescent health has also been included in the training

of ASHAs.66

84. During the 11th Five Year Plan period, adolescent issues will be incorporated in all

RCH training programmes. Materials are being developed for communication and

behavioural change. The existing services at PHCs and CHCs will also be made

adolescent-friendly, by providing a special window for their needs; strengthening

sexual and reproductive health education; providing mental health and adolescent-

sensitive counselling services; and making them accessible to adolescents. The

11th Five Year Plan will also work on the health of school-going children. One in-

novative school health programme is under implementation in Udaipur District

of Rajasthan. In view of the low cost versus achievements of the programme, it is

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a good case for replication in other parts of the country.67 (See Annexure 6C.2 for

details on the innovative School Health Programme–Udaipur, Rajasthan.)

**6C.3.1.2 Initiatives under NRHM to Reduce Maternal Mortality**

85. **Janani Suraksha Yojana (JSY)** – A cash assistance scheme for women, launched

in April 2005 by MoH&FW, the JSY specifically focuses on reduction of mater-

nal and infant mortality, by promoting institutional delivery among poor women.

Some of the key features of JSY are cash benefits to pregnant women below poverty

line (BPL) and the village link worker/ASHA for bringing pregnant women to a

health institution for delivery, and provision of cost of transportation. The Scheme

has classified States according to institutional delivery status; thus, 10 States (Uttar

Pradesh, Uttarakhand, Bihar, Jharkhand, Madhya Pradesh, Chhattisgarh, Assam,

Orissa, Rajasthan, and Jammu & Kashmir (J&K)) are classified as Low Performing

States (LPS), and the remaining are High Performing States (HPS).

86. The year 2006-07 was declared as the year for institutional deliveries, with focus on

disadvantaged communities. As a result, 2.81 million pregnant women benefited

from the Scheme in 2006-07, out of which 1.87 million were institutional deliveries,

an increase of almost five times since 2005-06.68 An evaluation of JSY was conducted

by the MoH&FW in six States (Uttar Pradesh, Rajasthan, Madhya Pradesh, Orissa,

Assam and West Bengal) in 2007. It revealed that the number of beneficiaries under

JSY had increased from 0.74 million in 2005-06 to 3.16 million in 2006-07, and fur-

ther to 5.57 million in 2007-08. The major highlights of JSY have been substantial

increase in institutional deliveries, largely in CHCs and PHCs, with social equity

issues being addressed.69

**6C.3.1.3 Newborn Care**

87. Community and home-based newborn care is provided through home visits to all

mothers of newborns by IMNCI-trained workers in more than 100 high-mortality

Districts. However, the progress of the programme is slow.

88. It is also proposed to expand the community-based new-born care through Home Based

Newborn Care (HBNC), based on the Gadchiroli model.70 ASHAs will be trained in

identifying aspects of newborn care during the second year of their training.71 The

modules have been finalised, and State sensitisation workshops have been held in five

high focus States (Madhya Pradesh, Uttar Pradesh, Orissa, Rajasthan and Bihar).72

89. At the facility level, assessment of needs for newborn care is being carried out in 10

States (one District each), so that an appropriate facility-based newborn care model

can be initiated. Health personnel in PHCs and CHCs are being trained through

the National Neonatology Forum (NNF), with support from development partners.

Neonatal care centres (Special Newborn Care Units) are being set up at District

headquarters in various States, with focus on States with the weakest indicators.

Eighty Districts in Phase I and 60 in Phase II of the EAG States73 were provided

newborn care equipment to upgrade neonatal care facilities.74

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**6C.3.1.4 Immunisation Programme**

90. Between NFHS-2 and 3, the percentage of Bacillus Calmette Guerin (BCG), polio

and measles vaccinations has gone up by 8%, 24% and 16% respectively, though

diphtheria, pertussis and tetanus (DPT) vaccine coverage has not changed. The

relatively low percentages of children vaccinated with the third dose of DPT and

measles are mainly responsible for the low proportion of fully-vaccinated children,

which has registered marginal improvement from 42% to 44%.75 (See Figure 6.4.)

91. The percentage of children, who are fully vaccinated, ranges from 21% in Nagaland

to 81% in Tamil Nadu. Tamil Nadu, Goa, Kerala and Himachal Pradesh stand out

in full immunisation coverage, with about three-fourth or more children in these

States being fully immunised. The more populous States of Uttar Pradesh, Rajast-

han, Assam, Bihar, Jharkhand and Madhya Pradesh report a much lower percent-

age of fully vaccinated children, as compared to the national average of 44%. (See

Annexure 6C.3 for details on childhood vaccination by State.) In 11 States, there

has been a substantial deterioration in full immunisation coverage in the last seven

years, due to a decline in vaccination coverage for both DPT and polio. Particularly

large decreases in vaccination coverage were seen in Maharashtra, Mizoram, Andhra

Pradesh and Punjab. In contrast, there was major improvement in full immunisa-

tion coverage in Bihar, Chhattisgarh, Jharkhand, Sikkim and West Bengal. The

other States with marked improvements in full immunisation coverage were Assam,

Haryana, J&K, Madhya Pradesh, Meghalaya and Uttarakhand. These results have

been achieved by promoting alternate vaccine delivery wherever required, provid-

ing incentives for immunisation sessions, conducting catch-up rounds like those

organised in Jharkhand, and ensuring proper maintenance of the cold chain. With

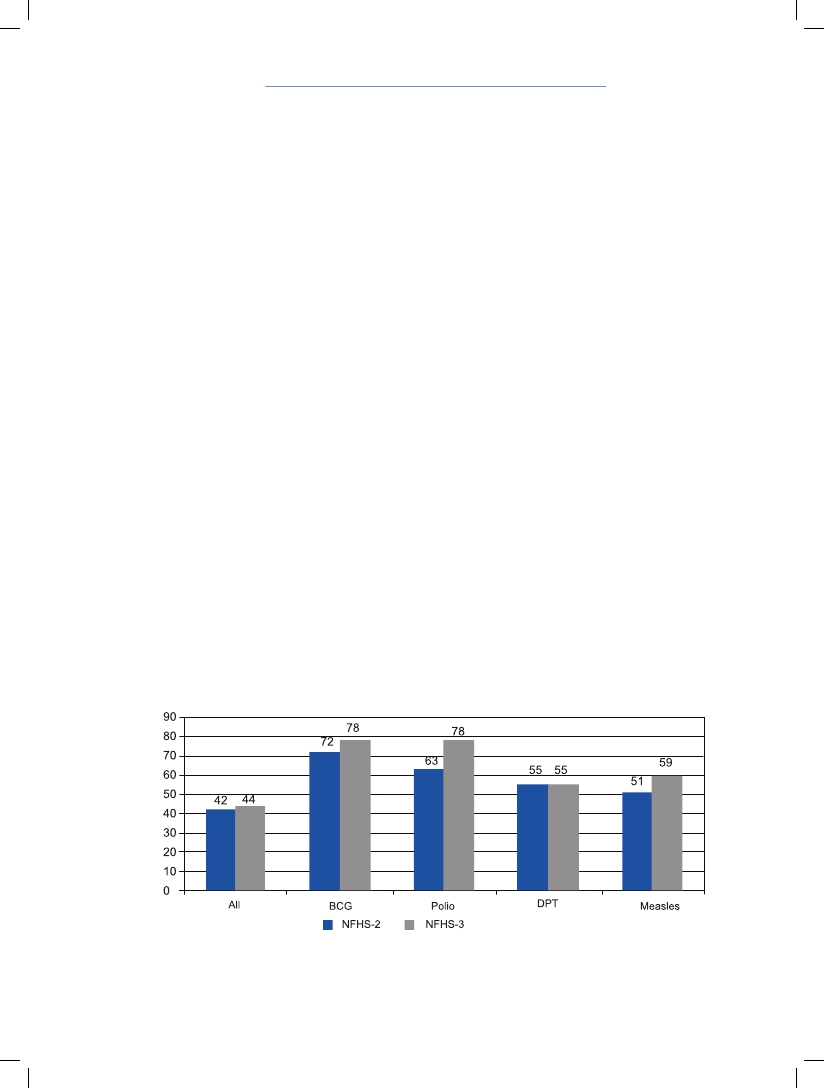
popularisation of the monthly health days at AWCs, routine immunisation has got

a further fillip.76 (See Figure 6.5.)

Fig. 6.4: Percentage of 12-23 months old children,

who have received specific vaccination

Source: National Family Health Survey-3, Ministry of Health and Family Welfare, GoI, page 232.



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92. The NFHS-3 reported that only 20% children received immunisation at AWCs.77

However, the mobilisation of children by ASHAs and AWWs together is helping to

increase coverage and convergence of nutrition with immunisation.78

93. To prevent the outbreak of JE, vaccination has been started. Ground work for ex-

pansion of Hepatitis-B vaccine to 11 States has been finalised. In order to achieve

zero transmission of polio virus, the Government has strengthened its implementa-

tion strategy, which includes: vaccination of children at fixed booths and making

Fig 6.5: Percentage of children 12-23 months old who have

received full vaccination, by State, 2005-06

Source: National Family Health Survey-3, Ministry of Health and Family Welfare, GoI, page 232.



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house-to-house visits; coverage of children in transit at railway stations, inside

long distance trains, major bus stops, market places, religious congregations, ma-

jor road crossings, etc; immunisation of migratory population from Uttar Pradesh

and Bihar in Haryana, Punjab, Gujarat and West Bengal; involvement of ASHAs

as team member for mobilisation and vaccination of children; coverage of missed

children during the monthly health days; and adoption of strategy to involve the

leaders and opinion makers of the underserved community in Districts of western

Uttar Pradesh.79

94. There is a need to strengthen other interventions for maternal and child care, be-

sides the Intensified Pulse Polio Immunisation (IPPI) Programme, which received

87.8% of the allocation for child health under the RCH-II Programme.80

**6C.3.1.5 Integrated Management of Neonatal and Childhood Illnesses**

95. A new strategy has been adopted to shift child health intervention towards a holistic

approach, through the IMNCI. This new strategy encompasses a range of interven-

tions to prevent and manage five major childhood problems: ARI, diarrhoea, measles,

malaria and malnutrition, as well as the major causes of neonatal mortality, prematu-

rity and sepsis. In addition, the IMNCI promotes nutrition, including breastfeeding

promotion, complementary feeding and micronutrients. It focuses on the preventive,

promotive and curative aspects among newborns and children.81 The major compo-

nents of this strategy are: strengthening the skills of healthcare workers; strengthening

healthcare infrastructure; and involvement of the community.82

96. According to the Third JRM of RCH-II, 2007, more than 100 Districts have indi-

cated plans for IMNCI implementation. The IMNCI is being expanded to include

larger number of Districts in Rajasthan, Orissa, Uttar Pradesh, Bihar, Gujarat and

Madhya Pradesh. To accelerate implementation, more training sites at the national

and State levels have been included and the National Institute of Health and Family

Welfare (NIHFW) has been appointed as the nodal agency for coordinating IMN-

CI training at the national level. Pre-service IMNCI in the teaching curriculum of

undergraduate medical students currently involves nearly 50 medical colleges, and

work has started with the Indian Nursing Council to finalise the materials for teach-

ing nursing students and ANMs.83

97. The IMNCI and Universal Immunisation Programme need to be strengthened with

a comprehensive strategy that includes focus on improving health facilities for new-

born and child health, promoting diarrhoea-control measures, focused behaviour

change communication and enhancing essential and special care of new-borns.

New policies and technical guidelines for simple measures (ORS/zinc, vitamin A,

etc.) to be adopted across the country need to be widely disseminated with an em-

phasis on rapid implementation in IMNCI Districts.

**6C.3.2 Integrated Child Development Services Scheme**

98. The ICDS is one of the flagship programmes of the Government of India and repre-

sents one of the world’s largest and most unique programmes for Early Childhood

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Care and Education. Since 2006, the care of pre-school children including pre-

primary education component of SSA is being promoted as part of ECCE under

ICDS. The ICDS is the visible symbol of the country’s commitment to its children

and nursing mothers, and is also its response to the challenge of providing pre-

school non-formal education, breaking the vicious cycle of malnutrition, morbidity,

reduced learning capacity and reducing the incidence of under-nutrition by laying

the foundation for physical, psychological and social development of children and

building the capacities of their mothers.

99. The Scheme was launched with the primary objective of improving the nutritional

and health status of children below six years of age and pregnant and lactating

mothers. To achieve these objectives, a package of six services, namely supplemen-

tary nutrition, pre-school non-formal education, nutrition and health education,

immunisation, health check-up and referral services is provided under the Scheme.

Three of the six services viz. immunisation, health check-up and referral services are

related to health and are provided by the MoH&FW through NRHM and public

health infrastructure.

100. The ICDS was expanded twice (in 2005-06 and 2006-07) during the 10th Five Year

Plan period. Today there are 7,076 sanctioned ICDS projects, with 1.4 million

AWCs, with about two million AWWs and *Anganwadi* Helpers (AWHs) reaching

out to 86 million children and mothers with Supplementary Nutritional Support

(SNP), and reaching out to 33 million children (3-6 years) with pre-school educa-

tion. The progress on beneficiaries under supplementary nutrition and pre-school

education has been substantial between the periods 2004-05 and 2008-09 (as on

December 31, 2008), as depicted in Figure 6.6.

101. To cover the hitherto uncovered habitations across the country, the MWCD, in

October 2008, approved the third phase of expansion of the Programme for 792

additional projects, 0.213 million additional AWCs and 77,102 mini-AWCs, with

a provision for 20,000 AWCs on demand. This would take the total number of

AWCs to 1.4 million across the country. Special focus has been given to habita-

tions/settlements predominantly covered by SC/ST and minority populations.

Fig. 6.6: ICDS beneficiaries (in millions)

48.4

56.2

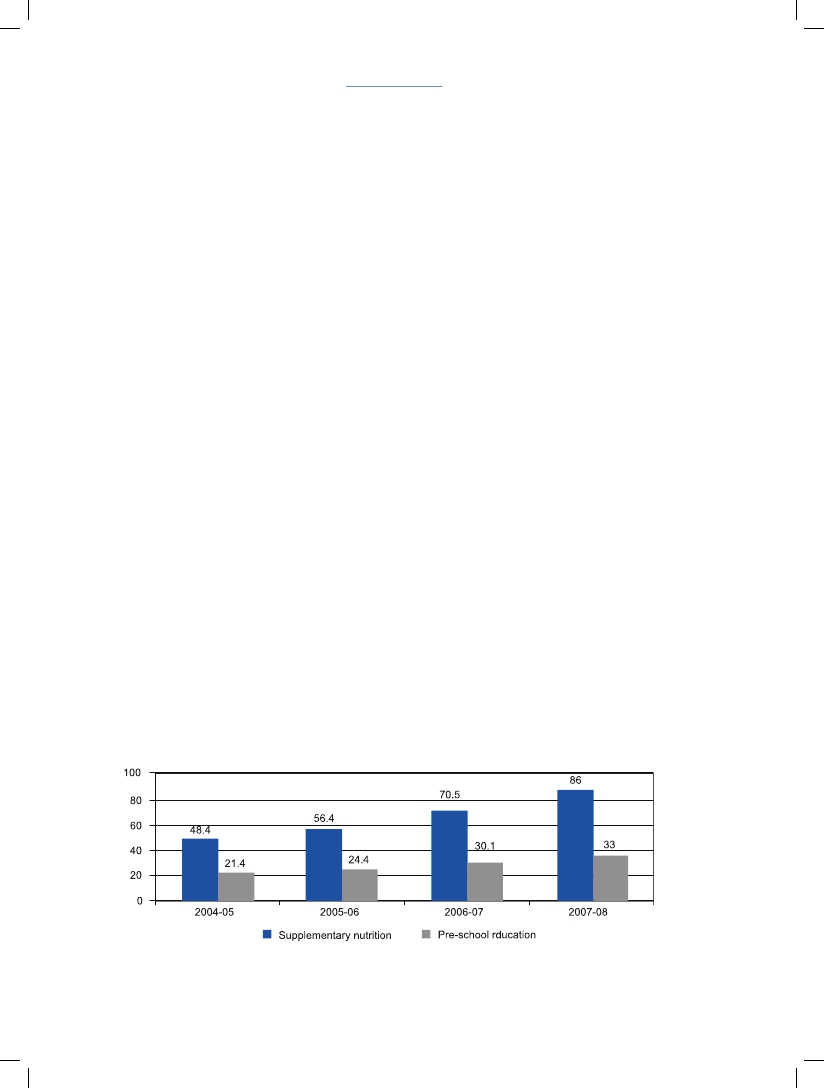
70.5

30.1

86

33

Source: Integrated Child Development Services Division, Ministry of Women and Child Development, GoI.



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102. To achieve the intended objectives during the third expansion phase of the ICDS,

the 11th Five Year Plan has made an increased budgetary allocation of Rs 444,000

million. The key features of the third expansion phase of ICDS include:

i.

Introduction of cost sharing between the Centre and States, with effect from

the financial year 2009-10, in the following ratio:

a. 90:10 for all components, including SNP for the north-east.

b. 50:50 for SNP and 90:10 for all other components for all States other than

the north-east.

ii. Enhancement of honoraria by Rs 500 above the last honorarium drawn by

AWWs, and by Rs 250 above the last honorarium drawn by helpers of AWCs

and workers of mini-AWCs.

iii. Provision of uniform for AWWs and AWHs.

iv. Revision of financial norms in the existing interventions to improve the service

delivery.

v. Provision of flexi funds at *Anganwadi* level.

vi. Strengthening of Management Information System (MIS).

vii. Revision in cost norms of training component of ICDS programme.

viii. Reward mechanism for ICDS functionaries.

ix. Introduction of WHO Growth Standards.

103. Due to the prevalence of persistent malnutrition in the country, simultaneous revi-

sions were made in the financial, nutritional and feeding norms under the ICDS.

Separate norms were prescribed for different age groups: 0-6 months, 6 months-3

years, 3-6 years, and pregnant and lactating mothers. Provisions have also been made

for more than one food supplement per day. The orders for new norms were issued

in February 2009. The Supreme Court, in its order dated February 24, 2009, has

directed the State Governments to implement these norms. (See Annexure 6C.4 for

details on guidelines on revision of nutritional and feeding norms under ICDS.)

104. The MWCD is implementing two schemes for the development of adolescent girls,

viz. Kishori Shakti Yojana (KSY) and Nutrition Programme for Adolescent Girls

Table 6.2: Revision in financial norms of supplementary nutrition

Source: Ministry of Women and Child Development, GoI.

|  |  |  |  |
| --- | --- | --- | --- |
| S.  No.  1. | Category  Children (6-72 months) | Existing  (per beneficiary  per day)  Rs 2.00 | Revised  (per beneficiary  per day)  Rs 4.00 |
| 2. | Severely malnourished children (6-72 months) | Rs 2.70 | Rs 6.00 |
| 3. | Pregnant women and nursing mothers | Rs 2.30 | Rs 5.00 |

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(NPAG). The KSY is an intervention for adolescent girls, which aims at addressing

the needs of self-development, nutrition and health status, literacy and numerical

skills, and vocational skills of girls in the age group of 11-18 years. The Scheme is

currently operational in 6,118 ICDS projects.

105. To address the problem of under-nutrition among adolescent girls (11-19 years),

pregnant women and lactating women, the Planning Commission, in 2002-03,

launched the NPAG, on a pilot project basis in 51 Districts of the country. Under

this Scheme, six-kilogram foodgrains were provided to undernourished adolescent

girls, pregnant and lactating women. Both these Schemes will be merged in the

proposed universal programme for adolescent girls, *viz*. Rajiv Gandhi Scheme for

Empowerment of Adolescent Girls, also named Sabla, which aims at improving the

nutritional health and development status of adolescent girls; promoting awareness

of health, hygiene, nutrition and family care; linking them to opportunities for

learning life skills; helping them going back to school; helping them gain a better

understanding of their social environment and take initiatives to become produc-

tive members of society. The success of these interventions, administered through

the ICDS, is dependent on effective convergence and synergy between the health

services, Public Distribution System (PDS), water and sanitation, Mid-day Meal

Scheme (MDMS) and other nutrition-related schemes.

106. The 11th Five Year Plan includes increased outreach to adolescent girls to break

the cycle of ill-health. In addition to supplementary nutrition and Iron and Folic

Acid (IFA) tablets, these girls require proper counselling, and health and nutrition

education. The ANMs and AWWs will conduct monthly meetings to educate and

counsel this group.

107. The National Commission for Protection of Child Rights (NCPCR) has taken up

the issue of under-nutrition in Melghat area of Amravati in Maharashtra, Satna

in Madhya Pradesh and Adilabad in Andhra Pradesh. It has also made specific

recommendations to the respective State Governments on the issues for remedial

measures.84

**6C.3.3 National AIDS Control Programme (NACP)-III**

108. The overall goal of NACP-III (2007-2012), implemented by the MoH&FW and

NACO, is to halt and reverse the HIV/AIDS prevalence in India by integrating

programmes for prevention, care and support, and treatment. The NACP-III is

committed to address the needs of persons infected and affected by HIV, espe-

cially children. This will be done through the sectors and agencies involved in child

protection and welfare. In mitigating the impact of HIV, support is also drawn

from welfare agencies providing nutritional support, opportunities for income

generation and other welfare services. Prevention needs of children are addressed

through universal provision of Prevention of Parent-to-Child Transmission (PPTCT)

services. Children infected with HIV are assured of access to paediatric Anti-Retro-

viral Treatment (ART).

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109. The NACP-III follows a four-pronged strategy:85

i.

Prevent infections through complete coverage of High-Risk Groups (HRGs)

with Targeted Interventions (TIs), and enhanced interventions among the gen-

eral population.

ii. Provide greater care, support and treatment to a larger number of People Living

with HIV/AIDS (PLHA).

iii. Strengthen the infrastructure, systems and human resources in prevention, care

and support, and treatment programmes at District, State and national levels.

iv. Strengthen the nation-wide strategic MIS.

110. The NACP-III provides for early diagnosis and treatment of HIV-exposed children;

comprehensive guidelines on paediatric HIV care for each level of the health sys-

tem; special training to counsellors for counselling HIV positive children; linkages

with social sector programmes for accessing social support for infected children;

outreach and transportation subsidy to facilitate ART and follow-up; nutritional,

educational, recreational and skill development support; and establishing and en-

forcing minimum standards of care and protection in institutional, foster care and

community-based care systems. The HIV/AIDS policies and guidelines in the NACP-

III are integrated with various development programmes, such as the NRHM, RCH

Programme and the Revised National Tuberculosis Control Programme (RNTCP).

111. The various programmes aimed at prevention, treatment, care and protection of

children vulnerable to, and affected by, HIV/AIDS include the PPTCT, National

Paediatric HIV/AIDS Initiative, and the Adolescent Education Programme (AEP).

112. **Prevention of Parent-to-Child Transmission Programme:** The PPTCT Programme

aims at preventing prenatal transmission of HIV from an HIV-infected pregnant

mother to her newborn baby by counselling and testing in the Integrated Coun-

selling and Testing Centres (ICTCs). Pregnant women, who are found to be HIV

positive, are administered a single dose of Nevirapine at the time of labour; their

newborn babies also get a single dose of Nevirapine immediately after birth, so as

to prevent transmission of HIV from mother to child.86 Out of 27 million annual

pregnancies in India, it is estimated that 53,000 are HIV positive women. In the

absence of any intervention, an estimated 16,000 HIV infected babies will be born

annually. The PPTCT Programme covers approximately 15% of all pregnancies.

About 4.6 million pregnant women benefited from this service in 2008, while more

than 20,000 were HIV positive. In order to provide universal access, these services

would be expanded to the level of CHCs and the PHCs. PPPs would be promoted

in this direction.

113. **National Paediatric HIV/AIDS Initiative:** The Initiative, launched in December

2006, focuses on early diagnosis of children up to 18 months, and life-long ART

in paediatric formulation to eligible HIV positive children. Since September 2006,

children, particularly from high- risk States, were mobilised, screened and put on

treatment. Since the beginning of the Initiative, 15,000 children have been on

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ART. This Initiative has set-up a unique partnership between the technical agen-

cies, NGOs and networks of positive people of NACO.

114. **The Life Skills Education (LSE) Programme (formerly known as AEP):** The LSE

Programme, launched in 2005, is a key policy initiative of the NACP-III, MHRD

and NACO. The Programme is placed as a key intervention to build life skills and

help adolescents cope with negative peer pressure, develop positive behaviour, im-

prove sexual health and prevent HIV infection. In view of this, the MHRD scaled

up the LSE Programme, in collaboration with NACO, as a classroom-based co-

curricular activity in 2005. The objective is to reach about 33 million students in

the country. So far (as of March 2009), 92,289 schools have been covered out of

144,409 Government schools in the country, and around 0.29 million teachers

have been trained under this programme.

115. The LSE Programme aims to support young people’s right to know about their

adolescence; cope with the growing-up process; know basic facts on HIV and other

Sexually Transmitted Infections (STIs); inculcate values of abstinence before mar-

riage, delay sexual debut, be faithful to one’s partner and be responsible sexually;

develop and reinforce life skills that enable them to protect themselves; dispel myths

and clarify misconceptions; find ways through which they can help fight HIV preva-

lence; and encourage positive attitude towards PLHA.

116. The Programme suffered an initial setback, as some State Governments, refused

to implement LSE due to opposition to some of the material used under the Pro-

gramme.87 This led to delay in implementation of the Programme.

**6C.3.4 Water and Sanitation Programmes**

117. The TSC, launched in 1999, is a demand-driven programme, implemented by

the Department of Drinking Water Supply, Ministry of Rural Development. TSC

aims at provision of sanitation facilities in all individual households, schools and

child-care centres in rural areas. The programme lays emphasis on IEC for de-

mand generation of sanitation facilities. Components of TSC also include setting

up an alternative delivery mechanism for provision of affordable sanitary wares;

community sanitary complexes for women, the poor, and landless labourers; and

solid and liquid waste management. TSC has been implemented in 593 rural Dis-

tricts spread across 30 States and UTs, with consistent support from the Govern-

ment of India. Under TSC, of the 108.2 million rural households without toilets

in India (Census 2001), nearly 57.62 million households have been provided with

toilets, including 31.40 million toilets for BPL households and 16,498 community

sanitation complexes for the poor, landless labourers and women. A significant

achievement has been the construction of 0.90 million school toilets, 0.28 mil-

lion *Anganwadi* toilets and 8,822 production centres/rural sanitary marts, mostly

managed by Self-Help Groups (SHGs)/youth groups, and local Community-

Based Organisations (CBOs) and NGOs.88 The Sulabh International, an NGO,

has been doing commendable service in urban areas in maintaining pay and use

community toilets.

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118. Toilet use lags behind toilet construction considerably. Government programmes

record toilet construction (coverage on account of construction is nearly 66%) but

many of the constructed facilities are not actually being used. The NFHS-3 (2006)

shows that toilet use, although up from 9.5% in 1991, is a mere 31% of the popula-

tion, still 26% short to achieve the MDG of 57% in 2015. With an estimated popu-

lation of 1.25 billion in 2015, an additional five million people per month need to

use toilets in order to reach the MDG target.89

119. Young children, girls and women pay the highest price for this situation. Of all

deaths due to diarrhoea, 80% are among children below five years of age. The lack

of safe toilets in schools is also a leading factor behind high drop-out rates of girls.

120. Considering the harmful impact of poor water and sanitation facilities on children’s

health and learning ability, the School Sanitation and Hygiene Education (SSHE)

programme is a prominent component of TSC. With individual household sanita-

tion coverage of just 58%, SSHE is most often the first introduction to the consis-

tent use of latrines, cleaning toilets, and good health and hygiene practices such as

washing hands before and after meals. SSHE recognises the role of children as the

best change agents in absorbing and popularising new ideas and concepts of sanita-

tion, not only in their schools but also in their household and neighbourhood.

121. Recognising the importance of bringing a behaviour change in young children and

their attending mothers in the consistent use of toilets and good sanitation and

hygiene practices, TSC has the provision of improving the behavioural habits of

children in the following ways:

i.

Teaching children good hygiene habits, and use of sanitation facilities.

ii. Encouraging water and sanitation programmes in schools through Water and

Sanitation/Health Clubs in schools.

iii. Involving children in the operation and maintenance of school water and sani-

tation facilities.

iv. Encouraging the spread of awareness on hygiene habits through child-to-child,

and child-to-home/community.

122. The community-based National Rural Drinking Water Quality Monitoring and

Surveillance Programme, launched in 2006, aims at testing of all drinking water

sources by grassroot workers in each *panchayat* by easy-to-use field test kits and joint

sanitary surveys. So far, 7,729 sanitary surveys for surveillance of the drinking wa-

ter spot source have been conducted.90 The Bharat Nirman Programme aims at

addressing water quality problems in all the quality-affected habitations by 2009.

While higher allocation of funds has been addressed, the next important step is

to achieve convergence, ensure community participation and an IEC campaign.91

The Government of India’s Child Environment Programme (CEP), in partnership

with UNICEF,92 supports Government efforts to provide a safe and more condu-

cive environment for, and healthy start to, life and development for children, espe-

cially of the poor and marginalised communities. The Programme, implemented in

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161 Districts across 14 States, focuses on improving personal and home hygiene

and sanitation practices; improving hygiene practices in *Anganwadis* and schools;

safe handling, storage, retrieval and home-based treatment of water; and improving

sustainability in rural water and sanitation.

**6C.4 Health Services**

**6C.4.1 Rural Health Infrastructure**

123. The health infrastructure varies across the States, with some States such as Bihar,

Maharashtra, Madhya Pradesh, Orissa, Uttar Pradesh and West Bengal having a

shortfall, and others like Andhra Pradesh, Himachal Pradesh, Kerala, Rajasthan

and Tamil Nadu having a surplus. Some of the inadequacies in the rural health

infrastructure are absence of building in a large number of health facilities like Sub-

Health Centres (SHCs), PHCs and CHCs; and inadequate availability of toilets,

electricity, drinking water, equipment and medicines in many institutions.93

124. An analysis of the availability of ANMs, who are the first contact point between

the health services and rural communities across the States, shows that in States

such as Tamil Nadu and Kerala, an individual ANM caters to much fewer villages

and population, whereas in States such as Chhattisgarh, Madhya Pradesh and Ut-

tar Pradesh, the number of villages and population covered by a single ANM is

much larger. This affects the ANM’s quality of work.94 Chhattisgarh has adopted

an innovative approach and identified 70,000 *Mitanins*, who have been trained like

ANMs to strengthen their skills in health services, in order to better serve the hilly

and tribal area.95

125. The CHCs provide referral services for four PHCs, and have a staff of four medical

specialists: general physician, general surgeon, paediatrician, and an obstetrician-gy-

naecologist. In 2005, there was a shortfall of 62% in the number of sanctioned posts

of these specialists at CHCs. Even out of the sanctioned posts, 38% were lying vacant.

There was a negligible number of CHCs with sanctioned posts for anaesthetists.96

126. Further, the doctor-to-population ratio in India is low, with better-performing States

having thrice the number of doctors compared to poorly-performing ones. (See

Annexure 6C.5 for details on human resources for selected States’ allopathy and

Annexure 6C.6 for details on doctors, nurses and hospitals across India.)

127. There is an extensive network of public health facilities; however, there is a need to

renew public confidence in the public health system. The reasons for this include

limited public funding and overall lack of adequate staffing, essential supplies,

maintenance, connectivity, supervision and monitoring to secure adequate perfor-

mance and appropriate health outcomes.97 Also, the implementation of different

programmes and schemes is not suitably integrated, thereby limiting the health out-

comes. Furthermore, lack of facilities, particularly for emergency obstetric care, and

non-availability of specialists have impacted health seeking behaviour, resulting in a

move towards the private sector or not accessing healthcare at all.98 Access to medi-

cal care continues to be problematic due to locational reasons. This explains the

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under-utilisation of the existing health infrastructure at the primary level and con-

tributes to avoidable waste.99 Lack of access to public health services makes health

expenditure higher for the poor.

128. **Initiatives under NRHM to Improve Health Infrastructure:** The NRHM seeks

to provide effective healthcare to the rural population, especially the disadvan-

taged groups, including women and children, by improving access, enabling com-

munity ownership and demand for services, strengthening public health systems

for efficient service delivery, enhancing equity and accountability, and promoting

decentralisation.

129. Major initiatives that have been taken up under the NRHM to improve health

services include decentralised village-and District-level health planning and man-

agement; appointment of ASHAs to facilitate access to health services; setting up

of Mobile Medical Units (MMUs) to improve the outreach of services in remote

areas; strengthening the public health service delivery infrastructure, particularly at

village and secondary levels; mainstreaming (Ayurveda Yoga-naturopathy, Unanai,

Sidha and Homeopathy (AYUSH)), such as setting up of AYUSH facilities in PHCs

and CHCs that are manned by qualified AYUSH physicians appointed on contract

basis; improved management capacity to organise health systems and services in

public health; emphasising evidence-based planning and implementation through

improved capacity and infrastructure; promoting the non-profit sector to increase

social participation and community empowerment; promoting healthy behaviours;

and improving inter-sector convergence. (See Annexure 6C.7 for details on initia-

tives under NRHM to improve health services.)

130. The process of decentralised planning has been initiated across the country with the

bottom-up approach, with the village serving as the first unit of planning. District

Health Action Plans (DHAPs) are prepared through a consultative process involving

communities and health functionaries at each level. A grant of Rs one million has

been provided to every District for decentralised planning. Every District of Madhya

Pradesh and Chhattisgarh has completed the process of District-level plans. Chhat-

tisgarh has taken up the innovative exercise of developing a Human Development

Index (HDI) for each *panchayat*, and is rewarding them on the basis of their ranking

in human development.100

**6C.4.2 Urban Health Infrastructure**

131. The efforts made so far to create a well-organised health service delivery structure in

urban areas, especially for poor people living in slums, need to be augmented.101 Ur-

ban population in the country is presently as high as 30%, and is likely to increase to

about 33% by 2010. The bulk of the increase is likely to take place through migration,

resulting in slums without any infrastructure support. Even the insufficient public

health services that are available do not percolate to such unplanned habitations,

forcing people to avail of private healthcare through out-of-pocket expenditure.102

132. Responding to urban population needs, the Jawaharlal Nehru National Urban

Renewal Mission (JNNURM) was launched in 2005, which aims at giving focused

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attention to integrated development of urban infrastructure and services in select

63 cities, with emphasis on provision of basic services to the urban poor, including

housing, water supply, sanitation, slum improvement, community toilets/baths, etc.

133. The objective of JNNURM is to encourage the city Governments to initiate mea-

sures that would bring about improvements in the existing service levels in a finan-

cially sustainable manner. A significant progress has been made since the launch of

the Mission. All the 63 mission cities have submitted their city development plans,

delineating their long-term vision for development. So far, 305 projects have been

sanctioned under the sub-mission for urban infrastructure and governance across

52 cities and 26 States.103

134. Recognising the significance of the problem, urban health has been taken up as

a thrust area during the 11th Five Year Plan. The National Urban Health Mission

(NUHM) will be launched during the Plan period, with focus on slums and other

urban poor, by making available to them essential PHC services. The NUHM is

expected to ensure resources for addressing the health problems in urban areas,

especially among the urban poor; need-based, city-specific urban healthcare system

to meet the diverse health needs of the urban poor and other vulnerable groups;

and partnerships with community, NGOs, charitable hospitals and other stakehold-

ers for a more proactive involvement in planning, implementation and monitoring

of health activities. The NUHM would cover all cities with a population of more

than 0.1 million, with focus on slum dwellers, other marginalised urban dwellers

like rickshaw pullers, street vendors, railway and bus station porters, homeless peo-

ple, street children and construction site workers.

**6C.4.3 Private Service Providers**

135. Seventy-eight percent of health providers in rural areas and 81% in urban areas are pri-

vate health service providers. The reliance on the private sector is highest in Bihar.104

136. The growth of the private health sector in India has been considerable in both

provision and financing. There is diversity in the composition of private sector,

which ranges from voluntary, not-for-profit, for profit, corporates, trusts, stand-

alone specialists services and diagnostic services to pharmacy shops, and from

highly qualified to unqualified providers, each addressing different market seg-

ments. The growth of private hospitals and diagnostic centres has also been en-

couraged by the Central and State Governments by offering tax exemptions and

land at concessional rates, in return for provision of free treatment for the poor

as a certain proportion of out-patients and in-patients. Apart from subsidies, pri-

vate/corporate hospitals receive huge amounts of public funds in the form of

reimbursements from the Public Sector Undertakings (PSUs), and the Central

and State Governments for treating their employees.105

137. The cost of healthcare in the private sector is much higher than in the public sec-

tor. Many small providers have poor knowledge base, and tend to follow irrational,

ineffective, and sometimes even harmful practices for treatment of minor ailments.

Regulation of these providers is weak.106

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**6C.5 Resources**

138. The existing level of public expenditure on health as a percentage of Gross Domestic

Product (GDP) in the country is about 1%. The proportion of child health under

child budget has increased from 0.33% in 2001-02 to 0.54% in 2008-09. (See Sec-

tion 1.12 for details.) Healthcare is financed primarily by State Governments, and

State allocations on health are usually affected by any fiscal stress they encounter.

139. To address these issues, the Government has initiated several interventions under

the NRHM, such as the DHAP, National Health Accounting Systems, management

capacity at all levels, improved financial management and close monitoring. Efforts

will be made to increase the total expenditure by the Centre and the States to at

least 2% of GDP by the end of the 11th Five Year Plan period. This will be accom-

panied by innovative health financing mechanisms adopted by some States. (See

Annexure 6C.8 for details on innovative health financing mechanisms of States.)

**6C.6 Public-Private Partnerships**

140. The NRHM seeks to build greater ownership of the programme among the com-

munity through partnerships with NGOs. Promotion of PPP for achieving public

health goals is one of the strategies initiated by the MoH&FW.107

141. NGOs are playing a very important role in capacity-building efforts of ASHAs and

community workers in every State. Under the JSY, 2,458 non-governmental provid-

ers have been given accreditation.108 The responsibility of running PHCs in remote

locations of Arunachal Pradesh is being taken up by NGOs. Non-Governmental

specialists are being reimbursed on a per-case basis for work in Government hospi-

tals. Under the Chiranjeevi Scheme109 operational in five tribal Districts of Gujarat,

institutional delivery of BPL women is taking place in nursing homes of private gy-

naecologists at the Government’s cost.110 In Uttarakhand, large number of scattered

and difficult-to-reach hamlets are being served through well-equipped mobile health

clinics, with support from NGOs. Two models have been initiated in the Districts

of Kumaon and Garhwal, namely, ‘*Sehat Ki Sawari*’ and ‘Mobile Clinic’.111

142. The Mother NGO (MNGO) Scheme under RCH aims to nurture and build capaci-

ties through partnerships. Till 2007, 317 MNGOs were working in 429 Districts

in the country. The objective of the Scheme is to improve RCH indicators in the

underserved and unserved areas, with specific focus on Mother and Child Health

(MCH), family planning, immunisation, institutional delivery, RTI/STI and ado-

lescent reproductive healthcare. The Service NGO Scheme provides clinical service

and other specialised aspects such as *dai* training, MTP and male involvement, cov-

ering 0.1 million population and contributing to achieving the RCH objectives.112

143. Under ICDS, in the 11th Five Year Plan period, NGOs will be further encouraged

to adopt local AWCs, and to augment their resources.113

144. The Government seeks technical assistance from a Joint UN Team on AIDS,

and Theme Group on HIV/AIDS. UNAIDS works closely with the Government

through NACO, and other key partners, including State AIDS Control Societies

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(SACS), civil society, academia, private sector, etc. to share knowledge, skills and

experience to lead the fight against HIV. Other bilateral, multilateral and Interna-

tional Non Governmental Organisation (INGO) partners of the Government of

India are UNICEF, AusAid, Department for International Development (DFID),

US Government Assistance, German Aid, Bill and Melinda Gates Foundation

(BMGF), Clinton Foundation, the Global Fund for HIV/AIDS and ILO.

145. Numerous NGOs/Civil Society Organisations (CSOs) are working on HIV/AIDS

at the local, State and national levels, and have made significant contribution in

making HIV prevention and care services available to highly vulnerable population

groups. They bring with them their experience of community mobilisation and em-

powerment, which are essential for successful transition of a programme to the com-

munities. Their participation has immensely benefited the HIV/AIDS programme.

146. In urban areas, a large number of PPP initiatives are related to water supply, sanita-

tion and solid waste management. Lack of properly designed PPP models and the

absence of a regulatory framework to govern such partnership arrangements has

inhibited the full utilisation of PPP arrangements for urban development.114

**6C.7 Awareness Generation**

147. A key component of the IEC strategy under the NRHM relates to interpersonal

communication methods. State-driven, local and region-specific IEC has been initi-

ated in key NRHM States.

148. Theme-based campaigns on immunisation, including pulse polio, breastfeeding, in-

stitutional delivery, Save the Girl Child, iodised salt, JSY, etc. are some important

initiatives that have been taken through the print, electronic and traditional media.

Messages on various aspects related to these issues are displayed on public trans-

port and billboards in prominent public places. Programmes are telecast on various

channels, in which celebrities from the film and sports industries are used to spread

awareness on these issues. In addition, in the rural areas, such messages are also

spread through street plays, human chains, cycle rallies, wall writings, etc.115

149. The media unit of the Ministry of Information and Broadcasting provides commu-

nication support to Ministry of Health and Family Welfare, based on the require-

ments and guidelines of the IEC division. The focus is on mother and child health

issues, community needs assessment, and issues related to health programmes such

as tobacco, cancer, etc. The telecast of such programmes on both national and com-

mercial channels reaches out to millions, including those living in remote areas.

150. The world’s largest mass mobilisation drive, the Red Ribbon Express (RRE), launched

on World AIDS Day in December 2007, was a specially-designed seven-coach train

that endeavoured to generate a national movement against the HIV prevalence. It

was a national campaign to mainstream the issue of HIV/AIDS through a train that

traversed over 27,000 km during a period of one year, covering about 180 Districts/

halt stations, and holding programmes and activities in 42,000 villages. During this

period of 12 months, from December 1, 2007, to November 2008, the RRE covered

24 States across the country. The objective of the initiative was to increase the levels

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of accurate knowledge about HIV/AIDS; build an enabling environment (with the

help of an open dialogue), which results in people seeking health services and infor-

mation required to promote safe behaviour, and contribute towards strengthening

District-and village-level partnership of all relevant stakeholders. The key outreach

achieved through this project is as follows:

i.

Over 6.2 million people were reached by the train and through outreach activi-

ties by bus and cycle troupes.

ii. Around 0.1 million people were counselled, including 22% females.

iii. A total of 68,244 select resource persons were trained in the training coach

on board.

151. NACO’s media campaign has focused not only on conventional media but also on

non-conventional media. While focusing on young people, the multimedia cam-

paign has been made more youth- and women-oriented, with NACO sending out

its messages through the internet, cable and satellite services, and through plays in

college and on university campuses.

**6C.8 Monitoring and Evaluation (M&E)**

152. The NRHM has set up effective M&E systems. A detailed MIS, which provides

disaggregated information about performance with respect to vulnerable groups like

SCs and STs, has been operationalised. An effective financial management report-

ing system has become functional, with quarterly activity-wise reports coming in

from the States. The first phase of community monitoring has been initiated in

partnership with NGOs in eight States under the Advisory Group on Community

Action. The Institute of Public Auditors of India has undertaken comprehensive

evaluation in five States (Bihar, Assam, Uttar Pradesh, Tamil Nadu and Kerala). An

assessment of the ASHA programme in Madhya Pradesh, Rajasthan, Orissa, Uttar

Pradesh and Bihar is underway, with the support of UNFPA/UNICEF. A system

of independent assessment of performance of States by institutions of excellence is

in the process of finalisation. An intensive field-based joint review mechanism is in

place for RCH-II that covers core areas of the NRHM as well. Three such reviews

have already been conducted.116

**6C.9 Harmful Traditional Practices**

153. To address the issue of sex-selective abortion, the Pre-Conception and Pre-Natal Di-

agnostic Techniques (Prohibition of Sex Selection) Act (PCPNDT Act), 1994, was

enacted, which pre-empts the use of technologies that contribute to the declining

child sex ratio. (See Section 3B.5.3 for details.)

154. The Dowry Prohibition Act, 1961, amended in 1984 and 1986, continues to ad-

dress the social evil of dowry. The Protection of Women from Domestic Violence

Act (PWDVA), 2005, also includes any harassment, harm, injury or danger related

to any unlawful demand for any dowry or other property or valuable security as a

component of domestic violence.

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155. The Government adopted the Prohibition of Child Marriage Act, 2006, to address

the harmful social practice of early marriage leading to early pregnancy, which is a ma-

jor contributing cause for high maternal and infant mortality and inter-generational

cycle of malnutrition. The legislation has enabling provisions to prohibit child mar-

riages, protect and provide relief to victims and enhance punishment for those who

abet, promote or solemnise child marriages. (See Section 1.4.1 for details).

156. To strengthen the implementation of the Karnataka Devadasis (Prohibition and

Dedication) Act, 1982, the Department of Women and Child Development

(DWCD), Karnataka, created a special cell to handle this issue. Publicity campaigns

are being organised in Districts on the provisions of the Act, workshops and semi-

nars are also being conducted to create awareness about benefits available under

various schemes of the Department.117

157. The proposed Prevention of Offences against the Child Bill, 2009, covers offences

against children, which includes all harmful traditional and cultural practices.

158. The ICPS, launched by the MWCD, provides for preventive, statutory, and care and

rehabilitation services to all vulnerable children, including those who are victims of

harmful traditional practices, which affect their health, survival and development.

159. The MWCD, through its awareness generation measures, which involves communi-

ty leaders, practitioners and the general public, aims to change traditional attitudes

and discourage harmful practices, which affect the lives of children. The ICPS has

specific component of effective communication and public education, under which

all the means of mass media, including television, newspapers, periodicals, maga-

zines, hoardings, bus panels, cinema halls, radio, street plays, discussion forums,

etc., will be utilised for spreading awareness on issues concerning children, includ-

ing harmful traditional practices.

**6C.10 Challenges**

160. The Government has adopted several measures to address the issues related to child

health, such as adoption of IMNCI; launch of NACP-III; launch of National Paedi-

atric HIV/AIDS initiative; adoption of SSHE as a prominent component of TSC;

launch of NRHM; increased Central Government budgetary outlay for health with

matching increase in State outlays; and improved capacities of States to absorb such

fund flows.

161. The present challenges in comprehensive health delivery include:

* Accelerating the progress achieved in reducing childhood diseases.
* Prevention of mother-to-child transmission of HIV due to a high percentage of

HIV positive pregnant women not being identified during pregnancy.

* To improve standardised health infrastructure across States.
* To improve trained healthcare personnel at all levels to provide skilled birth at-

tendance and emergency obstetric and newborn care, and care of sick children.

* To improve efficiency and effectiveness in deployment of existing resources.

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**6D. Social Security and Childcare Services and Facilities**

**Articles 26 and 18, para 3**

**6D.1 Status and Trends**

162. According to National Sample Survey Organisation (NSSO) survey in 1999-2000, 118

the total strength of the country’s workforce is 397 million, out of which 28 million

workers are employed in the organised sector, and remaining are in the unorganised

sector. Only 7% of the workforce, which is in the organised sector, has the benefits

of formal social security protection. The remaining 93% of the total workforce face

insecure employment and low incomes.

163. The existing social security system in India exhibits diverse characteristics. There

are a large number of schemes, administered by different agencies, each scheme

designed for a specific purpose and target group of beneficiaries, floated as they

are by the Central and State Governments, as well as by voluntary organisations, in

response to their own perceptions of needs of the particular time. There are some

gaps in coverage and overlapping of benefits in the existing system.

164. With increased employment opportunities for women, and the need to supplement

household income, more and more women are entering the job market. With the

breaking up of joint family system, working women need support in terms of care

for their young children while they are at work. Effective daycare for young children

is essential, for which a cost- effective investment is required, as it provides support

to both the mothers and young children. It is also a protection measure, as it ad-

dresses issues such as school dropouts and trafficked children in labour and prosti-

tution, and serves as an outreach for medical, health and literacy programmes.

**6D.2 Legislations**

165. There are a number of social security legislations in India; however, most of these

laws are applicable to workers belonging to the organised sector. (See India First

Periodic Report 2001, paras 227-228, pp. 220-221 for details.)

166. The Unorganised Sector Workers Social Security Act, 2008, provides social security

to millions of workers in the unorganised sector. The definition of ‘unorganised

worker’ has been enlarged to include all such workers, who are not covered by the

existing social security legislations. (See Section 1.4.1 for details.)

**6D.3 Programmes**

167. Several Ministries, such as the Ministry of Women and Child Development, the

Ministry of Health and Family Welfare and the Ministry of Rural Development

implement schemes that reach out to the 44 million destitute children in the coun-

try, many of whom belong to families, who work in the unorganised sector.

168. The MWCD is implementing the Conditional Cash Transfer Scheme for Girl Child

on a pilot basis. This provides for insurance coverage of the girl child based on ful-

filling certain specific conditions (See Section 1.5.1 for details). Other schemes of

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the MWCD are the Rajiv Gandhi National Crèche Scheme for the Children of

Working Mothers and the Scheme for Welfare of Working Children in need of

care and protection. The Programme for Juvenile Justice, Childline Service and the

Integrated Scheme for Street Children also provide social security to children. (See

Section 5B.3 for details.) These have been merged into the ICPS.

169. The organised sector has a structure, through which social security benefits are ex-

tended to its workers. While some of them, such as provident fund, pension, insur-

ance, medical and sickness benefits are contributory, others like employment injury

benefits, gratuity and maternity benefit are purely non-contributory, and are met by

the employers alone. Most workers under the organised sector are covered under

the institutionalised social security provided through Employees Provident Fund

Organisation (EPFO), and the Employees State Insurance Corporation (ESIC).119

170. A scheme for providing employment to PWDs in the organised sector has been

proposed in the 11th Five Year Plan period. The main objective of the scheme is to

provide incentives to the employers in the organised sector for promotion of regular

employment to PWDs.120

171. A number of schemes and systems are in operation in the nature of social security

to workers in the informal economy. However, major deficiency is the limited cover-

age (geographical areas and industrial activity). The benefits are confined to only

about 5-6% of the informal sector workers. With the exception of a small number

of States, with some social security cover for workers in the unorganised sector, a

majority of the States do not offer any cover, especially for addressing such core

concerns as healthcare and maternity.121

172. The Aam Admi Bima Yojana (AABY), 2007, and Health Insurance Scheme for

Unorganised Sector BPL Workers, 2007, are the major initiatives taken during the

reporting period.

173. The AABY was launched in 2007. Under this scheme all rural landless households

in the 18-59 age group are eligible. The Scheme also has a provision for the payment

of a scholarship per child for two children of the beneficiaries studying in IX to

XII standards.

174. The Government launched the NRHM in 2005 to provide accessible, affordable

and accountable quality health services to households in rural areas. The principle

thrust of NRHM is to make the public system fully functional at all levels, and to

place a framework that would reduce the distress of households in seeking health-

care facilities through the Health Insurance Scheme. The Government introduced

the Rashtriya Swasthya Bima Yojana to provide health insurance cover to all BPL

unorganised sector workers and their families (of five members). As of July, 2009,

there are about five million beneficiaries under the Scheme.122

175. Kerala and Tamil Nadu offer some reasonable coverage of both old-age pension for

the aged poor and other protective social security schemes for the workers in the un-

organised sector. Some States, such as Maharashtra, Gujarat, West Bengal, Punjab,

Haryana, Tripura, Karnataka and Goa, have a number of schemes for the aged poor

and vulnerable population.123

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176. In the 11th Five Year Plan, social security is treated as an inclusive concept that also

covers housing, safe drinking water, sanitation, health, educational and cultural

facilities for the society at large. A number of schemes implemented by the Govern-

ment, both in the rural and urban areas, seek to provide many services that supple-

ment incomes of the people, which otherwise are fairly low.124

**6D.4 Challenges**

177. To improve the implementation, administration, and delivery of the existing so-

cial security schemes, especially for the unorganised sector, the Government has

launched AABY and Rashtriya Swasthya Bima Yojana in 2007. With the launch of

Conditional Cash Transfer Scheme for Girl Child and the NREGA, the Govern-

ment has reinforced its commitment towards livelihood security in rural areas. (See

Section 6E for details.)

178. The challenges in addressing social security and childcare services are:

* Ninety-three percent of workforce is in the unorganised sector, which is devoid

of formal social security measures.

* To improve access to social services for the poor and vulnerable, including

monitoring of these systems.

* To improve awareness on livelihood entitlements among the vulnerable population.

**6E. Standard of Living**

**Article 27, paras 1-3**

**6E.1 Status and Trends**

179. India’s per capita income has witnessed acceleration between the period 2003-04

and 2007-08, almost doubling to an average of 7.2% per annum. Prior to 2003-04,

the per capita income accelerated marginally to 3.7% per annum between 1992-93

and 2002-03. The increase in per capita income has resulted in an overall improve-

ment in the standard of living.125

180. The percentage of BPL population has come down from 36% in 1993-94 to 28%

in 2004-05. However, not only is this still high, but also the rate of decline in pov-

erty has not accelerated with GDP growth. Because population has also grown, the

absolute number of poor people has declined only marginally, from 320 million in

1993-94 to 302 million in 2004-05.126

181. Four States (Uttar Pradesh, Bihar, Madhya Pradesh and Maharashtra) accounted

for nearly 58% of India’s poor population in 2004-05. In the States of Haryana,

Himachal Pradesh, Orissa and Mizoram, the number of poor, overall, has remained

roughly constant over the last two decades. However, there are also States that have

succeeded in reducing the absolute number of the poor in rural areas over the three

decades from 1973 to 2004-05, such as Andhra Pradesh, Karnataka, Kerala, Tamil

Nadu, West Bengal, Assam and Gujarat.127

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182. Child poverty is prevalent in India, both in rural and urban areas. In 2004-05, the

percentage of children below 15 years living in BPL households was 44% in rural

areas and 32% urban areas. The high level of child poverty is not only linked to high

incidence of child malnutrition, but also undermines their future capabilities, and

adversely affects equality of opportunity.128

183. NFHS-3 indicates that 48% of the population in urban areas is in the highest wealth

quintile;129 in contrast, only 7% of the rural population is in the highest wealth

quintile. (See Figure 6.7) The distribution of population across wealth quintiles

shows large variations across States, with Delhi (70%) and Goa (55%) having over

one-half of their populations in the highest quintile, and Chhattisgarh, Orissa, Bi-

har, and Tripura having only about one-tenth or less of their populations in the

highest quintile. In Jharkhand, half of the population falls into the lowest wealth

quintile. By contrast, in about half of the States, less than 10% of households are in

the lowest wealth quintile.130

184. The poor depend upon Common Property Resource (CPR) far more than the rich,

due to their lack of access or low productive assets, and lack of work and purchasing

power. This adversely affects their standard of living. The importance of land as a

livelihood resource cannot be overstated. While only 18% of the GDP comes from

agriculture today, the proportion of the workforce that is engaged in agriculture is

58%. The estimated number of landless rural families in the country is 13-18 mil-

lion. While the economy is at present growing at a rate of about 8-9%, agriculture,

which provides employment to 58% of the country’s workforce, is growing at less

than 3%. This clearly indicates the rising economic disparities between the agricul-

tural and non-agricultural sectors of the economy, and also signifies continued pov-

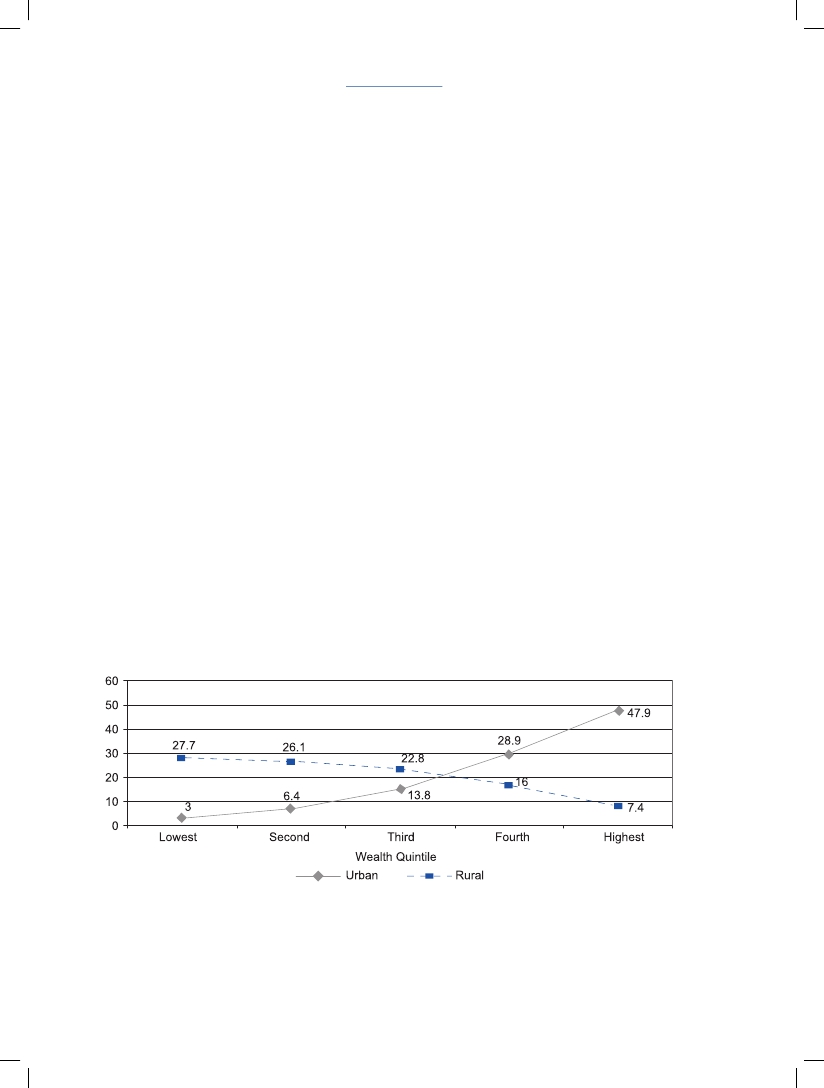
erty of the lower strata in the rural community in an absolute sense. Such a scenario

adversely affects the standard of living of such rural communities.

Fig. 6.7: Percentage distribution of the population by wealth

quintile according to residence, 2005-06

Source: National Family Health Survey-3, Ministry of Health and Family Welfare, GoI, 2007, page 43.



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**6E.2 Policy**

185. The National Rehabilitation and Resettlement Policy, 2007, aims at providing a bet-

ter standard of living with sustainable income to project- affected families through

a process of adequate and expeditious rehabilitation. (See Section 1.2 for details.)

In order to address the issue of forced relocation and other types of involuntary

population movement, amendments have been proposed in the Land Acquisition

Act, 1894.

186. The National Urban Housing and Habitat Policy addresses the need for affordable

housing for all, with special emphasis on the urban poor. (See Section 1.2 for details.)

187. The National Policy on Urban Street Vendors, circulated by the Ministry of Hous-

ing and Urban Poverty Alleviation in 2004, is being comprehensively revised. The

revised Policy will take care of all aspects of street vendors, including exploitation

of child vendors. Also, in the Basic Services to the Urban Poor (BSUP)/Integrated

Housing and Slum Development Programme (IHSDP) components of JNNURM,

the seven-point charter focuses on the convergence approach to ensure basic facili-

ties such as health, education and social security to the marginalised sections of so-

ciety. (See Annexure 6E.1 for details on National Policy on Urban Street Vendors.)

**6E.3 Legislation**

188. Based on the experience of various wage employment programmes, NREGA was

enacted to reinforce the commitment of the Government towards livelihood secu-

rity in rural areas. The Act was notified on September 7, 2005. The significance of

NREGA lies in the fact that it creates a rights-based framework for wage employ-

ment programmes, and makes the Government legally bound to provide employ-

ment to those who seek it. In this way, the legislation goes beyond providing a social

safety net, and towards guaranteeing the right to employment. The experience with

NREGA so far suggests that it is one of the main planks of rapid poverty reduction

in the 11th Five Year Plan period.

**6E.4 Programmes**

189. India has a long history and experience in implementing wage employment pro-

grammes. These wage employment programmes, implemented by State Govern-

ments with Central assistance, are self-targeting, with the objective of providing en-

hanced livelihood security, especially to those dependent on casual manual labour.

190. The Sampoorna Grameen Rozgar Yojana (SGRY) was launched in 2001 with an

objective of providing additional wage employment in the rural areas, as also food

security, alongside creation of durable community, social and economic infra-

structure in the rural areas. The National Food for Work Programme (NFWP) was

launched in 2004 in 150 most backward Districts of the country, with the objective

to intensify the generation of supplementary wage employment. The Pradhan Man-

tri’s Gramodaya Yojana (PMGY) was launched in 2000-01 and provides allocation

of Additional Central Assistance (ACA) to States and UTs for selected basic ser-

vices, such as primary health, primary education, rural shelter, rural drinking water,

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nutrition and rural electrification. The Antyodaya Anna Yojana (AAY) was launched

in 2000 and provides foodgrains at a highly-subsidised rate to poor families under

the Targeted Public Distribution System (TPDS).131

191. The National Rural Employment Guarantee Scheme (NREGS), launched on Febru-

ary 2, 2006, in 200 Districts across various States in the country, is a historic rights-

based employment guarantee that provides income support to the weaker sections

of the rural society. The SGRY and NFWP have been subsumed under the NREGS.

It also serves the larger objective of enhancing agricultural productivity because

the first priority under NREGS is being given to projects aimed at water conserva-

tion. Starting with 200 Districts across the country in Phase-I during 2006–07, the

NREGS was extended to additional 130 Districts in Phase-II during 2007–08. From

April 1, 2008 onwards, the Act covers the whole of rural India. In 2008-09, over 40

million households were provided employment, which is a significant jump over the

30.39 million households covered under the Scheme in 2007-08.

192. Awareness about the existence of NREGS is low in many areas, especially in the

States of Bihar and Maharashtra. Many States are still in the process of notifying

the State scheme, and putting in place State-specific guidelines. Only 13 States,

namely Andhra Pradesh, Bihar, Chhattisgarh, Gujarat, Karnataka, Kerala, Madhya

Pradesh, Orissa, Punjab, Rajasthan, Tamil Nadu, West Bengal and Tripura have

finalised State-specific operational guidelines.132

193. The Ministry of Housing and Urban Poverty Alleviation (MoHUPA) is implement-

ing an employment-oriented urban poverty alleviation scheme of Swarna Jayanti

Shahari Rozgar Yojana (SJSRY) since 1997. Under SJSRY, urban poor are assisted

in income generation activities, so as to bring them above the poverty line. It is

presumed that this will lead to a better life for their children and also reduce the

exploitation of children in poor families. The community empowerment compo-

nent of the Scheme focuses on community participation in addressing the needs of

marginalised section of the society.133

194. SSA, the principle programme for the universalisation of elementary education,

has brought elementary education to the doorsteps of millions of children, and

enrolled them through successive fast-track initiatives, both in unserved and un-

derserved habitations. With the opening of 0.12 million primary schools, access to

primary education has been nearly achieved. More thrust has been given to children

with special needs (CWSN) through the adoption of a multi-optional model for

educating CWSN. This initiative has been successful in enrolling 1.99 million out

of the identified 2.4 million CWSN (81%) in schools.

195. The NRHM was launched in 2005 to address the problems across primary health-

care and to bring about improvement in the health system and health status of

those who live in poor areas. (See Sections 6C.3.1 and 6C.4.1 for details.) The

11th Five Year Plan also provides an opportunity to restructure policies to achieve a

new vision based on faster, broad-based and inclusive growth. The Plan will facili-

tate convergence and development of public health systems and services that are

responsive to health needs and aspirations of people.134

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196. A Farm Loan Waiver Scheme was announced in 2008 to bail out small and mar-

ginal farmers, and those engaged in allied activities such as livestock rearing, who

had availed of credit from banks for purposes such as deepening of wells, and pur-

chasing tractors from the debt trap. The results of the Scheme so far show that it

has been able to restore institutional credit to farmers and has helped to support

demand and revive investment in the rural and agricultural sectors.

197. The 11th Five Year Plan emphasises expansion of opportunities and human capabili-

ties in the policies and programmes directed at the problems of poverty, unemploy-

ment and low standards of living, and at the widening urban-rural gap as a result of

urbanisation and industrialisation.

**6E.5 Challenges**

198. The 11th Plan, with its focus on inclusive growth, helps to trigger a development

process and ensures broad-based improvement in the quality of life of people. The

vision of the 11th Plan includes several inter-related components, such as poverty re-

duction and creation of employment, access to essential services, equality of oppor-

tunity, recognition of child rights, etc. However, the major challenge before India

is to ensure that the benefits of economic growth trickle down to all sections across

regions and social areas. The widespread child poverty, both in rural and urban

areas, which is a cause of concern, needs sustained efforts towards it. Improved tar-

geting and monitoring of poverty reduction, livelihood security and social security

programmes are required, to ensure that the benefits reach the most in need.

**End Notes**

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to identify and manage hypothermia, asphyxia and sepsis.

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in containing population growth to manageable limits, the GoI constituted an Empowered Action Group

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 source, type of toilet facility, type of flooring, material of exterior walls, type of   
 roofing, cooking fuel, house ownership, number of household members per   
 sleeping room, ownership of a bank or post office account, and ownership of a   
 mattress, a pressure cooker, a chair, a cot/bed, a table, an electric fan, a   
 radio/transistor, a black-and-white television, a colour television, a sewing   
 machine, a mobile telephone, any other telephone, a computer, a refrigerator, a   
 watch or clock, a bicycle, a motorcycle or scooter, an animal-drawn cart, a car, a   
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**7. Education, Leisure and**

**Cultural Activities**



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7.

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**Activities**

**Articles 28, 29 and 31**

The Concluding Observations (COs) addressed in this chapter include:

* Aims of education, CO No. 65 (a) in paras 99-105
* Equal access, CO No. 65 (b) in paras 14-15, 16-20, 44-48 and 54-55, 59-61
* Awareness on early childhood education, CO No. 65 (c) in para 68
* Participation of children, CO No. 65 (d) in Chapter 3 paras 121-139
* Quality of education, CO No. 65 (e) in paras 50, 57-58 and 22-25
* Teachers training, CO No. 65 (f) in paras 69-71
* Teacher absenteeism, CO No. 65 (g) in para 53
* School infrastructure, CO No. 65 (h) in para 6
* Assistance from UNICEF and UNESCO, CO No. 65 (i) in paras 72-73

**7A. Education, including Vocational Training and**

**Guidance**

**Article 28**

**7A.1 Status and Trends**

**7A.1.1 Pre-School Education**

1.

2.

The Integrated Child Development Services (ICDS) Scheme is being universalised,

and its Pre-School Education (PSE) component strengthened to ensure universalisa-

tion of early childhood education and preparation of children, particularly those

belonging to socially disadvantaged groups, for formal schooling. The beneficiaries

under PSE have increased from 21.4 million in 2004-05 to 33 million in 2007-08.

Recent studies have confirmed the positive impact of attendance in pre-school cen-

tres on children’s psycho-social and cognitive competencies, and their continuation

into primary school. Steps are being taken for quality improvement, which will be

intensified during the 11th Five Year Plan period (2007-12).1

An independent nation-wide survey of rural education found a rapid increase in

the total proportion of children (3-6 years) attending PSE. In 2006, 68% of 3-4 year

olds were attending public or private pre-schools, which increased to 76% in 2008.

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The figure for five year olds in 2008 was 90.5%. This study also included unrecogn-

ised pre-schools (day-care centres, kindergartens, nurseries, etc.) in the private sector.2

**7A.1.2 Elementary Education**

**7A.1.2.1 Universal Enrolment and Access**

3.

4.

5.

Sarva Shiksha Abhiyan (SSA), a flagship programme of the Government, focuses on

universal enrolment through improved access and targeted interventions for out-of-

school children. For improving access, SSA provides for primary school within one

kilometre of a habitation and upper primary school for every two primary schools.

Un-served habitations are mainly covered through Education Guarantee Scheme

(EGS) centres; for out-of-school children there are context-specific targeted interven-

tions, mainly under Alternative and Innovative Education (AIE) centres.

During 1999-2000 through 2006-07, the number of primary schools increased from

0.642 million to 1.118 million, and upper primary schools increased from 0.198

million to 1.054 million.3

Consequent to opening of 0.151 million primary schools and 0.137 million upper

primary schools under SSA, access has increased manifold. By March 2008, 99%

habitations in the country had access to school within one kilometre and about

92% habitations had access to upper primary school within three kilometre. Avail-

ability of schools within a reasonable distance of habitations has had a positive

impact on enrolments in primary and upper primary schools.

**7A.1.2.2 School Access and School Infrastructure**

6.

SSA supports the creation of required physical infrastructure in new schools, as well

as augmentation of infrastructure in existing schools. School buildings sanctioned

under SSA are composite school buildings, with the required number of classrooms,

drinking water and sanitation facilities and a kitchen for cooking the mid-day meals.

