viva
together for children

Children at Risk in India

Desk Research about the situation of

Children at Risk in India

Children @ Risk in India

Desk Research about the situation of Children at Risk in India

Desk Research about the situation of Children at Risk in India prepared by:
Andrea van Amerongen

Supported by:
Gary Kamaal
Jane Trevis
Devesh Lal

Credits:
Interserve
Dr. Leeberk Raja I
Mr. Arvind Martin

© Viva India, February 2015

For additional information about the Collection Report Children @ Risk in India, please contact:

Viva India, Plot No. 2, A-3, L.S.C, Janakpuri, New Delhi -110058
Telephone: +91 (11) 25506122
Email: india@viva.org
Website: http://www.viva.org

Printed by:
"Delhi Printing Press"

Errors and Omissions:
The editors and authors have made every attempt to present factual information

Contents

Acknowledgements *4*

Defining terms *7*

Introduction *8*

1. Child safety / Child Protection *11*

1.1 Child Abuse in general **12**

1.2 Discrimination & Cultural Practices **36**
1.2.1 Dalit and other social groups' social exclusion 36
1.2.2 Girl child discrimination 50
1.2.3 Female Infanticide / Foeticide 56
1.2.4 Child marriage & Teenage Pregnancy 62

1.3 Abandoned and neglected children **77**
1.3.1 Street Children / Abandoned Children 77
1.3.2 (Orphaned) Children & Children Homes (effects of institutionalisation) 89
1.3.3 Lack of day care / child care facilities 95
1.3.4 Birth registration 97

1.4 Child behavioural issues: **111**
1.4.1 Drugs & other addiction of children 111
1.4.2 Juvenile Crime 118

1.5 Migration / Displacement of Children **128**
1.5.2 Slum children 128
1.5.3 Refugee Children 132

1.6 Conflict and Disaster **137**
1.6.1 Conflict and political instability 137
1.6.2 Disaster preparedness and emergency relief 141

2. Trafficking / Child Labour *145*
2.1 Trafficking and commercial sexual exploitation 145
2.2 Child Labour including Domestic Servitude 178
2.3 Rag picking 192

3. Quality Education *198*
3.1 Lack of quality education 198
3.2 Lack of services for and care of children with special needs or disability 229

4. Health care *248*
4.1 Lack of health care -child immunisation and access to health services 249
4.2 Unhealthy environment (water, sanitation & hygiene) 255
4.3 Malnutrition 261
4.4 HIV/AIDS 265

5. Child Participation *269*
Child Participation 269

Summary Children at Risk *273*

Acknowledgements

This Report is made with the hope that it will contribute to change the situation of all the Children at Risk in India and will serve as a resource of information for people wanting to make a difference to the lives of children.

A Summary at the beginning of the report gives a full overview about the situation facing children in India. From then on, the report it is divided into sections focussing on different issues affecting children in India.

The document is not supposed to be read in one go from the beginning until the end. Instead we hope that the reader should be able to dip into the document for comprehensive data, research and government legislation around each particular issue.

Working on this report has touched my heart even more for these children. I hope it will touch yours as well and that we will be able to bind our passion and will put all our shoulders under this together, so that together we will be able to make a really change in many of the lives of the children.

To compile the report, material has been used from a variety of sources. We are so grateful to the numerous agencies and organisations listed in the footnotes that have made their data readily available. The main sources are listed here below

1.1 Child Abuse in general

- Study on Child Abuse: INDIA 2007; Ministry of Women and Child Development, Government of India

1.2.1 Discrimination:

- Asian Centre for Human Rights (2003) The status of Children in India; An alternate report to the United Nations Committee on the Rights of the Child on India's first periodic report
- Centre for Human rights and Global Justice (2007): India, Hidden Apartheid; Caste Discrimination against India's "Untouchables", Shadow Report to the UN Committee on the Elimination of Racial Discrimination
- Human Right Watch: different reports/articles

1.2.2 Girl child discrimination

- Study on Child Abuse: INDIA 2007; Ministry of Women and Child Development, Government of India
- Social Statistics Division, Central Statistics Office, Ministry of statistics and Programme Implementation, Government of India (2012): Children in India 2012 – A Statistic Appraisal

1.2.3 Female Infanticide / Foeticide

- Agnivesh, Swami; Rama Mani; Angelika KÃster-Lossack (25 November 2005). "Missing: 50 million Indian girls". New York Times
- Ministry of Women and Child Development (2007): Working Group Report on Women and Children for the Eleventh Five Year Plan (2007-2012) / Study on Child Abuse: INDIA 2007; Ministry of Women and Child Development, Government of India
- Social Statistics Division, Central Statistics Office, Ministry of statistics and Programme Implementation, Government of India (2012): Children in India 2012 – A Statistic Appraisal

1.2.4 Child marriage & Teenage Pregnancy

- Plan, IOS, Coram CLC Children's Legal Centre (2014) Birth Registration and Children's Rights, A Complex Story; Full Report
- UNICEF Innocenti Digest; no.7 – March 2001; (2001) Early Marriage, Child Spouses
- Social Statistics Division, Central Statistics Office, Ministry of statistics and Programme Implementation, Government of India (2012): Children in India 2012 – A Statistic Appraisal
- Ministry of Women and Child Development (2007): Working Group Report on Women and Children for the Eleventh Five Year Plan (2007-2012) / Study on Child Abuse: INDIA 2007; Ministry of Women and Child Development, Government of India

1.3.1 Street Children / Abandoned Children

- Consortium for Street Children; Sarah Thomas de Benitez (2011); State of the World's Street Children: Research
- Human Rights Watch (1996): Police abuse and killings of Street Children in India

1.3.2 (Orphaned) Children & Children Homes (effects of institutionalisation)

1.3.3 Lack of day care / child care facilities

1.3.4 Birth registration

- Plan, IOS, Coram CLC Children's Legal Centre (2014) Birth Registration and Children's Rights, A Complex Story; Full Report
- UNICEF (2008); The state of the World's Children 2008: Child Survival
- Unicef (2010) Working paper: Good Practices in integrating Birth Registration into health systems (2000-2009); Case studies: Bangladesh, Brazil, The Gambia and Delhi, India
- National Family Health Survey, India (2005-06) NFHS-III survey
- Social Statistics Division, Central Statistics Office, Ministry of statistics and Programme Implementation, Government of India (2012): Children in India 2012 – A Statistic Appraisal

1.4.1 Drugs & other addiction of children

- Health Science Journal; Volume 7 2013, Issue 2 (2013): Preventing -substance abuse among street children in India: a literature review

1.4.2 Juvenile Crime

- Child Line India; children-in-conflict-with-law
- Social Statistics Division, Central Statistics Office, Ministry of statistics and Programme Implementation, Government of India (2012): Children in India 2012 – A Statistic Appraisal
- Asian Centre for Human Rights (2003): The Status of Children in India, An alternate report to the United Nations Committee on the Rights of the Child on India's first periodic report

1.5.2 Slum children

- The Hindu 15-10-2011 (2011) Every eighth urban child in India lives in slum: report

1.5.3 Refugee Children

- Asian Centre for Human Rights (2003): The Status of Children in India, An alternate report to the United Nations Committee on the Rights of the Child on India's first periodic report
- 2015 UNHCR sub regional operations profile - South Asia

1.6.1 Conflict and political instability

- Unicef (2009) Children and conflict in a changing world, Machel Study 10-year Strategic Review
- Child Line India ; http://www.childlineindia.org.in/children-in-armed-conflict.htm

- Asian Centre for Human Rights (2003): The Status of Children in India, An alternate report to the United Nations Committee on the Rights of the Child on India's first periodic report

1.6.2 Disaster preparedness and emergency relief

- NDMA Government of India; Vulnerability-profile

2.1 Trafficking and commercial sexual exploitation

- Bachpan Bachao Andolan (2011); Missing Children of India, a pioneering study, a Synopsis
- Study on Child Abuse: INDIA 2007; Ministry of Women and Child Development, Government of India
- Sen, S & Nair P. M. (2005): Trafficking in Women and Children in India; Orient Longman Pvt. Ltd., New Delhi
- Social Statistics Division, Central Statistics Office, Ministry of statistics and Programme Implementation, Government of India (2012): Children in India 2012 – A Statistic Appraisal
- NHRC – UNIFEM – ISS Project (2002-2003);A Report on Trafficking Women and Children in India, Volume1

2.2 Child Labour including Domestic Servitude

- Plan, IOS, Coram CLC Children's Legal Centre (2014) Birth Registration and Children's Rights, A Complex Story; Full Report
- Ministry of Women and Child Development (2007): Working Group Report on Women and Children for the Eleventh Five Year Plan (2007-2012)
- Study on Child Abuse: INDIA 2007; Ministry of Women and Child Development, Government of India
- United States Department of Labour's bureau of international labour affairs (2012): Findings on the worst forms of Child Labour; p1; Sources: Primary completion rate: Data from 2008, published by UNESCO Institute for Statistics, 2013
- Social Statistics Division, Central Statistics Office, Ministry of statistics and Programme Implementation, Government of India (2012): Children in India 2012 – A Statistic Appraisal

2.3 Rag picking

- Pratham – Child Rag pickers
- V.V, Giri National Labour Institute; Dr. Helen R. Sekar (): Child Labour in Urban Informal Sector: A Study of Rag Pickers in Noida

3.1 Lack of quality education

- Aser; January 15, 2014 (2013) Annual Status of Education Report (Rural) 2013
- Asian Centre for Human Rights (2003) The status of Children in India; An alternate report to the United Nations Committee on the Rights of the Child on India's first periodic report
- Social Statistics Division, Central Statistics Office, Ministry of statistics and Programme Implementation, Government of India (2012): Children in India 2012 – A Statistic Appraisal

3.2 Lack of services for and care of children with special needs or disability

- Ministry of Women and Child Development (2007): Working Group Report on Women and Children for the Eleventh Five Year Plan (2007-2012) / Study on Child Abuse: INDIA 2007; Ministry of Women and Child Development, Government of India
- United Nations Educational, Scientific and Cultural Organization (UNESCO); Dr. Nidhi Singal (2009) Education of Children with disabilities in India, Background paper prepared for the Education for All Global Monitoring Report 2010 Reaching the marginalized

- National Council of Educational Research and Training, (2006); Position Paper National Focus Group on Education of Children with Special Needs

4.1 Lack of health care -child immunisation and access to health services

- National Health Policy draft 2015
- Ministry of Women and Child Development (2007): Working Group Report on Women and Children for the Eleventh Five Year Plan (2007-2012) / Study on Child Abuse: INDIA 2007; Ministry of Women and Child Development, Government of India
- Unicef (2007); The State of the World's Children 2008; Child Survival

4.2 Unhealthy environment (water, sanitation & hygiene)

- SSHE Global Symposium "Construction is not enough" Delft, The Netherlands. 2004. Jun 8-10, School Sanitation and Hygiene Education in India: Investment in Building Children's Future

4.3 Malnutrition

- Naandi (2011); The HUNGaMA Survey Report 2011; http://hungamaforchange.org/fliera4copy.pdf
- National Family Health Survey, India; The 2005-06 National Family Health Survey (NFHS-3); http://www.rchiips.org/nfhs/nfhs3.shtml
- Social Statistics Division, Central Statistics Office, Ministry of statistics and Programme Implementation, Government of India (2012): Children in India 2012 – A Statistic Appraisal – 'Highlights'

4.4 HIV/AIDS

- HIV/AIDS in the context of other global challenges, Global 2015, Special report for the UN high level meeting on AIDS. 2011
- NACO Annual report.
- Ministry of Women and Child Development (2007): Working Group Report on Women and Children for the Eleventh Five Year Plan (2007-2012) / Study on Child Abuse: INDIA 2007; Ministry of Women and Child Development, Government of India

5. Child Participation

Defining terms

Children

In this research the collective name of 'children' is chosen for all children, youths and adolescents. Wherever possible there is a more defining distinction among the different age groups. In this research there is a focus on children from conception untill they reach the age of 18.

Introduction

"Change is never easy especially when it involves a large number of individuals and an established system. Yet change is necessary when innovative practices demonstrate greater effectiveness than past services." [1]

The children of today are the future of tomorrow. This powerful statement assumes special significance in our context as children (0-14 years) comprise one third of the total population in the country. Every child, on provision of a conducive and an enabling environment, may blossom into an ever fragrant flower, to shine in all spheres of life. This reminds us of the onerous responsibility that we have to mould and shape their present conditions in the best possible way.

India is home to almost 19%of the world's children. More than one third of the country's population, around 440 million, is below 18 years. According to one assumption 40% of these children are in need of care and protection. In a country like India with its multicultural, multi-ethnic and multi-religious population, with wide disparity between the wealthiest and poorest in society, the problems of socially marginalized and economically backward groups are immense. Within such groups the most vulnerable section is always the children.

Many of the most vulnerable children in India are all too often illiterate, sick, and malnourished — live in neglect with poor families who cannot take care of them. While on the one hand many girls are being killed even before they are born, on the other hand children who are born and survive suffer from a number of violations. ***The world's highest number of working children is in India***. Millions are forced into the work force at the time they should be learning how to read and write. Millions still live in the streets as a result of the loss of their loved ones, the breakdown of their families, or simply because they can no longer could endure the abuses inflicted upon them by parents, relatives, and employers. While this phenomenon is by no means new, globalization and economic liberalization have in some instances aggravated the vulnerability of children. According to the MWCD study on Child Abuse (2007) ***India has the world's largest number of sexually abused children, with a child below 16 years raped every 155th minute, a child below 10 every 13th hour and one in every 10 children sexually abused at any point of time***[2]. The National Crime Records Bureau (NCRB) reported 14,975 cases of various crimes against children in 2005[3]. Most subtle forms of violence against children such as child marriage, economic exploitation, practices like the 'Devadasi' tradition of dedicating young girls to gods and goddesses, genital mutilation in some parts of the country are often rationalized on grounds of culture and tradition. Physical and psychological punishments take place in the name of disciplining children and are culturally accepted. Forced evictions, displacement due to development projects, war and conflict, communal riots, natural disasters - all of these take their own toll on children. Children also stand worst affected by HIV/AIDS. Even those who have remained within the protective, net stand at the

[1] National Council of Educational Research and Training, (2006); Position Paper National Focus Group on Education of Children with Special Needs
[2] Study on Child Abuse: INDIA 2007; Ministry of Women and Child Development, Government of India
[3] National Crime Records Bureau (NCRB) (2005) Crime in India 2005 Statistics

risk of falling out of it[4]. In India, where the staggering economic growth continues to produce scores of nouveau riche, the distribution of wealth has grown increasingly unequal. Such growth has certainly not reduced poverty, which continues to afflict hundreds of millions.

As followers of Christ we are asked to "learn to do good; seek justice, correct oppression; bring justice to the fatherless, plead the widow's cause", Isaiah 1:17(ESV). Even in so many more places in the bible we can see that God is asking us to reach out to the most vulnerable and socially excluded children of this country and create an environment wherein, not only is every child protected, but s/he also has access to opportunities and education for her/his all-round growth and development.

I hope this study will lead to heightened awareness and greater response by the churches among families, communities and society at large leading to strong interventions and further studies on child development and protection. The understanding must be translated into action, and not only the government, but the church, families and children themselves need to understand the rights of children and together create an enabling environment wherein a child is protected from abuse and exploitation and has the ability to develop. The momentum needs to be sustained and should be carried forward in the form of a movement that will enable all stakeholders to create a protective environment for the children of India, which will enable them to fulfil their full potential.

While the situation is alarming, it is important to take cognizance of the fact that the study was not done with the intention of creating fear and alarm. On the contrary, the purpose of the study was to establish that child risks exist and also to provide the information base that will helps the church to formulate schemes and interventions to deal with the problems. The study also throws up key areas for further research.

General response

In accordance with the Government of India's commitment to women and children's issues, the Ministry of Women and Child Development was created in early 2006. This move, along with increased allocations for children in the budget of 2007-08, is reflective of the government's commitment towards children. India's children are India's future as the strength of the nation lies in a healthy, protected, educated and well-developed child population that will grow up to be productive citizens of the country.

With the adoption of the rights based approach in the newly created Ministry of Woman and Child Development, issues that were hitherto peripheral came to the forefront. It is then that the gaps in child protection became obvious. What emerged was that, on the one hand there were enormous numbers of children needing care and protection, while on the other hand there were not enough schemes or sufficient budgetary allocations to deal with them. It was also observed that to carry the issue of child protection forward there was a need to create an enabling environment through legislation to address issues of child abuse, make a policy on child protection, formulate interventions and outreach services and create an information base on child protection.

[4] Ministry of Women and Child Development (2007): Working Group Report on Women and Children for the Eleventh Five Year Plan (2007-2012) / Study on Child Abuse: INDIA 2007; Ministry of Women and Child Development, Government of India – p7

Report structure

In this report all data collected is presented in categories of Issues facing children in India. The data worked out is a combination of numbers, characteristics, but also the everyday experiences and relationships of the children. These are recognised as important for understanding their lives and necessary for designing appropriate policies, programmes and models of care[5].

Many Children in India suffer from a variety of issues. This research focuses on 24 different issues grouped under 4 main categories:

1. Child Abuse / Child protection

Many issues can be categorized under this heading. Children suffer from physical/sexual abuse, to lower caste torture, to infanticide and foeticide of the girl child to abandoning of children by guardians.

2. Child trafficking and Child Labour

This is a form of child abuse that needs special attention. Children are sold to be sex workers or bonded labourers, to work in harsh conditions and are deprived of growth opportunities.

3. Quality Education

Though the attendance at schools has increased in the last decade through Millennium Development Goals, many children still lack the opportunity to go to school. Another very serious problem is the quality of education which is very low. And there is an absence of vision to help children with special needs or disabilities with learning.

4. Child health

There are various health issues that children face, which will be addressed under this heading.

Child Participation

Participation of the child is an important factor that needs to be considered when discussing the above issues. Children are able to speak for themselves in some situations and can contribute towards change.

Summary

Finally the whole report is summarized at the end of this report. This report part can be used for a general understanding of the issues.

[5] Consortium for Street Children; Sarah Thomas de Benitez (2011); State of the World's Street Children: Research; pviii

1. Child safety / Child Protection

While on the one hand many girls are being killed even before they are born, on the other hand children who are born and survive, suffer from a number of violations. ***India has the world's largest number of sexually abused children, with a child below 16 years raped every 155th minute, a child below 10 every 13th hour and one in every 10 children sexually abused at any point of time***[6]. The National Crime Records Bureau (NCRB) reported 38,172 cases of various crimes against children in 2014[7]. Physical and psychological punishments take place in the name of disciplining children and are culturally accepted. Even those who have remained within the protective, net stand at the risk of falling out of it[8].

Child abuse can be seen in a wide perspective, in different situations, different ages, for both boys and girls, and for different groups of children. In this chapter first we will focus on child abuse in general. After that we will also focus on some particular situations and particular child groups. For that we have divided the issues into some more categories. In the first category we will look to situations among children where there is abuse through discrimination and Cultural Practises. In that category we will focus on Dalit and other social exclusion, Girl Child Discrimination, Female infanticide/foeticide, Teenage Pregnancy & Child Marriage.

[6] Study on Child Abuse: INDIA 2007; Ministry of Women and Child Development, Government of India
[7] National Crime Records Bureau (NCRB) (2014) Crime in India 2014 Statistics
[8] Ministry of Women and Child Development (2007): Working Group Report on Women and Children for the Eleventh Five Year Plan (2007-2012) / Study on Child Abuse: INDIA 2007; Ministry of Women and Child Development, Government of India – p7

1.1 Child Abuse in general

She told me that when she used to live with her parents in the new house in the afternoon no one used to be at home. One of her uncles used to work in some nearby area. He used to come in the afternoon to take lunch at her house. She used to give him food and then watch television. One day he came and told her that he was not hungry and he had specially come to meet her and spend time with her. He then showed her some photographs that were very dirty and suddenly hugged her and started kissing her. She tried to free herself but he was not ready to listen to anything. He made her touch his private parts and then showed them to her also and then forced her to show her private parts also. He forcefully threw her on the bed and raped her. She didn't tell it to anyone, then it became a daily routine of her uncle. She one day told her mom that I get very bored in the afternoon and so I don't want to stay here, I'll stay in grandmothers house. She somehow convinced her mother and now she stays with her grandmother. She avoids her uncle and never stays in her house alone. Still whenever she meets her uncle, he makes dirty marks / gestures[9].

Traditionally in India, the responsibility of care and protection of children has been with families and communities. A strong knit family is meant to look after its children well. However, it is not always the case that children are recognised as individuals with their own rights. While the constitution of India guarantees many fundamental rights to the children, the approach to ensure the fulfilment of these rights has traditionally been more needs based rather than rights based. The transition to the rights based approach in the Government and civil society is still evolving.

Independent India has taken large strides in addressing issues like child education, health and development. However, child protection has remained largely unaddressed. There is now a realization that if issues of child abuse and neglect like female foeticide and infanticide, girl child discrimination, child marriage, trafficking of children and so on are not addressed, it will affect the overall progress of the country.

Child abuse is shrouded in secrecy and there is a conspiracy of silence around the entire subject. Despite recent high profile cases, for years there has been a well-entrenched belief that there is no child abuse in India and certainly there is no sexual abuse in the country. Further, certain kinds of traditional practices that are accepted across the country, knowingly or un-knowingly amount to child abuse. Existing socio-economic conditions also render some children vulnerable and more at risk to abuse, exploitation and neglect. However lack of empirical evidence and qualitative information on the dimensions of child abuse and neglect makes it difficult to address the issue in a comprehensive manner.

Definition of child abuse

The term 'Child Abuse' may have different connotations in different cultural milieu and socio-economic situations. A universal definition of child abuse in the Indian context does not exist and has yet to be defined. According to WHO[10] :

Physical Abuse: Physical abuse is the inflicting of physical injury upon a child. This may include burning, hitting, punching, shaking, kicking, beating or otherwise harming a child. The parent or

[9] Study on Child Abuse: INDIA 2007; Ministry of Women and Child Development, Government of India – p41-70
[10] World Health Organization (1999): Report of the Consultation on Child Abuse Prevention; Geneva, http://www.who.int/violence_injury_prevention/violence/neglect/en/

caretaker may not have intended to hurt the child. It may, however, be the result of over-discipline or physical punishment that is inappropriate to the child's age.