With the increase in school enrolments, there is a requirement of additional class-

rooms in existing schools, which are also being constructed under SSA. Substantial

progress has been made in provisioning of schools, toilets and water supply in most

States. SSA mandates the participation of the local community in all civil work ac-

tivities in order to instil a sense of ownership in them. An extensive supervision and

monitoring system has been put in place to ensure the quality of construction. Social

audit by the community is the basis of this supervision system.4 Although designs of

school buildings and cost of construction vary across different States, it is expected

that all designs must incorporate certain basic features, such as barrier-free access

Table 7.1: Student classroom ratio, 2002-03 to 2007-08

Source: District Information System for Education, 2007-08.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Level  Primary | 2002-03  48 | 2003-04  45 | 2004-05  44 | 2005-06  41 | 2006-07  39 | 2007-08  36 |
| Upper Primary | 36 | 35 | 33 | 33 | 34 | 34 |

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and resistance against hazards like earthquakes, especially in schools located in

high-risk seismic zones. Under SSA, 0.263 million school buildings and 1.105

million additional classrooms have been provided, consequent to which student

classroom ratio has decreased from 42:1 to 33:1. The provision of 0.198 million

drinking water facilities and 0.334 million toilets has improved basic facilities in

the school. In addition, Total Sanitation Campaign and Drinking Water Mission

also provide for drinking water and toilet facilities that will accelerate provision

of the facilities.

**7A.1.2.3 Enrolment**

7.

8.

The number of children enrolled in the elementary education system in India was

169.3 million in 2002-03, and increased to 194 million in 2008-09. According to

District Information System for Education (DISE5) data the annual growth rates for

enrolment at primary and upper primary levels during the period 2003-04 to 2005-

06 were 4.4% and 12.5% respectively.

School enrolment for rural areas (6-14 age group) has increased from 93.4% in

2006 to 95.8% in 2007. The percentage enrolled in Government schools has gone

up from 73.4% to 75.3%; those in private schools from 18.86% to 19.50% (DISE

2007-08); and consequently, the share of others (*Madrasa* and EGS/AIE) has mar-

ginally declined from 1.3% to 1.2%. School enrolment for rural areas (7-10 age

group) increased from 95.3% in 2006 to 97.3% in 2008.6

**7A.1.2.4 Reduction in Number of Out-of-School Children**

9.

Remarkable progress has been made in the reduction of out-of-school children

through targeted interventions of EGS and AIE. While EGS is a transitory facil-

ity following the formal primary school curriculum in un-served habitation, AIE

provides for more context-specific targeted interventions for out-of-school chil-

dren. AIE has been effective in providing education to out-of-school children,

particularly the older children of 11-14 years; children who never got enrolled

or dropout children; children, who migrate seasonally with their families; street

children and other deprived urban children; working children and other vulner-

able children in difficult circumstances. There has been a significant reduction

in the number of out-of-school children in the 6-14 age group by 4.4%. (See

Table 7.2.). An independent study conducted in July 2009 estimated 8.1 million

children out-of-school.

10. The multi-grade centres in Kerala use the services of volunteers in the forest and

coastal areas of the State, as children from these areas are not enrolled in schools. The

Table: 7.2: Trend in the number of out-of-school

children (in millions)

2001-02 2004-05 2008-09

Census 001 Independent Survey Independent Survey

32 13.5 8.1

Source: Data reported for 2005, 2009 as per independent sample study



volunteers, who be-

long to these habi-

tations, work with

the community and

persuade parents

to send their chil-

dren to school. done by SRI- IMRB.

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The teachers for the multi-grade centres are from the same community, identified

and appointed by the community. This has helped in addressing problems associ-

ated with sensitivity towards the lives of these communities, including language and

local contextualities. The school has incorporated pedagogic innovations by using a

variety of self-learning material, with the teacher performing the role of a facilitator.

The self-learning material was developed with technical support from the Rishi Val-

ley School, Madanappalli, Andhra Pradesh. Volunteers track children’s attendance

and teaching in these centres.

**7A.1.2.5 Gross Enrolment Ratio (GER) vs. Net Enrolment Ratio (NER)**

11. The GER for primary level (number of children enrolled as a ratio of total num-

ber of children aged 6-11 years in the population) was 94.9% in 1999-2000, which

increased to 111.24% in 2006-07 (provisional). While the GER for primary level

during 2007-08 was 113.94%, the GER for overall elementary level (6-14 age group)

was 81 % in 1999-2000, which rose to 97.1% in 2006-07 (provisional) and declined

marginally to 96.9% in 2007-08 (See Table 7.3.) The NER (enrolment of children of

the right age group as a proportion of the total children in the relevant age group)

for 2007-08 has been calculated as 95.92% at primary level, (DISE 2007-08). The

difference between GER and NER is due to significant percentage of under-age/

over-age children. This is primarily due to varied entry age, ranging from 5 to 6 years

in different States.

**7A.1.2.6 Drop-Out Rates**

12. With a view to enhance enrolment, retention and attendance and simultaneously

improve nutritional levels among children, the National Programme of Nutritional

Support to Primary Education (NP-NSPE) was launched in 1995. Since then it has

been expanded as Mid-Day Meal Scheme (MDMS) to include all children studying

at the elementary level. The Scheme covers almost 117.4 million children and pro-

vides for hot cooked meal in schools.

13. There has been a steady decline in Table 7.3: Gross Enrolment Ratio For Primary

the proportion of children drop- And Elementary Levels (In Percentage)

ping out of classes I-VIII. The drop-

out rate has declined by 13.6% at

primary level and 8.6% at elemen-

tary level (See Table 7.4). School

access at upper primary level is one

of the critical inputs for improving

retention at upper primary level.

As the transition rates will improve

from primary to upper primary

level, there will be a consequen-

tial improvement in retention at Source: Selected Education Statistics, Ministry of Human

elementary level. Resource Development, GoI.

|  |  |  |
| --- | --- | --- |
| Year  1999-2000 | GER (Primary)  94.9 | GER (Elementary)  81.0 |
| 2000-01 | 95.7 | 81.6 |
| 2001-02 | 96.3 | 82.4 |
| 2002-03 | 95.3 | 82.5 |
| 2003-04 | 98.2 | 84.8 |
| 2004-05 | 107.8 | 93.5 |
| 2005-06 | 109.4 | 94.9 |
| 2006-07 | 111.24 | 97.1 |
| 2007-08 | 113.94 | 96.92 |

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Table 7.4: Change in drop-out rates between 2001-02 and 2006-07

Source: Selected Education Statistics, Ministry of Human Resource Development, GoI, 2004-05 and 2006-07.

**7A.1.2.7 Reduction of Disparities for Socially-Disadvantaged Groups**

14. National Policy on Education (NPE) 1986, emphasises education as an agent of ba-

sic change in the status of disadvantaged groups like Scheduled Castes (SCs)/Sched-

uled Tribes (STs) and minorities. SSA provides for targeted provisioning in Districts

with concentration of SCs, STs and minority population; there are 61 Districts with

SC population concentration, 74 Districts with high tribal populations and 121

Districts with high minority population. These Districts have been prioritised for

infrastructure provisioning. For promoting education of SC/ST/minorities, SSA

provides for small schools for sparsely-populated unserved areas; residential school

buildings in low-population density blocks; flexible norms for EGS/AIE to target

difficult to reach children; support to *Madrasa/Maqtab* for transacting regular cur-

riculum; focus on coverage of SC/ST and Muslim girls; statutory representation of

the disadvantaged groups in school-based bodies and Village Education Commit-

tee (VECs)/School Development and Monitoring Committee (SDMCs)/ Parent-

Teacher Association (PTAs); target provision of school infrastructure in SC-, ST-

and Muslim-dominated Districts; improving learning outcomes of disadvantaged

groups through sensitisation of teachers; use of primers in tribal languages; training

of teachers and remedial teaching; untied funds at District level for SC, ST, Muslim

and urban deprived children; and free textbooks and incentives like uniforms. The

share of SCs/STs and girls at primary and upper primary level is given in Table 7.5.

15. The drop-out rate for SCs in classes 1-V has declined from 36.56 in 2003-04 to 31.9

in 2007-08, whereas for STs for the same period, the drop-out rate has declined

from 48.93 to 32.2. Similarly the drop-out rate for SCs in classes 1-VIII shows a

decline from 59.42 in 2003-04 to 52.6 in 2007-08. The drop-out rate for STs in this

category also shows a decline for the same period, from 70.05 to 63.4.7

Table: 7.5 Share of girls, SCs and STs at primary and upper primary levels

Source: District Information System for Education, 2003-04 and 2008-09.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Dropout Rate  Overall (Primary) | 2001-02  39.00 | 2002-03  34.9 | 2003-04  31.5 | 2004-05  29.0 | 2005-06  25.7 | 2006-07  25.43 | Remarks  (Change from  2001-02 to  2006-07)  13.57↓ |
| Girls (Primary) | 39.90 | 33.7 | 28.6 | 25.4 | 21.7 | 26.56 | 12.44↓ |
| Overall (Elementary) | 54.60 | 52.8 | 52.3 | 50.8 | 48.8 | 46.03 | 8.57↓ |
| Girls (Elementary) | 56.69 | 53.5 | 52.9 | 51.2 | 48.9 | 45.33 | 11.36↓ |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| DISE  Share of girls | Level  Primary | 2003-04  47.47 | 2008-09  48.38 | Remarks  0.91 ppt |
| Upper Primary | 45.02 | 47.58 | 2.56 ppt |
| Share of SC students | Primary | 20.84 | 19.94 | 16% population |
| Upper Primary | 19.18 |  |
| Share of ST students | Primary | 9.71 | 11.68 | 8% population |
| Upper Primary | 9.41 |  |

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**7A.1.2.8 Reduction of Disparities among Girls**

16. The NPE, 1986, emphasises education for women’s equality. It states that education

will be used as an agent of basic change in the status of women. It will foster the

development of new values through redesigned curricula, textbooks, training and

orientation of teachers, decision-makers and administrators, and the active involve-

ment of educational institutions. This will be an act of faith and social engineering.

17. Education of girls, especially those belonging to the SCs and STs, is the primary focus

in universalising elementary education through SSA. For promoting girls education,

the SSA provides for free textbooks, recruitment of women teachers, promotion of

Early Childhood Care and Education (ECCE), bridge courses for out-of-school chil-

dren, gender sensitisation of teachers, girls’ toilets, untied funds under innovation,

and remedial teaching in Districts with low female literacy.

18. Under Kasturba Gandhi Balika Vidyalaya (KGBV), launched in 2004, out of 2,573

KGBVs, 2,558 were operational as on December, 2009, in 27 States. Of the total

enrolment of 0.196 million students, 27% are SC, 29%, ST, and 27% belong to

Other Backward Castes (OBC). Of students enrolled in Educationally Backward

Blocks (EBBs) with Muslim concentration, about 8% are Muslims.8

19. The National Programme for Education of Girls at Elementary Level (NPEGEL),

launched in 2003, has been successful in development of 40,322 Model Schools;

gender-sensitisation of 0.288 million teachers; support to 9,957 ECCE centres (in

non-ICDS areas); remedial teaching to 24.18 million girls; bridge courses for 0.438

million girls; and distribution of free uniforms and other incentives to about 141.3

million girls.9

20. Gender Parity Index (GPI) has been improving both at primary and upper primary

levels. (See Table 7.6.)

**7A.1.2.9 Including Children with Special Needs (CWSN)**

21. SSA is committed to ensuring that every child with special needs is provided educa-

tion in an appropriate environment. For achieving this, SSA has adopted ‘zero rejec-

tion’ policy, so that no child with special needs is left out of the education system. The

thrust is to provide integrated and inclusive education to CWSN in general schools.

Household surveys and special surveys, conducted in all States, led to the identifica-

tion of 2.621 million CWSN by 2007-08. Of these, 90.22% have been covered un-

der various educational strategies — 2.158 million (i.e. 82.33%) enrolled in schools,

0.094 million cov-

ered through EGS/

AIE in 22 States/

Table: 7.6 Gender Parity Index at primary

and upper primary levels

Union Territories

(UTs), and 0.112 mil-

lion provided home-

Source: Annual Report (2009-10) Department of School Education and

23 States/UTs.10 Development, GoI, page 23.

|  |  |  |
| --- | --- | --- |
| Level  Class-I-V (Primary) | 2001-02  0.83 | 2006-07  0.94 |
| Class-VI-VIII (Upper Primary) | 0.77 | 0.90 |

based education in Literacy, Department of Higher Education, Ministry of Human Resource

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**7A.1.2.10 Improving the Quality of Education**

22. SSA invests about 57% of its funds towards quality, of which about 30% is towards

teachers’ salary and 23% for various components like teacher-training, textbooks,

remedial teaching, etc. SSA contributes to improvement of learning levels in schools

through a multi-pronged approach of more investment in quality-centric interven-

tion; focus on holistic and comprehensive plan development; emphasis on assess-

ment evaluation and remedial access; regular tracking and monitoring; and facilita-

tion of capacity-building, exchange of good practices and monitoring.

23. States are also encouraged to design comprehensive quality- improvement pro-

grammes by integrating all the quality-related interventions, with a focus on child-

friendly and activity-based pedagogy. Education of Equitable Quality (EEQ) is being

promoted, adhering to the basic guiding principles of child-friendly pedagogy and

learning assessment.

24. Activity-based Learning (ABL) is an innovative and significant approach to improve

quality at the primary stage. This activity-based learning is adopted from the Rishi

Valley Pattern of education. This method has been implemented in Chennai Cor-

poration Schools and found to be effective in increasing enrolment, preventing

drop-outs and retaining children in the classrooms. As the results are encouraging

in Chennai Corporation Schools, the ABL approach has been expanded to 402

blocks all over Tamil Nadu. Teachers’ manual has been distributed to teachers. Be-

sides these, self-learning material has also been prepared for use in the classrooms.

Training has been given to teachers of all primary schools in two phases. For effec-

tive monitoring and supervision of the ABL, all Block Resource Teacher Educators,

Head Masters (HMs), District Education Officers, Chief Education Officers, Addi-

tional District Project Coordinators, Supervisors and Assistant Elementary Educa-

tion Officers have been trained. Teachers are being provided on-the-spot support by

expert team periodically and regularly.

25. National surveys on learning achievement of students are conducted by National

Council of Educational Research & Training (NCERT) at the end of classes III, V

and VII/VIII every three years for a cross-State study, to assess the level of achieve-

ment of children in different subject areas, including factors affecting students’

learning differentiated by category, area and gender. In the last two rounds the aver-

age achievement improved in all subjects and at all stages and gaps in achievement

within gender, geographical area and social groups have narrowed.

**7A.1.3 Secondary Education**

26. The total number of recognised educational institutions providing secondary and

senior secondary education in the country has increased from 0.126 million in

2000-01 to 0.159 million in 2005-06 and further to 0.168 million in 2006-07 (provi-

sional). The total number of students enrolled in secondary and higher secondary

schools in the country increased from 27.6 million in 2000-01 to 38.4 million 2005-

06 and further to 39.4 million in 2006-07 (provisional).11

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27. The GER for classes IX-X has increased from 51.65% in 2004 to 53.25% in 2006-07;

and for classes XI-XII, from 27.82% to 28.01% in the same period. The combined

GER for classes IX-XII and drop-out rates for classes I–X also show an increase from

2001-02 to 2006-07. (See Table 7.7.) Some States like Bihar, Uttar Pradesh, West

Bengal, Chhattisgarh, Jharkhand and some north-eastern States of Assam, Megha-

laya, Nagaland and Sikkim have even lower GER.12

28. Gender gap (for classes IX-XII) also shows a decline, from a difference of 9.2%

(on September 30, 2004) to a difference of 8.01% in 2006. There is a gross short-

age of secondary schools for girls, particularly in north India13, leading to extremely

high drop-out of girls after elementary school.14 The pupil-teacher ratio for class-

es IX-X shows an improvement from 32 in 2004 to 31 in 2006-07, whereas for

classes XI-XII it has remained the same at 33 for the same period. In 2006-07,

there were 89% trained teachers for classes IX-X and 90% trained teachers for

classes XI-XII.15

29. In case of socially-disadvantaged groups, the GER shows an improvement. The GER

for SCs has increased from 32.55% in 2001-02 to 38.80% in 2006-07(provisional)

and for STs, from 25.65% to 30.71% in the same period. The lowest GER among

these is that for ST girls, which has also shown an increase from 19.76% in 2001-02

to 25.27% in 2006-07 (provisional).16

30. To promote secondary and higher secondary education of children from socially

disadvantaged groups, measures are being taken for special provisioning for sub-

categories such as SC/ST girls and disabled children, etc. The 11th Five Year Plan

emphasises upgradation of elementary schools to secondary level, with priority be-

ing assigned to high SC, ST and minority population.17

31. The average number of secondary and higher secondary schools per 100 square ki-

lometre area is as low as four, with several large States, such as Bihar, Uttar Pradesh,

West Bengal, Jharkhand and Chhattisgarh, being much below this low national av-

erage. The 11th Five Year Plan targets provision of a secondary school within five ki-

lometre of every habitation. The recently- launched Rashtriya Madhyamik Shiksha

Abhiyan (RMSA) envisages providing facilities for an estimated additional enrol-

ment of 3.22 million students at secondary stages by 2011-12, through strengthen-

ing of about 44,000 existing secondary schools, opening of 11,000 new second-

ary schools, appointment of 0.18 million additional teachers and construction of

additional classrooms.

Table 7.7: Status of enrolment and drop-out rates in classes IX-XII (in percentage)

Source: Annual Report (2006-07), Department of School Education and Literacy and Department of Higher

Education, Ministry of Human Resource Development (citing Selected Educational Statistics (2004-05) Provi-

sional Data, page 60), and Selected Educational Statistics (2006-07) Provisional Data, pp. 35-36, 49.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Indicators | 2001-02 | | | 2006-07 (Provisional) | | |
| GER (IX-XII) | Boys  38.23 | Girls  27.74 | Total  33.26 | Boys  44.42 | Girls  36.41 | Total  40.62 |
| Drop-out Rates (Classes I-X) | 64.2 | 68.6 | 66.00 | 58.62 | 61.47 | 59.87 |

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32. Vocational Education (VE) is being provided at the higher secondary stage to approx-

imately 5% of those in the age group of 16-18 years18 under the centrally-sponsored

scheme for Vocationalisation of Secondary Education at the +2 level. However, ac-

cording to the recent National Sample Survey Organisation (NSSO) data, only 5%

of the population in the 19-24 age group in India has acquired some sort of skills

through VE.19 The National Institute of Open Schooling (NIOS) provides about

70 Vocational Education and Training (VET) courses through distance education

mode.20 A National Skills Development Mission (NSDM) has been launched. It is

envisaged to evolve a comprehensive scheme for building up diverse and wide range

of skills amongst the youth.21

33. Under Integrated Education for Disabled Children, initiatives have been taken to

integrate children with mild to moderate disabilities in the school system, at second-

ary and higher secondary levels.22 During the 10th Five Year Plan period, 28 States/

UTs implemented the scheme, covering about 50,000 schools.23

**7A.2 Progress made to Achieve Millennium Development**

**Goals (MDGs)**

34. India has made rapid progress towards Goals 2 and 3 for universal enrolment and

gender parity at the primary level. The Government of India set 2010 (revised from

2003) as the target year for achieving Universalisation of Elementary Education

(UEE).24 Towards this, the GER has consistently increased and retention has im-

proved at elementary level. Gender parity has improved and gender gap between

enrolment and retention is narrowing down. However, gender gap between upper

primary, secondary and higher secondary education remains high.

35. Universalisation and gender parity seem to be within reach at the primary level by

the year 2015, given the present pace and direction. The prognosis for universal

education and gender parity at the upper primary level needs continued thrust, by

focussing on unserved areas.

**7A.3 Policy**

36. The NPE, 1986, revised in 1992, remains the abiding policy document for educa-

tion. The Policy envisages a national system of education, with focus on education

for equality and removal of disparities across all stages of education. It stresses on

reducing drop-out rates, improving learning achievements and expanding access to

students, who have not had an easy opportunity to be a part of the education sys-

tem. (See India First Periodic Report 2001, para 13, page 243 for details.)

37. The NPE, 1986 has given importance to ECCE. It has also taken into account the

holistic nature of ECCE and has pointed out the need for early care and stimula-

tion of children belonging to the vulnerable sector. Since the age span covered

under ECCE is from conception to six years, emphasis has been given to a child-

centered approach, with focus on play and individuality of the child. It discourages

formal methods of teaching and emphasis on the three Rs (reading, writing and

arithmetic) at this stage.

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38. The NPE, 1986 concretises approach for elementary education as a warm, welcom-

ing and encouraging approach, in which all concerned share solicitude for the

needs of the child. A child-centred and activity-based process of learning is being

promoted at the primary stage.

39. The National Curriculum Framework (NCF) was revised in 2005 through a nation-

wide process of consultation. NCF, 2005 identifies certain broad aims of education,

derived from the Constitutional vision of India as a secular, egalitarian and plural-

istic society. The aims of education include independence of thought and action,

sensitivity of others’ well-being and feelings, learning to respond to new situations

in a flexible and creative manner, predisposition towards participation in demo-

cratic processes and ability to work towards, and contribute to, economic processes

and social change. NCF, 2005 proposes guiding principles for curriculum develop-

ment, namely: (i) connecting knowledge to life outside the school, (ii) ensuring that

learning shifts away from rote methods, (iii) enriching the curriculum so that it goes

beyond textbooks, (iv) making examinations more flexible and integrating them

with classroom life, and (v) nurturing an overriding identity informed by caring

concerns within the democratic polity of the country. The NCF, 2005 recognises

the need for child-centered pedagogy, which means giving primacy to children’s ex-

periences, their voices, and their active participation. The curriculum enables chil-

dren to find their voices; nurtures their curiosity to do things, to ask questions and

pursue investigations; and helps share and integrate their experiences with school

knowledge, rather than their ability to reproduce textual knowledge.25 (See Section

3D for details.)

40. In the 11th Five Year Plan, the focus is on three policy initiatives — quality upgrada-

tion in primary education, expansion of secondary education26 and strengthening

of strategies for educational provision for all disadvantaged groups.27

41. The National Plan of Action for Children, 2005, includes goals, objectives and

strategies for increasing the enrolment of 3-6-year-old children in PSE. This policy

will help to check enrolment of under-age children in class I, which in turn will lead

to reduction in level of drop-outs in classes I-II.28

**7A.4 Legislation**

42. The Constitutional (Eighty Sixth) Amendment Act, 2002, notified on December

13, 2002, inserted Article 21-A in the Constitution, which provides that ‘*the State*

*shall provide free and compulsory education to all children of the age of 6-14 years in such*

*manner as the State may, by law, determine*’. Section 1(2) of the Constitutional (Eighty

Sixth) Amendment Act, 2002, provides that ‘*it shall come into force on such date as the*

*Central Government may, by notification in the official Gazette appoint*’. The consequen-

tial legislation, titled the Right of Children to Free and Compulsory Education

Act, 2009, was notified in the official Gazette in August 2009. (See Section 1.4.1

for details.) The new legislation would lead to significant reform in the elementary

education system and would ensure universalisation of elementary education of

equitable quality in a neighbourhood school.

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**7A.5 Programmes**

**7A.5.1 Pre-Primary School Education or Early Childhood Care**

**and Education**

43. Since 2006, the care of pre-school children including pre-primary education compo-

nent of SSA is being promoted as part of ECCE under ICDS. The ICDS, including

its PSE component, is largely directed towards children belonging to disadvantaged

communities, particularly those residing in rural and marginalised areas29. Univer-

salisation of ICDS coverage will directly impact access to PSE for the 3-6 age group.

Private sector initiatives in PSE are also rapidly increasing. The third expansion

phase of the programme (ICDS IV) recognises that the first six years in the life of

a child are critical, since growth and development is very rapid during this period;

there is need of an environment, which is both supportive as well as stimulating,

and will be intensified in the ICDS IV. (See Section 6C.3.2 for details.) The ECCE

component under ICDS IV will have two sub-components: policy and programme

support at national/State levels, and targeted service delivery in high-burden

Districts. A number of steps, such as need-based training of *Anganwadi* Workers;

provision of learning material at *Anganwadi* Centres (AWCs); setting up of PSE cen-

tres in uncovered areas; building advocacy; and training of community leaders will

be taken up in the 11th Plan.

**7A.5.2 Elementary Education**

44. By 2008-09, SSA expanded its outreach to 194 million children across the coun-

try. Over 369 Districts with substantial population of SC/ST/minorities/and high

gender gaps have been identified as ‘special focus Districts’ for targeted interven-

tions, of which 61 have high SC population, 106 have high ST population, and 88

have high Muslim population. Over 3,000 blocks, with low female literacy and high

gender gaps have been identified as EBBs. Of the total SSA outlay for school infra-

structure, special-focus Districts are being allocated 64% for primary schools, 65%

for upper primary schools, 71% for classrooms, and 79% for teachers (2007-08).30

45. SSA has spearheaded several innovative schemes to mainstream SC and ST chil-

dren, including adequate school infrastructure in Districts with SC/ST concentra-

tion, EGS in remote and sparsely-populated regions, provision of Rs 1.5 million to

each District for special innovative activities for SC/ST students, teacher sensitisa-

tion programmes, reservation for SCs and STs in recruitment of teachers, provision

of free textbooks to SCs/STs/girls, and preparation of learning material in tribal

languages.31 (See Annexure 7A.1 for details on provisions for SC/ST under SSA.)

46. The KGBV, launched as a separate scheme in July 2004, has been merged with

SSA with effect from the 11th Plan. It sets up residential schools at upper prima-

ry level for girls belonging predominantly to SCs, STs, OBCs and minority com-

munity. The hostels are being set up in blocks, where rural female literacy is less

than 30%, and urban areas, where urban female literacy is below national average.

The NPEGEL, launched in July 2003, is a focused intervention for girls, who are

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difficult to reach. It provides additional support for enhancing girls’ education over

and above the investments for girls’ education under SSA, including gender sensiti-

sation of teachers, development of gender-sensitive material and provision of need-

based incentives. The Scheme is being implemented in EBBs, where rural female

literacy is less than the national average and gender gap is above the national aver-

age, blocks where SC/ST population is greater than 5% and female literacy is less

than 10%, and selected urban slums.

47. There has been considerable impact of NPEGEL and KGBV Schemes. Since its

launch in 2003, the NPEGEL has been successful in development of 40,322 Model

Schools, gender sensitisation of 0.288 million teachers, support to 9,957 ECCE

centres (in non-ICDS areas), remedial teaching to 24.18 million girls, bridge cours-

es for 0.438 million girls, and distribution of free uniforms and other incentives

to about 141.3 million girls.32 By 2008-09, 2,573 KGBVs were sanctioned and by

October, 2009, 2,558 were operational. Of the total enrolment of 0.196 million

students, 27% belong to SCs, 29% belong to ST, and 27% belong to OBCs. Of

students enrolled in EBBs with Muslim concentration, about 8% are Muslims.33 By

2008-09, 2,573 KGBVs were sanctioned.34

48. Under EGS, educational facilities are being set up in habitations that do not have

a primary school within a distance of one kilometre. Habitation with 25 out-of-

school children in the 6-14 age group (reduced further to 15 out-of-school children

in the case of hilly and desert areas, and tribal hamlets) are eligible for an EGS

centre. EGS is a transitory facility till a primary school replaces it normally in two

years. It follows the same curriculum as any other formal primary school and all

children enrolled in EGS centres are provided free textbooks and a mid-day meal.

The EGS centre is managed by local community bodies, viz. PTA, VEC or the *Gram*

*Panchayats*. The community engages a local teacher for teaching in such centres, till

they are upgraded to regular schools. Till December 2008-09, 2.413 million children

had been enrolled in 29,817 EGS centres, and 0.100 million EGS centres had been

upgraded to primary schools. In some States, the learning centres have been able to

draw in hard-to-reach children and nurture their learning through innovative inter-

ventions and pedagogies. Enormous benefits have accrued from accelerated learn-

ing opportunities at residential camps, such as *Balika Shivirs* for girls in Rajasthan.35

(See Annexure 7 A.2 for details on experiences of States in EGS/AIE.)

49. Schemes for CWSN include specific interventions like appropriate educational

placement, preparation of individualised education plans, provision of aids and

appliances, etc. Approximately 1.4 million CWSNs have been provided assistive

devices under SSA.36 Innovative methods of inclusion are being encouraged. For

instance, in Tamil Nadu, a Simulation Park has been built by each Block Resource

Centre (BRC). This park provides CWSN and their peers a chance to experience

various kinds of play equipments jointly.37

**7A.5.2.1 Quality of Elementary Education**

50. Significant progress has been made towards all the four goals of SSA. SSA has effec-

tively enabled the system of elementary education to expand itself by the recruitment

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of a massive number of teachers across the country. It has also reinforced the culture

of in-service training as a professional need. In-service training routines are in place

in all States, but their quality remains a matter of concern. Selection and train-

ing of teachers are now among the most relevant factors shaping further progress

towards all SSA goals. A number of States have initiated learning enhancement

programmes (LEP), leading to improved learning levels. (See Annexure 7A.3 for

details on LEP.) Objectives like non-discriminatory classroom interaction, stop-

ping of corporal punishment and mental harassment, and holistic pedagogy for

meeting curricular requirements call for substantial improvement in identification,

selection and training of teachers. Equally important is the need to put in place

certain systemic mechanisms to bring about greater professional accountability

among teachers.

**7A.5.2.2 National Programme of Nutritional Support to Primary**

**Education or Mid-Day Meal Scheme**

51. The NP-NSPE a centrally-sponsored scheme operational in 2,408 blocks in the

country, was revised in September, 2004, to provide cooked mid-day meal with

300 calories and 8-12 grams of protein to all children studying in classes I-V in

Government and aided schools and EGS/AIE centres. The objective was to enhance

enrolment, retention and attendance and simultaneously improve nutritional levels

among children.

52. In October, 2007, the Scheme was further revised to cover children at upper pri-

mary level (classes VI to VIII), initially in 3,479 EBBs. Around 17 million upper

primary children were included by this expansion of the Scheme. Since April 1,

2008, the MDMS covers all children studying in classes I-VIII (84 million children

at primary stage and 33.6 million children at upper primary stage) of Government/

Government-aided/local body schools/EGS/AIE centres. The programme has also

been extended to all *Madrasas/Maqtabs*, which are supported by SSA on EGS/AIE

interventions. The calorific value of an MDMS at upper primary stage has been

fixed at a minimum of 700 calories and 20 grams of protein by providing 150 grams

of food grains (rice/wheat) per child/school day. For the year 2009-10, a budget

provision of Rs 80,000 million and food grain allocation of 2.771 million metric

tonne has been made. During 2008-09, 82.4 million children of primary classes and

35 million children of upper primary classes were provided MDMS, utilising 1.761

million metric tonnes of food grain at a cost of Rs 66,880.2 million. (See Annexure

7A.4 for State experiences under MDMS.)

53. Independent evaluation studies on MDMS have revealed enhancement in enrol-

ment and attendance. The Programme has made positive intervention in universali-

sation of primary education by increasing enrolment and attendance, particularly

with respect to girls and children of SC/ST categories. There has also been reduc-

tion in teacher absenteeism.38

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**7A.5.2.3 Area Intensive and Madrasa Modernisation Programme (AIMMP)**

54. The Scheme of AIMMP was re-formulated in November, 2008, into two schemes,

namely (a) Scheme for Providing Quality Education in *Madrasas* (SPQEM) and (b)

Scheme for Infrastructure Development of Private Aided/Unaided Minority Insti-

tutes for Elementary/Secondary/Senior Secondary Schools (IDMI).

55. The objective of the SPQEM is to provide financial assistance and encourage tra-

ditional institutions like *Madrasas* and *Maqtabs* to introduce Science, Mathematics,

Social Studies, Hindi and English in their curriculum, so that children studying

in these institutions gain academic proficiency for classes I-XII. The SPQEM also

provides for accreditation of *Madrasas* to NIOS and VE for children in the 14+ age

group. In addition, it provides for assistance for computer and science laboratories

in *Madrasas* of Secondary and Higher Secondary level, as also assistance for book

banks and science kits at all levels.

56. The objective of IDMI is to facilitate the education of minorities by augmenting

and strengthening school infrastructure in minority institutions (elementary/sec-

ondary/senior secondary schools) in order to expand facilities for formal education

to children of minority communities. The Scheme aims at, *inter alia*, encouraging

education facilities for girls, CWSNs and those who are most deprived education-

ally amongst minorities.

**7A.5.3 Secondary Education**

57. Comprehensive review and re-formulation of curricula and textbooks under the

NCF, 2005, is ushering in improvements in quality of education. NCF, 2005 pro-

vides a framework for a paradigm change in teaching and learning, with core values

and transformative goals, which different States are adopting.39

58. As part of the Government’s commitment to make secondary education of good

quality available and affordable to all young persons, the Government of India has

launched the RMSA. The objective of the Scheme is to (a) achieve an enrolment ra-

tio of 75% for IX-X classes within five years by providing a secondary school within

a reasonable distance of every habitation, (b) improve quality of education imparted

at secondary level by making all secondary schools conform to prescribed norms;

(c) remove gender, socio-economic and disability barriers. It aims at achieving uni-

versal access by 2017 and universal retention by 2020. Facilities for an estimated ad-

ditional enrolment of 3.22 million students are proposed to be provided by 2011-12

through strengthening of 44,000 existing secondary schools, opening 11,000 new

secondary schools, appointment of 0.18 million additional teachers and construc-

tion of 88,500 additional classrooms. The Central Government will bear 75% of

the project expenditure during the 11th Five Year Plan, with 25% of the cost to be

borne by State Governments.

59. The Government of India has launched a centrally-sponsored scheme in November,

2008, to set up 6,000 Model Schools, one school per block, as a benchmark of excel-

lence. In the first phase, 2,500 high-quality Model Schools would be established by

State Governments in EBBs throughout the country. Land for these schools will be

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identified and provided by the State Government free of cost. The financial sharing

pattern between the Centre and States is in the 75:25 ratio for both recurring and

non-recurring cost. In the second phase, 1,000 schools will be set up by the Govern-

ment and the remaining 2,500 schools will be set up under Public-Private Partner-

ship (PPP) mode, details of which are under formulation.40

60. The Scheme for Girls’ Hostel with 100 seats in about 3,500 EBBs has also been

launched in October, 2008. This Scheme replaces an earlier scheme for construc-

tion and running of Girls Hostels for Students of Secondary and Higher Secondary

Schools. The main objective of the revised Scheme is to retain girls in secondary

schools, so that they are not denied the opportunity to continue their study due to

distance to school, parent’s financial constraints and other connected societal fac-

tors. Girls in the age group of 14-18 years, studying in classes IX to XII and belong-

ing to SCs, STs, OBCs, minority communities and below poverty line families are

the focus of this Scheme.

61. Under the Prime Minister’s 15 Point Programme for the Welfare of Minorities,

2006, a merit-cum-means scholarship scheme is being implemented for minority

students (classes I-XII). In addition, *Madrasa* education modernisation will receive

a fillip, and educational infrastructure will be improved through the Maulana Azad

Educational Foundation.41

62. The Scheme for addressing the needs of disabled children has been revised as the

Scheme of Inclusive Education of the Disabled at the Secondary Stage (IEDSS) to

enable students with disabilities complete secondary and higher secondary educa-

tion, provisioning for assistive aids and appliances, and providing barrier-free access

to schools. IEDSS will also support a training programme on inclusive education

for general school teachers.

63. The Kendriya Vidyalayas (KVs) continue to cater to the educational needs of the

wards of transferable Central Government employees. There are 981 KVs, functional

in different parts of the country. In addition, there are Navodaya Vidyalayas (NVs),

which provide good-quality modern education, including a strong component of

cultural values, environment awareness and physical education to talented children

in rural areas, irrespective of their family’s socio-economic condition. There are 562

NVs, covering as many Districts in 34 States/UTs in the country.42

64. The Adolescence Education Programme, funded by National AIDS Control Or-

ganisation and implemented by the Ministry of Human Resource Development

(MHRD), targets to cover all Government and Government-aided schools in the

country by implementing 16 hours of co-curricular life-skills programme for classes

IX to XII.43 During the 11th Five Year Plan period, necessary inputs will be provided,

such as training teachers to act as counsellors.44 (See Section 6C.3.3 for details.)

**7A.5.4 Vocational Education**

65. In 2007-08, under the Scheme of Vocationalisation of Secondary Education at +2

level, about one million students were diverted to vocational courses in classes XI-

XII.45 The 11th Five Year Plan envisages expansion of the scheme. The Government

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has embarked on the strategic objective of modernising the Industrial Training Insti-

tutes (ITIs) and improving the quality of training in Government-run ITIs, with the

involvement of stakeholders. Action has been initiated for upgradation of 100 ITIs

from domestic resources, and 400 ITIs through World Bank assistance, so as to cre-

ate Centres of Excellence for producing multi-skilled workforce of world standard.

66. Formal vocational training is being provided to only 0.9% of those in the 15-19 age

group.46 The NSSO data indicates that only 5% of the population in the 19-24 age

group has learnt skills through the VET stream.47 The number of youth needing ini-

tial vocational training is estimated at 15 million per year. Government has launched

NSDM that aims at five-fold expansion of the public sector skills development in-

frastructure and utilisation, and conversion of polytechnics and VE programmes

in schools into the PPP mode. A new scheme titled ‘Skill Development Initiative’

was launched in 2007-08. It is a five-year scheme, during which one million persons

would be trained or their existing skills tested and certified. The Ministry of Labour

& Employment has developed demand-driven, short-term training courses based

on Modular Employable Skills framework for skill development of school leavers,

dropouts and existing workers, especially in the informal sector, in close consulta-

tion with industry, micro enterprises in the informal sector, State Governments,

experts and academia. This is essential, considering their educational, social and

economic background. It also offers certain courses with multi-entry and multi-exit

options, flexible delivery schedule and lifelong learning.48 (See Annexure 7A.5 for

details on progress made under the Skill Development Initiative.)

67. The NIOS offers VE courses in areas such as basic rural technology, computer appli-

cation, computer hardware assembly and maintenance, radiography, library science,

etc. The courses are offered through about 1,001 accredited vocational institutes

in the country, including ITls, Community Polytechnics, Krishi Vigyan Kendras,

Jan Shikshan Sansthans and Non-Governmental Organisations (NGOs). NIOS has

initiated Rural Community Workshops, providing rural-based vocational courses,

with facilities for hands-on vocational training. It has prepared a draft Curriculum

Framework for Open Vocational Education (in 2006-07), taking into account the

curricular diversity required by various groups of learners.49 NIOS programmes will

be up-scaled during the 11th Five Year Plan period, with measures to ensure quality.50

The number of State Open Schools will be increased from the existing 10, and these

will be set up in the remaining 19 States too.51

**7A.6 Capacity Building and Awareness Generation**

68. ICDS supports early childhood education in the form of ECCE as a part of the

interventions relating to innovations. Every District is provided an amount of

Rs 1.5 million per year to strengthen their measures towards ECCE material devel-

opment, teacher training and classroom processes. Many States, including Sikkim,

Chandigarh, Punjab, Assam, etc. have utilised this provision effectively to promote

ECCE. For this, Ministry of Women & Child Development (MWCD) collaborates

with SSA to run AWCs and take up related activities. To raise awareness about

the importance of ECCE, many interventions were taken up during the reporting

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period such as *ma-beti* fairs, *Meena* campaigns, *prabhat pheris*, meetings with religious

leaders, community-based *sammelans*, etc. Under *ma-beti* fairs, through different ac-

tivities, awareness about the importance of early education is created, such as infor-

mation about the functioning of the local school, the education system in general

and the special provisions available for girls in particular. Children’s organisations,

such as *Meena Manch*, school cabinets, etc. are functioning in many States, to pro-

vide opportunity to children to voice their concerns. *Prabhat pheris* are organised as

awareness-generation measures that entail mobilisation walks in the villages, slogan

and wall writings, distribution of pamphlets and posters, door-to-door contact, etc.

Dialogues with religious leaders and opinion makers of some communities are con-

sidered critical to get children of their communities into schools. Their influence

on community behaviour makes it important to convince them, so that they can in-

fluence popular views about educating girls and generate community commitment

for girls’ education. This has been a key strategy that worked in getting Muslim

minority girls and girls from other communities to participate in education.52

69. SSA places great emphasis on building the capacity of teachers for teaching, through

regular training programmes. It provides support for three kinds of training: (i) an-

nual in-service teachers’ training for up to 20 days; (ii) 30-day induction training

for newly-recruited teachers; and (iii) 60-day training for professionally-untrained

teachers to acquire requisite qualifications, primarily through distance mode, with

the help of Indira Gandhi National Open University. Basic guidelines for teach-

ers training in SSA have been framed, though each State defines its own priori-

ties, teacher training modules, follow-up programmes and a decentralised training

calendar. A total of 3.16 million teachers received in-service training in 2008-09 and

0.506 million teachers received 30-day induction training in the last three years, from

2006-07 to 2008-09. Nearly 0.707 million untrained teachers were trained through

the 60-day training module offered by SSA in the last three years, from 2006-07 to

2008-09. Across the country, 6,472 BRCs and 69,268 Cluster Resource Centres have

been set up to provide decentralised academic support and supervision to teachers

and schools. BRCs are venues for training of teachers. Training is also held at Clus-

ter Resource Centres for facilitating peer learning and interaction amongst teachers.

There are subject-specific resource persons at Block and Cluster Resource Centres,

who periodically visit schools to observe classroom transactions and provide feedback

and on-site training to teachers, on pedagogic and content related issues.

70. To identify, understand and enhance the performance of teachers, teacher train-

ers and teacher support institutions, the MHRD has catalysed an initiative named

Advancement of Educational Performance through Teacher Support from 2006-07

onwards, in collaboration with UNICEF, to promote development and use of per-

formance indicators for teachers and teacher support structures, including Block

and Cluster Resource Centres, District Institutes of Education and Training and

State Councils of Educational Research and Training. Twenty-nine States have de-

veloped such performance indicators, out of which some have already begun to use

them to track teachers’ and trainers’ performance (including Gujarat, West Bengal,

Madhya Pradesh, Assam, Orissa, Chhattisgarh), while others are in the process of

operationalising them.

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71. There is recognition that community awareness is critical for ensuring quality teach-

ing and accountability in the education system. To underscore the importance of

community ownership for quality education, SSA has launched several social mobil-

isation campaigns, using mass media, traditional communication forms like songs

and street theatre, and print messages and posters. Community consensus that chil-

dren should not work and that all children should attend school, is gradually being

achieved through anti-child labour campaigns.53

72. The UNESCO division in the MHRD coordinates work related to external aca-

demic relations, international cooperation and Auroville Foundation. The Indian

National Commission for Cooperation with UNESCO organises training courses

for the officers of MHRD and experts from State Governments and NGOs. Forty-

two schools and teacher training institutions from all over India are enlisted under

a project named Associated School Project. Under this, activities are organised re-

lated to education for international understanding, cooperation and peace.

**7A.7 Monitoring and Evaluation**

73. Monitoring of PSE involves regular documentation of enrolment, attendance and

activities data at each ICDS centre, and preparation of periodic reports by super-

visory and senior staff at District and State levels. Concerned professional agen-

cies, including National Institute of Public Cooperation and Child Development,

National Council of Educational Research & Training, National University for

Educational Planning and Administration (NUEPA), National Council of Applied

Economic Research, UNICEF and the World Bank, conduct periodic studies for

evaluation of various ICDS components.

74. There are diverse monitoring mechanisms for elementary education. Data collect-

ed by DISE and Geographical Information Systems facilitate sound planning and

monitoring. Detailed school-wise information is available through Education Man-

agement Information System that provides annual data for important educational

indices, such as enrolment, attendance and retention, for all schools. Along with

school-wise educational data, State and District outcome indicators are also pro-

vided.54 In addition, the internal monitoring system of SSA regularly reviews vari-

ous components of programme implementation. Comprehensive reviews are held

during appraisal of annual work plans, Project Approval Board meetings, and by

financial controllers. This is supported by community-level monitoring, conducted

by VECs. State-and national-level monitoring is carried out by State Project Offices

and Education Departments.55 Independent reviews of field processes are conduct-

ed through Pupil Achievement Sample Surveys (undertaken by NCERT every three

years); visits and evaluations by 41 national apex social science institutions; and the

Joint Review Missions which review progress of SSA twice a year, along with exter-

nal funding agencies.56

75. NUEPA has developed an Educational Development Index (EDI) to track the prog-

ress of States towards UEE. EDI includes parameters of access, infrastructure, teach-

er-related indicators and outcomes. In 2007-08, Puducherry topped the list, while

Bihar was at the bottom.57 (See Annexure 7A.6 for details on EDI.) The All India

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Education Survey provides national-level tabulation and comprehensive reports on

major indices regarding school education up to Class XII. The data is published and

made available online.58

76. The mainstay of secondary education monitoring is educational surveys and data

processing of significant indicators, systematically undertaken by NCERT and

NUEPA. MHRD’s Planning and Monitoring Unit formulates Annual Plans and

Five Year Plans on education. The Unit reviews schemes and programmes, monitors

Plan expenditure vis-à-vis outlays in Budget estimates, and analyses actual expendi-

ture as against targets.59 The public relations unit of MHRD keeps a vigilant eye on

educational activities of private organisations and institutions, monitors misleading

advertisements appearing in national or regional dailies, and receives complaints

from other public sources. After verification, appropriate action is taken against the

concerned schools/institutions.60

**7A.8 Public-Private Partnerships**

77. Fulfilling educational goals of ‘quality education for all’ necessitates synergy and

partnership between governmental and non-governmental institutions, as well as

with local communities, to ensure success of educational initiatives at all levels.61

Therefore, private delivery of educational services is expanding rapidly, to the pub-

lic in general and even to the poor.62 Schools under private management, widely

perceived as providing quality education, have been expanding at a faster rate than

public schools. Approximately 15% elementary schools and 60% secondary schools

are privately managed (2004-05).63 Recent years have seen the emergence of a num-

ber of committed organisations outside the Government, actively supporting the

development of public schooling system.64 Under the Corporate Social Responsibil-

ity agenda, several corporate-run NGOs are providing educational services, espe-

cially for marginalised children. Partnerships with local communities and NGOs

play a significant role in provisioning of education facilities, especially in socially

and economically backward areas, for tribal communities, communities in difficult

circumstances like migrant labourers, and children affected by natural calamities

like floods and earthquakes.65

78. At the elementary level, the partnership with community-based bodies like VECs

and PTAs has led to an increase in enrolment of out-of-school children in all States,

and significant community contribution (donations and funds) in construction

works, particularly in Uttar Pradesh, Bihar, Andhra Pradesh and Gujarat. This has

resulted in optimum use of local resources and greater transparency.66

79. Some major PPPs for quality improvement have led to Learning Guarantee Pro-

grammes (with Azim Premji Foundation in Karnataka), Reading Promotion Pro-

grammes (with Pratham in Madhya Pradesh, Bihar, Uttar Pradesh, Uttarakhand,

Himachal Pradesh, Orissa, etc.), Capacity-Building of Teacher Educators (Naandi

Foundation, Andhra Pradesh), etc.67

80. Several States/UTs have entered into partnership with NGOs and Civil Society

Organisations (CSOs) for effective improvements in school quality. Involvement

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of potential partners at the planning stage helps to strategise interventions.68 Over

4,500 NGOs are involved in SSA — in capacity building, awareness generation, run-

ning EGS/AIE and KGBVs, and various other interventions. Almost all States have

constituted Grants-in-Aid Committee to facilitate engagement with, and funding of

NGOs. NGOs place education within the larger socio-economic context as part of

the overall development of the region. Students graduating from these schools are

seen as potential change agents.69 NGOs and corporate sector support the MDMS

in many areas, by setting up centralised kitchens for providing hot meals to children

in a number of schools.70 (See Annexure 7A.7 for details on State interventions in

PPP in education.) ECCE services, provided by the private sector, existed mainly in

the urban sector until a decade ago, but have now also spread in semi-urban and

rural areas. According to one estimate, data for five-year-old children in rural areas

indicates that 12.7% children in this age group were in private schools in 2006,

which has risen to 17.7% in 2008.71

81. Private schools at all levels are gaining greater acceptability, which can be attributed

to the widespread belief that quality of education is better in private schools.72 The

key to successful PPP is a sound regulatory structure, so that public and private sec-

tors are accountable to each other in a transparent manner. There is a strong case

for strengthening the tripartite relationship between Government, NGOs and the

private sector, particularly for helping improve the quality of school education in

different parts of the country. Models for such partnerships already exist, and some

of the more successful ones may well be replicated by the Government.73

82. The critical urgency in secondary education is of developing strategies for involv-

ing CSOs, NGOs, communities, and public and private sector in VET. The pos-

sibility of involving apex industry associations like Confederation of Indian Indus-

try, Federation of Indian Chambers of Commerce and Industry and Associated

Chambers of Commerce and Industry would be explored in the implementation

of VET as also establishing industry-institution collaboration for identification and

development of courses and learning materials, workplace training, assessment and

joint certification.74

**7A.9 Resources**

**7A.9.1 Central Plan Outlay of Education Departments**

83. The Table 7.8 shows trends in Central plan outlays for the nodal Ministry for educa-

tion, the MHRD, and the Departments within the Ministry.

84. Of the outlay for 2008-09, part of the expenditure, Rs 121,870 million will be

met through the Education Cess.75 These funds will be utilised mainly for SSA

and MDMS.76

85. The financial allocation for education sector has been made, keeping in mind the

special needs of under-developed regions and communities. Overall, for general

education, an allocation of Rs 344 billion has been made. Of this, an allocation

of Rs 45.54 billion has been made for secondary education. Ten percent of this

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Table 7.8: Central plan outlay (Rs in million)

Source: Central Plan Outlay by Ministries/Departments, Union Budget and Economic Survey 2004-05, 2005-

06, 2006-07, 2007-08, 2008-09, http://indiabudget.nic.in BE= Budget Estimates; RE =Revised Estimates;

2006-07 onwards excludes provisions for Department of Women and Child Development which became a

separate Ministry.

allocation will be for north-eastern Region and Sikkim. In the higher education sec-

tor, a provision of Rs 8,750 million has been made for implementation of Oversight

Committee recommendations for reservation for OBC communities.

86. During 2004-09, the Central Government allocation for SSA increased significantly,

from Rs 30,570.8 million in 2004-05, to Rs 71,560 million in 2005-06, Rs 110,000

million in 2006-07, Rs 10,6710 million in 2007-08, and Rs 1,31,000 million in

2008-09. During the same period, allocation for MDMS increased five-fold — from

Rs 16,750 million (2004-05) to Rs 80,000 million (2008-09).77

87. From 2008-09, the MDMS will cover children up to upper primary level (from

classes I to VIII) in all areas across the country. The enhanced outlay includes

Rs 8,000 million for north-eastern Region and Sikkim. Following SSA guidelines,

the 10th Five Year Plan initiatives operated under the formula of 75:25 between the

Central and State Governments. This is being gradually moved to a 50:50 formula

during the 11th Five Year Plan.

88. Child Budget analysis conducted by the MWCD reveals that budgetary provision

for child education has increased from 1.37% in 2001-02 to 3.41% in 2006-07, to

3.63% of the total Union Budget in 2007-08. The increase in the priority accorded

to child education in Union Budget 2007-08 has been mainly on account of a sub-

stantial rise in the allocation for MDMS, and almost doubling of the allocation for

secondary education (under the MHRD).

**7A.9.2 Trends in Education Expenditure**

89. Central plan expenditures under the Budget head of development called ‘Educa-

tion, Arts & Culture’ show significant increase during 2004-09. The expenditure

increased from Rs 10,774 billion in 2004-05 to Rs 15,259 billion in 2005-06 (a

41.62% increase over the previous year), to Rs 21,119 billion in 2006-07 (a 38.40%

increase), Rs 24,124 billion in 2007-08 (a 14.22% increase), to Rs 32,779 billion in

2008-09 (a 35.87% increase).78

90. The current level of total public spending on education is estimated to be 3.63% of

the Gross Domestic Product (GDP) in 2007-08.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Ministry/Department  Ministry of Human  Resource Development | 2004-05  RE  102,241 | 2005-06  RE  147,912 | 2006-07  RE  207,440 | 2007-08  BE  286,740 | 2007-08  RE  254,530 | 2008-09  BE  344,000 |
| Department of School  Education & Literacy | 86,656 | 132,911 | 182,150 | 221,910 | 221,910 | 268,000 |
| Department of Higher  Education | 15,585 | 15,001 | 25,290 | 64,830 | 32,620 | 76,000 |

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91. Over the last decade, States’ efforts towards containing their fiscal crisis have re-

sulted in a reduction in the priority for education within their budgets. Many of the

State Governments have become heavily dependent on Union Budget outlays for

the centrally-sponsored schemes for children, such as SSA, MDMS, etc.

92. The statistics for allocations and expenditures reveal that although allocations under

education have increased over the years, they are not matched by similar increases

in expenditures. Moreover, the increase in allocations is not sufficient to cover the

large population of children in the country.

93. The amount of funds released to the States and UTs under SSA is impressive. How-

ever, in comparison with the magnitude of tasks involved and the estimate of finan-

cial requirement for achieving UEE, the amount of resources invested is not satisfac-

tory.79 An analysis of financial data under District Primary Education Programme,

the forerunner of SSA, shows that a major part of the expenditure was made under

heads, such as infrastructure development, supply of material for teachers and sal-

ary of personnel. Other allocations remain unutilised or under-utilised.

94. It is estimated that out of every rupee spent on elementary education, the Central

Government spends 17 paisa, State Governments spend 71 paisa, and Local Govern-

ment bodies spend 10 paisa. The remaining 2 paisa is met by other sources. The com-

position of this expenditure, however, varies across States. Per capita public expen-

diture on elementary education from all sources accounted for around Rs 7,255 in

2004-05. A large chunk of this goes towards salaries of teachers and other services.80

95. While Government schools provide free education, parents do spend additional

amounts to get their children to school. Parents incur expenditure on conveyance,

books and stationery, uniform, coaching and other associated expenses. According

to the 52nd Round of the NSSO, it is estimated that an average Indian parent spent

Rs 701 per annum on primary education and Rs 1,281 per annum on upper prima-

ry education of their children in 2005-06. Of the total cost of availing elementary

education in India in 2005-06, the Government spent 89% and parents absorbed

the remaining 11% cost.

96. There is a large variation across States in out-of-pocket expenditure of parents, de-

pending on regions and types of schools. The per capita annual private expenditure

in rural primary Government schools is the lowest, at Rs 307. It is as high as Rs

4,091 for urban private unaided upper primary schools. Similarly, it is as low as Rs

279 per capita in rural primary schools in Orissa, while the national average for

rural primary schools is Rs 416. The poorest 20% countrymen spend Rs 276 per

capita in primary schools (rural and urban combined), while the richest 20% spend

Rs 1,610. At the upper primary level, the poorest 20% spend Rs 596 per capita on

education, while the richest 20% spend Rs 2,166. Thus, vast disparities still exist in

private expenditures and hence, in affordability of education.81 (See Annexure 7A.8

for details on per capita out-of-pocket expenditure for education in India.)

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**7A.10 Challenges**

97. The Government has taken several measures to address issues in education sector,

such as adoption of Right of Children to Free and Compulsory Education Act,

2009, adoption of NCF, 2005, universalisation of ICDS, launch of RMSA, a com-

prehensive scheme to build wide range of skills amongst the youth, strengthening

in-service training of teachers, and strengthening tracking of progress towards UEE.

In addition, the Government is also committed to increase education expenditure

to 6% of GDP.

98. The following are priority concerns for the Government of India in the education

sector:

* + - * + There has been a rapid increase in the total proportion of children in the 3-6

age group attending pre-school education; however there is still a gap of 24% for

3-4-year-olds and 9.5% for five-year-olds.

* + - * + Despite overall progress in GER and NER, the GER for ST girls is low (GER of

ST girls at secondary level was 25% in 2006-07).

* + - * + Drop-out rates continue to be high: overall elementary level (classes I VIII) –

46%; secondary level (classes IX-XII) – 60%.

* + - * + A relatively large number of children are still out of school (8.1 million).
        + In spite of improvement in learning achievements for both boys and girls, there

is scope for improvement of learning achievement at the upper primary level.

* + - * + Access to secondary schools is still low in states, such as Bihar, Uttar Pradesh,

West Bengal, Jharkhand and Chhattisgarh.

* + - * + Need to expand VE (Only 5% of the population in the 19-24 age group has

acquired some skills through VE).

* + - * + Improving quality of education through teacher training and improving the

quality of recruitment procedures.

* + - * + Institutionalisation of the process and gains of SSA to benefit the implementa-

tion of RMSA.

* + - * + To improve current level of education expenditure (at 3.6% of GDP).

**7B. Aims of Education with reference also to Quality**

**of Education**

**Article 29**

**7B.1 Status and Trends**

99. Education in India is associated with equity, social justice and economic progress.

Seeking guidance from the Constitutional vision of India, certain broad aims of

education have been identified by the NCF, 2005. (See Section 7A.3 for details.)

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The NCF, 2005 also emphasises on education for peace as a significant national and

global concern. In the context of escalation of violence in society and school life,

education aims to foster responsible citizenship by bringing about peace orientation

in individuals, nurturing social skills to live together in harmony, reinforcing social

justice, propagating a secular culture, activating a democratic culture, and promot-

ing national integration.82 Initiatives were taken during 2006-0783 and 2007-08 for

teacher training, material preparation and development of strategies to promote

Peace Education84, with the aim of equipping teachers and students to appreciate

human rights, cultural plurality and peaceful co-existence.

100. While early years of schooling lay the foundation for personality and skills forma-

tion, the focus in high school shifts to citizenship education, emphasising respect

for diversity and differences.85 Value education, development of personality and

training of character have been integrated into school curriculum and co-curricular

activities at various stages of education.86

101. With the aim of equity, inclusion and social justice, affirmative actions, including

incentives for children from disadvantaged groups, are in-built into the national

educational process. The special programmes targeted for disadvantaged groups are

leading to increased presence of these groups in the school population.87

102. Education should inculcate environmental awareness. Environmental issues are

integrated into primary and upper primary stages of schooling, in Environmental

Science (EVS), Social Science and Science subjects. Environmental Education is im-

parted through the infusion model, that is, syllabi of different subjects at all stages

of school education have components of EVS infused in them.88 In 2006-07, the

NCERT finalised a project-based Environmental Education syllabus for the higher

secondary stage, which is being implemented in Meghalaya, Tamil Nadu, Puduch-

erry and some other States.89 A number of civil society initiatives are reflected in the

educational system. Uttarakhand Seva Nidhi, an NGO, designed an environmental

education programme called ‘Our Land Our Life’, which has been adopted by Ut-

tarakhand State Government, and integrated in the curriculum of classes VI-VII.90

103. Human Rights is recognised as a subject of academic study, and innovative pro-

grammes are being implemented in different parts of the country.91 The Karnataka

Government has introduced human rights issues, including child rights, into the

school curriculum.92 The Madhya Pradesh Government includes human rights in

school curricula since 2005-06, and provides 20-day training to teachers on human

rights and child rights, since 2006-07.93 The Bihar Government has introduced child

rights into school curricula, through the Bihar Curriculum Framework-2006.94 The

Orissa State Government has taken the initiative of imparting training on child

rights to teachers.95

104. The Central Board of Secondary Education has introduced an elective course in

the subject Human Rights and Gender Studies, at the +2 level.96 NCERT textbooks

(2006-08) for the different stages of schooling aim to bring about a positive thrust

towards empowerment of girls and women.97

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105. Secondary and higher secondary education is emphasised in the current policy

framework: ‘… as it prepares the students for higher education and also for the

world of work.’98 Recognising that educational preparation of youth for work is in-

adequate in India, educational programmes are increasingly being ‘designed to face

the challenges associated with global developments, emerging technology and cross-

cultural complexities.’99 The SDM envisages creating a wide range of skills for the

youth, emphasising hands-on training/exposure, vertical mobility, and flexibility.100

**7B.2 Challenges**

106. Young people need to acquire appropriate values and skills to become productive

workers, good parents and responsible citizens. As a result of skill-based technologi-

cal change, and the growing importance of knowledge worldwide, the demand for

workers with post-primary education is increasing. Yet, educational preparation of

youth for work and life remains low in India.

107. The present education system faces many challenges, including inflexibility, bur-

den of schooling and pressure of competitive examinations. In addition, rapid so-

cial change, migration and dilution of community-based support systems further

strengthen the need for value education, with a focus on respect and human rights,

in order to create a global perspective in children.

**7C. Rest, Leisure, Recreation and Cultural and Artistic**

**Activities**

**Article 31**

**7C.1 Policy and Programmes**

108. The National Charter for Children, 2003, recognises that all children require ad-

equate play and leisure for their healthy development and the State must ensure

means to provide for recreational facilities and services for children of all ages and

social groups. The Government of India is promoting sports through adequate bud-

getary support, trained teachers, physical infrastructure and a positive attitude on

the part of school authorities. Where there is a supportive school atmosphere, the

transaction of sports subjects has been effective.101 India became the first country

from Asia to ratify the UNESCO Convention on the Protection and Promotion of

the Diversity of Cultural Expression in March 2007, thereby demonstrating India’s

commitment to protect cultural diversity.102

109. The Ministry of Youth Affairs and Sports (MoYAS) has prepared a draft compre-

hensive National Sports Policy 2008, which aims at integrating sports development

with youth development on the one hand, and linking youth development to na-

tional development on the other.103 The MoYAS is actively encouraging ‘Sports for

All’, extensive development of playgrounds, preservation of traditional sports, yoga

and self defence, and greater PPP and involvement of *Panchayati Raj* Institutions.104

MoYAS’ National Sports Talent Contest Scheme provides opportunities for spe-

cial coaching to budding sportspersons (aged 8-14 years).105 Sports, art and cultural

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activities have been integrated in SSA interventions. Guided outdoor and indoor

play, art and creative activities are essential components of ECE, being provided at

ICDS centres, play schools and day-care centres run by private agencies.106

110. The MoYAS is strengthening a number of schemes for sports, adventure, social ser-

vice and national integration during the 11th Five Year Plan period. These include

the Nehru Yuva Kendra Sangathan (NYKS), which has eight million youth in 0.25

million village-based Youth Clubs; National Service Scheme, which seeks to imbue

2.66 million school and college students with the spirit of voluntarism and social

service; Rural Youth and Sports Clubs, which spot and nurture young talent; Bharat

Scouts and Guides, which will be further broad-based from 3.5 million (in 2006-07)

to 5.0 million volunteers by 2012; promotion of national integration through camps

promoting secular outlook and communal harmony; and promotion of adventure.

The Scheme for Promotion of Adventure, revised in 2004, includes new activities,

such as mountain biking, river rafting, fishing, sky diving, snorkelling, scuba diving,

bungee jumping, desert and jungle safaris. The Indian Mountaineering Federation,

Aero Club of India, and National Institute of Water Sports provide opportunities

for training and expeditions in land, air and water sports.107

111. Preparatory work has been undertaken to incorporate physical education and sports

in school curricula.108 The Panchayat Yuva Khel Abhiyan, launched during the 11th

Five Year Plan, aims to further involve rural youth in organised games and sports ac-

tivities. The yoga in Schools Scheme, under the MHRD, envisages teaching of yoga

in all secondary schools across the country.109 Targeted efforts are being initiated for

inclusion in sports of Persons with Disabilities, by making District-and State-level

infrastructure accessible during the 11th Five Year Plan period.110

112. The MWCD has instituted National Child Awards to provide recognition to chil-

dren with exceptional abilities, who have achieved outstanding status in various

fields, including arts, culture and sports. Recommendations are made by States/

UTs, and functions are held annually to encourage children.

113. Integrating arts subjects in the formal school system remains a challenge. Experts

recommend that arts education be made compulsory, from pre-primary up to sec-

ondary level, with logical progression of teaching and learning at each stage.111

114. Cultural Heritage Volunteers (CHV) Scheme has been launched by the Ministry of

Culture (MoC) in 2007-08, with the aim of increasing students’ awareness of cultural

heritage in order to promote a culture of peace, mutual understanding and respect.

115. NYKS, with eight million rural youth in its fold, through a network of about .25

million village-based Youth Clubs, Sports Clubs and *Mahila Mandals*, aims at social

transformation through awareness, commitment to values of unity amidst diversity,

discipline, self help, secularism, democracy and community service. Its activities

include cultural programmes, work camps, seminars and workshops, celebration of

national and international days/weeks, sports promotion and adventure tourism.112

116. The Centre for Cultural Resources and Training implements several schemes of

MoC to motivate school children to acquire in-depth knowledge of India’s rich

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natural and cultural heritage, and train teachers in drama, music and dance. These

include: cultural clubs in schools, propagation of culture among school students

and teachers, extension and community feedback and CHV Scheme. (See Annex-

ure 7C.1 for details on initiatives by Central Government for Cultural Resources

and Training for School Children.)

117. A Scheme for Training of Street Children and Slum Areas Children, launched in

2006-07 by MoC, is being implemented in seven zonal cultural centres. During 2006-

07, training in classical music and dance was imparted to street children from Hi-

machal Pradesh, Uttarakhand and Chandigarh. Under MoC’s Cultural Talent Schol-

arship Scheme, 400 scholarships are awarded annually to children (aged 10-14 years),

of which 75 are reserved for children of families practising traditional art forms.113

118. The National Book Trust provides accessible and affordable reading material for

children of all ages, through book publication, a World Book Fair held in New

Delhi every alternate year, and Book Fairs all across the country.114 In May 2006,

National Bal Bhavan (NBB) presented Bal Shree awards to 22 children for excel-

lence in creative arts, writing, and scientific innovation.115 In November 2007, NBB

organised an International Children’s Assembly on Education for Sustainable De-

velopment, and partnered with Centre for Environmental Education, Ahmedabad,

to hold an international conference on Environmental Education.116

119. Residential schools, such as KGBV and NVs, promote self-reliance and national

integration by providing scope to youngsters from different parts of the country to

live and learn together.

**7C.2 Challenges**

120. In the current scenario, leisure and recreational activities for children have become

a challenge. Lack of adequate space and facilities for leisure for children in urban

area is another challenge. The pressure of the present education system and in-

creased pressure from parents to perform well in academics, as well as co-curricular

activities, makes it difficult for children to take out time for leisure and recreational

activities.

121. Leisure and recreation for children is equally challenging in rural areas, which lack

facilities for recreational activities.

**End Notes**

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differences in the data, due to different methodologies being used.

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**8. Special Protection Measures**



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**Articles 22, 30, 32-36, 37 (b)-(d), 38, 39 and 40**

The Concluding Observations (COs) addressed in this chapter include:

* + - * + Children affected by armed conflict, CO No. 69 in paras 8-12

Refugee children, CO No. 71 in paras 1-7

* + - * + Implementation of Child Labour (Prohibition and Regulation) Act, 1986 and Em-

ployment of Manual Scavengers and Construction of Dry Latrines (Prohibition)

Act,1993, CO No. 73 (a) in paras 96-101 and chapter 3 para 24

* + - * + Amendment to the Child Labour (Prohibition and Regulation) Act, 1986, CO No. 73(b)

in para 80

* + - * + Community-based programmes for prevention of child labour, CO No. 73 (c) in

paras 86 and 88-90

* + - * + Ratification of ILO Conventions No. 138 and 182, CO No. 73 (d) in para 85
        + Awareness generation on child labour, CO No. 73 (e) in paras 108-114
        + Collaboration with ILO/IPEC, CO No. 73 (f) in paras 87, 99, 110, 115 and 118
        + Amendments to Immoral Traffic Prevention Act,1956, CO No. 75 (a) in para 187
        + Study on trafficking, CO No. 75 (b) in para 201
        + Implementation of National Plan of Action, CO No. 75 (c) in para 179
        + Prevention of trafficking and commercial sexual exploitation, CO No. 75 (d) in

paras 189-197 and 199-200

* + - * + Ensure perpetrators are brought to justice, CO No. 75 (e) in paras 187-188
        + Strengthening of policies, CO No. 75 (f) in paras 179-184
        + Ratification of Protocol to Prevent, Suppress and Punish Trafficking in Persons,

especially Women and Children, CO No. 75 (g) in para 185

* + - * + Collaborations for working on trafficking, CO No. 75 (h) in paras 210-217
        + Strengthen street children programme, CO No. 77 (a) in paras 242-243
        + Development of street children, CO No. 77 (b) in paras 242-247
        + Abuse, recovery and re-integration, CO No. 77 (c) in paras 238-241, 249-251
        + Collaboration, CO No. 77 (d) in paras 249-252

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* Measures to implement juvenile justice system, CO No. 79 and 80 (d) in

paras 19- 21

* Minimum age of criminal responsibility, CO No. 80 (a) in para 18
* Application of JJ Act in J&K, CO No. 80 (b) in para 17
* Amendment of POTA, CO No. 80 (c) in para 44
* State mechanisms for implementation of JJ Act, 2000, CO No. 80 (d) in

paras 19-21

* Training, CO No. 80 (e) in paras 27-29
* Rehabilitation and re-integration, CO No. 80 (f) in paras 59-66 and 68
* Deprivation of liberty, CO No. 80 (g) in para 41
* Technical assistance, CO No. 80 (h) in paras 69-70
* Indigenous children, CO No. 82 in para 225

**8A Children in Situations of Emergency**

**8A.1 Refugee Children**

**Article 22**

**8A.1.1 Status and Trends**

1.

2.

3.

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5.

India maintains an exemplary record on treatment of refugees and accords to them

all necessary facilities for food, shelter and education.1

Presently, India hosts refugees from Sri Lanka and Tibet. There are about 74,110

Sri Lankan refugees, staying in 117 refugee camps in Tamil Nadu and one camp in

Orissa. Besides, about 22,090 refugees are staying outside the camps on their own,

after getting themselves registered at the nearest police station.2

The number of refugee children of school-going age as of January 31, 2008 was

3,782 (1,942 boys and 1,840 girls). Of these, 1,884 children were enrolled in schools

(1,004 boys and 880 girls).3

Upon fresh arrival, refugees are shifted to refugee camps after complete verifica-

tion of their antecedents. Pending repatriation, certain essential relief facilities

are provided to them on humanitarian grounds. These facilities include shelter

in camps, cash doles, subsidised ration, clothing, utensils, medical care and educa

tional assistance.4

The rehabilitation of Tibetan refugees is almost complete, and only two residuary

housing schemes are at various stages of implementation in the States of Uttara-

khand and Himachal Pradesh.5

Special Protection Measures

**8A.1.2 Policy and Legislation**

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6.

7.

The National Plan of Action for Children (NPAC), 2005, addresses the survival,

development, protection and participation rights of children in difficult circum-

stances, including refugee children. (See Section 1.2 for details.)

The National Commission for Protection of Child Rights (NCPCR) established

under the Commission for Protection of Child Rights (CPCR) Act, 2005, ensures

impartial and thorough investigations into cases of violation of rights of children.

(See Section 1.1 for details.)

**8A.2 Children in Armed Conflict, including Physical and**

**Psychological Recovery and Social Re-integration**

**Articles 38 and 39**

**8A.2.1 Status and Trends**

8.

India does not face either international or non-international armed conflict situa-

tions. India is a party to the 1949 Geneva Convention and remains committed to

fulfilment of its obligations there under.6

**8A.2.2 Legislation**

9.

The Juvenile Justice (Care and Protection of Children) Act, 2000, (JJ Act, 2000),

provides for care and protection, rehabilitation and social re-integration of children,

who are vulnerable or victim of any form of abuse, torture, neglect or exploitation.

The JJ Act, 2000, also includes children, who are victims of armed conflict or civil

commotion, as children in need of care and protection.

10. The principles enshrined in the Juvenile Justice (Care and Protection of Children)

Amendment Act, 2006, (JJ (Amendment) Act, 2006), and the Juvenile Justice (Care

and Protection of Children) Rules, 2007, (JJ Rules, 2007) protect the interests of all

children in need of care and protection. The JJ Rules, 2007, under the Principle of

Safety, stipulate protection at all stages, from the initial contact till the time a child

remains in contact with the care and protection system, and thereafter.

11. The NCPCR at Central level and State Commissions for Protection of Child Rights

(SCPCRs) at State level investigate cases of child rights violation. (See Section 1.1

for details.) Besides, the National Human Rights Commission (NHRC) also investi-

gates incidences of rights violation. (See Section 1.1 for details.)

**8A.2.3 Programmes**

12. The Programme for Juvenile Justice, which provides shelter and rehabilitation for

all children under care and protection, has been merged into the recently-launched

Integrated Child Protection Scheme (ICPS). The Scheme has provisions for special-

ised care services, with physical, psychological, counselling support and medical ser-

vices to children in need of care and protection, including those affected by various

forms of exploitation and abuse, and victims of any armed conflict or civil strife.

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**8B Children in Conflict with the Law**

**8B.1 The Administration of Juvenile Justice**

**Article 40**

**8B.1.1 Status and Trends**

13. During the reporting period, numerous initiatives were undertaken to strengthen

the juvenile justice system to enhance the protective environment for vulnerable,

neglected and abused children, and those in conflict with law in India. Landmark

among these were:

i.

The enforcement of the JJ (Amendment) Act, 2006 (See Section 1.4.2 for de-

tails.), and formulation of JJ Rules, 2007, thus creating new provisions on adopt-

ing child-friendly approach in the adjudication, disposition and rehabilitation

of children, keeping their best interest in mind.

ii. Judicial interventions to enforce and monitor execution of juvenile justice sys-

tem, such as order by the Supreme Court to form State-level committees for

strengthening the implementation of juvenile justice.

iii. Creation of NCPCR under the CPCR Act, 2005, to monitor the implementa-

tion of juvenile justice. (See Section 1.1 for details.)

iv. Strengthened provisions for capacity-building of law enforcement officers, grassroots

workers, judicial personnel and all those directly and indirectly concerned with child

protection on a large scale, to make the system more efficient and responsive.

v. Review of juvenile justice care institutions and planning of further studies in

this direction to address the gaps.

vi. Enhanced public awareness and discourse on issues of children as a result of

reporting of crime against children and missing children.

vii. Launch of ICPS for implementation in the 11th Five Year Plan, to create a pro-

tective environment and reduce vulnerabilities, allowing comprehensive devel-

opment of all children in the country. (See Section 1.5.1 for details.)

viii. Renewed attempts for ensuring minimum standards of care in institutions un-

der the JJ Rules, 2007, and enhanced provision of resources, capacity building

and monitoring support to institutions under the ICPS.

ix. Initiatives by States to create necessary administrative and implementing

mechanisms such as Juvenile Justice Boards (JJBs) and Special Juvenile Police

Units (SJPUs).

x. Enhanced coordination and partnerships between Government and civil soci-

ety, focusing on child-friendly measures in the juvenile justice system.

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**8B.1.2 Policy and Legislation**

14. The NPAC, 2005, provides strategies for preventing children from getting into con-

flict with law, and promoting and protecting rights of children in conflict with law

through preventive, protective, reformative and rehabilitative policies, laws, plans,

strategies, programmes and interventions.7

15. The CPCR Act, 2005, provides for creation of NCPCR, *inter alia*, ‘to look into the

matters relating …children in conflict with law…and to recommend appropriate re-

medial measures’. The Act also provides for setting up of children’s court for speedy

trial of offences against children, violation of child rights and other matters related

to children.8

16. The JJ (Amendment) Act, 2006, was enacted to address the gaps and lacunae in

the JJ Act, 2000, making it more responsive to the emerging needs of children in

conflict with law and keeping in mind the provisions of the international standards

and guidelines. The JJ Rules, 2007, were notified on October 26, 2007, after a long

consultative process, including a national consultation in February 2007, under-

taken by the Ministry of Women and Child Development (MWCD) with Non-

Governmental Organisations (NGOs), social activists and academicians. (See

Annexure 8B.1.1 for details on the salient features of the JJ (Amendment) Act,

2006.) Some of the key features of the Amendment Act are:

i.

Appropriate change in the definition of ‘juvenile in conflict with law’, which

means a juvenile who is alleged to have committed an offence and has not com-

pleted eighteenth year of age as on date of commission of such offence.

ii. Setting up of JJBs and Child Welfare Committees (CWCs) in each District.

iii. Prohibition of handcuffing of juvenile/child and placing of juvenile in police

lock-up/jail.

iv. Review of pending cases every six months and special powers to magistrates for

speedy disposal of pending cases.

v. Setting up of Child Protection Units (CPUs) at State and District level.

vi. Measures to prevent stigmatisation of juvenile in conflict with law; de-criminal-

isation of child beggars (by placing them in the category of children in need of

care and protection).

vii. Prime importance to ‘best interest’ of children/juveniles in conflict with law.

viii. Specification of minimum standards of care for child/juvenile institutions.

ix. Registration of all child-care institutions within six months of Amendment Act

coming into force.

x. Prohibition on disclosing the name and information of child/juvenile in con-

flict with law to media.

xi. Prohibition of life imprisonment.

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xii. Special emphasis on rehabilitation and social re-integration of child/juvenile in

conflict with law.

xiii. Widening the scope of adoption for children under institutional care.

xiv. Social audit of implementation by academic institutions and other agencies

such as National Institute of Public Cooperation and Child Development

(NIPCCD), Childline India Foundation (CIF), Central Social Welfare Board

(CSWB), etc.

17. The JJ Act, 2000, and JJ (Amendment) Act, 2006, are applicable in the entire coun-

try, except in the State of Jammu & Kashmir (J&K) where the J&K JJ Act, 1986, still

prevails. (See Section 5G.2 for details.)

18. The JJ Rules, 2007, specify that a juvenile or child is presumed to be innocent of any

*malafide* or criminal intent up to the age of 18 years. However, this provision will gain

significance only after appropriate changes are made in the minimum age of crimi-

nal responsibility in the Indian Penal Code (IPC), 1860. The JJ Rules, 2007, under

protection of the right of children/juvenile in conflict with law through the entire

process of justice, lay down principles and provisions for the application, interpreta-

tion and implementation of the JJ (Amendment) Act, 2006. These include every

child’s right to dignity and worth, right to be heard, best interest, procedural protec-

tion of innocence to juvenile/child or juvenile in conflict with law and provision of

legal aid and other such assistance through legal services at the State expense.

19. The JJ (Amendment) Act, 2006, makes it mandatory for every State to set up CWC,

JJB and SJPU for every District. With respect to this provision, some States have

done significantly well and have set up these administrative mechanisms in every

District, while other States are in the process of doing so. By March 24, 2008, 27

States/Union Territories (UTs) had established CWCs and JJBs in several Districts,

while three were in the process of setting up these bodies. State Rules had been

formulated by 26 States, while two were in the process of formulating and notifying

these Rules.9 (See Annexure 8B.1.2 for details of implementation of the JJ (Amend-

ment) Act, 2006, in the States in 2007.)

20. Gaps in implementation, such as lack of infrastructure and personnel, are being

further addressed by the support structures provided under ICPS, which has provi-

sions for setting up juvenile justice implementation structures.

21. Significant initiatives such as establishment of fast-track courts and provision of le-

gal aid to children and families have been taken up by a few States to deal with

long- pending cases. Some of these initiatives include ‘special sittings’ by Delhi JJB,

*Bal Samvad Adalat*, a unique fast-track process initiated by Bihar, and *Bal Adalat* by

Jharkhand Legal Services Authority, to expedite process of enquiries and provide

legal aid and counselling support for rehabilitation of children in conflict with law.

(See Annexure 8B.1.3 for details on dealing with pending cases of children in conflict

with law.) In the 11th Five Year Plan, financial and human resource support is being

provided to the States/UTs for setting up statutory bodies under the JJ (Amend-

ment) Act, 2006, in each District, and strengthening their service delivery.10

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**8B.1.2.1 Judicial Interventions to Implement Juvenile Justice Act**

22. The Judiciary has played a proactive role in the implementation of juvenile justice

provisions. Courts have expressed serious concern over slow compliance of the pro-

visions of juvenile justice legislation, especially poor facilities in homes, inadequate

children’s courts and juvenile observation homes. The Supreme Court has issued

an order directing all High Courts at the State level to form committees for strength-

ening the implementation of juvenile justice. (See Annexure 8B.1.4 for details on

Court interventions to implement the JJ (Amendment) Act, 2006.)

23. Pursuant to the Order dated February 2, 2009, of the High Court of Delhi in the case

*Harsh Virmani vs. Government of National Capital Territory Delhi*11 (GNCTD), a Com-

mittee has been constituted with NCPCR as its head to monitor the functioning of

the Government run children’s homes for girls (CHG-I and CHG-II) in Delhi.12

**8B.1.3 Coordination and Monitoring**

24. The MWCD is now responsible for coordination of all activities concerning the

implementation of the Convention on the Rights of the Child (CRC), JJ Act, 2000,

and JJ (Amendment) Act, 2006. CWCs, JJBs, SJPUs, Childline, NCPCR, Nation-

al Crime Records Bureau (NCRB) and the judiciary are some of the monitoring

mechanisms in place. As per the provision in Section 62 of the JJ (Amendment)

Act, 2006, the process is underway for setting up of Central, State, District and city

advisory boards, comprising related Government departments, social workers, rep-

resentatives from voluntary organisations and other child welfare professionals, for

establishing greater inter-agency coordination in implementation and monitoring

of the juvenile justice system. The ICPS provides for a well-defined framework for

this purpose.

**8B.1.4 Awareness Generation**

25. There is a need for creating awareness among people, since a large number of chil-

dren in conflict with law belong to the most deprived sections of society (62.2%

of total juveniles in 2008 belonged to economically deprived families).13 The

MWCD is concerned about the rise in crime against children and crime commit-

ted by children, and seeks to address these by conducting interactive sessions with

school authorities, teacher training, counselling, development of child-friendly

materials, sex education, raising awareness on juvenile delinquency, as well as

sharing of best practices.

26. Several initiatives have been taken up by MWCD in collaboration with CIF and

other NGOs to create awareness on issues related to child protection and juvenile

justice, which include posters, documentaries and manuals to sensitise police,

media, CWCs, JJBs and SJPUs.14 Few States and organisations working on child

protection and juvenile justice have taken initiatives to create awareness on these

issues among stakeholders at all levels. (See Annexure 8B.1.5 for details on aware-

ness generation on child protection and juvenile justice system.) The ICPS will

also focus on building awareness regarding children in conflict with law.

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**8B.1.5 Training and Capacity Building**

27. The MWCD provides technical support in capacity-building on issues of child rights

and child protection. There have been significant ongoing training and capacity

building initiatives, targeting all judicial sector professionals on the provisions of

the JJ Act, 2000. The National Institute of Social Defence (NISD), National Judicial

Academy (NJA) and NIPCCD have been playing a key role in imparting regular

training for capacity building of key functionaries, including members of JJBs and

CWCs, magistrates and judges, police, social welfare officers, institutional staff and

NGOs, on issues of juvenile justice and child protection. The focus of these train-

ing programmes have now progressed from training and capacity building on law

to care-giving and psycho-social rehabilitation of children/juveniles in conflict with

law.15 NIPCCD has been organising orientation workshop on ICPS for NIPCCD

faculty, MWCD staff, Central Adoption Resource Authority (CARA) and CIF func-

tionaries; juvenile justice; and management of child-care institutions for executives

of voluntary organisations.

28. The Ministry of Women and Child Development, Ministry of Social Justice & Em-

powerment (MSJ&E) and the NISD have been collaborating with various NGOs

and International Non-Governmental Organisations (INGOs) throughout the

country, for undertaking capacity-building and training of child protection profes-

sionals, especially on juvenile justice. Training and capacity-building of all person-

nel involved in child protection is being taken up across the country under ICPS.

(See Section 1.10 for details. See Annexure 8B.1.6 for details on capacity building

on juvenile justice system and Annexure 8B.1.7 for details of programmes on child

protection conducted by NISD.)

29. States, such as Bihar, Chhattisgarh, Orissa, Madhya Pradesh, Karnataka, Tamil

Nadu, Maharashtra, etc. have initiated training programmes for judicial members

and officers engaged in implementing Juvenile Justice. (See Annexure 8B.1.8 for

details on State initiatives for capacity building.)

**8B.2 Children Deprived of their Liberty, including any**

**Form of Detention, Imprisonment or Placement in**

**Custodial Settings**

**Article 37 (b), (c) and (d)**

**8B.2.1 Status and Trends**

30. Crime in India, published annually by NCRB, estimates that on an average, 32,000

children are apprehended and produced in the courts every year. Most of these

children spend one week to one year in observation homes. On an average, 4,500

children are sent to special homes in a year.16

31. There has been a marginal increase in the trend of juvenile crime in the report-

ing period, from 0.9% in 2001 to 1% in 2004-05 and to 1.1% in 2006-07 of the

total IPC crimes.17 (See Annexure 8.1 for details on incidence and rate of juvenile

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delinquency under IPC (2001-07).) Madhya Pradesh, Maharashtra, Gujarat, Chhat-

tisgarh, Rajasthan, Andhra Pradesh, Bihar and Haryana reported high incidence

of juvenile crimes under IPC during this period, and accounted for 79.8% of total

juvenile delinquency cases in 2007.18 Delhi, which reported 1,513 juveniles appre-

hended in 2006, showed a decline to 970 in 2007, and the number of cases pending

disposal also decreased from 465 cases in 2006 to 209 in 2007.19

32. Figure 8.1 provides age-wise percentage of juveniles apprehended under IPC and

Special and Local Laws (SLL) crimes since 2001. There has been a decline in the

juveniles apprehended in the age group of 7-12 years from 11% in 2001 to 4.2% in

2007 and from 37.9% to 35% in the age group of 12-16 years in the same period.

However, the percentage of juveniles apprehended in the age group of 16-18 years

increased from 51.2% in 2001 to 60.7% in 2007. Lack of protective environment

and several social and economic factors may be the reasons that push children to

commit crimes.20

33. In the reporting period there has been an improvement in the exercise of the non-

institutional care options available under the JJ Act, 2000. A fairly significant num-

ber of juveniles apprehended and brought before the JJBs are now being released

after advice, and sent to families or to institutions certified ‘fit for children’ on

probation by the presiding magistrate. According to Crime in India, 2007, out of

the total juveniles apprehended, 13% were disposed after advice and admonition,

18.3% children were released on probation and placed under care of parents/guard-

ians, while 3.9% were sent to institutions. Nearly 14.7% children apprehended were

sent to special homes in 2007. (See Annexure 8B.2.2 for details on status of disposal

of cases of children in conflict with law.)

34. Though alternatives to institutionalisation have been provided under the JJ Act,

2000, there is need to promote these non-institutional rehabilitative options fur-

ther. Some States have reported that the judges have given decisions in favour of

probation and community-based service/rehabilitation. A few States have also tak-

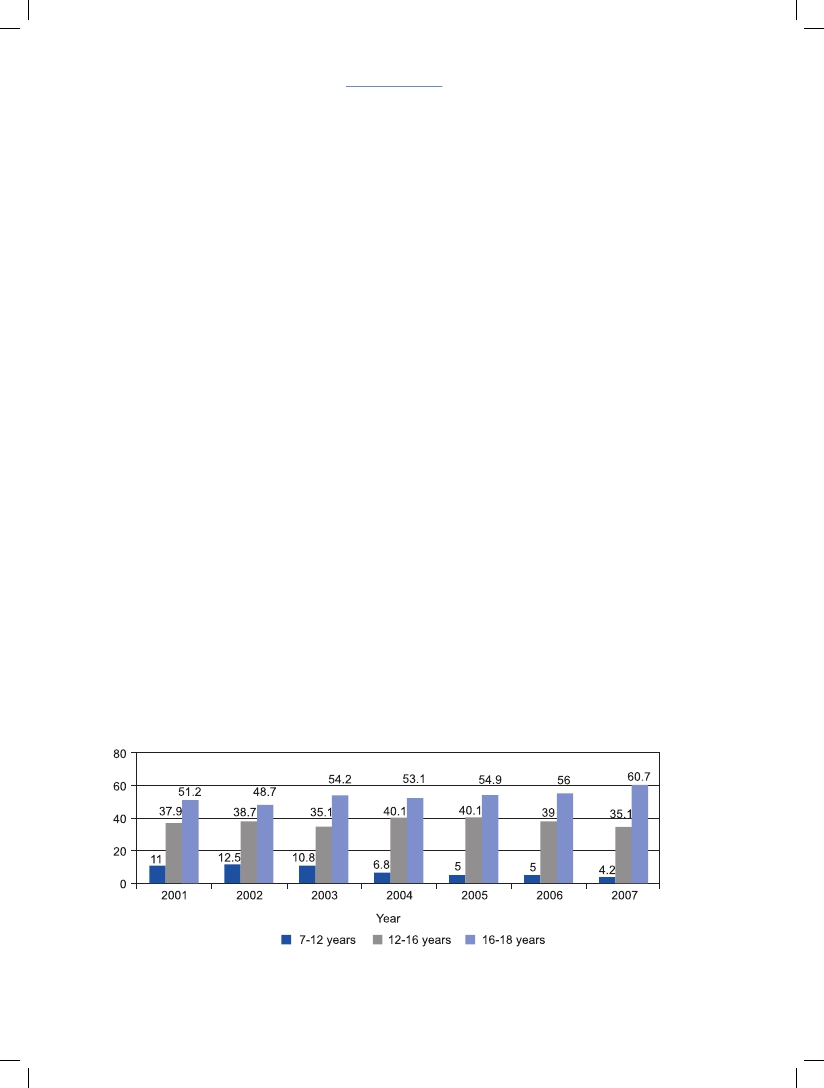
en initiatives for improving probation and other alternatives to institutionalisation

with support of local NGOs and community. To promote an effective use of existing

Figure 8.1: Age wise percentage of Juveniles apprehended

under IPC and SLL Crimes

Source: Crime in India, 2003 to 2007, National Crime Records Bureau, GoI.



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community resources, the State Rules in Tamil Nadu recommend that the JJBs must

prepare and maintain a list of NGOs and competent persons, who can provide care,

community service work, and supervision on bail and probation.21 (See Annexure

8B.2.3 for details on innovative community services initiated by the States.)

35. It has been observed that children in conflict with law are often deprived of the vari-

ety of rehabilitative provisions available due to low awareness/interest of the presid-

ing magistrate or due to stated resource crunch.22 For instance, the provision of bail

to the apprehended juveniles has been denied on grounds that the release might

expose the child to moral, physical or psychological danger, or expose him/her to

any known criminal without clearly establishing the name of the person/criminal.

Limited appreciation of children’s rights and progressive practices in juvenile justice

due to inadequate training and sensitisation of JJB members also results in denial

of bail. JJB members in most cases continue to function, as they would in any other

adult court. This has led to an increase in number of pending cases. Initiatives for

training of JJB members, as mandated, is being taken up across the country.

36. The JJ (Amendment) Act, 2006, explicitly prohibits the placement of a child in

conflict with law in a police lock-up/jail.

37. The recently-launched ICPS has provisions to address these lacunae by providing

funds for more staffing, capacity building, awareness generation, etc.

**8B.2.2 Policy and Legislation**

38. Through the NPAC, 2005, JJ (Amendment) Act, 2006, JJ Rules, 2007, and the

11th Five Year Plan, attempts have been made to re-look at various aspects related

to disposition, detention and placement in custodial settings of juvenile in conflict

with law, as per international standards of care.

**8B.2.2.1 Apprehension and Pre-Trial Detention of a Juvenile in Conflict**

**with Law**

39. According to the JJ (Amendment) Act, 2006, a juvenile in conflict with law appre-

hended by police shall be placed under the charge of SJPU or the designated police

officer. The officer in-charge shall produce the juvenile before the JJB within a pe-

riod of 24 hours of his apprehension, excluding the time necessary for the journey.23

Soon after the juvenile is apprehended, the officer in-charge shall inform the parent

or guardian of the juvenile about the apprehension, and direct him to be present at

the Board, where the juvenile will appear.24 According to the new provision, the ap-

prehended juvenile may be released on bail with or without surety or placed under

the care and supervision of a Probation Officer/fit institution/fit person or kept

in an observation home until he/she is brought before the JJB and till the inquiry

is completed.25

40. The JJ (Amendment) Act, 2006, provides seven types of orders that may be passed

with regard to a juvenile apprehended and referred to the JJB. These include: al-

lowing a juvenile to go home after advice or admonition; participating in group

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counselling; performing community service; paying a fine; release on probation for

good conduct and placement under care of parent, guardian or fit person; release

on probation for good conduct and placement under care of any fit institution (for

a period not exceeding three years); and passing an order directing the juvenile to a

special home or ‘place of safety’ for a maximum period of three years.26 The period

of stay may be reduced by the Board, having regard to the nature of offence. The Act

also provides that all inquiries by the JJB regarding the child should be completed

within a period of four months from the date of its commencement.27

41. The JJ Rules, 2007, prescribe institutionalisation as the last resort and the

principle of fresh start, i.e. giving the child a chance for a new beginning. The

11th Five Year Plan further re-enforces this by emphasising that non-institutional

care would be promoted and institutionalisation will be used as a measure of last

resort. Constant review of cases to encourage release of children from institutions

will be carried out.28

42. The JJ (Amendment) Act, 2006, and JJ Rules, 2007, seek to promote child-friendly

measures, i.e. any process, interpretation, environment and treatment that is hu-

mane, considerate and is in the best interest of the child.29 JJ Rules, 2007, recom-

mend that juvenile justice proceedings should be conducted in a closed, informal

and friendly manner. For instance, the Board shall not sit on a raised platform,

and there shall be no witness box. The Board shall address the juvenile in a child-

friendly manner in order to put the juvenile at ease and encourage him to state facts

and circumstances without fear. Acknowledging the principle of right to be heard,

it promotes active involvement of children in all matters and decisions affecting

their interest. To protect privacy rights and prevent stigmatisation, the JJ (Amend-

ment) Act, 2006, prohibits media from disclosing the name, address or school or

any other particulars, or publishing the picture that may lead to the identification of

the juvenile in conflict with law.30 (See Annexure 8B.2.4 for details on child-friendly

practices under the juvenile justice system.)

43. Capacity-building programmes and training manuals for juvenile justice function-

aries, focusing on counselling and family support, social re-integration and non-

institutional alternatives, have been developed.

**8B.2.2.2 Age of Commission of Offence**

44. In conformity to the recommendations of the UN Committee, the Government

repealed the Prevention of Terrorism Act (POTA), 2002, by Prevention of Terrorism

(Repeal) Ordinance, 2004 on September 21, 2004.31

45. The JJ Act, 2000, and the JJ Rules, 2007, clearly lay down the procedure for de-

termination of age of a child/ juvenile in conflict with law, whenever the claim

of juvenility is raised before the court.32 To deal with the ambiguity in the age of

commission of offence by a juvenile, the Supreme Court, in its judgement in *Pratap*

*Singh vs. State of Jharkhand & Anr*33 stated that the age, when the offence was commit-

ted, should be the date for basing charges in case of a juvenile, and not the date of

production before the magistrate.

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**8B.2.2.3 Detention**

46. The JJ Act, 2000, clearly mandates the segregation of children in conflict with law

from those in need of care and protection by providing for observation homes and

special homes for children in conflict with law and children’s homes for children in

need of care and protection. Most States have established one or more observation

home and special home to cater to the specific needs of children.

47. The NCPCR has reviewed the functioning of the juvenile homes and made rec-

ommendations and guidelines for key reforms in the juvenile justice system in the

country. The sub-committee constituted by the NCPCR, examining conditions of

observation homes and children’s homes in the country, has been holding consulta-

tions with Government officials, NGOs and staff of children’s homes to understand

comprehensively the challenges faced by them and key strategies for strengthening

the operation of the homes, children’s well-being and protection of their rights.34

48. In a study conducted by a sub-committee set up by NCPCR on observation homes

in nine States in 2007,35 found that overcrowding, sub-standard food, poor sanita-

tion, absence of water, lack of productive activity and lack of segregation between

children in conflict with law and those in need of care and protection were common

problems. The sub-committee, in its report, has made comprehensive recommenda-

tions on improving the standards of care in institutions across the country.36

49. Lack of specialised agencies/institutions with minimum standards of care laid down

for licensing have also created problem in the registration of institutions/homes.37

State Governments are in the process of developing systems to address the issue.

(See Annexure 8B.2.5 for details on registration of institutions under the juvenile

justice system.) The NCPCR has initiated use of monitoring tool for homes in Ma-

harashtra to self-monitor, with linkages to external monitoring. The programme has

components of staff appreciation awards to motivate and recognise the contribution

of the institutional staff at various levels, such as cooks, caretakers and superinten-

dents of homes. States of Jharkhand and Uttar Pradesh have taken measures and

initiatives to improve the standards of care in children’s homes in the best interest of

the child. Some civil society initiatives have been taken to ensuring quality standards

of care and protection in residential institutions and alternative care settings.38 (See

Annexure 8B.2.6 for details on standards of care in children’s homes.)

50. The issues of limited rehabilitation infrastructure and inadequate resources/funds,

which have affected the setting up of institutions/homes as mandated under the

law, are now being dealt with under the ICPS. The JJ Act, 2000, has provisions that

encourage partnership in establishing and running observation homes with volun-

tary organisations.39 (See Section 8B.4.4 for details and Annexure 8B.2.7 for details

on partnership and collaboration.)

51. The MWCD conducted the Study on Child Abuse: India 2007 in 13 States of the

country to proactively collate data on conditions of children in institutions. Ac-

cording to the Study, 56.73% of children in institutions in all the 13 States were

subjected to physical abuse by staff members of the institutions.40 The NCPCR

has made recommendations for introducing and implementing a comprehensive

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domestic child abuse policy and legislative framework for preventing abuse, neglect

and exploitation of all children.41

**8B.3 The Sentencing of Juveniles, in particular, the**

**Prohibition of Capital Punishment and Life**

**Imprisonment**

**Article 37 (a)**

52. As per provisions of the JJ Act, 2000, no juvenile in conflict with law shall be sen-

tenced to death or imprisonment for any term, which may extend to imprisonment

for life, or committed to prison in default of payment of fine or in default of fur-

nishing security.42

**8B.4 Physical and Psychological Recovery and Social**

**Re-integration**

**Article 39**

**8B.4.1 Status and Trends**

53. According to Crime in India, 32,000 children are apprehended and produced be-

fore the courts every year. The courts issue order for rehabilitation and social-reinte-

gration of these children by exercising the options available under the JJ Act, 2000.

(See Section 8B.2.1 for details.)

**8B.4.2 Policy and Legislation**

54. The NPAC, 2005, emphasises rehabilitation of juvenile offenders in a child-friendly

environment by utilising the network of institutional and non-institutional facilities,

and ensures holistic social re-integration through partnership with allied services.

55. The JJ (Amendment) Act, 2006, and JJ Rules, 2007, provide for effective provisions

and various alternatives for care, protection, rehabilitation and social re-integration

of delinquent juveniles. They provide for institutional as well as non-institutional

rehabilitative options, and mechanisms for review and monitoring of implementa-

tion of standards and protection norms in institutional care.

56. The JJ Rules, 2007, provide for medical care, counselling and preparation of ‘indi-

vidual care plan’ for comprehensive development of children/juveniles in conflict

with law by addressing the health needs, and emotional and psychological needs,

besides educational, recreational and protection needs. They also provide for free

legal services to all juveniles in conflict with law by the legal officer in the District

Child Protection Unit.43

57. The JJ (Amendment) Act, 2006, prescribes punishment to any person in charge

or control of the child for inflicting cruelty that may cause such child mental or

physical suffering.44

58. The CPCR Act, 2005, lays down provisions for monitoring of rehabilitative premises.

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**8B.4.3 Programmes**

59. The Programme for Juvenile Justice, a Centrally Sponsored Scheme, provides for

establishment and maintenance of various levels of institutions for the rehabilita-

tion of juveniles in conflict with law and children in need of care and protection,

and services for preventing children from coming into conflict with law.

60. Under the ICPS, all the existing programmes for children in need of care and pro-

tection and children in conflict with law, including the Programme for Juvenile

Justice, have been merged. The ICPS has provisions that focus on rehabilitation

of children in conflict with law based on institutionalisation as the last resort. En-

hanced budget provision has been made for building of institutions and services,

including construction cost, to strengthen the rehabilitative services. (See Section

1.5.1 for details.)

**8B.4.3.1 Institutional Rehabilitation**

61. At present, 794 homes established under the JJ Act, 2000, for juveniles in conflict

with law, as well as children in need of care and protection, which cater to 46,957

children (as of December 3, 2008), are being assisted under the Programme for

Juvenile Justice.45 Table 8.1 provides an overview of institutional care services since

2002-03.

62. The JJ Act, 2000, empowers the State Governments and local authorities to provide

various types of services, such as creation of funds for the welfare, rehabilitation and

re-socialisation of the juvenile through voluntary donations, and contributions or

subscriptions made by an individual or organisation. Such funds are to be admin-

istered by the State Advisory Boards.46 Several States, such as Bihar, Chhattisgarh,

Delhi, Maharashtra and Madhya Pradesh, have set up welfare funds and societies to

support education and technical qualification for the rehabilitation of children in

institutions, including special homes.47 However, there is need to create adequate

facilities and involve more human resources for catering to the various needs of

children, including counselling, education and vocational training.48 (See Annexure

8B.4.1 for details on State initiative to promote rehabilitation.)

Table 8.1: Institutional care services

Source: Schemes being Implemented for Children, Ministry of Women and Child Development, March 2008.

|  |  |  |
| --- | --- | --- |
| Year  2007-08 | Facilities  794 homes | Beneficiaries  46,957 children |
| 2006-07 | 711 homes | 39,962 children |
| 2005-06 | 675 homes | 38,359 children |
| 2004-05 | 593 homes | 40,739 children |
| 2003-04 | 623 homes | 38,749 children |
| 2002-03 | 625 homes | 38,821 children |

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**8B.4.3.2 Non-Institutional Rehabilitation**

63. According to the JJ Act, 2000, the JJB may allow a juvenile to go home after taking

into consideration the findings of the social investigation report on the juvenile

through a probation officer or a recognised voluntary organisation, and counselling

of parent/guardian and the juvenile. Some NGOs conduct family assessment on

willingness/suitability but there is a gap in re-integration assistance for survivors.

Children are sometimes returned to their families without a comprehensive pre-re-

unification assessment.

64. The JJ Act, 2000, recommends initiation of rehabilitation and social re-integration

of children in conflict with law during their stay in special homes through non-

institutional alternative care services.49 The NCPCR, in its report ‘Key Recommen-

dations and Guidelines for Reform in the Juvenile Justice System’, submitted to

the Government in April 2009, has made specific recommendations for remedial

measures towards creating child-friendly protective services and promoting non-

institutional services on a larger scale so that children can live with families, if re-

quired, with sponsorship aid or be referred for adoption or foster care.50 To ensure

stable and durable placement for children without parental care and appropriate

reunification processes of children returning to parental care, it has recommended

strengthening of non-institutional and alternate care, and procedural reform in the

placement processes.51 Following the recommendation of the NCPCR, the Govern-

ment of National Capital Territory of Delhi, Department of Women and Child

Development (DWCD) is implementing a Pilot Project on ‘Action Research on

Progressive Approaches to Non-Institutional Care’ within the legal framework of

the JJ Act, 2000.52

65. The sponsorships programme under the JJ Act, 2000, has provisions for supple-

mentary support to special homes to meet medical, nutritional, educational and

other needs of children for improving their quality of life.53 NGOs offer financial

and other support services to families in distress to prevent abandonment and in-

stitutionalisation of children, and ensure their development in a family environ-

ment. However, no data is available on the number of children/juveniles in conflict

with law receiving assistance and NGOs providing such assistance.54 The recently-

launched ICPS will provide systemic support structures to promote adoption, foster

care and sponsorship.

66. The JJ Act, 2000, has provisions for after-care programmes to assist in successful

social re-integration of juveniles leaving special homes, by preparing them to sustain

during the transition from institutional to independent life. The guiding principles

and the community-based after-care services for achieving this objective however is

not laid down in the Act. Therefore the after-care homes often function with an

institutional approach.55 The provision of additional three-year period in after-care

needs to be reviewed and alternatives found.

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**8B.4.4 Partnership and Collaboration**

67. The JJ (Amendment) Act, 2006, JJ Rules, 2007 and ICPS promote partnership with

voluntary organisations in establishment and running of homes/institutions, and

protection and development of children. This partnership approach has received

encouragement by the Government and has shown considerable success in different

parts of the country, especially in Delhi, Karnataka, Maharashtra and Tamil Nadu.

It has helped improve the quality and range of services being provided to children

in observation homes and special homes.56 In Orissa, out of 15 observation homes,

12 are being run by NGOs and two are being run by the State Government.57

68. There have been notable initiatives to encourage rehabilitation of children in con-

flict with law by the State Governments. The Juvenile Justice Forum, established

in Karnataka, holds meetings of all relevant agencies, including DWCD, JJBs,

CWCs, police and NGOs, to share information, make joint plans and to coordi-

nate local juvenile justice reform initiatives.58 In Jharkhand, collaboration between

judiciary, executive and local community has helped improve lives of children in

special institutions.

69. Technical assistance in the implementation of juvenile justice in the country is be-

ing provided by UNICEF and UNODC. For instance, in West Bengal, web-enabled

missing-children tracking system has been developed with the support of UNICEF.

UNODC has provided funds for training of police officers on the JJ Act, 2000 in

West Bengal.59 UNICEF has provided support in capacity-building and training of

counsellors placed in institutions in Bihar.60

70. UN agencies were also a part of the process for identifying the inputs required for

the formulation of the JJ (Amendment) Act, 2006, JJ Rules, 2007, and in prepara-

tion of minimum standards guidelines.

**8B.5 Challenges**

71. The MWCD is committed to its mandate of child protection. It has formulated the

JJ (Amendment) Act, 2006, and JJ Rules, 2007, which have provisions to address

the above issues and respond to the care, protection and rehabilitation needs of

children. States have initiated the process of creating the necessary administrative

mechanisms for effective implementation of the JJ (Amendment) Act, 2006. (See

Section 8B.1.2 for details.) The ICPS aims to create a safe and secure environment

for children in the country, with emphasis on non-institutional family-based care

and convergence of services of various sectors.

72. Recent Government initiatives have contributed in developing a progressive juve-

nile justice system. To strengthen the juvenile justice system in the country, the

Government will be focusing on the following issues:

* Creation of a protective environment to prevent children from getting into vari-

ous situations of destitution and conflict with law.

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* Setting up adequate decentralised administrative mechanisms, as mandated un-

der the JJ Act, 2000, supported by strong monitoring and evaluation.

* Establishing quality infrastructure and institutional care systems adhering to

minimum standards, and supervision and commitment.

* Setting up a single window mechanism and method of accreditation for registra-

tion of institutions/homes.

* Capacity-building of manpower at every level of implementation, including the

law- enforcement agencies, such as judiciary, police, and healthcare professionals.

* Setting up children’s courts and resources along with access to legal aid to chil-

dren to deal with long-pending cases.

* Expanding the non-custodial rehabilitative care options for de-institutionalisa-

tion of children.

* Model probationary programme to effectively respond to the increasing number

of children in conflict with law.

* Effective provision for review and re-consideration of the child’s placement in

institutions at regular intervals.

* Data collection and information on the number of children in institutions, who

could be placed in alternative family care.

* Adequate facilities, especially counselling services and vocational skills training

to strengthen physical and psychological re-integration.

* Creation of new options and strengthening existing initiatives for the rehabilita-

tion of children in institutions.

**8C. Children in Situations of Exploitation, including**

**Physical and Psychological Recovery and Social**

**Re-integration**

**Article 39**

**8C.1 Economic Exploitation, including Child Labour**

**Article 32**

**8C.1.1 Status and Trends**

73. The Government of India has taken proactive measures to tackle the problem of

child labour through strict enforcement of legislative provisions, along with simul-

taneous rehabilitative measures. More than half of the child labour was distributed

in five States of the country. (See Figure 8.2.) These were mostly States with higher

levels of poverty and lower levels of literacy, compared to the National average.

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74. The classification of occupations in the Census data is not directly comparable with

the occupations listed as hazardous under the Child Labour (Prohibition and Regu-

lation) Act, 1986; however, tentative segregation into hazardous and non-hazardous

occupations has been undertaken for a broad estimation of children working in

different occupations.61

75. Compared to the Census

2001 data, the 61st round

Figure 8.2: Percentage of child labour

in States and UTs

of National Sample Survey

Organisation (NSSO) data,

2004-05, reported that there

were 9.07 million working

persons of 5-14 age group.

While the Census is con-

ducted during the beginning

of every decade, the NSSO

collects data twice in each

decade. The 61st round of

NSSO data (2004-05) shows Source: Census 2001.

a declining trend in the magnitude of child labour, compared to previous round

(10.13 million in the 55nd round, 1999-00).62 The NSSO will be conducting a survey

on child labour in its 66th round.63

76. According to the National Family Health Survey-3 (NFHS-3), nearly one in every

eight (12%) children aged 5-14 years worked either for their own household or for

somebody else.64 The Survey also revealed that the percentage of children aged 5-14

years, who worked in the seven days preceding the Survey, varied from 5% or less in

Chhattisgarh, Himachal Pradesh, Mizoram, Goa and Kerala, to 20% in Rajasthan and

Arunachal Pradesh, and 32% in Gujarat. One in five children in Gujarat is engaged

in unpaid work for a non-household member, whereas in Rajasthan and Arunachal

Pradesh, a larger proportion of working children are engaged in family work.65

77. The issue of bonded child labour has been a subject of concern for Government.

As a result of concerted efforts made through various anti-poverty programmes,

awareness and sensitisation campaigns etc, the incidence of bonded labour in sev-

eral States has witnessed a downward trend.66 (See Annexure 8C.1.1 for details on

incidence of bonded labour.)

**8C.1.2 Policy and Legislation**

78. The NPAC, 2005, speaks of moving progressively towards the complete eradication

of child labour.

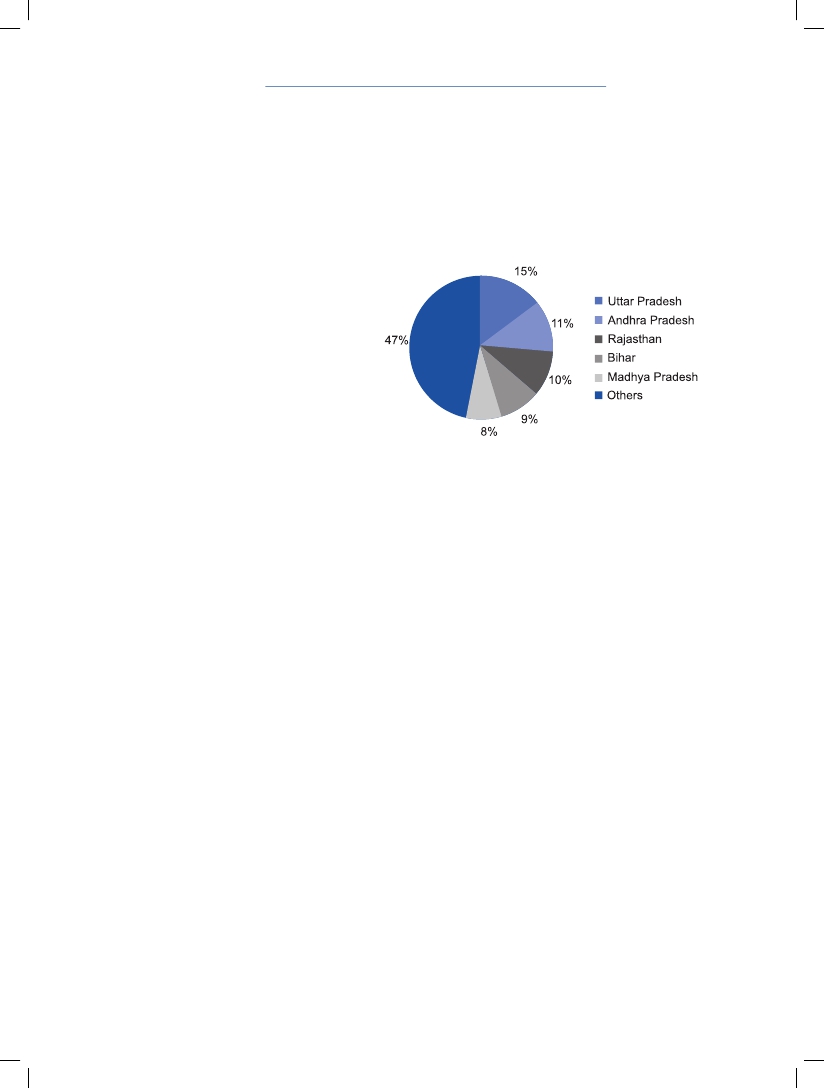
79. The National Policy on Urban Street Vendors, 2004, is being revised by the Ministry

of Housing and Urban Poverty Alleviation to prevent vending by minor children, in

conformity with the Child Labour (Prohibition and Regulation) Act, 1986.

80. The Ministry of Labour and Employment (MoL&E) issued notices in 2006 and

2008, expanding the list of banned processes and occupations. (See Section 1.4.2



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for details and Annexure 8C1.2 for details on processes and occupations banned

under the Child Labour (Prohibition and Regulation) Act, 1986.)

81. The MoL&E issued a Protocol on Prevention, Rescue, Repatriation and Rehabilita-

tion of Migrant and Trafficked Children for Labour for implementation by various

stakeholders.67

82. The NCPCR submitted a Policy Document on Abolition of Child Labour and

Making Education a Reality for Every Child, along with the recommendations for

amending the Child Labour (Prohibition and Regulation) Act, 1986 to the Ministry

of Women and Child Development, Ministry of Labour and Employment, Ministry

of Human Resource Development (MHRD), Ministry of Social Justice and Empow-

erment and Ministry of Law and Justice.68

83. The Child Labour (Prohibition and Regulation) Act, 1986, prohibits employment

of children up to 14 years. The JJ (Amendment) Act, 2006, has been enacted to

provide care, protection, development and rehabilitation to the neglected and de-

linquent children below 18 years. Section 2 (d) (ia) of the JJ (Amendment) Act,

2006, includes ‘working children’ within the definition of a ‘child in need of care

and protection’. To address the difference in the definition of child in the two Acts,

the MWCD has been taking initiatives to raise the age of children under the Child

Labour (Prohibition and Regulation) Act, 1986 and bring it in conformity with the

JJ Act, 2000. The NCPCR has also given recommendation for raising the age of

children under the Child Labour (Prohibition and Regulation) Act, 1986.

84. Section 26 of the JJ Act, 2000, holds a person liable for imprisonment for procuring

and employing a child in any hazardous employment or using the child’s earning for

his own purpose.

85. As regards the ILO Convention No. 138 and 182, the Government accepts the

spirit of the Convention but has not ratified these on account of minimum age for

employment as 18 years. Given the existing socio-economic condition, it is difficult

to prohibit employment of children in all walks of life; hence, the Government has

kept 14 years as the age of employment in hazardous work.69 The Government of

India has maintained that the time is not ripe enough to ratify these ILO Conven-

tions, since ratification without implementation will not do justice to the letter and

spirit of these Conventions.70

**8C.1.3 Programmes**

86. The Government is implementing National Child Labour Project (NCLP) for the

rehabilitation of child labour. Project societies at the District level are fully funded

for opening up of special schools/rehabilitation centres for the rehabilitation of

child labour. As on date, the NCLP is in operation in 271 Districts, with about

10,000 special schools with a sanctioned enrolment strength of over 0.5 million.71

These special schools impart non-formal/formal education, vocational training, etc.

to children withdrawn from employment, so as to prepare them to join mainstream

education system.72

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87. In addition, the Government has implemented projects supported by UN agen-

cies and ILO for elimination of child labour. INDUS Project, jointly funded by

the Government of India and the US, was implemented in 21 Districts of Uttar

Pradesh, Madhya Pradesh, Tamil Nadu, Maharashtra and Delhi. This Project, with

additional features of vocational training programme for adolescents, convergence

with Education Department, etc. over the NCLP, concluded on March 31, 2009.

In addition, the MoL&E, along with ILO, implemented two more child labour

projects, one in the State of Karnataka, funded by the Government of Italy and

another one in Andhra Pradesh, funded by Department for International Develop-

ment (DFID). The Project in Andhra Pradesh concluded on September 31, 2009.

Evaluations of NCLP and INDUS Project have been conducted by National Labour

Institute and ILO respectively and the final reports are awaited.73 Another proj-

ect on convergence with funding from the Department of Labour, Government of

USA, has been approved in 10 Districts in five States on a pilot basis. UNICEF, in

cooperation with the MoL&E, MWCD and MHRD has also started a programme,

specifically for promoting educational rights of children in 13 Districts in the ‘cot-

ton areas’ of Gujarat, Rajasthan, Maharashtra and Tamil Nadu.74

88. The Grant-in-Aid Scheme of the MoL&E provides financial assistance to NGOs for

elimination of child labour in Districts not covered by NCLP. Under the Scheme,

voluntary agencies are given financial assistance on the recommendation of the

State Government to the extent of 75% of the project cost for the rehabilitation of

working children.

89. The Scheme for Welfare of Working Children in Need of Care and Protection be-

ing implemented by the MWCD since 2004-05, lends support to projects in urban

areas not covered by existing schemes of the MoL&E. It provides support for the

wholesome development of child workers and potential child workers, especially

those with none or ineffective family support, such as children of slum/pavement

dwellers/drug addicts, children living on railway platforms/along railway lines, chil-

dren working in shops, *dhabas*, mechanic shops etc, children engaged as domestic

workers, children whose parents are in jail, etc. The components of the Scheme

are: (a) facilitating introduction to/return to the mainstream education system, as

children at study are not children at work; (b) counselling of parents, heads of fami-

lies and relatives of the targeted children so as to prevent their exploitation; and

(c) giving vocational training wherever necessary. NGOs are eligible for financial

assistance and can set up composite centres under this scheme. The Ministry pro-

vides 90% financial assistance, and the concerned organisation has to bear 10%

expenditure of the project as per the norms of the Scheme.

90. Childline addresses the needs of vulnerable children, including children living

alone on urban streets and child labourers, especially in the unorganised sector.

Over the last three years Childline has sharpened its focus on the issue of child la-

bour. The learning has been that mere rescue and rehabilitation of children without

prosecution of traffickers and employers of child labourers renders interventions

incomplete. Positive court judgements serve as powerful advocacy tools for effecting

policy change and eliciting action from Government systems. In accordance with

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this, Childline has initiated legal intervention programmes in West Bengal, Orissa

and Delhi. Currently, Childline has one case in appeal in the Supreme Court, one

intervention appeal in Supreme Court, three writ petitions in Orissa High Court

and one Public Interest Litigation (PIL) in Kolkata High Court.75 The Childline will

be extended to the entire country under the ICPS.

91. Efforts to eliminate child labour are strengthened by linking them with Sarva Shik-

sha Abhiyan (SSA) of the MHRD. As part of this, child workers in the 5-8 age group

are being directly mainstreamed through formal schools. The Alternative and In-

novative Education (AIE) component provides education to older age group (11-14

years) and covers children in difficult circumstances, including working children. To

address the issue of seasonal migration, SSA encourages identification of Districts,

blocks and villages with high incidence of migration, and focuses on bringing such

children to regular schools. It also explores alternatives such as seasonal hostels,

worksite schools, residential and non-residential bridge courses, etc.76

92. The NCPCR submitted an Action Plan for Abolition of Child Labour in Delhi,

which has been accepted by the High Court of Delhi with some modifications vide

its Order dated July 15, 2009, in the case *Save the Childhood Foundation vs. Govern-*

*ment of National Capital Territory of Delhi & Ors*77. The relevant departments/authori-

ties of Government of Delhi, Municipal Corporation of Delhi, Delhi Police and the

concerned State Governments have been directed to implement this Action Plan.

**8C.1.4 Coordination**

93. The Government is following a multi-pronged strategy to tackle the problem of

child labour. Educational rehabilitation of these children has to be supplemented

with economic rehabilitation of their families so that economic circumstances do

not compel the families to send their children to work.

94. The Ministry of Labour and Employment is taking proactive measures towards con-

vergence between the schemes of different Ministries, such as Ministry of Human

Resource Development, Ministry of Women and Child Development, Ministry of

Housing and Urban Poverty Alleviation (MoHUPA), Ministry of Rural Develop-

ment (MoRD), Ministry of Panchayati Raj (MoPR), etc., so that child labour and

their families get covered under the benefits of the schemes of these Ministries also.

The MoL&E has formed a Working Group on convergence-based models, with

representatives from Ministries, State Governments, ILO, etc. Ten Districts in five

States — Delhi, Bihar, Orissa, Madhya Pradesh and Gujarat — have been identified

for implementation of the convergence-based models as a pilot, which would later

be replicated in other Districts.78

95. The MoL&E and MWCD have been partnering with civil society towards elimina-

tion of child labour. Most of the special schools run under the NCLP are being run by

NGOs. Under the Grant-in-Aid Scheme, more than 100 NGOs are running special

schools for children withdrawn from work. Moreover, the Central Advisory Board

on Child Labour consists of members representing employers, employees, NGOs

and other experts in this field. NGOs were also involved in developing the Protocol

for the Rescue, Repatriation and Rehabilitation of the Migrant Child Labour.

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**8C.1.5 Monitoring**

96. Under the Child Labour (Prohibition and Regulation) Act, 1986, between 1997-98

and 2005-06, about 0.26 million inspections were carried out, around 0.61 million

violations were detected, 67,691 prosecutions launched and 25,588 convictions ob-

tained. These enforcement measures have also created awareness among employers

against employment of children in their respective units.79

97. The Union and State Government officials inspect the various activities of the spe-

cial schools under the NCLP/INDUS Project from time to time.

98. There has been significant improvement in inspections conducted, violations de-

tected and prosecutions launched between the period 2001-02 and 2006-07. (See

Annexure 8C.1.3 for details on inspections conducted, violations detected, pros-

ecutions launched, convictions and acquittals under the Child Labour (Prohibition

and Regulation) Act, 1986.)

99. Monitoring mechanism on implementation of the provisions of the Act and other

child labour-related policies exist in the form of the Central Monitoring Committee

(CMC) on Child Labour, which has State Labour Secretaries as members and repre-

sentatives of ILO as special invitees.80 The CMC, under the chairpersonship of the

Union Secretary for Labour, meets from time to time to assess the enforcement of

the Act, and also implementation of NCLP in the country. After analysing the posi-

tion of implementation of the policies and programmes, the CMC has given some

recommendations to the State Governments, which are currently being examined.81

100. The MoL&E set up a Working Group on Tracking and Monitoring of Child La-

bour to recommend an appropriate tracking and monitoring system for child labour

under NCLP. Important recommendations of the Working Group include:82

i.

Developing a model Child Profile Card.

ii. Tracking of 9-14-year-old children by instructors/teachers of the special schools

and for children in the age group of 5-8 years by Education Departments.

iii. Initiating tracking of children from the time of their enrolment in special

schools till two years after their mainstreaming.

iv. Quarterly updating of data.

v. Ensuring accuracy and reliability of data, and validation of child-wise tracking

information by Panchayati Raj Institutions (PRIs).

vi. Allocation of additional funds to each NCLP District for purchase of computers

and re-training of officials accordingly.

vii. Using the system for project management.

101. The monitoring of the Child Labour (Prohibition and Regulation) Act, 1986, is

also done at the highest level. The Supreme Court of India has issued various direc-

tions from time to time for elimination of child labour. The MoL&E monitors the

implementation of these directions on the basis of information received from the

States/UTs.83

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102. The NCPCR monitors enforcement of child rights, and also monitors effective

implementation of laws and programmes related to children. (See Section 1.1 for

details.) The Commission has taken various initiatives to check child labour, which

includes issuing guidelines, conducting studies, public hearings, etc. The Commis-

sion has asked the State Governments to take immediate steps to check child labour

and rehabilitate rescued children, and to evolve a code of conduct for employees

of all public sector institutions, Government undertakings, Government-funded

institutions and Government offices for not engaging children as domestic workers

or encouraging child labour in any form at their workplaces. In a communication

sent to the Chief Secretaries of the States and copies to the District Collectors, the

Chairperson of NCPCR has urged the States to take strict action against employers

of children and issue strict warning to all the potential employers.

103. The NCPCR has written to the chief secretaries of all the States in June 2008,

asking them to set up a Task Force to track child labour. The NCPCR has asked

District authorities to put in place a system of ‘social audit’ through a Task Force to

ensure that children are not employed in the processes and occupations listed in the

Child Labour (Prohibition and Regulation) Act, 1986, to strengthen the enforce-

ment of law.84

104. The Commission has taken initiative to work for children, who are migrant child

labour and victims of trafficking in Rajasthan, Gujarat and Andhra Pradesh. It has

made specific recommendations for the removal/abolition of child labour working

in BT Cotton seeds in Kurnool and Mehboobnagar in Andhra Pradesh, and Banas-

kantha, Sabarkantha and Mehsana in Gujarat from Dungarpur in Rajasthan.85

105. The NCPCR has also urged the Export Promotion Councils to monitor prevention

of child labour in their manufacturing units in the same manner, as it monitors

quality of manufactured goods. In a letter written in June 2008 to the chairper-

sons of all the 22 Export Councils under the Department of Commerce and the

MoL&E, NCPCR has recommended formulation of self-regulatory mechanisms to

ensure abolition of child labour in manufacture on the lines adopted by some lead-

ing international carpet and garment exporters.86

106. The NHRC observes that children in the age group of 6-14 years should be in

schools and should not be working for livelihood and that there should be stricter

enforcement of protective provisions of law. The Commission regularly monitors

the measures towards elimination of practice of child labour and bonded labour in

hazardous work through its Special Rapporteurs and issues directions for compen-

sation as well as penal action. The Commission has been making State-wise status

reviews on this issue since 2000. During 2005-2006, two reviews were carried out

for the State of Uttar Pradesh, focusing on the Districts of carpet-weaving belt. Dur-

ing 2006-2007, it focused attention on the States of Andhra Pradesh, Tamil Nadu,

Haryana, Orissa, Madhya Pradesh and Rajasthan, while in 2007-2008, it made visits

to the States of Karnataka, Orissa, Jharkhand, Punjab and Chhattisgarh to review

the situation and put an end to the problem of child labour.87

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107. In West Bengal, three inspection teams were sent on the day the MoL&E issued

a circular on prohibition of child labour in the domestic sector and hospitality

industry. In the course of inspection, 15 cases of child labour were detected and

show-cause notices issued to employers.

**8C.1.6 Awareness Generation**

108. Addressing child labour is a concern for Government of India. Advertisements at

regular intervals are released by the MoL&E in order to generate awareness about

evils of child labour. A nation-wide enforcement and awareness drive was launched

for a fortnight from November 14, 2007. During this period, advertisements were

released in various national and regional dailies, and television spots were telecast

on various channels to create awareness on child labour. The State Governments

are also provided funds for creating public awareness. Besides, the Government

of India provides funds under NCLP to the Districts for awareness generation.88

Regional workshops on migration of children were held by MoL&E in 2007 to

deliberate upon the problems faced by States.

109. The NCPCR has been conducting national consultations on the right to educa-

tion and abolition of child labour. It has also held public hearings in the States of

Jharkhand, Bihar, Gujarat, Rajasthan, Assam, Tripura, Chhattisgarh and Madhya

Pradesh. The issues discussed in the meetings are being taken up with State Govern-

ments.

110. The NCPCR, in collaboration with ILO and UNICEF, organised a conference on

June 12, 2008 (the Elimination of Child Labour Day), to reiterate that education is

the right of every child and to emphasise that access to education is the only strategy

to address the problem of child labour.

111. Some of the State experiences reveal that better enforcement and awareness genera-

tion has shown good results. For example, the Chief Minister of Himachal Pradesh

issued directions to top officials of the Departments of Labour, Women and Child

Development, Education, etc, to implement the Child Labour (Prohibition and

Regulation) Act, 1986, in letter and spirit. As a result, the number of inspections

conducted increased from 1,096 in 2004-05 to 2,301 in 2006-07. In Kerala, which is

presently a child-labour-free State, 7,867 inspections were conducted between 2004

and 2008, 18 children identified, 11 sent back to their families, three placed in shel-

ter homes and four mainstreamed in regular schools. The Government of Maha-

rashtra set up a Task Force on Child Labour in every District of the State to spread

awareness on the issue and effectively monitor implementation of the Act. To create

awareness, the matter was widely publicised in Bihar, where children took centre-

stage at an awareness campaign against child labour, forming human chains and

taking pledges after morning school prayers. The number of prosecutions filed in

the State between the periods 2004-05 to 2006-07 increased from 274 to 301. Bihar

is the only State which has set up an independent Commission on Child Labour.

112. The Bihar Government’s scheme of appointing community education volunteers

has shown positive results in improving children’s participation and retention in

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schools. Under the scheme, apart from engaging the child in positive activities after

school hours, the child is prevented from being engaged in work.89

113. The State of Orissa has come out with innovative awareness strategies, such as in-

volving PRIs for spreading awareness at the grassroots level, placing stickers against

child labour on all commercial vehicles in the State, telephone voice warning on

child labour through various service providers, such as Bharat Sanchar Nigam Lim-

ited (BSNL), AIRCEL, AIRTEL, Reliance, TATA Indicom telephones, etc.90

114. Nehru Yuva Kendra Sangathan (NYKS), an autonomous body of the Ministry of

Youth Affairs and Sports (MoYAS) along with Save the Children, undertook ‘Youth

for Combating Child Domestic Work’ project in 58 Districts of four States of Bihar,

Madhya Pradesh, Chhattisgarh and Orissa in 2004-05. The objectives of the project

included sensitising the community about the hazards associated with child migra-

tion; generating awareness on child domestic work as exploitative; and educating

the communities about the violation of child rights and the entitlements for such

children under various development programmes.91

**8C.1.7 Capacity Building**

115. V.V. Giri National Labour Institute is the nodal agency of the MoL&E for conduct-

ing training programmes for labour enforcement officers, labour inspectors, trade

union leaders, members of employers’ organisations and NGOs through financial

assistance from the regional office of the ILO, New Delhi. The training programmes

conducted during the periods 2004-05 and 2005-06 focussed mostly on NCLP. A

few training programmes were conducted for sensitising teachers of special schools

under NCLP. During 2006-07 and 2007-08, the focus of training was on the officials

of the Social Welfare Department, staff and teachers of NCLP, members of employ-

ers’ organisations, and trade union leaders. These training programmes have been

extremely effective in sensitising stakeholders on child labour and have resulted in

greater awareness on the related legislative and policy aspects.92 The Central Board

of Workers Education also provides training to enforcement officials, NGOs and

persons connected with NCLP.

116. The V.V. Giri National Labour Institute also held a workshop to sensitise the officials

of various State Governments on implementation of Protocol on prevention, rescue,

repatriation and rehabilitation of migrant and trafficked children for labour.93

117. The Ministry of Women and Child Development, in collaboration with the Minis-

try of Home Affairs (MHA) and UNODC, conducted intensive training of law en-

forcement officers, including police and prosecutors, on human trafficking, which

included comprehensive information on the issue of child labour. (See Section

8C.5.9 for details.)

118. Specialised training on international strategies to tackle issue of migrant and traf-

ficked child labour was organised by ILO at its International Training Centre at

Turian, Italy from January 28 to February 1, 2008.94 Representatives from MoL&E,

MWCD, MHRD, V.V. Giri National Labour Institute, NHRC, etc. participated in

this training.

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**8C.1.8 Resources**

119. The year-wise break up of allocation and expenditure under the NCLP and INDUS

Project of MoL&E and the Scheme for Welfare of Working Children of MWCD

during 2002-08 shows a significant increase, as depicted in Table 8.2.

**8C.1.9 Challenges**

120. The Government of India is implementing several programmes such as NCLP,

Scheme for Welfare of Working Children in Need of Care and Protection, Childline

and projects in collaboration with UN agencies. The MoL&E has undertaken steps

for eliminating child labour through effective implementation of NCLP and con-

vergence with SSA programme. The Government is now focusing on implementing

the Right of Children to Free and Compulsory Education Act, 2009, under which

it is the duty of every parent to admit his or her child to elementary education in

neighbourhood school.

121. The NCPCR has taken initiative to address the issue of child labour and bring out-

of-school children into the fold of education. It has held consultations and public

hearings on the right to education and abolition of child labour.

122. The Government of India remains committed to eliminating child labour in the

country and is focusing on the following priority issues:

* Withdrawal of children working in the informal/unorganised sector.
* Provision of alternative rehabilitative options for children withdrawn from work

and economic rehabilitation of their families.

* Enhancing resources for rehabilitation and setting up of minimum standards

for rescue and rehabilitation.

* Sensitising law enforcement agencies and generating awareness among people.

Table 8.2: Budget estimate and actual expenditure under NCLP and INDUS Project

Source: India: Third and Fourth Combined Periodic Report on the CRC draft, Response of Ministry of Labour

and Employment, April 2008, page 9, and Ministry of Women and Child Development, GoI.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Year  2002-03 | NCLP  (250 districts) | | INDUS  (21 districts) | | Scheme for Welfare of  Working Children | |
| Budget es-  timate (Rs  in Millions)  700.00 | Actual  expenditure  (Rs in Mil-  lions)  651.0 | Budget es-  timate (Rs  in Millions)  100.00 | Actual  expenditure  (Rs in Mil-  lions)  Nil | Budget es-  timate (Rs  in Millions)  - | Actual  expendi-  ture (Rs in  Millions)  - |
| 2003-04 | 673.80 | 667.77 | 50.00 | 05.70 | - | - |
| 2004-05 | 870.00 | 830.90 | 100.00 | 100.00 | 10.00 | 0.70 |
| 2005-06 | 1,013.00 | 1,007.77 | 250.00 | 127.40 | 20.00 | 11.20 |
| 2006-07 | 1,050.00 | 1,093.60 | 250.00 | 108.10 | 30.00 | 27.70 |
| 2007-08 | 1,430.00 | 1,418.00 | 300.00 | 129.90 | 70.00 | 60.10 |

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Strict enforcement of provisions of child labour law, and prosecution and con-

viction of offenders.

Strengthening inter-ministerial convergence on elimination of child labour.

**8C.2 Drug Abuse**

**Article 33**

**8C.2.1 Status and Trends**

123. The National Survey on the Extent, Trends and Pattern of Drug Abuse in the

Country, conducted by MSJ&E in 2004 in collaboration with the UNODC, indi-

cated that there were 73.2 million drug users in the country and the major drugs

of abuse were alcohol, cannabis, opium and heroin. A report by the Ministry of

Health and Family Welfare (MoH&FW) cites data indicating that the percentage of

child tobacco users is low, at 2.2% in the rural areas, and 0.6% in the urban areas

in the 10-14 age group.95 It is estimated that 5,500 adolescents consume tobacco

everyday in India, joining the four million children (under 15 years), who already

consume tobacco regularly. While 80% children know that tobacco is injurious to

health, 22% consume tobacco as a first thing in the morning. It has been observed

that drug use is prevalent among youth. Among the child respondents, 44% use

nicotine, 24% use inhalants, 22% use alcohol, and 26% use cannabis.96 The Global

Youth Tobacco Survey, conducted in 2006, and published in the WHO Report on

the Global Tobacco Epidemic, 2008, shows 14.1% tobacco users in the 13-15 age

group in India, out of which males constituted 17.3% and females 9.7%.

124. According to data collected by Childline, 20 million children are estimated to be

getting addicted to smoking every year, and nearly 55,000 children are becoming

smokers every day. Recent available data points out that among the alcohol, can-

nabis and opium users, about 21%, 3% and 0.1% respectively were below 18 years.

Children start on drugs for a number of reasons, ranging from curiosity and recre-

ation to the need to cope with stress. But drug abuse and addiction lead to a com-

plex set of social, medical and economic problems with serious implications.97

125. The common drugs of abuse amongst children and adolescents in India are tobacco

and alcohol, but use of illicit and stronger drugs like cannabis, opium or even in-

travenous use of drugs such as heroin have also been reported. A new trend has

emerged in drug and substance abuse, with children now taking a cocktail of drugs

through injection, and often sharing the same needle, which increases their vulner-

ability to Human Immunodeficiency Virus (HIV) infection. Though drug addiction

has become a large phenomenon in India in the past two decades, affecting all

segments of society, the use of whitener, alcohol, tobacco, and hard and soft drugs

is an especially widespread phenomenon among street children, working children

and trafficked children. But there is currently a lack of reliable data on drug abuse

amongst children.98

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**8C.2.2 Policy**

126. The NPAC, 2005, addresses the survival, development and protection rights of chil-

dren in difficult circumstances, including children addicted to drugs. The Govern-

ment of India has issued a directive banning smoking in public places, effective

from October 2, 2008. The law imposes strict ban on smoking in public places,

such as parks, educational institutions, libraries, roads, etc. Delhi, Jharkhand and

Chandigarh are some States, which have already begun implementing the ban.

**8C.2.3 Legislation**

127. Two legislative provisions directly address the issue of drug abuse in India—the Nar-

cotic Drugs and Psychotropic Substances (NDPS) Act, 1985, and the Prevention of

Illicit Traffic in Narcotic Drugs and Psychotropic Substances Act, 1988. (See India

First Periodic Report 2001, para 176-180, page 385 for details.)

128. The Cigarettes and other Tobacco Products (Prohibition of Advertisement and Reg-

ulation of Trade and Commerce, Production, Supply and Distribution) Act, 2003,

was notified in the Official Gazette on May 19, 2003. The Act is applicable to whole

of India and covers all types of tobacco products. The provisions of the Act directly

impacting children are: (a) No person shall sell tobacco products to any person below

the age of 18 years, and this provision is being implemented with effect from May

1, 2004; and (b) ban on sale of tobacco products within 100 yards of educational

institutions, which is being implemented with effect from December 1, 2004.99

129. The JJ (Amendment) Act, 2006, strengthens services to children in need of care

and protection, which includes children affected by drug abuse. Section 25 of the JJ

Act, 2000, prescribes punishment/ imprisonment to a person for giving a child any

intoxicating liquor or narcotic drug, except done on the order of a qualified medical

practitioner or in case of sickness.

130. India is a signatory to all the major global conventions related to drug abuse. In

December 2003, India ratified the WHO Framework Convention on Tobacco Con-

trol (FCTC). The FCTC provides a framework for tobacco control measures to be

implemented by parties to the Convention at International, National and Regional

levels in order to reduce continually and substantially the prevalence of tobacco use

and exposure to tobacco smoke.100

**8C.2.4 Programmes**

131. At the national level, the problem of drug abuse is tackled through a two-pronged

strategy of supply and demand reduction. While the supply reduction strategy is un-

der the purview of the MHA, with the Department of Revenue as the nodal agency,

and is executed by various enforcement agencies, the demand reduction strategy,

which focuses on awareness building, treatment and rehabilitation of drug-using

patients is being run by agencies under MoH&FW and the MSJ&E.