Sexual Abuse: Sexual abuse is inappropriate sexual behaviour with a child. It includes fondling a child's genitals, making the child fondle the adult's genitals, intercourse, incest, rape, sodomy, exhibitionism and sexual exploitation. To be considered 'child abuse', these acts have to be committed by a person responsible for the care of a child (for example a baby-sitter, a parent, or a day-care provider), or related to the child. If a stranger commits these acts, it would be considered sexual assault and handled solely by the police and criminal courts.

Emotional Abuse: Emotional and psychological maltreatment of children is the most complex type of abuse - invisible and difficult to define. However, the World Health Organisation (WHO) has defined emotional abuse as: Emotional abuse is also known as verbal abuse, mental abuse, and psychological maltreatment. Emotional abuse includes the failure to provide a developmentally appropriate, supportive environment, including the availability of a primary attachment figure, so that the child can develop a stable and full range of emotional and social competencies commensurate with her or his personal potentials and in the context of the society in which the child dwells. There may also be acts towards the child that cause or have a high probability of causing harm to the child's health or physical, mental, spiritual, moral or social development. These acts must be reasonably within the control of the parent or person in a relationship of responsibility, trust or power. Acts include restriction of movement, patterns of belittling, denigrating, scapegoating, threatening, scaring, discriminating, ridiculing or other non-physical forms of hostile or rejecting treatment.

Neglect: It is the failure to provide for the child's basic needs. Neglect can be physical, educational, or emotional. Physical neglect can include not providing adequate food or clothing, appropriate medical care, supervision, or proper weather protection (heat or cold). It may include abandonment. Educational neglect includes failure to provide appropriate schooling or special educational needs, allowing excessive truancies. Psychological neglect includes the lack of any emotional support and love, never attending to the child, substance abuse including allowing the child to participate in drug and alcohol use.

Working definition of child abuse

For the purpose of this study, the following working definitions of child abuse have been adopted:

Child abuse refers to the intended, unintended and perceived maltreatment of the child, whether habitual or not, including any of the following:

- Psychological and physical abuse, neglect, cruelty, sexual and emotional maltreatment.
- Any act, deed or word which debases, degrades or demeans the intrinsic worth and dignity of a child as a human being.
- Unreasonable deprivation of his/her basic needs for survival such as food and shelter, or failure to give timely medical treatment to an injured child resulting in serious impairment of his/her growth and development or in his/her permanent incapacity or death.
- Physical abuse is inflicting physical injury upon a child. This may include hitting, shaking, kicking, beating, or otherwise harming a child physically.
- Emotional abuse (also known as verbal abuse, mental abuse, and psychological maltreatment) includes acts or the failure to act by parents, caretakers, peers and others that have caused or could cause serious behavioural, cognitive, emotional, or mental distress/trauma.

- Sexual abuse is inappropriate sexual behaviour with a child. It includes fondling a child's genitals, making the child fondle an adult's genitals, sexual assault (intercourse, incest, rape and sodomy), exhibitionism and pornography. To be considered child abuse, these acts have to be committed by a person responsible for the care of a child or related to the child (for example a baby-sitter, parent, neighbour, relatives, extended family member, peer, older child, friend, stranger, or a day-care provider).
- Child neglect is an act of omission or commission leading to the denial of a child's basic needs. Neglect can be physical, educational, emotional or psychological. Physical neglect entails denial of food, clothing, appropriate medical care or supervision. It may include abandonment. Educational neglect includes failure to provide appropriate schooling or special educational needs. Psychological neglect includes lack of emotional support and love.

Rape of 6-Year-Old Highlights Sexual Abuse[11]

The rape of a 6-year-old girl at a school in Bangalore in July 2014 has refocused attention on sexual abuse of children in India, Human Rights Watch has said. India's central and state governments should take immediate steps to implement the 2012 Protection of Children from Sexual Offences Act.

The July 2014 attack in Bangalore follows several highly publicized incidents of sexual abuse of children in schools, alternative care institutions, and family settings. In May, villagers protested after two teenage girls from a marginalized community in the northern Indian village of Badaun were found hanging from a tree, allegedly gang-raped and murdered. In the same month, children at a residential shelter for the underprivileged in the town of Karjat in western India reported that they had been raped, forced to watch and enact scenes from pornographic films, and made to eat feces. In April 2013, a 5-year-old girl was allegedly abducted, raped, and tortured for two days by her neighbours in Delhi. These attacks have led to numerous public protests calling for effective action.

Major Findings:

A study on Child Abuse in India by the Ministry of Child and Development in 2007 revealed the following findings[12]:

1. ***Across different forms of abuse, and across different evidence groups, the younger children (5-12 years of age) have reported higher levels of abuse than the other two age groups***.
2. ***Boys, as compared to girls, are equally at risk of abuse***.
3. ***Persons in trust and authority are major abusers***.
4. ***70% of abused children respondents never reported the matter to anyone***.

[11] Human Rights Watch; http://www.hrw.org
[12] Study on Child Abuse: INDIA 2007; Ministry of Women and Child Development, Government of India

Physical Abuse[13]:

Out of the total percentage of child respondents, an overwhelming majority ***68.99% reported physical abuse***. That means two out of every three children were physically abused. Out of the children who have reported physical abuse most of the respondents (54.68%) were boys.

State-wise break up of overall incidence of physical abuse revealed that in all the 13 states covered under the study, the reported incidence of physical abuse was very high, in fact uniformly above 50%. Further, in four of these states, the percentage of physical abuse was alarmingly high, above 80%. These states were Assam (84.65%), Mizoram (84.64%), Delhi (83.12%) and Uttar Pradesh (82.77%).

Percentage of children reporting physical abuse in one or more situations

States	No (%)	Yes (%)
Andhra Pradesh	36.26	63.74
Assam	15.35	84.65
Bihar	25.35	74.65
Delhi	16.88	83.12
Goa	46.93	53.07
Gujarat	31.49	68.51
Kerala	43.90	56.10
Madhya Pradesh	36.59	63.41
Maharashtra	31.87	68.13
Mizoram	15.36	84.64
Rajasthan	48.80	51.20
Uttar Pradesh	17.23	82.77
West Bengal	44.37	55.63
Total	**31.01**	**68.99**

Gender desegregation of data indicated that more boys reported physical abuse as compared to girls. The ratio of girls physically abused was higher in Kerala (55.61%) and Gujarat (54.63%) compared to that of boys, -which was reported as 44.39% and 45.37% respectively. In all other states higher number of boys reported physical abuse. The highest percentage of abuse among boys was reported from Delhi (62.2%) followed by Madhya Pradesh (59.75%) and Maharashtra (55.75%).

Percentage of boys and girls facing one or more situations of physical abuse*

States	Boys- NO	Boys- YES					Girls - NO	Girls- YES				
		Situations				% of boys facing abuse in one or more situations		Situations				% of girls facing abuse in one or more situations
		One	Two	Three	Four			One	Two	Three	Four	
Andhra Pradesh	22.60	43.40	24.00	10.00	-	77.40	49.90	40.32	8.58	1.20	-	50.10
Assam	14.98	38.76	40.45	5.62	0.19	85.02	15.77	50.11	25.05	9.07	-	84.23
Bihar	22.46	42.61	28.98	5.95	-	77.54	28.51	53.04	16.35	2.10	-	71.49
Delhi	8.96	39.19	36.03	15.82	-	91.04	27.46	40.38	24.41	7.75	-	72.54
Goa	45.09	37.82	15.64	1.45	-	54.91	49.13	36.96	13.04	0.87	-	50.87
Gujarat	36.42	41.98	17.49	4.12	-	63.58	26.77	49.02	17.52	6.69	-	73.23
Kerala	52.39	25.62	16.44	5.54	-	47.61	34.59	38.16	15.93	11.32	-	65.41
Madhya Pradesh	27.76	41.25	25.29	5.70	-	72.24	46.33	41.09	9.85	2.73	-	53.67
Maharashtra	24.80	36.71	23.02	15.28	0.20	75.20	39.03	41.05	17.51	2.41	-	60.97
Mizoram	13.86	19.08	37.95	29.12	-	86.14	16.99	34.42	28.54	20.04	-	83.01
Rajasthan	47.37	36.06	15.98	0.58	-	52.63	50.31	32.99	14.85	1.86	-	49.69
Uttar Pradesh	9.20	47.80	30.00	13.00	-	90.80	25.20	41.07	19.05	14.68	-	74.80
West Bengal	39.85	38.10	18.96	3.09	-	60.15	49.27	38.99	7.55	4.19	-	50.73
Total	27.39	37.57	25.89	9.12	0.03	72.61	34.93	41.56	16.80	6.70	-	65.07

** These include: Physical Abuse by family members, Corporal Punishment by teachers in schools, Physical Abuse by staff in institution and physical abuse by others. Others included NGO workers, caregiver, employers, police and any other persons coming in contacting with the child.*

[13] Study on Child Abuse: INDIA 2007; Ministry of Women and Child Development, Government of India – p41-70

Percentage of children in various age-groups reporting physical abuse in states*			
State	Younger Children (5-12)	Children (13-14)	Adolescents (15-18)
Andhra Pradesh	55.17	22.73	22.10
Assam	41.82	24.88	33.29
Bihar	59.73	23.76	16.51
Delhi	50.30	22.01	27.69
Goa	58.96	22.76	18.28
Gujarat	52.28	24.23	23.49
Kerala	44.21	25.49	30.30
Madhya Pradesh	46.86	26.89	26.26
Maharashtra	51.17	24.63	24.19
Mizoram	33.83	30.74	35.43
Rajasthan	46.58	27.20	26.22
Uttar Pradesh	46.93	37.42	15.64
West Bengal	48.82	30.92	20.25
Total	**48.29**	**26.69**	**25.01**

** The overall sample size of child respondents in the age group (5-12 years) was higher than the child respondents in other two age groups i.e. 13-14 and 15-18 years*

Analysis of incidence of physical abuse among different age groups of child respondents revealed that a majority (48.29%) of younger children in the age group of 5-12 years were being physically abused followed by children in the age group 13-14 years (26.69%) and adolescents in the age group 15-18 years (25.01%). Among younger children in six states the percentage of physical abuse was 50% or above, the highest being in Bihar (59.73%). The highest percentage of physical abuse in children (13-14 years) was reported from Uttar Pradesh (37.42%) followed by Mizoram (30.74%). Among adolescent respondents in the age group 15-18 years, the highest percentage of physical abuse was reported from Mizoram (35.43%) followed by Assam (33.29%). Although in the overall percentage of physical abuse among various age groups of child respondents, Mizoram reported higher percentage of physical abuse compared to other states in the categories of children (13-14 years) and adolescents (15-18 years), the state reported lowest percentage of physical abuse amongst younger children (33.83%). This percentage of physical abuse was the lowest in the younger children category across the states.

Percentage of children reporting abuse by family and other by age groups		
Age Group	By family	By others
Younger Children (5-12)	54.47	35.22
Children (13-14)	47.18	34.00
Adolescents (15-18)	40.67	31.97
Total	**48.70**	**34.00**

Children faced high level of physical abuse in families. Out of those children physically abused in family situations, 88,6% were physically abused by parents; 65% of school going children reported facing corporal punishment i.e. two out of three children were victims of corporal punishment; 62% of the corporal punishment was in government and municipal school. The state of Andhra Pradesh, Assam, Bihar and Delhi have almost consistently reported higher rates of abuse in all forms as compared to other states; Most children did not report the matter to anyone.

Evidence group wise physical abuse

The overall analysis of physical abuse of children in family environment not going to school revealed some significant findings:

1. 59% of children were subjected to physical abuse within the family
2. 74.3% of children in family environment were slapped/kicked

3. In 14.83% cases the physical abuse resulted in swelling or bleeding or causing serious physical injury.

The overall analysis of physical abuse of children in schools revealed some significant findings:
1. 65% of children reported corporal punishment in schools.
2. Older children were beaten more in schools as compared to younger ones.
3. Very high percentage of corporal punishment was reported in government and municipal schools.
4. NGO run schools also reported high percentage of corporal punishment.

The overall analysis of physical abuse of children in institutions revealed some significant findings:
1. The percentage of abuse (56.37%) in correctional institutions was very high;
2. Physical abuse of girls in institutions was also very high;
3. Higher percentages of children in the age group of 5-12 years were subjected to physical abuse in institutions.

The overall analysis of physical abuse of working children revealed some significant findings:
1. Boys and girls were being equally abused
2. 50% of the children worked seven days a week
3. 56.38% of the children were working in the illegal/hazardous occupations
4. 65% of the children were working because of parental pressure and 76% of them handed over their earnings to their parents
5. More than 80% of child domestic workers were girls
6. More than 80% of children working in tea kiosks and restaurants were boys
7. More than 80% of children working in bidi rolling were girls.

The overall analysis of physical abuse of street children revealed some significant findings:
1. Boys and girls were being equally abused
2. 66.8% of the street children reported physical abuse
3. 65.9% of the street children lived with their families on the streets.

The overall analysis of physical abuse among young adults revealed some significant findings:
1. 49% of young adult respondents reported physical abuse during childhood;
2. 60.35% of the young adults reported being physically abused by parents;
3. 48% of the young adults felt that physical punishment was necessary to discipline children.

The analysis of this section reveal that both the categories of the adults, i.e., young adults and stakeholders were in favour of abusive forms of punishment to children as a method of discipline. This is a disturbing finding as the cycle of abuse will continue, if this mindset prevails.

Summary major findings[14]:

1. ***Two out of every three children are physically abused***.
2. ***Out of 69% children physically abused in 13 sample states, 54.68% were boys***.
3. ***72.2% children in the age group of 5-12 years were being physically abused***.
4. ***70.61% children in the age group of 13-14 years were being physically abused***.
5. ***Assam, Mizoram, Delhi and Uttar Pradesh reported higher incidence of physical abuse***.
6. ***Over 50% children in all the 13 sample states were being subjected to one or the other forms of physical abuse***.

[14] Study on Child Abuse: INDIA 2007; Ministry of Women and Child Development, Government of India – p69

7. ***Out of those children physically abused in family situations, 88.6% were physically abused by parents***.
8. ***Two out of three children were victims of corporal punishment***.
9. ***Over 50% children in eight states reported corporal punishment, including those states where government has banned corporal punishment through notification***.
10. ***Out of those children reporting corporal punishment in schools, 53.8% were from government run schools, 22.3% from public schools and 13% from NGO run schools***.
11. ***56.37% of children in institutions were being subjected to physical abuse by staff members***.
12. ***One out of every two working children worked for seven days a week***.
13. ***58.8% of working children faced physical abuse either within the family or at workplace. 22.9% of these children faced physical abuse in both situations***.
14. ***Both young adults and stakeholders were in favour of the use of abusive forms of punishment to discipline children***.

Consequence Physical Abuse

The effect of hurt, pain, anger, humiliation and loss of self-esteem is enormous. Children who have been repeatedly subjected to physical abuse carry the effects of it all through their life and often also end up as perpetrators of violence themselves.

The social adjustment scores of school children who experienced violence, regardless of the nature of the violence, was significantly lower when compared with scores of those who had not experienced violence. Social adjustment for physically abused children was poorer for girls than boys[15].

[15] Research from Sibnath Deb, Pondicherry University, India & Kerryann Walsh, Queensland University of Technology, Australia: 'Impact of physical, psychological, and sexual violence on social adjustment of school children in India (in Tripura)' (2012)

Sexual Abuse[16]

Percentage of children among different evidence groups reporting sexual abuse		
	YES	NO
Child in family environment not going to school	53.18	46.82
Children in schools	49.92	50.08
Children at work (Shop, factory or other places)	61.61	38.39
Children on the streets	54.51	45.49
Children in institutional care	47.08	52.92
Total	**53.22**	**46.78**

The subject of child sexual abuse is still a taboo in India. There is a conspiracy of silence around the subject and a very large percentage of people feel that this is a largely western problem and that child sexual abuse does not happen in India. Part of the reason of course lies in a traditional conservative family and community structure that does not talk about sex and sexuality at all. Parents do not speak to children about sexuality as well as physical and emotional changes that take place during their growing years. As a result of this, all forms of sexual abuse that a child faces do not get reported to anyone. The girl, whose mother has not spoken to her even about a basic issue like menstruation, is unable to tell her mother about the uncle or neighbour who has made sexual advances towards her. This silence encourages the abuser so that he is emboldened to continue the abuse and to press his advantage to subject the child to more severe forms of sexual abuse. Very often children do not even realize that they are being abused. In a study on Women's Experiences of Incest and Childhood Sexual Abuse conducted by RAHI, some of the respondents have stated that till the questionnaire was administered to them they did not realize that they had been abused as children. They had buried the incident as a painful and shameful one not to be ever told to anyone.

According to the National Crime report these are the states with the most cases filed against[17]:

	Incest-Rape of girls up to 10 years	*Incest-Rape of girls between 10-14 years*	*Incest-Rape of girls between 10-14 years*	*Incest-Rape of woman from 18 years and above*	*Other-Rape of girls up to 10 years*	*Other -Rape of girls between 10-14 years*	*Other -Rape of girls between 10-14 years*	*Other -Rape of woman from 18 years and above*
Totally in 2012 (reported cases)	**66**	**99**	**116**	**115**	**985**	**1975**	**5841**	**15718**
Andhra Pradesh					123	125	379	
Assam						151	177	
Bihar							112	
Chhattisgarh				22		92	391	
Delhi	6	11	15	9	72	98	213	
Gujarat						35	87	
Haryana				7	39	63	171	
Himachal Pradesh							59	
Jharkhand							59	
Karnataka						55	223	
Kerala	6	22	15	8	46	64	297	
Madhya Pradesh	4	8	19		92	321	1191	

[16] Study on Child Abuse: INDIA 2007; Ministry of Women and Child Development, Government of India – p71-102
[17] National Crime Records Bureau, Ministry of Home Affairs, Government of India (2012): Crime in India 2012 Statistics

Maharashtra	18	17	24	18	109	171	585	
Meghalaya	11							
Mizoram					33			
Odisha							155	
Punjab						64	212	
Rajasthan			10	29	36	97	424	
Tamil Nadu					40	65	185	
Uttarakhand	7	7						
Uttar Pradesh		7			182	315	531	
West Bengal		5				105	174	

With these numbers we have to realize that there are so many more cases, which are not filed because of various reasons.

Offenders Relation And Proximity To Rape Victims 2012: no. of Cases in which Offenders were:

- Parents / Close Family Members: 393 Cases
- Relatives: 1585 Cases
- Neighbours: 8484 Cases
- Other Known Persons: 14008 Cases

Major Findings in India:

1. ***India has the world's largest number of sexually abused children, with a child below 16 years raped every 155th minute18., a child below 10 every 13th hour and one in every 10 children sexually abused at any point of time***.

2a. ***42% children faced at least one form of sexual abuse or the other, 48% of the boys and 39% of the girls faced sexual abuse. The significant finding was that contrary to the general perception, the overall percentage of boys was much higher than that of girls***.

2b. ***53.22% children reported having faced one or more forms of sexual abuse; Among them 52.94% were boys and 47.06% girls***.

3. ***21.90% child respondents reported facing severe forms of sexual abuse and 50.76% other forms of sexual abuse***;

4. ***Out of the child respondents, 5.69% reported being sexually assaulted***;

5. ***Andhra Pradesh, Assam, Bihar and Delhi reported the highest percentage of sexual abuse among both boys and girls according to the research in 2007.***
According to the Highlights Statistic appraisal of 20119: The States of Madhya Pradesh, Uttar Pradesh and Maharashtra together accounted for 44.5% of the child rape cases reported in the Country in 2011.

6. ***The age wise sexual abuse among children in one or more forms started at the age of 5 years, gained momentum 10 years onward, peaking at 12 to 15 years and then starting to decline. This means that children in the teenage years are most vulnerable***.

7. ***The prevalence of sexual abuse in upper and middle class was found to be proportionately higher than in lower or in lower middle class***.

8. ***Children on street, children at work and children in institutional care reported the highest incidence of sexual assault***.

[18] Ministry of Women and Child Development (2007): Working Group Report on Women and Children for the Eleventh Five Year Plan (2007-2012) / Study on Child Abuse: INDIA 2007; Ministry of Women and Child Development, Government of India – p7
[19] Social Statistics Division, Central Statistics Office, Ministry of statistics and Programme Implementation, Government of India (2012): Children in India 2012 – A Statistic Appraisal – 'Highlights'

9. ***50% abuses are persons known to the child or in a position of trust and responsibility***.
10. ***Sexual abuse was found to be prevalent in both joint and nuclear families***.
11. ***Majority of the abusers were people known to the child and strangers were a minority***.
12. ***Sexual harassment in public places and exhibitionism was higher by strangers***.
13. ***Sexual abuse of children was very often a pre-planned insidious abuse of a relationship by an abuser over the child***.
14. ***Most children did not report the matter to anyone***.

Compared to other countries: A review of epidemiological surveys from 21 countries, mainly high- and middle- income countries, found that at least 7% of females (ranging up to 36%) and 3% of males (ranging up to 29%) in India reported sexual victimization during their childhood.[20]

Percentage of children facing one or more forms of severe sexual abuse*

STATES	NO	YES				
		One form of Abuse	Two forms of Abuse	Three forms of Abuse	Four forms of Abuse	% of children facing one or more forms of abuse
Andhra Pradesh	66.13	15.98	10.39	6.59	0.90	33.87
Assam	42.73	20.16	24.67	11.13	1.30	57.27
Bihar	66.73	15.13	8.62	9.02	0.50	33.27
Delhi	59.10	18.09	12.36	9.45	1.01	40.90
Goa	97.62	1.78	0.40	-	0.20	2.38
Gujarat	92.66	4.73	2.01	0.40	0.20	7.34
Kerala	82.30	9.20	3.40	4.10	1.00	17.70
Madhya Pradesh	90.13	5.58	3.09	1.10	0.10	9.87
Maharashtra	90.21	7.39	1.60	0.80	-	9.79
Mizoram	83.80	13.06	2.30	0.84	-	16.20
Rajasthan	89.18	6.21	2.40	1.20	1.00	10.82
Uttar Pradesh	94.02	2.69	1.10	1.49	0.70	5.98
West Bengal	82.80	8.55	5.33	2.72	0.60	17.20
Total	**79.10**	**10.20**	**6.20**	**3.91**	**0.59**	**20.90**

** Forms of sexual abuse includes sexual assault, making the child fondle private parts, making the child exhibit or exhibiting private body parts and being photographed in the nude*

[20] Pinheiro, P. S. (2006): World Report on Violence against Children; United Nations Secretary-General's Study on Violence against Children; United Nations, New York http://www.violencestudy.org/r25 / Study on Child Abuse: INDIA 2007; Ministry of Women and Child Development, Government of India – p74

Percentage of boys and girls facing one or more severe forms of sexual abuse												
	Boys- NO	Boys- YES					Girls - NO	Girls- YES				
States						% of boys facing abuse of one or more forms						% of girls facing abuse of one or more forms
		Situations						Situations				
		One	Two	Three	Four			One	Two	Three	Four	
Andhra Pradesh	70.8	14.00	10.00	5.2	-	29.2	61.48	17.96	10.78	7.98	1.80	38.52
Assam	37.45	21.35	27.53	12.73	0.94	62.55	48.81	18.79	21.38	9.29	1.73	51.19
Bihar	64.11	16.51	9.98	8.64	0.77	35.89	69.60	13.63	7.13	9.43	0.21	30.40
Delhi	45.34	23.55	16.34	13.53	1.23	54.66	77.46	10.80	7.04	3.99	0.70	22.54
Goa	97.45	1.82	0.36		0.36	2.55	97.83	1.74	0.43	-	-	2.17
Gujarat	95.47	2.67	1.44	0.41	-	4.53	89.96	6.69	2.56	0.39	0.39	10.04
Kerala	78.78	11.85	3.82	4.02	1.53	21.22	86.16	6.29	2.94	4.19	0.42	13.84
Madhya Pradesh	92.59	4.56	2.09	0.57	0.19	7.41	87.42	6.71	4.19	1.68	-	12.58
Maharashtra	91.67	6.55	0.99	0.79	-	8.33	88.73	8.25	2.21	0.80	-	11.27
Mizoram	79.72	17.47	2.21	0.60	-	20.28	88.24	8.28	2.40	1.09	-	11.76
Rajasthan	88.89	6.04	2.34	1.36	1.36	11.11	89.48	6.39	2.47	1.03	0.62	10.52
Uttar Pradesh	91.60	3.40	1.20	2.40	1.40	8.40	96.43	1.98	0.99	0.60	-	3.57
West Bengal	82.21	8.32	6.00	2.32	1.16	17.79	83.44	8.81	4.61	3.14	-	16.56
Total	**76.94**	**11.12**	**6.90**	**4.33**	**0.71**	**23.06**	**81.42**	**9.20**	**5.45**	**3.46**	**0.47**	**18.58**

Percentage of children facing one or more forms of other sexual abuse*							
States	NO	YES					
		One form of Abuse	Two forms of Abuse	Three forms of Abuse	Four forms of Abuse	Five forms of Abuse	% of children facing one or more forms of abuse
Andhra Pradesh	27.17	21.68	19.48	20.98	9.39	1.30	72.83
Assam	13.74	26.08	26.68	21.46	10.73	1.30	86.26
Bihar	32.36	21.64	19.74	14.53	10.12	1.60	67.64
Delhi	27.74	28.34	23.92	15.58	4.12	0.30	72.26
Goa	65.94	23.56	7.52	1.98	0.59	0.40	34.06
Gujarat	52.01	32.09	9.15	4.83	1.81	0.10	47.99
Kerala	55.20	25.70	13.80	4.30	1.00	-	44.80
Madhya Pradesh	66.70	23.43	8.18	1.50	0.20	-	33.30
Maharashtra	59.34	27.77	10.59	1.80	0.50	-	40.66
Mizoram	45.25	36.15	12.33	5.43	0.84	-	54.75
Rajasthan	70.64	16.73	8.02	2.71	1.90	-	29.36
Uttar Pradesh	64.24	25.80	7.07	2.49	0.40	-	35.76
West Bengal	67.71	17.20	9.46	4.73	0.80	0.10	32.29
Total	**49.24**	**25.11**	**13.77**	**8.11**	**3.37**	**0.39**	**50.76**

** Forms of sexual abuse includes sexual assault, making the child fondle private parts, making the child exhibit or exhibiting private body parts and being photographed in the nude*

Percentage of children among different evidence groups reporting sexual assault		
	YES	NO
Child in family environment not going to school	4.04	95.96
Children in schools	2.90	97.10
Children at work (Shop, factory or other places)	8.70	91.30
Children on the streets	6.53	93.47
Children in institutional care	7.08	92.92
Total	**5.69**	**94.31**

State and age break up (%) of children reporting sexual assault			
States	**Younger Children (15-18)**	**Children (5-12)**	**Adolescents (13-14)**
Andhra Pradesh	35.82	23.13	41.04
Assam	27.35	25.64	47.01
Bihar	45.54	30.69	23.76
Delhi	46.85	21.68	31.47
Goa	50.00	50.00	
Gujarat	57.89	21.05	21.05
Kerala	13.33	23.33	63.33
Madhya Pradesh	23.53	35.29	41.18
Maharashtra	37.50	25.00	37.50
Mizoram		30.77	69.23
Rajasthan	22.22	22.22	55.56
Uttar Pradesh	54.55	27.27	18.18
West Bengal	43.18	34.09	22.73
Total	**36.53**	**25.64**	**37.82**

The study also examined categories of persons sexually assaulting children. The findings revealed that majority of children (31%) were subjected to sexual assault by their uncles or neighbours followed by 29% by friends and class fellows, 10% by their cousins and 9% by their employers. Remaining 21% children reported sexual assault by others that included strangers, persons they were faintly acquainted with, teachers, care givers, etc. The study conducted by RAHI also reported high percentage of sexual abuse by maternal/paternal uncles and male cousins.

Gender-wise percentage of Young Adults facing one or more forms of Sexual Abuse																
	Males- NO	Males- YES							Females- NO	Females- YES						
STATE		**One form**	**Two forms**	**Three forms**	**Four forms**	**Five forms**	**Six forms**	**% of males facing one or more forms of abuse**		**One form**	**Two forms**	**Three forms**	**Four forms**	**Five forms**	**Six forms**	**% of females facing one or more forms of abuse**
Andhra Pradesh	**47.50**	15.00	8.75	10.00	13.75	3.75	1.25	**52.50**	**32.88**	15.07	10.96	26.03	8.22	6.85		**67.12**
Assam	**10.00**	24.00	17.00	23.00	12.00	14.00		**90.00**	**35.00**	21.00	9.00	7.00	10.00	13.00	5.00	**65.00**
Bihar	**37.25**	15.69		13.73	9.80	13.73	9.80	**62.75**	**56.25**	20.31	12.50	7.81		3.13		**43.75**
Delhi	**23.97**	20.55	21.92	16.44	12.33	4.11	0.68	**76.03**	**53.33**	22.22	8.89	8.89	6.67			**46.67**
Goa	**73.47**	12.24	14.29					**26.53**	**79.69**	15.63	3.13	1.56				**20.31**
Gujarat	**60.67**	20.22	7.87	6.74	3.37	1.12		**39.33**	**70.00**	21.00	7.00	2.00				**30.00**
Kerala	**47.00**	22.00	7.00	7.00	10.00	2.00	5.00	**53.00**	**71.72**	10.10	9.09	6.06	3.03			**28.28**
Madhya Pradesh	**43.48**	26.09	9.57	13.04	6.09	0.87	0.87	**56.52**	**70.00**	17.14	8.57	2.86	1.43			**30.00**
Maharashtra	**45.35**	20.93	12.79	9.30	5.81	3.49	2.33	**54.65**	**60.95**	19.05	8.57	0.95	6.67	3.81		**39.05**
Mizoram	**35.29**	39.22	17.65	6.86	0.98			**64.71**	**54.26**	26.60	6.38	8.51	4.26			**45.74**
Rajasthan	**45.92**	22.45	8.16	11.22	7.14	5.10		**54.08**	**57.29**	26.04	9.38	6.25		1.04		**42.71**
Uttar Pradesh	**26.00**	44.00	18.00	5.00	3.00	2.00	2.00	**74.00**	**58.00**	24.00	9.00	4.00	2.00	3.00		**42.00**
West Bengal	**44.44**	27.27	12.12	6.06	8.08	2.02		**55.56**	**65.66**	15.15	15.15	3.03		1.01		**34.34**
Total	**39.42**	**24.77**	**12.76**	**10.45**	**7.41**	**3.79**	**1.40**	**60.58**	**58.88**	**19.57**	**9.11**	**6.13**	**3.25**	**2.61**	**0.45**	**41.12**

State-wise percentage of young adults reporting sexual abuse during childhood										
States	Dirty Remark	Obscene Gesture	Shown Dirty Pictures	Forced Child to Expose	Private parts exposed to child	Forcible Kissing	Touched Private parts of child	Made child touch private parts	Sexual Assault	
									Penetration with objects	Penetration with Penis & Oral sex
Andhra Pradesh	34.44	33.33	38.41	22.45	35.10	15.13	39.74	25.33	26.97	29.86
Assam	60.50	46.50	59.50	39.00	53.50	8.08	52.26	37.69	18.59	23.44
Bihar	40.35	47.79	38.60	27.19	28.95	14.04	43.52	23.85	13.76	16.36
Delhi	41.71	40.32	52.66	22.87	40.96	12.83	37.91	26.63	12.57	13.33
Goa	34.23	32.43	15.32	1.80	9.91	4.55	12.96	1.85		
Gujarat	20.63	12.70	15.34	6.35	12.17	7.94	17.02	10.64	3.19	5.11
Kerala	19.10	31.82	30.15	13.07	22.61	14.57	26.77	12.12	4.52	5.53
Madhya Pradesh	17.84	25.95	38.38	13.51	17.84	14.67	13.97	6.18	1.12	1.70
Maharashtra	23.78	25.95	27.57	14.05	21.08	23.66	31.72	16.58	2.15	5.08
Mizoram	9.23	21.43	42.35	9.69	18.88	3.57	38.86	10.20	3.57	6.38
Rajasthan	9.79	25.52	36.79	16.49	17.01	13.40	13.61	8.95	5.24	5.98
Uttar Pradesh	39.50	43.50	42.50	8.50	23.00	18.00	26.00	6.50	7.00	4.52
West Bengal	36.73	33.67	28.79	15.74	19.70	5.08	33.85	11.73	1.03	5.46
Total	**29.36**	**31.94**	**36.55**	**16.27**	**24.94**	**12.06**	**29.94**	**15.29**	**7.44**	**9.21**

Emotional Abuse and Girl Child Neglect[21]

48.37% children reported emotional abuse of one form or the other. Of this boys constituted 49.99% and girls 50.01%. Though aspects of girl child neglect have not been added in this section, the percentage of girls and boys reported almost equal perception of emotional abuse. The age wise break up of children facing emotional abuse of one form or the other was 47.02% in the age group 5-12 years, 25.61% in the age group 13-14 years and 27.37 % in the age group 15-18 years. What emerges here is that like in many of the sub categories of physical abuse and sexual abuse, it is the younger children in the age group of 5 to 12 years that have reported the highest percentage of emotional abuse.

Detailed age-wise break up of children facing emotional abuse revealed that, while the emotional abuse of children begins at 5 years, it gains momentum in 10 years, goes on to peak in 12 years (14.12%), and after 14 years it starts going down steadily.

State-wise percentage of children facing emotional abuse

States	NO	YES		
		One From	Two Froms	% of children facing one or more forms of emotional abuse
Andhra Pradesh	52.85	30.97	16.18	47.15
Assam	28.69	48.45	22.87	71.31
Bihar	46.19	36.07	17.74	53.81
Delhi	37.99	39.90	22.11	62.01
Goa	66.34	25.74	7.92	33.66
Gujarat	53.12	28.57	18.31	46.88
Kerala	59.30	31.80	8.90	40.70
Madhya Pradesh	39.78	37.69	22.53	60.22
Maharashtra	49.15	36.96	13.89	50.85
Mizoram	66.77	24.24	8.99	33.23
Rajasthan	67.64	21.34	11.02	32.36
Uttar Pradesh	52.79	37.65	9.56	47.21
West Bengal	58.45	31.79	9.76	41.55
Total	**51.63**	**33.49**	**14.88**	**48.37**

Gender break-up of emotional abuse

States	Boys	Girls
Andhra Pradesh	69.70	30.30
Assam	50.21	49.79
Bihar	54.56	45.44
Delhi	60.62	39.38
Goa	44.12	55.88
Gujarat	30.26	69.74
Kerala	35.14	64.86
Madhya Pradesh	52.81	47.19
Maharashtra	48.72	51.28
Mizoram	44.03	55.97
Rajasthan	59.44	40.56
Uttar Pradesh	42.19	57.81
West Bengal	48.18	51.82
Total	**49.99**	**50.01**

Although the percentage of children facing two forms of emotional abuse was lower than the percentage of children facing one form of emotional abuse, there were at least three states where more than 20% of the child respondents reported facing both forms of emotional abuse. The fact that such a large percentage of children have a perception of being emotionally abused is indicative of the fact that the way adults/parents/care givers deal with children leaves much to be desired.

Six out of 13 states reported higher percentage of emotional abuse among boys compared to girls, the highest being in Andhra Pradesh (69.70%). While the percentage of boys who reported emotional abuse in Andhra Pradesh was more than double that of girls (69.70% as compared to 30.30%), Gujarat showed a reverse trend (30.26% boys as against 69.74% girls). It is noteworthy that similar to the trends of physical abuse and sexual abuse, emotional abuse in the four states, namely, Andhra Pradesh, Assam, Bihar and Delhi is also high.

Of the total number of child respondents, 44.13% reported facing humiliation. Among those humiliated, the percentage of boys was 51.02% and of girls 48.98%.

The analysis of state and gender-wise percentage of children reporting emotional abuse through humiliation revealed that in the states of Andhra Pradesh, Bihar, Delhi and Rajasthan, the percentage

[21] Study on Child Abuse: INDIA 2007; Ministry of Women and Child Development, Government of India – p103-118

of boys facing humiliation was significantly higher than that of girls. This means that boys are generally treated more harshly by being shouted at or spoken rudely to or abusive language used when addressing them. It is noteworthy to mention that often children at workplace, children on the streets and children in institutions are treated very harshly by their employers, caregivers and others. While the percentage of boys and girls from all evidence groups reporting humiliation was almost similar, three out of five evidence groups reported higher percentage of boys facing humiliation as compared to girls. Further, within the evidence groups, the percentage of boys facing humiliation was highest amongst children in institutional care.

State and gender-wise percentage of children reporting emotional abuse through humiliation

STATES	Child in family environment		Children in Schools		Children at Work		Children on the Streets		Children in Institutions		Total	
	% Boys	% Girls	% Boys	% Girls	% Boys	% Girls	% Boys	% Girls	% Boys	% Girls	% Boys	% Girls
Andhra Pradesh	77.78	22.22	68.10	31.90	70.99	29.01	69.57	30.43	69.15	30.85	70.67	29.33
Assam	44.67	55.70	44.25	55.75	48.91	51.09	60.20	39.80	80.60	19.40	51.56	48.44
Bihar	67.96	32.04	73.77	26.23	48.31	51.69	51.40	48.60	54.55	45.45	57.80	42.20
Delhi	71.15	28.85	51.67	48.33	53.15	46.85	52.59	47.41	78.22	21.78	60.42	39.58
Goa	66.67	33.33	36.84	63.16	100.00	-	63.83	36.17	33.33	66.67	44.79	55.21
Gujarat	32.18	67.82	49.15	50.85	34.21	65.79	34.83	65.17	28.30	71.70	35.44	64.56
Kerala	43.28	56.72	43.53	56.47	27.27	72.73	25.00	75.00	44.26	55.74	36.34	63.66
Madhya Pradesh	64.60	35.40	47.75	52.25	50.37	49.63	50.88	49.12	51.95	48.05	53.09	46.91
Maharashtra	48.21	51.79	52.38	47.62	35.04	64.96	55.68	44.32	69.05	30.95	49.28	50.72
Mizoram	65.00	35.00	35.83	64.17	41.67	58.33	100.00	-	73.33	26.67	42.26	57.74
Rajasthan	54.10	45.90	55.56	44.44	79.63	20.37	53.06	46.94	57.14	42.86	58.84	41.16
Uttar Pradesh	44.14	55.86	34.52	65.48	33.33	66.67	53.93	46.07	33.33	66.67	40.81	59.19
West Bengal	44.33	55.67	46.60	53.40	48.86	51.14	39.29	60.71	51.61	48.39	45.87	54.13
Total	**53.53**	**46.47**	**47.99**	**52.01**	**48.40**	**51.60**	**50.67**	**49.33**	**57.75**	**42.25**	**51.02**	**48.98**

Out of the total children reporting humiliation 47.58% children in the age group of 5-12 years reported humiliation. This figure is almost double of that reported by the 13-14 years and the 15-18 years age groups and the trend conforms to that reported earlier for overall abuse. It is important to note that in the overall sample of child respondents, the number of children in the age group of 5-12 years was also high (5662 of 12447 respondents) as compared to other age groups, which might also have bearing on high percentage of abuse amongst children in the age group of 5-12 years. If looked within the age groups, 45.55% children in the age group of 5-12 years reported being humiliated in the family environment, while 42.24% in the age group of 13-14 years and 43.54% in the age group of 15-18 years reported being subjected to humiliation in the family environment.

In a research among stakeholders 58.67% of the stakeholders favoured awareness and education for the abusers. This was followed by 28.65% stakeholders who felt that counselling was important, while almost 13% of them suggested other measures for dealing with those emotionally abusing children. Other measures included strict action by police, social action by community, etc.

Regarding who should be dealing with the cases of emotional abuse, majority of stakeholders (52.06%) felt that the matter should be dealt by the family members. 22.41% of the stakeholders preferred NGOs for dealing with cases of emotional abuse followed by 14.31% who felt that if the

matter has to go out of the family it should be handled at village or community level by the members of the community. This could be indicative of the fact that they do not want the matter to be discussed outside the community. There were 11.23% of stakeholders who suggested other individuals and agencies for dealing with the cases of emotional abuse of children which included law enforcement agencies, teachers, social welfare department, psychologists, religious leaders, etc.

Major Findings:

1. ***Every second child reported facing emotional abuse***
2. ***In 83% of the cases parents were the abusers***.
3. ***Equal percentage of both girls and boys reported facing emotional abuse, among young adults, higher percentage of males reported facing emotional abuse***.
4. ***48.4% of girls wished they were boys***.
5. ***The highest percentage of female young adults facing one or more forms of emotional abuse during childhood was from Delhi (86.67%).***
6. ***44.13% of children reported facing humiliation***.
7. ***In Andhra Pradesh, Bihar, Delhi and Rajasthan, the percentage of boys reporting humiliation was significantly high***.
8. ***Between the evidence groups, the percentage of boys facing humiliation was highest in institutions***.
9. ***20.06% of children reported facing abuse through comparison***.
10. ***Between the evidence groups, the percentage of girls facing comparison was highest among children at work***.
11. ***Among young adults, higher percentage of males reported facing emotional abuse***.

Crime against children

My World India is ranking the issue Protection against crime and violence on number 8.
According to the National Crime report these are the Major numbers of cases of Filed Crimes Committed Against Children in 2012 (only the states with the highest numbers are presented)[22]:

	Total Crimes Committed	*Murder*	*Rape*	*Kidnapping & Abduction*	*Abetment to Suicide*	*Exposure and Abandonment*	*Other crimes*
Totally	**38172**	**1597**	**8541**	**18266**	**144**	**821**	**7411**
Uttar Pradesh	6033	449	1040	4239	57		
Madhya Pradesh	5168	123	1632		19	134	2520
Delhi	4462	39	415	3686		68	241
Maharashtra	3456	201	917	893	13	199	1157
Bihar	2894	128	613	2546			
Andhra Pradesh	2274	105			21		633
Chhattisgarh	1881	61	519		10		978
Rajasthan	1807	52	572	847		172	
West Bengal	1706		285				
Gujarat	1327	60		834		79	
Kerala	1324		455				664
Haryana	1015		276				

[22] National Crime Records Bureau, Ministry of Home Affairs, Government of India (2012): Crime in India 2012 Statistics

Tamil Nadu	1036	89	292				
Karnataka		54					
Punjab			295				

Some older records show the following[23]:

INCIDENCE OF CRIMES COMMITTED AGAINST CHILDREN*						
Sl. No.	Crime Head	Years				% Variation in
		2002	2003	2004	2005	2005 Over 2004
1.	Rape	2532	2949	3542	4026	13.7
2.	Kidnapping & Abduction	2322	2571	3196	3518	10.1
3.	Procurement of Minor Girls	124	171	205	145	29.3
4.	Selling of Girls for Prostitution	5	36	19	50	163.2
5.	Buying of Girls for Prostitution	9	24	21	28	33.3
6.	Abetment of Suicide	24	25	33	43	30.3
7.	Exposure and Abandonment	644	722	715	933	30.5
8.	Infanticide	115	103	102	108	5.9
9.	Foeticide	84	57	86	86	0
10.	Child Marriage Restraint Act	113	63	93	122	31.2
	TOTAL	5972	11633	14423	14975	3.8

** National Crime Records Bureau, Ministry of Home Affairs, Govt. of India (2005): Crime in India*

The above tables indicate that there has been a steep rise in the total number of crimes against children. In 2002, 5972 cases were registered, in 2005 that were already 14975 cases and in 2014 it are 38,172 cases registered. Although the reported number of cases are as presented, media and other reports indicate that the unofficial numbers are much higher.

Highlights Statistic appraisal: Crimes against children [24]:

- ***It is alarming that, in 2011, the Crimes against children reported a 24% increase from the previous year with a total of 33,098 cases of crimes against Children reported in the country during 2011 as compared to 26,694 cases during 2010.***
- ***The State of Uttar Pradesh accounted for 16.6% of total crimes against children at national level in 2011, followed by Madhya Pradesh (13.2%), Delhi (12.8%), Maharashtra (10.2%), Bihar (6.7%) and Andhra Pradesh (6.7%).***
- ***In 2011, among the IPC crimes, an increase of 43% was registered in Kidnapping and Abduction, while rape cases were increased by 30%, Procuration of minor girls recorded an increase of 27% and Foeticide reported an increase of 19% over 2010. In 2011, Buying of girls for Prostitution showed a decline of 65%, and selling of girls for Prostitution reported decline of 13% compared to 2010. Infanticide showed a decline of 37 points during this period.***
- ***The States of Uttar Pradesh and Delhi together accounted for 47.6% kidnapping and abduction of children reported in the Country.***
- ***The States of Madhya Pradesh, Uttar Pradesh and Maharashtra together accounted for 44.5% of the child rape cases reported in the Country in 2011.***
- ***Considering all the Crimes against children, the Crime rate (ratio of number of crimes to population) has marginally increased from 2.3 in 2009 to 2.7 in 2011. The rate was highest***

[23] Study on Child Abuse: INDIA 2007; Ministry of Women and Child Development, Government of India – p8
[24] Social Statistics Division, Central Statistics Office, Ministry of statistics and Programme Implementation, Government of India (2012): Children in India 2012 – A Statistic Appraisal – 'Highlights'

in Delhi (25.4) followed by A & N Islands (20.3), Chandigarh (7) and Chhattisgarh (7), Madhya Pradesh (6) and Goa (5.1).