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132. The MoH&FW provides a one-time grant to States for construction of drug de-

addiction centres. At present, there are 122 such centres in the country.101 The

MSJ&E launched the revised Scheme for Prevention of Alcoholism and Substance

(Drugs) Abuse, 2008. The Scheme is to provide the whole range of services, includ-

ing awareness generation, identification, counselling, treatment and rehabilitation

of addicts through voluntary and other organisations.102

133. In response to ratification of FCTC by India, a comprehensive National Tobacco

Control Programme was launched in 2007. The programme provides for training the

health workers, school teachers, etc. on ill effects of tobacco. It also provides for en-

gaging NGOs to carry out school health campaign in the Government schools.103

134. The MSJ&E supported the project IND/G86: Empowering Communities for Pre-

vention of Drug and HIV/AIDS in India, launched by UNODC in April 2005. The

aim of the project was to: (i) prevent and reduce the abuse of drugs and the spread

of drug related HIV in India; and (ii) strengthen the capacity of Government and

Civil Society Organisations (CSOs) to prevent drug abuse and scale up interven-

tions, which reduce the harmful consequences of drug abuse. Based on the findings

of the National Survey on Extent, Patterns and Trends of Drug Abuse, published in

2004, and the related recommended programme interventions, four components

were proposed in the project: (i) to develop drug awareness programmes in schools;

(ii) to develop a national drug awareness programme; (iii) to establish Self-Help

Groups (SHGs) for young women affected and afflicted by drug abuse and HIV;

and (iv) document good practices. The project helped develop an awareness pro-

gramme for prevention of drug abuse in schools, a drug awareness programme for

youth, a programme for young women’s SHGs affected and afflicted by drug use

and HIV, and recording of good practices.104 The project has a school-based drug

awareness programme, in which UNODC is working closely with the MSJ&E and

MHRD for integration of drug education into the school textbooks. The Adoles-

cence Education Programme (AEP) co-curricular module of MHRD has already in-

cluded content on substance abuse. The accompanying frequently asked questions

book has 25 questions out of 100 on alcohol and substance abuse. To cover the en-

tire spectrum of children, a module on Drugs and HIV Prevention for out-of-school

children is also being developed. Partner NGOs with prior experience of working

with out-of-school children will be trained to impart knowledge and skills to these

children through the peer-led approach.105

135. The MWCD is implementing a Scheme titled ‘An Integrated Programme for

Street Children’, under which one of the component aims at reducing the inci-

dence of drug and substance abuse, HIV/AIDS and Sexually Transmitted Dis-

eases (STDs), and other chronic disorders among these children. This programme

has been integrated into the newly-launched ICPS, which provides preventive,

statutory and care and rehabilitation services to vulnerable children, including

child drug abusers.

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**8C.2.5 Awareness Generation**

136. The Ministry of Social Justice and Empowerment, in partnership with the Depart-

ment of Education, Ministry of Human Resource Development, Department of

Youth Affairs, and the health sector has expressed need to strengthen capacity and

use their large network and infrastructure to step up drug use prevention and aware-

ness efforts, especially for children/adolescents in and out-of-school, especially in

the north-east region and vulnerable States across the country.

137. The Government of India has been collaborating with international agencies, such

as the WHO, in spreading awareness among women and children on the issue

of drug/substance abuse. Taking this theme forward, the Cancer Patients Aid As-

sociation, Mumbai, organised a series of events in collaboration with WHO and

MoH&FW, to commemorate the World No Tobacco Day.

138. The States have taken a number of initiatives to spread awareness on drug abuse. In

Himachal Pradesh, the police organises drug awareness programmes for school and

college students,106 while in West Bengal, the police has developed a website on drug

abuse for creating awareness among parents, and the State has set up a State Drug

Control Bureau. In Maharashtra, the Department of Health has directed State of-

ficials to set up Tobacco Control Cells at District level. The Government of Tamil

Nadu is working towards making Chennai a ‘Smoke and Tobacco Free’ city by 2010.

The WHO recommended steps to fight the tobacco epidemic in Assam, including

monitoring and prevention policies, ban on tobacco advertising, promotion and

sponsorship, and raising taxes on tobacco. Chandigarh banned smoking in public

places in July 2007, making it the first city in the country to do so. A fine of Rs

100 is imposed on those violating the ban (200 people were fined in the first two

months of the ban). In Chhattisgarh, the Government has banned production and

sale of *gutka*, which was leading to increased incidence of oral cancer, with a three-

year jail term for those violating the ban. The Delhi Government is laying plans to

make it a smoking-free city by 2010, and Delhi University administration made a

start by launching an anti-tobacco campaign in January 2008. (See Annexure 8C.2.1

for details on State initiatives on awareness generation on drug abuse.)

139. Every year, the Narcotics Control Bureau (NCB) organises sensitisation programmes

in schools across the country to coincide with the International Day against Drug

Abuse. The initiative is an attempt to educate vulnerable youth, particularly in big

cities and metros, against rising drug addiction. The NCB has targeted students

between classes VI and XI to sensitise them on the ill effects of narcotic drugs and

psychotropic substances.

140. The Supreme Court of India issued a notice to the Centre and a host of tobacco

companies on January 25, 2008, on a petition seeking implementation of the Ciga-

rettes and Other Tobacco Products (Packaging and Labelling) Rules, relating to the

display of warnings on every pack of tobacco products, including cigarettes.107

141. A group of NGOs has appealed to the Members of Parliament (MPs) to push for

early implementation of effective pictorial warnings on packs of tobacco products.

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On the basis of the petition and the pressure being exerted from different corners,

the Union Health Minister has issued a notification to tobacco companies, accord-

ing to which 40% of space on tobacco packs would have to carry warnings.

**8C.2.6 Capacity Building**

142. The National Centre for Drug Abuse Prevention (NCDAP) of the NISD, with a

network of eight Regional Resource and Training Centres, is imparting training

to NGOs in the field of drug abuse prevention, counselling, treatment, rehabilita-

tion, community mobilisation and HIV prevention. The NCDAP maintains an

extensive database of NGOs, their areas of strength and specialisation, and resource

persons available, and acts as a National clearing house on drug related issues. The

NCDAP also endeavours to bring about convergence in the activities of concerned

Ministries, Departments, NGOs and civil society. It has been organising certificate

courses, thematic skills-based programmes, as well as strategic consultations.

**8C.2.7 Challenges**

143. The Government is continuously trying to address the issue of drug abuse. The

reporting period has seen several efforts directed towards this result, such as issue

of directive to ban smoking in all public places and launch of a comprehensive Na-

tional Tobacco Control Programme. Further, the Government has also launched

the ICPS that will address the issue of inadequate and existing gaps in services,

and provide for rehabilitation, supported by proper counselling and sensitive de-

addiction camps. In addition, the Government is also implementing a community

empowerment and awareness generation programmes for prevention of drug abuse

among vulnerable groups.

144. Some of the key areas identified for action include:

* Forceful implementation of the available legislation and provisions banning

smoking.

* Comprehensive pack warnings and ban on tobacco advertising and promotion.
* Setting up of adequate drug de-addiction centres for rehabilitation of children

affected by substance abuse.

* Sufficiently trained/qualified counsellors.
* Spreading awareness on drug abuse, since most awareness programmes and anti-

smoking laws are restricted to major cities.

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**8C.3 Sexual Exploitation and Sexual Abuse**

**Article 34**

**8C.3.1 Status and Trends**

145. According to a study commissioned by the MWCD, there were about 2.8 million

girls/women in prostitution in 31 States /UTs in India in 2002. Induction of girl

child forms an integral part of the trade. About 36% of the girls/women in sex

trade have entered the trade prior to attaining 18 years of age. There are regional

variations linked with socio-economic and cultural conditions that affect this phe-

nomenon. States where a large number of adolescent girls are inducted into the

trade include Madhya Pradesh (72.8%), Bihar (72.3%), Rajasthan (66.4%), Uttar

Pradesh (55.6%) and Jharkhand (50%).108

146. Some major findings of the MWCD’s Study on Child Abuse: India 2007 conducted

in 13 States covering about 17,000 respondents, with respect to sexual abuse are:109

i.

Approximately 53.22% children reported having faced one or more forms of

sexual abuse.

ii. Andhra Pradesh, Assam, Bihar and Delhi reported the highest percentage of

sexual abuse among both boys and girls.

iii. About 21.90% child respondents reported facing severe forms of sexual abuse

and 50.76% other forms of sexual abuse.

iv. Out of the total child respondents, 5.69% reported being sexually assaulted.

v. Street children, children at work and children in institutional care reported the

highest incidence of sexual assault.

vi. About 50% abusers are persons known to the child or in a position of trust and

responsibility.

vii. Most children did not report the matter to anyone.

147. Tourism contributes around 11.6% of India’s Gross Domestic Product. More than

2.4 million tourists visit India every year. The growth of tourism industry in India

has contributed to increased vulnerability of children to sexual exploitation by tour-

ists in places such as Goa. Child sex tourism generally involves hotels, travel agen-

cies and tour operators.110

148. Child pornography is also a part of cyber pornography and is recognised as a cyber

crime, and in India, with increasing access to internet, there is increased risk of

children falling victim to the aggression of paedophiles.

**8C.3.2 Policy and Legislation**

149. The NPAC, 2005, emphasises the need for protection of children from sexual and

physical abuse of all kinds and legal action against those committing such violations

against children.

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150. The principal legislation dealing with child sexual abuse is the JJ Act, 2000. (See In-

dia First Periodic Report 2001, para 49-66, page 340-348 for details.) The JJ (Amend-

ment) Act, 2006, and the JJ Rules, 2007, have further strengthened mechanisms

to better address the issues of children in need of care and protection, including

victims of abuse and exploitation. The enactment of CPCR Act, 2005, followed by

setting up of the NCPCR, is a major step to address the violation of child rights.

The CPCR Act, 2005, also provides for setting up of children’s courts for speedy

trial of cases and matters related to children.

151. To address the issues of exploitation and neglect of children in the country, the

MWCD has formulated a Prevention of Offences against the Child Bill 2009.

MWCD is in the process of formulating a comprehensive legislation to specifically

address sexual offences against children .that also covers sexual assault, unlawful

sexual contact and non-contact based sexual offences.

152. To ensure that children subjected to sexual abuse are treated with compassion and

dignity, the NHRC issued a series of guidelines for the police, courts and doctors,

on how children should be treated during investigation and trial, as well as during

their medical examination.

153. The Information and Technology (Amendment) Act, 2008, provides for punish-

ment for publishing or transmitting material depicting children in sexually explicit

act, in electronic form. (See Section 1.4.2 for details.)

**8C.3.3 Programmes**

154. The Swadhar Scheme of MWCD for women and children in difficult circumstances,

including victims of sexual exploitation and abuse provides shelter, food and cloth-

ing and counselling; clinical, medical, legal and other support; training; economic

rehabilitation; and helpline facilities. At present, about 318 Swadhar Shelter Homes

and 238 women helplines are functional across the country.

155. The Programme for Juvenile Justice provides financial assistance to States/UTs for

establishment and maintenance of various levels of institutions for children in need

of care and protection, which includes children who are victims of sexual exploita-

tion and abuse. The Programme is now merged with the ICPS. (See Section 1.5.1

for details)

156. Childline provides emergency assistance to children in difficult circumstances, includ-

ing victims of sexual abuse. Based upon the child’s need, the child is referred to an ap-

propriate organisation for long-term follow-up and care. (See Section 1.5.1 for details.)

157. Recognising the extent of abuse faced by students, the Central Board of Secondary

Education formulated a Policy Paper on helpline for women and girl students for

prevention of sexual-harassment-related incidents in schools. The Board has advised

schools to set up a cell and send the ‘action taken’ report on quarterly basis to the

designated nodal officer. The Policy Paper has also proposed training programmes

for women employees and girl students on preventive measures with regard to

sexual harassment.111

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158. As an outcome of Study on Child Abuse: India 2007, regional consultations in four

zones of the country were convened, in which all 13 States covered under the study

were represented. The regional consultations facilitated discussions in the States on

the State Plans of Action to counter child abuse. The consultations also ensured

further awareness and advocacy on the critical issue of child abuse.

**8C.3.4 Challenges**

159. The Government of India has taken several initiatives to address sexual abuse and

exploitation of children, such as the Study on Child Abuse: India 2007, which is a

positive move in strengthening data on sensitive issues; and implementation of the

Swadhar Scheme for women and children in difficult circumstances. In addition,

implementation of the JJ Act, 2000, has been strengthened and amendments have

been made in the Information and Technology Act to address the problem of child

pornography. To address the issue of sexual abuse and exploitation of children,

focus would be on the following key areas:

* Strengthening data on sexual abuse and exploitation.
* Strengthening knowledge on legal provisions among victims of sexual abuse and

exploitation and providing support services.

* Safeguards for vulnerable population during occurrence of natural disasters.
* Specific law to address all offences against children, including sexual exploita-

tion and abuse.

* Protection of children from becoming victims of sex tourism and child

pornography.

**8C.4 Other Forms of Exploitation**

**Article 36**

**8C.4.1 Status and Trends**

160. Protection of children from various forms of exploitation and child-rights violation

by media, police and research institutions in the reporting period remain continu-

ing concerns. Instances of young and infant children dying during clinical trials

conducted by reputed hospitals and clinical research conducted in the guise of rou-

tine medical check-up have been reported. Cases have also come to light, wherein

police and/or media have violated children’s right to protection of identity and

have openly disclosed the name of the child.

**8C.4.2 Measures to Prevent Exploitation of Children**

161. The Government’s commitment to protect the rights of children is reflected in its

policies, legislations, various institutional mechanisms and programmatic frame-

works. (See Sections 1.2, 1.4 and 1.5 for details.)

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**8C.4.2.1 Policy, Legislation and Guidelines**

162. There are several protective laws in line with constitutional provisions, and interna-

tional standards to protect children from all forms of physical, sexual and emotional

exploitation.112 These laws provide for speedy prosecution of offenders, with no

impunity for crime/offences against children.

163. The CPCR Act, 2005, has provisions for inquiring into violations of child rights

and for recommending initiation of proceedings.113 The Act provides for setting up

of children’s courts for speedy trial of offences against children or of violation of

child rights.

164. Section 21 of the JJ (Amendment) Act, 2006, ‘prohibits the publication of name,

address, school, etc. of juvenile in conflict with law, or children in need of care and

protection involved in any proceeding under the Act’. Any person contravening this

provision is punishable, with a fine up to Rs 25,000. The Act, however, permits the

authority holding the inquiry to disclose a child’s identity if such disclosure is in

the interest of the child.114 The JJ Rules, 2007, emphasise that children/juveniles in

conflict with law shall have the right to privacy and confidentiality and protection

from stigmatisation; shall be protected by all means and through all stages of the

proceedings, and care and protection processes.115

165. Sections 23 – 27 of the JJ Act, 2000, lay down provisions to punish any person com-

mitting offences such as cruelty, neglect, abuse and exploitation of children.

166. The proposed Prevention of Offences against the Child Bill, 2009, aims to deal with

all forms of exploitation, domestic violence, torture, neglect and corporal punish-

ment in schools.

167. Indian Council of Medical Research (ICMR) and other premier institutions of the

country have developed guidelines to prevent exploitation of children in all forms

of research.116

168. While undertaking the Study on Child Abuse: India 2007, detailed ethical guide-

lines were developed to safeguard the child’s rights and to protect the child from

potential trauma. These included guidelines for conducting focus group discussions

with children, guidelines for one-to-one interaction with children, ethical guidelines,

consent from parents/guardians/caregivers, and informed consent from children.

169. The 11th Five Year Plan will undertake health system research as a priority and will

provide for re-orientation of medical education to support health issues, including

regulation of medical care and medical ethics, and audit of research, that is whether

research is justified and relevant.117

**8C.4.2.2 Mechanisms**

170. Crime in India, published annually by NCRB, records the incidence and nature of

crimes and abuses committed against children in the country. Independent agen-

cies such as NCPCR, along with respective State Commissions and NHRC, moni-

tor and take *suo motu* cognizance of violations of child rights. Law enforcement

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agencies, viz. police, judiciary and children’s institutions undertake monitoring and

reporting of child rights issues. The CWCs, JJBs and SJPUs mandated by the JJ Act,

2000, are institutions for ensuring the physical, emotional and psychological, intel-

lectual, social, and moral development of children/juveniles in conflict with law.118

Childline, a 24-hour helpline operating in 83 cities, is accessible to all children. To

protect the rights and ensure safety and welfare of children, premier agencies such

as ICMR and Indian Medical Association (IMA) have formulated comprehensive

guidelines to be followed in matters involving children.

171.Incidences of child-rights violation, such as irregular working conditions and emo-

tional abuse of children participating in TV serials, reality shows and advertise-

ments have drawn the attention of NCPCR. The Commission has taken cognizance

of child-rights violations and has issued strict direction and notice to the concerned

agencies and department to take necessary action. It has set up a working group,

with representatives from print and electronic media, for examining concerns re-

lated to children participating in TV shows and advertisements. The working group

has proposed the formulation of a set of guidelines for regulating the working con-

ditions of children, setting up mechanism for redressal of complaints by children

and their families, and prescribing actions against the TV channels/production

houses in case of violation of child rights.119 The matter is being discussed with the

Ministry of Information and Broadcasting for further action.

172. Taking a strong view of the incidence of clinical research on minor school children,

NCPCR registered a complaint with the Medical Council of India. The matter was

considered by the Ethics Committee, which conducted an investigation. After dis-

cussing all aspects, the Committee declared that the team of doctors had failed to

design, inform and conduct the medical examination in a proper and professional

manner. The Committee issued a warning, stating that such medical examinations

without proper design and protocol should not be conducted in future, and re-

ferred the case to Executive Committee for necessary action.120

173. The ICMR has published detailed guidelines on the composition and responsibili-

ties of Institutional Ethics Committees for ethical review of bio-medical researches

in India. To strengthen the capacity for bioethics in India, it has collaborated with

National Institute of Health in the US, and global bodies like WHO and UNES-

CO. It has constituted a Bioethics Cell, created website with links to leading bioeth-

ics journals, established forums for ethics review committees and is putting together

a database on Institutional Ethics Committees in the country. To enhance ethics

capacity, the ICMR identifies mid-career professionals to be trained in bioethics

through fellowships, and conducts training sessions for researchers, academicians,

Institutional Ethics Committees members and students within India.121

**8C.4.2.3 Programmes**

174. The Programme for Juvenile Justice provides rehabilitative services for child victims

and survivors of various forms of exploitation. The Programme is now merged with

the ICPS. (See Section 1.5.1 for details.)

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**8C.4.3 Challenges**

175. The Government has taken several measures to address exploitation of children,

such as setting up of NCPCR, adoption of the JJ (Amendment) Act, 2006, and the

JJ Rules, 2007. Furthermore, ICMR has developed ethical guidelines to protect chil-

dren from exploitation in research activities. The proposed Prevention of Offences

against the Child Bill, 2009, also aims to deal with all forms of exploitation of chil-

dren. To ensure protection of children from any form of exploitation, the following

issues need to be addressed:

* Safeguarding right to privacy from media, police and other agencies.
* Strengthening ethics and regulation, and transparency of research institutions

to prevent exploitation of children in all forms of research.

**8C.5 Sale, Trafficking and Abduction**

**Article 35**

**8C.5.1 Status and Trends**

176. Calculations of trafficked people are generally made with reference to commercial

sexual exploitation. In India, the stigma attached to prostitution and the clandes-

tine nature of operations make it doubly difficult to arrive at authentic numbers. To

give a sense of the total magnitude of the problem, estimates of adult and child sex

workers in India are quoted. Minors in commercial sex work are generally classified

as cases of trafficking. The figures quoted show a high degree of discrepancy and the

possibility of ascertaining the authenticity of the quoted figures is almost nil.

177. According to NCRB data, there were 8,765 cases of trafficked women and children

in the country in 2001, which has declined to 3,133 cases in 2008. On an average,

5,804 cases of trafficking are reported every year since 2001.122

178. A large number of children are reported missing every year; many of them neither

return, nor are they ever located. During rescue operations carried out by the police

in red light areas, many children, who are rescued, turn out to be those who were

reported missing elsewhere in the country. Parents and guardians are usually un-

aware of the fact that their children may have been trafficked.123 In any given year,

an average of 44,000 children are reported missing; of them, as many as 11,000

remain untraced.124

**8C.5.2Policy**

179. The MWCD had formulated a National Plan of Action in 1998 to combat trafficking

for commercial sexual exploitation of women and children and to mainstream and

re-integrate the women and child victims in the community. The Ministry of Wom-

en and Child Development, in collaboration with the Ministry of Home Affairs,

National Human Rights Commission and the National Commission for Women

(NCW) is in the process of developing an Integrated Plan of Action to Prevent and

Combat Human Trafficking, with Special Focus on Children and Women, to make

it more comprehensive, so as to cover ‘trafficking in persons’ for any purpose.125

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180. The Central Advisory Committee (CAC) on trafficking, formed under the Chair-

personship of the Secretary, MWCD, meets regularly to discuss major issues and

strategies for preventing and combating trafficking of women and children.

181. In 2005, the MWCD formulated a Protocol for Pre-Rescue, Rescue and Post-Rescue

Operations of Child Victims of Trafficking for Commercial Sexual Exploitation.

This Protocol contains guidelines for State Governments and a strategy for rescue

team members in respect of pre-rescue, rescue and post-rescue operations, including

rehabilitation, for children, who are victims of trafficking and sexual exploitation

for commercial reasons. The Protocol has been distributed to State Governments.

182. To ensure smooth rescue, repatriation and rehabilitation of trafficked and migrant

child labour, the MoL&E has developed a Protocol on Prevention, Rescue, Repatria-

tion and Rehabilitation of Trafficked and Migrant Child Labour, for all stakeholders.

183. The MWCD, with technical assistance from UNICEF, is developing procedures for

humane and quick repatriation of child victims of trafficking between India and

Bangladesh. A rapid assessment of the existing processes was taken up, after which

a joint plan of action, a draft roadmap and a time matrix for quick repatriation of

cross-border victims was prepared, which is proposed to be finalised in the next

Indo- Bangladesh meeting.

184. Under the South Asian Association for Regional Cooperation (SAARC) Conven-

tion on Preventing and Combating Trafficking of Women and Children in Prostitu-

tion, a Regional Task Force was set up to ensure that the legislations, programmes,

etc. are in place for operationalising the provisions of the SAARC Convention.

Three Regional Task Force meetings were organised in July 2007, May 2009, and in

April 2010 respectively. In the second meeting, the Standard Operating Procedures

(SOPs) were finalised. A common helpline for SAARC countries is proposed to be

instituted. The programme for capacity-building of personnel has been taken up in

India by NIPCCD, with programmes on child rights and child protection, and on

prevention and combating trafficking in children and women.

**8C.5.3 International Conventions**

185. India signed the Protocol to Prevent, Suppress and Punish Trafficking in Persons,

especially Women and Children, supplementing the United Nations Convention

against Transnational Organised Crime on December 12, 2002. The Government

has taken a decision to ratify the Convention and its protocol.

186. In 2002, India signed the SAARC Convention on Prevention and Combating Traf-

ficking of Women and Children in Prostitution to promote cooperation amongst

member States. (See Section 1.3 for details.)

**8C.5.4 Legislation**

187. The Immoral Traffic Prevention Act (ITPA), 1956, is the principal legislation deal-

ing with trafficking, which is proposed to be amended to widen its scope, and make

its implementation more effective. In addition, the IPC, 1860 lays down provisions

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related to trafficking and the JJ Act, 2000, also provides protection to children in

need of care and protection, which includes children who are vulnerable and are

likely to be grossly abused, tortured or exploited for the purpose of sexual abuse or

illegal acts.

188. Furthermore, the proposed Prevention of Offences against the Child Bill, 2009, is a

comprehensive legislation to cover all crimes, violence and offences against children.

**8C.5.5 Programmes**

189. Three pilot projects were implemented from 2002-08, viz. i) to combat trafficking

of women and children for commercial sexual exploitation under the sanction of

tradition; ii) to combat trafficking of women and children for commercial sexual

exploitation in source areas; and iii) to combat trafficking of women and children

for commercial sexual exploitation in destination areas. So far, about 80 projects

have been sanctioned in eight States/UTs (Maharashtra, West Bengal, Manipur,

Karnataka, Uttar Pradesh, Andhra Pradesh, Assam and Puducherry) between 2004

and March 2008.

190. Based on the learnings from these pilot projects, Ujjawala — a comprehensive

Scheme for ‘Prevention of Trafficking, and Rescue, Rehabilitation, Re-integration

and Repatriation of Victims of Trafficking for Commercial Sexual Exploitation’—

was launched in December 2007. The scheme has five specific components:

i.

Prevention, which consists of formation of community vigilance groups/ado-

lescent groups; awareness and sensitisation of important functionaries such

as police and community leaders; preparation of Information, Education and

Communication (IEC) material; holding workshops, etc.

ii. Rescue or safe withdrawal of the victim from the place of exploitation.

iii. Rehabilitation, which includes providing safe shelter for victims with basic in-

puts of food, clothing, counselling, medical care, legal aid, vocational training

and income generation activities.

iv. Re-integration, which includes restoring the victim into the family/community

(if she so desires) and the accompanying costs.

v. Repatriation, to provide support to cross-border victims for their safe repatria-

tion to their country of origin.

191. The MWCD runs shelter-based homes, such as short-stay homes and Swadhar

homes for women/girls in difficult circumstances. The homes provide for counsel-

ling, rehabilitation and helpline facilities. State Governments also separately run

shelter homes for women and children in distress.

192. The MWCD has formulated ICPS, an umbrella scheme, with a view to provide safe

and secure environment for the overall development of children, who are in need

of care and protection, including children in difficult circumstances. (See Section

1.5.1 for details.)

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193. Childline provides for the needs of children in distress or assistance to adults on

behalf of children in distress. (See Section 1.5.1 for details.)

194. Although there are no separate programmes for missing children, focused initia-

tives are being taken at the national level to address the issues of such children.

The NHRC came out with recommendations to protect the rights of children and

strengthen preventive measures. (See Section 1.1 for details.)

195. At the behest of NCPCR, several States have issued detailed procedural guidelines

for dealing with missing children by their police force and public. These include

Andhra Pradesh, Delhi, Karnataka, Madhya Pradesh, Maharashtra, Orissa, Punjab,

Rajasthan, Uttar Pradesh and Uttarakhand.

196. The Commission has also issued instructions to the Director General of Police in

States/UTs to address the growing incidents of violence against children by the po-

lice force, affecting children’s physical integrity, dignity and privacy. These include

(i) issuing a circular to all police stations specifying the ‘Dos’ and Don’ts’ for the po-

lice in protecting child rights; and (ii) organising more sensitisation training (both

pre-service and in-service) for the police on the protection of child rights, as well as

about their role, as envisaged under the JJ Act, 2000.126

197. The Don Bosco Young at Risk (YaR) Forum, in collaboration with UNICEF and State

Governments, such as Karnataka, is running a Missing Child Search and Homelink

network, an e-based network to protect and restore the unaccompanied street children

and children out of parental care to their homes or to safer places. The programme,

which covers 72 cities in 16 States, has online information about 94,495 such children

from partner organisations at present. Of these, 50,613 children were traced/contact-

ed in 2007 alone. Out of these, 10,052 children have been restored back home. (See

Annexure 8C.5.1 for details on State-level initiatives on missing children.)

**8C.5.6 Monitoring**

198. The MHA set up a nodal cell in 2006, which acts as a focal point for dealing with

matters related to trafficking in human beings. The cell is responsible for collecting

and analysing data related to trafficking from the State Governments/UTs, identifying

problem areas, and analysing causes for their being source/transit/destination areas,

monitoring action taken by the State Governments/UTs for combating the crime, and

organising coordination meetings with the nodal police officers of States/UTs. At the

behest of the MHA, in 2006, the NCRB for the first time added a separate new chapter

on human trafficking statistics in their annual publication Crime in India.127

**8C.5.7 Awareness Generation**

199. Awareness generation and sensitisation is an in-built component of the MWCD

programme. A communication strategy for prevention of trafficking for commercial

sexual exploitation of children was also developed for specific target groups, such as

parents, *panchayat* members, police, teachers and others. Various poverty alleviation

programmes and women SHGs too have specially designed information packages to

prevent sexual exploitation and trafficking.

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200. The MWCD’s Ujjawala Scheme has components for prevention through awareness

generation. The Scheme envisages awareness generation through mass media, in-

cluding *kalajathas*, puppetry or other art forms, preferably traditional. The Scheme

also has provision for development and printing of awareness-generation material,

such as pamphlets, leaflets and posters in vernacular languages.

**8C.5.8 Research**

201. An action research project was commissioned by NHRC in 2003-04, to understand

the complex problem of trafficking in women and children. The Study, published

in 2005, was carried out by the Institute of Social Sciences (ISS), New Delhi, with

support from UNIFEM. The research process was action-oriented, with several anti-

trafficking activities, including prevention, protection and prosecution, being aided

and facilitated by the NHRC-UNIFEM-ISS network. The study laid bare the multi-

dimensional nature of the problem of trafficking, loopholes in the law, gaps in law

enforcement, and the involvement of organised mafia.

202. The MWCD, in collaboration with the MHA and UNODC, organised the South

Asia Regional Conference on Human Trafficking in October 2007 as part of the

UN Global Initiative to Fight Human Trafficking. The conference resulted in a

Delhi Declaration, which includes concerted action in law enforcement for quick

punishment to offenders, systematic training and capacity-building of stakeholders,

education of the girl child; awareness campaigns to prevent trafficking by way of

Public-Private Partnership (PPPs); focused programmes for vulnerable areas, avail-

ability of protocols and legal processes for rescue and repatriation procedures; and a

coalition of media and popular personalities to advocate for prevention of traffick-

ing. The MWCD also released a Compendium on Best Practices on Anti-Human

Trafficking by Law Enforcement Agencies, which has been circulated to all State

Governments and UTs for their use.

**8C.5.9 Capacity Building**

203. The MWCD, in collaboration with MHA and UNODC, had initiated a two-year

project for capacity-building of law enforcement officers on human trafficking. Un-

der this project, Protocols and SOPs have been developed and Anti-Human Traf-

ficking Units (AHTUs) have been set up under the police department of five proj-

ect States (Andhra Pradesh, Maharashtra, Bihar, West Bengal and Goa.) A total

of 390 training programmes for police and prosecutors have been organised, in

which 13,490 police officials and prosecutors have been trained in the five project

States. At the behest of the MHA, the Bureau of Police Research and Development

(BPR&D) has prepared a Training Manual on Human Trafficking, a handbook for

investigators, which has been circulated to the States for use in the Police Training

Institutes. BPR&D has also conducted Regional Trainings of Trainers (ToTs) on

prevention of trafficking of women and children at various police academies.128

204. A comprehensive Scheme for strengthening the law enforcement response to traf-

ficking through ToT programmes and by establishing AHTUs to be monitored

by the MHA has been drafted, which is under consideration for approval by the

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Planning Commission. The Scheme intends to ensure sensitisation of the grassroots-

level police personnel and other law enforcement agencies. The Scheme intends to

cover 50% of the total police Districts in the country.129

205. The MWCD, in collaboration with NIPCCD and UNICEF, has developed three

manuals: a judicial handbook on combating trafficking of women and children

for commercial sexual exploitation; a manual for medical officers for dealing with

child victims of trafficking and commercial sexual exploitation; and a manual on

counselling services for child survivors of trafficking. The manuals are being used

in the ToT programme. The MWCD, in collaboration with UNICEF and Nirmala

Niketan, College of Social Work, Mumbai, organised a series of training workshops

for field functionaries in Delhi, Hyderabad, Chennai, Mumbai, Bangalore and Kol-

kata. Regional workshops for building capacity of medical officers on issues related

to trafficking and medical examination of child victims of trafficking, particularly

on conducting age determination test, were organised in collaboration with UNI-

CEF and IMA.

206. A Judicial Handbook on Combating Trafficking of Women and Children for Com-

mercial Sexual Exploitation was developed by the Ministry of Women and Child De-

velopment in collaboration with National Human Rights Commission, National Law

School of India University, Bangalore, and UNICEF. For this purpose, State consul-

tations were organised in Andhra Pradesh, Goa, Karnataka, Madhya Pradesh, Ma-

harashtra, Orissa, Rajasthan, Tamil Nadu and West Bengal. This was followed by a

national-level consultation at New Delhi. These consultations were attended by judges,

magistrates, public prosecutors, officers of the State Police Departments, State Depart-

ments of Women and Child Development, representatives of NGOs and experts.130

207. NIPCCD has been made the nodal agency for training of SAARC representatives

on anti-trafficking and child rights as part of the SAARC Convention. Under this

initiative, NIPCCD has organised training programmes for SAARC representatives.

The MWCD, in collaboration with NIPCCD, has organised a series of workshops

for NGOs on issues related to trafficking of children for commercial sexual exploita-

tion. A special module for counsellors of trafficked victims has been formulated.

208. In collaboration with Stop Trafficking and Oppression of Children & Women

(STOP), UNIFEM and International Organisation for Migration (IOM), the Min-

istry organised a two-day workshop on Regional Experience Sharing: Dialogue Be-

tween Change Makers from the Civil Society Organisations, Policymakers, Judi-

ciary, Law Enforcing Agency and Survivors in New Delhi in 2005.

209. The BPR&D also imparts training to police personnel on issues of trafficking. In

addition, efforts are also being made for wide dissemination of child helpline num-

bers in police stations and other law enforcement agencies. State Governments are

also taking initiative for prevention of trafficking and for rehabilitation of children.

For instance, the State of Karnataka has constituted anti-trafficking committees

at decentralised level. Training programmes to sensitise the committee members

were conducted and rallies and street plays were organised to create awareness

among public.131

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**8C.5.10 Collaboration**

210. The Integrated Plan of Action to Prevent and Combat Human Trafficking, and the

Protocol for Pre-Rescue, Rescue and Post-Rescue Operations of Child Victims of

Trafficking and Commercial Sexual Exploitation, were prepared through a consul-

tative process, which involved representatives of State Governments, NGOs, UN

agencies and experts in the field. Meetings and workshops were held with them at

the regional and national level to prepare these policy documents.

211. The MWCD is also developing procedures for repatriation of child victims of traf-

ficking across border, with technical assistance of UNICEF. The procedures were

prepared in consultation with NGOs from India and Bangladesh.

212. The CWCs/JJBs, which deal with trafficked children, promote greater civil society

involvement in the juvenile justice system and encourage Government/NGO part-

nerships. As per the mandate of the JJ Act, 2000, one member of the CWC should

be a social worker. Trafficked children or missing children are treated as children in

need of care and protection, and are produced before CWCs, which have a strong

involvement of NGOs. NGOs are also involved in rescue and post-rescue opera-

tions, and their assistance is sought for counselling services also.

213. The Ujjawala Scheme provides for NGO involvement in its implementation. Other

schemes, such as the Integrated Scheme for Street Children, Scheme for Welfare

of Working Children in Need of Care and Protection, etc. are being implemented

with NGO cooperation.

214. Homes for children in need of care and protection are run in partnership with

Government and NGOs. The Childline, under the aegis of the MWCD, is a link

between children in need of care and protection, and available services. Childline

operates in 83 cities and towns in partnership with NGOs.

215. The MWCD, in collaboration with NGOs and UN agencies, has conducted re-

search studies. The Study on Child Abuse: India 2007, undertaken by the MWCD

through Prayas, was supported by UNICEF and Save the Children. The review of

data, analysis of findings and final report, along with recommendations, were con-

ducted through a Core Committee, which had representation from UN agencies

and NGOs. Similarly, the study on Trafficking in Women and Children in India by

NHRC was conducted in consultation with ISS, UNIFEM and USAID.

216. The MWCD collaborates with UN agencies, such as UNICEF, in preparing Infor-

mation, Education and Communication (IEC) material for campaigns, which are

conducted with the assistance of NGOs, and which aim to spread awareness on

various aspects of trafficking.

217. The MWCD is making efforts towards Public-Private Partnership (PPP) as part of

their Corporate Social Responsibility (CSR) for prevention of trafficking and reha-

bilitation of victims, in collaboration with UNODC and IOM, and has organised

several workshops and consultations. In March 2008, the MWCD, in collabora-

tion with UNODC and the Garment and Apparel Industry, organised a workshop

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on cleaning up supply chains for prevention of child trafficking for labour. As a

follow-up to the meeting, a ‘Think Tank’ on PPP was constituted, with representa-

tives from Ministries such as Home Affairs, Labour and Employment and Com-

merce; business bodies such as Confederation of Indian Industry (CII), Federation

of Indian Chamber of Commerce and Industry (FICCI) Associated Chambers of

Commerce and Industry of India (ASSOCHAM); and the National Commission

for Protection of Child Rights. In the first meeting of the Think Tank, core groups

for specific industries were set up. As a follow-up to the meeting, two projects were

initiated: (i) Vocational Training and Skill Upgradation for Adolescent Boys and

Girls of Vulnerable Groups by Apparel Export Promotion Council (APEC); and

(ii) Vocational Training and Skill Upgradation for Women Self-Help Groups from

Vulnerable Communities in Mewat Region, Haryana by Impulse and GAP.

**8C.5.11 Challenges**

218. The MWCD has taken a number of initiatives at policy, legislation and programme

levels to address the sale and trafficking of children. These include formulation of

a Protocol for Pre-Rescue, Rescue and Post-Rescue Operations, launch of Ujjawala

and launch of ICPS, to holistically address child protection. In addition, the SAARC

Convention on Preventing and Combating Trafficking was operationalised and the

Government is in the process of developing procedures for humane and quick re-

patriation of child victims of trafficking between India and Bangladesh. Capacity

building of law enforcement officers and development of manuals for stakeholders

has also been taken up. An integrated Plan of Action to Prevent and Combat Traf-

ficking with special focus on women and children is being developed.

219. The key areas of focus in addressing sale, trafficking and abduction of children

include:

* Strengthening anti-trafficking laws.
* Stringent laws to curb cross-border trafficking of children.
* Strengthening database on sale of children and trafficking.
* Strengthening skill training and sustainable livelihood options for women.
* Strengthening training programmes for judiciary, enforcement agencies, etc.
* Strengthening mechanisms for tracking of kidnapped and abducted children.

**8D. Children Belonging to a Minority or an Indigenous**

**Group**

**Article 30**

**8D.1 Status and Trends**

220. The focus of Government of India is on inclusive growth to ensure that universal

benefits are provided to all religious communities and social groups in the country,

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which have not equally benefited from the growth achieved by the country on cru-

cial human development indicators, such as levels of literacy, education and health.

Among these, the Muslims, the largest minority community in the country, are

lagging behind on most of the human development indicators. (See Sections 3B.1.1

and 3B.2.1 for details.)

221. Particularly Vulnerable Tribal Groups (PTGs) are tribal communities characterised by

declining or stagnant population, primitive agricultural technology, low literacy levels

and economic backwardness. There are 75 PTGs identified in 17 States/UTs. They

reside in remote habitats, with poor administrative and infrastructure back-up.132

**8D.2 Policy and Legislation**

222. The 11th Five Year Plan ensures faster and inclusive growth, with broad-based im-

provement in the quality of life of the people, especially Scheduled Caste (SC),

Scheduled Tribe (ST), Other Backward Caste (OBC) and minorities. The 11th Five

Year Plan has adopted different strategies for two distinct groups of PTGs – Heritage

Groups and Peripheral Communities. The approach for Heritage Groups will place

emphasis on conservation of the ecosystem, lifestyles and traditional skills, along

with an economic component. In the case of Peripheral Communities, the approach

will be conservation of the ecosystem, along with stress on economic programmes.

223. The National Urban Housing and Habitat Policy, 2007, provides for special efforts

to cater to the needs of minorities and SCs/STs in relation to housing and access to

basic services. (See Section 1.2 for details.)

224. The NPAC, 2005, provides for care, protection and welfare of children from mar-

ginalised and disadvantaged communities, including preserving their identity and

encouraging them to adopt practices that promote their best interest.

225. The Standing Committee on Labour and Welfare on the Development of Primitive

Tribal Groups, 2002, made 20 recommendations for the development of PTGs, out

of which eight were accepted by the Government. An important outcome of the rec-

ommendations is the formulation of the National Rehabilitation and Resettlement

Policy, 2007. (See Section 1.2 for details.)

226. In response to promotion of education and literacy in PTG areas, the MHRD has

taken measures for creating and strengthening infrastructure in tribal areas for

promotion of literacy among STs and PTGs.133 (See Sections 7A.1.2.7, 7A.5.2 and

7A.5.2.3 for details.)

227. There are several legislations to address the issues of minorities and indigenous

groups, such as Protection of Civil Rights Act, 1955, Prevention of Atrocities Act,

1989, etc. (See Section 3B.1.3 for details.)

**8D.3 Programmes**

228. The Prime Minister launched a 15-point programme for the minorities in June

2006. The Programme sought to enhance opportunities for education of minori-

ties, equitable share in economic activities and employment, improving living

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conditions, and prevention and control of communal disharmony and violence.

The target groups include the eligible sections among the minorities notified under

National Commission for Minorities Act, 1992, namely, Muslims, Christians, Sikhs,

Buddhists and Parsis.134 An important aim of the Programme is to ensure that the

benefits of various Government schemes for the underprivileged reach the disad-

vantaged sections of the minority communities. Some of the notable achievements

during 2006-07 and 2007-08 are: (i) construction of primary schools in minority

concentration areas, which increased from 961 in 2006-07 to 2,008 in 2007-08;

(ii) construction of upper primary schools, which increased from 1,114 in 2006-07

to 3,001 in 2007-08; and (iii) increase in the number of Kasturba Gandhi Balika

Vidyalayas (KGBVs), sanctioned for Educationally Backward Blocks (EBBs), and

having a substantial minority population, from 97 in 2006-07 to 219 in 2007-08.135

229. In pursuance of the Sachar Committee recommendations, 90 minority concentra-

tion Districts, which are backward in basic amenities and socio-economic param-

eters, were identified in 2007-08. A multi-sectoral development programme to ad-

dress the ‘development deficits’, especially in education, employment, sanitation,

housing, drinking water and electricity supply, has been launched in 2008-09. A

baseline survey to identify ‘development deficits’ has been carried out in all the

Districts, and District plans are getting finalised. Plans of 31 Districts covering Hary-

ana, Uttar Pradesh, West Bengal, Assam, Bihar and Manipur have been approved

by the competent authority.

230. A Scheme titled ‘Top Class Education for ST Students’ was launched in 2007-08, in

which top five eligible, meritorious ST students, admitted to each of the 125 iden-

tified premier educational institutions, are awarded scholarships for their course,

with a ceiling of total 625 scholarships per year. However, the family income of the

ST students from all the sources should not exceed Rs. 0.2 million per annum.136

231. The Integrated Child Development Services (ICDS) is being implemented in back-

ward rural areas, tribal areas and urban slums. ICDS IV focuses on: IEC strategies for

targeting tribals, keeping in view variations in languages and customs; preference to

construction of *Anganwadi* Centres (AWCs) in SC/ST/minority areas; establishment

of mini-AWCs in project States; and development of special tribal strategies in proj-

ect States for improved maternal and child health. (See Section 6C.3.2 for details.)

232. The existing provisions under the 100% Central Sector Scheme for the exclusive

development of PTGs, introduced by the Ministry of Tribal Affairs, continue to pro-

vide for housing, land distribution, agricultural development, cattle development,

income generation, health facilities, infrastructure development, insurance, etc. In

2004-05, the Ministry decided to provide insurance cover to the earning member of

each PTG family throughout the country under the Janshree Beema Yojana of the

Life Insurance Corporation of India. The number of PTG families covered under

the Janshree Beema Yojana increased from 0.1 million in 2004-05 to double the

number in the subsequent years. During 2007-08, 17 States and UTs with PTGs

formulated long-term Conservation-cum-Development Plans for each PTG of their

State for the entire period of the 11th Five Year Plan. The Plans were examined by an

expert committee and funds were released on the basis of prioritised activities.137

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233. The ICPS provides for a safe and secure environment for the overall development

of children, who are in need of care and protection, including children in difficult

circumstances. (See Section 1.5.1 for details.)

**8D.4 Challenges**

234. The 11th Five Year Plan aims to trigger a development process, which ensures broad-

based improvement in the quality of life of the disadvantaged groups, including

SCs/STs, OBCs and minorities. There has been progress in the implementation

of Sachar Committee recommendations. The 15-point Programme for minorities,

scholarship programmes for SCs/STs and special tribal development programmes

are initiatives to address the issues of minority and indigenous groups. The key areas

of focus in addressing issues of minority and indigenous groups include:

* Enhancing educational opportunities; equitable share in economic activities

and employment; and improving living conditions for minority and indig-

enous groups.

* Comprehensive implementation of the recommendations of the Sachar

Committee.

* Addressing inequalities and strengthening inclusion through all flagship

programmes.

**8E. Children Living or Working on the Street**

**8E.1 Status and Trends**

235. India First Periodic Report, 2001, quoted the estimated number of street children

in India as 11 million. (See India First Periodic Report 2001, para 75-79, page 354

for details.) The Census 2001, for the first time, estimated 13 million ‘houseless

households’, with each household accounting for 5-6 members; the total popula-

tion of houseless (or shelterless) amounted to at least 65 million in the country.138

Based on such information, it can be inferred that the estimated number of street/

homeless children requiring shelter is much more than that estimated by various

sources. There is no Census data available on the number of street children (com-

prising shelterless/homeless poor, migrant labourers, pavement dwellers and child

beggars), since they constitute a floating population.

236. The Growth in urban sector has outpaced the development of the rural economy.

As a result, a large number of people migrate from rural to urban areas in search of

better economic opportunities, and many start living in slums, *jhuggi jhopris* or even

on the streets and other public places. Many children are driven to live on the streets

in highly deplorable and risky conditions, making them highly vulnerable. Street

children and children without homes are very often exposed to abuse and exploi-

tation due to lack of identification in the absence of birth certificates and school-

leaving certificates. Micro studies reveal that the number of street children has been

growing in the country due to factors such as dearth of educational opportuni-

ties, violent or abusive home conditions, trafficking and natural calamities. Many

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belong to families of seasonal migrants and/or families forcibly evicted from homes

and lands as a result of development projects without adequate rehabilitation.139

Migration to cities by families forces children to drop out of school, and many end

up becoming child labourers, beggars or/and victims of drug abuse, smoking, gam-

bling, drinking, prostitution or sexual abuse. Given the limited number of shelters

in cities, street children are often exploited and harassed by the police. They are

vulnerable to hunger, malnutrition, lack of healthcare and education, physical and

sexual abuse, substance abuse and STD/HIV/AIDS.140

237.The Study on Child Abuse: India 2007, undertaken by the MWCD, covered 2,317 street

children, which was 18.7% of the total child respondents covered. The data revealed

that the overall incidence of physical abuse among street children either by family mem-

bers or by others or both was 66.8%, whereas sexual abuse was reported by 54.51%.

The Study revealed the life of street children as exploitative, abusive and inhuman.

**8E.2 Policy and Legislation**

238. The JJ (Amendment) Act, 2006, provides protection to children in need of care

and protection, which includes street children. It lays down provision for effective

services for recovery, re-integration and re-conciliation of street children with their

families and communities.

239. The NPAC, 2005, lays down provisions for temporary shelters and institutional care

for street children and other children in exploitative circumstances, such as *Raen*

*Baseras* and drop-in shelters, to ensure some secure shelter.

240. The National Urban Housing and Habitat Policy, 2007, has provision of shelter for

poor children. (See Section 1.2 for details.)

241. The 11th Five Year Plan focuses on inclusive growth and provides key interven-

tions to strengthen the rehabilitation and re-integration services to support these

children.141

**8E.3 Programmes**

242. The Integrated Programme for Street Children (IPSC) aims to prevent destitution

of children and facilitate their withdrawal from the streets. During the 10th Five Year

Plan (2002-07), over 0.2 million children benefited from this programme.142 To eval-

uate and assess the efficacy and impact of IPSC at the grassroots level, the MWCD

undertook an evaluation study through NIPCCD in 117 sample centres in 17 States

of the country. The major finding of the study revealed that the programme had

brought about a perceptible change in beneficiaries’ behaviour, attitude, livelihood

patterns, values, habits and future aspirations.143

243. The IPSC is now merged with ICPS, which provides preventive, statutory, and care

and rehabilitation services for all categories of disadvantaged and vulnerable chil-

dren, including street children. Services that will be provided for street children un-

der ICPS include open shelters for children in need in urban and semi-urban areas,

offering creative activities, counselling, guidance and life-skills education for channel-

ling energies into productive endeavours, and protection from abuse and neglect.

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244. The National Urban Health Mission (NUHM) aims at providing essential primary

healthcare services and health insurance for urban poor, covering all cities with a

population of more than 0.1 million. It would cater to the healthcare needs of street

children, street vendors, slum dwellers, homeless population and other margina-

lised urban dwellers.144

245. The 11th Five Year Plan will set up walk-in ICDS centres at railway stations and bus

stands. These centres will offer food to any child, who walks in after a proper health

check-up, and distribution of appropriate medicines and identity cards. In the

11th Five Year Plan, the Department of Elementary Education and Literacy will start

bridge schools with quality education packages for street children, who are out of

the formal education system. Clear strategies for encouraging access to Vocational

Education and Training (VET) for street children will also be adopted during the

Plan period.145

246. The street children and those at risk of taking to the streets due to their socio-

economic status are being reached out to under SSA, through formal schools, Edu-

cation Guarantee Scheme (EGS) and AIE centres.

247. Childline provides emergency outreach service for children in distress, and is being

universalised in the 11th Five Year Plan. (See Section 1.5.1 for details.) The Pro-

gramme for Juvenile Justice, Scheme for Welfare of Working Children in Need of

Care and Protection (See Section 1.5.1 for details.) and NCLP (See Section 8C.1.3

for details.) are other services provided, targeting rehabilitation of children in need

of care and protection including street children.

248. The Study on Child Abuse: India 2007 has helped the Government in the plan-

ning process, and the findings are being used as a starting point for developing pro-

grammes and for advocacy on issues of child protection, including street children.

**8E.4 Collaboration**

249. The IPSC was implemented in collaboration with the NGOs across the country, un-

der which this programme will continue to reach out to the street children through

the involvement of State Governments and NGOs. Several innovative rehabilita-

tion initiatives have been undertaken by the States and NGOs. For example, in

Orissa, Childline is working for rehabilitation, including vocational training, of

street children; and in Bihar, nearly 75,000 street children were admitted to Gov-

ernment schools with the assistance of Police in 2007.146 In Karnataka, de-addiction

centres are encouraged by the Government, while the West Bengal Government has

reached out to 10,500 children under IPSC. Himachal Pradesh is mainstreaming

and rehabilitating 265 street children through the involvement of NGOs. Mobilisa-

tion drives and health camps are held to motivate parents to send their children to

alternative education centres, and for health check-ups.147

250. A large number of NGOs are working independently on issues related to street

children, facilitating activities, such as non-formal education and vocational

skills training. The Don Bosco Ashalayam, Kolkata, reaches out to approximately

2,000 street children every year. The Bosco National Forum for Young at Risk has

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developed a software called Homelink, with support from UNICEF, which can

track the interventions for each child on the street in contact with an NGO. It is

being used by 76 NGOs in 13 States and has an online database of over 70,000

street children. The Ministry plans to upscale this programme during the 11th Five

Year Plan period.148 The Indian Council for Child Welfare rehabilitates nearly 500

children in Chennai every year. Butterflies, an NGO working on street and work-

ing children in Delhi, has set up a Children’s Development Bank, which has street

children as its customers, with over Rs. 0.1 million as savings and 1,700 account

holders. The Bank received the Global Development Network Japanese Award for

Most Innovative Development Project (second place) in 2006.149

251. Following a Directive from Delhi High Court after an incidence of police atrocity

on street children,150 guidelines on how to deal with issues affecting street children

in Delhi were developed. These were submitted to the High Court in 2007.

252. In a joint initiative by Kolkata Municipal Corporation, UNICEF and a group of

75 NGOs, led by City Level Programme of Action, a drive was launched in 2005 to

identify children born in the city but without birth registrations. Around 50,000

such children were identified, and their certificates made. Since street children may

not be in a position to safely keep these certificates, NGOs might keep them on

behalf of the child/child’s family.151

**8E.5 Challenges**

253. The 11th Five Year Plan has outlined several measures to address the issues of health,

education and vocational training of street children. The ICPS provides preventive,

statutory, care and rehabilitation services for all categories of disadvantaged groups,

including street children. The JJ (Amendment) Act, 2006, has provision for effective

services for recovery, re-integration and reconciliation of street children with their

families and communities. The continuing challenges in addressing issues of street

children include:

* Strengthening data on street children.
* Strengthening programmes and services for rehabilitation of street children and

improving their accessibility.

* Efficient implementation of ICPS to protect vulnerable children.

**End Notes**

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**Annexures**



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1.

**General Measures of Implementation**

**Annexure 1.1: The Hindu Succession (Amendment) Act, 2005**

1.

The provisions of the Hindu Succession (Amendment) Act, 2005, are as follows1:

i.

The daughter of a coparcener by birth becomes a coparcener2 in her own right

in the same manner as a son.

ii. The daughter has the same rights in the coparcenary property as she would have

had, if she had been a son.

iii. The daughter shall be subject to the same liability in the said coparcenary prop-

erty as that of a son.

iv. The daughter is allotted the same share as is allotted to a son.

v. The share of a pre-deceased son or a pre-deceased daughter shall be allotted to

the surviving child of such pre-deceased son or of such pre-deceased daughter.

vi. The share of a pre-deceased child of a pre-deceased son or of a pre-deceased

daughter shall be allotted to the child of such pre-deceased child of the pre-

deceased son or a pre-deceased daughter.

**Annexure 1.2: The Code of Criminal Procedure (Amendment)**

**Act, 2008**

2.

The Code of Criminal Procedure (CrPc) (Amendment) Act, 2008, contains the fol-

lowing provisions related to protection of women:3

i.

All rape cases shall be tried in the court of a woman judge as far as practicable.

(Section 26 of CrPC.)

ii. Investigation in child rape cases to be completed within three months from the

date on which the information was recorded by officer-in-charge of the police

station. (Section 173 of CrPC.)

iii. In-camera trial of sexual offence cases shall be conducted as far as practicable by

a woman judge. (Section 327 of CrPC.)

iv. Where a woman is to be arrested, unless the circumstances otherwise require or

unless the police officer is a female, the police officer shall not touch the person

of the woman to arrest her. (Section 46 of CrPC.)

v. In order to prevent trials in rape cases from being unduly delayed, it has been

provided that the inquiry or trial in such cases shall, as far as possible, be com-

pleted within a period of two months from the date of commencement of the

examination of witness. (Sub-section (1) of Section 309 of CrPC.)

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vi. In an offence of rape, the recording of the statement of the victim shall be

conducted at the residence of the victim or in place of her choice and as far as

practicable by a woman police officer, in the presence of her parents or guardian

or near relatives or social worker of the locality. (Section 157 of CrPC.)

vii. If a woman sentenced to death is found to be pregnant, the High Court shall com-

mute the sentence to imprisonment for life mandatorily. (Section 416 of CrPC.)

**The Code of Criminal Procedure (Amendment) Act, 2005**

3.

The CrPc Act was amended earlier also in 2005, which, *inter alia*, the following provi-

sions were included for protection of women:

i.

No woman shall be arrested after sunset and before sunrise except in excep-

tional circumstances. (Section 46 of CrPC.)

ii. Judicial inquiry is mandatory in case of death or disappearance of a person or

rape of a woman while in the custody of the police. In case of death, examina-

tion of the dead body to be conducted within 24 hours of death. (Section 176

of CrPC.)

iii. A new Section 53A was inserted to provide for a detailed medical examination

of a person accused of an offence of rape or an attempt to commit rape, by a

registered medical practitioner employed in a hospital run by the Government

or a local authority, and, in the absence of such a practitioner, by any other

registered medical practitioner.

iv. A new Section 164A was inserted in the Code to provide for a medical exami-

nation of the victim of rape, by a registered medical practitioner employed in

a hospital run by the Government or a local authority, and, in the absence of

such a practitioner, by any other registered medical practitioner.

Annexures: General Measures of Implementation

Annexure1.3: Training Programmes Organised by National Institute of Public

Cooperation and Child Development during April, 2001 to March, 20084

**2001-02**

257

S. No

Name of the

programme

Dates

No. of

partici-

pants

Venue

HEADQUARTERS

1.

Orientation Course on Child Rights, Poli-

cies and Legislation for the Executives of

Voluntary Organisations

16–26 April,

2001

19 (NGOs) Indore

2.

Workshop on Early Childhood Care and

Education for Officials of Government of

Bhutan (Financial Support of UNESCO)

16–27 April,

2001

7 (Gov-

ernment

Officials of

Bhutan)

New Delhi

3.

Course on Fund Raising and its Manage-

ment for Sustenance of Child Care Pro-

grammes (Collaboration with South Asian

Fund Raising Group)

23–27 April,

2001

25 (NGOs) New Delhi

4.

Workshop on Preparation of Hoardings

and Child-Friendly Information on Sexually

Transmitted Diseases and HIV/AIDS For

Street Children (Collaboration with Angaja

Foundation, New Delhi)

26–27 July, 2001 47 (Street

Children,

NGOs)

New Delhi

5.

6.

7.

Orientation Course for Senior Government

Officials in Use of CRC

(Sponsored by WHO)

Orientation Course on Juvenile Justice

(Care and Protection of Children) Act,

2000 for Police Officers of National Capital

Territory of Delhi

Workshop on Inclusive Education for

Children with Disabilities: Prospects and

Challenges

30 October–01

November, 2001

06–08 Novem-

ber, 2001

07–08 Novem-

ber, 2001

8 (Gov-

ernment

Officials)

36 (Police

Officers of

National

Capital

Territory of

Delhi)

44 (Gov-

ernment

Officials/

NGOs,

National/

Academic

Institutions

Chandigarh

New Delhi

New Delhi

8.

Course on Early Childhood Care for Sur-

vival, Growth and Development

26 November-

08 December,

2001

15 (NGOs) New Delhi

9.

Orientation Course on Juvenile Justice

(Care and Protection of Children) Act,

2000 for Police Officers of National Capital

Territory of Delhi

04–07 Decem-

ber, 2001

41 (Police

Officers of

National

Capital

Territory of

Delhi)

New Delhi

10.

Orientation Course on Juvenile Justice 07–10 January,

(Care and Protection of Children) Act, 2000 2002

for Police Officers of National Capital

Territory of Delhi

52 (Police

Officers of

National

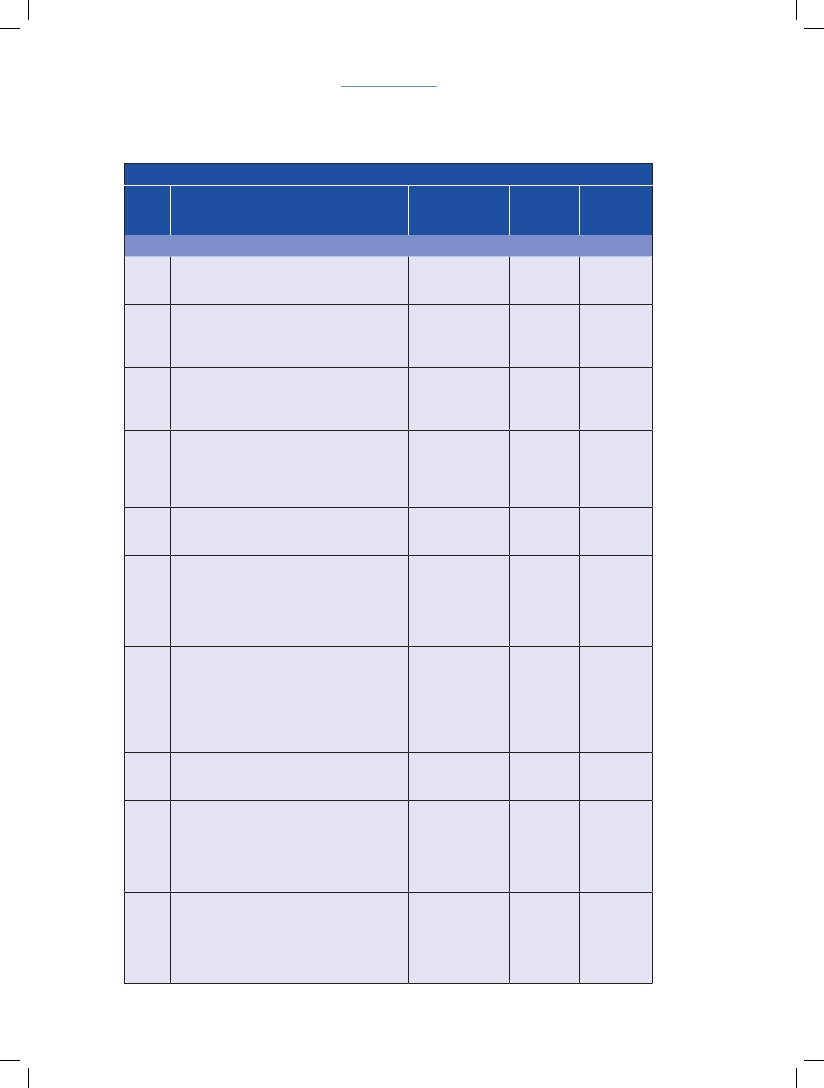
Capital

Territory of

Delhi)

New Delhi

*Contd…*



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**2001-02**

S. No

Name of the

programme

Dates

No. of

partici-

pants

Venue

HEADQUARTERS

11.

Orientation Course on Promotion of Child

Rights

07–11 January,

2002

14 (NGOs) New Delhi

12.

Training Programme on Helping Children

with Learning Problems

21–25 January,

2002

26 (School

Personnel)

New Delhi

13.

Course on Holistic Development of the

Child for Voluntary Organisations

04–08 February,

2002

25 (NGOs) Indore

14.

Orientation Course on Juvenile Justice

(Care and Protection of Children) Act,

2000 for Police Officers of National Capital

Territory of Delhi

11–14 February,

2002

34 (Police

Officers of

National

Capital

Territory of

Delhi)

New Delhi

REGIONAL CENTRES

Regional Centre, Bangalore

15.

16.

Orientation Course on Child Rights

Workshop on Child Care Institutions in

Karnataka

23–27 April,

2001

17 July, 2001

35 (Gov-

ernment

Officials

and

NGOs)

20 (Gov-

ernment

Officials

and

NGOs)

Bangalore

Bangalore

17.

Skill Training Programme on Management

of Early Childhood Care and Development

Programme for Supervisory Staff of Part-

ner Organisations of Christian Children

Fund

07–11 January,

2002

24 (NGOs) Bangalore

Regional Centre, Guwahati

18.

Orientation Course on Appropriate Prac-

tices of Child Rearing

11–15 March,

2002

42 (NGOs

and

Women

Organisa-

tions)

Guwahati

Regional Centre, Lucknow

19.

Sensitisation Programme on Problems of

Street Children for Personnel of Voluntary

Organisations, Civic Bodies and Police

Officials (Sponsored by UNICEF)

04–08 March,

2002

13 (NGOs,

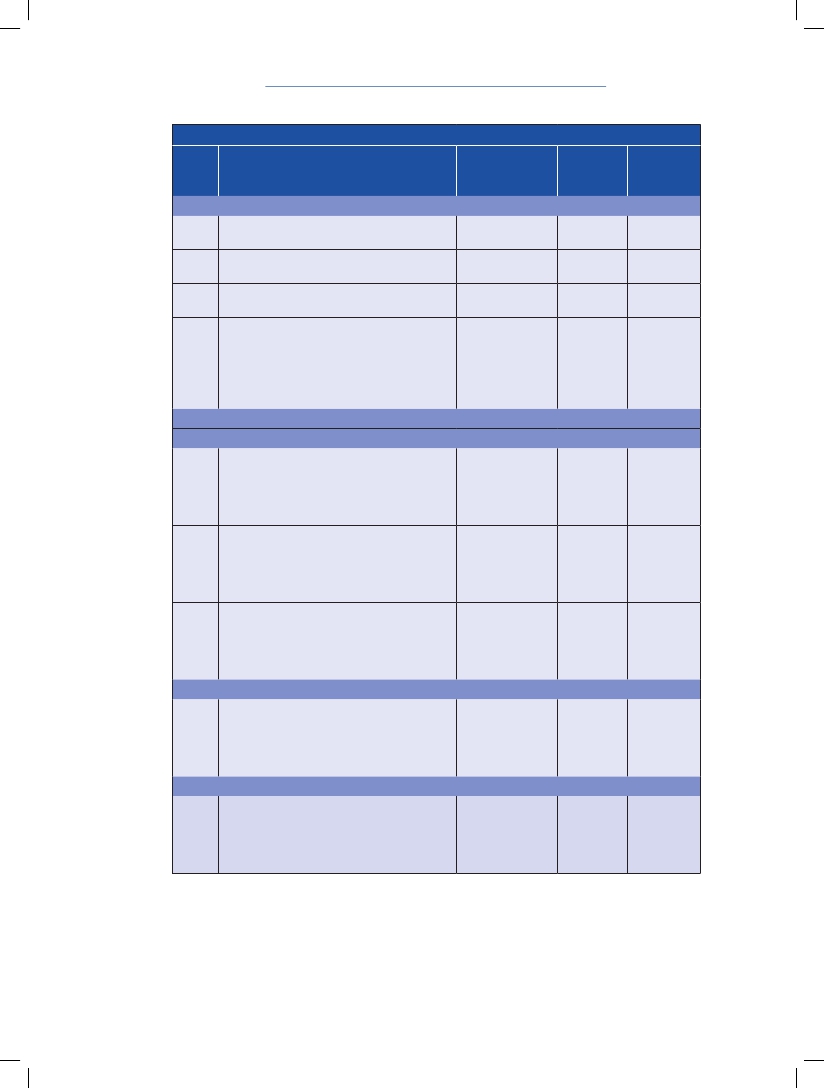
Civic

Bodies

and Police

Officials)

Lucknow



Annexures: General Measures of Implementation

**2002-03**

259

S. No

Name of the

programme

Dates

No. of

participants

Venue

HEADQUARTERS

1.

2.

Orientation Course on Best Practice in

Community Nutrition for Functionaries of

Mother NGOs Working for Maternal and

Child Nutrition

Orientation Course on Juvenile Justice

(Care and Protection of Children) Act, 2000

(Collaboration with Delhi Police)

01–05 April,

2002

16–19 April,

2002

17 (NGOs)

35 (Police Of-

ficers, Delhi)

New Delhi

New Delhi

3.

National Seminar on the Impact of

Insurgency on Women and Children in the

North-Eastern Region

(Collaboration with ICSSR)

17–18

September,

2002

42 (NGOs and Aizawl

Departments)

4.

5.

6.

7.

8.

9.

10.

11.

Course on Capacity Building of Trainers of

Infant and Young Child Feeding Practice

Three-Day Orientation Course for Senior

Government Officers in Use of CRC for

Southern States (Supported by WHO)

Rashtriya Bal Sanskar Sangam

Capacity Building of Integrated Child De-

velopment Services Manpower in Nutrition

and Health Education, and Monitoring and

Reporting in WFP-Assisted Projects

Capacity Building of Integrated Child De-

velopment Services Manpower in Nutrition

and Health Education, and Monitoring and

Reporting in WFP-Assisted Projects

Capacity Building of Integrated Child De-

velopment Services Manpower in Nutrition

and Health Education, and Monitoring and

Reporting in WFP-Assisted Projects

Orientation Course on Juvenile Justice

(Care and Protection of Children) Act, 2000

(Collaboration with Delhi Police)

Orientation Course on Juvenile Justice

(Care and Protection of Children) Act, 2000

(Collaboration with Delhi Police)

24–26

September,

2002

19–21Octo-

ber, 2002

09–15

November,

2002

09–13

December,

2002

16–20

December,

2002

16–20

December,

2002

25–28

February,

2003

25–28

March, 2003

27 (NGOs)

10 (Govern-

ment Officials)

3821

(Children)

29 (Integrated

Child Develop-

ment Services

Functionaries)

32 (Integrated

Child Develop-

ment Services

Functionaries)

29 (Integrated

Child Devel-

opment Func-

tionaries)

22 (Police

Officers,Delhi)

24 (Police

Officers,Delhi)

Bangalore

Ooty

New Delhi

Lucknow

Bhopal

Orissa

New Delhi

New Delhi

REGIONAL CENTRES

Regional Centre, Bangalore

12.