- ***The average charge sheeting rate for all the Crimes against children was 82.5% in 2011, which was the same in 2010 as well. The highest charge sheet rate was observed in cases under 'Buying of girls for prostitution' (100%) followed by 'Rape' (97.3%) in comparison to the prevailing national level charge sheeting rate of 78.8% for the IPC Crimes and 93% for SLL Crimes. The lowest charge sheet rate was found in cases of 'Foeticide'***.
- ***The Conviction rate at national level for the crimes committed against children stood at 34.6%. The conviction rate for 'infanticide (other than murder)' was highest at 46.9% followed by cases under 'murder' (45.5%)***.

Laws and Regulations

Instruments and standards for protection of Child Rights[25]

The Constitution of India recognizes the vulnerable position of children and their right to protection. Article 15, about protective discrimination, guarantees special attention to children through necessary and special laws and policies that safeguard their rights. The right to equality, protection of life and personal liberty and the right against exploitation are included in the articles 14, 15, 15(3), 19(1) (a), 21, 21(A), 23, 24, 39(e) 39(f) and show India's commitment to the protection, safety, security and well-being of all its people, including children.

- Three important International Instruments for the protection of Child Rights that India is signatory to, are: Convention on the Rights of the Child (CRC), Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and the SAARC Convention on Prevention and Combating Trafficking in Women and Children for Prostitution.

The Fundamental Rights and Directive Principles of the Indian Constitution provide the framework for child rights. Several laws and national policies have been framed to implement the commitment to child rights.

National policies[26]*:*

The major policies and legislations formulated in the country to ensure child rights and improvement in their status include:

- National Policy for Children, 1974
- National Policy on Education, 1986
- National Policy on Child Labour, 1987
- National Nutrition Policy, 1993
- Report of the Committee on Prostitution, Child Prostitutes and Children of Prostitutes and Plan of Action to Combat Trafficking and Commercial Sexual Exploitation of Women and Children, 1998
- National Health Policy, 2002
- National Charter for Children, 2004
- National Plan of Action for Children, 2005

[25] Listed and explained to the point in: Study on Child Abuse: INDIA 2007; Ministry of Women and Child Development, Government of India – Chapter III 'Instruments and standards for protection of Child Rights' p21-32
[26] Study on Child Abuse: INDIA 2007; Ministry of Women and Child Development, Government of India – p24-25

National Charter for Children, 2004

Underlying the National Charter for Children 2004, is the intent to secure for every child the right to a healthy and happy childhood, to address the root causes that negate the healthy growth and development of children, and to awaken the conscience of the community in the wider social context to protect children from all forms of abuse, while strengthening the family, society and the nation. This Charter has the following sections on child protection:

- Survival, life and liberty;
- Protection from economic exploitation and all forms of abuse;
- Protection of the girl child;
- Care, protection, welfare of children of marginalised and disadvantaged communities;
- Ensuring child-friendly procedures.

National Plan of Action for Children (NPAC), 2005

The National Plan of Action for Children was formulated by the then Department of Women and Child Development (now MWCD) in 2005. The Plan is being monitored by the Prime Minister's Office. The Action Plan aims at ensuring all rights to children up to the age of 18 years. It affirms the government's commitment towards ensuring all measures for the survival, growth, development and protection of all children. It also aims at creating an enabling environment to ensure protection of child rights. States are being encouraged to formulate State Plans of Action for Children in line with NPAC. The National Plan has identified several key priority areas that include children's right to survival, development, protection and participation besides monitoring and review of policies and programmes. The NPAC also stresses the need for budgetary allocations to achieve child protection goals.

The Guiding Principles of the NPAC 2005:

- To regard the child as an asset and a person with human rights
- To address issues of discrimination emanating from biases of gender, class, caste, race, religion and legal status in order to ensure equality
- To accord utmost priority to the most disadvantaged, poorest of the poor and the least served child in all policy and programme interventions
- To recognize the diverse stages and settings of childhood, and address the needs of each, providing all children the entitlements that fulfil their rights and meet their needs in each situation.

National legislations[27]

National legislations for protection of child rights in the country are:

- Protection of Children from Sexual Offences (POCSO) Act 2012
- Guardian and Wards Act, 1890
- Factories Act ,1954
- Hindu Adoption and Maintenance Act, 1956
- Probation of Offenders Act, 1958
- Bombay Prevention of Begging Act, 1959
- Orphanages and Other Charitable Homes (Supervision and Control) Act, 1960
- Bonded Labour System (Abolition) Act, 1976
- Immoral Traffic Prevention Act, 1986
- Child Labour (Prohibition and Regulation) Act,1986

[27] Study on Child Abuse: INDIA 2007; Ministry of Women and Child Development, Government of India – p25-29

- Prevention of Illicit Traffic in Narcotic Drugs and Psychotropic Substances Act, 1987
- Pre-natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act, 1994
- Persons with Disabilities (Equal Protection of Rights and Full Participation) Act, 2000
- Juvenile Justice (Care and Protection of Children) Act, 2000
- Commission for Protection of the Rights of the Child Act, 2005
- Prohibition of Child Marriage Act 2006

Some of the important legislations are discussed below. Under each Act relevant sections have been enumerated:

Protection of Children from Sexual Offences (POCSO) Act 2012

The Protection of Children from Sexual Offences Act (POCSO Act) 2012 was formulated in order to effectively address sexual abuse and sexual exploitation of children.

The Act defines a child as any person below eighteen years of age. It defines different forms of sexual abuse, including penetrative and non-penetrative assault, as well as sexual harassment and pornography. It deems a sexual assault to be "aggravated" under certain circumstances, such as when the abused child is mentally ill or when the abuse is committed by a person in a position of trust or authority like a family member, police officer, teacher, or doctor. The Act also casts the police in the role of child protectors during the investigative process. Thus, the police personnel receiving a report of sexual abuse of a child are given the responsibility of making urgent arrangements for the care and protection of the child, such as obtaining emergency medical treatment for the child and placing the child in a shelter home, and bringing the matter in front of the CWC, should the need arise.

The Act further makes provisions for avoiding the re-victimisation of the child at the hands of the judicial system. It provides for special courts that conduct the trial in-camera and without revealing the identity of the child, in a manner that is as child-friendly as possible. Hence, the child may have a parent or other trusted person present at the time of testifying and can call for assistance from an interpreter, special educator, or other professional while giving evidence. Above all, the Act stipulates that a case of child sexual abuse must be disposed of within one year from the date the offence is reported.

The Act also provides for mandatory reporting of sexual offences. This casts a legal duty upon a person who has knowledge that a child has been sexually abused to report the offence; if he fails to do so, he may be punished with six months' imprisonment and/ or a fine.

The Indian Penal Code

a) Foeticide (Sections 315 and 316)

b) Infanticide (Section 315)

c) Abetment of Suicide: Abetment to commit suicide of minor (Section 305)

d) Exposure and Abandonment: Crime against children by parents or others to expose or to leave them with the intention of abandonment (Section 317)

e) Kidnapping and Abduction:

- Kidnapping for extortion (Section 360)
- Kidnapping from lawful guardianship (Section 361)
- Kidnapping for ransom (Section 363 read with Section 384),
- Kidnapping for camel racing etc. (Section 363)
- Kidnapping for begging (Section 363-A)
- Kidnapping to compel for marriage (Section 366)

- Kidnapping for slavery etc. (Section 367)
- Kidnapping for stealing from its person: under 10 years of age only (Section 369)

f) Procurement of minor girls by inducement or by force to seduce or have illicit intercourse (Section 366-A)
g) Selling of girls for prostitution (Section 372)
h) Buying of girls for prostitution (Section 373)
i) Rape (Section 376)
j) Unnatural Sex (Section 377).

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

The Juvenile Justice (Care and Protection of Children) Act, 2000 is a comprehensive legislation that provides for proper care, protection and treatment of children in conflict with law and children in need of care and protection by catering to their development needs, and by adopting a child friendly approach in the adjudication and disposition of matters in the best interest of children and for their ultimate rehabilitation through various institutions established under the Act. It conforms to the UN Convention on the Rights of the Child, the UN Standard Minimum Rules for the Administration of Juvenile Justice (The Beijing Rules) 1985, the UN Rules for the Protection of Juveniles Deprived of their Liberty and all other relevant national and international instruments.

It prescribes a uniform age of 18 years, below which both boys and girls are to be treated as children. A clear distinction has been made in this Act between the juvenile offender and the neglected child. It also aims to offer a juvenile or a child increased access to justice by establishing Juvenile Justice Boards and Child Welfare Committees. The Act has laid special emphasis on rehabilitation and social integration of the children and has provided for institutional and non-institutional measures for care and protection of children. The non-institutional alternatives include adoption, foster care, sponsorship, and after care.

The following sections of the Act deal with child abuse:

Section 23: Punishment for cruelty to juvenile or child: The Act provides for punishment (imprisonment up to six months) if a person having the actual charge of, or control over, a juvenile or the child, assaults, abandons, exposes or willfully neglects him/her, causes or procures him/her to be assaulted, abandoned, exposed or neglected in any manner likely to cause such juvenile/child unnecessary mental or physical suffering.

Section 24: Employment of Juvenile or Child for Begging: The Act provides for punishment (imprisonment for a term which may extend to 3 years and fine) if a person employs or uses any juvenile/child for the purpose or causes any juvenile to beg.

Section 26: Exploitation of Juvenile or Child Employee: The Act provides for punishment (imprisonment for a term which may extend to 3 years and fine) if a person ostensibly procures a juvenile/child for the purpose of any hazardous employment, keeps him in bondage and withholds his earnings or uses such earning for his own purposes.

The Commissions for the Protection of Child Rights Act, 2005

The Act provides for the Constitution of a National and State Commissions for protection of Child Rights in every State and Union Territory. The functions and powers of the National and State Commissions will be to:

- Examine and review the legal safeguards provided by or under any law for the protection of child rights and recommend measures for their effective implementation;
- Prepare and present annual and periodic reports upon the working of these safeguards;
- Inquire into violations of child rights and recommend initiation of proceedings where necessary;
- Undertake periodic review of policies, programmes and other activities related to child rights in reference to the treaties and other international instruments;
- Spread awareness about child rights among various sections of society;
- Children's Courts for speedy trial of offences against children or of violation of Child Rights;
- State Governments and UT Administrations to appoint a Special Public Prosecutor for every Children's Court.

Apart from these laws mainly concerning children, there are a host of related social legislations and criminal laws which have some beneficial provisions for the care, protection and rehabilitation of children. The laws relating to commerce, industry and trade have some provisions for children, but they hardly provide any protection or cater to their developmental needs.

Despite the above mentioned legislations, there are still major gaps in the legal provisions relating to child abuse in myriad situations, particularly in cases of trafficking, sexual and forced labour, child pornography, sex tourism and sexual assault on male children. The Ministry of Women and Child Development is therefore formulating a comprehensive legislation on Offences against Children.

Among them is the National Plan of Action for children (NPAC), 2005, where the states are encouraged to formulate State Plans of Action for Children in line with NPAC. The National Plan has identified several key priority areas that include children's right to survival, development, protection and participation besides monitoring and review of policies and programmes. The NPAC also stresses the need for budgetary allocations to achieve child protection goals.

The Juvenile Justice (Care and Protection of Children) Act, 2000 is a comprehensive legislation that provides for proper care, protection and treatment of children in conflict with law and children in need of care and protection by catering to their development needs, and by adopting a child friendly approach in the adjudication and disposition of matters in the best interest of children and for their ultimate rehabilitation through various institutions established under the Act.

CHILDLINE Service for children in distress, especially children in need of care and protection so as to provide them medical services, shelter, rescue from abuse, counselling, repatriation and rehabilitation. Under this initiative, a telephone helpline, number 1098, runs in 74 urban and semi-urban centres in the country[28].

The Integrated Child protection Scheme[29]: The Ministry of Women and Child Development views 'Child Protection' as an essential component of the country's strategy to place 'Development of the child at the centre of the Eleventh Plan'. The Integrated Child Protection Scheme (ICPS) is, therefore, proposed by the Ministry of Women and Child Development as a centrally sponsored scheme to address the issue of child protection and build a protective environment for children through Government-Civil Society Partnership.

With the ICPS the aim is to:

- Integrate the Child Protection into the Millennium Development Goals, because they are closely linked to these goals, but not seen or overlooked.

[28] Study on Child Abuse: INDIA 2007; Ministry of Women and Child Development, Government of India – p30
[29] Study on Child Abuse: INDIA 2007; Ministry of Women and Child Development, Government of India – p31

Most existing mechanisms on child protection cater to post-harm situations. Preventive measures to reduce vulnerability of children and their families and to prevent children from falling out of the protective net are completely lacking in both the approach to child protection as well as programmatic intervention.

Response

The gravity of the situation demands that the issue of child abuse be placed on the national agenda. The Ministry on its part has taken measures such as the enabling legislation to establish the National and State Commissions for Protection of Rights of the Child, the Integrated Child Protection Scheme, the draft Offences against Children Bill etc.. These are a few important steps to ensure protection of children of the country. According to the Ministry of Woman and Child Development in their study on Child Abuse (2007) [30], this will not be enough, the government, civil society and communities need to complement each other and work towards creating protective environment for children. The momentum gained needs to enhance further discussion on the issue amongst all stakeholders and be translated into a movement to ensure protection of children of this country.

Child abuse or Child protection is not a direct MDG but "Child protection is also closely linked to the achievement of the Millennium Development Goals (MDGs) and policy makers have failed to see this connection or chosen to overlook it"[31].

The Government of India is addressing the protection rights of children in India within the framework of the MDGs which India has committed to achieve by 2015. The Mid-Term appraisal report on the 10th Plan found that India is far from achieving the MDGs as the outcomes on most of the goals were off-track in 2005[32].

Response from different angles:

Different (child) development organisations have a focus on protection of children. For example World Vision Goal 5: Mobilise shared action for rights of vulnerable children. And Unicef is having a whole campaign with documentaries to stop violence against children[33].

In the media Amir Khan focuses on more humility issues. In his program documentary: Satyamev Jayate: he spend a whole documentary on Child Sexual Abuse[34]

Rajeev Chandrasekhar

Rajeev Chandrasekhar (Independent MP in Rajya Sabha, the upper house of the Parliament of India, representing Karnataka and Bangalore), demanded the state Karnataka of making school managements responsible for the safety of children on campus by introducing the new Child Protection Policy for the state.

This new policy is an acknowledgement by the state government of the grave importance of issues related to Child Safety. Over the last year Rajeev has made pointed & persistent demands of the government on Child Safety. This has included urging the Union Government to bring school managements under the ambit of the POCSO-Act. The POCSO Act (Protection of Children from

[30] Study on Child Abuse: INDIA 2007; Ministry of Women and Child Development, Government of India
[31] Study on Child Abuse: INDIA 2007; Ministry of Women and Child Development, Government of India – p31
[32] Study on Child Abuse: INDIA 2007; Ministry of Women and Child Development, Government of India – p24
[33] http://www.unicef.org/endviolence/
[34] Satyamev Jayate Child Sexual Abuse - 13th May 2012 by Amir Khan; https://www.youtube.com/watch?v=w66CQ7kfrDM&list=PL1ADAD5A32BAD41D6

Sexual Offences Act, 2012) protects children from offence of sexual assault, sexual harassment and pornography and provide for establishment of Special Courts for train of such offences and for matters connected therewith or incidental thereto.

As reported incidents of child abuse in schools continued to surface, Rajeev repeatedly urged the Karnataka Government to take immediate action to make all schools accountable & had recommended steps to make the city safe for children[35].

Under the New "Child Protection Policy for Safe Schooling in Karnataka" approved by the Karnataka Cabinet, Child Protection Committees are to be set up at every school level. In addition, the policy holds principals and teachers of an institution responsible in cases of sexual assault of children and directs schools to appoint Child Protection Officers. Furthermore, it instructs government departments responsible for the education and development of children to supervise implementation of these measures.

Nobel Prize Kailash Satyarthi 2014

Kailash Satyarthi of India and Malala Yousafzai from Pakistan on 10th December 2014 received the Nobel Peace Prize for 2014 for their pioneering work on promoting child rights in the subcontinent, as they made an impassioned plea to globalise compassion. Mr. Satyarthi, who gave up his job as an electrical engineer to run an NGO for rescuing children from forced labour and trafficking, said: "I refuse to accept that the world is so poor, when just one week of global military expenditure is enough to bring all of our children into classrooms."

Possibilities for Child Protection

All children have the right to live in safety and dignity in a protective and nurturing environment, both at home and in the community. This is possible by creating awareness of their rights, especially their right to protection, in parents and other stakeholders, putting in place laws to punish those who abuse and exploit children and taking appropriate action to strengthen accountability on the part of government and nongovernment agencies and the civil society.

Child protection is a shared responsibility, and for any intervention to be effective, there should be a synergy between efforts being made by different stakeholders to address the issues. There is a need to create a mechanism that will make such a synergy possible. These may include child protection mechanisms at village, block, district and state levels which involve parents, elected representatives of urban and rural local bodies, teachers, anganwadi workers, medical practitioners, police and social workers and responsible members of public among others.

The media can be used to spread awareness on child rights. Debates and discussions with participation of children can be a regular feature on electronic media in order to enhance people's knowledge and sensitivity on child protection issues.

[35] http://on.fb.me/1wjl83l

1.2 Discrimination & Cultural Practices

1.2.1 Dalit and other social groups' social exclusion

Savitri's family is not well off, but when she dropped out of school in Viraatnagar (Rajasthan, India), it was not due to poverty, but discrimination. "The moment I enter the room in school, the other children make faces. They start singing, 'Bhangi aayee hai, aayee hai, bhangi aayee hai' (The bhangi has come)." The words of the song are foul and insulting. Savitri is from a family of scavengers, a group that is among the most vulnerable within Dalits. The official label for them is "bhangi". Many scavengers are close to the bottom of the social ladder and caste stratification; even other Scheduled Castes (SC) practise untouchability towards them. Women scavengers cleaning dry latrines tend to draw their pallu (scarf) over the noses and grip it in their teeth. That offers them some protection in their unsanitary work. The children at the school mimic this when Savitri enters. They bite a side of their collar, screw up their noses and cover their faces with a hanky. "I would start crying, but it didn't matter to them," says Savitri.

What about the teacher? Didn't he do anything?

"The teacher? How is he different? We had to sit at the back of the class; near the door where everyone's shoes were kept. We were never allowed to sit on the pattis the rest of the students use. Even other SC children humiliated us. There were two or three of us…girls. When it became too much, we quit."[36, 37]

The Dalit population constitutes India's most vulnerable group, estimated at 138 million people. Dalits are also referred to sometimes as Scheduled Castes (SCs) after a schedule drawn up by the Government of India, and are placed at the bottom of the social and economic hierarchy of the caste system[38]. The SCs constitute about 17% of India's population as per the Census 2001, and almost 80% live in the rural areas spread all over the country[39].

Due to their place within the caste system, this group has suffered discrimination and exclusion in all its dimensions for centuries. This group has been historically deprived access and entitlements not only to economic rights but also to social needs such as education, health and housing. Discrimination and exclusion in access to sources of income (land, capital and education) has led to high levels of economic deprivation and poverty among SCs.

Empirical evidence indicates that children from the SCs social group suffer from exclusion and discrimination as well in terms of education and access to health services. A child's wellbeing with respect to her health, nutrition and education is a consequence of complex interactions of multiple determinants. With respect to health and nutrition, 'dietary intake and infection'[40] are some crucial determinants. These two, in turn, are governed by the level of food security in the household, access

[36] P. Sainath, "This is the way they go to school", The Hindu Magazine, 28 November 1999
[37] Asian Centre for Human Rights (2003) The status of Children in India; An alternate report to the United Nations Committee on the Rights of the Child on India's first periodic report
[38] Action aid (2000), Untouchability in rural India, (by Shah et.al) Ongoing study
[39] Indian Institute of Dalit Studies (2009), Dalit Children in Rural India: Issues Related to Exclusion and Deprivation, p1-3
[40] Duraisamy, Malathy (2000), 'Child Schooling and Child Work in India', Paper presented for the Programme of Research on Human Development., NCAERUNDP, Delhi, December.

to health resources and the adoption of 'appropriate child care behaviour'[41]. One of the basic aspects that govern the level of households' food security is the economic capacity of the household.

However, in India, the position of a family within the social/caste hierarchy also determines its access to capital assets, income, employment, education and health services. In the present time, "caste-based customary laws relating to property rights, employment, wage, education has been replaced by a more egalitarian legal framework, under which the untouchables have an equal access. However, despite this change in property rights the access of untouchables to the income earning assets, such as agricultural land and other capital assets has not improved much"[42].

Inequality and Social Exclusion Faced by Dalit Children[43]

Discussion in the preceding section provides empirical evidence on caste- based exclusion and discrimination faced by Dalit Children in multiple realms of the Indian society. The evidence revealed significant disparities across social groups in the level of deprivation in terms of poverty and its factors like access to capital assets, employment, wage earnings and education as estimate in the year 2000. Dalits were the disadvantageous group in each factor that determines the level of poverty. For instance, access to capital assets like land is particularly low among the SCs due to their traditional exclusion from ownership of property. This feature in turn determines the 'kind' of occupation that is pursued: limited access to fixed capital assets for this social group has led to an exceptionally high dependence on manual wage labour for their source of income.

Moreover, SCs also suffers from high rate of under-employment and low wage earnings; hence the cumulative impact of these handicaps is reflected in high degree of poverty. Historically, Dalits have also faced restrictions in attaining education which is reflected in their low literacy rates and level of education. Low level of human capital among the SCs affects their capacity to participate in better economic activities such as regular salaried jobs and leads to dependence on irregular daily wage employment. Empirical evidence indicates that children from the SCs social group suffer from exclusion and discrimination in terms of education, incidence of child labour, good health and access to health services.

Education

The right to education and training[44]

The right to education free from discrimination is not secured for Dalit children. 99% of Dalit students are enrolled in government schools that lack basic infrastructure, classrooms, teachers, and teaching aids. Dalit children face continued hurdles and abuse from teachers and fellow non-Dalit students, including through segregation both in classrooms and in the provision of mid-day meals. Dalit schoolchildren also face discrimination and discouragement from higher-caste community members who perceive education for Dalit's as both a waste and a threat. Their hostility toward Dalit's' education— which includes discrimination against Dalit teachers—is linked to the perception that Dalit's are not meant to be educated, are incapable of being educated, or if educated, would

[41] http://www.unicef.org/eapro/Strategy_to_reduce_maternal_and_child_undernutrition.pdf
[42] http://www.who.int/water_sanitation_health/dwq/gdwq3_2.pdf
[43] Indian Institute of Dalit Studies (2009), Dalit Children in Rural India: Issues Related to Exclusion and Deprivation, p1-2
[44] Centre for Human rights and Global Justice (2007): India, Hidden Apartheid; Caste Discrimination against India's "Untouchables", Shadow Report to the UN Committee on the Elimination of Racial Discrimination; p13-14

pose a threat to village hierarchies and power relations. Additionally, Dalit children are often subjected to corporal punishment by their teachers. As the Special Rapporteur on the right to education noted in his report before the 67th session of the then-Commission on Human Rights (CHR), "teachers have been known to declare that Dalit pupils 'cannot learn unless they are beaten.'" Dalit's' labour patterns (migratory and child labour) also adversely affect access to education. A combination of these factors results in low enrolment, high drop-out rates, and low literacy rates of Dalit students.

Dalits' right to education and training[45]

Dalit children face considerable hardships in schools, including discrimination, discouragement, exclusion, alienation, physical and psychological abuse, and even segregation, from both their teachers and their fellow students. CERD has also noted the effects of this type of disparagement in stating "that the degree to which acts of racial discrimination and racial insults damage the injured party's perception of his/her own worth and reputation is often underestimated." Caste discrimination persists even in institutions of higher education. Dalit children's right to education is further eroded by their poverty and the generational repetition of under-education. A majority of Dalit children must work to help ensure their families' economic survival. In addition their parents are far more likely to be illiterate.

While the Constitution requires free and compulsory education for all children until age 14, the right to education free from discrimination is not secured for Dalit children. 99% of Dalit students are enrolled in government schools with substandard facilities that lack basic infrastructure, classrooms, teachers, and teaching aids. Dalit schoolchildren also face discrimination and discouragement from higher-caste community members who perceive education for Dalits as both a waste and a threat. Their hostility toward Dalits' education—which includes discrimination against Dalit teachers—is linked to the perception that Dalits are not meant to be educated, are incapable of being educated, or if educated, would pose a threat to village hierarchies and power relations.

Discrimination in Higher Education[46]

Caste bias erodes Dalit students' right to education even in institutions of higher education. In September 2006 allegations of caste-based discrimination and intimidations surfaced at the All-India Institute of Medical Sciences, India's premier medical institute. In written complaints submitted to the director of the Institute, two first-year Dalit students complained of casteist remarks and various forms of harassment and intimidation from senior upper-caste students. The complaints were accompanied by a memorandum signed by 40 students, recounting similar incidents of harassment and intimidation. Similarly, Dalit doctors at the Guru Teg Bahadur Hospital have written about a "biased attitude towards reserved category junior residents." The incidents of caste-based discrimination in institutions of higher learning are illustrative of the depth and breadth of anti-Dalit sentiment in education, and show that such biases transcend the rural/urban divide and affect the entirety of the education system, from elementary schools to universities.

[45] Centre for Human rights and Global Justice (2007): India, Hidden Apartheid; Caste Discrimination against India's "Untouchables", Shadow Report to the UN Committee on the Elimination of Racial Discrimination; p94
[46] Centre for Human rights and Global Justice (2007): India, Hidden Apartheid; Caste Discrimination against India's "Untouchables", Shadow Report to the UN Committee on the Elimination of Racial Discrimination; p98

Segregation in classrooms and discrimination by teachers[47]

Segregation in schools undermines Dalit children's right to education free from discrimination as guaranteed by Article 5(d)(v) of ICERD .

Dalit children's right to education free from discrimination is constantly undermined by the treatment they receive at school. Teachers maintain and impart discriminatory attitudes in their classrooms, forcing children to sit in the back of the room, segregating Dalit children from non-Dalits during lunchtime, forbidding non-Dalit children from sitting next to Dalit children or touching their plates (see Section VIII(F)(1)(c)), expressly limiting Dalit student participation in class, requiring Dalit children to take on additional custodial duties, subjecting them to verbal abuse, and grading them with unjustifiably low marks.

Even Dalit teachers may be segregated from non-Dalit teachers in accessing food and water during lunchtime (see Section VIII(E)(5)(a)) [48]. Segregation encourages high drop-out rates among Dalits and perpetuates "untouchability" practices by teaching non- Dalit children that "untouchability" is both an acceptable and necessary practice. This segregation is particularly evident in the Mid-Day Meal Scheme.

The Mid-Day Meal Scheme was initiated following a Supreme Court order as a means of addressing hunger and malnutrition among schoolchildren. However, according to a study conducted by the Indian Institute of Dalit Studies, the states of Uttar Pradesh and Bihar—where a third of India's Dalit's live—have refused to implement the program. Programs have also been closed because of upper-caste community opposition; upper castes have also opposed the hiring of Dalit cooks for the program. Where the program is in place, Dalit students' access to food has been restricted. In many places, the program has been organized in a higher-caste locality, away from the Dalit locality. In two locales in Tamil Nadu, the meals are provided in a temple, "raising immediate questions of exclusion for Dalit children, who are generally forbidden entry into temples, as well as for other non-Hindu children." In October 2006 an article in the Indian Express quoted a primary school student, Shailesh Solanki, as follows: "We are not allowed to sit with children of the other castes. We are always asked to sit separately. This is done every time we are served food at noon. Even the food served to us is less in quantity." Objections to the segregation of Dalit students in the mid-day meal program have been dealt with punitively. For example, in December 2003, a school district in Gujarat transferred seven Dalit teachers out of the district for objecting to this segregation.

Additionally, Dalit children are often subjected to corporal punishment by their teachers. As the Special Rapporteur on the right to education noted in his report before the 67th session of the then-Commission on Human Rights, "teachers have been known to declare that Dalit pupils 'cannot learn unless they are beaten.'" These practices serve to discourage and alienate Dalit children, contributing to their high drop-out rates. Even more perniciously such practices serve to instill and reinforce Dalit children's sense of inferiority, erode their sense of personal dignity and force them to internalize caste distinctions.

[47] Centre for Human rights and Global Justice (2007): India, Hidden Apartheid; Caste Discrimination against India's "Untouchables", Shadow Report to the UN Committee on the Elimination of Racial Discrimination; p95-96
[48] Centre for Human rights and Global Justice (2007): India, Hidden Apartheid; Caste Discrimination against India's "Untouchables", Shadow Report to the UN Committee on the Elimination of Racial Discrimination; p46

Low enrolment and high drop-out rates of Dalit students[49]

As a result of their discriminatory treatment, large numbers of Dalit children drop out of school, especially in the early elementary stages. Though the Committee has made clear that States Parties should "[r]educe school drop-out rates for children of all communities, in particular for children of affected communities, with special attention to the situation of girls," the statistics for the enrolment of Dalit children, especially girls, are a cause for distress. According to the 2002 India Education Report, school attendance in rural areas in 1993-1994 was 64.3% for Dalit boys and 46.2% for Dalit girls, compared to 74.9% among boys and 61% for girls from other social groups. According to a 2001-2002 report prepared by the Indian government, "the drop-out rate in Scheduled Castes during 1990-91 was as high as 49.35% at primary stage and 67.77% at middle stage and 77.65% at secondary stage." The statistics for higher education are no less alarming—the same government report states that enrolment of Dalit students at graduate, post-graduate and professional/research/PhD levels is "abysmally low," at 8.73%, 8%, and 2.77% respectively.

Discrimination in schools and the resulting drop-out rates for Dalit children are intimately linked to child labour. A social worker in Karnataka told Human Rights Watch: "A child will say to his or her parents, 'The teacher told me not to come tomorrow, that I am no good for studying.' Instead of asking why the teacher has said this, the parents will send the child to work."

Low literacy rates for Dalits[50]

Low literacy rates for the Dalit population are a clear indication of the ways in which the school system fails Dalit children. The 2001 population census shows that the literacy rate among Dalits is 54.70% compared to 68.81% among others. Illiteracy in turn results in a lack of gainful employment options for Dalits.

In education, SCs have suffered from exclusion and discrimination which has resulted in wide gaps in literacy rates and level of education between them and the 'others'. (ST - Scheduled Tribes; SC – Scheduled Castes; OBC – Other Backward Castes) [51].

Table VIIA: Literacy Rates and Level of Education by Social Groups-1999/2000

Literacy Level	ST		SC		OBC		Others	
	Male	Female	Male	Female	Male	Female	Male	Female
Illiterate	52.30	77.10	47.50	75.50	47.50	67.50	24.00	50.60
Literate upto Primary	23.90	13.30	25.00	13.50	27.10	16.90	26.10	22.40
Middle	12.90	5.40	14.80	6.80	18.10	9.20	21.20	13.80
Secondary	6.00	2.40	7.30	7.30	10.30	4.30	15.20	8.20
Higher Secondary	3.4	1.3	3.3	1	4.6	1.5	7.5	3.3
Graduate and Above	5.1	0.3	2	0.4	2.4	0.7	5.9	1.7

Source: Employment and Unemployment Situation among Social Groups in India, NSS 55th Round, 1999-2000

Data in Table VII A indicates that in 2000, literacy rates among the male SCs was 52% compared to 76% among the 'others' social group. The literacy rates were particularly low among the females (24%), two times less as compared to women from 'other' social group. The general level of

[49] Centre for Human rights and Global Justice (2007): India, Hidden Apartheid; Caste Discrimination against India's "Untouchables", Shadow Report to the UN Committee on the Elimination of Racial Discrimination; p96-97
[50] Centre for Human rights and Global Justice (2007): India, Hidden Apartheid; Caste Discrimination against India's "Untouchables", Shadow Report to the UN Committee on the Elimination of Racial Discrimination; p97
[51] Indian Institute of Dalit Studies (2009), Dalit Children in Rural India: Issues Related to Exclusion and Deprivation, p4

education is also lower among the SCs as compared to 'others'. For instance, in 2000, among the SCs the proportion of illiterate and literate up to primary level together constitute 73% and only one-third of them possess education beyond the middle school level.

Further, 15% of the SCs were educated up to middle level while this proportion was higher (21%) for the 'others'. Similarly, as we go up the education ladder, at each level, the percentage of educated among the SCs is lower as compared to the non-SCs/STs Table VII A. Additionally, it is also observed that the disparity between SCs and others in the educational background is the highest at the higher level of education. The low education level among the SCs obviously affects their capacity to participate in better economic activities such as regular salaried jobs[52].

(Child) Labour

Dalit children are also vulnerable to child labour in these and other areas[53]. Dalit's are also discriminated against in hiring and in the payment of wages by private employers. Dalit's' attempts to enforce their rights are met with retaliatory violence and social and economic.

Labour patterns (migratory and child labour) affect Dalits' access to education[54]

Migratory labour serves as a hindrance to education in that it prevents Dalit children from being able to continuously attend school and, ultimately, from being able to advance with their class (once students miss 18 days, they are no longer allowed to advance in the same grade). Dalit parents generally take their children with them while searching for labour, and older boys and girls are expected to either work alongside their parents or stay at home to care for younger siblings. Though the attendant problems of migratory work are visited on non-Dalit agricultural workers as well, they are especially pervasive among Dalits, who are overwhelmingly landless and engaged in agricultural work, and thus uniquely susceptible to forces that push them into migrant labour.

Rights to work, to free choice of employment, to just and favourable conditions of work, to protection against unemployment, to equal pay for equal work, to just and favourable remuneration[55]

The denial of the right to work and free choice of employment lies at the very heart of the caste system. Dalit's are forced to work in "polluting" and degrading occupations such as manual scavenging and are subject to exploitative labour arrangements such as bonded labour, migratory labour, and forced prostitution. Dalit children are vulnerable to trafficking and the worst forms of child labour in these and other areas. Dalit's are also discriminated against in hiring and in the payment of wages by private employers. Dalit's' attempts to enforce their rights are met with retaliatory violence and social and economic boycotts. Laws designed to eradicate exploitative labour arrangements—such as the Employment of Manual Scavengers and Construction of Dry Latrines (Prohibition) Act, 1993, the Bonded Labour System (Abolition) Act, 1976, the Inter State Migrant Workmen (Regulation of Employment and Service Conditions) Act, 1979, the Child Labour (Prohibition and Regulation) Act, 1986, the Minimum Wages Act, 1948, the Equal Remuneration Act,

[52] Hirway and Mahadevia (2004), Gujarat Human Development Report, 2004. M.G. Labour Institute, Ahmedabad
[53] Centre for Human rights and Global Justice (2007): India, Hidden Apartheid; Caste Discrimination against India's "Untouchables", Shadow Report to the UN Committee on the Elimination of Racial Discrimination; p82
[54] Centre for Human rights and Global Justice (2007): India, Hidden Apartheid; Caste Discrimination against India's "Untouchables", Shadow Report to the UN Committee on the Elimination of Racial Discrimination; p97-98
[55] Centre for Human rights and Global Justice (2007): India, Hidden Apartheid; Caste Discrimination against India's "Untouchables", Shadow Report to the UN Committee on the Elimination of Racial Discrimination; p12-13

1976, and the Karnataka Devadasi (Prohibition of Dedication) Act, 1992—and where relevant, their accompanying rehabilitation programs, are largely ineffective.

On the basis of this information, we respectfully request that the following issue be raised with the State Party: Outline how India plans to ensure effective eradication of exploitative labour arrangements and the effective implementation of rehabilitation schemes for Dalit bonded and child labourers, manual scavengers, and Devadasis.

Child Labour and Dalit Children

While a survey conducted by India's National Sample Survey Organization between 1999 and 2000 calculated 10.4 million working children, unofficial estimates reach 100 million[56]. A majority of these children are Dalits[57]. Dalit children are more likely to end up as child labourers due to their extreme poverty, the discrimination they face in schools[58], and the need to support their families, including after episodes of violence in which their families' economic assets have been destroyed[59].

A number of factors make Dalit children especially vulnerable to the types and effects of exploitative labour described above. For instance, migratory labour is especially pervasive amongst Dalit's, and children are often expected to work alongside their parents in day-labour jobs[60]. Dalit children also perform bonded labour. Fourteen-year-old Ashish M. working in the silk industry told Human Rights Watch that he could not leave his loom owner because he was paying off an advance, which in two years he had reduced from ₹2,500 (U.S.$25) to ₹475 (US$9.90). "The owner pays, but deducts for the advance," he said. "He deducts but won't write off the whole advance…We only make enough to eat."[61] Dalit children, and girls in particular, are also exposed to the risks associated with manual scavenging both because of the hereditary nature of the work, and because they often must step in to assist their parents with their jobs[62]. The health risks for child manual scavengers are manifest. Health risks are also endemic to the practice of Devadasis which is directed at the prostitution of Dalit girls.

While child labour laws (in particular the Child Labour (Prohibition and Regulation) Act, 1986) are generally not sufficiently enforced, Dalit children remain especially vulnerable to bonded and other exploitative labour arrangements. The NHRC has found that, at least in Andhra Pradesh, there is a lack of credible efforts by political leadership to ensure exemplary punishment of employers who use child labour[63]. This lack of accountability results from a number of factors, including the fact that upper-caste community members dominate local political bodies, the police and the judiciary, bonded labour vigilance committees, and child labour committees responsible for enforcing relevant laws[64]. Apathy and corruption also contribute to a denial of the problem by many government officials[65]. In

[56] NHRC Report, Section V, p.72
[57] NCDHR Response to the Special Rapporteur's Questionnaire, p. 12. In the Bellary district, Karnataka, for example, 70 to 80% of the child labour population in iron ore and granite mines are Dalits. NCDHR Response to the Special Rapporteur's Questionnaire, p. 13.
[58] Human Rights Watch, Small Change, p. 43
[59] Child labour, especially in domestic and hotel work, also increases following upper-caste raids on Dalit villages. Human Rights Watch interview with Gilbert Rodrigo, Director, Legal Resources for Social Action (LRSA), Chengalpattu, Tamil Nadu, March 20, 2002. Human Rights Watch, Small Change, p. 43
[60] "Economic, Social and Cultural Rights for Dalits in India: Case Study on Primary Education in Gujarat," Woodrow Wilson School of Public and International Affairs, p. 18
[61] Human Rights Watch, Small Change, p. 31. (citing Human Rights Watch interview with 14-year-old boy, Varanasi, Uttar Pradesh, March 13, 2002)
[62] Human Rights Watch, Broken People, p. 148
[63] NHRC Report, Section VI, p. 125
[64] Human Rights Watch, Small Change, p. 42
[65] Human Rights Watch, Small Change, p. 6

some cases, the violations against Dalit children result from gaps in the law. For example, Dalit children are forced to work in industries considered "polluting," such as the leather industry, which is outside the Act because the Act does not cover home-based work or consider the leather industry hazardous[66]. Rehabilitation programs[67] accompanying the Act also fail to adequately address child labour because they suffer from a lack of political commitment, non-enforcement, and weaknesses inherent in the Act itself[68].

Bonded Labour[69]

There are an estimated 40 million bonded labourers in India, of whom 15 million are children[70]. The vast majority of these labourers are Dalit's or tribals[71]. Bonded labour is sustained by the caste system, in particular through the traditional expectation of free labour and/or inadequate remuneration for work, the lack of Dalit ownership of land, social and economic boycotts levied by upper-caste community members[72], police extortion and looting, and by acts or threats of violence that prevent Dalit's from reporting abuses against them (including that they are being held in bondage).

Bonded labour also results from indebtedness to employers or moneylenders on whom Dalit's must rely because of inadequate wages and because of the reluctance of institutional agencies to lend to the poor in general and to Dalit's in particular. Under the Bonded Labour System (Abolition) Act, 1976, payment of less than minimum wage for the purposes of working off a debt also amounts to bondage. Most agricultural labourers Human Rights Watch interviewed for a report published in 1999 were paid between ₹15 and ₹25 (US$0.38 to $0.63), or two to three kilograms of rice, per day, well below the minimum wage prescribed in their state[73]. In 2002 Human Rights Watch interviewed Dalit villagers in Uttar Pradesh who weave saris on looms owned by traders and who are forced to labour on agricultural lands. "We have very little land, less than five acres," a Dalit woman told Human Rights Watch. "Yes, of course we work on the landlords' land."[74] In exchange for a day's labour, a worker receives five kilograms of wheat, worth about ₹40 (U.S.$0.83)[75].

"They don't even measure the five kilograms," one man complained. "They just fill up a sack and bring it out to us." Another man explained that they couldn't survive on the money earned from this and from sari weaving, so they had to take loans from the traders.

---

[66] NCDHR Response to the Special Rapporteur's Questionnaire, p. 12. Domestic labour and restaurant jobs were recently banned under the 1986 law, but predictably, a lack of implementation has made little difference. While a bill on providing benefits to unorganized labour, including domestic labour, may soon be tabled in Parliament, it is unclear whether or not this bill will increase the protection afforded by child labour legislation. Oineetom Ojah, "Govt may table unorganised sector Bill in winter session," The Financial Express, November 21, 2006, http://www.financialexpress.com/fe_full_story.php?content_id=146944 (accessed February 7, 2007).

[67] NHRC Report, Section V, p. 73. Rehabilitation programs involve the establishment of special schools to provide non-formal education, vocational training, supplementary nutrition, a stipend, and health care; further, over 100 national rehabilitation projects are under implementation.

[68] NHRC Report, Section V, p. 74. In 2005, the Supreme Court issued notice to the Central government regarding the present Child Labour Act which it considers to be unconstitutional in the light of the right to education. "Notice issued to Centre on pleas against child labour," The Hindu, December 13, 2005, http://www.hinduonnet.com/2005/12/13/stories/2005121301720900.htm (February 7, 2007).

[69] Centre for Human rights and Global Justice (2007): India, Hidden Apartheid; Caste Discrimination against India's "Untouchables", Shadow Report to the UN Committee on the Elimination of Racial Discrimination; p86-87

[70] Human Rights Watch, Broken People, p. 139

[71] According to one estimate 83.2% of bonded labourers belong to scheduled castes and scheduled tribes. NHRC Report, Section V, p. 64. Almost all bonded children interviewed for a 2003 Human Rights Watch report on bonded child labour in the silk industry were either Dalit or Muslim. Human Rights Watch, Small Change, p. 6.

[72] Human Rights Watch, Small Change, p. 9-10

[73] Human Rights Watch, Broken People, p. 140

[74] Human Rights Watch, Small Change, p. 42. (citing Human Rights Watch group interview with Dalit villagers, Varanasi District, Uttar Pradesh, March 14, 2002)

[75] According to a local activist, workers in the community were receiving five kilograms of wheat solely because they had organized themselves; elsewhere workers received only two kilograms. Human Rights Watch, Small Change, p. 42 (citing Human Rights Watch interview with Lenin Raghuvanshi, People's Vigilance Committee for Human Rights, Varanasi District, March 14, 2002).

While the Bonded Labour System (Abolition) Act, 1976 seeks to abolish all agreements and obligations arising out of the bonded labour system[76], the extent to which bonded labourers have been identified, released, and rehabilitated in the country is negligible[77]. For example, out of the 3000 cases filed under the Act in Punjab since 1998, only 10 have completed the judicial process[78]. Debt relief legislation has been similarly ineffective, with the NHRC concluding that "the beneficial provisions of law, which could at least reduce debt burden of Scheduled Castes [,] have not been made use of to reduce the incidents of atrocities against Scheduled Castes related to indebtedness."[79] Rehabilitation programs for individuals who have been released from bonded labour are not successful due to their failure to ensure substantial alternative employment, implement rehabilitation immediately after release[80], and ensure timely provision of benefits.

Devadasi system – Forced Prostitution

The practice of Devadasi[81], in which a girl, usually before reaching the age of puberty, is ceremoniously dedicated or married to a deity or to a temple, continues in several southern states including Andhra Pradesh and Karnataka. Literally meaning "female servant of god," Devadasis usually belong to the Dalit community. Once dedicated, the girl is unable to marry, forced to become a prostitute for upper-caste community members, and eventually auctioned into an urban brothel. The age-old practice continues to legitimize the sexual violence and discrimination that have come to characterize the intersection between caste and gender.