Sensitisation Programme on Adoption as a

Way of Rehabilitation of Destitute/Orphan/

Abandoned Children for the Executive

Members of Child Welfare Institutions

(Jointly Organised with VCA Karnataka)

18–20 June,

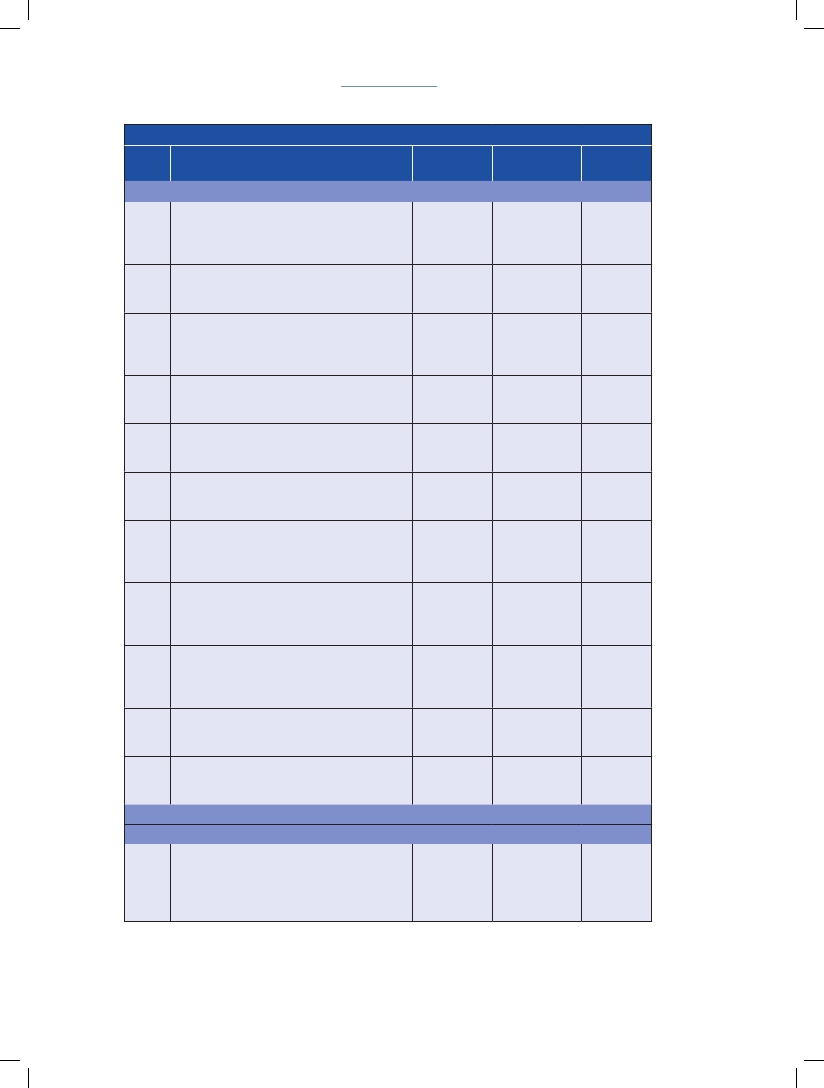
2002

27 (Child Wel-

fare Institutions)

Bangalore

*Contd…*



260

India: Third and Fourth Combined Periodic Report on the Convention on the Rights of the Child

**2002-03**

S. No

Name of the

programme

Dates

No. of

participants

Venue

Regional Centre, Bangalore

13.

Capacity Building of Trainers on Infant and

Young Feeding

24–26

September,

2002

25 (NGOs)

Bangalore

14.

Workshop on Early Warning Signals: ILO- 03–04

IPEC Project on Prevention of Child Labour December,

in Andhra Pradesh 2002

17 (NGOs)

Bangalore

Regional Centre, Guwahati

15.

Orientation Training on Counselling for

Childline and Street Children Functionaries

06–07 July,

2002

19 (NGOs)

Guwahati

16.

17.

Skill Training on Managing Children with

Learning Problems

Orientation Training Programme for NGOs

on Needs and Problems of Adolescent

Girls of Tribal and Other Backward Caste

Communities of North-Eastern Region

24–28 March, 32 (Teachers)

2003

31 March–04 32 (NGOs)

April, 2003

Guwahati

Guwahati

Regional Centre, Indore

18

Reach of Integrated Child Development

Services in Tribal Areas of Madhya

Pradesh and Chhattisgarh

27–28

December,

2002

44 (Depart-

ment of Wom-

en and Child

Development,

Integrated

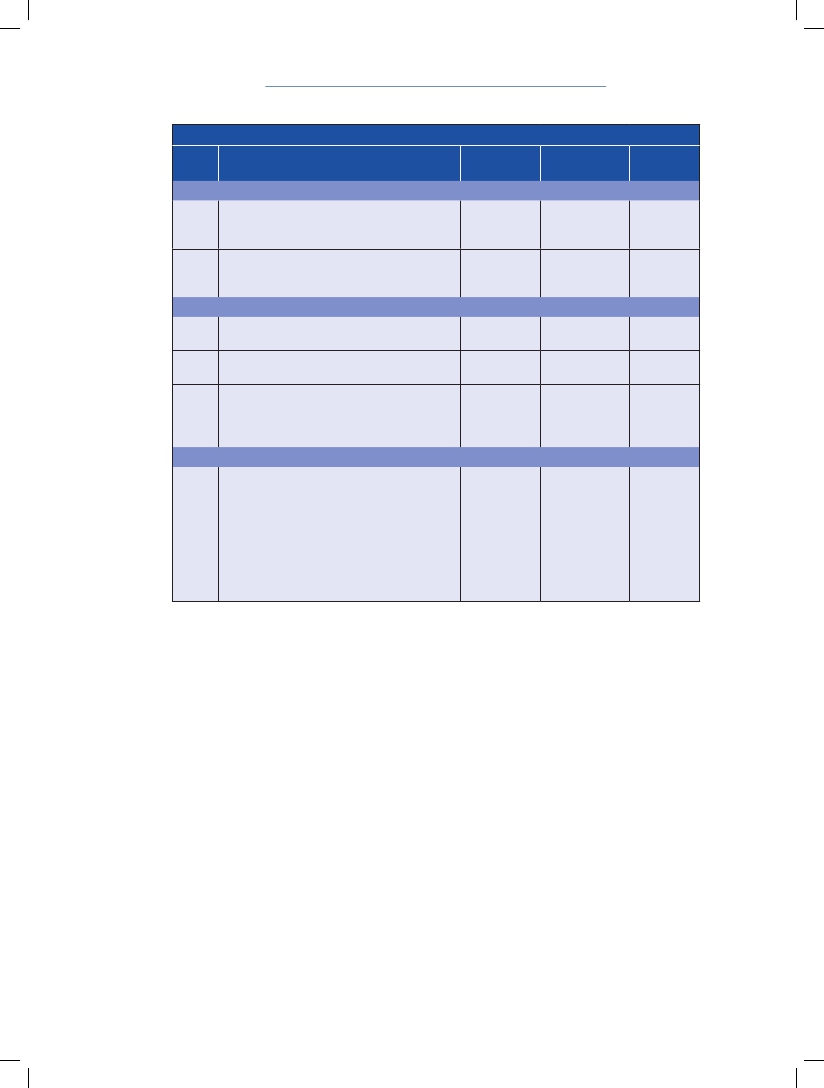
Child Develop-

ment Services

Functionaries

and NGOs)

Indore



Annexures: General Measures of Implementation

**2003-04**

261

S. No

Name of the

programme

Dates

No. of

participants

Venue

HEADQUARTERS

1.

2.

3.

4.

5.

6.

Symposium on Shape the Future of Life:

Healthy Environment for Children

Orientation Course on Juvenile Justice

(Care and Protection of Children) Act, 2000

(Collaboration with Delhi Police)

Orientation Course on Juvenile Justice

(Care and Protection of Children) Act, 2000

(Collaboration with Delhi Police)

State-Level Seminar on Role of Social

Organisations in Development of Women

and Children in Uttarakhand

State-Level Seminar on Role of Social

Organisations in Development of Women

and Children in Jharkhand

Orientation Course on Personnel of Volun-

tary Organisations in Health and Nutrition

of the Young Child and Women

07 April,

2003

28–31 May,

2003

09–12 July,

2003

30–31

October,

2003

13–14

January,

2004

9–13

February,

2004

50 (NGOs)

23 (Police

Officers,

Delhi)

35 (Police

Officers,

Delhi)

104 (NGOs)

204 (NGOs)

23 (NGOs)

New Delhi

New Delhi

New Delhi

New Delhi

New Delhi

New Delhi

REGIONAL CENTRES

Regional Centre, Bangalore

7.

8.

9.

10.

11.

Training Programme on Counselling for the

Functionaries of Child Care Institutions

Training of Trainers of Self-Help Groups

on Prevention of Trafficking of Women and

Children in Karnataka

Training of Trainers of Self-Help Groups

on Prevention of Trafficking of Women and

Children in Karnataka

Orientation Course on Health and Nutri-

tion Care of Women and Children for the

Functionaries of NGOs

Training Programme on Counselling for the

Functionaries of Child Care Institutions of

Tamil Nadu

05–09

January,

2004

12–13

February,

2004

16–17

February,

2004

01–05

March,

2004

08–12

March,

2004

31 (NGOs)

30 (NGOs)

35 (NGOs)

45 (NGOs)

27 (NGOs)

Bangalore

Bangalore

Bangalore

Bangalore

Bangalore

Regional Centre, Guwahati

12.

North-Eastern Regional Consultation Meet

on the Implementation of Juvenile Justice

(Care and Protection of Children) Act, 2000

04–05

August,

2003

29 (Judiciary,

Government

Officials,

Education Of-

ficers, NGOs)

Guwahati

Regional Centre, Lucknow

13.

14.

NICP Workshop for Personnel of Institu-

tions Working with/for ChildLine

Implementation of Childnet for Lucknow

ChildLine

09 April,

2003

25 May,

2003

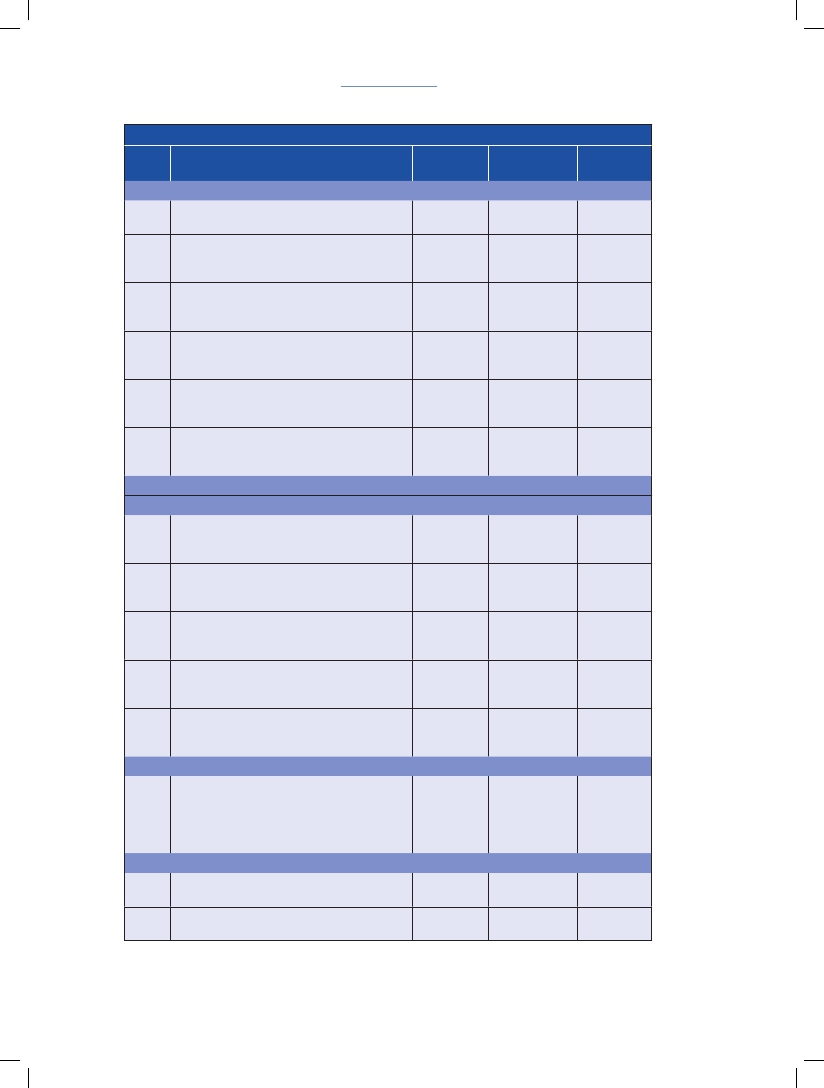
86 (NGOs)

15 (NGOs)

Lucknow

Lucknow

*Contd…*



262

India: Third and Fourth Combined Periodic Report on the Convention on the Rights of the Child

**2003-04**

S. No

Name of the

programme

Dates

No. of

participants

Venue

Regional Centre, Lucknow

15.

16.

Workshop for Lucknow ChildLine Personnel

Workshop for finalisation of Pictorial Book-

lets on Child Rights and Child Protection

30 October,

2003

19 Decem-

ber, 2003

15 (NGOs)

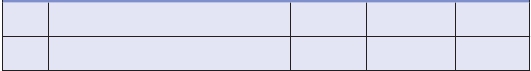
21 (Govern-

ment Officials)

Lucknow

Lucknow





Annexures: General Measures of Implementation

**2004-05**

263

S. No

Name of the

programme

Dates

No. of

participants

Venue

HEADQUARTERS

1.

2.

3.

4.

5.

6.

Orientation Course on Child Rights, Legisla-

tion and Policies for Senior Executives of

Voluntary Organisations

Course on Early Childhood Care and Devel-

opment of Voluntary Organisations

Orientation Training on Child Development

and Child Welfare

Course on Early Childhood Care and Devel-

opment for Voluntary Organisations

Training Programme on Prevention of Traf-

ficking of Women and Children

Workshop on Children in Difficult Circum-

stances for Executive of Voluntary

Organisations and Social Activists of South-

ern Region

14–18

June, 2004

23–27 Au-

gust, 2004

14–23 Feb-

ruary, 2005

14–18

March,

2005

15–16

March,

2005

30 March-02

April, 2005

22 (NGOs)

29 (NGOs)

12 (NGOs)

21 (NGOs)

28 (NGOs)

32 (NGOs)

New Delhi

New Delhi

New Delhi

New Delhi

Pune

Bangalore

REGIONAL CENTRES

Regional Centre, Bangalore

7.

8.

Training Programme on Counselling for

the Functionaries of Child Care Institutions

of Kerala

Training on Child Labour Issues for Project

Directors of District Child Labour Societies

of Karnataka

07–11June,

2004

12–17July,

2004

29 (NGOs)

26 (NGOs)

Bangalore

Bangalore

Regional Centre, Guwahati

9.

10.

11.

Training on Prevention of Trafficking of

Women and Children

Orientation Course on Counselling for the

Functionaries of Child Care Institutions

Orientation Training on Community-Oriented

and Child-Friendly Policing

27–28 May,

2004

31 May–04

June,

2004

05–09 July,

2004

44 (Govern-

ment Officers

and NGOs)

35 (Govern-

ment Officers

and NGOs)

40 (Police

Officials)

Guwahati

Guwahati

Guwahati

12.

Training of Trainers on Community-Oriented

and Child-Friendly Policing

07–11 June, 22 (Police

2004 Officials)

Guwahati

13.

14.

15.

16.

Orientation Training on Community-Oriented

and Child-Friendly Policing

Orientation Training on Community-Oriented

and Child-Friendly Policing

Orientation Training on Community-Oriented

and Child-Friendly Policing

Orientation Training on Community-Oriented

and Child-Friendly Policing

14–18

June, 2004

21–25 June

2004

12–16

July, 2004

19–23

July, 2004

28 (Police

Officials)

49 (Police

Officials)

20 (Police

Officials)

26 (Police

Officials)

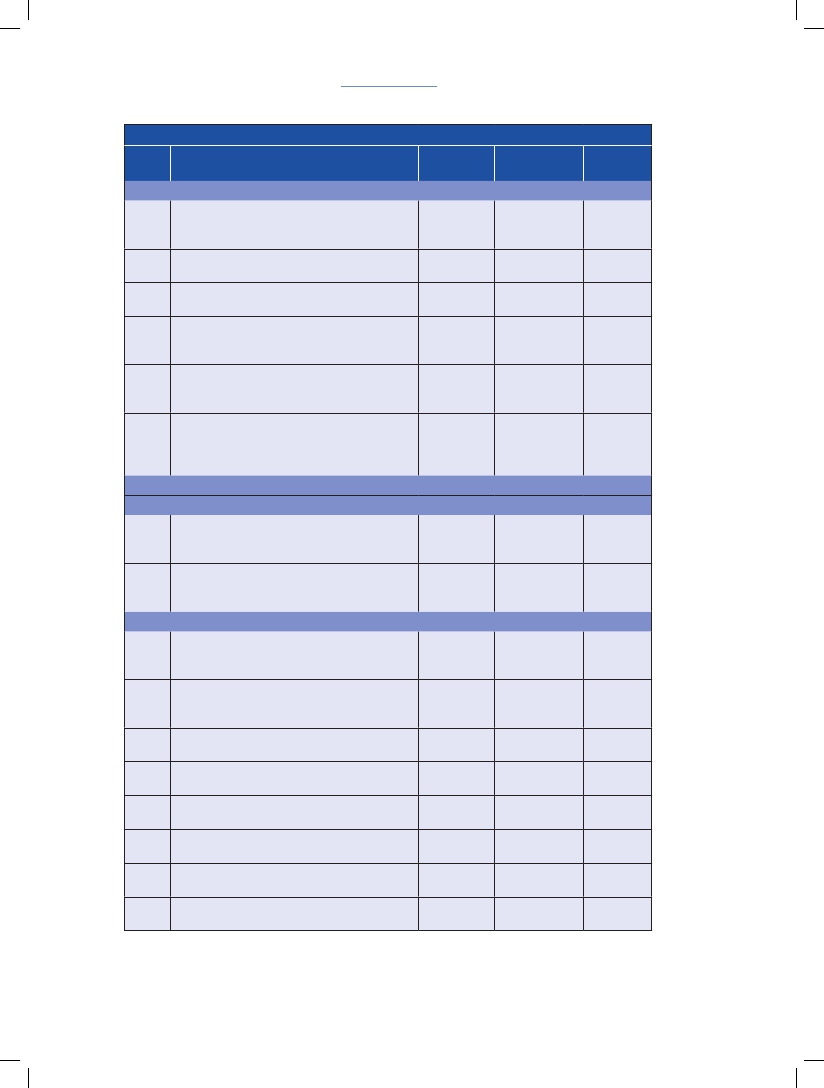
Guwahati

Guwahati

Guwahati

Guwahati

*Contd…*



264

India: Third and Fourth Combined Periodic Report on the Convention on the Rights of the Child

**2004-05**

S. No

Name of the

programme

Dates

No. of

participants

Venue

Regional Centre, Guwahati

17.

18.

19.

20.

21.

22.

23.

24.

25.

26.

27.

28.

29.

Orientation Training on Community-Oriented

and Child-Friendly Policing

Orientation Training on Community-Oriented

and Child-Friendly Policing

Orientation Training on Community-Oriented

and Child-Friendly Policing

Orientation Training on Community-Oriented

and Child-Friendly Policing

Orientation Training on Community-Oriented

and Child-Friendly Policing

Workshop on Care and Protection of Chil-

dren in Districts in North-Eastern Region

Orientation Training on Community-Oriented

and Child-Friendly Policing

Orientation Training on Community-Oriented

and Child-Friendly Policing

Orientation Training on Community-Oriented

and Child-Friendly Policing

Orientation Training on Community-Oriented

and Child-Friendly Policing

Orientation Training on Community-Oriented

and Child-Friendly Policing (Sponsored by

UNICEF)

Orientation Course on Legislations Protect-

ing the Interest of Children for the Function-

aries of Childline and Street Children

Workshop on Creativity in Children

02–06

August,

2004

23–27

August,

2004

06–10

September,

2004

13–17

September,

2004

20–24

September,

2004

07–08

October,

2004

11–15

October,

2004

25–29

October,

2004

16–20

November,

2004

22–26

November,

2004

29

Novem-

ber-03

December,

2004

07–11

February,

2005

14–15

March,

2005

32 (Police

Officials)

31 (Police

Officials)

18 (Police

Officials)

37 (Police

Officials)

32 (Police

Officials)

51 (Govern-

ment Officials

and NGOs)

33 (Police

Officials)

30 (Police

Officials)

37 (Police

Officials)

26 (Police

Officials)

30 (Police

Officials)

41 (NGOs)

39 (NGOs)

Guwahati

Guwahati

Guwahati

Guwahati

Guwahati

Guwahati

Guwahati

Guwahati

Guwahati

Guwahati

Guwahati

Guwahati

Guwahati

Regional Centre, Lucknow

30.

Orientation Course on Counselling for the

Functionaries of Child Care Institutions of

Northern States

28 June-02

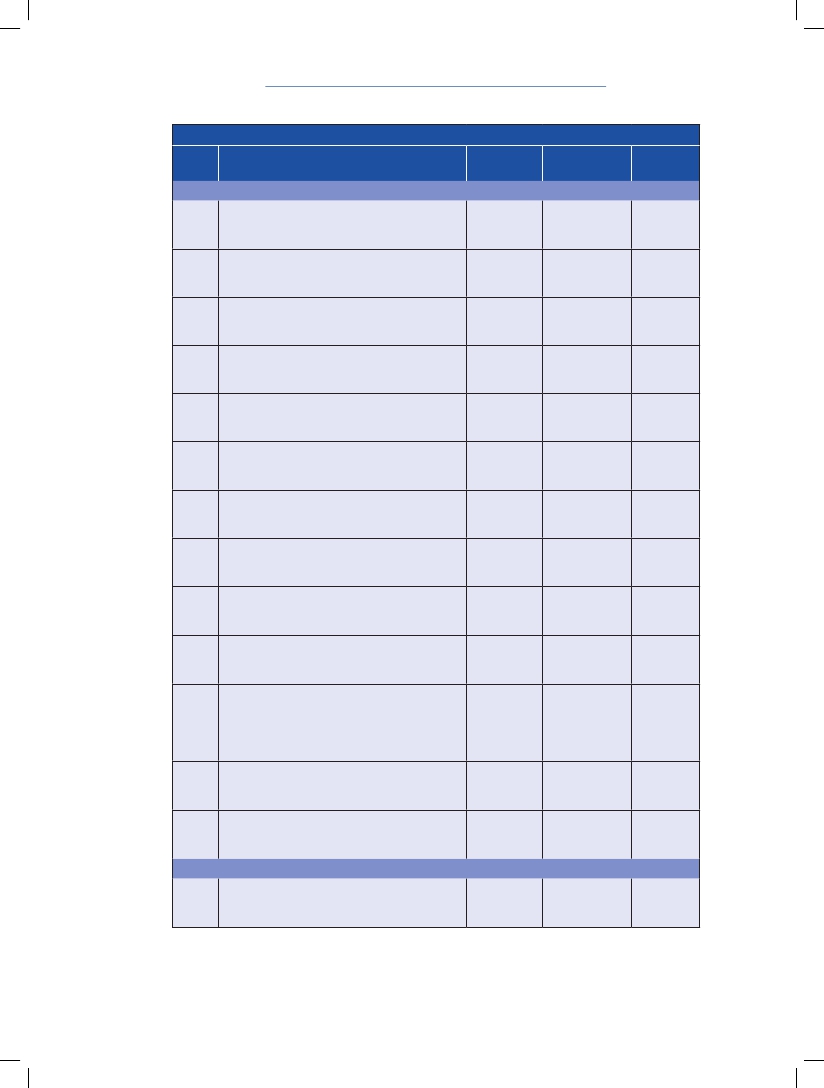
July, 2004

17 (Govern-

ment Officials

and NGOs)

Lucknow



Annexures: General Measures of Implementation

**2005-06**

265

S. No

Name of the

programme

Dates

No. of

participants

Venue

HEADQUARTERS

1.

Training Workshop for Functionaries of

Protective Homes Dealing with Victims of

Child Trafficking (in Collaboration with De-

partment of Women and Child Development

and UNICEF)

25–26

April, 2005

15 (Students)

New Delhi

2.

Orientation Course for Personnel of Volun- 06–10

tary Organisations in Health and Nutrition of March,

the Young Child and Women 2006

16 (NGOs)

New Delhi

3.

4.

5.

Course on Integrated Child Development

for Voluntary Organisations

Advanced Diploma on Child Guidance and

Counselling

Training Programme on Prevention of Traf-

ficking of Women and Children

27–31

March,

2006

03 August,

2005–31

July, 2006

16-17

June, 2005

29 (NGOs)

31 (Govern-

ment Officials)

26 (NGOs)

New Delhi

New Delhi

Chennai

6.

Orientation Course on Child Rights, Policies 05–08

and Legislation for Functionaries of Volun- July, 2005

tary Organisations of Northern Zone

16 (NGOs)

Himachal

Pradesh

7.

8.

9.

10.

11.

12.

13.

Orientation Course on Juvenile Justice

(Care and Protection of Children) Act, 2000

Training Programme on Prevention of

Trafficking of Women and Children for

Government Officials and Representatives

of NGOs

Orientation Course on Care and Protection

of Children in Difficult Circumstances for

Functionaries of Voluntary Organisations

Training Programme on Counselling Ser-

vices for Trafficked Children for NIPCCD

Master Trainers (Sponsored by UNICEF)

Training Programme on Counselling

Services for Child Survivors of Trafficking

(Sponsored by UNICEF)

Training Programme on Counselling

Services for Child Survivors of Trafficking

(Sponsored by UNICEF)

Training Programme on Counselling Ser-

vices for Child Survivors of Trafficking

23–26

August,

2005

08–09 Feb-

ruary, 2006

28–30

March,

2006

01–02

December,

2005

19–24

December,

2005

16–21

January,

2006

06–11 Feb-

ruary, 2006

40 (NGOs)

36 (NGOs)

28 (NGOs)

10 (Govern-

ment Officials)

18 (Govern-

ment Officials

and NGOs)

28 (Govern-

ment Officials

and NGOs)

22 (Govern-

ment Officials

and NGOs)

New Delhi

Goa

New Delhi

New Delhi

New Delhi

Bangalore

New Delhi

REGIONAL CENTRES

Regional Centre, Bangalore

14.

15.

National Consultative Meet on Child-to-

Child Programme

Training of Trainers on Prevention of

Trafficking of Women and Children for

the Officials of Government of Karnataka

(Divisional Level)

19–21

July, 2005

17–18

August,

2005

76 (NGOs)

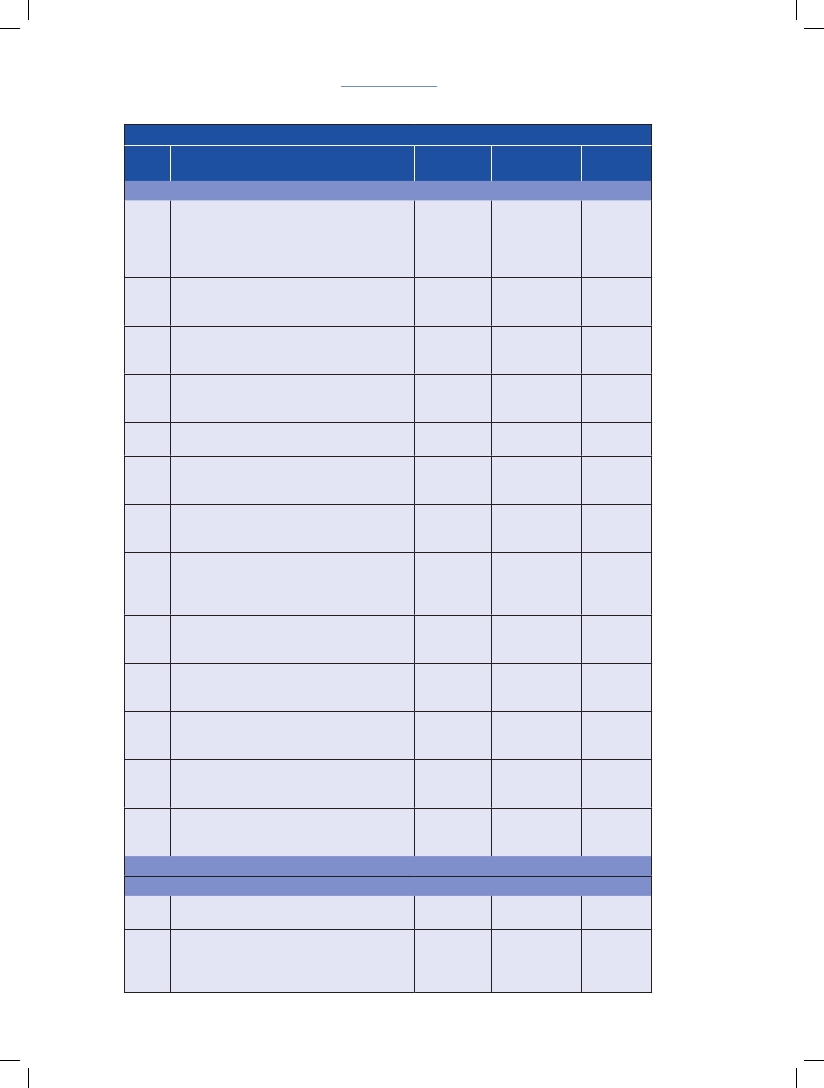
25 (Govern-

ment Officials)

Bangalore

Bangalore

*Contd…*



266

India: Third and Fourth Combined Periodic Report on the Convention on the Rights of the Child

**2005-06**

S. No

Name of the

programme

Dates

No. of

participants

Venue

Regional Centre, Bangalore

16.

17.

18.

19.

20.

Training of Trainers on Prevention of

Trafficking of Women and Children for

the Officials of Government of Karnataka

(Divisional Level)

Training Programme for Trainers on Preven-

tion of Trafficking of Women and Children for

the Officials of Government of Karnataka

Training of Trainers on Prevention of Traf-

ficking of Women and Children for the

Officials of Government of Karnataka

Orientation Course on Early Detection of

Mental Health Problems of Children for

School Teachers of Primary Schools

Post Trauma Management of Persons

Affected by Disaster – An Orientation

Programme for Government/NGOs

30–31

August,

2005

14–15

September,

2005

29–30

September,

2005

24–29

October,

2005

13–17

March,

2006

30 (Govern-

ment Officials)

35 (Govern-

ment Officials)

36 (Govern-

ment Officials)

16 (Teachers)

24 (Govern-

ment Officials/

NGOs)

Bangalore

Bangalore

Bangalore

Bangalore

Bangalore

Regional Centre, Guwahati

21.

22.

23.

Workshop on Promoting Child Guidance

Services in the North-Eastern Region

Orientation Training Programme on Man-

agement of Crèche Services for Govern-

ment and Voluntary Organisations

Orientation Course for the Functionaries of

Childline on Rights, Policies and Legislation

Concerning Children in Need of Care and

Protection

05–06

January,

2006

17–19

January,

2006

06–11

February,

2006

24 (NGOs)

42 (NGOs)

30 (NGOs)

Guwahati

Guwahati

Guwahati

24.

25.

26.

Workshop on Child Protection for *Anganwadi* 11 June,

Workers and NGO Functionaries 2005

(Childline Activity)

Workshop on Child Protection for *Anganwadi* 18 June,

Workers and NGOs Functionaries 2005

(Childline Activity)

Workshop on Child Protection for *Anganwadi* 24 June,

Workers and NGOs Functionaries 2005

(Childline Activity)

50 (Govern-

ment Officials/

NGOs)

50 (Govern-

ment Officials/

NGOs)

50 (Govern-

ment Officials/

NGOs)

Guwahati

Guwahati

Guwahati

Regional Centre, Lucknow

27.

28.

29.

Orientation Course on Counselling for

Functionaries of Children’s Institutions in

Northern States

Prevention of Trafficking of Women and

Children: A Sensitisation Programme for

Police Officials

Orientation Course on Management of

Crèche Services

27 June–01

July, 2005

27–28

February,

2006

20–24

March, 2006

31(NGOs)

15 (Police

Officials)

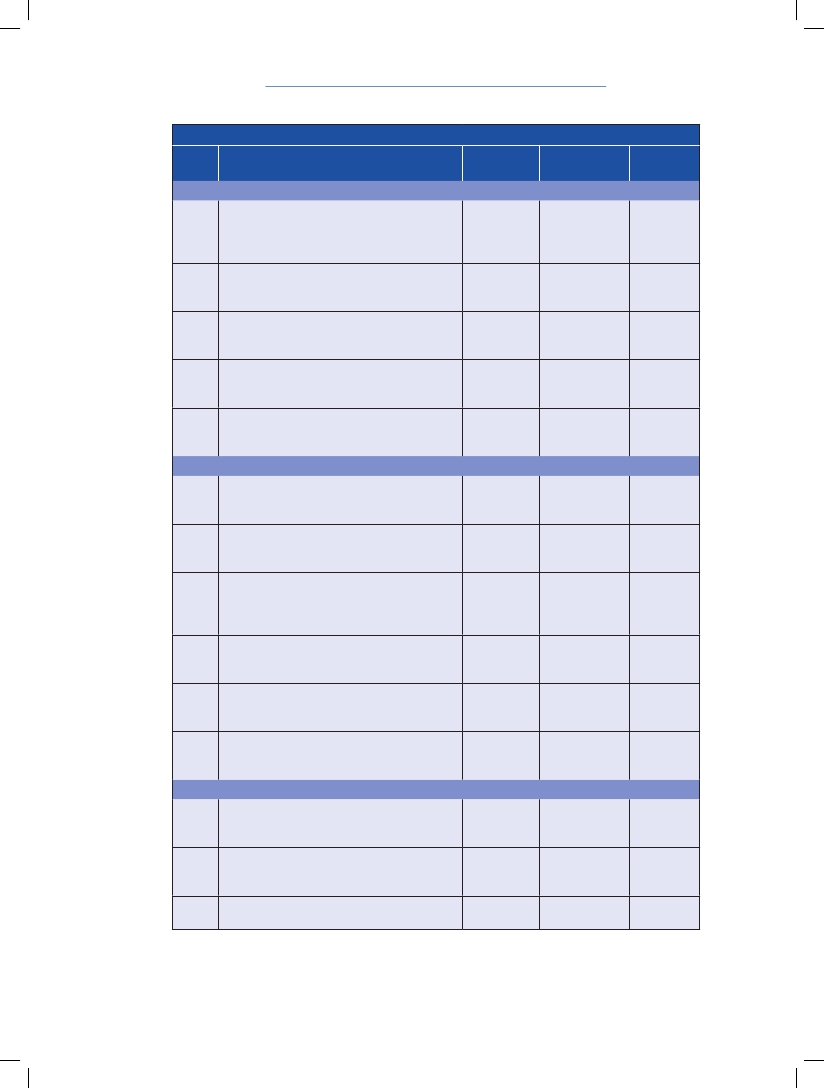
40 (NGOs)

Lucknow

Lucknow

Lucknow

*Contd…*



Annexures: General Measures of Implementation

**2005-06**

267

S. No

Name of the

programme

Dates

No. of

participants

Venue

Regional Centre, Lucknow

30.

Workshop on National Initiatives of Child 07 June,

Protection for Integrated Child Development 2005

Services Personnel (Sponsored by Childline

India Foundation/National Institute of Social

Defense)

43 (Govern-

ment Officials)

Lucknow

31.

Workshop on National Initiatives of Child

Protection for GRPF Personnel (Sponsored

by Childline India Foundation/National Insti-

tute of Social Defense)

08 June,

2005

40 (Govern-

ment Officials)

Lucknow

Regional Centre, Indore

32.

Prevention of Child Marriages – An Advocacy 12–14

Workshop of Self-Help Groups/Women Groups/ September,

NGOs for the State of Rajasthan 2005

15 (Govern-

ment Officials/

NGOs)

Indore

33.

34.

35.

Orientation Course on Welfare/Develop-

ment of Tribal Women and Children for

Officials and Non-Officials of Chhattisgarh

Sensitisation Programme for Women Rep-

resentatives of Panchayati Raj Institutions

on Discrimination Against Girl Child

in Rajasthan

Orientation Training on Counselling for the

Functionaries of Child Care Institutions of

Western States

26–30

September,

2005

16–17

November,

2005

12–16

December,

2005

12 (Govern-

ment Officials/

NGOs)

27 (Panchayati

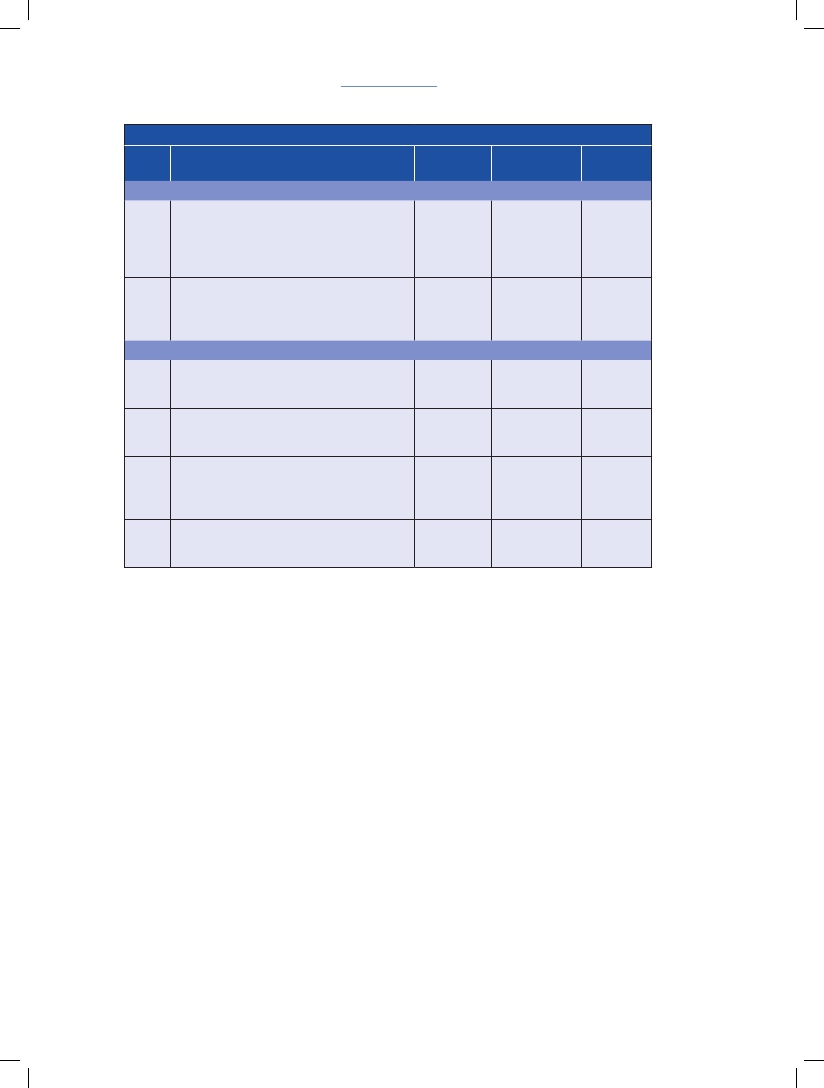
Raj Institutions)

14 (NGOs)

Indore

Indore

Indore



268

India: Third and Fourth Combined Periodic Report on the Convention on the Rights of the Child

**2006-07**

S. No

Name of the

programme

Dates

No. of

participants

Venue

HEADQUARTERS

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

11.

12.

13.

14.

15.

Advanced Diploma in Child Guidance and

Counselling

Orientation Course for Personnel of Volun-

tary Organisations on Health and Nutrition

of the Young Child and Women

Training Programme on Counselling Ser-

vices for Child Survivors of Trafficking

Parent Education Workshop

Parent Education Workshop

Parent Education Workshop

Parent Education Workshop

Orientation Course on Child Rights, Poli-

cies and Legislation for Senior Executives

of Voluntary Organisations

Orientation Course on Issues Related

to Women and Children for Members of

Panchayati Raj Institutions

Orientation Course on Issues Related

to Women and Children for Members of

Panchayati Raj Institutions

Training Programme on Integrated Micro

Planning for Development of Tribal Com-

munities for Functionaries of Voluntary

Organisations

Orientation Training for Supervisory Staff

of Child Care Institutions under Juvenile

Justice (Care and Protection of Children)

Act, 2006

Training Programme on Counselling for

Child Survivors of Trafficking

Orientation Training for Supervisory Staff

of Child Care Institutions under Juvenile

Justice (Care and Protection of Children)

Act, 2006

National Seminar on Prevention of Traffick-

ing of Women and Children

07 August

2006–31

July, 2007

25–29

September,

2006

05–14 Feb-

ruary, 2007

17 Febru-

ary, 2007

28 Febru-

ary, 2007

09 March,

2007

28 March,

2007

29 May–02

June, 2006

28 August –

01 Septem-

ber, 2006

31 Octo-

ber–02

November,

2006

11–15

December,

2006

11–15

December,

2006

15–24

January,

2007

12–16

March,

2007

15–16

March,

2007

18 (Students)

18 (NGOs)

19 (NGOs)

25 (Parents)

33 (Parents)

48 (Parents)

30 (Parents)

19 (NGOs)

35 (Panchayati

Raj Institutions)

42 (Panchayati

Raj Institutions)

20 (NGOs)

17 (NGOs)

14 (NGOs)

7 (NGOs)

58 (NGOs)

New Delhi

New Delhi

New Delhi

New Delhi

New Delhi

New Delhi

New Delhi

New Delhi

Chandigarh

Patna

Guwahati

New Delhi

New Delhi

New Delhi

New Delhi

16.

Sensitisation Programme on Prevention of

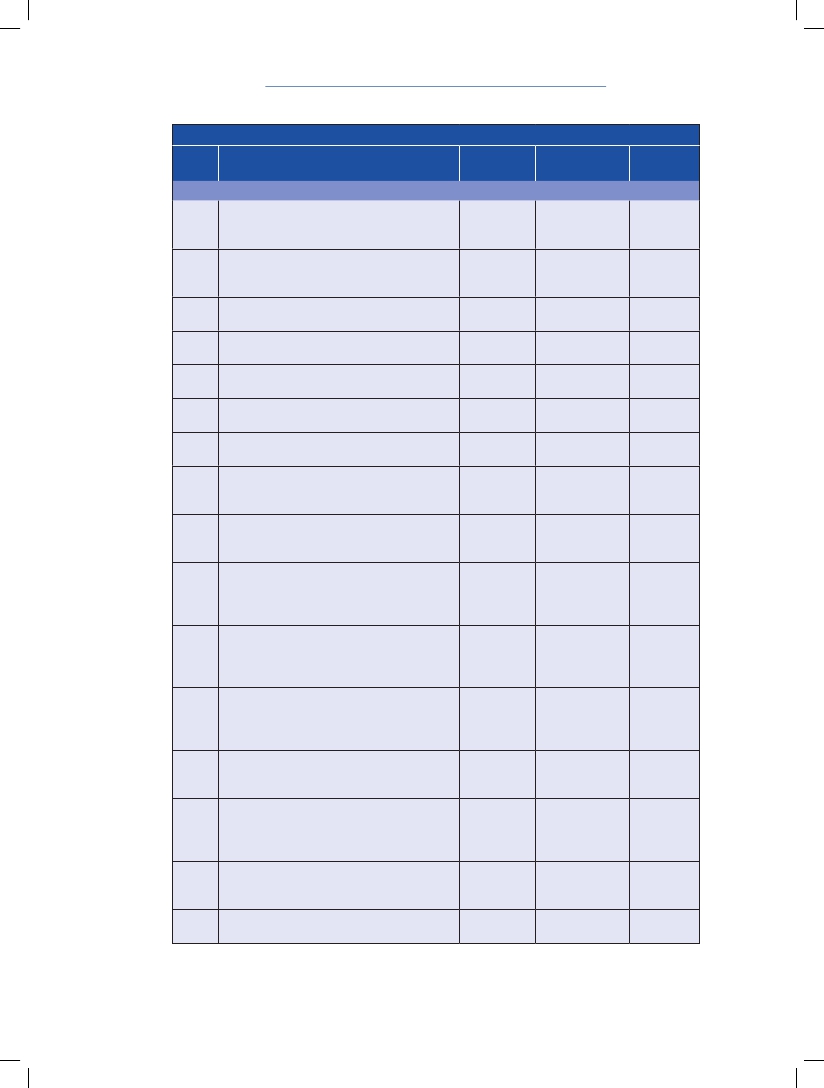
Female Foeticide and Infanticide

11–13 Octo- 26 (NGOs)

ber, 2006

New Delhi

*Contd…*



Annexures: General Measures of Implementation

**2006-07**

269

S. No

Name of the

programme

Dates

No. of

participants

Venue

HEADQUARTERS

17.

Sensitisation Programme on Prevention of

Female Foeticide and Infanticide

06–08

December,

2006

22 (NGOs)

New Delhi

18.

Orientation Programme on Juvenile Justice 03–06 July,

(Care and Protection of Children) Act, 2000 2006

for Police Officers of Delhi

33 (Police

Officers)

New Delhi

19.

Orientation Course on Preventing and

Combating Trafficking in Women and Chil-

dren for Commercial Sexual Exploitation

(Under Indo-Mauritius Cultural Exchange

Programme)

18–27

September,

2006

12 (Govern-

ment Officials)

New Delhi

REGIONAL CENTRES

Regional Centre, Bangalore

20.

21.

22.

23.

24.

25.

26.

27.

28.

29.

Workshop on Understanding and Counsel-

ling of Children for the Parents

Workshop on Understanding and Counsel-

ling of Children for the Parents

Orientation Course on Understanding the

Children for Superintendents of Correc-

tional Institutions of Karnataka

Workshop on Understanding and Counsel-

ling of Children for the Parents

Workshop on Understanding and Coun-

selling of Children for the Parents

Workshop on Understanding and Counsel-

ling of Children for the Parents

Sensitisation Programme on Issues Con-

cerning Women and Children for Elected

Members of Zilla Panchyats in Karnataka

Workshops on Understanding Children

for Teachers

Workshop on Understanding and Counsel-

ling of Children for the Parents

Orientation Course on Understanding and

Counselling of Children for the Superinten-

dents of Correctional Institutions of Karnataka

01 May,

2006

31 May,

2006

05–08

June, 2006

22 June,

2006

28 July,

2006

03 August,

2006

22–24

August,

2006

06 Septem-

ber, 2006

08 Septem-

ber, 2006

09–12

October,

2006

21 (Parents)

22 (Parents)

22 (Govern-

ment Officials)

22 (Parents)

26 (Parents)

37 (Parents)

21 (Others)

40 (Teachers)

36 (Parents)

23 (Govern-

ment Officials)

Bangalore

Bangalore

Bangalore

Bangalore

Bangalore

Bangalore

Bangalore

Bangalore

Bangalore

Bangalore

30.

Training Programme on Counselling for

Child Survivors of Trafficking for the Of-

ficials and Representatives of NGOs

30 October 19 (Govern-

–10 Novem- ment Officials

ber, 2006 and NGOs)

Bangalore

31.

Orientation Course for Members of

Panchayati Raj Institutions on Issues Re-

lated to Women and Children for the State

of Andhra Pradesh

06–10

November,

2006

26 (Panchayati

Raj Institutions)

Bangalore

32.

Training Programme on Counselling for 13–24

Child Survivors of Trafficking for the Officials November,

and Representatives of NGOs of Karnataka 2006

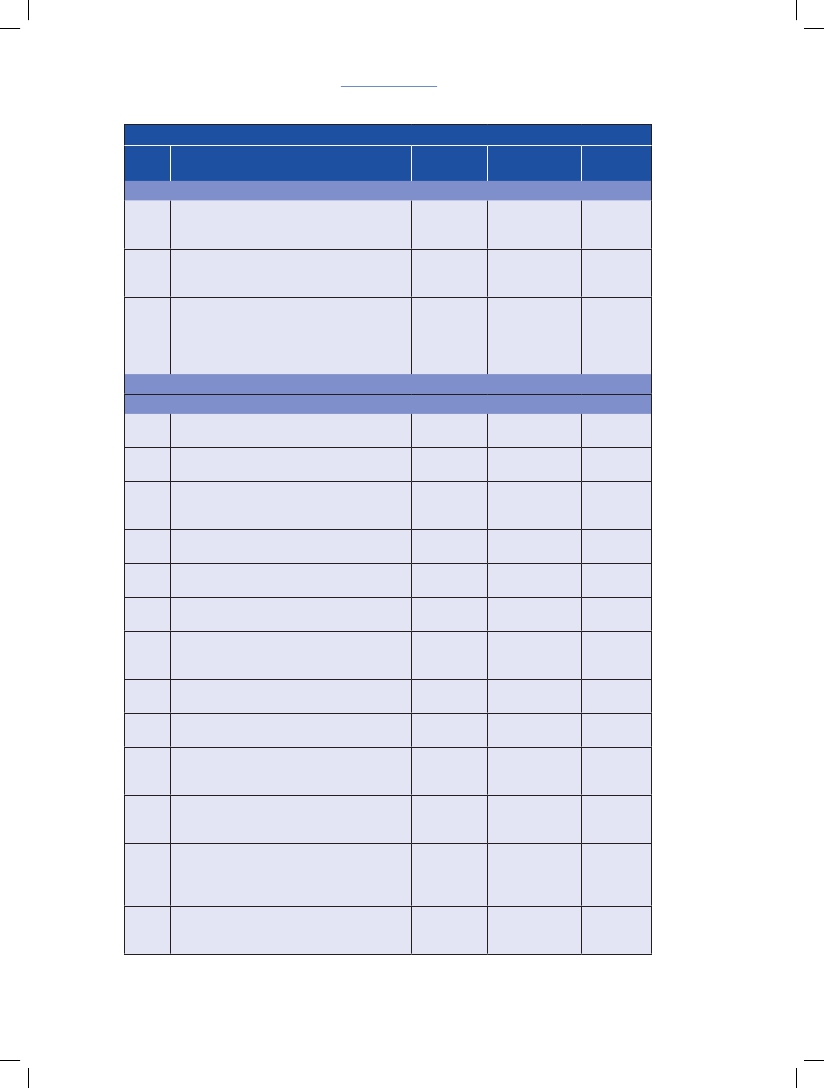
19 (Govern-

ment Officials

and NGOs)

Bangalore

*Contd…*



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India: Third and Fourth Combined Periodic Report on the Convention on the Rights of the Child

**2006-07**

S. No

Name of the

programme

Dates

No. of

participants

Venue

Regional Centre, Bangalore

33.

34.

35.

36.

37.

38.

Workshop on Understanding and Counsel-

ling of Children for the Parents

Workshop on Understanding and Counsel-

ling of Children for the Parents

Workshop on Understanding and Counsel-

ling of Children for the Parents

Workshop on Understanding and Counsel-

ling of Children for the Parents

Workshop on Understanding and Counsel-

ling of Children for the Teachers

Workshop on Understanding and Counsel-

ling of Children for the Teachers

08 Decem-

ber, 2006

22 Decem-

ber, 2007

26 Decem-

ber, 2007

10 January,

2007

20 January,

2007

03 February,

2007

31 (Parents)

24 (Parents)

26 (Parents)

23 (Parents)

26 (Teachers)

30 (Teachers)

Bangalore

Bangalore

Bangalore

Bangalore

Bangalore

Bangalore

Regional Centre, Guwahati

39.

40.

41.

42.

43.

44.

45.

46.

Orientation Training on Prevention and

Early Detection of Developmental Disabili-

ties for Social Organisations

Orientation Training on Mental Health Ser-

vices for School Teachers

Orientation Course on Counselling for

Functionaries of Children’s Institutions of

the Region

Workshop on Learning and Behavioral

Problems of Children

Sensitisation Workshop for the Media on

Issues Related to Women and Children

Consultative Meet on Child-to-Child

Approach

Orientation Training Course for Elected

Members of Panchayati Raj Institutions on

Issues Related to Women and Children

Training Programme on Counselling Ser-

vices for Child Survivors of Trafficking

01–05 May,

2006

26–30

June, 2006

21–25

August,

2006

12–13

September,

2006

26 Septem-

ber, 2006

06–08

December,

2006

11–15

December,

2006

18–22

December,

2006

29 (NGOs)

33 (Teachers)

25 (NGOs)

43 (Teachers)

51 (Media

Personnel)

41 (NGOs)

35 (Panchayati

Raj Institutions)

25 (NGOs)

Guwahati

Guwahati

Guwahati

Guwahati

Guwahati

Guwahati

Guwahati

Guwahati

47.

Orientation Training on Legislation Relating 08-–12

to Adoption and Guardianship for Govern- January,

ment Officials and Functionaries of NGOs 2007

34 (Govern-

ment Officials

and NGOs)

Guwahati

48.

49.

50.

Orientation Training on Counselling Skills

for Street Educators of Street Children

Projects and Childline Functionaries

Workshop on Combating Trafficking in

Women and Children in North-East India

Capacity Building on Infant and Young

Child Feeding Practices for Social Organi-

sations Dealing with Child Health

06–10

February,

2007

27–28 Feb-

ruary, 2007

05–09

March,

2007

31 (NGOs)

49 (NGOs)

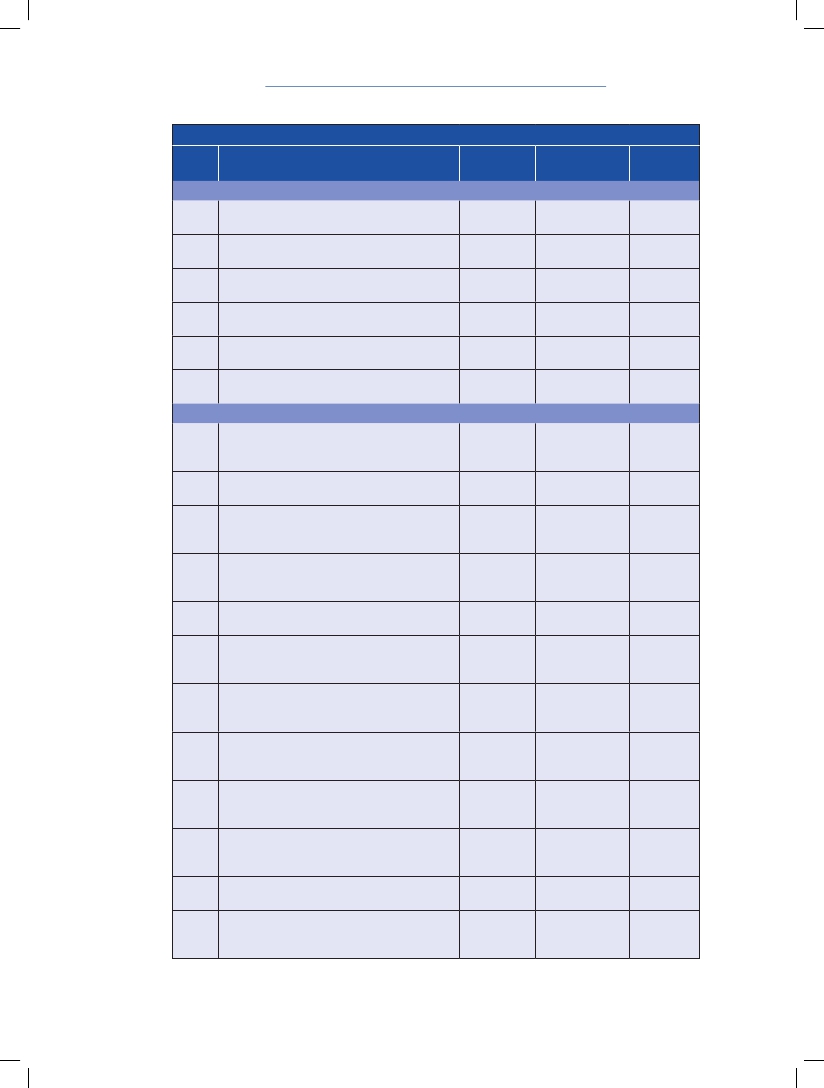
30 (NGOs)

Guwahati

Agartala

Guwahati

*Contd…*



Annexures: General Measures of Implementation

**2006-07**

271

S. No

Name of the

programme

Dates

No. of

participants

Venue

Regional Centre, Guwahati

51.

52.

53.

54.

55.

56.

57.

58.

59.

60.

61.

62.

63.

64.

65.

Orientation Training of Assam Police Per-

sonnel on Community-Oriented and Child

Friendly Policing

Training of Assam Police Personnel on

Community-Oriented and Child-Friendly

Policing

Training of Assam Police Personnel on

Community-Oriented and Child-Friendly

Policing

Training of Assam Police Personnel on

Community-Oriented and Child-Friendly

Policing

Training of Assam Police Personnel on

Community-Oriented and Child-Friendly

Policing

Orientation Training of Assam Police

Personnel on Community-Oriented and

Child-Friendly Policing

Orientation Training of Assam Police

Personnel on Community-Oriented and

Child-Friendly Policing

Orientation Training of Assam Police

Personnel on Community-Oriented and

Child-Friendly Policing

Orientation Training of Assam Police

Personnel on Community-Oriented and

Child-Friendly Policing

Orientation Training of Assam Police

Personnel on Community Oriented and

Child-Friendly Policing

Orientation Training of Assam Police

Personnel on Community-Oriented and

Child-Friendly Policing

Orientation Training of Assam Police

Personnel on Community-Oriented and

Child-Friendly Policing

Orientation Training of Assam Police

Personnel on Community Oriented and

Child-Friendly Policing

Orientation Training of Assam Police

Personnel on Community-Oriented and

Child-Friendly Policing

Orientation Training of Assam Police

Personnel on Community-Oriented and

Child-Friendly Policing

24–28 April,

2006

15–17 May,

2006

12–16

June, 2006

03–07 July,

2006

17–21 July,

2006

07–11

August,

2006

28 August–

01 Septem-

ber, 2006

04–08

September,

2006

09–13

October,

2006

16–20

October,

2006

11–15

September,

2006

09–13

October,

2006

16–20

October,

2006

6–10

November,

2006

13–17

November,

2006

33 (Police

Personnel)

44 (Police

Personnel)

36 (Police

Personnel)

35 (Police

Personnel)

26 (Police

Personnel)

14 (Police

Personnel)

18 (Police

Personnel)

21 (Police

Personnel)

40 (Police

Personnel)

39 (Police

Personnel)

16 (Police

Personnel)

40 (Police

Personnel)

39 (Police

Personnel)

36 (Police

Personnel)

32 (Police

Personnel)

Guwahati

Guwahati

Guwahati

Guwahati

Guwahati

Guwahati

Guwahati

Guwahati

Guwahati

Guwahati

Guwahati

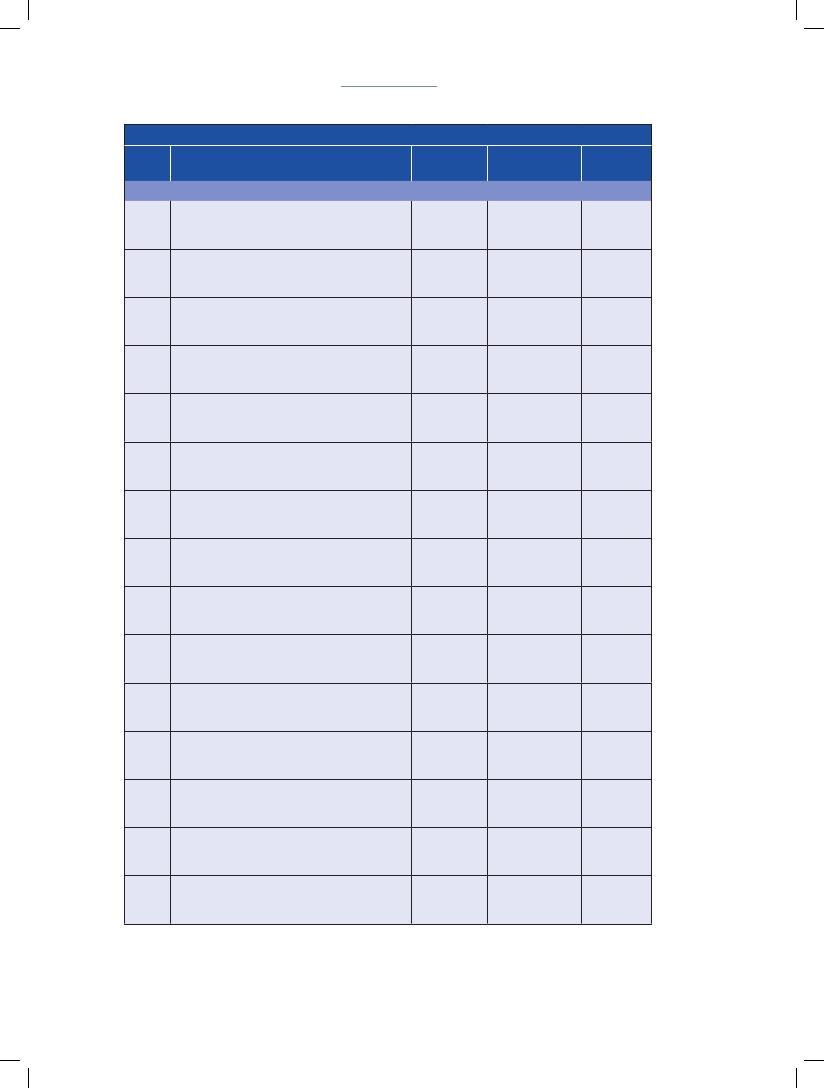
Guwahati

Guwahati

Guwahati

Guwahati

*Contd…*



272

India: Third and Fourth Combined Periodic Report on the Convention on the Rights of the Child

**2006-07**

S. No

Name of the

programme

Dates

No. of

participants

Venue

Regional Centre, Guwahati

66.

67.

Orientation Training of Assam Police

Personnel on Community-Oriented and

Child-Friendly Policing

Orientation Training of Assam Police

Personnel on Community-Oriented and

Child-Friendly Policing

11–15

December,

2006

18–22

December,

2006

31 (Police

Personnel)

29 (Police

Personnel)

Guwahati

Guwahati

Regional Centre, Lucknow

68.

69.

Orientation Course on Management of

Crèches for Representative of Voluntary

Organisations

Orientation Training for Members of

Panchayati Raj Institutions on Issues Re-

lated to Women and Children

01–05 May,

2006

27–29

June, 2006

20 (NGOs)

54 (Panchayati

Raj Institutions)

Lucknow

Lucknow

70.

Orientation Course on Juvenile Justice 13–15

(Care and Protection of Children) Act, 2000 September,

for Members of Juvenile Justice Boards 2006

and Child Welfare Committees

23 (Govern-

ment Officials

and NGOs)

Lucknow

71.

72.

73.

74.

75.

76.

77.

Orientation Course on Counselling Ser-

vices to Child Survivors of Trafficking for

Representatives/Social Workers/Counsel-

lors of Voluntary Organisations

Orientation Training for Members of

Panchayati Raj Institutions on Issues Re-

lated to Women and Children for Uttara-

khand State

Orientation Course on Management of

Crèches for Representatives of Voluntary

Organisations

Orientation Course on Counselling Ser-

vices to Child Survivors of Trafficking for

Representatives/Social Workers/Counsel-

lors of Voluntary Organisations

Orientation Training Programme on Pre-

vention of Female Foeticide for Voluntary

Organisations

Orientation Training Programme on Pre-

vention of Female Foeticide for Voluntary

Organisations

Training for Members of Panchayati Raj

Institutions on Issues related to Women

and Children

18–26

September,

2006

19–21

September,

2006

30 Octo-

ber–03

November,

2006

13–21

November,

2006

16–18

January,

2007

26–28 Feb-

ruary, 2007

13–15

March,

2007

25 (NGOs)

41 (Panchayati

Raj Institutions)

32 (NGOs)

22 (NGOs)

13 (NGOs)

23 (NGOs)

38 (Panchayati

Raj Institutions)

Lucknow

Lucknow

Lucknow

Lucknow

Lucknow

Lucknow

Lucknow

Regional Centre, Indore

78.

Orientation Training on Counselling Skills

for Functionaries of Child Care Institutions

of Western States

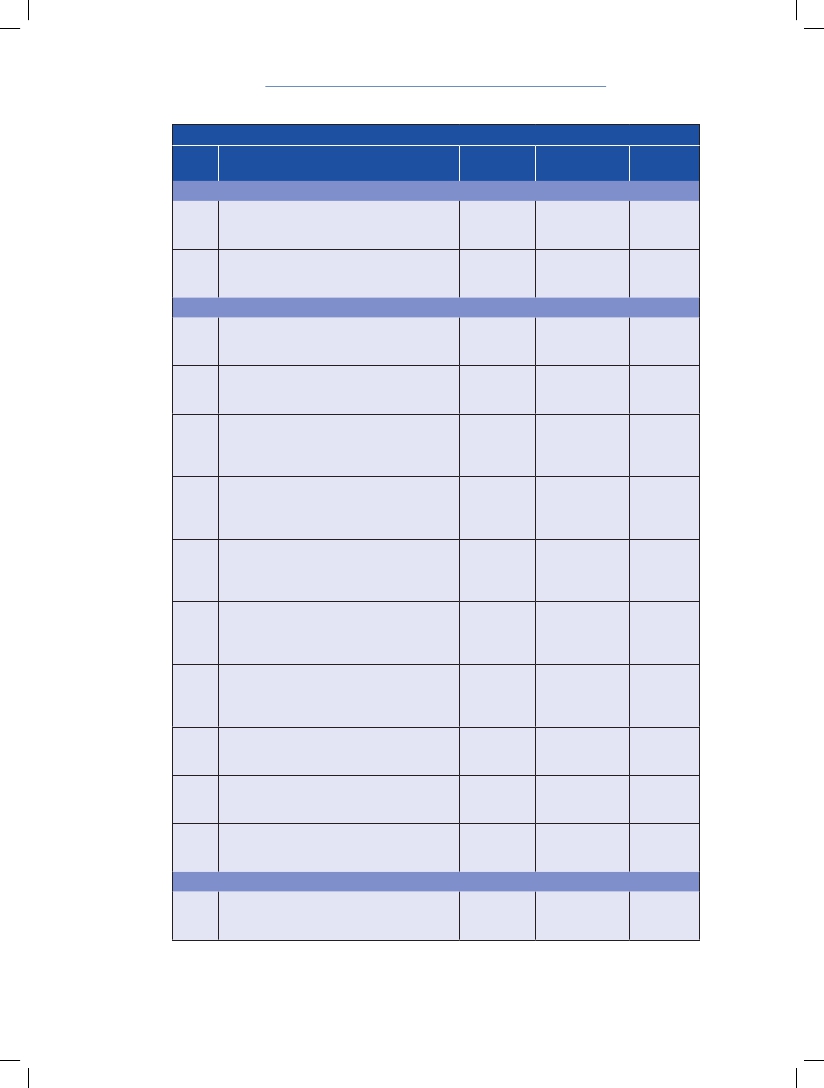
20–22 July,

2006

16 (NGOs)

Indore

*Contd…*



Annexures: General Measures of Implementation

**2006-07**

273

S. No

Name of the

programme

Dates

No. of

participants

Venue

Regional Centre, Indore

79.

80.

Orientation Training for Members of 06–08

Panchayati Raj Institutions on Issues September,

Related to Women and Children of Madhya 2006

Pradesh

Orientation Training on Prevalence of Micro 16–18

Nutrient Malnutrition October,

2006

62 (Panchayati

Raj Institutions)

16 (NGOs)

Indore

Indore

81.

82.

Consultation Meet on Effect of Seasonal

Migration on Lives of Women and Children

in Chhattisgarh

Training Programme on Counselling for

Child Survivors of Trafficking

20–21

December,

2006

22–30

January,

2007

51 (Media

Personnel)

20 (NGOs)

Indore

Indore

83.

84.

Media Sensitisation Workshops on Trafficking 12 March,

of Women and Children in Western Region 2007

Media Sensitisation Workshops on Trafficking 16 March,

of Women and Children in Western Region 2007

22 (Media

Personnel)

23 (Media

Personnel)

Indore

Indore



274

India: Third and Fourth Combined Periodic Report on the Convention on the Rights of the Child

**2007-08**

S. No

Name of the

programme

Dates

No. of

participants

Venue

HEADQUARTERS

1.

Orientation Course on Management of

Crèche Services

23–27 April,

2007

31 (NGOs)

New Delhi

2.

Orientation Course on Issues Relating

to Women and Children for Members of

Panchayati Raj Institutions

08–10 May,

2007

31 (Panchaya- Mumbai

ti Raj Institu-

tions)

3.

4.

Sensitisation Programme on Prevention

of Child Marriages in India for the Func-

tionaries of Voluntary Organisations

Orientation Course on Integrated Micro-

Planning for Women and Children of

Weaker Sections

16–18 May,

2007

11–15 June,

2007

18 (NGOs)

24 (NGOs)

New Delhi

New Delhi

5.

6.

Orientation Workshop on Integrated

Child Protection Scheme for NIPCCD

Faculty, MWCD Staff, Central Adoption

Resource Authority and Childline Func-

tionaries Concerned with Child Protec-

tion Issues

District Level Advocacy Campaign

Against Female Foeticide

01–02 August, 31 (Govern-

2007 ment Officials/

NGOs)

07 Septem-

ber–01 Octo-

ber, 2007

New Delhi

Kurukshetra

7.

Orientation Course on Management of

Crèche Services

10–14 Sep-

tember, 2007

26 (NGOs)

New Delhi

8.

Sensitisation Programme on Prevention

of Female Foeticide and Infanticide for

Trainers of Panchayati Raj Institutions

26–28 Sep-

tember, 2007

29 (Panchaya- New Delhi

ti Raj Institu-

tions)

9.

10.

Training of Trainers on Child Rights and

Protection

Orientation Programme on Prevention

and Early Detection of Childhood

Disabilities

29 October –

02 November,

2007

26–28

December,

2007

22 (NGOs)

29 (NGOs)

Lucknow

New Delhi

11.

Regional Consultation Meet of Child

Welfare Committee Members and State

Officials

27–28

December,

2007

36 (NGOs and New Delhi

Government

Officials)

12.

13.

Orientation Training Programme on

Prevention of Trafficking of Women

and Children for Representatives of

Panchayati Raj Institutions

Training on Preventing and Combating

Trafficking in Women and Children for

SAARC Countries

17–19 Janu-

ary, 2008

21–31 Janu-

ary, 2008

50 (Panchayati

Raj Institutions)

8 (Govern-

ment Officials)

Gandhinagar

New Delhi

14.

Sensitisation Programme on Prevention

of Female Foeticide and Infanticide for

Medical and Para-Medical

30 January–1 24 (NGOs and New Delhi

February, 2008 Government

Officials)

15.

Orientation Course on Management of

Crèche Services

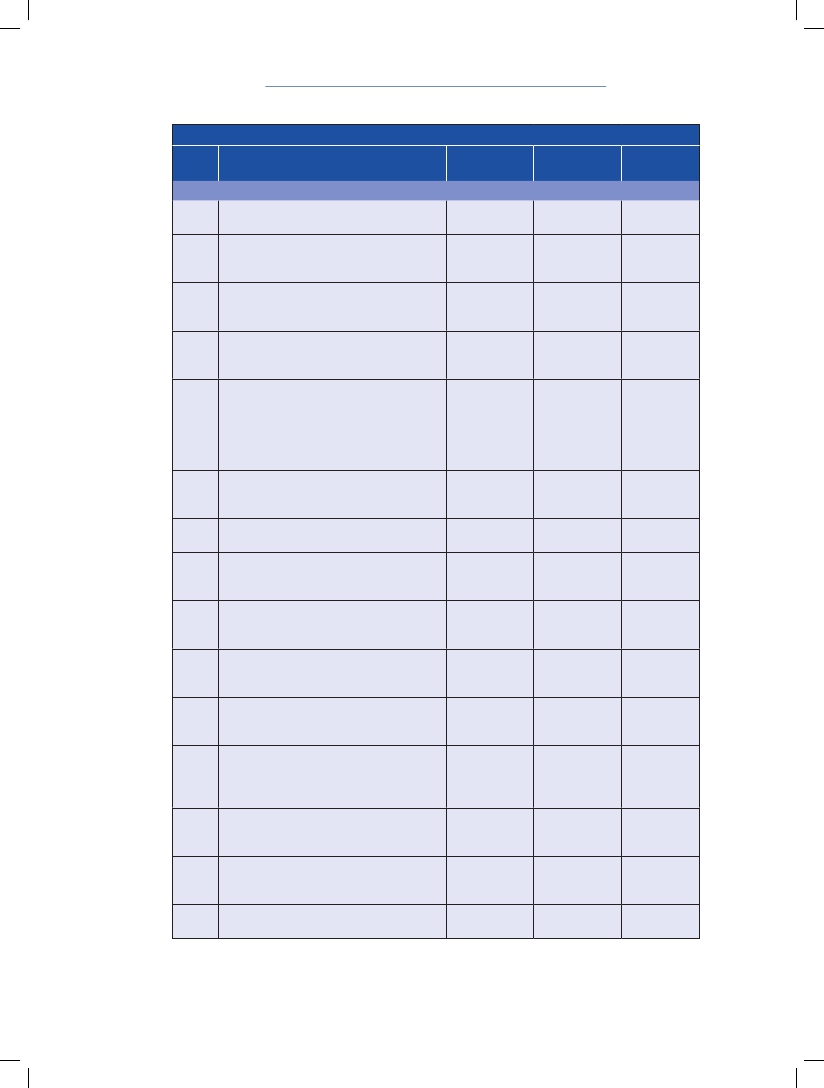
11–15 Febru-

ary, 2008

28 (NGOs)

New Delhi

*Contd…*



Annexures: General Measures of Implementation

**2007-08**

275

S. No

Name of the

programme

Dates

No. of

participants

Venue

HEADQUARTERS

16.

Sensitisation Programme on Juvenile 12–14 Febru-

Justice (Care and Protection of Children) ary, 2008

Amendment Act, 2006

18 (NGOs)

New Delhi

17.

18.

19.

20.

21.

22.

23.

24.

Training of Trainers of Police Training

Institutes on Prevention of Trafficking of

Women and Children

One-Day Sensitisation Workshop for

the Members of Allied System on Child

Protection (18 Workshops)

Orientation Course on Prevention of

Trafficking of Women and Children

Regional-Level Consultations on Child

Protection for the Members of Juvenile

Justice Boards

State-Level Training and Sensitisation

Programmes on Juvenile Justice (Care

and Protection of Children) Amendment

Act, 2006

State-Level Training and Sensitisation

Programmes on Juvenile Justice (Care

and Protection of Children) Amendment

Act, 2006

State-Level Training and Sensitisation

Programme on Juvenile Justice (Care

and Protection of Children) Amendment

Act, 2006

One-Day Sensitisation Workshop for

the Members of Allied System on Child

Protection (82 Workshops )

26–28 Febru-

ary, 2008

February,

2008

17–19 March,

2008.

13–14 March,

2008

25–27 March,

2008

25–27 March,

2008

27–29 March,

2008

March, 2008

26 (Police)

1001 (NGOs)

19 (NGOs)

9 (NGOs)

35 (NGOs)

36 (NGOs)

56 (NGOs)

4530 (NGOs)

New Delhi

New Delhi

New Delhi

New Delhi

Hyderabad

Aizwal

New Delhi

New Delhi

REGIONAL CENTRES

Regional Centre, Bangalore

25.

26.

27.

28.

29.

Workshop on Management of Classroom

Behaviour Problems of Children for

Teachers

Workshop on Quality of Parenting and

Management of Behaviour Problems at

Home

Workshop on Quality of Parenting and

Management of Behaviour Problems at

Home

Workshop on Quality of Parenting and

Management of Behaviour Problems at

Home

Orientation Course on Prevention of Traf-

ficking of Women and Children for Police

Officers

11 April, 2007

20 April, 2007

25 May, 2007

1 June, 2007

13–15 June,

2007

41 (Teachers)

20 (Parents)

86 (Parents)

42 (Parents)

33 (Police

Officers)

Bangalore

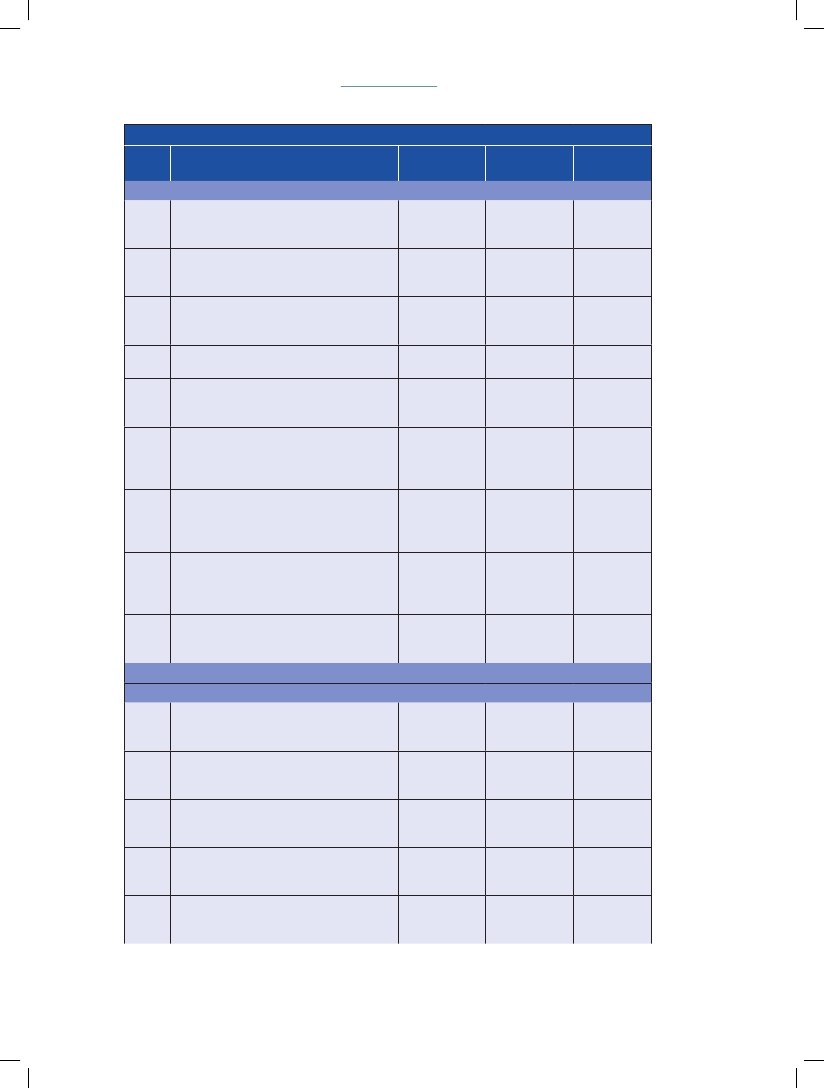
Bangalore

Bangalore

Bangalore

Bangalore

*Contd…*



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India: Third and Fourth Combined Periodic Report on the Convention on the Rights of the Child

**2007-08**

S. No

Name of the

programme

Dates

No. of

participants

Venue

Regional Centre, Bangalore

30.

31.

32.

33.

Orientation Course on Issues relating to

Women and Children for Elected Mem-

bers of Panchayati Raj Institutions

Workshop on Quality of Parenting and

Management of Behaviour Problems at

Home

Workshop for the Teachers on Identifi-

cation and Management of Behaviour

Problems

Workshop for the Parents on Identifi-

cation and Management of Behaviour

Problems

19–21 June,

2007

06 July, 2007

28 July, 2007

10 August,

2007

22 (Panchayati

Raj Institutions)

10 (Parents)

26 (Teachers)

17 (Parents)

Bangalore

Bangalore

Bangalore

Bangalore

34.

35.

Workshop on Quality of Parenting and

Management of Behaviour Problems at

Home

Workshops on Quality of Parenting and

Management of Behaviour Problems at

Home

07 September, 12 (Parents)

2007

21 September, 12 (Parents)

2007

Bangalore

Bangalore

36.

37.

38.

39.

40.

41.

42.

43.

44.

Workshop on Quality of Parenting and

Management of Behaviour Problems at

Home

Workshop on Management of Classroom

Behaviour Problems of Children for

Teachers

Workshop on Quality of Parenting and

Management of Behaviour Problems at

Home

Consultation Meet on Strategies for Pre-

vention of Malnutrition and Micronutrient

Deficiencies

Workshop on Quality of Parenting and

Management of Behaviour Problems at

Home

Workshop on Quality of Parenting and

Management of Behaviour Problems at

Home

Regional Training and Sensitisation Pro-

gramme on Juvenile Justice (Care and

Protection of Children) Act, 2000 and its

Amendment Act 2006

Regional-Level Consultations of the

Members of Child Welfare Committees

Workshop on Management of Class-

room Behaviour Problems of Children

for Teachers

12 October,

2007

02 November,

2007

24 November,

2007

28–30

November,

2007

07 December,

2007

12 December,

2007

11–13

December,

2007

03–04 Janu-

ary, 2008

09 February,

2008

40 (Parents)

40 (Teachers)

30 (Parents)

50 (NGOs)

21 (Parents)

21 (Parents)

33 (NGOs)

21 (Govern-

ment Officials

and NGOs)

29 (Teachers)

Bangalore

Bangalore

Bangalore

Bangalore

Bangalore

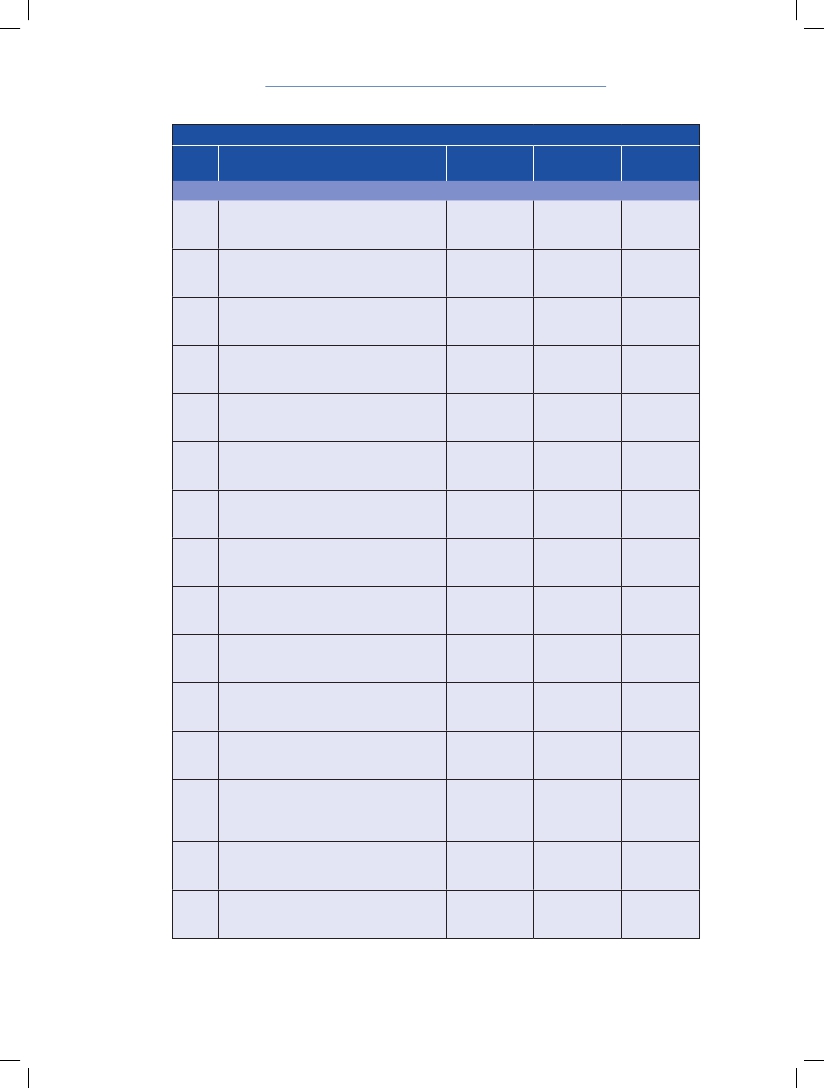
Bangalore

Bangalore

Bangalore

Bangalore

*Contd…*



Annexures: General Measures of Implementation

**2007-08**

277

S. No

Name of the

programme

Dates

No. of

participants

Venue

Regional Centre, Bangalore

45.

46.

47.

48.

49.

Regional Consultation Meet Countering

Child Abuse

Regional-Level Consultations on Child

Protection for the Members of Juvenile

Justice Boards

Workshop for Parents on Management

of Classroom Behaviour Problems of

Children

Workshop for Parents on Management

of Classroom Behaviour Problems of

Children

Workshop for Parents on Management

of Classroom Behaviour Problems of

Children

18–19 Febru-

ary, 2008

11–12 March,

2008

24 February,

2008

01 March,

2008

07 March,

2008

85 (Govern-

ment Officials

and NGOs)

23 (Govern-

ment Officials

and NGOs)

17 (Parents)

12 (Parents)

28 (Parents)

Bangalore

Bangalore

Bangalore

Bangalore

Bangalore

Regional Centre, Guwahati

50.

51.

52.

53.

54.

Orientation Training on Prevention and

Early Detection of Disabilities

Orientation Course on Counselling and

Case Intervention for the Functionaries

of Childline Project

Orientation Training on Prevention of

Trafficking of Women and Children for

Government and NGO Representatives

Orientation Course on Management of

Crèche Services

Orientation Training on Legislation

Relating to Adoption and Guardianship

for Government Officials and NGO

Functionaries

07–11 May,

2007

21–25 May,

2007

18–20 June,

2007

18–22 June,

2007

16–20 July,

2007

40 (Govern-

ment Officials

and NGOs)

26 (NGOs)

32 (Govern-

ment Officials

and NGOs)

38 (Govern-

ment Officials

and NGOs)

37 (Govern-

ment Officials

and NGOs)

Guwahati

Guwahati

Guwahati

Guwahati

Guwahati

55.

Orientation Course for Members of

Panchayati Raj Institutions on Issues

Related to Women and Children

07–09 August, 26 (Panchaya- Guwahati

2007 ti Raj Institu-

tions function-

aries)

56.

57.

58.

Orientation Programme on Prevention

of Female Foeticide and Infanticide for

Voluntary Organisations

Regional-Level Consultations of the

Members of Child Welfare Committees

Regional Consultation Meet Countering

Child Abuse

12–14

December,

2007

22–23 Janu-

ary, 2008

28–29 Janu-

ary, 2008

26 (NGOs)

45 (Govern-

ment Officials

and NGOs)

64 (Govern-

ment Officials

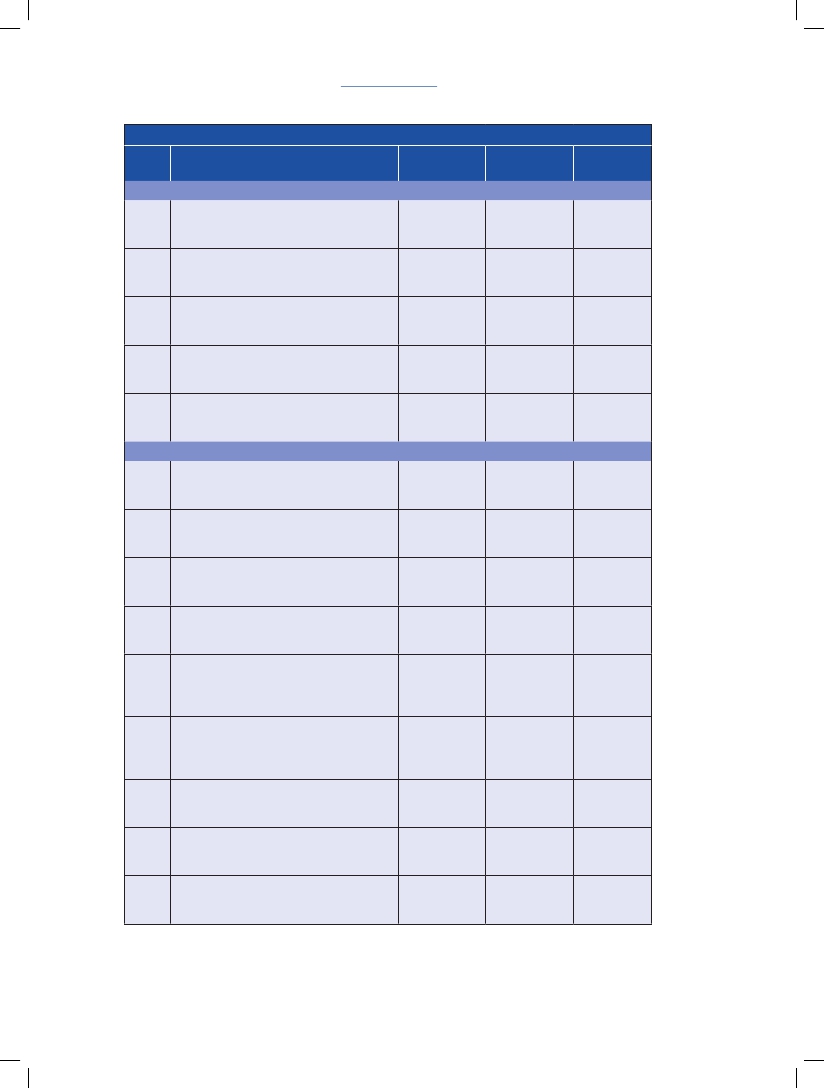
and NGOs)

Guwahati

Guwahati

Guwahati

*Contd…*



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India: Third and Fourth Combined Periodic Report on the Convention on the Rights of the Child

**2007-08**

S. No

Name of the

programme

Dates

No. of

participants

Venue

Regional Centre, Guwahati

59.

Sensitisation Programme on Juvenile 28–30 Janu-

Justice (Care and Protection of Children) ary, 2008

Amendment Act, 2006

36 (Govern-

ment Officials

and NGOs)

Guwahati

Regional Centre, Lucknow

60.

Orientation Course on Management of

Child Care Institutions for the Function-

aries of Voluntary Organisations

23–27 April,

2007

27 (NGOs)

Lucknow

61.

Sensitisation Programme for Voluntary 08–10 May,

Organisation on Prevention of Child Mar- 2007

riages in India

26 (NGOs)

Lucknow

62.

Orientation Programme on Prevention

of Female Foeticide and Infanticide for

Voluntary Organisations

13–15 June,

2007

19 (NGOs)

Lucknow

63.

Orientation Course on Issues Relating to 10–12 July,

Women and Children for Elected Mem- 2007

bers of Panchayati Raj Institutions

48 (Panchaya- Lucknow

ti Raj Institu-

tions Func-

tionaries)

64.

65.

Orientation Course on Procedures for

Seeking Financial Assistance from Gov-

ernment and Non-Government Sources

Orientation Course on Prevention and

Detection of Childhood Disabilities

30 July–3

August, 2007

06–10

August, 2007

28 (Govern-

ment Officials

and NGOs)

36 (Govern-

ment Officials

and NGOs)

Lucknow

Lucknow

66.

67.

Orientation Course on Management of

Crèche Services

Regional/State Level Consultation of

Members of Child Welfare Committees

20–24 August, 25 (Govern-

2007 ment Officials

and NGOs)

11–13 Decem- 25 (Govern-

ber, 2007 ment Officials

and NGOs)

Lucknow

Lucknow

68.

69.

70.

Consultation Meet on Promotion of Child

Mental Health in Schools for Principals/

Managers of Educational Institutions

Regional Consultation Meet Countering

Child Abuse

Workshop on Child Rights under Na-

tional Initiatives for Child Protection for

the Representatives of Allied System

06–07 Febru-

ary, 2008

12–13 Febru-

ary, 2008

11 March,

2008

48 (Govern-

ment Officials

and NGOs)

49 (Govern-

ment Officials

and NGOs)

40 (Govern-

ment Officials

and NGOs)

Lucknow

Lucknow

Lucknow

Regional Centre, Indore

71.

72.

Orientation Training Programme on

Prevention of Female Foeticide and

Infanticide for Voluntary Organisations

Sensitisation Programme for Represen-

tatives of Panchayati Raj Institutions on

Issues Relating to Women and Children

28–30 May,

2007

24–26 Sep-

tember, 2007

30 (NGOs)

41 (Panchayati

Raj Institutions

Functionaries)

Indore

Indore

73.

Sensitisation Programme on Juvenile 28–30

Justice (Care and Protection of Children) November,

Act, 2000 and its Amendment Act, 2006 2007

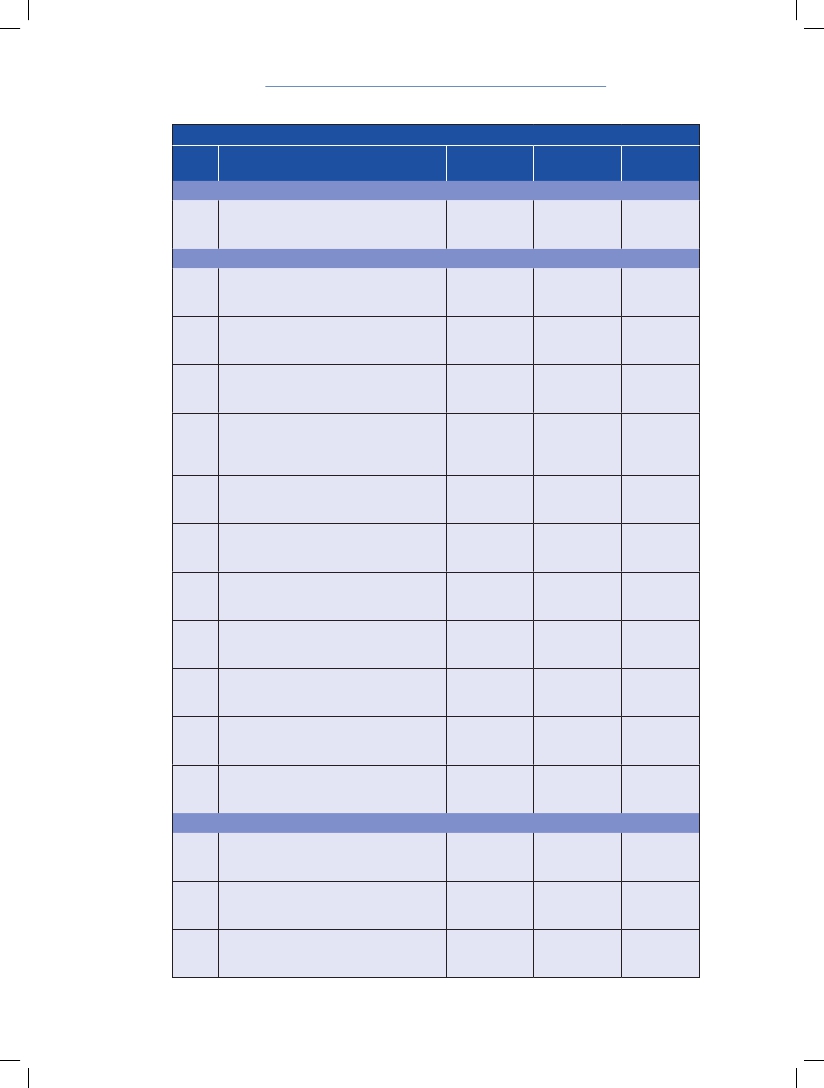
16 (Govern-

ment Officials

and NGOs)

Indore

*Contd…*



Annexures: General Measures of Implementation

**2007-08**

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S. No

Name of the

programme

Dates

No. of

participants

Venue

Regional Centre, Indore

74.

75.

76.

77.

78.

Effective Implementation of Constitution-

al Provisions for Safety, Protection and

Development of Women and Children: A

Consultation Meet

State-Level Consultation of Members of

Child Welfare Committee of Gujarat

Regional Consultation Meet Countering

Child Abuse

Sensitisation Programme on Prevention

of Trafficking of Women and Children for

Police Officials of Gujarat

State-Level Consultation of Members of

Child Welfare Committee and Juvenile

Justice Boards of Madhya Pradesh

08–10 Janu-

ary, 2008

14–15

February,

2008

27–28

February,

2008

03–04 March,

2008

18–19 March,

2008

15 (Govern-

ment Officials

and NGOs)

43 (Govern-

ment Officials

and NGOs)

41 (Govern-

ment Officials

and NGOs)

35 (Police

Officials)

33 (Govern-

ment Officials

and NGOs)

Indore

Indore

Indore

Indore

Indore

**Annexure 1.4: Institutions Offering Courses on Child Rights and**

**Human Rights**

4.

There are various institutions across the country, which offer the following short-

term and long-term courses on child rights and human rights:

i.

**Degree Courses:** Aligarh Muslim University (AMU), Aligarh; Andhra Univer-

sity, Visakhapatnam; Cochin University of Science and Technology, Cochin;

Banaras Hindu University (BHU), Varanasi; Maharaja Sayajirao (MS) Univer-

sity, Baroda; Sri Venkateswara University, Tirupati; Maharishi Dayanand Uni-

versity (MDU), Rohtak; Berhampur University, Berhampur; Mahatma Gandhi

University, Kottayam; Jamia Millia Islamia (JMI), New Delhi; and Ethiraj Col-

lege for Women, Chennai.

ii. **Certificate Courses:** Devi Ahilya Vishwavidyalaya, Indore; National Law School

of India University (NLSIU), Bangalore; Berhampur University, Berham-

pur; Shreemati Nathibai Damodar Thackersey (SNDT) Women’s University,

Mumbai; Rajiv Gandhi University, Itanagar; Manipur University, Imphal; Swa-

mi Ramanand Teerth Marathwada University, Nanded; Lamka Government

College, Manipur; Stella Maris College, Chennai; and the Indira Gandhi Na-

tional Open University (IGNOU), New Delhi.

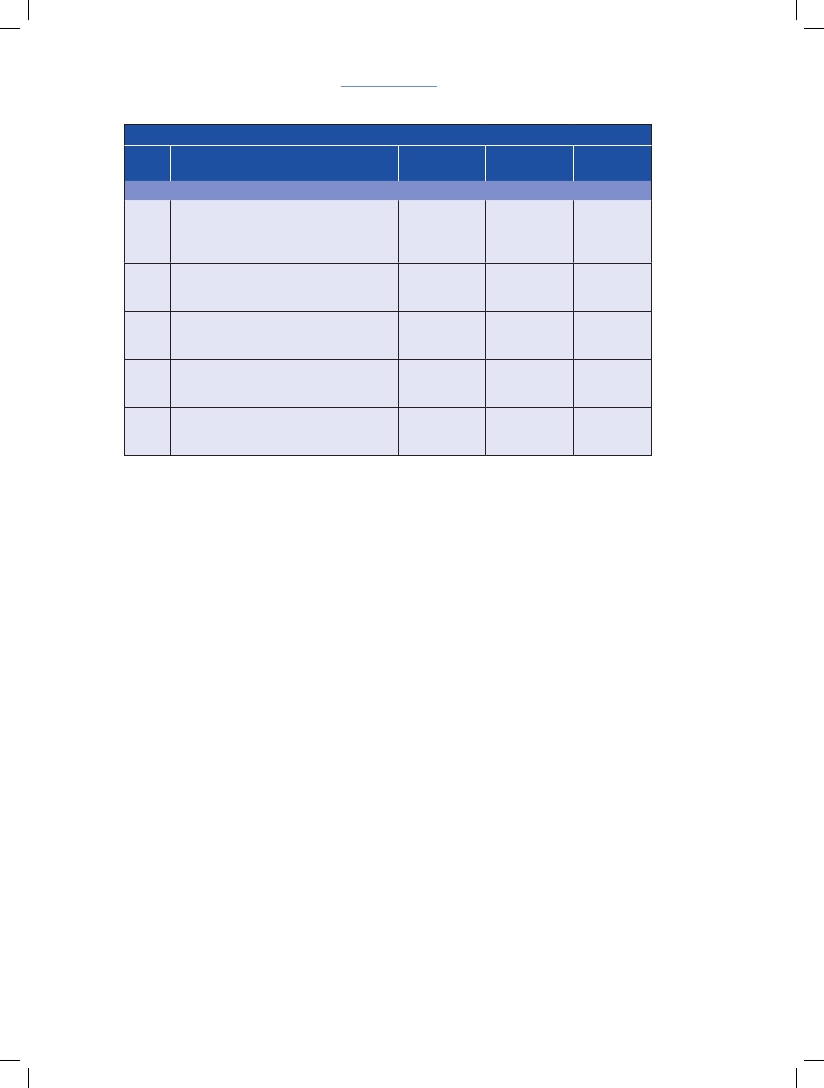
iii. **Diploma Courses:** University of Bombay, Mumbai; Nagpur University, Nagpur;

JMI, New Delhi; Saurashtra University, Rajkot; University of Madras, Chennai;

University of Jammu, Jammu; Puducherry University, Puducherry; University

of Mysore, Mysore; Jai Narayan Vyas University, Jodhpur; Mohanlal Sukhad-

ia University, Udaipur; University of Kalyani, Kolhapur; Madurai Kamraj



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University; University of Shimla, Shimla; University of Kashmir, Srinagar; and

the Indian Law Institute, New Delhi. The NLSIU has announced a one-year PG

Diploma in Child Rights Law, to be introduced in 2009-10.

**End Notes**

1

2

3

4

The Hindu Succession (Amendment) Act, 2005, September 5, 2005, GoI.

Coparcenary is a concept whereby two or more people inherit a title equally between them, as a result of-

which none can inherit until all but one have renounced their right to the inheritance. This arises when

a title passes through and vests in female heirs in the absence of a male heir. After they inherit, since the

title cannot be held by two people simultaneously, two daughters (without a brother) who inherit in this

way would do so as coparceners.

India: Third and Fourth Combined Periodic Report on the CRC draft, Response of Ministry of Home

Affairs, GoI, August 2009, pp. 2-3.

India:Third and Fourth Combined Periodic Report on the CRC draft, Inputs of National Institute of

Public Cooperation and Child Development, GoI, 2010.

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3.

**General Principles**

**Annexure: 3B.1 Recommendations of the Sachar Committee**

1.

The Government of India constituted a High Level Committee under the chairman-

ship of Justice (Retd.) Rajinder Sachar to prepare a report on the social, economic

and educational status of the Muslim community. In its comprehensive report on

‘Social, Economic and Educational Status of the Muslim Community of India’

the Committee observed that Muslims have been left behind in the growth and

development processes. The observations/recommendations made by the Sachar

Committee include the following1.

i.

While there is considerable variation in the condition of Muslims across the

States, the community exhibits deficits and deprivation in practically all dimen-

sions of development.

ii. Mechanisms to ensure equity and equality of opportunity to bring about inclu-

sion should be such that diversity is achieved, and at the same time, the percep-

tion of discrimination is eliminated.

iii. Creation of a National Data Bank, where all relevant data for various socio-

religious communities (SRCs) is maintained, is recommended.

iv. An autonomous Assessment and Monitoring Authority is needed to evaluate

the extent of development benefits, which accrue to different SRCs through

various programmes.

v. While equity in the implementation of programmes and better participation

of the community in the development process would gradually eliminate the

perception of discrimination, there is a need to strengthen the legal provisions

to eliminate such cases.

vi. It is imperative that if the minorities have certain perceptions of being aggrieved,

all efforts should be made by the State to find a mechanism, by which these

complaints could be attended to expeditiously.

vii. The Committee recommends that an Equal Opportunity Commission should

be constituted to look into the grievances of the deprived groups.

viii. A carefully-conceived ‘nomination’ procedure should be worked out to increase

inclusiveness in governance.

ix. The Committee recommends the elimination of anomalies with respect to re-

served constituencies under the delimitation schemes.

x. The idea of providing certain incentives to a ‘diversity index’ should be ex-

plored. A wide variety of incentives can be linked to this index, so as to ensure

equal opportunity to all SRCs in the areas of education, Government and pri-

vate employment, and housing.

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xi. Relevant functionaries should be sensitive to the need to have diversity and the

problems associated with social exclusion.

xii. The Committee recommends that a process of evaluating the content of school

textbooks needs to be initiated and institutionalised.

xiii. The University Grants Commission (UGC) should be encouraged to evolve a

system, where part of the allocation to colleges and universities is linked to the

diversity in the student population.

xiv. To facilitate admission of the ‘most backward’ amongst all the SRCs in the

regular universities and autonomous colleges, alternate admission criteria need

to be evolved.

xv. Providing hostel facilities at a reasonable cost to students from minorities must

be taken up on a priority basis.

xvi. Teacher training should compulsorily include in its curriculum, components,

which introduce the importance of diversity/plurality within the country and

sensitise teachers towards the needs and aspirations of Muslims and other mar-

ginalised communities.

xvii. Given the commitment to provide primary education in the child’s mother

tongue, the State is required to run Urdu-medium schools.

xviii.Work out mechanisms, whereby *Madrasas* can be linked to a higher secondary

school board, so that students wanting to shift to a regular/mainstream educa-

tion can do so after having passed from a *Madrasa*.

xix. Recognition of the degrees from *Madrasas* for eligibility in competitive examina-

tions is desirable.

xx. The Committee recommends promoting and enhancing access for Muslims to

priority sector advances.

xxi. The real need is of policy initiatives that improve the participation and share of the

minorities, particularly Muslims, in the business of regular commercial banks.

xxii. It may be desirable to have experts drawn from the community on relevant

interview panels and boards.

xxiii. The country is going through a high-growth phase.This is the time to help

the underprivileged to utilise new opportunities through skill development

and education.

xxiv. Provide financial and other support to initiatives built around occupations,

where Muslims are concentrated and that have growth potential.

xxv. The registration of trusts set up by the community, such as Wakf2 institutions

and mosque committees, should be facilitated.

xxvi. Lack of access to crucial infrastructural facilities is another matter of concern

for the Muslims.

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**Annexure 3B.2: Objectives and Strategies under the National**

**Plan of Action for Children (NPAC) Affected by Human**

**Immunodeficiency Virus (HIV)/Acquired Immuno Deficiency**

**Syndrome (AIDS), 20053**

**Objectives**

2.

To undertake a country-wide assessment of children infected and affected by HIV/

AIDS to ascertain the spread, reasons and nature of disease among children, and

facilitate child-specific HIV/AIDS policy development and interventions.

i.

To ensure a supportive and enabling environment for care, treatment, protec-

tion and rehabilitation of children infected and affected by HIV/AIDS.

ii. To ensure access and availability of quality health services, including health edu-

cation, to reduce the risk of HIV/AIDS and to treat and support those infected.

iii. To scale-up prevention of mother-to-child transmission at all levels, i.e. during

pregnancy, child birth (ensuring correct birthing practices as per global guidelines

and administering Nevirapine), and breastfeeding.

iv. To ensure availability of treatment, including Anti-Retroviral Treatment (ART),

free of cost, to all children living with HIV/AIDS from initial stages of infection

and to also ensure the availability of medicines in paediatric dosages and regimes

for such treatment.

v. To implement policies and legislations to promote inclusive community-based ap-

proach at the National and State levels, with the aim to reduce the vulnerability of

children infected and affected by HIV/AIDS and their improved access to health,

education and other support services without any biases or discriminatory practices.

vi. To provide psychological, educational and health services to children affected by

or vulnerable to HIV/AIDS.

vii. To promote community-based approaches and build capacity of families to deal

with HIV/AIDS.

**Strategies**

3.

The above objectives will be achieved through the following strategies.

i.

Ensuring non-discrimination through promotion of an active and visible poli-

cy of de-stigmatisation of infected children orphaned and made vulnerable by

HIV/AIDS.

ii. Ensuring easy accessibility, adequate supplies of safe, and quality blood and

blood components for all, irrespective of economic or social status.

iii. Raising awareness, and improving knowledge and understanding among the

general population about HIV infection and Sexually Transmitted Disease

(STDs), routes of transmission, and methods of prevention.

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iv. Ensuring effective education to children and community on reproductive

health, responsible sexual behaviour, blood safety, safe clinical practices, protec-

tive hygiene and prevention of substance abuse.

v. Integrating information on sexual and reproductive health, including on HIV/

AIDS, in school curricula.

vi. Developing appropriate counselling services in schools.

vii. Ensuring ongoing training of health workers (doctors, nurses, counsellors and

other paramedical professionals) in communication and coping strategies for

strengthening technical and managerial capabilities.

viii. Creating awareness among students through Universities Talk AIDS programme

and other programmes.

ix. Enabling children affected by HIV/AIDS to attend schools without discrimination.

x. Providing special packages for children abandoned on account of HIV/AIDS,

and providing extended care and protection, especially to disadvantaged and

stigmatised children.

xi. Ensuring availability of ‘prevention of mother-to-child transmission services’ in all

antenatal care clinics as close to mothers’ homes as possible. Improving availabili-

ty of Nevirapine and maternal care to ensure safe birth to HIV positive mothers.

xii. Strengthening linkages with other agencies (Government and Non-Governmen-

tal Organisations (NGOs)) working towards the prevention of HIV/AIDS. Link

programmes for prevention of trafficking for commercial sexual exploitation

with HIV/AIDS prevention.

xiii. Creating linkages between tuberculosis control programme and HIV/AIDS

programmes.

xiv. Creating a legal provision to ensure that an HIV positive child is not deprived

of his dignity, liberty and rights, including right to property.

xv. Ensuring access to medical health services without discrimination, for those

affected by HIV/AIDS.

xvi. Supporting and promoting community-based care for children affected by HIV/

AIDS and ensuring their access to shelter and services on an equal basis with

other children.

xvii. Providing services for youth-specific HIV education to develop life skills, to

reduce the risk of HIV infection through peer education and partnership with

parents, families, educators and healthcare providers.

xviii.Providing for effective supply and service-system referral mechanism and qual-

ity psycho-social care to all affected children.

xix. Promoting community-based approaches at National and State levels to enable

non-relation adoption/fostering of children (without separation of siblings) or-

phaned by HIV/AIDS within the community itself, wherever possible.

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xx. Developing/promoting community-based institutions that protect and

promote the rights of all children, including those affected and infected

by HIV/AIDS.

**Annexure 3B.3: Rights of the Girl Child under National Plan of**

**Action for Children, 2005**

4.

The goals, objectives and strategies for the girl child under the NPAC, 2005, are

given below 4.

**Goals**

i.

To assure equality of status for the girl child as an individual and a citizen in

her own right through promotion of special opportunities for her growth and

development.

ii. To ensure survival, development and protection of the girl child, and to create

an environment, wherein she lives a life of dignity, with full opportunity for

choice and development.

iii. To stop sex selection, female foeticide and infanticide.

iv. To eliminate child marriages.

v. To ensure the girl child’s security and protect her from abuse, exploitation, vic-

timisation and all other forms of violence.

vi. To protect the girl child from deprivation and neglect, and to ensure the girl

child an equal share in care and resources at home and in the community, and

equal access to services.

vii. To take measures to protect the girl child from any treatment, which under-

mines her self-esteem and causes her exclusion from social mainstream, and

also to break down persistent gender stereotypes.

viii. To eliminate all obstacles that prevent the girl child from full enjoyment of

human rights and fundamental freedom, including equal rights in succession

and inheritance.

ix. To ensure equal opportunity for free and compulsory elementary education to

all girls.

**Objectives**

i.

To remove all social and familial biases and discrimination against the girl child

throughout her lifecycle.

ii. To ensure protection and promotion of rights of the girl child with specific

attention to age-specific needs.

iii. To ensure that the girl child receives equal access to learning opportunities

at all ages, enabling her to develop a positive self-image as a full participant

in society.

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iv. To take measures to enable the girl child to develop her full potential through

equal access to education and training, nutrition, physical and mental health-

care, and social opportunities.

v. To address the root causes of son preference and resultant discrimination

against the girl child.

vi. To eliminate all forms of discrimination against the girl child, which result in

harmful and unethical practices, like prenatal sex selection, female foeticide

and infanticide, gender stereotypes, discrimination in care and food allocation,

socialisation, etc.

vii. To take steps through law, policy and programmes to eliminate all forms of

violence against the girl child, and also to provide legal, medical, social and

psychological support services and programmes to assist girls, who have been

subjected to violence.

viii. To take measures to ensure that girls with disabilities have full and equal access

to all services, including support to meet their special needs.

ix. To create and sustain a gender-sensitive education system to ensure equal educa-

tion and learning opportunities to girls, with the objective of ensuring gender

parity at all stages of education.

**Strategies**

5.

The above objectives will be achieved through the following strategies

i.

Advocacy through social, political and religious leaders and through all Govern-

ment programmes to change attitudes and practices discriminatory towards girls.

ii. Enforcing laws that protect the equal rights of the girl child, like Child Mar-

riage Restraint Act, 1929; Pre-Conception and Pre-Natal Diagnostic Techniques

(Prohibition of Sex Selection) Act, 1994; Immoral Traffic Prevention Act, 1956;

Juvenile Justice (Care and Protection of Child) Act, 2000 (JJ Act, 2000); Child

Labour (Prohibition and Regulation) Act, 1986; etc., by generating social sup-

port and through other necessary action.

iii. Encouraging and supporting Non-Governmental Organisations (NGOs) and

community-based organisations (CBOs) to promote positive attitudes and prac-

tices towards the girl child.

iv. Taking steps to ensure that all girls are enrolled in schools and creating an envi-

ronment for their retention and learning achievement.

v. Taking affirmative actions for removal of gender discrimination against the girl

child, and informing and sensitising the society about the traditional and cus-

tomary practices, which are harmful to the girl child.

vi. Monitoring all clinics and other health centres to prevent sex selection and

female foeticide; further, registering and monitoring all pregnancies to prevent

selective abortion.

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vii. Promoting gender sensitisation among all those in authority, including the judi-

ciary, police and local authorities and members of the general public.

viii. Developing and promoting day-care services in order to relieve the girl child

from sibling care responsibilities. This will enable her to access opportunities

for her own development.

ix. Taking measures to ensure that all girl children receive holistic healthcare and

protection, including preventive and curative services covering their health at

all ages, including reproductive health information and services.

x. Addressing nutrition discrimination against the girl child through sensitisation,

awareness and outreach programmes to ensure that she has equal access to food

allocation within the home.

xi. Taking preventive, protective and rehabilitative measures to address the greater

vulnerability of the girl child to economic and sexual exploitation.

**Annexure 3C.1 Crimes against Children in the Country**

Source: Crime in India (2004-07), Chapter titled ‘Crime against Children’, National Crime Records Bureau, Ministry of Home

Affairs, GoI.

**Annexure 3C.2: Initiatives for Disaster Risk Reduction, Management**

**and Preparedness Initiatives Taken by the Central Government**

6.

The Ministry of Home Affairs (MHA) is the nodal ministry for disaster manage-

ment. Disaster management is a State subject and different States have initiated

efforts to strengthen their agencies responsible for disaster management. The

Government of India has taken several initiatives for strengthening disaster reduc-

tion strategies. There has been a change in the approach towards disaster manage-

ment in the country, from a relief-centric approach to a holistic approach, cover-

ing the entire cycle of disaster management, encompassing prevention, mitigation,

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Crime type  Murder | Year | | | | | | |
| 2001  1,042 | 2002  1,073 | 2003  1,212 | 2004  1,304 | 2005  1,219 | 2006  1,324 | 2007  1,377 |
| Infanticide | 133 | 115 | 103 | 102 | 108 | 126 | 134 |
| Rape | 2,113 | 2,532 | 2,949 | 3,542 | 4,026 | 4,721 | 5,045 |
| Kidnapping and Abduction | 2,845 | 2,322 | 2,571 | 3,196 | 3,518 | 5,102 | 6,377 |
| Foeticide | 55 | 84 | 57 | 86 | 86 | 125 | 96 |
| Abetment of Suicide | 26 | 24 | 25 | 33 | 43 | 45 | 26 |
| Exposure and Abandonment | 678 | 644 | 722 | 715 | 933 | 909 | 923 |
| Procurement of Minor Girls | 138 | 124 | 171 | 205 | 145 | 231 | 253 |
| Buying of Girls for Prostitution | 6 | 9 | 24 | 21 | 28 | 35 | 40 |
| Selling of Girls for Prostitution | 8 | 5 | 36 | 19 | 50 | 123 | 69 |
| Child Marriage Restraint Act | 85 | 113 | 63 | 93 | 122 | 99 | 96 |
| Other Crimes | 3,685 | 3,424 | 3,700 | 5,107 | 4,697 | 6,127 | 5,974 |
| **Total** | **10,814** | **10,469** | **11,633** | **14,423** | **14,975** | **18,967** | **20,410** |

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7.

8.

9.

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preparedness, response, relief and rehabilitation. The approach proceeds from the

conviction that development cannot be sustainable unless disaster mitigation is

built into the development process.

As mandated by the Disaster Management Act, 2005, a National Disaster Manage-

ment Authority (NDMA) has been set up as the apex body for disaster management

in India, and is headed by the Prime Minister for developing plans and guidelines

for timely and effective response during emergencies.

The National Institute of Disaster Management has been set up for training, capac-

ity building, research and documentation on various kinds of disasters. A compre-

hensive human resource plan for disaster management has been developed. The

subject has also been included in the curriculum of middle and secondary schools

and the post-induction and in-service training of civil and police officers. Modules

of disaster management have been identified for inclusion in the curriculum of

engineering, architecture and medical degrees. A web-enabled centralised inventory

of resources has been developed to minimise the response time during emergencies.

Over 110,000 records from 600 Districts have been uploaded. Safe construction

practices and guidelines for various hazards are being disseminated for creating

public awareness5.

A National Disaster Response Force (NDRF) has been constituted and based on

vulnerability profile of different regions of the country, specialist battalions have

been presently stationed at judiciously-selected places. Adequate land is being ac-

quired to build necessary independent infrastructure and other facilities to enable

the NDRF to intervene with minimum time lapse at the time of disaster to under-

take search and rescue work.

10. The States have also been advised to set up their own Specialist Response Teams

for responding to disasters. The Central Government is providing assistance for

training of trainers.

11. Fifteen Regional Response Centres have been identified and are being developed

for storing a cache of essential search and rescue equipment to facilitate swift move-

ment to the site of disaster to provide immediate relief to the affected people.

12. Phase I of the National Emergency Communication Plan has been implemented.

Phase II of the Plan envisages connecting National/State/District Emergency Op-

eration Centres (EOCs) with the mobile EOCs at disaster/emergency sites. An in-

stant alert messaging system has also been made operational in the National EOC.

13. The Government of India set up an early warning system for mitigation of oceano-

graphic disasters — tsunami and storm surges — in 2007. The capabilities of the sys-

tem were effectively used on September 12, 2007, in generating timely and accurate

earthquake information and tsunami warning.

14. The MHA has revised its Crisis Management Plan (CMP), 2004, in the light of

lessons learnt through the years and circulated the CMP-2007 to all concerned for

further follow-up action.

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15. The bilateral agreement on the Disaster Management Support (DMS) Project,

signed between India and USAID, has been put to effect. It focuses on capacity

building, review of management and education system, curriculum development

for civil defence and disaster communication, study on early warning and assistance

to Delhi Government for retrofitting project.

16. The Government of India, in collaboration with UNDP, USAID, European Union

and some other international agencies, is implementing a Disaster Risk Manage-

ment Programme in 176 most hazard-prone Districts of 17 States. The Programme

focuses on special groups, such as women, disabled persons, children, etc., as these

are more vulnerable in an emergency situation and hence require special attention.

The programme aims at putting in place sustainable initiatives with the involve-

ment of local self-government institutions and communities. The Programme aims

at strengthening capacities of these groups to respond to disasters.

**Initiatives Taken by the State Government**

17. The Community-Based Disaster Preparedness Programme (CBDP) of West Ben-

gal State Government, supported by UNICEF, aims to reduce the loss of lives,

means of livelihoods (including important documents) and human suffering. The

political environment has been a facilitative factor in wide acceptance and support

from the community. The CBDP has aroused tremendous interest and support in

the community and achieved a degree of success in instilling the confidence that it

can survive through its own resources and skills in the immediate aftermath of floods.

The robust system of Panchayati Raj Institutions (PRIs) in West Bengal provides a

powerful political platform for the poor, who are often most vulnerable to disasters.

These vibrant political institutions are naturally sensitive to the preparedness needs

and integrate disaster risk reduction strategies in local-level development planning.6

18. In the year 2007, Bihar experienced the most serious flood situation in over a de-

cade affecting 22 Districts in the State. Government of Bihar and UNICEF part-

nered to provide essential maternal health services to the displaced populations,

Alternative Learning Spaces (ALS) were set up covering 60,000 children. Out of

60,000 children enrolled in ALS, about 1,500 were out-of-school children. Efforts

were made to enrol these out-of-school children in regular Government schools,

when schools reopened. Detailed instructions were issued to teachers, Block Ele-

mentary Education Officers and District Superintendents of Education in all flood-

affected Districts on what needed to be done with respect to schooling in the post-

flood scenario. A massive programme to improve the learning outcome of students

in foundational competencies (Mathematics and Language in Grade I and II) of

240,000 students in 2,400 schools was also initiated in the flood-affected Districts of

Sitamarhi and Sheohar. Department of Social Welfare and Integrated Child De-

velopment Services (ICDS) Directorate recognised the need to not only reopen

*Anganwadi* centres in the eight worst flood-affected Districts but also ensured sup-

plementary feeding for children and women beneficiaries. Nutrition rehabilitation

centres were also set up in flood affected Districts. UNICEF initiated psycho-social

counselling and support to children in the flood affected Districts of Muzaffarpur

with the support of four NGOs. A consultation was organised by the Social Welfare

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Department, inviting NGOs, INGOs and other stakeholders to discuss child pro-

tection concerns during floods and also a draft action plan for children affected by

floods was discussed for finalisation.7

19. The Department of Social Defence in Tamil Nadu trained Government function-

aries at the village level and strengthened mechanisms for preventing trafficking,

especially in emergency situations. Public awareness was also created for protec-

tion, care and support of the vulnerable, and the overall well-being of communities.

Awareness about HIV was promoted in vulnerable communities and life-skills edu-

cation was provided to young people through schools.8

20. The State Government of Jharkhand has included a textbook on Disaster Manage-

ment in class IX syllabus as part of the Social Science subject. This will help sensitise

the students on mitigating the impact of disasters and usher in a culture of better

disaster preparedness in the school as well as among the citizens.9

**Annexure 3D.1: Initiatives Taken by States in Forming Children’s**

**Associations and Organisations**

21. The State Governments have taken significant initiatives to encourage children par-

ticipation in issues related to them.

22. **Andhra Pradesh:** The State Government directed the Director of School Education

to establish students’ councils in all high schools that could assist with student wel-

fare activities and act as a bridge between the students and school management.10

23. **Bihar:** The State Government has set up *Bal Sansad* in all the 70,500 elementary

schools to ensure children’s participation in education. A 12-member committee of

students is constituted in every school to assist the school management, which also

provides students a platform for expressing views and developing life skills.

24. The decision to establish *Meena Manch* in all the 19,000 upper primary schools

in 2007 followed the success of the pilot exercise in Vaishali District. Over 9,000

*Meena Manches* had been formed at the time of reporting. The Children’s Parlia-

ment and *Bachhon ka Akhbar* have resulted from a partnership between Bihar Legis-

lative Council, UNICEF and Bachpan Bachao Andolan network.

25. In Ramchandranagar village (50 km away from Patna, Bihar), none of the 200 odd

children belonging to *Dalit* community had been to school. Today, no child is out

of school in the village. In the same village, the motivated *Bal Panchayat* identified

nearby liquor shop as their biggest enemy and managed to get the shop closed.

26. **Kerala:** *Bal Sabha* is an experiment of Kudumbashree, the State Poverty Eradica-

tion Mission of the Department of Local Self-Government. The members in the

5-15 age group are divided into two groups, consisting of 5-9 and 10-15-year- old

children respectively. The *Bal Sabha* facilitates socialisation of children and orga-

nises news analysis and quiz programmes regularly. The *Bal Sabha* meets various

neighbourhood groups once a week and invites local professionals for interaction

every month.11

General Principles

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27. **Karnataka:** *Bal Panchayats* exist in all villages, and exclusive *Gram Sabhas* for children

are conducted every six months.12 The Departments of Women and Child Develop-

ment, Rural Development and Panchayati Raj have issued guidelines, encouraging

participation of *Bal Panchayats* in *panchayat* meetings in each village.

28. **Orissa:** The child reporters’ initiative in the Koraput and Dhenkanal Districts of

Orissa seeks to make children partners and catalysts in local development. The

initiative taps the immense abilities of children to identify local development prob-

lems and opportunities. School children observe, document and spread awareness

about local problems and issues that impact them directly or indirectly.13

29. **Rajasthan:** The *Bal Panchayat* model evolved by the Social Work Research Centre

in Tilonia to enable active learning of rights and responsibility among children has

been followed by many other organisations in the State and the country. A new ini-

tiative called *Bal Manch*, with linkages with schools, has resulted from collaboration

between NGOs and Government departments in eight Districts. About 115 *Bal*

*Manches*, with support from UNICEF and an NGO, Bharat Gyan Vigyan Samiti,

are active in Baran, Alwar, Dholpur, Karauli, Kota, Jaipur, Pali and Sikar Districts.

There are *Bal Panchayats* in the villages of Ajmer. *Kishori Balikas* have been formed

in 30 villages each in Nagaur and Karauli Districts, with activities revolving around

the issues of education, health, hygiene and sanitation, child marriage, dowry, gen-

der sensitivity among males, widow re-marriage, the role of girls in politics, and

problems of girls from disadvantaged communities. Special camps for boys have

also been held under this programme. These *Bal Manch* not only provide for under-

standing of child rights, but also prepare action plans for activities to be undertaken

by them. Similar forums have also come up in urban areas, keeping in view the

psyche and the circumstances of children living in these areas.

30. In Rupakwas village of Rajashan, girls hold all the elected positions in the *Bal*

*Panchayat.* This *Bal Panchayat* has formed *Kishori Balikas* to discuss social issues,

such as child marriage and dowry. They also raise these matters with the adults in

a confident manner.

31. In Mirzapur (a predominantly tribal village), a 12-year-old girl *Sarpanch* of *Bal*

*Panchayat* noticed that because of non-availability of middle school in the village, the

drop-out rate of girls after primary education had increased, resulting in increase in

the number of domestic child labourers. Thanks to her initiative, and a subsequent

demonstration in front of the office of District Magistrate, a middle school was

opened in the village. Now, several girls of the area have joined this school.

32. In the village of Multan, eight members of *Bal Panchayat* took up the issue of 37

children working in carpet looms and stone quarries. With their efforts, all the 37

children have been admitted in school and now no child from the village is engaged

in child labour.

33. The *Sarpanch* of the *Bal Panchayat* of Maudhaneshwar appealed to the *panchayat*

members to work for eradication of child labour. They, with the support of other

adults, staged a demonstration and consequently, their demands were fulfilled.

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34. The *Bal Panchayat* of Jamli village took initiative to have a school opened in the vil-

lage. This made the children of the village attend the school. Until then, they had

been sitting at home or had been working.14

35. **Maharashtra:** As a result of the initiative taken by *Bal Panchayats* in the villages

of Maharashtra, parents of the children, who had dropped out of school, were

convinced to send their children back to school. In the last decade or so, these *Bal*

*Panchayats* have succeeded in bringing over 10,000 children back to school across

220 villages. The massive involvement of children convinced the adults to take no-

tice and ensure that the teachers were present and schools function properly. Thus,

the teachers’ absenteeism in school — a plausible cause of high drop-out rate — was

addressed in an effective manner.15

**End Notes**

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5.

**Family Environment and Alternative**

**Care**

**Annexure 5.A.1: Family Counselling Centres (FCCs)**

1.

The Central Social Welfare Board (CSWB) is implementing the scheme of FCCs

for providing counselling, referral and rehabilitative services to women and chil-

dren, who are victims of atrocities, family maladjustment and social ostracism, be-

sides crisis intervention and trauma counselling in case of natural disasters. These

FCCs are also for special categories of clients, which are as follows:

i.

**FCCs at Police Headquarters:** FCCs are being run in the premises of some

police headquarters under the administrative control of State Social Welfare

Boards. These FCCs were established with the objective of providing speedy cri-

sis intervention to women whose cases were registered in police stations. Such

FCCs attempt to arrive at out-of-court settlement of family discord cases. In

2002-03, 19 such FCCs were functioning in police headquarters in the States

of Delhi, Kerala, West Bengal, Orissa, Tripura, Puducherry, Assam, Karnata-

ka, Manipur, Goa, Maharashtra, Punjab, Haryana, Meghalaya, Nagaland, Ut-

tar Pradesh, Madhya Pradesh, Sikkim and Tamil Nadu. The number of such

FCCs increased to 34 in 2007-08, in the States of Kerala, West Bengal, Orissa,

Puducherry, Assam, Karnataka, Manipur, Maharashtra, Punjab, Nagaland,

Andhra Pradesh, Bihar, Chandigarh, Sikkim, Tamil Nadu, Haryana, Uttar

Pradesh and Goa.

ii. **FCCs in Mahila Jails:** In 2002-03, five FCCs were running in *mahila* jails in

Delhi, Bangalore (Karnataka), Trichy and Vellore (Tamil Nadu), and Lucknow

(Uttar Pradesh); in 2007-08 the number increased to 23 FCCs running in

*mahila* jails in Delhi, Karnataka, West Bengal, Gujarat, Bihar, Orissa, Tamil

Nadu, Uttar Pradesh, Punjab, Chandigarh, Maharashtra and Madhya Pradesh.

iii. **Rape Crisis Intervention Centres (RCICs):** In 2002-03, three RCICs were

functioning in Delhi and one in Mumbai, whereas in 2007-08, two RCICs were

functioning in Delhi and one in Mumbai. Rape crisis helplines are available 24

hours at these centres.

iv. **Pre-Marital Counselling Centres:** These are being implemented through 10

FCCs running in Women Development Centres at various colleges in Delhi.

These centres lay special emphasis on pre-marital counselling and other areas of

psycho-social crises among young women.

v. **FCCs for Devadasis/Red Light Areas:** During 2007-08, two FCCs are work-

ing for the welfare of *devadasis* and sex workers and their children, one each in

Mumbai (Maharashtra), and Belgaum (Karnataka). The centres were set up with

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2.

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the objective of providing preventive services through awareness campaigns on

Sexually Transmitted Disease (STD), Acquired Immuno Deficiency Syndrome

(AIDS) and other health and legal matters, and also rehabilitative measures for

children and other dependents of prostitutes.

Acknowledging the contribution of the FCCs, the Government of India has en-

trusted the FCCs and its counsellors to function as service providers for providing

assistance and counselling to the aggrieved persons under the Protection of Women

from Domestic Violence Act, 2005.

**Annexure 5B.1: Rajiv Gandhi National Crèche Scheme (RGNCS)**

3.

4.

The RGNCS for Children of Working Mothers was launched with effect from Janu-

ary 1, 2006, by merging the National Crèche Fund with the Scheme of Assistance to

Voluntary Organisations for Crèches/Day Care Centres for the Children of Work-

ing and Ailing Women. The Scheme is being implemented through CSWB and two

national-level voluntary organisations, namely, Indian Council for Child Welfare

(ICCW) and Bharatiya Adim Jati Sevak Sangh (BAJSS). In the revised Scheme,

financial norms have been enhanced from Rs 18,480 to Rs 42,384 per crèche per

annum. The honorarium to crèche workers has been enhanced from Rs 800 to Rs

2,000 per month for two crèche workers. The per-child financial cost of supplemen-

tary nutrition has been doubled. User charges of Rs 20 from below poverty line

(BPL) families and Rs 60 from other families per month have also been introduced.

The income eligibility limit of family has been enhanced from Rs 1,800 per month

to Rs 12,000 per month.

The Scheme provides crèche services to children in 0-6 age group, which includes

supplementary nutrition, emergency medicines and contingencies. The Scheme has

an in-built component of monitoring of crèches. State-wise independent monitoring

agencies have been identified in consultation with the State Governments. These

agencies are State Women Development Corporations, Women Study Centres in

Universities, National Institute of Public Cooperation and Child Development

(NIPCCD), New Delhi, and other agencies recommended by the State Government.

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**Annexure 5B.2: Number of Crèches Sanctioned to the Implementing Agencies**

**under Rajiv Gandhi National Crèche Scheme during 2007-08 (As of March 14, 2008)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| S. No.  1 | Name of the  States/UT  Andhra Pradesh | No. of crèches | | | | |
| Central  Social  Welfare  Board  (CSWB)  2,144 | Indian  Council  for Child  Welfare  (ICCW)  575 | Bharatiya  Adim Jati  Sevak  Sangh  (BAJSS)  383 | Total  3,102 | Beneficiaries  77,550 |
| 2 | Arunachal Pradesh | 202 | 35 | 103 | 340 | 8,500 |
| 3 | Assam | 418 | 290 | 275 | 983 | 24,575 |
| 4 | Bihar | 934 | 264 | 132 | 1,330 | 33,250 |
| 5 | Chhattisgarh | 563 | 295 | 185 | 1,043 | 26,075 |
| 6 | Delhi ^ | 525 | 90 | 70 | 685 | 17,125 |
| 7 | Goa | 68 | 0 | 0 | 68 | 1,700 |
| 8 | Gujarat | 965 | 232 | 157 | 1,354 | 33,850 |
| 9 | Haryana | 313 | 373 | 144 | 830 | 20,750 |
| 10 | Himachal Pradesh | 549 | 149 | 86 | 784 | 19,600 |
| 11 | Jammu & Kashmir | 556 | 130 | 177 | 863 | 21,575 |
| 12 | Jharkhand | 420 | 210 | 218 | 848 | 21,200 |
| 13 | Karnataka | 1,179 | 205 | 208 | 1,592 | 39,800 |
| 14 | Kerala | 811 | 222 | 133 | 1,166 | 29,150 |
| 15 | Madhya Pradesh | 2,133 | 363 | 319 | 2,815 | 70,375 |
| 16 | Maharashtra | 1,719 | 260 | 418 | 2,397 | 59,925 |
| 17 | Manipur | 372 | 89 | 53 | 514 | 12,850 |
| 18 | Meghalaya | 169 | 0 | 63 | 232 | 5,800 |
| 19 | Mizoram | 228 | 55 | 25 | 308 | 7,700 |
| 20 | Nagaland | 79 | 80 | 53 | 212 | 5,300 |
| 21 | Orissa | 761 | 173 | 270 | 1,204 | 30,100 |
| 22 | Punjab | 325 | 58 | 0 | 383 | 9,575 |
| 23 | Rajasthan | 723 | 146 | 320 | 1,189 | 29,725 |
| 24 | Sikkim | 169 | 0 | 43 | 212 | 5,300 |
| 25 | Tamil Nadu | 1,341 | 142 | 93 | 1,576 | 39,400 |
| 26 | Tripura | 184 | 186 | 40 | 410 | 10,250 |
| 27 | Uttar Pradesh | 1,211 | 270 | 686 | 2,167 | 54,175 |
| 28 | Uttarakhand | 265 | 140 | 241 | 646 | 16,150 |
| 29 | West Bengal | 1,157 | 248 | 231 | 1,636 | 40,900 |
| 30 | Andaman & Nicobar | 96 | 6 | 0 | 102 | 2,550 |
| 31 | Chandigarh | 72 | 23 | 0 | 95 | 2,375 |
| 32 | Dadra & Nagar  Haveli | 0 | 0 | 9 | 9 | 225 |
| 33 | Daman & Diu | 0 | 0 | 5 | 5 | 125 |

*Contd…*

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^ 200 mobile crèches sanctioned in 8th Project Steering Committee (PSC).

\* 300 crèches sanctioned to BAJSS in 4th PSC meeting for camps, displaced & settled groups, denotified UTs, HIV/Sex

workers, North-Eastern Region.

Source: Annual Report (2007-08), Ministry of Women and Child Development, GoI, page 233.

**Annexure 5 B.3: State Initiatives for Child-Care Institutions and**

**Services**

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State Governments are implementing child-care services suited to the needs of chil-

dren belonging to deprived sections of the society.

In **West Bengal**, the number of children in institutions has steadily increased from

9,235 in 2004 to 11,500 in 2007. To deal with the situation, the State offers child-

care services like *Balwadi* centres, hostels for disabled children, cottage schemes and

scholarship, and grant for various categories of children. Since children belonging to

backward communities often fail to access the cottage schemes, Non-Governmental

Organisations (NGOs) are encouraged to open cottage homes in backward areas

(riverine belt, hill areas, tribal areas, minority areas) of the State. Non-institutional

care is being provided to 4,000 children up to 18 years and scholarship is being

given to 5,000 disabled children up to class VIII.1

The **Himachal Pradesh** Government is running 140 *Balwaris* for pre-school educa-

tion and 19 *Bal/Balika Ashrams*, which provide free boarding/lodging, educational

and vocational facilities to 905 destitute/orphan children in the 6-18 age group. A

special Scheme, named Mother Teresa Matri Sambal Yojana, has been launched,

wherein Rs 2,000 per annum per child (for two children up to 14 years) is provided

to the destitute mothers, including widows, and deserted women belonging to BPL

families with annual income less than Rs.18,000 per annum. At present, 6,818 chil-

dren/mothers are covered under the Scheme.2

The Government of **Karnataka** is implementing a foster care and sponsorship pro-

gramme in the State. Foster care services were provided to 350 beneficiaries in 2006-07

and 500 beneficiaries in 2007-08. It is running sponsorship programme with the objec-

tive of de-institutionalisation of children by enabling parents to bring up their children

in a family environment. The State is also running 374 crèches in collaboration with

NGOs for children of agricultural labourers and eight State homes for deserted moth-

ers and their children. The State Government has set up minimum standards and

guidelines for all homes where children are kept for their care and custody.3

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| S. No.  34 | Name of the  States/UT  Lakshadweep | No. of crèches | | | | |
| Central  Social  Welfare  Board  (CSWB)  50 | Indian  Council  for Child  Welfare  (ICCW)  10 | Bharatiya  Adim Jati  Sevak  Sangh  (BAJSS)  0 | Total  60 | Beneficiaries  1,500 |
| 35 | Puducherry | 192 | 3 | 82 | 277 | 6,925 |
| 36 | Additional\* | 0 | 0 | 300 | 300 | 7,500 |
| **Total** | | **20,893** | **5,322** | **5,522** | **31,737** | **793,425** |

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**Annexure 5C.1: Court Judgements on Best Interest of Children**

9.

After the judgement given by the hon’ble Supreme Court of India that the mother

was as much the child’s natural guardian as the father (in *Githa Hariharan vs. Reserve*

*Bank of India4*, February 18, 1999) (See India First Periodic Report 2001, page 107.),

courts all over India have interpreted in favour of the welfare of the child as the

paramount consideration, overriding the supremacy of parental rights.

10. In *Rajesh K Gupta vs. Ram Gopal Agarwala and others5*, while deciding on the custody

issue of the child between mother and father, the Supreme Court gave paramount

consideration to the welfare of child and not to the legal right of either of the parties.

It upheld the decision of the High Court, in which it had favoured the continuance

of custody of the child with the mother and dismissed the petition filed by the hus-

band that his wife was suffering from mental ailment. In *Radha vs. N Rangappa 6,* the

court decided in favour of the father as better suited as guardian of his seven-year-old

son, on the ground that the prime consideration was welfare of the child and that

there was no hard and fast rule that mother has a preferential right.