While India has adopted measures to abolish the practice and "rehabilitate" Devadasis, these efforts have been largely unsuccessful. Legislative initiatives are poorly implemented[82]. The societal perception of Devadasis as women who are sexually available to men makes it more difficult for Devadasis to approach the police with complaints of sexual violence. Moreover, the police themselves have been known to exploit Devadasis.

The Joint Women Programme for the National Commission of Women has found that Devadasi rehabilitation programs neither address the whole range of problems faced by Devadasis, nor target the population they were intended to assist. Further, Devadasis find it difficult to earn a livelihood outside the system because the rehabilitation programs do not provide adequate means of livelihood and skill development, and because financial assistance is often in the form of a loan which must be repaid. Most Devadasis also lack access to a residential house, health care, or educational facilities for their children.

[76] The Act aims to release all labourers from bondage, cancel any outstanding debt, prohibit the creation of new bondage agreements, and order the economic rehabilitation of freed bonded labourers by the state. It also punishes attempts to compel persons into bondage with a maximum of three years in prison and a ₹2,000 (US$50) fine.
[77] Human Rights Watch, Broken People, p. 140
[78] NCDHR Response to the Special Rapporteur's Questionnaire, p. 24
[79] NHRC Report, Section V, p. 89
[80] While the process of rehabilitation is supposed to immediately follow the release of a bonded labourer, this is rarely the case. In some cases the Certificate of Release from bonded debt is not issued, and there is a huge time lag between release and rehabilitation operations, resulting in many released labourers being unable to survive after their release and being forced to return to their captors. NHRC Report, Section V, p. 67-68
[81] Centre for Human rights and Global Justice (2007): India, Hidden Apartheid; Caste Discrimination against India's "Untouchables", Shadow Report to the UN Committee on the Elimination of Racial Discrimination; p43-44
[82] For example, the Karnataka state government passed the Karnataka Devadasi (Prohibition of Dedication) Act in 1992, however, not a single case has been booked against priests despite many complaints and admonitions to that effect. NHRC Report, Section V, p. 61

Child marriage

Although child marriage is illegal in India, the practice remains rampant, particularly in underdeveloped regions where economic pressure may force families into marrying off children at early ages in order to lighten the economic burden on families with daughters[83]. This is often the case among Dalits. A 12-year old Dalit girl, Chenigall Suseela, was married off by her parents without her consent in Telangana, Andhra Pradesh, in 2003[84]. Two years later she ran away from her husband, whom she claimed abused her, and threatened to commit suicide if forced to return. Suseela desired to return to school and sought help from the police and appealed to village elders. After initial refusal by elders from both her and her husband's village, Suseela's persistence and determination resulted in what is thought to be the first annulment of a child marriage in India in June 2005. Suseela's case is significant as she faced opposition to claiming her right to not be married in childhood and to choose her spouse due to her status as a Dalit and seemingly received little help from the police when she reported her situation[85]. Sadly, there are many more Dalit children who are forced into early marriage by economic need and do not have the resources to demand their rights.

The prevalence of rape in villages also contributes to the greater incidence of child marriage in these areas. Early marriage between the ages of 10 years and 16 years persists in large part because of Dalit girls' vulnerability to sexual assault by upper-caste men and by parents' fear that their daughter will not be marriageable once she is raped.

Public health, medical care

Ensure Dalits' right to public health, medical care, social security, and social services[86].
The study also reported that Dalit women deal with government officials most frequently in attempting to access healthcare for themselves and their children and often encounter discrimination from auxiliary nurse-midwives and anganvadi workers (community development workers)[87]. Dalits are denied entry to clinics, charged fees for services that should be free, and anganvadi workers may even refuse to visit Dalit hamlets.

General access to any place or service

Article 5 (f): The right of access to any place or service intended for use by the general public, such as transport, hotels, restaurants, cafes, theatres and parks[88].
The pervasiveness of residential segregation in violation of Article 3 of the Convention has been detailed in Section VI(A). Dalits are also denied equal access to a spectrum of places and services intended for use by the general public. They are excluded from or receive discriminatory treatment

[83] Centre for Human rights and Global Justice (2007): India, Hidden Apartheid; Caste Discrimination against India's "Untouchables", Shadow Report to the UN Committee on the Elimination of Racial Discrimination; p71-72
[84] Omer Farooq, "Indian girl, 14, wins a divorce: A 14-year-old girl in the southern Indian state of Andhra Pradesh has won a battle to have her two-year marriage to a teenage boy annulled," BBC News, June 22, 2005, http://news.bbc.co.uk/2/hi/south_asia/4120238.stm (accessed July 1, 2014).
[85] Chenigall Suseela received a national bravery award for her courage in fighting her child marriage and for insisting on continuing her education. See, "Bravery award for gutsy Dalit girl," The Hindu, January 25, 2006, http://www.hindu.com/2006/01/25/stories/2006012521620500.htm (accessed July 1, 2014).
[86] Centre for Human rights and Global Justice (2007): India, Hidden Apartheid; Caste Discrimination against India's "Untouchables", Shadow Report to the UN Committee on the Elimination of Racial Discrimination; p93
[87] Shah, et al., Untouchability in Rural India, p. 127
[88] Centre for Human rights and Global Justice (2007): India, Hidden Apartheid; Caste Discrimination against India's "Untouchables", Shadow Report to the UN Committee on the Elimination of Racial Discrimination; p100-101

in private businesses, including tea shops, barber shops, village shops, and cinemas. The extent to which these practices violate Article 5(f) was noted with particular concern by the Committee in 1996 in the following terms:

The Committee is particularly concerned about reports that people belonging to scheduled castes and tribes are often prevented from using public wells or entering cafés or restaurants and that their children are sometimes separated from other children in schools, in violation of article 5(f) of the Convention.

Dealing with discrimination cases in the court[89]

In its first periodic report in 2001, the government of India makes generic reference to various constitutional provisions and legislations including the Scheduled Castes and Scheduled Tribes (Prevention of Atrocities) Act, 1989 to combat caste discrimination in India. Untouchability was abolished under Article 17 of the constitution of India. Yet, caste discrimination is alive and kicking[90]. Dalit children at an early age face caste discrimination. As of 2 February 2003, only 10 States[91] out of 28 States and 7 Union Territories have established Special Courts under the SCs/STs (Prevention of Atrocities) Act, 1989. The remaining States and Union Territories have notified the existing Courts of Sessions as Special Courts for the trial of offences under the Act. These courts are already over-burdened which adds to judicial delay. This is despite the fact that the crimes against the Scheduled Castes and Scheduled Tribes have been increasing exponentially. According to government statistics provided to the parliament on 20 February 2003, 34799 cases were registered in 1999, 36,971 cases were registered in 2000 and 39,157 were registered in 2001 under the SC/STs Prevention of Atrocities Act, 1989.

The conviction rate remains extremely low. Out of the 31,011 cases tried under the Prevention of Atrocities Act in 1998, only a paltry 1,677 instances or 5.4% resulted in a conviction and 29,334 ended in acquittal. Compare to this, under the Indian Penal Code, 39.4% of cases ended in a conviction in 1999 and 41.8% in 2000.

The government of India states that "several trends such as urbanization, positive discrimination, growing literacy and economic growth have been whittling down caste barriers, especially in urban areas". It is actually skin deep[92]. The advertisements in the matrimonial columns of the daily newspapers – which give preference to castes - provide testimonies to prevailing caste consciousness in the Indian psyche. In addition, the majority of the populations of India live in rural areas where caste discrimination is alive and kicking.

Number of cases registered by Police, Charge sheeted in the Courts and cases disposed off by Courts under the Scheduled Castes and the Scheduled Tribes (Prevention of Atrocities) Act, 1989 during the year 1999 / 2000 / 2001:

[89] Asian Centre for Human Rights (2003): The Status of Children in India, An alternate report to the United Nations Committee on the Rights of the Child on India's first periodic report (CRC/C/93/Add.5) Geneva, Switzerland, 6-10 October 2003; II. Executive Summary
[90] Asian Centre for Human Rights (2003): The Status of Children in India, An alternate report to the United Nations Committee on the Rights of the Child on India's first periodic report (CRC/C/93/Add.5) Geneva, Switzerland, 6-10 October 2003; p7-8
[91] The states which have set up Special Courts are Andhra Pradesh, Bihar, Chhatisgarh, Gujarat, Karnataka, Madhya Pradesh, Rajasthan, Tamil Nadu, Uttar Pradesh and Uttranchal
[92] Asian Centre for Human Rights (2003): The Status of Children in India, An alternate report to the United Nations Committee on the Rights of the Child on India's first periodic report (CRC/C/93/Add.5) Geneva, Switzerland, 6-10 October 2003; p19

	1999			2000			2001		
	Cases registered by police incl. brought forward	Cases charge sheeted in the courts incl. brought forward	Cases disposed of by Court incl. brought forward	Cases registered by police incl. brought forward	Cases charge sheeted in the courts incl. brought forward	Cases disposed of by Court incl. brought forward	Cases registered by police incl. brought forward	Cases charge sheeted in the courts incl. brought forward	Cases disposed of by Court incl. brought forward
1. Andhra Pradesh	920	518	2081						
2. Arunachal Pradesh	0	0	0						
3. Assam	0	0	0						
4. Bihar	1875	880	484						
5. Chattisgarh	-	-	-						
6. Goa	2	1	0						
7. Gujarat	2118	1643	367						
8. Haryana	41	17	16						
9. Himachal Pradesh	15	5	3						
10. Jharkhand	-	-	-						
11. Karnataka	1934	1020	483						
12. Kerala	NA	NA	NA						
13. Madhya Pradesh	4533	3642	3188						
14. Maharashtra	1117	827	255						
15. Manipur	NA	0	0						
16. Meghalaya	0	0	0						
17. Mizoram	0	0	0						
18. Nagaland	0	0	0						
19. Orissa	22333	911	198						
20. Punjab	24	13	1						
21. Rajasthan	10559	3921	2595						
22. Sikkim	0	0	0						
23. Tamil Nadu	1605	700	554						
24. Tripura	0	0	0						
25 Uttranchal	-	-	-						
26. Uttar Pradesh	7735	5464	2633						
27. West Bengal	62	17	0						
28. A.&N. Islands	1	0	0						
29. Chandigarh	0	0	0						
30. D.&N Haveli	1	1	0						
31. Daman & Diu	1	1	1						
32. Delhi	20	5	3						
33. Lakshadweep	0	0	0						
34. Pondicherry	3	1	0						

Total	34799	19587	12864						

Minorities through religion[93]

Freedom of thought, conscience and religion

Children from religious minorities face discrimination. In practice, the Religious Freedom Act does not apply if families and children convert to Christianity and Islam in the same way as it does when converting to Hinduism, Buddhism, Jainism or Sikhism. It is known for child Christian families to face persecution, violence and murder without any redress from the authorities and for Churches and Schools to have been burnt down by religious extremists from majority faiths.

Access to appropriate information

According to the Asian Centre for Human Rights (2003) the children in India are being denied appropriate information after the government undertook the exercise to re-write the history textbooks. The NCERT textbooks such as Modern Indian History and Contemporary World History for Class XII students contain serious factual errors. Social Studies textbook for Class 9th standards under the Gujarat State Board of School Textbook identifies Muslims and Christians as "foreigners". The Scheduled Castes and Scheduled Tribes are identified as ignorant, illiterate and followers of blind faith. This is contrary to universal affirmation that "all doctrines, policies and practices based on or advocating superiority of peoples or individuals on the basis of national origin, racial, religious, ethnic or cultural differences are racist, scientifically false, legally invalid, morally condemnable and socially unjust".

National policies regarding discrimination[94]:

National Charter for Children, 2004: With the intent to secure for every child the right to a healthy and happy childhood, to address the root causes that negate the healthy growth and development of children, and to awaken the conscience of the community in the wider social context to protect children from all forms of abuse, while strengthening the family, society and the nation; the following section of this Charter focusses on discrimination of minority children: Care, protection, welfare of children of marginalised and disadvantaged communities.

The Integrated Child protection Scheme (ICPS)[95] focusses on Discrimination and Minority children with its program: Drop-in Shelters for Marginalized Children.

Response

World Response: The Committee on the Rights of the Child was "deeply concerned at persistent and significant social discrimination against children belonging to Scheduled Castes and Tribes and other tribal groups[96]."

[93] Asian Centre for Human Rights (2003): The Status of Children in India, An alternate report to the United Nations Committee on the Rights of the Child on India's first periodic report (CRC/C/93/Add.5) Geneva, Switzerland, 6-10 October 2003; II. Executive Summary
[94] Study on Child Abuse: INDIA 2007; Ministry of Women and Child Development, Government of India – p24-25
[95] Study on Child Abuse: INDIA 2007; Ministry of Women and Child Development, Government of India – p31-32
[96] Centre for Human rights and Global Justice (2007): India, Hidden Apartheid; Caste Discrimination against India's "Untouchables", Shadow Report to the UN Committee on the Elimination of Racial Discrimination; p24 / Convention on the Rights of the Child, "Consideration of Reports Submitted by States Parties Under Article 44 of the Convention, Concluding Observations, India,"

World Vision Goal 5: Mobilise shared action for rights of vulnerable children

Human Right Watch[97]

An independent, New York-based nongovernmental organization, Human Rights Watch conducts regular, systematic fact-finding investigations into human rights abuses in all regions of the world. Human Rights Watch examines human rights practices of state and non-state actors irrespective of their political affiliation, geopolitical alignments, ethnic or religious persuasions. It defends freedom of thought and expression, due process and equal protection of the law, and a vigorous civil society.

It has documented the particular vulnerability of Dalits among children employed in the worst forms of child labour and among those living with HIV/AIDS. Human Rights Watch investigated the failure of the state to protect Dalits from discrimination in receiving relief and rehabilitation after the 2006 tsunami; its recommendations were submitted to the Indian government as it prepared its disaster management policy.

CRC/C/15/Add.228, (2004), http://www.unhchr.ch/tbs/doc.nsf/898586b1dc7b4043c1256a450044f331/35e5ebb72fcfadbac1256e83004a29a8/$FILE/G0440552.pdf,para. 27 (accessed February 7, 2007).

[97] Centre for Human rights and Global Justice (2007): India, Hidden Apartheid; Caste Discrimination against India's "Untouchables", Shadow Report to the UN Committee on the Elimination of Racial Discrimination; p18

1.2.2 Girl child discrimination

"Her father was an alcoholic and used to fight with her mother daily. Things got worse and one day he left the house and never returned. He used to beat the whole family, her mother, brother and her also. When he left then and went her mother took care of the children for few days, then took then and went to her in-laws, stayed there for a few days and one day disappeared from there, leaving both the children behind. Grandparents sent this girl to observation home and her brother stays with them. They are taking care of her brother because he is a boy and they have left her, to live in observation home because she is a girl. She told me that the staff of the observation home punishes girls for misbehaving. The punishment that they get is sit up 500 to 300 sit ups and they beat them also with scale at times 12-13 scales at a time and it happens very frequently." [98]

Introduction

Gender inequality is a cross cutting issue which if not addressed sufficiently undermines all other progress in development; from poverty reduction to tackling HIV/AIDS[99]. The Indian Constitution guarantees equal rights for men and woman, and makes equal participation, freedom of thought and non-discrimination explicit fundamental rights. However, in reality India's society continues to show that it is very patriarchal. From birth, girls are discriminated against via deliberate infanticide, it is harder for them to enter the education system which impacts on the life choices they can make thereafter and they are affected further through violence, poor access to nutritional information, healthcare and work. For real change to take place as well as policies which deal with gender bias, there must be a cultural shift where by women are empowered through education to stand up for their rights, take leadership roles and challenge misogyny that goes on around them. From increasing political representation in parliament to making sure girls can access education to educating women through peer to peer groups about pregnancy, men and women together need to stand up for change.

Girl Child neglect[100]

Girl child neglect is the failure to provide for the all-round development of the girl child including health, nutrition, education, shelter, protection and emotional development. This also includes aspects of gender discrimination. For this study, the indicators for 'neglect' included lack of attention to girls as compared to boys, less share of food in the family, sibling care by the girl child and other forms of gender discrimination.

In a study on Child Abuse undertaken by the Ministry of Women and Child Development in 2007 with 12,447 child respondents, the total number of girl respondents was 5981. The majority of the girl child respondents (70.57%) reported neglect of one form or the other by family members. Among the states, 87.22% of girl children from Rajasthan reported facing neglect. The other states

[98] Study on Child Abuse: INDIA 2007; Ministry of Women and Child Development, Government of India – p42
[99] Qxfam India, Centre for Legislative Research and Advocacy (2009); Welcome Kit for Parliamentarians: Reaching the MDGs in India
[100] Study on Child Abuse: INDIA 2007; Ministry of Women and Child Development, Government of India – p113-118

where girl children reported high percentages of neglect were Uttar Pradesh (85.91%), Gujarat (79.92) Madhya Pradesh (79.04%) and Mizoram (78.87%).

State-wise perception of girl children reporting neglect as compared to brothers							
States	Less attention than brothers	Less food than brothers	More household work compared to brothers	Minding/ taking care of siblings	Brothers dominate play	Brothers tease	Parents not taking side of girls
Andhra Pradesh	27.45	21.65	71.37	40.70	50.00	43.21	55.63
Assam	47.85	46.63	87.73	47.84	49.84	32.71	66.96
Bihar	43.40	42.68	78.12	65.63	43.69	26.54	66.67
Delhi	52.27	42.73	56.67	59.26	38.75	40.92	50.68
Goa	18.82	7.14	59.52	46.43	43.37	42.86	39.47
Gujarat	42.96	36.95	80.79	67.83	59.31	55.72	45.12
Kerala	24.66	21.36	61.36	24.15	32.06	24.40	62.16
Madhya Pradesh	30.61	23.08	61.38	38.61	30.75	29.04	67.33
Maharashtra	16.44	10.96	58.24	23.74	38.10	36.31	36.62
Mizoram	19.67	19.89	77.07	43.49	29.72	41.74	23.98
Rajasthan	15.13	23.22	59.72	55.64	57.83	45.30	40.85
Uttar Pradesh	20.42	7.64	84.06	69.04	60.79	66.05	38.59
West Bengal	58.30	48.16	68.08	32.52	45.45	29.34	79.27
Total	**31.81**	**27.33**	**70.38**	**48.69**	**45.29**	**40.60**	**48.44**

The study also looked into the amount of time devoted by girl children in minding their younger siblings. The response of the girl children ranged from one hour to twenty four hours. Almost one fourth (24.49%) had to take care of their siblings for at least two hours. While, the percentage of children went down with the increase in hours spent on this activity, some girls were spending as much as 24 hours in only taking care of their younger siblings. They were thus deprived of education and other developmental opportunities.

Female young adults reporting neglect							
States	Less attention than brothers	Less food than brothers	More household work compared to brothers	Minding/ taking care of siblings	Brothers dominate play	Brothers tease	Parents not taking side of girls
Andhra Pradesh	57.35	64.62	94.12	70.59	66.18	50.00	60.78
Assam	74.75	73.74	83.84	59.00	73.00	59.00	89.00
Bihar	59.62	67.92	84.91	71.70	69.81	48.08	46.94
Delhi	75.00	84.09	88.64	72.73	63.64	72.73	77.27
Goa	78.33	71.67	88.33	77.78	74.60	76.19	88.89
Gujarat	86.60	79.80	92.93	79.38	78.13	68.75	73.96
Kerala	75.76	75.76	80.81	81.82	80.81	70.71	81.82
Madhya Pradesh	73.85	64.62	87.69	92.31	76.56	78.46	80.65
Maharashtra	64.76	64.76	89.52	70.87	64.08	66.35	71.84
Mizoram	89.25	92.47	98.92	47.31	88.17	88.17	75.00
Rajasthan	85.19	86.42	95.06	38.27	64.20	67.90	46.91
Uttar Pradesh	73.00	70.00	87.00	71.00	68.00	32.00	47.00
West Bengal	78.26	76.09	88.04	88.17	84.78	77.42	87.10
Total	**75.45**	**74.98**	**89.22**	**70.35**	**73.86**	**65.72**	**72.02**

Major findings:

1. ***More than two out of every three girls reported facing neglect***.
2. ***48.4% of girls wished they were boys***.
3. 70% of the girls did household work and 49% of the girls took care of their siblings. This is indicative of the fact that these girls are deprived of developmental opportunities.

Crime against Girls[101]:

In 2011, among the IPC crimes, an increase of 43% was registered in Kidnapping and Abduction, while rape cases were increased by 30%, Procuration of minor girls recorded an increase of 27% and Foeticide reported an increase of 19% over 2010. In 2011, Buying of girls for Prostitution showed a decline of 65%, and selling of girls for Prostitution reported decline of 13% compared to 2010. Infanticide showed a decline of 37 points during this period.

An increase of 27% is observed in the Crime of Procuration of Minor Girls, ie. 862 cases in 2011 compared to 679 cases in 2010. West Bengal has reported 298 such cases, indicating a share of 34.6% at national level followed by Bihar (183), Assam (142) and Andra Pradesh (106).

Girls in Education

Millennium Development Goals

MDG[102] 3: Promote Gender Equality and Empower Women; Target 4: Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015. Indicators as per UNDG frame work 2003:

9. Ratio of girls to boys in primary, secondary and tertiary education (Gender Parity Index (GPI of GER) in Primary, Secondary and Tertiary education)
10. Ratio of literate women to men, 15–24 years old
11. Share of women in wage employment in the non-agricultural sector
12. Proportion of seats held by women in national parliament

Programs to reach the MD goal[103]

In order to achieve these levels, schooling has been made completely free for girls in most states up to the higher secondary stage for government and government aided schools. Various Centrally Sponsored Schemes strengthen school education and a large number of girls have benefited from these schemes. In the higher education sector, the University Grants Commission (UGC) has been implementing schemes for promoting women's education in Universities and Colleges like:

Scheme of grants to women's Universities for technical courses: Scheme for construction of women's hostels & Setting up of Woman's Study Centres in 34 Universities, etc.