11. In *Kumar V Jahgirdar vs. Chethana Ramatheertha7*, a case of custody of child between

the divorced parents, the Supreme Court upheld the decision of the High Court

that viewed that re-marriage of a mother is no disqualification for obtaining custody

of a child. This was reiterated in *Keshav Ganpatrao Hedau vs. Damodhar Udaramji*

*Kandrikar and Anr8*, where the Court specially observed that second marriage of the

mother does not debar her to the child’s custody in favour of the grandfather, since

the child had been living with his mother since birth. Increasing gender-sensitivity

can be discerned in cases, where re-marriage of a mother is no disqualification

for the custody of child; a positive trend in acknowledging mother as the natural

guardian of child.

12. In *Nil Ratan Kundu vs. Abhijit Kundu9*, as per the Supreme Court, “In selecting prop-

er guardian of a minor, the paramount consideration should be the welfare and

well-being of the child. In selecting a guardian, the court is exercising *parens patriae*

jurisdiction and is expected, nay bound, to give due weight to a child’s ordinary

comfort, contentment, health, education, intellectual development and favourable

surroundings. But over and above physical comforts, moral and ethical values cannot

be ignored. They are equally, or even more important, essential and indispensable

considerations. If the minor is old enough to form an intelligent preference or judg-

ment, the court must consider such preference as well, though the final decision

should rest with the court, as to what is conducive to the welfare of the minor.”

13. In *Mausami Moitra Ganguli vs. Jayant Ganguli10*, the judges stated that during the

course of the hearing, they had not yet interviewed the child, but had suggested that

it would be better if the child could stay with his mother for sometime. However,

upon hearing the judges, the child started crying and showed reluctance to go with

the mother. On watching his reaction, the judges dropped the proposal. The judges

concluded that the paramount consideration of the welfare of the child and the

child’s welfare will be best served if he continues to be in the custody of the father,

with visitation rights to the mother.

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14. In *C Chenna Basappa vs. Smt. Lingamma & Ors11*, decided on June 6, 2007, the Kar-

nataka High Court held, “While ascertaining the wishes of the minor, the Court

shall take into consideration the age of minor and the custody of minor at the time

of interview and immediately prior to it. Even then, the wishes of the minor shall

not control the discretion of the Court. The wishes of the minor shall not be the

sole factor to be taken into account in adjudging proper custody of minor. There

is a greater responsibility on the Court to assess the entire facts and circumstances

of the case, and in appropriate cases, can even disregard the wishes and prefer-

ence expressed by the minors, especially when Court is of the impression that the

minors have not given answer on the question of their wish voluntarily, but under

influence and tutoring.”

**Annexure 5.C.2: State Initiatives for Alternative Care and Support**

**to Children**

15. Steps have been taken by several States to promote alternative care as a means to

non-institutionalisation.

16. The Government of **Rajasthan** has launched Palanhar Yojana, a unique Scheme to

provide alternative care to children without parental care and support. Under this

Scheme, a child, whose parents have both died due to accident or illness or have

been awarded life imprisonment/death sentence, is given in the care of a willing

family, for which the Government pays financial assistance of Rs 500 per month

up to the age of five years and Rs 675 per month from 6-15 years. Besides, Rs

2,000 per year per child is also paid for expenditure on child’s education. After

15 years of age, the child has to be admitted in the hostels run by the Department

of Social Justice and Empowerment. Upto January 2006-07, a total 1,950 children

had benefited under this Scheme. The Department of Social Justice and Empow-

erment, **Rajasthan,** is running Shishu Grehs for newborn children abandoned by

their mothers/families. Such institutions are also being run by NGOs like Karni

Nagar Vikas Samiti, Kota, and Navjeevan Sansthan, Jodhpur, which are recognised

and receive grant-in-aid by the Central Adoption Resource Authority (CARA). Dur-

ing 2004-05, a total of 169 children benefited under this Scheme, while in 2006-07,

the number of children increased to 179. Besides, the Rajasthan Government is

also running a *Balika Graha* for destitute and neglected girls in 6-18 age group in

Jaipur. This institution has also been declared as observation home for girls, as well

as special home for delinquent girls under Juvenile Justice (Care and Protection of

Children) Act, 2000 (JJ Act, 2000).12

17. The Government of **Maharashtra** has introduced Bal Sangopan Yojana, a foster

care scheme (tending to function as a sponsorship programme) that benefited 790

children through 14 institutions during 2004-06 and 6,901 children through 62

institutions in 2006-07.13

18. The Government of **Delhi** has framed the draft Foster Care Rules 2009, under

the draft Delhi JJ Rules 2009, for children who cannot be placed in adoption such

as those referred by hospitals, nursing homes, social workers/welfare institutions/

organisations and relatives. Children in the 0-6 age group are also eligible for place-

ment under this initiative.14

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**Annexure 5G.1: Number of Children Placed in Adoption through**

**Recognised Indian Placement Agencies and Shishu Grehs**

Source: http://www.adoptionindia.nic.in/database.htm and Annual Report (2008-09), Ministry of Women and Child Development, GoI,

page 201.

\* The data does not include in-country adoption figure of other licensed adoption agencies recognised by State Governments.

**Annexure 5G.2: Salient Features of the Proposed Adoption Guidelines**

19. At present, In-Country Guidelines, 2004, and Inter-Country Guidelines, 2006, are

under revision, keeping in view the Juvenile Justice (Care and Protection) Amend-

ment Act, 2006 (JJ (Amendment)Act, 2006). Salient features of the proposed guide-

lines are as follows:15

i.

Central system of receiving dossiers for inter-country adoption to minimise

delay in the adoption process.

ii. Production of surrendered children in front of Child Welfare Committee (CWC).

iii. Placing of children in inter-country adoption with adoption order instead of

guardianship order.

iv. Retrieval of data on children through online database and more transparen-

cy across the adoption system and State-level nodal body, i.e. State Adoption

Resource Agency (SARA), to deal with inter-country adoption in such States,

where placement agencies do not exist.

v. Insertion of procedure for adoption of children with special needs and adop-

tion by relatives.

vi. Emphasis on issues, such as childcare and rehabilitation priorities, illegal adop-

tion, issue of confidentiality, root search, improper financial gain, rights and

safeguards for adopted children.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Year  (Jan. to  Dec.) | In-country adoption | | | Inter-country adoption by  non-resident Indians/ person  of Indian origin/foreigners  No. of no objection  certificates given | Total  (4+5) |
| 1  2001 | 2  Recogn-  ised Indian  Placement  Agencies  (RIPAs)  1,960 | 3  Shishu  Grehs  573 | 4  Total  (2+3)  2,533 | 5  1,298 | 6  3,831 |
| 2002 | 2,014 | 690 | 2,704 | 1,066 | 3,770 |
| 2003 | 1,949 | 636 | 2,585 | 1,024 | 3,609 |
| 2004 | 1,707 | 587 | 2,294 | 1,021 | 3,315 |
| 2005 | 1,541 | 743 | 2,284 | 867 | 3,151 |
| 2006 | 1,536 | 873 | 2,409 | 852 | 3,261 |
| 2007 | 1,510 | 984 | 2,494 | 770 | 3,264 |
| 2008 | 1,419 | 750\* | 2,169 | 821 | 2,990 |

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vii. Well-defined role of CARA in in-country adoption and inter-country adoption.

viii. Inclusion of guidelines for India as a receiving country.

ix. Recognition of Special Adoption Agencies (SAAs) for NGOs involved only in

non-institutional care.

x. Provision for panel of childcare institutions with SAAs for the purpose of place-

ment of adoptable children.

xi. Inclusion of several formats as Annexures.

**Annexure 5G.3: State Initiatives to Promote In-Country Adoption**

20. Most States are taking up awareness measures to promote adoption in their States

by putting up hoardings, display boards and placing regular advertisements on

radio and television in collaboration with Information and Publicity Department;

publishing articles on adoption in local leading newspapers; and distributing post-

ers and leaflets to voluntary organisations for wider circulation.

21. The Government of **Bihar** has set up an Adoption Cell and constituted State-level

Advisory Board on adoption in June 2005. The State-level Bihar Voluntary Coordi-

nating Agency (BVCA), recognised by CARA, and six registered agencies for running

child-care institutions are promoting adoption in the State. An orientation workshop

on adoption for placement agencies and Government functionaries (held in Decem-

ber 2006), and advertisements in newspapers inviting applications for licensing of

agencies (a major challenge in the State) are initiatives to promote adoption.16

22. CARA, in collaboration with Sanjog, a State-based adoption coordinating agency

in **Orissa**, conducted a consultative meet with various stakeholders and adoption

agencies in 2007 on legal adoption and to provide adequate knowledge, skills and

motivation to various stakeholders. A State Adoption Cell has been constituted for

promotion and monitoring of adoption activities in the State.17

23. To ensure legal adoption, **Karnataka** permits adoption of orphan children only

through the existing 11 recognised agencies and three State-run Shishu Grehs. The

Government has decided to start at least one recognised agency in every District for

placing children in adoption. Efforts are on to put the abandoned children in State-

run correctional homes and Shishu Grehs, and thereafter transfer them to recogn-

ised adoption agencies. Adoptive parents in Bangalore have formed an association

called Sudatta to look into the issues of adoptive parents. In spite of such efforts,

the number of adoptions in the State has come down from 252 in 2004-05 to 232

in 2006-07. A State Adoption Cell has been formed to supervise and monitor all

adoption programmes and agencies at the State level with support of CARA.18

24. In **West Bengal** social workers of Shishu Grehs and Voluntary Coordinating

Agency (VCA) provide pre-and post-counselling to pre-and post-adoptive parents,

while the VCA organises annual meets for them to provide mental support.19

25. In **Kerala**, the State Council for Child Welfare, a recognised agency for local adop-

tion, is facilitating in-country adoption in the State. The agency, however, faces

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difficulties in nurturing the differently-abled children, who are not being adopted.

The State provides support mechanisms such as follow-up for adoptive families and

counselling to parents at the time of registration, etc. During the interim stay pe-

riod, the child’s diet is prescribed and immunisation card is provided.20

26. In **Mizoram**, special efforts, including training of person concerned with adoption,

spot verification of orphanages, identification of child for adoption, and transfer of

child to Licensed Adoption Placement Agency (LAPA) are being undertaken.21

27. **Maharashtra** has formed an Adoptive Parents Association to address adoption-relat-

ed issues. The State organises workshops and seminars for NGOs/adoptive parents.

To encourage in-country adoption in non-metro regions, a one-time financial incen-

tive to parents who have adopted, is also being given by the State.22

28. **Tamil Nadu** organises periodical seminars, workshops and campaigns through State

funds in order to create public awareness and help prospective adoptive parents to

find a child for their family, thereby encouraging local adoptions and ensuring reha-

bilitation of abandoned and surrendered children in the family environment.

**29. Chhattisgarh** has three registered agencies to promote adoption and a State-level

committee to monitor inter-state adoption and other related issues.23

**Annexure 5I.1: Draft Guidelines for Speedy Disposal of Child-**

**Rape Cases24**

i.

The complaint related to child-rape cases should be recorded promptly, as well

as accurately. The complaint can be filed by the victim or an eyewitness or any-

one, including a representative of NGO, who has received information of the

commission of offence. The case should be taken as follows:

a. Officer not below the rank of Sub Inspector (SI) and preferably lady

police officer.

b. Recording should be verbatim.

c. Person recording to be in civil dress.

d. There should be no insistence on recording in police station; it can be at the

residence of the victim.

ii. If the complainant is a child victim, then it is of vital importance that the re-

porting officer must ensure that the child victim is made comfortable before

proceeding to record the complaint. This would help in ensuring accurate nar-

ration of the incident covering all relevant aspects of the case. If feasible, assis-

tance of psychiatrist should be taken.

iii. The Investigating Officer (IO) should ensure that medical examination of the

victim of sexual assault and the accused is done preferably within 24 hours in

accordance with Section 164 A of the Code of Criminal Procedure (CrPC).

Instruction be issued that the Chief Medical Officer ensures the examination

of victim immediately on receiving request from the IO. The gynecologist, while

examining the victim, should ensure that the history of incident is recorded.

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iv. Immediately after the registration of the case, the investigation team should

visit the scene of crime to secure whatever incriminating evidence is available

there. If there are tell-tale signs of resistance by the victim or use of force by the

accused, those should be photographed.

v. The IO should secure the clothes of the victim, as well as the clothes of the ac-

cused, if arrested, and send them within 10 days for forensic analysis to find out

whether there are traces of semen, and also obtain a report about the matching

of blood group and, if possible, DNA profiling.

vi. The forensic lab should analyse the evidences on priority basis and send report

within a couple of months.

vii. The investigation of the case should be taken up by an officer not below the

rank of SI on priority basis, and as far as possible, investigation shall invariably

be completed within 90 days of registration of the case. Periodic supervision

should be done by senior officers to ensure proper and prompt investigation.

viii. Wherever desirable, the statement of the victims under Section 164 of the CrPC

should be recorded expeditiously.

ix. Identity of the victim and the family should be kept secret and they must be

ensured protection. The IO/NGOs should exercise more caution in dealing

with the issue.

**Trial Court**

i.

Fast-Track Courts, preferably presided over by a lady judge; trial to be held

in-camera.

ii. Atmosphere in the court should be child-friendly.

iii. If possible, the recordings to be done in video conferencing/in conducive man-

ner so that the victim is not subjected to close proximity of accused.

iv. Magistrate should commit case to session within 15 days after filing of the

charge sheet.

**End Notes**

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October 2007, page 32.

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Family Environment and Alternative Care

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http://nhrc.nic.in

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6.

**Basic Health and Welfare**

**Annexure 6 A.1: Early Childhood Mortality Rates for Demographic Characteristics**

Source: National Family Health Survey-3, Ministry of Health and Family Welfare, GoI, 2007, page 184.

**Annexure 6A.2: Top 10 Causes of Death in India (Age 0-4 years as percentage)**

Source: Report on Causes of Death in India 2001-03, Office of Registrar General India, GoI, March 2009, page 19.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Demographic  characteristics | Neonatal  mortality | Post-neonatal  mortality | Infant  mortality | Child  mortality | Under-five  mortality |
| Urban  Child’s sex  Male 33.0 10.7 43.7 9.0 52.3 | | | | | |
| Female 23.4 15.7 39.1 12.4 51.0  Mother’s age at birth  <20 30.5 13.8 44.3 9.7 53.6 | | | | | |
| 20-29 28.4 12.6 41.0 10.4 51.0 | | | | | |
| 30-39 27.4 14.2 41.6 12.2 53.4 | | | | | |
| 40-49 \* \* \* \* \*  Rural  Child’s sex  Male 43.7 17.0 60.7 16.0 75.8 | | | | | |
| Female 41.3 22.6 63.9 26.5 88.7  Mother’s age at birth  <20 60.2 24.5 84.6 23.0 105.7 | | | | | |
| 20-29 36.3 17.7 54.0 17.9 71.0 | | | | | |
| 30-39 41.2 19.8 61.0 29.9 89.1 | | | | | |
| 40-49 50.6 31.3 81.9 39.7 118.3 | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Rank  1 | Cause of death  Perinatal conditions | Male  36.9 | Female  29.2 | Combined  33.1 |
| 2 | Respiratory infections | 20.7 | 23.3 | 22.0 |
| 3 | Diarrhoeal diseases | 12.3 | 15.3 | 13.8 |
| 4 | Other infectious and parasitic diseases | 9.8 | 11.2 | 10.5 |
| 5 | Symptoms, signs and ill-defined conditions | 3.5 | 3.4 | 3.4 |
| 6 | Unintentional injuries: other | 3.4 | 2.9 | 3.2 |
| 7 | Nutritional deficiencies | 2.4 | 3.2 | 2.8 |
| 8 | Malaria | 2.4 | 3.0 | 2.7 |
| 9 | Congenital anomalies | 3.0 | 2.3 | 2.7 |
| 10 | Fever of unknown origin | 1.5 | 1.6 | 1.5 |

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India: Third and Fourth Combined Periodic Report on the Convention on the Rights of the Child

**Annexure 6A.3: Early Childhood Mortality Rates by State, 2005-06**

State

India

Neonatal

mortality

39.0

Post-neonatal

mortality

18.0

Infant

mortality

57.0

Child

mortality

18.4

Under-five

mortality

74.3

North

Delhi

Haryana

Himachal Pradesh

Jammu & Kashmir

Punjab

Rajasthan

Uttaranchal

29.3

23.6

27.3

29.8

28.0

43.9

27.6

10.5

18.1

8.9

14.9

13.7

21.4

14.3

39.8

41.7

36.1

44.7

41.7

65.3

41.9

7.3

11.1

5.6

6.8

10.8

21.5

15.5

46.7

52.3

41.5

51.2

52.0

85.4

56.8

Central

Chhattisgarh

Madhya Pradesh

Uttar Pradesh

51.1

44.9

47.6

19.7

24.7

25.0

70.8

69.5

72.7

21.0

26.5

25.6

90.3

94.2

96.4

East

Bihar

Jharkhand

Orissa

West Bengal

39.8

48.6

45.4

37.6

21.9

20.2

19.3

10.4

61.7

68.7

64.7

48.0

24.7

26.1

27.6

12.2

84.8

93.0

90.6

59.6

North-East

Arunachal Pradesh

Assam

Manipur

Meghalaya

Mizoram

Nagaland

Sikkim

Tripura

34.0

45.5

18.7

23.6

16.3

19.8

19.4

33.1

26.7

20.6

11.1

21.0

17.7

18.5

14.3

18.3

60.7

66.1

29.7

44.6

34.1

38.3

33.7

51.5

28.8

20.2

12.6

27.1

19.5

27.5

6.7

8.2

87.7

85.0

41.9

70.5

52.9

64.7

40.1

59.2

West

Goa

Gujarat

Maharashtra

8.8

33.5

31.8

6.5

16.2

5.7

15.3

49.7

37.5

5.0

11.9

9.5

20.3

60.9

46.7

South

Andhra Pradesh

Karnataka

Kerala

Tamil Nadu

40.3

28.9

11.5

19.1

13.2

14.3

3.8

11.2

53.5

43.2

15.3

30.4

10.2

12.1

1.0

5.3

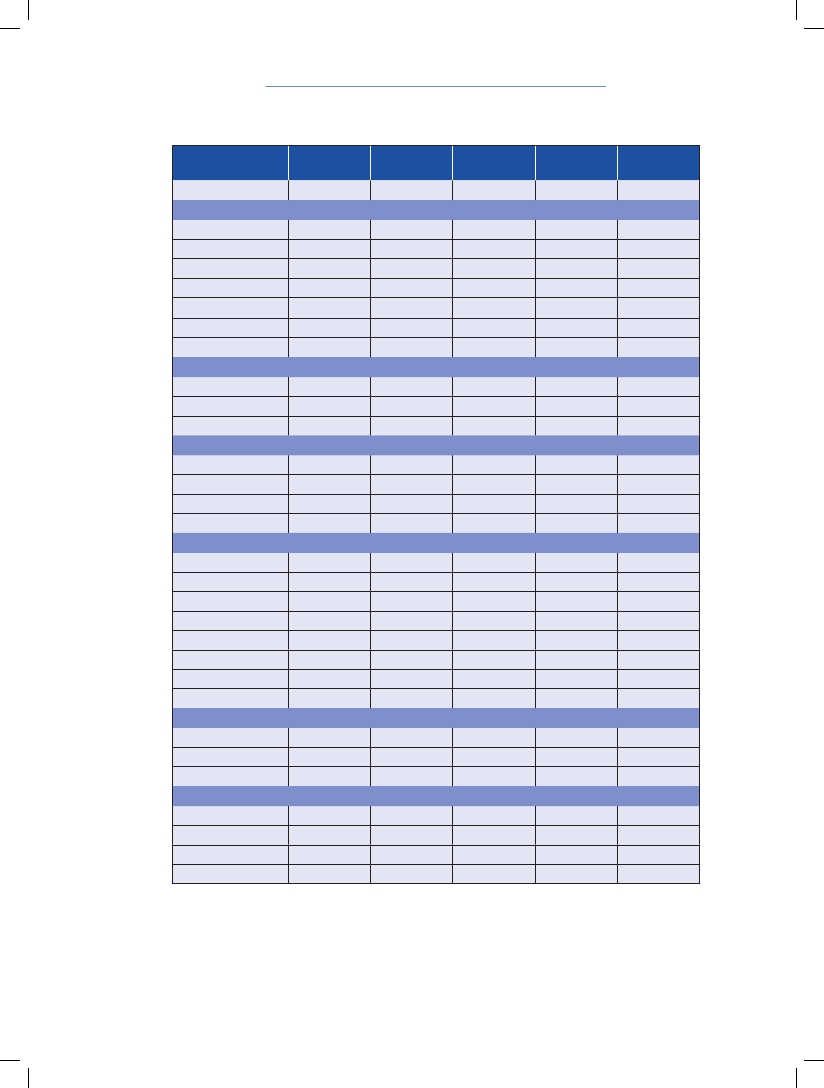
63.2

54.7

16.3

35.5

Source: National Family Health Survey-3, Ministry of Health and Family Welfare, GoI, 2007, page 187.



Basic Health and Welfare

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**Annexure 6B.1: State Initiatives for Children with Disabilities**

**(CWDs)**

1.

2.

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4.

5.

**Bihar:** In Bihar, through the National Programme for Rehabilitation of Persons with

Disabilities (NPRPD), the Multipurpose Rehabilitation Workers (MRWs) check for

early detection and prevention of disabilities at the block level. In addition, the

Integrated Child Development Services (ICDS) network is vigorously working for

prenatal and postnatal care of mother and child, pre-school education and aware-

ness through 60,041 *Anganwadi* centres (AWCs).1 The Department of Health and

Family Welfare also implements various programmes for the prevention and early

detection of disabilities, such as the Vitamin A Campaign, Pulse Polio Immunisa-

tion Programme and Leprosy Cure Programme.2

**Himachal Pradesh:** In Himachal Pradesh, the Department of Elementary Educa-

tion, in coordination with the Health Department, has developed a programme to

provide 1-2 days’ training to at least one teacher of every primary/upper primary

school of the State for identification of CWDs, who are then taken to the nearest

block medical office for the issuance of required certificates and follow-up action

for the management of their disabilities.3

**Jharkhand:** A strong convergence between ICDS, primary health centres (PHCs),

hospitals (paediatric units), schools and Non-Governmental Organisations (NGOs)

is being established in the State and massive efforts have been put to identify CWDs

in every District. The process of certification was introduced and the State appoint-

ed a full-time Disability Commissioner in 2007 to ensure proper implementation

of all programmes for CWDs. A resource support (academic and non-academic)

has been built in the State for awareness generation, community mobilisation and

participation, early detection and identification and manpower development, with

a specific focus on in-service teacher training.

**Orissa:** The Orissa Disability Pension (ODP) Scheme is a State Government initia-

tive, in which, person, who are five years of age or above and are totally blind, or-

thopaedically-handicapped, mentally-retarded or affected by cerebral palsy, receive

an amount of Rs 200 per month as pension. Another State Government Scheme

aimed at providing free education to visually-impaired, hearing-impaired and men-

tally-challenged children in special schools having specially-trained teachers. Apart

from four special schools (two for the blind and two for the deaf), directly managed

by the State Government, 50 special schools are being run by different agencies,

including NGOs, with grant-in-aid from the State Women and Child Department.

Of these, 18 schools are for visually-impaired children, 21 for the hearing-impaired

and 11 schools are for mentally-retarded children. The State Government has also

formed three special squads for inspection of special schools, as well as other organi-

sations working for Persons with Disabilities (PWD).

**Uttarakhand:** The State implements programmes, such as Blindness Control, Lep-

rosy Eradication and Iodine Deficiency Programmes for PWDs. The State has un-

dertaken profiling of every disabled child, which is being taken up in phases. In the

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first phase, profiling of CWDs, who were out-of-school, was done, with an objective

to first integrate such children in mainstream schools. Separate profiling is being

done for children with advanced level of physical and intellectual disability.

**End Notes**

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India: Third and Fourth Combined Periodic Report on the CRC draft, Inputs of Bihar State, 2007, page 54.

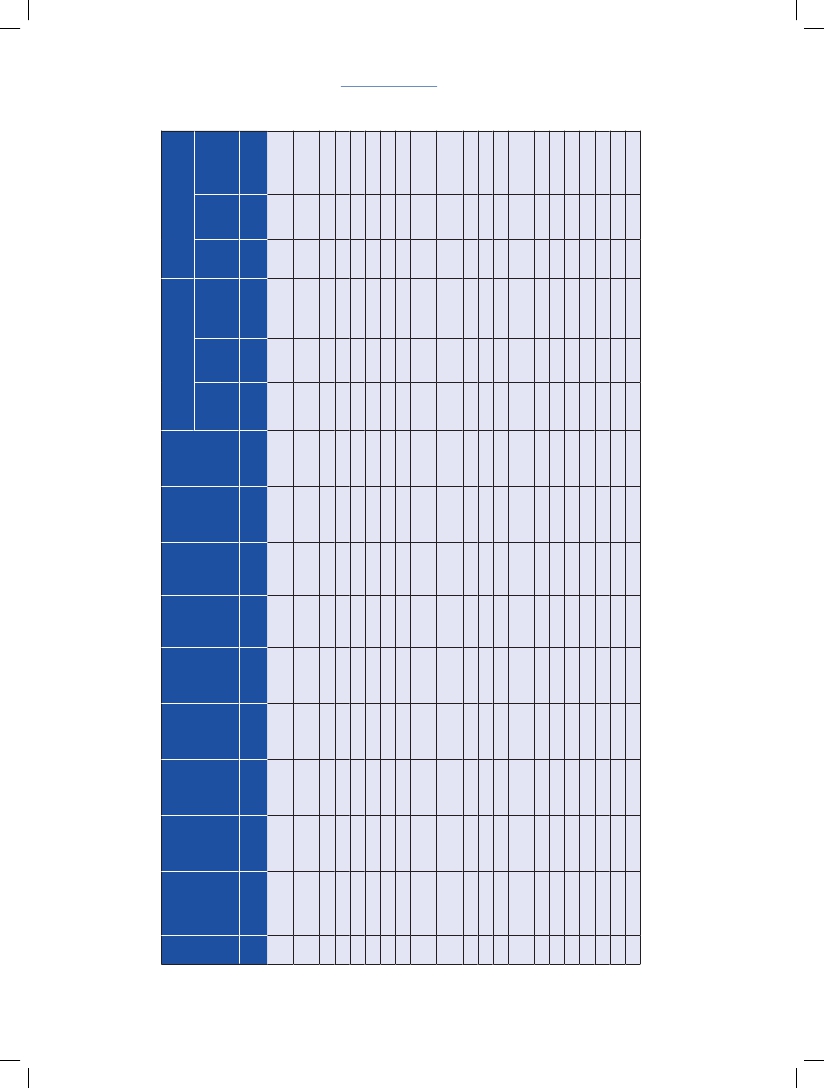
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India: Third and Fourth Combined Periodic Report on the CRC draft, Inputs of Himachal Pradesh

State, 2007, page 53.

Basic Health and Welfare

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**Annexure 6C.1 State-Wise Progress under Total Sanitation Campaign as of 6-10-2009**

Total pro-

jected HH

in 2009

App.

Ach.

Percent-

age

11=(10/9)

\*100

85.94

89.78

44.13

56.15

91.29

436

24,298

7,240

6,979

23,108

42,687

45.61

96.88

55.20

59.48

309,157

363,967

87,617

56.91

36.55

83.42

292,929

7,376,368

3,081,847

80.04

54.40

100.00

71.86

37.56

62.02

35,698

3,600

85,568

87,436

3,919

8,859

3,219

2,672

70,663

7,464

10,821

33,844

37,094

3,275

88,170

80,692

1,316

2,006

3,219

917

57,318

14,418

59.64

100.00

99.06

39.38

46.83

79.28

100.00

90.97

100.00

92.29

33.58

22.64

100.00

34.32

81.11

100.00

15,040

1,866

16,819

6,595

10,167

547

22,505

6,820

10,406

17,723

940

11,472

30.93

24,086

4,957

14,320

55,850

12,431,889

1,201

1,580

912

97.57

1,238

25,160

3,274

68.87

S.

No.

App.

Ach.

Name of

State

School toilet

Toilet for *Anganwadi*

Percentage

Total

house-

holds

(HH)

(2001)

2

10,375,523

86630

1,706,369

10,898,416

3,185,084

72,892

4,611,438

1,750,950

793,318

675,923

3,552,620

5,513,914

922,529

7,398,577

8,991,687

66,692

197,479

16,077

93,809

6,259,607

1,639,936

2,291,492

1,911,455

7,579,920

2,770,828

40.85

369,894

210,494

79.33

139,825

136,426

100

401,335

198,011

60.06

49.34

492,916

247,462

83.5

50.20

11,815,219

7,394,802

67.26

62.59

8,652,440

5,194,147

63.93

60.03

5,093,763

5,122,672

100

100.00

5,287,400

9,410,396

6,719,320

3,351,488

50.21

49.88

7,348,422

3,979,287

1,336,163

35.14

33.58

4,319,616

1,786,158

763,547

65.75

42.75

1,306,794

58.43

1,150,688

1,164,361

100

100.00

1,202,994

96.79

2,488,610

2,532,220

100

100.00

2,855,222

88.69

7,309

5,386,100

4,759,072

80.85

88.36

6,671,551

71.33

22,425

113,186

101,616

72.19

89.78

172,854

58.79

731

3,539,420

1,478,493

44.01

41.77

3,805,078

38.86

48,549

44,319

12,932,905

3,913,067

30.91

30.26

14,494,596

27.00

76,581

43,004

5,894,841

3,040,101

72.04

51.57

4,720,231

64.41

34,772

15,345

211,732

102,855

62.53

48.58

181,586

56.64

3,944

3,541

12,451,474

8,379,410

66.1

67.30

13,835,223

60.57

113,861

97,853

House-

holds

without

toilet

(2001)

3

4

5=

6=

(4/1)\*100 (4/3)\*100

7

8=(4/7)

\*100

9

10

12

13

5,382

1,265

2,894

977

7,589

58

22,650

6,145

2,789

64

2,828

24,643

3,198

19,585

53,475

157

169

912

149

16,778

1,597

Total HH

in TSC

(Including

Census

with tlt.)

Total Ach.

including

Census

2001

%age

Ach.

against

Census

2001

%age

Ach.

against

TSC+

Census

%age

Ach.

against

projected

HH in

2009

1

14=(13/12)

\*100

35.78

67.79

17.21

14.81

74.64

10.60

100.00

90.10

26.80

6.81

24.65

100.00

64.51

100.00

95.75

13.07

10.70

100.00

12.04

66.69

48.78

1

Andhra

Pradesh

12,676,218

2

Arunachal

Pradesh

164,501

3

Assam

4,220,173

4

Bihar

12,660,007

5

Chhattisgarh

3,359,078

6

Goa

140,755

7

Gujarat

5,885,961

8

Haryana

2,454,463

9

Himachal

Pradesh

1,097,520

10

Jammu &

Kashmir

1,161,357

11

Jharkhand

3,802,412

12

Karnataka

6,675,173

13

Kerala

4,942,550

14

Madhya

Pradesh

8,124,795

15

Maharashtra

10,993,623

16

Manipur

296,354

17

Meghalaya

329,678

18

Mizoram

79,362

19

Nagaland

265,334

20

Orissa

6,782,879

21

Punjab

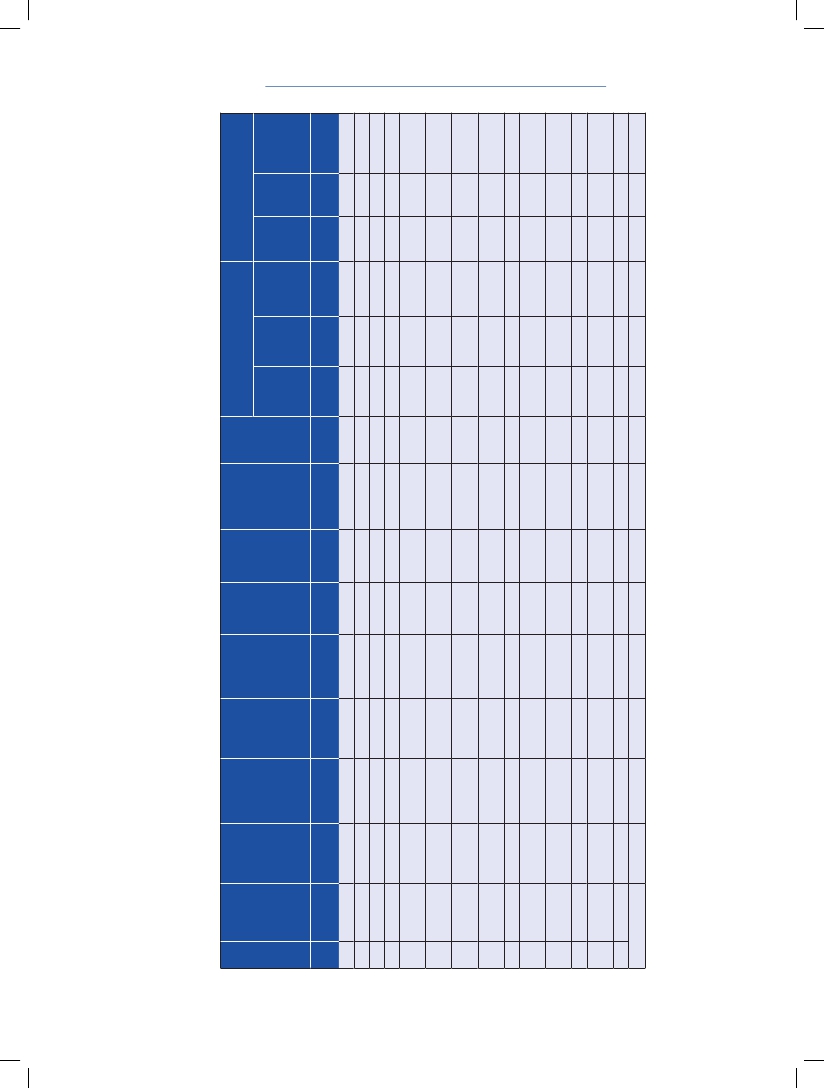
2,775,462

*Contd…*

310

\* Projected number of rural households in each state have been calculated by applying rural:urban population ratio of Census 2001 and average rural household size of Census 2001 to the projected

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S.

No.

App.

Ach.

Percent-

age

App.

Name of

State

Total

house-

holds (HH)

(2001)

Households

without toi-

let (2001)

Total HH

in TSC

(Including

Census

with tlt.)

Total Ach.

including

Census

2001

%age

Ach.

against

Census

2001

%age

Ach.

against

TSC+

Census

Total pro-

jected HH in

2009

School toilet

Toilet for *Anganwadi*

Ach.

Percent-

age

%age

Ach.

against

pro-

jected

HH in

2009

8=(4/7)

\*100

40.50

100.00

79.80

100.00

61.42

56.00

84.71

32.42

47.59

40,828

4,939

241,424

3,925

134,981

0

0

1,604

68,134

49,555

1,606

38,434

4,743

223,982

2,965

74,270

0

0

1

6,111,318

37,285

7,086,871

119,096

16,631,504

818,161

8,156,016

28,635

6,704

27,104

15,017

62,920

367

56,732

**107,967,200**

**150,240,088**

**91,728,134**

2

8,029,718

141,452

9,432,802

979,647

24,452,726

1,264,297

12,139,370

49,653

21,302

8,159

22,091

169,528

5,351

33,467

17,658

24.46

**66.34**

3

3,367,770

149,038

7,043,936

1,015,413

14,744,809

761,959

10,358,863

21,018

14,598

5,716

7,074

106,608

4,984

93.14

62.89

32.02

32.02

62.89

93.14

52.76

**61.05**

4

47.06

100

85.13

100

71.61

63.7

92.81

42.33

68.53

17.44

70.06

68.53

42.33

64,828

30,677

47,281

34,630

213,426

6,617

93,885

**155,479,683**

5=

6=

(4/1)\*100 (4/3)\*100

41.94

100.00

74.67

100.00

60.30

60.27

85.33

12,228,661

1,360,539

24,005,081

595,820

8,826,435

101,415

8,314,651

7

9

10

11=(10/9)

\*100

72.73

100.00

94.14

96.03

92.78

75.54

55.02

.00

.00

12

21,198

340

25,470

6,024

96,967

1,601

50,630

0

0

13

8,561

416

24,704

4,831

71,035

776

18,252

0

0

14=(13/12)

\*100

40.39

100.00

96.99

80.20

73.26

48.47

36.05

.00

.00

22

Rajasthan

7,156,703

23

Sikkim

91,723

24

Tamil Nadu

8,274,790

25

Tripura

539,680

26

Uttar

Pradesh

20,590,074

27

Uttara-

khand

1,196,157

28

West

Bengal

11,161,870

29

A&N

Islands

49,653

30

Chandigarh

21,302

31

D&N

Haveli

32,783

12.09

20.43

49.95

75.32

18.81

**59.00**

0

0

0

0

26

**1,196,649**

0

0

0

0

0

**971,660**

.00

.00

.00

.00

.00

**81.20**

0

0

0

0

16

**438,001**

0

0

0

0

16

**301,895**

.00

.00

.00

.00

100.00

**68.93**

32

Daman &

Diu

22,091

33

Delhi

169,528

34

Lakshad-

weep

5,351

35

Puducherry

72,199

**Total**

**138,271,559**

population as per Census of India.

App.- Approved, Ach.-Achieved

Source: Ministry of Rural Development, NIC-Dept. of Drinking Water Supply, October 6, 2009.

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**Annexure 6C.2: Innovative School Health Programme – Udaipur**

**(Rajasthan) Model1**

* **Target group:** 40,000 students from 222 Government/aided schools in Udaipur.
* **Care:** screening, out-patient as well as in-patient, and also specialty care.
* **Screening:** camps held in school, free dental kits, and identification (ID) card issued.
* **Out-patient (OP) care:** one room in selected 28 schools and mobile team.
* **In-patient (IP):** a ward (7 ICUs and 12 general beds), re-designed/furnished with

non-governmental organisations (NGO) in Government hospital.

* **Specialty care:** tie-up with good private hospitals.
* **24×7 service:** toll-free number and ambulances.
* **Human resources:** 9 doctors, 12 paramedical and 38 support staff.
* **Cost:** check–up, Rs 0.4 million (borne by Government of Rajasthan and NGOs

@ 50:50); cost of OP/IP facility, Rs 2.5 million (by NGO); and recurring cost, Rs

7.2 million (NGO, Nagar Parishad and Urban Improvement Trust @ 50:25:25). It

amounts to 50 paise per child per day.

* **Achievements:** 17,500 treated in OP; 150 treated in IP for different diseases

including serious/chronic; and 4 cardiac cases operated.

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**Annexure 6C.3: Childhood Vaccination by State-Percentage of Children aged**

**12-23 Months, who Received Specific Vaccines at any Time before the Survey, and Percentage with a Vaccination Card seen by the Interviewer, by State, India, 2005-06**

*Contd…*

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | | |  | | | |  |  |  |  |
| India | 78.1 | 1  76.0 | 2  66.7 | 3  55.3 | 0  48.4 | 1  93.1 | 2  88.8 | 3  78.2 | 58.8 | 43.5 | 5.1 | 37.5 |
| Delhi | 87.0 | 83.4 | 80.5 | 71.7 | 70.4 | 88.5 | 86.5 | 79.1 | 78.2 | 63.2 | 9.1 | 30.4 |
| Haryana | 84.9 | 83.8 | 81.0 | 74.2 | 52.7 | 92.2 | 91.3 | 82.8 | 75.5 | 65.3 | 7.8 | 27.0 |
| Himachal  Pradesh | 97.2 | 96.6 | 91.9 | 85.1 | 67.1 | 96.8 | 94.6 | 88.6 | 86.3 | 74.2 | 1.9 | 57.5 |
| Jammu  Kashmir | 90.9 | 90.5 | 88.8 | 84.5 | 48.3 | 95.1 | 93.8 | 82.2 | 78.3 | 66.7 | 4.5 | 49.1 |
| Punjab | 88.0 | 85.9 | 80.4 | 70.5 | 65.6 | 90.1 | 86.7 | 75.9 | 78.0 | 60.1 | 6.6 | 38.5 |
| Rajasthan | 68.5 | 65.0 | 53.2 | 38.7 | 30.0 | 93.0 | 84.0 | 65.2 | 42.7 | 26.5 | 5.5 | 20.8 |
| Uttaranchal | 83.5 | 81.4 | 76.4 | 67.1 | 51.8 | 89.1 | 84.5 | 80.3 | 71.6 | 60.0 | 9.1 | 48.4 |
| Chhattisgarh | 84.6 | 87.2 | 77.4 | 62.8 | 37.0 | 96.7 | 93.8 | 85.1 | 62.5 | 48.7 | 2.5 | 33.1 |
| Madhya  Pradesh | 80.5 | 76.0 | 63.7 | 49.8 | 41.3 | 94.0 | 88.4 | 75.6 | 61.4 | 40.3 | 5.0 | 25.4 |
| Uttar  Pradesh | 61.0 | 55.7 | 43.6 | 30.0 | 34.4 | 94.6 | 92.3 | 87.6 | 37.7 | 23.0 | 2.7 | 20.3 |
| Bihar | 64.7 | 65.2 | 55.5 | 46.1 | 30.5 | 90.6 | 87.5 | 82.4 | 40.4 | 32.8 | 7.0 | 34.4 |
| Jharkhand | 72.7 | 66.0 | 53.2 | 40.3 | 25.2 | 93.4 | 87.2 | 79.3 | 47.6 | 34.2 | 4.4 | 40.7 |
| Orissa | 83.6 | 83.6 | 77.6 | 67.9 | 38.5 | 85.7 | 80.3 | 65.1 | 66.5 | 51.8 | 11.6 | 54.5 |
| West Bengal | 90.1 | 89.7 | 83.2 | 71.5 | 53.4 | 93.2 | 88.6 | 80.7 | 74.7 | 64.3 | 5.9 | 71.9 |
| Arunachal  Pradesh | 57.7 | 57.0 | 48.4 | 39.3 | 34.3 | 72.6 | 65.5 | 55.8 | 38.3 | 28.4 | 24.1 | 35.0 |
| Assam | 62.4 | 66.7 | 56.2 | 44.9 | 27.5 | 81.6 | 72.7 | 59.0 | 37.4 | 31.4 | 15.2 | 46.6 |
| Manipur | 80.0 | 77.4 | 72.3 | 61.2 | 23.1 | 93.5 | 90.2 | 77.5 | 52.8 | 46.8 | 6.5 | 51.3 |
| Meghalaya | 65.9 | 62.0 | 56.0 | 47.3 | 31.0 | 81.5 | 74.2 | 56.6 | 43.8 | 32.9 | 16.5 | 32.6 |
| Mizoram | 86.4 | 89.1 | 84.5 | 66.8 | 46.4 | 89.0 | 83.7 | 63.5 | 69.5 | 46.5 | 7.0 | 38.7 |
| Nagaland | 46.3 | 47.5 | 36.3 | 28.7 | 13.2 | 79.8 | 68.4 | 46.2 | 27.3 | 21.0 | 18.4 | 24.9 |
| Sikkim | 95.9 | 94.9 | 91.2 | 84.3 | 63.4 | 94.0 | 91.2 | 85.6 | 83.1 | 69.6 | 3.2 | 59.7 |
| Tripura | 81.1 | 30.2 | 76.0 | 60.2 | 56.0 | 84.7 | 77.8 | 65.3 | 59.9 | 49.7 | 14.7 | 67.7 |
| Goa | 96.8 | 95.7 | 92.6 | 87.5 | 85.6 | 98.6 | 94.0 | 87.2 | 91.2 | 78.6 | 0.0 | 74.3 |
| Gujarat | 86.4 | 82.2 | 73.4 | 61.4 | 59.9 | 92.6 | 83.5 | 65.3 | 65.7 | 45.2 | 4.5 | 36.4 |
| Maharashtra | 95.3 | 94.3 | 86.8 | 76.1 | 71.7 | 95.9 | 91.7 | 73.4 | 84.7 | 58.8 | 2.8 | 46.1 |
| Andhra  Pradesh | 92.9 | 92.6 | 76.4 | 61.4 | 68.3 | 96.2 | 94.5 | 79.2 | 69.4 | 46.0 | 3.8 | 37.2 |

Percentage with a

vaccination card

seen

No vaccination

All basic

vaccination2

Measles

Polio1

State

BCG

DPT

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1

2

Polio 0 is the polio vaccination given at birth

BCG, measles, and three doses each of DPT and polio vaccine (excluding polio vaccine given at birth)

Source: National Family Health Survey-3, Ministry of Health and Family Welfare, GoI, page 231

**Annexure 6C.4: Guidelines on Revision of Nutritional and Feeding**

**Norms under Integrated Child Development Services (ICDS)2**

6.

The nutritional and feeding norms under ICDS were revised in February 2009 after

due deliberations and taking into account the recommendations of experts. These

norms are described below.

i.

**Promoting optimal infant and young child feeding (IYCF) practices:**

Sustained improvement in maternal and child nutrition is possible through

behaviour change and improved caring practices. In view of this and prevailing

sub-optimal IYCF practices, accelerated implementation and monitoring of the

National Guidelines on IYCF, issued by the Ministry of Women and Child

Development (MWCD), in 2006, should be ensured.

ii. **Children in the age group of 0-6 months:** For children in this age group, States/

Union Territories (UTs) may ensure continuation of current guidelines on early

initiation (within one hour of birth) and exclusive breastfeeding for children for

the first six months of life.

iii. **Children in the age group of six months to three years:** States/UTs may ensure

compliance with the Infant Milk Substitutes, Feeding Bottles and Infant Foods

(Regulation of Production, Supply and Distribution) Amendment Act, 2003,

which specifies continued breastfeeding for two years and beyond. It should

also be ensured that along with breastfeeding, complementary feeding to chil-

dren from the age of six months must be started. In order to bridge the gap

between required dietary allowance (RDA) and average dietary intake (ADI)

amongst children of this age group, food supplement of 500 calories of energy

and 12-15 grams of protein per child per day in Supplementary Nutritional

Support (SNP) should be provided. For children in this age group, the existing

pattern of take home ration (THR) under the ICDS Scheme shall continue.

However, in addition to the current mixed practice of giving either dry or raw

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | | |  | | | |  |  |  |  |
| Karnataka | 87.8 | 1  86.7 | 2  81.5 | 3  74.0 | 0  75.1 | 1  91.8 | 2  87.9 | 3  73.8 | 72.0 | 55.0 | 6.9 | 52.8 |
| Kerala | 96.3 | 94.0 | 90.8 | 84.0 | 86.7 | 94.5 | 88.6 | 83.1 | 82.1 | 75.3 | 1.8 | 75.3 |
| Tamil Nadu | 99.5 | 98.9 | 97.7 | 95.7 | 94.5 | 99.6 | 96.3 | 87.8 | 92.5 | 80.9 | 0.0 | 36.9 |

Percentage with a

vaccination card

seen

No vaccination

All basic

vaccination2

Measles

Polio1

State

BCG

DPT

314

7.

8.

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ration (wheat and rice), which is often consumed by the entire family and not

the child alone, THR should be given in the form that is palatable to the child

and is seen as food to be exclusively consumed by the child instead of the entire

family. The THR could be given in the form of micronutrient fortified food

and/or energy-dense food that may be marked as ‘ICDS Food Supplement’.

Since a child under three years is not capable of consuming a meal of 500 calo-

ries in one sitting, the States/UTs may consider advising mothers to give THR

in small frequent meals to the child. For the severely underweight children,

States/UTs may provide food supplement of 800 calories of energy and 20-25

grams of protein in the form of micronutrient fortified food and/or energy-

dense food as THR. Considering the inability of under-three-year-old child to

consume a meal of 800 calories in one sitting, the States/UTs may consider

advising mothers to give THR in small frequent meals to the child. Severely

underweight children requiring medical intervention may be given locally ap-

propriate feeding and care under medical advice.

iv. **Children in the age group of 3-8 years:** States/UTs may provide food supple-

ment of 500 calories of energy and 12-15 grams of protein per child per day at

the AWCs to supplement home feeding. Arrangements should be made for

serving hot cooked meals in AWCs and mini AWCs under the ICDS within

next two years. Since a child of this age group is not capable of consuming

a meal of 500 calories in one sitting, the States/UTs may consider serving

more than one meal to the children who come to AWCs. Since the process of

cooking and serving hot cooked meal takes time, and in most of the cases, the

food is served around noon, States/UTs may provide 500 calories over more

than one meal. States/UTs may arrange to provide a morning snack in the

form of milk/banana/egg/seasonal fruits/micronutrient-fortified food, etc. For

severely underweight children in the age group of 3-6 years, additional 300 calo-

ries of energy and 8-10 grams of protein (in addition to 500 calories of energy

and 12-15 grams of protein given at AWC) should be given in the form of micro-

nutrient fortified food and/or energy-dense food as THR. Severely underweight

children, requiring medical intervention, may be given locally-appropriate feed-

ing and care under medical advice.

v. **Pregnant women and lactating mothers:** States/UTs may provide food supple-

ment of 600 calories of energy and 18-20 grams of protein per beneficiary per

day in the form of micronutrient fortified food and/or energy dense food as

THR. However, in addition to the current mixed practice of giving either dry or

raw ration (wheat and rice), which is often consumed by the entire family and

not the mother alone, it should be given in the form of micronutrient-fortified

food or food that may be consumed by the pregnant and lactating mothers

rather than the whole family.

The supplementary food may be fortified with essential micronutrients (energy and

protein excluded) with 50% of RDA level per beneficiary per day.

The States/UTs with the support of Food and Nutrition Board (FNB) should en-

sure the quality of supplementary nutrition being provided under supplementary

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nutrition programme with reference to the norms of food safety as well as nutri-

ent composition. The supplementary nutrition should conform to the prescribed

standards laid down under the Prevention of Food Adulteration Act and the Inte-

grated Food Law to ensure consistent quality and nutritive value of the intervention

per serving. The FNB in collaboration with the State Governments/UTs will carry

out periodic checks to ensure that prescribed standards are adhered to and quality

and nutritive value of supplementary nutrition is maintained.

**Annexure 6C.5: Human Resources for Selected States – Allopathy**

State

Population

No. of

registered

doctors

No. of

nurses

No. of

ANMs

Total

human

resources

Human

resources

per 100

population

- norm

2.25/1000

States above the norm of 2.25/1000 population

Andhra Pradesh

Delhi and Punjab

Gujarat

Karnataka

Kerala

Orissa

Tamil Nadu

78,892,000

40,583,000

51,057,000

54,692,000

33,365,000

37,091,000

63,755,000

48,402

62,107

36,521

65,789

32,412

14,712

71,157

84,306

40,568

85,406

48,458

71,589

45,830

155,647

94,395

16,281

35,780

46,817

27,612

30,077

52,341

227,103

118,956

157,707

161,064

131,613

90,619

279,145

2.88

2.93

3.09

2.94

3.94

2.44

4.38

States below the norm of 2.25/1000 population

Assam

Bihar and

Jharkhand

Madhya Pradesh

and Chhattisgarh

Haryana

Maharashtra

Rajasthan

West Bengal

Total

27,520,000

107,362,000

86,681,00

21,000,000

94,839,000

57,463,000

83,079,000

837,379,000

15,723

35,110

29,003

1,285

90,855

22,506

52,274

577,856

9,659

8,883

92,158

15,821

79,004

31,063

44,035

504,628

12,187

7,501

25,344

13,112

24,910

21,932

55,855

464,144

37,569

51,494

146,505

30,218

194,769

75,501

152,164

1,854,427

1.37

0.48

1.69

1.44

2.05

1.31

1.83

2.21

Source: Report of National Commission of Macroeconomics and Health, Ministry of Health and Family Welfare, GoI, 2005, page 58.



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**Annexure 6C.6: Doctors, Nurses and Hospitals across India**

Indicator and measure

Registered doctors\*

Allopathic (2004)

AYUSH (2003)

(Ayurveda, Yoga and Naturopathy, Unani, Siddha and

Homeopathy (AYUSH))

Number of doctors (Allopath + Ayush, public and private

sector)

Population per doctor (Allopathic)

Population per doctor (All systems) (2004)

Registered nurses\*

Number of nurses (2003)

Population per nurse

Registered Doctor:Nurse Ratio (2004)

Hospitals

(Government + Private)

Allopathy (2002)

AYUSH (2003)

Total hospitals (Allopathy + AYUSH)

Population per hospital (Allopathy + AYUSH) (2004)

Hospital beds

Allopathy (2002)

AYUSH (2003)

Total beds (Allopathy + AYUSH)

Population per hospital bed (Allopathy + AYUSH) (2004)

Numbers

6,39,729

6,94,712

13,234,441

1,722

809\*\*

839,862

1,223

1 : 14

15,393

3,100

18,493

55,567

683,545

66,366

749,911

1,370

Note: Government (including local bodies)

\*

\*\* This statistics is encouraging. However, on account of the fragmented management and the non-sharing of appropriate

skills and training with the practitioners of the Indian systems of medicine, we have not facilitated their full participation in

implementing the national health and family welfare programmes.

Source: Health Information of India 2004, Central Bureau of Health Intelligence (CBHI), Ministry of Health and Family Welfare, GoI.

**Annexure 6C.7: Initiatives under National Rural Health Mission**

**(NRHM) to Improve Health Services**

9.

Under NRHM, Accredited Social Health Activist (ASHA) is being trained to act as

a link between the community and the health services. She reinforces community

action for universal immunisation, safe delivery, newborn care, prevention of water-

borne and other communicable diseases, nutrition and sanitation. She works in

close coordination with *Anganwadi* workers (AWWs) and Auxiliary Nurse Midwives

(ANMs), and is accountable to the village Panchayat.3 The initiative, which began in

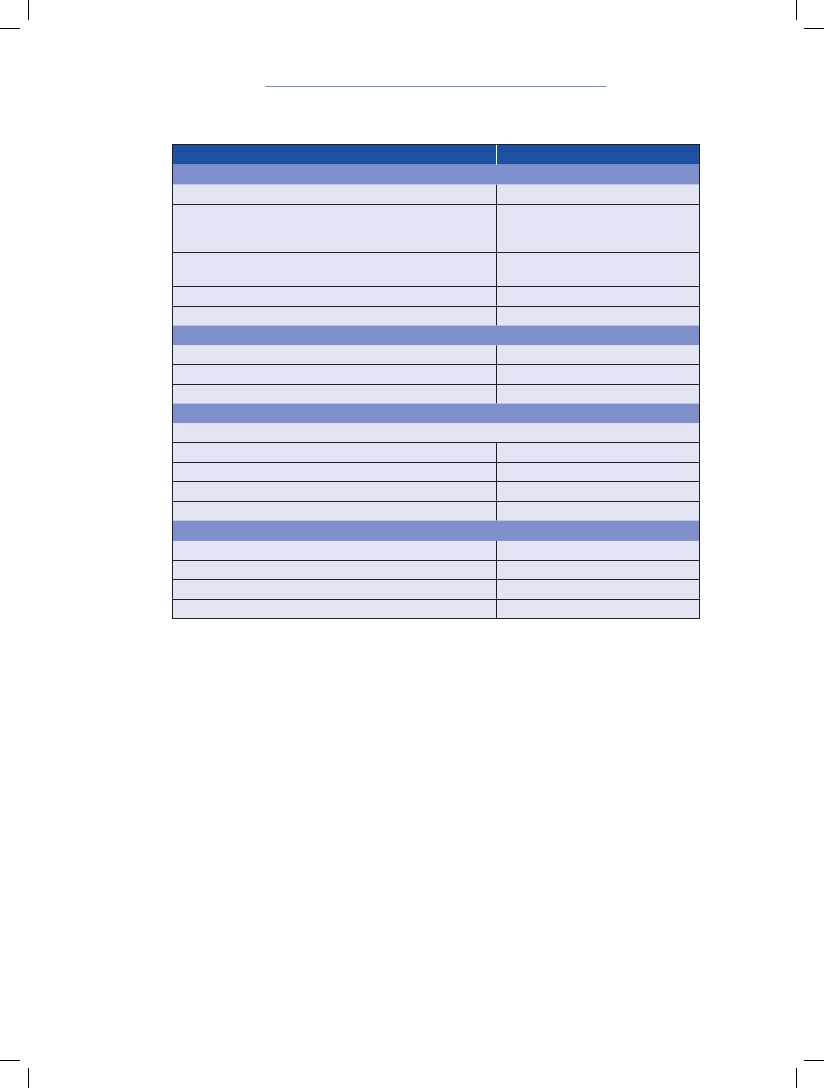
2005, today has over 40% of the planned cadre of ASHAs in place.4

10. Under the NRHM, Mobile Medical Units (MMUs) have been approved for 314

Districts and most of them are expected to be operationalised in the financial year

2008-09. At present, 109 MMUs have been made operational by some of the States

through their own sources/NRHM. Gujarat, Andhra Pradesh, West Bengal and



Registered with the Medical Council of India (Allopathy), Councils concerning AYUSH and Nursing.

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Orissa have established effective systems for mobile units to improve outreach of

services in remote areas. Some States are involving NGOs in this initiative.5

11. Before the launch of NRHM in 2005, out of 22,669 PHCs, only 1,634 were reported

to be working on a 24x7 basis. This number has increased to 8,756 PHCs working

on a 24x7 basis in 2007.6 An annual maintenance grant and an untied grant have

been provided to PHCs for improving facilities. These funds are to be used under

the supervision of Rogi Kalyan Samities (RKS) or the stakeholders’ committees set

up to improve hospital management.

12. A total of 2,870 Community Health Centres (CHCs) have been selected for upgra-

dation to Indian Public Health Standards (IPHS). The survey of facilities has been

completed in 2,335 CHCs and the first instalment towards achieving these stan-

dards has been disbursed. The IPHS for PHCs and sub-centres are in the process of

being developed.

13. The NRHM has shown rapid progress in the North-Eastern States. Over 40,000 ASHAs

have been selected, and 189 CHCs and 1,166 PHCs have been made functional.

14. The Central Government has made concentrated efforts to reduce staffing constraints

by engaging ANMs on a contractual basis through the provision of an untied annual

grant of Rs 10,000. Nearly all the sub-centres have been made functional.7

15. To improve health delivery system, the Government is taking positive steps through

convergence of a process of all medical services through recruitment of specialised

manpower to fill the gap in health personnel at various levels.8 There are nearly

5,000 PHCs, in which AYUSH practitioners have been co-located with allopathic

practitioners. AYUSH doctors are also appointed at CHCs and District hospitals

on a contractual basis. Similarly, AYUSH paramedics are beginning to get appoint-

ed at PHCs and CHCs on a contractual basis.9

16. To improve the availability of medicines and to ensure adequate and timely sup-

ply, NRHM advocates decentralised procurement in line with the successful Tamil

Nadu Medical Supplies Corporation model.10 States like Bihar, Uttar Pradesh and

Jharkhand have taken special initiatives to put in place effective systems for procure-

ment of drugs at health facilities.11

17. Useful partnerships with non-Governmental health providers have been attempted

in every State. Reputed NGOs like Voluntary Health Association of India (VHAI)

and Karuna Trust have taken the responsibility of running PHCs in remote loca-

tions of Arunachal Pradesh. NGOs are also playing a very important role in facilitat-

ing ASHAs and community workers, and in strengthening capacity building efforts

in every State.

**Annexure 6C.8: Innovative Health Financing Mechanisms of States12**

18. **Kerala:** In Kozhikode, risk pools have been constituted around professionals or oc-

cupational groups, self-help groups (SHGs) or micro-credit groups, weavers, fisher-

men, farmers, agricultural labourers, and other informal groups. Almost 90% of the

population is covered under some form of network or the other.

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19. **Uttar Pradesh:** Voucher Scheme for Reproductive and Child Health (RCH)

services has been piloted in seven blocks of Agra for below poverty line (BPL)

population. The Scheme was launched in March 2007 and funded by State Innova-

tions in Family Planning Services Agency (SIFPSA).

**20. Jharkhand:** In order to promote institutional delivery and routine immunisation, a

Voucher Scheme was introduced in December 2005 in all 22 Districts. Under the

Scheme, vouchers are issued to BPL pregnant women at the time of registration

of pregnancy. She is entitled to have the delivery at any Government facility or at

accredited private health providers.

21. **Haryana:** Vikalp is an innovative approach to finance urban primary healthcare

for the poor through a combination of Public-Private Partnerships (PPPs) and risk

pooling, using capitation fees for a package of primary healthcare services with the

State Health Department and private providers.

22. **Karnataka:** Yeshasvini Co-operative Health Care Scheme is a health insurance

scheme targeted to benefit the poor. The Scheme was initiated by Narayana Hru-

dayalaya, a super-specialty heart-hospital in Bangalore, and by the Department of

Co-operatives of the Government of Karnataka. All farmers, who have been mem-

bers of a cooperative society for at least a year, are eligible to participate, regardless

of their medical histories. The Scheme provides coverage for all major surgeries.

**Annexure 6E.1: National Policy on Urban Street Vendors13**

23. In order to provide some legal basis to the National Policy on Urban Street Vendors,

the Ministry of Housing and Urban Poverty Alleviation has proposed to draft a

Model Street Vendors (Protection of Livelihood and Regulation of Street Vending)

Bill, which can be adopted by the States/UTs, with suitable modifications, if re-

quired. This will ensure a dignified living for street vendors and hawkers in society.

24. The proposed revised Street Vendors Policy will specifically emphasise on the State

Governments and Municipal Authorities to undertake measures, such as sending

the children to regular or bridge schools and imparting skill training, etc, among

them to prevent vending by minor children, in conformity with the Child Labour

(Prohibition and Regulation) Act, 1986.

25. Regarding checking of quality of food sold by vendors outside schools and parks, it

is stated that this subject comes under the purview of the urban local bodies/State

Governments. It is expected that local authorities will ensure that only good quality

of food is provided by the vendors. The Street Vendors Policy will specifically pro-

vide for hygienic conditions and quality control for food vendors in cities/towns.

26. Under Basic Services to the Urban Poor (BSUP)/Integrated Housing and Slum De-

velopment Programme (IHSDP), provision of informal sector markets for the street

vendors in urban areas is also being made. The provision of community toilets and

sanitation facilities for urban poor under Jawaharlal Nehru National Urban Re-

newal Mission (JNNURM) will ensure hygienic conditions in slums, and this will

benefit the marginalised children also.

**End Notes**

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India: Third and Fourth Combined Periodic Report on the CRC draft, Inputs of Ministry of Health &

Family Welfare, GoI, 2007, page 23.

India: Third and Fourth Combined Periodic Report on the CRC draft, Inputs of Ministry of Health &

Family Welfare, GoI, 2007, National Rural Health Mission Data sheet.

India: Third and Fourth Combined Periodic Report on the CRC draft, Inputs of Ministry of Health &

Family Welfare, GoI 2007, National Rural Health Mission Datasheet.

The Tamil Nadu Medical Services Corporation Limited ensures the ready availability of quality drugs,

medicines, surgical and suture materials to the Government Medical Institutions throughout the State.

India: Third and Fourth Combined Periodic Report on the CRC draft, Inputs of Ministry of Health &

Family Welfare, GoI, 2007.

11th Five Year Plan (2007-12), Vol. II, Social Sector, Planning Commission, GoI, 2008, page 105.

India: Third and Fourth Combined Periodic Report on the CRC draft, Response of Ministry of Housing

and Urban Poverty Alleviation, GoI, August 2009, Annexure I.

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7.

**Education, Leisure and Cultural Activities**

**Annexure 7A.1: Provisions for Minorities, Scheduled Castes (SCs)/**

**Scheduled Tribes (STs) under Sarva Shiksha Abhiyan (SSA)**

1.

To provide a focus on minority children, SSA has following provisions for Districts

with over 20% Muslim population:

i.

Targeted sanctions to meet infrastructure gaps in schools, classrooms and teachers.

ii. Support for *Madrasas/Maqtabs* under Alternative Innovative Education (AIE)

component to teach formal school curriculum, for children not attending any

other school.

iii. Sanction to over 428 Kasturba Gandhi Balika Vidyalaya (KGBV) schools for

upper primary level for girls.

iv. Publication and distribution of Urdu textbooks;

v. Training of Urdu teachers.1

2.

3.

Special schools and hostels up to upper primary level are being run for STs in remote

forested or hilly regions in various States. Orissa has 1,031 *Sevashram* schools, 143

residential schools and 1,548 primary school hostels in Tribal Sub Plan (TSP) areas,

and 400 ST girls’ hostels in three Districts of Koraput, Bolangir and Kalahandi. The

State Government has decided to set up 1,000 more girls’ hostels in the State, each

with an intake capacity of 100 boarders, exclusively for ST girls, and attached to

existing schools. A number of schools are being upgraded to secondary and higher

secondary levels. In 30 primary schools, *Santhali* language is being taught on an

experimental basis as an additional language, in order to increase enrolment and

retention of *Santhali* tribal students.2 Similarly in Rajasthan, for students belonging

to *Sahariya* and *Bagre* tribes, textbooks are being prepared in their own dialects.3

States have also made locally-relevant interventions. For instance, in Rajasthan,

textbooks in Urdu and Sindhi have been developed with support from the Rajast-

han Urdu Academy and Rajasthan Sindhi Academy, and teacher-training courses

are available at the Government Minority Language Teacher Training Schools at

Ajmer and Udaipur.4 In Uttar Pradesh, 358 *Madrasas* were provided teacher grant,

school grant, teacher training and free textbooks during 2005-06, while in 2004-05,

114 new primary schools and 133 upper primary schools were opened in minority

concentration areas.5

**Annexure 7A.2: Experiences of States in Education Guarantee**

**Scheme (EGS)/Alternative and Innovative Education**

4.

In Bihar, *Meena Manch*, a programme involving co-curricular activities for girls’

empowerment, has been implemented in 3,669 clusters, and martial arts training

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5.

6.

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and bicycle riding is being provided for girls in 3,529 clusters. In Bihar, uniforms

are provided to all girls in Classes VI to VIII, and bicycles to all girls in Classes

IX-X.6 In Haryana, to prevent dropouts after Class V, girls are given bicycles upon

joining Class VI (if the school is located outside her village). On appearing in Class

VIII examination, the bicycle becomes the property of the girl. This initiative of

‘education through wheels’ was launched in 2004-05, benefiting 0.016 million girls

in the same year, and over 0.021 million girls in the subsequent year.7

In Puducherry, an AIE centre has been established for 60 primary-stage children

of the nomadic Kuravar community, who otherwise had no access to educational

facilities.8 In West Bengal, bridge courses have been set up by NGOs, at primary

and upper primary levels, for migrating children, children engaged in *beedi* mak-

ing, and urban slum children. Constant liaison with the formal school system and

vigilance on the part of teachers and community leaders ensures mainstreaming of

successful learners.9 In Thane District, Maharashtra, 250 Bhonga Shalas provide

primary education to 5,000 children from brick kilns. These children belonging to

seasonal migrants study in *Bhonga Shalas* during the brick kiln season (December-

May), and continue with regular schooling in their villages for the rest of the year.

Similarly Boat Schools have been set up for fisher people’s community in Andhra

Pradesh, Hard-To-Reach Children’s Centres in Assam, Residential Camps for older

girls in Gujarat, *Chalta Phirta* Schools for street children in Delhi, Special Schools

for migrating community in Jammu & Kashmir, Tent Schools and Flexi Schools in

Karnataka, and Mobile Schools for migrating children in Madhya Pradesh. AIE also

supports community-run *Madrasas* and *Maktabs*.10

To ensure quality in EGS/AIE, 30-day induction training is provided to the teach-

ers prior to starting the centre. Regular refresher training is organised, with the

headmaster of the local school involved in regular supervision. The centre must

function for at least four hours daily. Voluntary organisations are encouraged to

support EGS & AIE. Practically all States in the country have constituted Grant-in-

Aid Committees to facilitate the identification, engagement and funding of volun-

tary agencies. As many as 853 voluntary agencies are involved in running EGS and

AIE centres in the country.11

**Annexure7A.3: Learning Enhancement Programme (LEP)**

7.

During 2008-09, 28 States have undertaken LEP at primary level and 22 States at

upper primary level. Twenty-four States have undertaken reading improvement pro-

grammes at primary level through reading corners and reading cells, through child-

friendly reading materials. Fourteen States have undertaken activity-based learning

and eight States have taken up early Maths Development Programme. Twenty States

have implemented LEP in all the Districts, covering about 364 Districts at upper pri-

mary level. The target is to enhance learning achievement of students by 10 to 15%.

Eighteen States have undertaken Science and Maths improvement programmes by

establishing Science and Maths labs, kits, workbooks, resource materials and other

activities. In 2008-09, 592,203 primary schools and 178,503 upper primary schools

have been covered in the country under LEP. Some innovative practices adopted by

States for enhancing learning achievement are listed below.12

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i.

**Maharashtra:** ‘3 Rs13 Guarantee Programme’ of 60 days remedial teaching for

learning enhancement of 0.8 million children, followed by Educational Quality Im-

provement Programme. Presently it runs in the name of Sarvangin Gunvatta

Vikas Karyakram.

ii. **Gujarat:** Four studies in collaboration with universities; identification of learn-

ing needs; teacher training and remedial support for learning enhancement.

Also the Gujarat Council for Education Research and Training (GCERT) and

District Institutes of Education and Training (DIETs) have undertaken reme-

dial teaching programmes for students scoring low in the examinations.

iii. **Andhra Pradesh:** Children’s Language Improvement Programme, followed by

Children’s Learning Acceleration Programme for Sustainability. Also, the State

runs a multi-lingual education programme in about 1,000 schools in tribal areas

and a ‘read, enjoy and develop’ programme in 100 schools of each District.

iv. **Orissa:** Learners’ achievement tracking system and a ‘learning to read’ programme

in about 180 Blocks of the State. West Bengal: Integrated learning improvement

programme has been expanded in 2007-08 to all primary schools of the State.