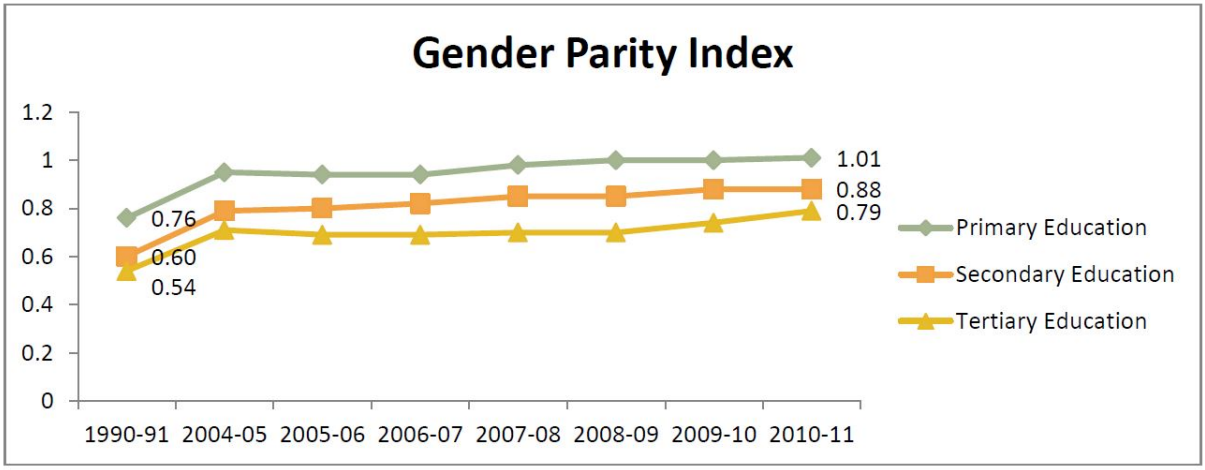
[101] Social Statistics Division, Central Statistics Office, Ministry of statistics and Programme Implementation, Government of India (2012): Children in India 2012 – A Statistic Appraisal – 'Highlights'

[102] The Millennium Declaration, made during the UN Millennium Summit on 8 September 2000, was signed by 189 countries, including 147 Heads of State and Government, and included eight (8) Goals called the Millennium Development Goals (MDGs). These summarize the key development goals embraced by the main international conferences and world summits during the 1990s, and are declarations of solidarity and determination of the world leaders to rid the world of poverty and improve the lot of humanity. MDGs and related targets and indicators provide a framework for planning policy interventions and benchmarks to monitor progress in human development and poverty reduction.

[103] Govt of India; Ministry of Statistics and Programme Implementation (2005); Millennium Development Goals India Country report 2005

Participation of women students in polytechnics was one of the thrust areas under World Bank assisted Technical Education Project. The scheme of Community Polytechnic aims at bringing in communities and encouraging rural development through Science and Technology apprenticeship and through skill oriented non-formal training focused on women, minorities, Scheduled Castes ©/Schedules Tribes (ST)/ Other Backward Classes (OBCs) and other disadvantaged sections of the society. Currently, 43% of the total beneficiaries are women. Access to higher education for girls has been expanding as also their enrolment in the various courses. Their numbers in colleges, universities, professional institutions like engineering, medicine, etc. has increased from 2.14 million in 1996-97 to 3.81 million in 2002-03.

Result of the programs to reach the goal



Source: Ministry of Human Resource Development

The gender parity in Primary education reached the target value of 1 in 2008-09 itself. The female / male literacy rate in the age group 15-24 years tends to reach 1 by 2015, implying attainment of gender parity by 2015. Gender parity has already achieved in primary education and the disparity in secondary education is set to disappear shortly….[104]

The percentage share of females in wage employment in the non- agricultural sector, stood at 18.6% in 2009-10 (NSS) and 19.6% and 17.6% were the respective figures in Rural and Urban areas respectively. It is projected that with the historical rate of progression, the share of women in wage employment can at best reach a level of about 23.1% by 2015 which is much below target of 50%.

The Proportion of seats held by women in National Parliament (%) is 11.21% in 2013 vis –a-vis the target of 50% in 2015.

India's progress for this goal in 2014:

Indicators[105]:	1990 (estimated	1991	2005[106]	2010/2011	MDG target	Progress

[104] Social Statistics Division; Ministry of Statistics and Programme Implementation; Government of India; www.mospi.nic.in (2013) Towards Achieving Millennium Development Goals India 2013
[105] UNICEF India; Updated in January 2014, based GOI's MDG 2014 report; India's Progress against the Millennium Development Goals and Targets
[106] Qxfam India, Centre for Legislative Research and Advocacy (2009); Welcome Kit for Parliamentarians: Reaching the MDGs in India

	value)				2015	
Ratio of girls to boys in primary education	0.73	0.76	0.91	1.00	1.00	On Track
Ratio of girls to boys in Secondary education	0.60	0.76	0.70 (2003)	0.88	1.00	On Track

Girls with special needs

There is ample evidence that women with disabilities experience major psycho-social problems, including depression, stress, lowered self-esteem, and social isolation, which remain largely neglected (Nosek and Hughes, 2003) [107].

Evidence also suggests that women tend to be restricted to home-based activities, while men are likely to be supported in more public and outward-looking avenues. Stereotypes are artefacts of culture that can only be understood by exploring their relations to each other in the cultural system. Gender stereotypes interact with disability stereotypes to constitute a deep matrix of gendered disability in every culture, developed within specific historical contexts, and affecting those contexts over time. While language is the most analysed site for the examination of both gender (Connell, 2002) and disability (Corker and French, 1999), they interact in many other cultural locations—cinema, television, fiction, clothing, and body language. Thus, cultures sustain the social relations of gendered disability in constant reiterations of stereotypes and expectations (Meekosha). In the education scene, discrimination on account of gender has been reported in many studies. However, girls with disabilities have remained invisible both from the writings on gender and on disability.

Therefore, the needs of girls with disabilities may be more special than needs of any other group and have to be addressed in all spheres of education.

National policies[108]:

National Charter for Children, 2004: This Charter, is the intent to secure for every child the right to a healthy and happy childhood, to address the root causes that negate the healthy growth and development of children, and to awaken the conscience of the community in the wider social context to protect children from all forms of abuse, while strengthening the family, society and the nation. One of the sections in this Charter is "Protection of the girl child".

Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) is also applicable to girls under 18 years of age. Article 16.2 of the Convention lays special emphasis on the prevention of child marriages and states that the betrothal and marriage of a child shall have no legal effect and that legislative action shall be taken by States to specify a minimum age for marriage[109].

[107] National Council of Educational Research and Training, (2006); Position Paper National Focus Group on Education of Children with Special Needs
[108] Study on Child Abuse: INDIA 2007; Ministry of Women and Child Development, Government of India – p24-25
[109] Study on Child Abuse: INDIA 2007; Ministry of Women and Child Development, Government of India – p24

Response

General response in different organisations

World Vision Goal 5: Mobilise shared action for rights of vulnerable children

My World is ranking this topic on number 6.

Recommendations to respond

Recommendation from the child Abuse research undertaken by the Women and Child Department in 2007[110]: Gender Equity: Equity is possible if social norms ensure that the girl child lives in a non-abusive environment in which she is cared for and respected. Discrimination of girls results in their lower enrolment in schools, higher levels of malnutrition, trafficking of girls for sexual exploitation, child marriage and their non-participation in decision-making in the family etc. These imbalances need to be addressed by bringing about attitudinal changes in people regarding the value of the girl child.

Empowerment of adolescent girls should be done by making them aware of their rights, orientating them on the subject of abuse, instilling life skills including knowledge of childbirth and child rearing practices, HIV & AIDS and personal hygiene among others. The adolescent girl component of ICDS should be strengthened.

Government, NGOs and civil society should make efforts to instil non-sexist norms and values through advocacy and communication strategies and campaigns using electronic, print and folk media and through open discourses on gender equity with involvement of public figures. Focus should be on elimination of discrimination and abuse of girls and on creating awareness of existing legislations.

[110] Study on Child Abuse: INDIA 2007; Ministry of Women and Child Development, Government of India – p123

1.2.3 Female Infanticide / Foeticide

"India is the land where girls are killed every day, with the worst statistics of female infanticide in India. This is the land of honour and tradition. It is also the land of shame and horror. In Rajasthan's Jaisalmer, where men prefer to keep their women behind veils, while their daughters are buried deep inside graves, silent slaughter has continued.

According to unofficial estimates, nearly 2500 cases of female foeticide or female infanticide take place in the state of Rajasthan every day and it does seem that an apathetic government is standing by and watching the story of this silent genocide.

According to the central scheme, the Janani Suraksha Yojana, a sum of ₹1400 is given for every baby delivered in a government hospital. Introduced four years ago, this scheme has gone horribly wrong in this district, where women deliver daughters in hospitals, take their entitlements and go home. Within days the new-borns disappear.

Midwives say girls are being disposed off ruthlessly. The matter had been brought to the governments notice one year back.

"Where I was posted earlier, they used to kill girls there, I protested, but I was posted to another place. I don't know if it happens here," says a midwife.'[111]

Female infanticide in India has a history spanning centuries[112], [113]. The dowry system has been cited as one of the main reasons for female infanticide and sex-selective abortion as many families who live in poverty cannot afford to raise the funds for a suitable dowry. The government has tried various approaches to help prevent the practice. The dowry system was abolished in 1961, in 1991 financial incentives began, and in 1992 the baby cradle scheme was launched.

In 1990 the census figures showed there were 25 million more men in India than women. The national government then made it illegal in 1994 to use ultrasounds to determine the gender of a child. But by 2001, the figures for the gender difference were up to 35 million more males than females, and by 2005 it was estimated at 50 million[114],[115]. The numbers involved have led commentators to compare the deaths to genocide[116],[117], and Kalpana Kannabiran writing for India's Human Rights Law Network argues that infanticide and foeticide meet four of the five criteria as set out in the genocide convention[118].

Studies have shown that female children are not only at risk at the time of birth, but are also at risk during infancy, with one author noting that there is a significant decrease in the sex ratio between

[111] India Today Jaisalmer, June 20, 2011 ; http://indiatoday.intoday.in/story/in-jaisalmer-daughters-are-born-to-die/1/142163.html
[112] Jones, Adam. "Case Study: Female Infanticide". Gendercide Watch.
[113] Visaria, Leela; Pravin Visaria, Sardar Patel (1983). "Population (1757-1947)". In Tapan Raychaudhuri, Irfan Habib, Dharma Kumar. The Cambridge Economic History of India (Volume 2 ed.)
[114] Bunting, Madeleine (22 July 2011). "India's missing women". The Guardian
[115] Agnivesh, Swami; Rama Mani; Angelika KÃster-Lossack (25 November 2005). "Missing: 50 million Indian girls". New York Times
[116] Hundal, Sunny (8 August 2013). "India's 60 million women that never were". Al Jazeera
[117] Bhatnagar, Rashmi Dube; Renu Dube, Reena Dube (2005). Female Infanticide in India: A Feminist Cultural History
[118] Kannabiran, Kalpana (2011). "Gender Cleansing". In Harsh Dobhal. Writings on Human Rights, Law and Society in India, Combat Law Anthology. Socio Legal Information. pp. 503–611. ISBN 81-89479-78-4. Female Foeticide and female infanticide satisfy four of the five criteria set out in the Genocide Convention"

birth, and up to the age of four. According to Balakrishna, between 1978 and 1983 "of the twelve million girls born each year, only nine million will live to be fifteen"[119].

According to Allahbadia, 'The 50 million missing women' there are approximately ***1 million female foeticides every year***. And yearly approximately ***25000 female infanticides in the State of Kerala*** alone[120].The number one means of elimination I pointed out, is female foetal abortions. An estimated 1million female foetuses are selectively eliminated in India each year, and that number is expected to rise to 2.5 million within the next few years[121].

In a report from the '50 missing Campaign' (2009) the following was noted: 'Method number two is female infanticide, a practice that has a long history in India. So far there has been no national average estimated for female infanticide, largely because it is difficult to track down with there being no administrative compulsion for citizens to register births. Nevertheless, existent data gives an indication of the scale of the practice. In the state of Kerala, one of India's most progressive states, with a literacy rate of over 90%, it is estimated that about 25,000 new born girls are killed every year. In other states like Bihar, where the issue of gender bias is plainly discernible, one survey reveals that midwives interviewed admitted to being paid to kill almost 50% of the baby girls they delivered'.

Yet another means of elimination of females in India is the abnormally high mortality rate for girls under 5 years. In 2007, UNICEF reported that the mortality rate for girls under five was 40% higher than for boys of the same age. Most of these girls are dying of nutritional and medical neglect. The neglect is often deliberate, for parents are not only biased in how they distribute food among their sons and daughters, but often they do not want to pay for a sick daughter's medical treatment—cases that would in most countries amount to negligent homicide.

While ultrasound facilities are sprouting around every street corner in India and reaching remote villages in mobile vans at competitively affordable pricing, people still opt for the cheapest abortion facility available to cut back on the cost of operation and hospitalisation. The '50 missing Campaign' (2009) states that '*India today is liable for one of the worst genocides in human history*'. The 1948 charter for the United Nations Convention on Genocide states that genocide entails the prevention of birth of a group, its selective killing, or causing it grave physical or mental harm[122].

Infanticide / Foeticide Official Cases

The following numbers from official Crime records show the following numbers. We have to realize that these are only the filed cases and that there are far more cases like these happening in a culture where shameful things will be kept hidden.

Incidence of Infanticide / Foeticide committed[123]

[119] Dube, Renu; Dube, Reena; Bhatnagar, Rashmi (1999). . "Women Without Choice: Female Infanticide and the Rhetoric of Overpopulation in Postcolonial India". Women's Studies Quarterly (Feminist Press at the City University of New York) 12 (1/2): 73–86

[120] Gita Aravamudan, Disappearing Daughters: The Tragedy of Female Foeticide, New Delhi: Penguin Books, 2007, pp. 157–59.

[121] G. N. Allahbadia, 'The 50 million missing women,' in Journal of Assisted Reproduction and Genetics, vol. 19, no. 9 (September 2002): 411–16, online: http://www.ncbi.nlm.nih.gov/pubmed/12408534?ordinalpos=1&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_RVDocSum, accessed 7 May 2009.

[122] (Article 2), Convention on the Prevention and Punishment of the Crime of Genocide, adopted by Resolution 260 (III) 2/10/2015 Intersections: Female Genocide in India and the 50 Million Missing Campaign http://intersections.anu.edu.au/issue22/banerji.htm#n2 6/6 A of the United Nations General Assembly on 9 December 1948, online: http://www.hrweb.org/legal/genocide.html, edited 27 January 1997, accessed 1 June 2009

[123] Study on Child Abuse: INDIA 2007; Ministry of Women and Child Development, Government of India / National Crime Bureau, Ministry of Home Affairs, Govt. of India (2005): Crime in India

	2002	2003	2004	2005	% Variation in 2005 over 2004
Infanticide	115	103	102	108	5.9%
Foeticide	84	57	86	86	0%

According to the latest National Crime report these are the cases filed against[124]: Incidence of Infanticide / Foeticide *committed in 2012*[125] for the states with the highest numbers:

	Infanticide	***Foeticide***
Totally in 2012 (reported cases)	**81**	**210**
Andhra Pradesh	8	
Chhattisgarh	8	
Haryana		28
Madhya Pradesh	17	64
Maharashtra	11	22
Punjab		25
Rajasthan		37
Uttar Pradesh	14	

One of the most prominent changes since 2005 for the official reported cases of foeticide, while between 2002 and 2005 there were almost no changes, in 2012 suddenly the numbers have increased for 244%. The reasons for this are not mentioned. According to the numbers these incidents seem to happen way more often, but more likely in this time, more awareness has been created in Anganwadi's, and other social development projects through which more incidents will be reported then before.

Some more highlights from the research done by the Ministry of statistics and Programme Implementation from the Government of India in 2012[126]:

The 2001 Census data and other studies illustrate the terrible impact of sex selection in India over the last few decades. The child sex ratio (0-6 years) declined from 945 girls to 1000 boys in 1991 to 927 in the 2001 Census. Around 80% of the total 577 districts in the country registered a decline in the child sex ratio between 1991 and 2001. About 35% of the districts registered child sex ratios below the national average of 927 females per 1000 males. In the 1991 Census, there was only one district with a sex ratio below 850, but in the 2001 Census, there were 49 such districts[127].

[124] National Crime Records Bureau, Ministry of Home Affairs, Government of India (2012): Crime in India 2012 Statistics
[125] Study on Child Abuse: INDIA 2007; Ministry of Women and Child Development, Government of India / National Crime Bureau, Ministry of Home Affairs, Govt. of India (2005): Crime in India
[126] Social Statistics Division, Central Statistics Office, Ministry of statistics and Programme Implementation, Government of India (2012): Children in India 2012 – A Statistic Appraisal – 'Highlights'
[127] Ministry of Women and Child Development (2007): Working Group Report on Women and Children for the Eleventh Five Year Plan (2007-2012) / Study on Child Abuse: INDIA 2007; Ministry of Women and Child Development, Government of India – p7

The child sex ratio (0-6 years):

	1991	*2001*	*2011*	*2011 Rural*	*2011 Urban*
Totally	**945**	**927**	**914**	**919**	**902**
States with alarming low child sex ratio:					
Haryana			830		
Punjab			846		
Jammu & Kashmir			859		
Delhi			866		
Chhattisgarh			867		
Maharashtra			883		
Rajasthan			883		
Gujarat			886		
Uttarakhand			886		
Uttar Pradesh			899		
States with a more positive child sex ratio:					
Mizoram			971		
Meghalaya			970		
A &N Islands			966		
Puducherry			965		
Chhattisgarh			964		
Arunachal Pradesh			960		
Kerala			959		
Assam			957		
Tripura			953		
West Bengal			950		

- The overall sex ratio[128] of the Country is showing a trend of improvement, whereas the child sex ratio is showing a declining trend. During the period 1991 -2011, child sex ratio declined from 945 to 914, whereas the overall sex ratio showed an improvement from 927 to 940.
- Though, the child sex ratio in rural India is 919 which is 17 points higher than that of urban India, the decline in Child Sex Ratio (0-6 years) during 2001-2011 in rural areas is more than three times as compared to the drop in urban India.
- Compared to 2001, the number of districts in the lowest category of child sex ratio (<= 850) has increased in rural areas whereas the number of districts in this category has declined in urban areas in 2011.
- Compared to 2000-2005 period, where sex ratio dipped continuously (from 892 to 880), the period 2005-10, has showed slight improvement (from 892 to 905).
- Among the major States, as per SRS 2008-10, Sex Ratio at Birth is lowest in Punjab (832) followed by Haryana (848) and highest in Chhattisgarh (985), followed by Kerala (966).
- Comparing the results of 2002-04 and 2008-10, Sex ratio at birth declined in Tamil Nadu (decline of 19 points) and Orissa (decline of 6 points) whereas all the other bigger States showed improvement during this period.

[128] The Child Sex Ratio is defined as the number of females per thousand males in the age group 0–6 years in a human population.

- The Conviction rate at national level for the crimes committed against children stood at 34.6%. The conviction rate for 'infanticide (other than murder)' was highest at 46.9% followed by cases under 'murder' (45.5%).
- In 2011, among the IPC crimes, Foeticide reported an increase of 19% over 2010. Infanticide showed a decline of 37 points during this period.
- A total of 132 cases of foeticide were reported in 2011, of which the highest number registered from Madhya Pradesh, followed by Chhattisgarh and Punjab and these States together reported 56% of the total Foeticide registered in 2011 in the Country.

National legislations[129]

Some of the important National Legislations for protection of girls against Infanticide / foeticide in the country are discussed below. Under each Act relevant sections have been enumerated

The Indian Penal Code:
a) Foeticide (Sections 315 and 316) &
b) Infanticide (Section 315)

The Pre-natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act, 1994
This is an Act for the regulation of the use of pre-natal diagnostic techniques for the purpose of detecting genetic or metabolic disorders, chromosomal abnormalities or certain congenital malformations or sex-linked disorders, and for the prevention of misuse of such techniques for the purpose of prenatal sex determination leading to female foeticide and for matters connected therewith or incidental thereto.

Response

The 50 Million Missing Campaign[130]

The 50 Million Missing Campaign is an award winning, global campaign to end the ongoing female genocide in India. It was founded by author and gender activist, Rita Banerji, in 2006. Today, it is the largest, grassroots movement to end the genocide of women, and is supported in more than 203 countries.
More than 50 million women have been systematically exterminated from India's population in three generations, through the gender-specific infliction of violence in various forms, such as female feticide through forced abortions, female infanticides, dowry murders, and honour killings.
The campaign is zero fund. It has no funds and does not raise funds either, and runs on volunteer effort. The 50 Million Missing Campaign was selected as a Finalist for the 2013 Katerva Award in the Gender Equality Category. The Katerva Award highlights the most ground-breaking projects from around the world and has been referred to as "the Nobel Prize of Sustainability." The campaign won the Katerva Awards' People's Choice Honorable Mention. The 50 Million Missing has also been nominated for The Shorty Awards which honors the best content producers on social media.

[129] Study on Child Abuse: INDIA 2007; Ministry of Women and Child Development, Government of India – p25-29
[130] https://genderbytes.wordpress.com/about/

Meri Shakti Meri Beti (Phase V)[131]

CSR has begun the fifth phase of its project "Meri Shakti Meri Beti" to fight against pre-natal sex selection. The project aims at curbing incidents of pre-natal sex selection in Delhi. The TOR was signed by the German Ambassador to India, Michael Steiner and Director of CSR, Dr. Ranjana Kumari, on 12 February 2013 at the German Embassy. The overarching goal of 'Meri Shakti Meri Beti' is to curb declining sex ratio in Delhi by changing people's mind-set about the rights of girl children and their value in society and improving the implementation of the PC-PNDT Act.

In the fifth phase of MSMB, CSR aims to strengthen city-wide efforts to combat sex-selection that currently lie disconnected and operate on a limited scale. The aim is to collaborate with NGOs across Delhi to replicate the MSMB model, improve the quality and effectiveness of community-level activities addressing sex-selective abortion, and increase broader public awareness of the issue.

The programme will also focus intensely on improving implementation of the PC-PNDT Act and the prosecution of cases under the Act. Judicial training programmes that address weaknesses in establishing appropriate evidence will be undertaken. This work will leverage district-level relationships with government officials and local partners that CSR has already developed during the first phase of the programme.

[131] http://www.csrindia.org/index.php/female-foeticide

1.2.4 Child marriage & Teenage Pregnancy

Mohni W/O Teja singh 15 years Ajmer, India - Her fate looked sealed when her family began organizing the nuptial celebration. But the bride - to - be, a shy school girl form a remote village in western India, wasn't ready to say "I do".

In a region where patriarchy and age-old customs dictate a woman's life from birth to death 15 years old Mohni Rawat in March Joined a small but growing number of girls who are standing up against the widespread practice of child marriage in India.