**v. West Bengal:** Integrated learning improvement programme has been expanded

in 2007-08 to all primary schools of the State.

vi. **Assam:** Bidya Jyoti in six Districts and Naba Padakhhepa schools across the State.

vii. **Karnataka:** Karnataka State Quality Assessment Organisation and Karnataka

schools towards quality education.

viii. **Tamil Nadu:** Activity-based learning programme in all primary schools and ac-

tive learning methodology in all upper primary schools of the State.

ix. **Kerala:** A programme titled Hundred out of Hundred has been initiated for

quality improvement in classrooms, strengthening the teaching of Hindi, Eng-

lish, Science, Mathematics and Social Studies.

x. **Punjab:** Preparation for Learning Enhancement in Punjab at elementary level

is based on achievement test followed by school grading and remedial support

for overall performance and enhancement.

**xi. Uttar Pradesh:** ‘School Grading’ is based on school infrastructure, teacher per-

formance and learning achievement. The State also runs a reading enhance-

ment programme named Nai Disha in all Districts.

xii. **Uttarakhand:** ‘School Performance Monitoring’ for identifying needs of poor-

performing schools and developing strategies for their improvement. The State

also runs a reading enhancement programme called Neev in all Districts.

xiii. **Rajasthan:** Learning assurance programme and learning guarantee programme.

xiv. **Jharkhand:** Buniyad Programme for reading, writing, arithmetic ability in

early grades.

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**Annexure 7A.4: State Experiences under Mid-Day Meal Scheme**

**(MDMS)**

8.

There are wide inter-state variations in implementation of the MDMS. Some States

(Gujarat, Chhattisgarh and Madhya Pradesh) have introduced essential micronu-

trients and de-worming medicines as part of MDMS. In Uttarakhand, the mid-day

meal (MDM) is cooked and served by a *‘Bhojan Mata’,* who is mother of a child

studying in the school, is below poverty line, and selected by the Mother’s Com-

mittee of the school. Where the school strength is above 100 students, a helper is

also appointed.14 In Karnataka, NGOs run centralised kitchens, each catering to a

number of schools. In Bihar, in many schools a *Bal Sansad* oversees distribution of

MDM. In Tamil Nadu, health cards are issued to all children and a weekly School

Health Day is observed. Such best practices have been shared, and sometimes

adopted by other States.

**Annexure 7A.5: Progress made under the Skill Development**

**Initiative Scheme**

9.

Progress made under the Skill Development Initiative till 2008-09 is

described below.15

i.

Course curricula for 419 Modular Employable Skills (MES) course modules

in 38 sectors have been approved by the National Council for Vocational

Training (NCVT).

ii. Apex Committee at the national level for guiding and advising the implementa-

tion of the Scheme has been constituted.

iii. Implementation Manual containing guidelines for implementing the Scheme has

been prepared and circulated to States/Union Territories (UTs) for implementation.

iv. The Scheme has been operationalised throughout the country.

v. Ten Assessing Bodies have been empanelled for conducting assessment/testing

for MES courses.

vi. Guidelines for the Selection of Vocational Training Providers (VTPs) have been

prepared and circulated to States/ UTs for implementation.

vii. Since inception of the Scheme, 137,440 persons have been trained/ tested.

viii. Registration of 3,844 VTPs.

ix. A consultant has been appointed for design, development and management of

web-based software for implementation of the Scheme.

x. Website of Skill Development Initiative Scheme has been launched.

xi. International Labour Organization is partnering with the Ministry of Labour

and Employment in operationalising the Skill Development Initiative Scheme

by designing and undertaking a pilot programme with focus on selected

clusters. These clusters are: Brassware (Moradabad, Uttar Pradesh), Glassware

(Firozabad, Uttar Pradesh), and Domestic Workers (Delhi). Stakeholders’ con-

sultation workshops have been held at Moradabad, Firozabad and Delhi.

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**Annexure 7A.6: Educational Development Index (EDI)**

10. Comparison across States is being made using the EDI index, developed by Nation-

al University for Educational Planning and Administration (NUEPA). The compos-

ite EDI ranking and EDI values assigned to States/UTs at elementary level during

2007-08 are as shown in the Table below.

Source: Annual Report (2007-08), Department of School Education and Literacy and Department of Higher Education,

Ministry of Human Resource Development, GoI, page 54.

**Annexure 7A.7: State Interventions in Public-Private Partnership**

**in Education**

11. Several significant instances of public-private partnerships for quality improvement

are as follws.

i.

Learning Guarantee Programme with Azim Premji Foundation in Karnataka.16

ii. Reading promotion programmes in Madhya Pradesh, Bihar and Uttar Pradesh,

with Pratham.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| S. No | Name of State | Composite  EDI  2007-08 | | S. No | Name of State | Composite  EDI  2007-08 | |
| 1. | A & N Islands | EDI  value  0.707 | EDI  rank  15 | 2. | Andhra Pradesh | EDI  value  0.740 | EDI  rank  11 |
| 3. | Arunachal Pradesh | 0.485 | 34 | 4. | Assam | 0.515 | 31 |
| 5. | Bihar | 0.406 | 35 | 6. | Chandigarh | 0.763 | 6 |
| 7. | Chhattisgarh | 0.570 | 29 | 8. | Dadra & Nagar  Haveli | 0.656 | 20 |
| 9. | Daman & Diu | 0.750 | 8 | 10. | Delhi | 0.780 | 4 |
| 11. | Goa | 0.716 | 14 | 12. | Gujarat | 0.748 | 9 |
| 13. | Haryana | 0.755 | 7 | 14. | Himachal Pradesh | 0.695 | 17 |
| 15. | J&K | 0.678 | 18 | 16. | Jharkhand | 0.491 | 32 |
| 17. | Karnataka | 0.743 | 10 | 18. | Kerala | 0.791 | 2 |
| 19. | Lakshwadeep | 0.788 | 3 | 20. | Madhya Pradesh | 0.590 | 26 |
| 21. | Maharashtra | 0.727 | 13 | 22. | Manipur | 0.611 | 24 |
| 23. | Meghalaya | 0.556 | 30 | 24. | Mizoram | 0.705 | 16 |
| 25. | Nagaland | 0.653 | 23 | 26. | Orissa | 0.572 | 28 |
| 27. | Puducherry | 0.808 | 1 | 28. | Punjab | 0.732 | 12 |
| 29. | Rajasthan | 0.653 | 22 | 30. | Sikkim | 0.656 | 21 |
| 31. | Tamil Nadu | 0.771 | 5 | 32. | Tripura | 0.609 | 25 |
| 33. | Uttar Pradesh | 0.586 | 27 | 34. | Uttarakhand | 0.660 | 19 |
| 35. | West Bengal | 0.488 | 33 |  |  |  |  |

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iii. Capacity-building of teacher education in Andhra Pradesh, with Naandi Foundation.

iv. Resource Enhancement Programme in Uttar Pradesh, Madhya Pradesh, Hary-

ana, Himachal Pradesh, Bihar, Jharkhand and Orissa, supported by Digantar,

Eklavya, Vidya Bhawan Society and the University of Delhi.

v. Computer-aided learning programmes in Assam, Sikkim, Rajasthan, etc.

vi. In Jharkhand, some private schools in Jamshedpur have opened their doors to

marginalised and working children, teaching them in the afternoon hours.17 In

Kerala, out of 12,644 schools, only 4,498 are Government, the rest are private.18

vii. In Bihar, about 10-15% children attend private schools.19

**Annexure 7A.8: Per-Capita Out-of-Pocket Expenditure for Education in India**

Rural

Urban

Total

States

1. Andhra Pradesh

2. Bihar

3. Orissa

4. All India

Primary

328

322

279

416

Upper

primary

764

619

841

896

Primary

1,373

1,246

1,187

1,609

Upper

primary

1,859

1,677

1,525

2,141

Primary

602

462

398

701

Upper

primary

1,148

811

955

1,281

Type of school

5. Government

6. Local Body

7. Private Aided

8. Private Unaided

307

312

871

1,275

770

757

1,236

1,749

686

939

2,232

2,696

1,254

1,504

2,542

4,091

360

473

1,653

1,994

871

1,016

1,884

3,018

Fractile group

9. Poorest 20%

10. 20-40%

11. 40-60%

12. 60-80%

13. Richest 20%

196

276

335

458

914

472

609

736

874

1,364

486

886

1,400

2,156

4,284

792

1,156

1,571

2,267

4,607

276

428

587

837

1,610

596

805

1,016

1,260

2,166

Deflated to present the situation at 2005-06 Prices

Source: National Sample Survey, 52nd Round

**Annexure 7C.1 Initiatives by Central Government for Cultural**

**Resources and Training for School Children**

12. Centre for Cultural Resources and Training (CCRT) under Ministry of Culture,

implements the following schemes for school children:

i.

**Cultural Clubs in Schools:** Introduced in 2005, these Clubs motivate students

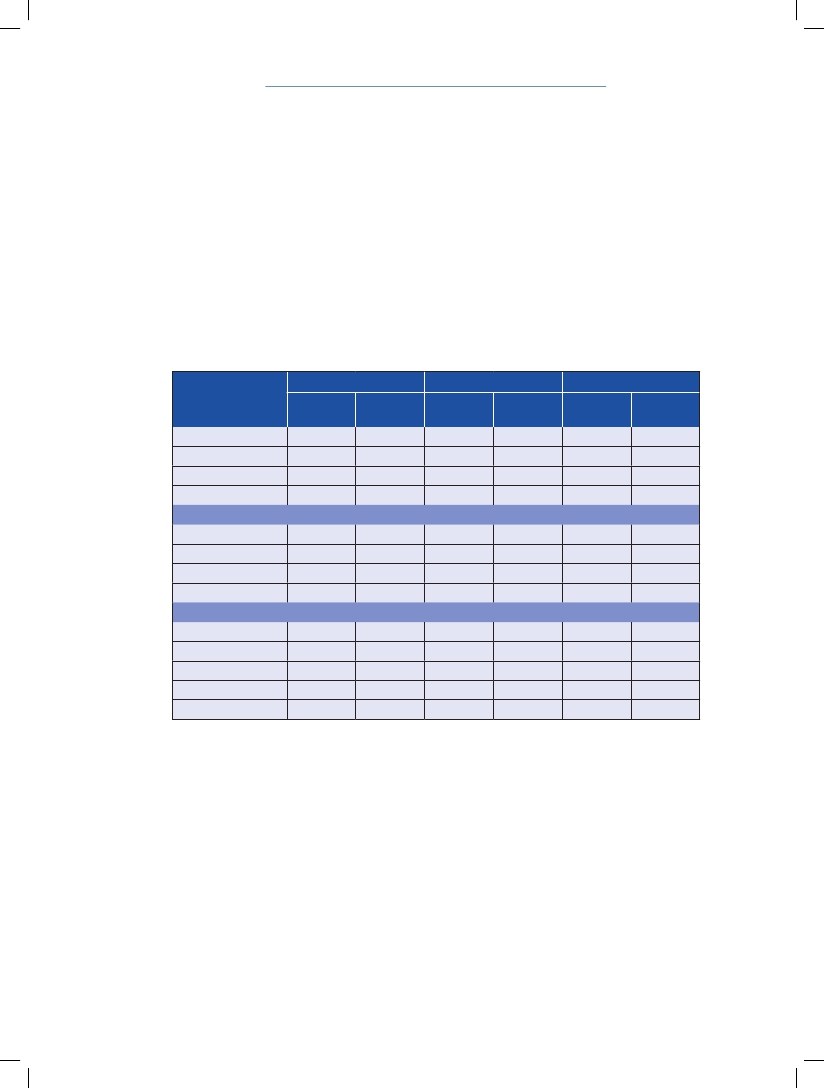
to acquire in-depth knowledge of India’s rich cultural heritage. By 2006, 94

Cultural Clubs had been set up.

ii. **Propagation of Culture among School Students and Teachers:** During 2002-

2006, 18,014 in-service teachers and 541 teacher educators were trained in dra-

ma, music, narrative forms, arts and crafts.



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iii. **Cultural Talent Scholarship Scheme:** To provide opportunities to develop their

talents in various artistic fields, 400 scholarships are awarded to children (age

10-14 years) per year. Of these, 75 are reserved for children of families practising

traditional art forms. During 2002-2006, 12 festivals were organised, in which

790 scholarship holders performed for a wide audience.

iv. **Extension and Community Feedback:** Educational tours are organised to mon-

uments, museums, art galleries, craft centres, zoological parks and gardens, and

camps held on conservation of natural and cultural heritage.

v. **Cultural Heritage Volunteers (CHVs) Scheme:** Launched by the Ministry

of Culture in 2007-2008, this Scheme aims to enrich students’ awareness of

cultural heritage. Selected students are trained as CHVs, and entrusted with

development and dissemination of material for preservation and enhancement

of human heritage.

**End Notes**

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Annual Report (2006-07), Department of School Education and Literacy and Department of Higher

Education, Ministry of Human Resource Development, GoI, pp 25-26.

India: Third and Fourth Combined Periodic Report on the CRC draft, Inputs of Orissa State, 2007, page 53.

India: Third and Fourth Combined Periodic Report on the CRC draft, Inputs of Rajasthan State,

2007, page 8.

India: Third and Fourth Combined Periodic Report on the CRC draft, Inputs of Rajasthan State,

2007, pp 6-7.

Annual Report (2005-06), Department of Elementary Education and Literacy and Department of Sec-

ondary and Higher Education, Ministry of Human Resource Development, GoI, 2007, page 67.

India: Third and Fourth Combined Periodic Report on the CRC draft, Inputs of Bihar State, 2007, page 75.

Annual Report (2005-06), Department of School Education and Literacy and Department of Higher

Education, Ministry of Human Resource Development, GoI, page 72.

Annual Report (2005-06), Department of School Education and Literacy and Department of Higher

Education, Ministry of Human Resource Development, GoI, page 74.

India: Third and Fourth Combined Periodic Report on the CRC draft, Inputs of West Bengal State,

2007, page 65.

Annual Report (2006-07), Department of School Education and Literacy and Department of Higher

Education, Ministry of Human Resource Development, GoI, pp 18-19.

Annual Report (2009-10), Department of School Education and Literacy and Department of Higher

Education, Ministry of Human Resource Development, GoI, page 27.

Annual Report (2008-09), Department of School Education and Literacy and Department of Higher

Education, Ministry of Human Resource Development, GoI, page 35.

The 3Rs include: reading, writing and arithmetic.

India: Third and Fourth Combined Periodic Report on the CRC draft, Inputs of Uttarakhand State,

2008, page 63.

Annual Report (2008-09), Ministry of Labour and Employment, GoI, pp. 212-213.

Annual Report (2006-07), Department of School Education and Literacy and Department of Higher

Education, Ministry of Human Resource Development, GoI, pp 32-33.

India: Third and Fourth Combined Periodic Report on the CRC draft, Inputs of Jharkhand State, 2008,

page 47.

India: Third and Fourth Combined Periodic Report on the CRC draft, Inputs of Kerala State, 2008, page 55.

India: Third and Fourth Combined Periodic Report on the CRC draft, Inputs of Bihar State, 2007, page 75.

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8.

**Special Protection Measures**

**Annexure 8B.1.1: Salient Features of the Juvenile Justice**

**(Care and Protection of Children) Amendment Act, 2006**

Source: India Building a Protective Environment for Children, Ministry of Women and Child Development, GoI, 2006, page 24.

|  |  |
| --- | --- |
| Section  2 (aa) | Amendment  Inclusion of definition of Adoption: ‘Adoption’ means the process through which  the adopted child is permanently separated from his/her biological parents and be-  comes the legitimate child of his/her adoptive parents with all the rights, privileges  and responsibilities that are attached to the relationship. |
| 2 (d) (i) | Child beggars to be included in the definition of children in need of care and protection. |
| 10 (1) | In no case shall a juvenile in conflict with law be placed in a police lock-up or  lodged in jail. |
| 14 (2) | Since the provision for enquiry to be completed within four months lacks proper  implementation due to pending inquiries before the Boards for a long period of  time, it is proposed that the Chief Judicial Magistrate/Chief Metropolitan Magistrate  shall review the pending status of cases of the Board every six months, and shall  direct the Board to increase the frequency of its sittings or may cause constitution  of additional Boards. |
| 15 (1) (g) | The Juvenile Justice Board (JJB) can make an order directing the juvenile to be  sent to a special home for maximum period of three years. |
| 16 (1) | No juvenile in conflict with law can be placed under imprisonment for any term,  which may extend to imprisonment for life. |
| 21 | Contravention of provisions dealing with prohibition of publication of name, etc. of  child/juveniles shall be punishable with a fine extending to Rs 25,000 as against  the existing Rs 1,000. |
| 4 & 29 | The State Governments to constitute JJB and Child Welfare Committee (CWC) for  each District within one year of the amendment Act coming into force. |
| 33 (3) | The State Governments may review the pending status of cases before the CWC  in order to ensure speedy completion of the enquiry process. |
| 34 (3) | All State Governments/voluntary organisations running institutions for child/juve-  nile shall be registered under this Act within a period of six months from the date of  commencement of the Amendment Act, 2006. |
| 41 (4) | State Governments shall recognise one or more of their institutions or voluntary  organisations in each District as specialised adoption agencies for the placement  of orphans or abandoned or surrendered children for adoption. Children’s homes  and the institutions run by the State Government or voluntary organisations for  children, who are orphans, abandoned or surrendered, shall ensure that these  children are declared free for adoption by the CWC, and all such cases shall be  referred to the adoption agency in that District for placement of such children in  adoption in accordance with guidelines. |
| 62 (A) | Every State Government shall constitute a Child Protection Unit for the State and  such units for every District, consisting of such officers and other employees, as  may be appointed by that Government to take up matters relating to children/juve-  niles with a view to ensuring the implementation of this Act. |

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**Annexure 8B1.2: Implementation of the Juvenile Justice**

**(Care and Protection of Children) Amendment Act, 2006 in the States in 2007**

*Contd…*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| States  Andhra  Pradesh | No. of  Districts  23 | No. of  Child  Welfare  Commit-  tees  23 | No. of  Juvenile  Justice  Boards  23 | No. of  Special  Juvenile  Police  Units /  Special  Police  23 | Remarks  The State has designated 1,486  police personnel as Child Welfare  Officers to handle children with care  in coordination with the police |
| Assam | 27 | 22 | 21 | 3 | 27 District Social Welfare Officers  and 13 Probationary Officers |
| Bihar | 38 | 5 | 32 |  |  |
| Chhattisgarh | 16 | 7 | 7 | 11 |  |
| Delhi | 9 | 4 | 2 |  |  |
| Haryana | 20 | 20 | 20 | 20 |  |
| Himachal  Pradesh | 12 | 12 | 2 | 12 |  |
| Jharkhand | 22 | 11 | 21 | 22 |  |
| Karnataka | 27 | 28 | 8 | 27 |  |
| Kerala | 14 | 3 in  2005 but  consti-  tuted in  all 14  Districts  by 2007 | 5 in  2005 but  consti-  tuted in  all 14  Districts  by 2007 | 14 | Deputy Superintendent, Crime De-  partment, appointed as the Officer-  in-Charge |
| Madhya  Pradesh | 48 | 18 | 18 (In  process  in 30  Districts) | 48 |  |
| Maharashtra | 35 | 29 | 29 | 27 | Special Juvenile Police Units (SJPUs)  have been established at each police  station in Districts and Commission-  erate, and one officer in each police  station is nominated as a child welfare  officer |
| Meghalaya | 7 | 7 | 7 |  |  |
| Mizoram | 8 | 2 | 2 | 8 | In all 31 police stations, 41 Juvenile/  Child Welfare Police Officers have  been designated in the State |
| Orissa | 30 | 20 | 30 |  |  |
| Rajasthan | 32 | 32 | 16 |  |  |
| Tamil Nadu | 30 | 18 | 8 | 30 | One police officer in every police  station has been designated as child  welfare officer |

Special Protection Measures

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Source: India: Third and Fourth Combined Periodic Report on the CRC draft, Inputs of States, 2009.

**Annexure 8B1.3: Dealing with Pending Cases of Children in**

**Conflict with Law**

1.

2.

3.

4.

The States have taken significant initiatives to deal with long-pending cases of chil-

dren in conflict with law.

According to media reports, there were 4,042 cases pending in the city of **Delhi.**

The Delhi JJB has started ‘special sittings’ once every two months to dispose in

bulk, cases dealing with minor injuries, eve-teasing, petty thefts and rash driving,

pending for past seven years or more. The magistrates have used their discretion to

involve law graduates in disposing the cases.

The State of **Bihar** has initiated Bal *Samvad Adalat*, a unique fast-track process to

deal with long-pending cases. In November 2006, 62 children were absolved of their

charges and set free. Out of these, 40 children were in custody in special home,

while 22 were out on bail and reporting to local police stations. Cases of petty of-

fences were taken up first, where parents were contacted, invited and provided with

legal aid, counselling and advice on children’s rehabilitation. Many parents met

their children after a gap of several years or for the first time since the child went

into custody. Most children belonged to deprived/poor families, who did not un-

derstand law and had no legal help. Children were made part of the process in this

initiative. Such courts and interactive sessions are expected to take place regularly.

**Jharkhand:** Jharkhand Legal Services Authority that provided legal aid and or-

ganised *Bal Adalats* to expedite the process of enquiries for children in conflict with

law sets an example in executive-judiciary-local community collaboration.1

**Annexure 8B1.4: Court Interventions to Implement Juvenile**

**Justice (Care and Protection of Children) Amendment Act, 2006**

5.

6.

The Judiciary across the country has played a significant role by issuing directions

for enhanced implementation of the Juvenile Justice (Care and Protection of Chil-

dren) Act, 2000 (JJ Act, 2000).

In 2007, the Supreme Court, in response to the petitions filed by Non-Governmental

Organisations (NGOs) seeking Court directions to Central Ministry, Chief Secretar-

ies and Director Generals of Police (DGPs) of all States to forthwith implement the

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| States  Uttarakhand | No. of  Districts  13 | No. of  Child  Welfare  Commit-  tees  13 | No. of  Juvenile  Justice  Boards  13 | No. of  Special  Juvenile  Police  Units /  Special  Police | Remarks |
| Uttar  Pradesh | 70 | 9 | 17 | 46 | Special police for dealing with  juveniles |
| West Bengal | 19 | 2 | 6 |  |  |

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7.

8.

9.

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JJ Act, 2000 in “letter and spirit”, directed the Chief Secretaries of the respondent

States to file detailed affidavits regarding the steps already taken in this direction.

In September 2006, the Bombay High Court directed the State Women and Child

Department to submit a report within four weeks on the action and measures taken

over the implementation of the JJ Act, 2000, along with the action taken against ju-

venile beggars and juvenile offenders, number of abandoned children rehabilitated

and the kind of vocational training being given to the neglected children living in

protection homes of the States.2

As part of the monitoring and supervision of the implementation of the JJ Act,

2000, in the State, the Rajasthan High Court nominated a committee to oversee

the condition and functioning of remand/observation homes in the State. The

committee, after the study of juvenile home in Kota, suggested further improve-

ments in the implementation of the JJ Act, 2000, and rehabilitation of children.

Suitable directions/guidance are being issued by the courts to various JJ functionar-

ies and the Government for improvement, to enable proper implementation of the

JJ Act, 2000, in the best interest of the juveniles, wherever felt necessary.3

In response to a Civil Writ Petition, the Patna High Court has constituted a commit-

tee with official as well as non-official members/NGO representatives for strength-

ening the Juvenile Justice Programme. It has passed orders directing all JJBs to hold

*Bal Samvad Adalats.* It has asked Secretary, Welfare Department, to submit monthly

progress report and information updates on children in care and protection, as well

as children in conflict with law, and has made the civil surgeon accountable for

health of all inmates in children’s homes.4

10. The High Court of Judicature, Madras, has constituted an expert committee headed

by a retired judge of the High Court of Judicature, Madras, to evaluate the facilities

of all child-care institutions, JJBs and CWCs in the State. Based on the orders of

the High Court of Judicature, Madras, the Tamil Nadu Juvenile Justice (Care and

Protection of Children) Rules, 2001 was amended in 2006.5

11. Other State High Courts are also considering writ petitions regarding the imple-

mentation of the JJ Act, 2000 and speedy disposal of cases.

**Annexure 8B1.5: Awareness Generation on Child Protection and**

**the Juvenile Justice System**

12. State Governments and organisations working on the issue of child protection and

juvenile justice are making efforts to create awareness among the implementers of

the juvenile justice and the people at large.

13. The Madhya Pradesh Government is taking steps for creating awareness to ensure

effective implementation of the JJ Act, 2000. It has released a book titled *Aage Aao,*

*Labh Uthhao* with sufficient information in public interest.6

14. Manuals for CWCs and JJBs have been released by agencies working with the juve-

nile justice system, including the Childline India Foundation (CIF). The National

Institute of Public Cooperation and Child Development (NIPCCD) is preparing a

manual for SJPUs and police in collaboration with a Delhi-based NGO. Advocacy

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material in the form of posters and comic books on child rights and protection in

collaboration with another Delhi-based NGO is also being prepared by NIPCCD.

15. The Human Rights Law Network (HRLN), New Delhi, a collective of lawyers and

social activists, has developed a simple guide to the JJ Act, 2000, titled *Kishore Nyay*

in a poster format in five different languages (*viz.* English, Hindi, Kannada, Tamil

and Telugu), on ethics required in handling juvenile cases, including guidelines

for the media. It has been disseminated widely by partner NGOs/organisations.

HRLN is developing posters on the JJ (Amendment) Act, 2006. It has also pro-

duced a documentary *Ek tha Bachpan* for public screening.7

**Annexure 8B1.6: Capacity Building on Juvenile Justice System**

16. The nodal institutions in the country have held training and sensitisation programmes

for law enforcement officers and those concerned with the issue of child protection.

17. **National Institute of Social Defence (NISD):** The Central Government has funded

extensive training and sensitisation programmes through the NISD. During 2004-

08, 27,031 personnel, comprising members of JJBs and CWCs, police, social wel-

fare officers and probation officers, institution staff and NGOs associated with

child protection were provided training through various short-term and long-term

courses by NISD, in collaboration with the State Governments. The NISD has de-

veloped a series of training manuals for juvenile justice functionaries. It organises

and supports regional and State-level training workshops for members of JJBs and

CWCs, police, social welfare officers and probation officers.8

18. **National Institute of Public Cooperation and Child Development:** In the period

between April 2004 and March 2008, a total of 330 training programmes were

organised, in which 12,411 participants were trained on issues of child protection,

juvenile justice and other children’s issues.9

19. **National Judicial Academy (NJA):** It has played an active role in building pro-

fessional skills of magistrates, judges, members of JJBs and CWCs from all

over the country through innovative, interactive juvenile justice training pro-

grammes. Since 2004, it has been conducting refresher courses in juvenile justice

administration every year and trained nearly 160 judicial officials and magistrates.

In August 2006, 44 principal magistrates of JJBs were oriented on their obligations

under various laws and policies, advantages of adopting a multi-disciplinary ap-

proach, and learning ways of tackling problems from experiences of their counter-

parts in other States. Bench books of certain best practices were given to the presid-

ing officers of the boards for assisting them in dealing with juveniles. In another

programme organised in April 2007, 33 judicial officers nominated by 21 High

Courts were given training in matters relating to apprehension and production of

children, determination of age, grant of bail, interim custody and determining ‘best

interest of the child’ through role plays and exercises. Apart from sensitising them

about the changes in JJ (Amendment) Act, 2006, participants were asked to prepare

a model observation home for their States, based on the visit to observation home

in Bhopal.10 In the 11th Five Year Plan, the training programme for strategy and per-

spective building will be decentralised to 19 State Judicial Academies (SJAs).

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**Annexure 8B1.7: Details of Programmes on Child Protection**

**(2004-05 to 2007-08), Conducted by NISD**

Source: India: Third and Fourth Combined Periodic Report on the CRC draft, Inputs of National Institute of Social Defense.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Types of  programmes  Consultative  Meets (2-3  days)  Participants  were Govt.  and NGO  functionaries | 2004-05 | | 2005-06 | | 2006-07 | | 2007-08 | |
| No. of  progra-  mmes  131 | No. of  parti-  cipants  6,743 | No. of  progra-  mmes  181 | No. of  parti-  cipants  7,180 | No. of  progra-  mmes  150 | No. of  parti-  cipants  6,075 | No. of  progra-  mmes  1 | No. of  parti-  cipants  15 |
| Long-term  programme  (more than a  month)  Participants  were Govt./  NGO/  CWC/JJB/  Police/Judi-  cial function-  aries | 1 | 23 | 1 | 15 | 1 | 28 | 1 | 20 |
| Short-term  programme  (3-5 days)  Participants  were Govt./  NGO/  CWC/JJB/  Police/Judi-  ciary func-  tionaries | 27 | 2,885 | 46 | 1,750 | 38 | 1,467 | 22 | 830 |
| Total | 159 | 9,651 | 228 | 8,945 | 189 | 7,570 | 24 | 865 |

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**Annexure 8B1.8: State Initiatives for Capacity Building**

20. Several States have taken up training programmes for functionaries of juvenile justice.

21. **Bihar:** The State organised training and orientation programmes on JJ Act, 2000,

with the support of NISD for judicial officers, board members, committee mem-

bers, superintendents of homes, members of SJPU, probation officers, etc.11

22. **Chhattisgarh:** Every year, the State organises refresher training programmes for

officers/employees of Social Welfare Department, and Chairman and members of

the JJBs and CWCs.12

23. **Orissa:** The State organised State-level workshops for the members of CWCs and

training for sensitisation of police officers and constables (manning *shishu* desks) on

child-friendly measures under the JJ Act, 2000 and Rules.13

24. **West Bengal:** Training of all stakeholders, especially police, has been organised

throughout the State by the Government, NISD and NGOs. Police authorities are

being trained in the implementation of juvenile justice system, within the periphery

of normal judicial system. Training of judicial officers on child rights and JJ Act,

2000 and JJ (Amendment) Act, 2006 has been conducted by National University of

Juridical Science.14

25. **Madhya Pradesh:** The State has taken up training of departmental officials/employ-

ees, JJ Board members, NGO staff and representatives for raising their awareness on

the provisions of JJ Act, 2000. The Madhya Pradesh Academy of Administration has

been declared as the Nodal Agency for undertaking these training programmes.15

26. **Tamil Nadu:** The State provided capsule training on juvenile justice to police of-

ficers for strengthening the implementation of JJ Act, 2000. Besides, the State also

undertakes training and orientation of judicial officers, Chairman and members

of CWCs, probation officers and staff in childcare institutions, superintendents of

vigilance homes, and managers of childcare institutions, etc.16

27. **Maharashtra:** The State organises training programmes for superintendent and

caretaker of homes, magistrates of JJBs and other officials concerned with the

implementation of the JJ Act, 2000.17

**Annexure 8B2.1: Incidence and Rate of Juvenile Delinquency**

**under Indian Penal Code, 1860 (2001-07)**

Source: Crime in India, 2007, National Crime Records Bureau, Ministry of Home Affairs, GoI.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| S.No.  1 | Year  2001 | Incidence of | | Percentage of  juvenile crimes to  total crimes  0.9 |
| Juvenile  crimes  16,509 | Total cognizable  crimes  1,769,308 |
| 2 | 2002 | 18,560 | 1,780,330 | 1.0 |
| 3 | 2003 | 17,819 | 1,716,120 | 1.0 |
| 4 | 2004 | 19,229 | 1,832,015 | 1.0 |
| 5 | 2005 | 18, 939 | 1,822,602 | 1.0 |
| 6 | 2006 | 21,088 | 1,878,293 | 1.1 |
| 7 | 2007 | 22,865 | 1,989,673 | 1.1 |

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**Annexure 8B2.2: Status of Disposal of Cases of Children in**

**Conflict with Law (2001-07)**

Source: Crime in India (2005, 2006 & 2007), National Crime Records Bureau, Ministry of Home Affairs, GoI.

**Annexure 8B2.3: Innovative Community Services Initiated by the States**

28. Some States have made progress in promoting probation and alternative care facili-

ties instead of institutionalisation, as a means to rehabilitate children in conflict

with law.

29. **Tamil Nadu:** The State JJ Rules provide that in order to promote effective use of ex-

isting community resources, the JJBs must maintain a list of NGOs and fit persons

(prepared in consultation with probation officer), who can provide care, communi-

ty service work, and supervisions on bail and probation.18 Children in conflict with

law are rehabilitated through non-institutional services, such as adoption, foster

care, sponsorship and community service. In addition, the Family Support Scheme

is also in practice, in which each child being taken by the parent/guardian on pre-

mature release from the institution is provided Rs 200 per month for supporting

his/her studies and maintenance.19

30. **Karnataka:** In the city of Bangalore, innovative Traffic Police Assistance Programme

has been established with the support of Empowerment of Children & Human

Rights Organisation (ECHO). Children in conflict with law are referred to the pro-

gramme, to be trained as traffic police assistants. This helps to restore their sense of

dignity and worth, and also improves relations between children and the police.20

**Annexure 8B2.4: Child-Friendly Practices under the Juvenile**

**Justice System**

31. States are focusing on promoting child-friendly practices in dealing with issues re-

lated to children in conflict with law.

32. The State Rules in **Tamil Nadu** declare that there should be no raised dais or wit-

ness box, and that proceedings be conducted as an informal conference. In some

States, the JJB holds proceedings in magistrate’s chamber, rather than in the formal

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Year  2001 | Arrested  and  sent  to  courts  33,628 | Sent to  home  after advice  or  admonition  4,127 | Released on  probation  and placed  under care of | | Sent  to  special  homes  4,037 | Dealt  with  fine  897 | Acquitted  or other  wise  disposed  off  4,436 | Pending  disposal  14,296 |
| Parents/  Guardians  4,833 | Fit  institution  1,003 |
| 2002 | 35,779 | 3,236 | 11,338 | 1,240 | 3,381 | 908 | 1,693 | 13,983 |
| 2003 | 33,320 | 3,413 | 9,074 | 1,526 | 3,936 | 1,592 | 1,730 | 12,049 |
| 2004 | 30,943 | 3,848 | 5,662 | 1,138 | 4,942 | 1,256 | 1,957 | 12,140 |
| 2005 | 32,681 | 3,807 | 5,578 | 1,993 | 4,423 | 1,361 | 1,801 | 13,778 |
| 2006 | 32,145 | 4,036 | 5,723 | 1,482 | 4,510 | 1,023 | 1,579 | 13,792 |
| 2007 | 34,527 | 4,476 | 6,324 | 1,336 | 5,077 | 1,543 | 1,474 | 14,297 |

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courtroom. In Delhi, efforts are being made to strengthen child-friendly procedures

in the second JJB that was inaugurated on November 28, 2007, at the boys observa-

tion home being managed by NGO Prayas.21 Here, informal seating arrangements

have been made instead of raised platforms to create an informal environment.

33. ECHO, an NGO in Bangalore, **Karnataka**, supports Juvenile Police Unit in devel-

oping child-friendly procedures to deal with juveniles. Instead of referring juvenile

cases for formal legal proceedings, police are encouraged to divert juvenile cases

through advice and counselling. Karnataka JJ Act and Rules specifically state that

the SJPUs will be assisted by recognised voluntary organisations.22

34. **Maharashtra** has made it mandatory to display the telephone numbers of important

personnel on a board in front of the home, to enable the inmates to contact officials

whenever required. Female members of the Social Security Committee of the police

have been advised to visit institutions for girls and women once every month.23

35. **Bihar** has achieved complete segregation of children in need of care and protection

and those in conflict with law, and has taken steps to promote active child participa-

tion in management of homes. It has given powers to children to inform the authori-

ties, in case the standards of food provided do not adhere to the prescribed menu.24

36. In **Andhra Pradesh**, a large number of cases have been pending due to media dis-

closing the details of children in conflict with law, in violation of Section 21 (1) of

JJ Act, 2000. In response to a writ petition filed to look into this matter, the Court

has constituted a high-level committee with a senior justice as the chairperson and

other five members, to review the implementation of the Act and remove obstacles

in the way of speedy justice, and to improve the living conditions and developmen-

tal activities in the homes.25

**Annexure 8B2.5: Registration of Institutions under the Juvenile**

**Justice System**

37. Multiplicity of laws and the lack of single-window mechanism and accreditation contin-

ue to ail the system of registration of institutions. Many State Governments have opted

to register institutions under the Orphanages and Other Charitable Homes (Control

and Supervision) Act, 1960, but face human and financial resource constraints.

38. **Bihar:** The State Government has developed a system that enables registration of

childcare organisations within three months. However, specialised agencies with

the necessary standards of childcare are lacking and, as a result, only two organisa-

tions were registered after due inspection process.26

39. **Chhattisgarh:** Proposals are invited from (independent) childcare organisations for

management of homes. The District Social Welfare Officer scrutinises the applica-

tion and forwards it for seeking recommendations of the District Collector. Depart-

mental recognition/administrative approval is granted only after this process. The

Social Welfare Department, however, feels that since registration of an independent

organisation is undertaken on the basis of provisions related to the JJ Act, 2000,

it is sometimes hard to fulfil all the criteria set for it. However, this is rectified by

providing necessary guidance and training by the department.

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40. **Orissa:** The basic problem faced in the registration of newly-opened childcare or-

ganisation is the Government’s rule for mandatory registration of orphanages with

supporting documents. Besides, it often becomes difficult for Government officials

to supervise and monitor the running of the orphanages. To overcome this problem

the State Government has taken a policy decision not to increase the existing num-

ber of aided orphanages beyond 85 and the inmate strength beyond 5,603.27

41. **Mizoram:** Till June 2007, 27 organisations were registered under the Orphanages

and Other Charitable Homes (Supervision and Control) Act, 1960, and the Mizoram

Orphanages and Other Charitable Homes (Supervision and Control) Rules, 2003.

Most of these homes are charity-based and do not receive financial or other support

from State or Central Government. Lack of funds and adherence to minimum stan-

dards laid down for licensing create problems in the registration of homes. The State

Government has a very low annual budget for assistance to the licensed homes.28

42. **Karnataka:** More than 1,500 institutions housing 60,000-75,000 children applied

for license within a period of two years when the State Government decided to

register children’s homes under Orphanages and Charitable Homes (Supervision

and Control) Act.

43. **Assam:** Implementation and awareness generation among the NGOs regarding

the juvenile justice system are the main problems faced regarding registration of

child-care organisations in the State. The State Government has taken measures

for publicity by issuing advertisements. The District Social Welfare Officers and

Probationary Officers have helped create awareness among NGOs to apply as child-

care organisation under the JJ Act, 2000. So far, 22 organisations have already

been registered.29

**Annexure 8B2.6: Standards of Care in Children’s Homes**

44. Initiatives are being taken by State as well as the civil society to improve the services

and standards of care in homes for children.

45. **Jharkhand:** There has been improvement in the lives of children in the institution

in Hatia, Ranchi, due to efforts of volunteers and the intervention of Jharkhand

High Court. Here, minimum standards in formal education, bridge courses, medi-

cal services and vocational training were enforced and children languishing in

homes were restored to their families.30

46. **Uttar Pradesh:** With the support and cooperation of the State Department, Ehsaas,

an NGO, conducted a home placement camp for re-integrating the 123 children

(runaway, missing, child labourers, and abandoned and neglected) in children’s

home in Lucknow, with their parent/guardian.31

47. Campaign on Quality Institutional Care and Alternatives for Children, initiated

by Child Rights and You (CRY), Delhi, and Saathi, Mumbai, in collaboration with

Department of Women and Child Development, Maharashtra, aims to ensure qual-

ity care in residential institutions for children and in facilitating family-based and

community-based alternatives for social re-integration and de-institutionalisation.32

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**Annexure 8B2.7: Partnership and Collaboration**

48. The JJ Act, 2000, specifically promotes partnerships with NGOs in the running of

homes for rehabilitation of children in vulnerable situations. The Integrated Child

Protection Scheme (ICPS) also emphasises enhanced role and participation of NGOs

as partners in protection and development of children. This partnership approach

being encouraged by the Central Government, has shown considerable success, par-

ticularly in Tamil Nadu, Maharashtra, Karnataka and Delhi. Out of 15 observation

homes, 12 are being run by NGOs and two are being run by the State Government

in Orissa.33 A network of 622 orphanages is being run by NGOs in Kerala.34

49. Prayas Observation Home for Boys in Delhi is one of the best examples of partner-

ship approach in managing juvenile institutions in the country. The Home’s facili-

ties, owned by the Government, are managed by Prayas an NGO through a partner-

ship agreement. Significant changes have been made by Prayas to make the physical

environment less prison-like and more child-friendly, giving priority to children’s

needs and family tracing/family re-unification. Need-based education, vocational

training and recreational activities (including regular outings and sporting activi-

ties) through volunteer support from professionals such as lawyers and doctors is

adopted for managing the home.35

50. The State of Andhra Pradesh has developed a scheme of co-management of State’s

children’s institutions with select NGOs. Under this scheme, each institution has

a key NGO co-managing the institution and other member NGOs to monitor the

implementation. In other cases, the State Government has certified special homes,

fully operated and managed by a trusted NGO, with State funding support. This

has reportedly improved the quality and range of services being provided to chil-

dren, since NGOs generally have specialised staff and are able to mobilise commu-

nity involvement and volunteer professional services from doctors, lawyers, etc.36

51. International agencies have been providing assistance in the implementation of

juvenile justice in the country. In West Bengal, web-enabled missing children track-

ing system has been developed with the support of UNICEF. The UNODC has

provided funds for training of police officers in the State on JJ Act, 2000.37

**Annexure 8B.4.1: State Initiatives to Promote Rehabilitation**

52. Several States have created funds to support the education and vocational training

of children, enabling the institutions to rehabilitate children.

53. **Bihar** has mooted *Samiti*, or registered society of children in institutions and adults in

aftercare to deal with the issue of their rehabilitation. Educational and technical quali-

fication, and experience required for jobs in Government and private offices is quite

high. And as most of the children start their education and vocational training beyond

their normal age, equipping them with matching skills has proved to be difficult.38

54. **Chhattisgarh** has constituted a Youth Welfare Fund for children sent out, or to be

sent, to the special homes. Children released from the special homes, as per the

court’s directions, are sent to their parents. But if the family/community is unwill-

ing to accept the child, the State makes arrangement for their settlement through

the Youth Welfare Fund.39

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55. **Delhi** has created the Delhi Child Welfare Fund with an initial contribution of Rs

0.5 million in the State Bank of India. The State Advisory Board is the administra-

tor of the fund.40

56. **Maharashtra** constituted a State Children’s Fund in 2006 to support and pilot

new innovations, as well as support children’s special needs such as higher educa-

tion. Corporate bodies can make a financial contribution and the State makes a

matching grant.41

57. **Madhya Pradesh** has constituted Kishore Kalyan Nidhi at the State level for provid-

ing financial help for the vocational training of juveniles, who are released from the

institutions under the JJ Act, 2000. At the District level, Nirashrit Nidhi is used for

the rehabilitation of juveniles under the provisions of the JJ Act, 2000.42

**Annexure 8C1.1: Incidence of Bonded Labour**

Source: Annual Report (2007-08), Ministry of Labour and Employment, GoI, page 81.

**Annexure 8C.1.2: Processes and Occupations Banned under the**

**Child Labour (Prohibition and Regulation) Act, 198643**

**List of Occupations**

i.

ii.

iii.

iv.

v.

vi.

Transport of passengers, goods or mails by the railways

Cinder picking, clearing of an ash pit or building operation in the railway premises

Work in a catering establishment at a railway station, involving the movement of a

vendor or any other employee of the establishment from one platform to another

or into or out of a moving train

Work relating to the construction of a railway station or with any other work, where

such work is done in close proximity to, or between, the railway lines

A port authority within the limits of any port

Work relating to selling of crackers and fireworks in shops with temporary licenses

vii. Abattoirs/slaughter houses

viii. Automobile workshops and garages

ix.

x.

Foundries

Handling of toxic or inflammable substances or explosives

|  |  |
| --- | --- |
| Year  2003-04 | Incidence of bonded labour reported  2,465 |
| 2004-05 | 866 |
| 2005-06 | 397 |
| 2006-07 | 197 |
| 2007-08 (up to October 31, 2007) | 88 |

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xi.

Handloom and powerloom industries

xii. Mines (underground and under-water) and collieries

xiii. Plastic units and fibre glass workshops

xiv. Domestic workers or servants

xv.

*Dhabas*, restaurants, hotels, motels, tea shops, resorts, spas or other recreational

centres

xvi. Diving

**List of Processes**

i.

ii.

iii.

iv.

v.

vi.

vii.

viii.

ix.

x.

xi.

xii.

xiii.

xiv.

xv.

xvi.

xvii.

xviii.

xix.

xx.

*Beedi* making

Carpet weaving

Cement manufacture, including bagging of cement

Cloth printing, dyeing and weaving

Manufacture of matches, explosives and fireworks

Mica cutting and splitting

Shellac manufacture

Soap manufacture

Tanning

Wool cleaning

Building and construction industry

Manufacture of slate pencils (including packing)

Manufacture of products from agate

Manufacturing processes using toxic metals and substances, such as lead, mer-

cury, manganese, chromium, cadmium, benzene, pesticides and asbestos

‘Hazardous processes’, as defined in Sec. 2 (cb) and ‘dangerous operations’ as men-

tioned in rules made under Section 87 of the Factories Act, 1948 (63 of 1948)

Printing, as defined in Section 2(k) (iv) of the Factories Act, 1948 (63 of 1948)

Cashew and cashew nut de-scaling and processing

Soldering processes in electronic industries

*Agarbatti* manufacturing

Automobile repair and maintenance, including processes incidental thereto,

namely welding, lathe work, dent beating and painting

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xxi.

xxii.

xxiii.

xxiv.

xxv.

xxvi.

xxvii.

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Brick kilns and roof tiles units

Cotton ginning and processing, and production of hosiery goods

Detergent manufacturing

Fabrication workshops (ferrous and non-ferrous)

Gem cutting and polishing

Handling of chromite and manganese ores

Jute textile manufacture and coir making

xxviii. Lime kilns and manufacture of lime

xxix.

xxx.

xxxi.

xxxii.

Lock making

Manufacturing processes having exposure to lead, such as primary and second-

ary smelting, welding and cutting of lead-painted metal constructions, welding

of galvanised or zinc silicate, polyvinyl chloride, mixing (by hand) of crystal glass

mass, sanding or scraping of lead paint, burning of lead in enameling workshops,

lead mining, plumbing, cable making, wiring patenting, lead casting, type found-

ing in printing shops, store type setting, assembling of cars, shot making and lead

glass blowing

Manufacture of cement pipes, cement products and other related work

Manufacture of glass, glassware including bangles, fluorescent tubes, bulbs and

other similar glass products

xxxiii. Manufacture of dyes and dye stuff

xxxiv. Manufacture or handling of pesticides and insecticides

xxxv.

Manufacture or processing and handling of corrosive and toxic substances, metal

cleaning and photo engraving and soldering processes in electronic industry

xxxvi. Manufacture of burning coal and coal briquettes

xxxvii. Manufacture of sports goods, involving exposure to synthetic materials, chemi-

cals and leather

xxxviii. Moulding and processing of fibre glass and plastic

xxxix. Oil expelling and refinery

xl.

xli.

xlii.

xliii.

xliv.

Paper making

Potteries and ceramic industry

Polishing, moulding, cutting, welding and manufacturing of brass goods in all forms

Processes in agriculture, where tractors, threshing and harvesting machines are

used; and chaff cutting

Saw mill – all processes

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xlv.

xlvi.

xlvii.

Sericulture processing

Skinning, dyeing and processes for manufacturing of leather and leather products

Stone breaking and stone crushing

xlviii. Tobacco processing, including manufacturing of tobacco, tobacco paste and han-

dling of tobacco in any form

xlix.

l.

li.

lii.

liii.

liv.

lv.

lvi.

lvii.

lviii.

lix.

lx.

lxi.

lxii.

lxiii.

lxiv.

lxv.

Tyre-making, repairing, re-treading and graphite beneficiation

Utensils making, polishing and metal buffing

Zari making (all processes)

Electroplating

Graphite powdering and incidental processing

Grinding or glazing of metals

Diamond cutting and polishing

Extraction of slate from mines

Rag picking and scavenging

Processes involving exposure to excessive heat (e.g. working near furnace) and cold

Mechanised fishing

Food processing

Beverage industry

Timber handling and loading

Mechanical lumbering

Warehousing

Processes involving exposure to free silica such as slate, pencil industry, stone

grinding, slate stone mining, stone quarries, agate industry

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**Annexure 8C.1.3: Inspections Conducted, Violations Detected, Prosecutions**

**Launched, Convictions and Acquittals under the Child Labour**

**(Prohibition and Regulation) Act, 1986**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Inspections conducted | | | | | | | |
| States/UTs  Andaman and  Nicobar Islands | 2000-01  9 | 2001-02  9 | 2002-03  11 | 2003-04  14 | 2004-05  23 | 2005-06  330 | 2006-07  191 |
| Andhra Pradesh | 36,351 | 37,819 | 16,218 | 29,355 | 14,736 | 11,220 | 53,843 |
| Arunachal  Pradesh | 0 | 0 | 0 | 36 | 199 | 199 |  |
| Assam | 356 | 1,768 | 1,633 | 1,888 | 497 | 3,506 |  |
| Bihar | 11,684 | 48,415 | 48,276 | 36,835 | 22,800 | 19,984 |  |
| Chandigarh | 0 | 624 | 458 | 711 | 1,123 | 994 | 1,454 |
| Chhattisgarh | 335 | 608 | 896 | 966 | 1,427 | 1,217 | 3,648 |
| Dadra and Nagar  Haveli | 65 | 65 | 67 | 69 | 70 | 71 | 69 |
| Daman and Diu | 470 | 490 | 215 | 310 | 405 | 365 | 150 |
| Delhi | 1,304 | 1,609 | 1,482 | 1,017 | 1,400 | 1,020 |  |
| Goa | 43 | 20 | 0 | 218 | 147 | 387 |  |
| Gujarat | 3,438 | 600 | 1,002 | 323 | 47 | 2,560 |  |
| Haryana | 36 | 1,985 | 2,817 | 2,830 | 1,200 | 1,136 | 1,956 |
| Himachal Pradesh | 0 | 1,558 | 1,843 | 1,749 | 1,096 | 2,072 | 2,287 |
| Jammu & Kashmir | 657 | 530 | 842 | 2,393 | 600 | 1,481 | 4,378 |
| Jharkhand | 0 | 3,005 | 3,096 | 4,086 | 3,355 | 2,635 | 1,704 |
| Karnataka | 19,189 | 20,240 | 18,616 | 17,427 | 16,253 | 27,601 |  |
| Kerala | 0 | 1,307 | 3,400 | 1,140 | 4,414 | 5,874 | 6,073 |
| Lakshadweep | 0 | 0 | 0 | 0 | 0 | 1 | 0 |
| Madhya Pradesh | 1,073 | 3,392 | 3,381 | 1,101 | 5,319 | 5,360 | 5,317 |
| Maharashtra | 5,550 | 66,276 | 15,979 | 18,214 | 27,228 | 24,965 |  |
| Manipur | 0 | 88 | 92 | 134 | 244 | 241 |  |
| Meghalaya | 185 | 228 | 242 | 205 | 229 | 299 | 425 |
| Mizoram | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Nagaland | 0 | 5,948 | 6,115 | 6,681 | 5,750 | 0 | 5,871 |
| Orissa | 174 | 231 | 167 | 163 | 239 | 153 |  |
| Puducherry | 12,941 | 12,745 |  | 12,497 | 17,494 | 15,291 | 16,590 |
| Punjab | 1,810 | 3,729 | 3,128 | 4,725 | 4,946 | 5,737 |  |
| Rajasthan | 829 | 13,430 | 6,019 | 3,603 | 2,832 | 3,350 | 6,090 |
| Sikkim | 0 | 10 | 14 | 18 | 21 | 32 | 40 |
| Tamil Nadu | 2,47,156 | 2,15,227 | 1,84,948 | 1,32,619 | 1,20,265 | 1,21,166 | 2,20,667 |
| Tripura | 10 | 153 | 334 | 336 | 844 | 898 | 157 |
| Uttar Pradesh | 0 | 1,677 | 2,058 | 8,496 | 3 | 1,926 | 3,807 |
| Uttarakhand | 956 | 1,099 | 525 | 2,589 | 847 | 2,178 | 2,101 |
| West Bengal | 535 | 8,067 | 5,851 | 6,517 | 5,000 | 3,722 | 3,821 |
| Total | 3,45,156 | 4,52,952 | 3,29,725 | 2,99,265 | 2,61,053 | 2,67,971 | 3,40,639 |

Special Protection Measures

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Violations detected | | | | | | | |
| States/UTs  Andaman and  Nicobar Islands | 2000-01  17 | 2001-02  9 | 2002-03  11 | 2003-04  14 | 2004-05  23 | 2005-06  0 | 2006-07  0 |
| Andhra Pradesh | 8,317 | 7,617 | 8,398 | 16,395 | 9,211 | 8,099 | 53,843 |
| Arunachal  Pradesh | 0 | 0 | 0 | 0 | 13 | 13 |  |
| Assam | 18 | 116 | 119 | 38 | 48 | 1 |  |
| Bihar | 548 | 3,719 | 6,065 | 5,431 | 4,332 | 3,588 |  |
| Chandigarh | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Chhattisgarh | 44 | 24 | 104 | 0 | 4 | 10 | 19 |
| Dadra and Nagar  Haveli | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Daman and Diu | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Delhi | 0 | 207 | 98 | 209 | 243 | 273 |  |
| Goa | 0 | 0 | 0 | 0 | 0 | 0 |  |
| Gujarat | 95 | 36 | 7 | 177 | 320 | 1,219 |  |
| Haryana | 1 | 52 | 15 | 42 | 40 | 0 | 0 |
| Himachal Pradesh | 0 | 4 | 0 | 0 | 0 | 0 | 0 |
| Jammu & Kashmir | 25 | 16 | 5 | 9 | 2 | 1 | 64 |
| Jharkhand | 0 | 101 | 103 | 444 | 528 | 82 | 67 |
| Karnataka | 773 | 1,079 | 350 | 1,508 | 1,434 | 2,405 |  |
| Kerala | 0 | 0 | 1 | 29 | 22 | 20 | 23 |
| Lakshadweep | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Madhya Pradesh | 97 | 51 | 35 | 28 | 54 | 37 | 150 |
| Maharashtra | 5 | 1,390 | 291 | 124 | 70 | 117 |  |
| Manipur | 0 | 0 | 0 | 0 | 0 | 0 |  |
| Meghalaya | 5 | 0 | 0 | 0 | 0 | 0 | 0 |
| Mizoram | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Nagaland | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Orissa | 62 | 135 | 110 | 162 | 177 | 120 |  |
| Puducherry | 0 | 0 | 10 | 0 | 0 | 0 | 0 |
| Punjab | 3 | 16 | 0 | 29 | 9 | 23 |  |
| Rajasthan | 0 | 521 | 26 | 8 | 12 | 0 | 19 |
| Sikkim | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Tamil Nadu | 68 | 887 | 791 | 575 | 553 | 1,434 | 636 |
| Tripura | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Uttar Pradesh | 323 | 947 | 493 | 860 | 0 | 246 | 2,513 |
| Uttarakhand | 4 | 19 | 8 | 0 | 0 | 0 | 2 |
| West Bengal | 53 | 149 | 94 | 96 | 78 | 36 | 112 |
| Total | 10,458 | 17,095 | 17,134 | 26,178 | 17,173 | 17,624 | 57,448 |

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|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Prosecutions launched | | | | | | | |
| States/UTs  Andaman and  Nicobar Islands | 2000-01  0 | 2001-02  0 | 2002-03  0 | 2003-04  0 | 2004-05  0 | 2005-06  0 | 2006-07  0 |
| Andhra Pradesh | 756 | 7,617 | 3,568 | 4,870 | 1,212 | 6,124 | 9,228 |
| Arunachal  Pradesh | 0 | 0 | 0 | 24 | 11 | 11 |  |
| Assam | 0 | 0 | 0 | 12 | 0 | 1 |  |
| Bihar | 49 | 315 | 398 | 385 | 259 | 147 |  |
| Chandigarh | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Chhattisgarh | 44 | 24 | 104 | 0 | 4 | 10 | 19 |
| Dadra and Nagar  Haveli | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Daman and Diu | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Delhi | 0 | 101 | 36 | 66 | 74 | 253 |  |
| Goa | 0 | 0 | 0 | 0 | 0 | 0 |  |
| Gujarat | 62 | 11 | 7 | 29 | 106 | 23 |  |
| Haryana | 1 | 50 | 11 | 38 | 13 | 0 | 0 |
| Himachal Pradesh | 0 | 0 | 3 | 1 | 0 | 0 | 0 |
| Jammu & Kashmir | 8 | 16 | 5 | 9 | 2 | 17 | 60 |
| Jharkhand | 1 | 19 | 42 | 76 | 153 | 27 | 4 |
| Karnataka | 730 | 492 | 300 | 2,781 | 612 | 1,078 |  |
| Kerala | 0 | 0 | 1 | 0 | 1 | 1 | 1 |
| Lakshadweep | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Madhya Pradesh | 97 | 51 | 35 | 28 | 54 | 37 | 150 |
| Maharashtra | 6 | 16 | 291 | 83 | 32 | 84 |  |
| Manipur | 0 | 0 | 0 | 0 | 0 | 0 |  |
| Meghalaya | 5 | 0 | 0 | 0 | 0 | 0 | 0 |
| Mizoram | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Nagaland | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Orissa | 134 | 1 | 1 | 1 | 5 | 1 |  |
| Puducherry | 0 | 0 | 10 | 0 | 0 | 0 | 0 |
| Punjab | 0 | 6 | 0 | 38 | 9 | 20 |  |
| Rajasthan | 50 | 20 | 55 | 0 | 7 | 13 | 22 |
| Sikkim | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Tamil Nadu | 202 | 134 | 317 | 282 | 185 | 415 | 603 |
| Tripura | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Uttar Pradesh | 323 | 311 | 321 | 399 | 31 | 19 | 117 |
| Uttarakhand | 6 | 1 | 3 | 0 | 0 | 0 | 0 |
| West Bengal | 0 | 5 | 0 | 0 | 0 | 0 | 7 |
| Total | 2,474 | 9,190 | 5,508 | 9,122 | 2,770 | 8,281 | 10,211 |

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Special Protection Measures

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Convictions | | | | | | | |
| States/UTs  Andaman and  Nicobar Islands | 2000-01  0 | 2001-02  0 | 2002-03  0 | 2003-04  0 | 2004-05  0 | 2005-06  0 | 2006-07  0 |
| Andhra Pradesh | 592 | 1,365 | 1,365 | 2,158 | 1,109 | 620 | 0 |
| Arunachal  Pradesh | 0 | 0 | 0 | 0 | 0 | 0 |  |
| Assam | 0 | 0 | 0 | 0 | 0 | 0 |  |
| Bihar | 0 | 0 | 0 | 0 | 0 | 0 |  |
| Chandigarh | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Chhattisgarh | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Dadra and Nagar  Haveli | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Daman and Diu | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Delhi | 0 | 0 | 0 | 0 | 0 | 10 |  |
| Goa | 1 | 2 | 4 | 0 | 0 | 0 |  |
| Gujarat | 0 | 0 | 3 | 0 | 0 | 2 |  |
| Haryana | 0 | 46 | 23 | 18 | 3 | 2 | 0 |
| Himachal Pradesh | 0 | 0 | 3 | 1 | 0 | 0 | 0 |
| Jammu & Kashmir | 0 | 0 | 1 | 0 | 0 | 3 | 1 |
| Jharkhand | 0 | 29 | 7 | 1 | 11 | 0 | 0 |
| Karnataka | 122 | 95 | 78 | 79 | 80 | 139 |  |
| Kerala | 0 | 0 | 1 | 0 | 0 | 0 | 0 |
| Lakshadweep | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Madhya Pradesh | 19 | 0 | 17 | 66 | 16 | 5 | 5 |
| Maharashtra | 5 | 6 | 0 | 8 | 4 | 12 |  |
| Manipur | 0 | 0 | 0 | 0 | 0 | 0 |  |
| Meghalaya | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Mizoram | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Nagaland | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Orissa | 1 | 5 | 0 | 0 | 0 | 1 |  |
| Puducherry | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Punjab | 1 | 2 | 0 | 30 | 16 | 17 |  |
| Rajasthan | 67 | 106 | 57 | 1,501 | 15 | 6 | 26 |
| Sikkim | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Tamil Nadu | 91 | 75 | 108 | 68 | 137 | 80 | 434 |
| Tripura | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Uttar Pradesh | 51 | 57 | 23 | 0 | 10 | 40 | 19 |
| Uttarakhand | 1 | 2 | 4 | 0 | 0 | 0 | 0 |
| West Bengal | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total | 951 | 1,790 | 1,694 | 3,930 | 1,401 | 937 | 485 |

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|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Acquittals | | | | | | | |
| States/UTs  Andaman and  Nicobar Islands | 2000-01  0 | 2001-02  0 | 2002-03  0 | 2003-04  0 | 2004-05  0 | 2005-06  0 | 2006-07  0 |
| Andhra Pradesh | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Arunachal  Pradesh | 0 | 0 | 0 | 0 | 11 | 11 |  |
| Assam | 0 | 0 | 0 | 0 | 0 | 0 |  |
| Bihar | 0 | 0 | 0 | 0 | 0 | 0 |  |
| Chandigarh | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Chhattisgarh | 23 | 0 | 0 | 0 | 0 | 0 | 0 |
| Dadra and Nagar  Haveli | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Daman and Diu | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Delhi | 0 | 0 | 0 | 0 | 0 | 9 |  |
| Goa | 1 | 0 | 3 | 0 | 0 | 1 |  |
| Gujarat | 1 | 0 | 5 | 0 | 7 | 4 |  |
| Haryana | 0 | 36,150 | 29,500 | 23,400 | 46,000 | 10,000 | 0 |
| Himachal Pradesh | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Jammu & Kashmir | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Jharkhand | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Karnataka | 56 | 74 | 178 | 300 | 269 | 302 |  |
| Kerala | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Lakshadweep | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Madhya Pradesh | 14 | 0 | 1,681 | 45 | 4 | 0 | 1 |
| Maharashtra | 13 | 15 | 21 | 1 | 29 | 15 |  |
| Manipur | 0 | 0 | 0 | 0 | 0 | 0 |  |
| Meghalaya | 5 | 0 | 0 | 0 | 0 | 0 | 0 |
| Mizoram | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Nagaland | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Orissa | 4 | 13 | 20 | 15 | 0 | 6 |  |
| Puducherry | 0 | 0 | 0 | 0 | 6 | 0 | 0 |
| Punjab | 8 | 16 | 16 | 6 | 7 | 15 |  |
| Rajasthan | 105 | 128 | 92 | 8 | 32 | 17 | 252 |
| Sikkim | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Tamil Nadu | 119 | 49 | 43 | 82 | 28 | 7 | 15 |
| Tripura | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Uttar Pradesh | 95 | 121 | 171 | 154 | 57 | 940 | 128 |
| Uttarakhand | 3 | 2 | 13 | 0 | 0 | 0 | 0 |
| West Bengal | 0 | 17 | 4 | 0 | 0 | 0 | 0 |
| Total | 447 | 36,585 | 31,747 | 24,011 | 5,050 | 11,327 | 396 |

Source: India: Third and Fourth Combined Periodic Report on the CRC draft, Inputs of the Ministry of Labour and Employment,

2008, pp. 13-17.

Special Protection Measures

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**Annexure 8C.2.1: State Initiatives on Awareness Generation on**

**Drug Abuse**

58. **Himachal Pradesh:** The State Police organises special programmes for school

and college students, educating them about the evil effects of drugs and the legal

complications in respect of drug use. The Ministry of Social Justice & Empower-

ment also organises awareness camps at the block/*panchayat* and village levels to

spread awareness about drug abuse among the people.44

59. **West Bengal:** The Kolkata (State capital) Police have developed a website on drug

abuse for creating awareness among parents. Besides, NGOs have been working in

collaboration with the local police on railway platforms, at the entrance of schools

and other vulnerable areas, to spread awareness among students about the evil ef-

fects of drugs. The State has also set up a State Drug Control Bureau on the lines of

the National Drug Control Plan. According to the West Bengal Voluntary Health

Association of India, awareness among people about the dangers of tobacco use is

lacking, as a result of which school-going children in the State are more prone to

getting addicted to tobacco.

60. **Maharashtra:** The Department of Health in Maharashtra has directed the

District officials to set up Tobacco Control Cells at the District level. The Tata

Memorial Hospital, in association with a Mumbai-based NGO, organised a briefing

on ‘Smoke Free Childhood’, on World Cancer Day, in which children were given

lessons about the harmful effects of tobacco.

61. **Tamil Nadu:** The World Cancer Day was also observed in Chennai and on the oc-

casion, children were asked to fight peacefully for their right to a healthy, smoke-

free life. The Tobacco Control Officer, Government of Tamil Nadu, has announced

a ‘Smoke and Tobacco Free Chennai’ by 2010, for which appropriate funds are

being allocated.

62. **Assam:** The WHO has recommended six steps against tobacco epidemic in Assam:

i) monitoring tobacco use and developing prevention policies; ii) preventing people

from smoking tobacco; iii) offering help to people to quit tobacco use and warning

them about dangers of tobacco; iv) enforcing bans on tobacco advertising; v) en-

couraging promotion and sponsorship; and vi) raising taxes on tobacco.

63. **Chandigarh:** The idea of banning smoking in public places in Chandigarh was

mooted by Burning Brain Society, an NGO, which demanded effective implemen-

tation of the Cigrattes and Other Tobacco Products (Prohibition of Advertisement

and Regulation of Trade and Commerce, Promotion, Supply and Distribution) Act,

2003. Chandigarh officially banned smoking in public places in July 2007, making

it the first city in the country. A fine of Rs 100 has been fixed for those violating the

ban and 1,200 people were fined in the first two months of the ban.

64. **Chhattisgarh:** The Chhattisgarh Government also banned production and sale of

*gutka* in the State, as it was leading to increased cases of oral cancer. The State Gov-

ernment also fixed a three-year jail term for those violating the ban.

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65. **Delhi:** In a bid to make Delhi a ‘no-smoking’ city, the Delhi University admin-

istration launched an anti-tobacco campaign in January 2008, in collaboration

with Delhi Police. A signature movement against tobacco consumption was also

organised. This has resulted in massive awareness about the issue of tobacco abuse

among students.

66. The Johns Hopkins University of US, as a participant of the UN, will collaborate

with the Delhi Government to make Delhi city free from the abuse of smoking. A

study to be conducted by the University would be the basis for an action plan of the

Government to achieve its aim of making Delhi a city free of smoking by 2010.

**Annexure 8C.5.1: State-Level Initiatives on Missing children**

67. In **Tamil Nadu,** the Police Department has a Modus Operandi Bureau that main-

tains a list of missing persons. To streamline monitoring and supervision of all

cases of missing children, kidnapped women and children, and activities of profes-

sional traffickers, special cells have been formed at District levels. A Missing Child

Bureau has been set up under the Department of Social Defence, which renders

services for the parents of missing children in collaboration with police and NGOs.

The **West Bengal** Government, assisted by the National Informatics Centre (NIC)

and UNICEF, has floated a website, detailing children traced and sheltered in all

Government-run homes. The National Centre for Missing Children, an NGO in

**Madhya Pradesh,** has launched a website that seeks details of missing children from

parents and police stations and then posts them on the website with photographs.

In **Uttarakhand,** a lost-and-found register is maintained in every police station, and

information about missing children is provided to all police stations, District Crime

Records Bureau (DCRB) and State Crime Records Bureau (SCRB). Assistance is

also taken from national television channels to help locate the missing children.

68. The **Bihar** Home Department and State Social Welfare Department are jointly

developing a database of all cases of missing and kidnapped children. **Karnataka**

has launched a missing children website, networking with NGOs all over the

country, which has helped trace 644 children, out of which 248 children were

identified and restored to families. The Crime Branch of **Orissa** Police has issued

strict instructions for recording all missing reports and subsequent follow-up ac-

tion to trace missing children. Wherever necessary, criminal cases are being regis-

tered against the culprits to bring them to book. The State has set up women and

child desks in 460 police stations, and proposes to set up these desks in all police

stations. In **Andhra Pradesh,** all cases of missing children are registered as First

Information Reports (FIRs). Review meetings are held periodically, along with

‘special drives’ to locate missing children. A ‘missing persons’ register is main-

tained in each police station of **Delhi.** Information is forwarded to the Missing

Person Squad. Delhi Police has introduced computerisation of missing persons’

data in 2006. Before the computerisation, the tracking of missing persons was

about 25%, which increased to 73.77% in 2006. A study conducted in 2007

by Delhi Police indicates that the most-affected age group for minor, male and

female children was 11-18 years. Most of the children reported missing were illit-

erate and had left their homes on their own will for a variety of reasons, ranging

from elopement to fear of parents. It was further reported that almost all girls

under 10 years of age had been traced.

**End Notes**

Special Protection Measures

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