"My family was in the midst of planning my wedding." Recalled Mohni, her black hair pinned in bun and a gold stud in her nose, as she sat on a step outside her home in Mashiniya village in Rajasthan State.

"My grandfather had decided that while he was alive he wanted to see that I get married and settled. I was scared to say anything against it at first" "I went to my mother and told her I wanted to study more and get a job, and only after that would I get married," added the girl, who is from a subsistence farming community that ekes out a living by grooving crops like wheat and maize.

But Mohni didn't stop there. She went to local official in the city of Ajmer-some one hour by bus - to seek advice and press home the point to her family that the legal age for marriage in Indian is 18.

Gender rights activists say Mohni proof that, through education and exposure to the modern world, girls are beginning to take decisions over their own lives and are helping to lift the curse of early marriage that has plagued India for centuries[132].

Child Marriage

Throughout the world, marriage is regarded as a moment of celebration and a milestone in adult life. Sadly, the practice of early marriage gives no such cause for celebration. All too often, the imposition of a marriage partner upon a child means that a girl or boy's childhood is cut short and their fundamental rights are compromised. While much of the impact remains hidden, it is absolutely clear that millions of children and young people – particularly girls – suffer negative consequences. While the age of marriage is generally on the rise, early marriage – marriage of children and adolescents below the age of 18 – is still widely practised[133].

Child marriage in India has been practiced for centuries, with children married off before their physical and mental maturity. The problem of child marriage in India remains rooted in a complex matrix of religious traditions, social practices, economic factors and deeply rooted prejudices[134]. For both girls and boys, early marriage has profound physical, intellectual, psychological and emotional impacts, cutting off educational opportunity and chances of personal growth. Regardless of its roots, child marriage constitutes a gross violation of human rights, leaving physical, psychological and emotional scars for life. Sexual activity starts soon after marriage, and pregnancy and childbirth at an early age can lead to maternal as well as infant mortality. And it is likely to lead to a lifetime of

[132] Rajastha Samgrah Kalyan Sansthan - http://www.rsksajmer.org/marriage.php
[133] Centre for Social Research India; an Institution for the women and girls in India: http://www.csrindia.org/index.php/child-marriage-in-india
[134] Centre for Social Research India; an Institution for the women and girls in India: http://www.csrindia.org/index.php/child-marriage-in-india

domestic and sexual subservience over which they have no control. Child wives who should be in school or playing, work in near slave-like conditions in the homes of their in-laws. Education statistics reveal the large numbers of children, particularly girls, who drop out of school because of early marriage. So many married women of all ages lament the fact that they cannot even read because they had to leave school early to be married.

Yet many societies, continue to support the idea that girls should marry at or soon after puberty. Parents and heads of families make marital choices for daughters and sons with little regard for the personal implications. Rather, they look upon marriage as a family-building strategy, an economic arrangement or a way to protect girls from unwelcome sexual advances.

How common is early marriage? [135]

Child marriage refers to a formal marriage, or informal union, where either or both party is below the age of eighteen years[136]. Both the United Nations Committee on the Rights of the Child (CRC Committee) and the Committee on the Elimination of All Forms of Discrimination Against Women (CEDAW Committee) have called on States to fix the minimum age for marriage at a minimum of 18 years for both girls and boys; and this position has been widely reiterated by children and women's rights advocates from around the world.

In (partial) compliance with international obligations, India has passed legislation establishing a minimum age for marriage: The Prohibition of Child Marriage Act, 2006, fixes the minimum age for marriage at 18 years for girls, and 21 years for boys, although children may marry at the age of 16 years with their parents' consent (the minimum age for marriage applies to individuals of all religious faiths, although varying procedures for marriage are established by a whole host of pieces of different legislation that apply to different cultural, ethnic and religious groups)[137].

Despite these pieces of legislation, many children enter marriage unions before they have reached the official age for legal marriage. One problem in assessing the prevalence of early marriages is that so many are unregistered and unofficial and are not therefore counted as part of any standard data collection system. Very little country data exist about marriages under the age of 14, even less about those below age 10. Small-scale studies and anecdotal information fill in the picture. They imply that marriage at a very young age is more widespread than country data suggest. National statistics often disguise significant rates of very early marriage in some regions and among some sub-populations. In the Indian state of Rajasthan, for example, a 1993 survey of 5,000 women revealed that 56% had married before age 15, and of these, 17% were married before they were 10. A 1998 survey in Madhya Pradesh found that nearly 14% of girls were married between the ages of 10 and14. In Sri Lanka, the average age at first marriage is 25, compared to 19 in neighbouring India.

According to the most recent UNICEF statistics[138], as many as 47% of children in India[139] are married before the age of 18 years. Furthermore, 18% of children in India are estimated to be married before the age of 15 years. [140]

[135] UNICEF Innocenti Digest; no.7 – March 2001; (2001) Early Marriage, Child Spouses
[136] UNICEF (2012) Child Marriage [online] Available from: http://www.unicef.org/protection/57929_58008.html; Prins, H, McBride, B, Walrath, D. (2010) Cultural Anthropology: The Human Challenge Wadsworth, USA, Cengage Learning, p.209
[137] To name a few: Anand Marriage Act, 1909. (07 of 1909); Arya Marriage Validation Act, 1937. (19 of 1937); Bangalore Marriages Validating Act, 1936. (16 of 1936); The Indian Christian Marriage Act, 1872; The Constitution of India; Code of Criminal Procedure, 1973. (02 of 1974); Indian Penal Code, 1860. (45 of 1860)
[138] Unfortunately available data on child marriage does not tend to be disaggregated by sex. Where child marriage data is published, it is not always clear whether the statistics refer only to girls, or to both girls and boys. This is highly problematic, not only because it is unclear, but also because, it plays into problematic gender biases which assume that the institution of marriage only affects and applies to girls and women

From the international research on woman the following numbers are presented[141]:

- Globally more than one third of the women between the ages 20-24 were married before they reached the age of 18 and 1 in 9 are married before the age of 15.
- In 2010, 67 million women 20-24 around the world had been married before the age of 18.
- Approximately 14 million adolescent girls between the ages 15-19 give birth each year.
- If present trends continue, 142 million girls will be married before their 18th birthday over the next decade. That's an average of 14.2 million girls each year.
- While countries with the highest prevalence of child marriage are concentrated in Western and Sub-Saharan Africa, due to population size, the largest number of child brides reside in South Asia.

The International Ranking 2012 shows that India is Number 12 in the world in percentages of child brides, and because of the population India has the highest number of child brides in the world, although the incidence has been decreasing[142]. According to DHS less girls are marrying before the age of 15, but rates of marriage have increased for girls between ages 15-18[143].

Children (Women) married:	Before 13	before 15	Before 16	Between 16-17	15-18	Before 18
2014[144]		18%				47%
2005-2006[145]		18.2%			29.2%	
2005-2006[146]	2.6%		22.6	44.5		47.4% Urban 29.3% Rural 56.2%
1998-1999[147]		23.5%			26.7%	50%
1987-2006[148]						45% Urban: 28%, Rural 53%
1992-93[149]						54.2%

Child marriage prevalence is the percentage of women 20-24 years old who were married or in union before they were 18 years old.

Marriages in India are often unregistered, and are socially binding if not legally, which makes it hard to survey. According to the 2001 census there are 1.5 million girls, in India, under the age of 15 already married. Of these, 20% or approximately 300,000 are mothers to at least one child. The 2001 census also estimated the average age of marriage has risen to 18.3 for females. The male average is 22.6 years. But child marriage is still widespread across the nation. States like Rajasthan, Uttar Pradesh, Madhya Pradesh, Jharkhand, Chhattisgarh, Bihar and Andhra Pradesh still have average age of marriage below the legal age of eighteen for females.

[139] UNICEF (2011) The Situation of Children in India [online] Available from: http://www.unicef.org/sitan/files/SitAn_India_May_2011.pdf)
[140] Plan, IOS, Coram CLC Children's Legal Centre (2014) Birth Registration and Children's Rights, A Complex Story; Full Report
[141] International Center for Research on Women - http://www.icrw.org/child-marriage-facts-and-figures
[142] http://www.girlsnotbrides.org/child-marriage/india/
[143] http://www.girlsnotbrides.org/child-marriage/india/
[144] http://www.girlsnotbrides.org/child-marriage/india/
[145] USAID - DHS (The Demographic and Health Surveys)(2005-06) India DHS 2005-06 Final Report
[146] National Family Health Survey, India (2005-06) NFHS-III survey
[147] USAID - DHS (The Demographic and Health Surveys)(1998-99) India DHS 2005-06 Final Report
[148] UNICEF (2008); The state of the World's Children 2008: Child Survival
[149] National Family Health Survey, India (1992-93) NFHS-I survey

Being aware of the huge numbers of child marriage only few numbers are filed as cases against the law. According to the following sources these are the cases filed against Prohibition of Child Marriage in 2012 (some of the numbers are different, for that reason both sources are presented):

	National Crime report[150]	Social Statistics Division, Children in India 2012 [151]	NFHS-III survey (in % of women aged 20-24)	Social Action Forum for Manvaadhikar National Family Health Survey [152]
Totally	**169**	**113**	**47.3%**	
West Bengal	43	25		41%
Maharashtra		19		46%
Andhra Pradesh	29	15	54.8%	62%
Karnataka	20	12		45%
Bihar	16		69%	71%
Gujarat	14	13		
Haryana	11			
Rajasthan	10		65.2%	68%
Uttar Pradesh			58.6%	47%
Madhya Pradesh			57.3%	64%
Jharkhand			63.2%	
Chhattisgarh			55%	
The states where prevalence is low are:				
Himachal Pradesh			12.3%	
Punjab			19.7%,	
Kerala			15.4%	

The below table indicates that between 2002 and 2005 there was a fluctuation in the total number of reported Child marriages.[153].

Incidence of crime committed against Children: Child marriage Restrain Act					
2002	2003	2004	2005	Variation in 2005 over 2004	2012
113	63	93	122	31.3%	113

Early Marriage: The causes and context

Early marriage deprives a girl of her adolescence. In many traditional societies, the idea of an adolescent period between puberty and adulthood is alien. A girl who menstruates can bear a child, and is therefore 'a woman'. This sits awkwardly with the fact that the CRC covers everyone up to age 18 and regards childhood as a process of development – one that does not end with a definitive physical maturity marker. In some societies, the independent sense of self that a girl may develop

[150] National Crime Records Bureau, Ministry of Home Affairs, Government of India (2012): Crime in India 2012 Statistics
[151] Social Statistics Division, Central Statistics Office, Ministry of statistics and Programme Implementation, Government of India (2012): Children in India 2012 – A Statistic Appraisal – 'Highlights'
[152] Social Action Forum for Manvaadhikar (): Research Study on Human Right Violation ofVictims of Trafficking; p36
[153] Study on Child Abuse: INDIA 2007; Ministry of Women and Child Development, Government of India – p8

during adolescence is seen as undesirable. While women may be revered in such societies, they are also required to be subservient to the wishes of fathers, husbands, and sons – for their own protective good. It follows that if they are not, they deserve retribution.

Major factors perpetuating child marriage are economic considerations (poverty, marriage-related expenses, dowry), gender norms and expectations, concerns about girls' safety and family honour, child bearing, or oppressive traditional values and norms and a lack of educational opportunities for girls[154]. It is perceived as a way to protect girls and to provide some stability in situations where societies are under extreme pressure.

First, social groups follow traditions from previous eras without questioning contemporary relevance. Early marriage allows parents to waiver 'responsibility' of settling their children. Belief in religious scriptures and the idea that these contain prescription for early marriage drive families to fulfil this "obligation" [155,156]. The traditional system is characterized by extended families, communal households, plural mating, authoritarian exercise of power by the paterfamilias, young age at marriage, spouses chosen by elders, absorption of the newly-wed into an existing household, no non-household role or identity for women[157].

Example of early marriage[158]: Rajasthan, India: The custom survives of giving very small children away in marriage. On the auspicious day of Akha Teej, the mass solemnization of marriages between young boys and girls is performed. From the parents' point of view, this is the tried and tested way of organizing the passing on of property and wealth within the family. A small but significant proportion of the children involved are under age 10, and some are mere toddlers of two or three-years-old.

Secondly, poverty is one of the major factors underpinning early marriage. Economically weak and large families encourage the practice as it helps send-off girl children early, while marriage of a boy brings an additional hand to assist in household and economic activities[159]. Girls living in poor households are almost twice as likely to marry before 18 than girls in higher income households[160]. More than half of the girls in Bangladesh, Mali, Mozambique and Niger are married before age 18. In these same countries, more than 75% of people live on less than $2 a day.

Third, early marriage ensures full "utilization" of fertility and childbearing capacity. The assumption is that once a girl is married, she has become a woman – even if she is only 12. Equally, where a boy is made to marry, he is now a man and must put away childish things. Fertility is deliberately maximized by marrying girls immediately after puberty. The family is the unit of economic production and is the only source of wealth, social status and security for its members. New children (especially boys) are needed to run the household and maintain the family's status. The need to maximize reproduction is reinforced where infant mortality is high[161].

Fourth, members of communities practicing child marriage tend to have little to no formal education. Child marriage is low among women who have had access to higher education and secondary

[154] http://www.childlineindia.org.in/child-marriage-india.htm
[155] Centre for Social Research India; an Institution for the women and girls in India: http://www.csrindia.org/index.php/child-marriage-in-india
[156] Ministry of Women and Child Development (2007): Working Group Report on Women and Children for the Eleventh Five Year Plan (2007-2012) / Study on Child Abuse: INDIA 2007; Ministry of Women and Child Development, Government of India – p7
[157] UNICEF Innocenti Digest; no.7 – March 2001; (2001) Early Marriage, Child Spouses
[158] UNICEF Innocenti Digest; no.7 – March 2001; (2001) Early Marriage, Child Spouses
[159] UNICEF Innocenti Digest; no.7 – March 2001; (2001) Early Marriage, Child Spouses
[160] International Center for Research on Women - http://www.icrw.org/child-marriage-facts-and-figures
[161] UNICEF Innocenti Digest; no.7 – March 2001; (2001) Early Marriage, Child Spouses

education.[162]. During the past decade, the movement for 'Education for All' has stressed the need to enrol more girls in school and to keep them from dropping out before completion. In this context, the custom of early marriage is acknowledged as one of the reasons for girls' exclusion from school, especially in cultural settings where girls are raised for a lifetime confined to household occupations and are expected to marry very young[163]. Educating adolescent girls has been a critical factor in increasing the age of marriage in a number of developing countries, including Indonesia, Sri Lanka, Taiwan and Thailand[164].

Fifth, marrying girls at an early age helps prevent premarital sex. Many societies prize virginity before marriage and this can manifest itself in a number of practices designed to 'protect' a girl from unsanctioned sexual activity. The wife is 'protected', or placed firmly under male control; that she is submissive to her husband and works hard for her in-laws' household; that the children she bears are 'legitimate'; and that bonds of affection between couples do not undermine the family unit. Parents may genuinely feel that their daughter will be better off and safer with a regular male guardian. In effect, they amount to strict controls imposed upon the girl herself. She may, for example, be secluded from social interaction outside the family.

Last but not least, strong caste ties limit the availability of suitable marital partners. As soon as parents identify a match, they make haste in conducting the marriage.

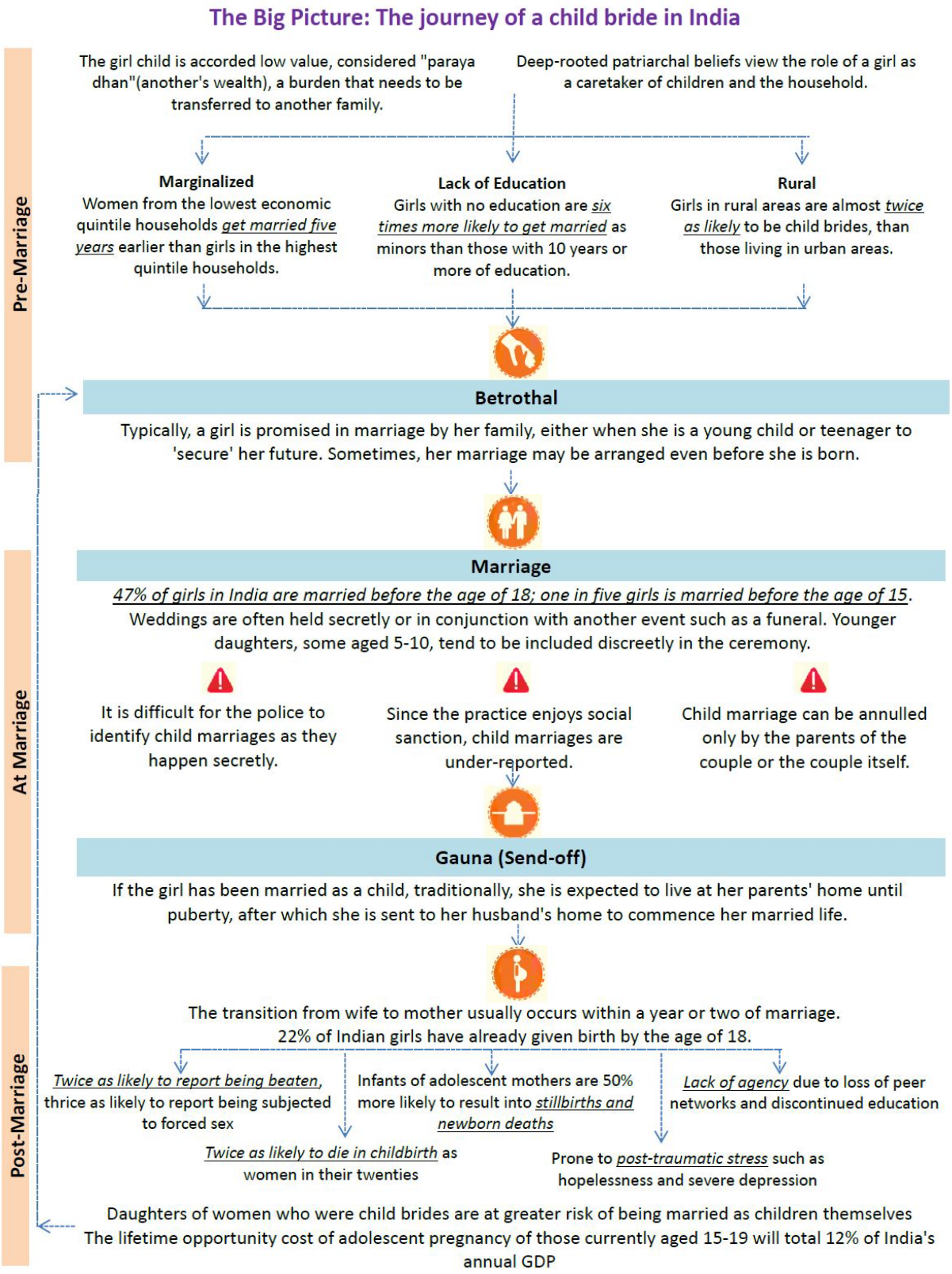
Consequences of Child Marriage[165]

The harmful consequences of child marriage are segregation from family and friends, limiting the child's interactions with the community and peers, lack of opportunities for education[166].

Child marriage in India has grave implications for population control as adolescent brides are likely to have high fertility and a number of unwanted pregnancies. States where child marriage is most prevalent is also where there is the highest population.

Dasra has drawn the situation of girl child marriage as following[167]:

[162] International Center for Research on Women - http://www.icrw.org/child-marriage-facts-and-figures
[163] UNICEF Innocenti Digest; no.7 – March 2001; (2001) Early Marriage, Child Spouses
[164] International Center for Research on Women - http://www.icrw.org/child-marriage-facts-and-figures
[165] http://www.childlineindia.org.in/child-marriage-india.htm
[166] http://www.childlineindia.org.in/child-marriage-india.htm
[167] USAID & Dasra () Marry me Later; Preventing Child Marriage and Early Pregnancy in India



Health and Marriage

Because of lack of protection child brides are often exposed to serious health risks, early pregnancy, and various STDs especially HIV/AIDS[168]. From a demographic and health perspective, early marriage is seen primarily as a contributory factor to early child-bearing. And sometimes, even in this context,

[168] http://www.childlineindia.org.in/child-marriage-india.htm

its role is overlooked: the phrase 'teenage pregnancy' is typically understood to mean pregnancy outside marriage. Yet far more adolescent or teenage pregnancies occur within marriage than outside it[169].

Premature pregnancy and motherhood are an inevitable consequence of child marriage. Because of the early and often closely timed pregnancies before their bodies are able to handle the stress of pregnancy, adolescent mothers give birth prematurely or to low weight babies. The health of the child and mother are at risk. When girls give birth before their bodies are fully developed, there is a much higher risk of death for both mother and child. Girls under 15 are five times more likely to die during pregnancy and childbirth than women in their twenties.[170] Pregnancy-related deaths are the leading cause of mortality for girls 15–19 years old worldwide[171],[172], whether they are married or not. Their children are also less likely to survive. It is also found that infant mortality rates are higher than the national average in the states where child marriage is highly prevalent. If a mother is under 18, her baby's chances of dying during the first year of life are 60% higher than those of a baby born to a mother older than 19.

Child brides face a higher risk of contracting HIV because they often marry an older man with more sexual experience. Girls ages 15 – 19 are 2 to 6 times more likely to contract HIV than boys of the same age in sub-Saharan Africa[173].

Violence and Marriage

Child Marriage Girl children often face situations of bonded labour, enslavement, commercial sexual exploitation and violence as a result of child marriage[174].

Girls who marry before 18 are more likely to experience domestic violence than their peers who marry later. A study conducted by ICRW in two states in India found that girls who were married before 18 were twice as likely to report being beaten, slapped or threatened by their husbands than girls who married later[175].

Child brides often show signs symptomatic of sexual abuse and post-traumatic stress such as feelings of hopelessness, helplessness and severe depression[176].

Girls and boys in Child marriage[177]

While boys are affected by early marriage, this is an issue that impacts upon girls in far larger numbers and with more intensity. In many societies, adolescence means an opening up of opportunity for boys, whereas for girls it often means a closing down of opportunity and personal freedom. The experience for boys is, therefore, less likely to be as exploitative or physically harmful as it is for girls. Even in those societies where early marriage is common, very few boys under age 19 enter marriage compared to girls. This unequal division of power in marriage is likely to be exacerbated where the husband-wife age gap is wide.

To date, most studies on the effects of early marriage have focused on premature sex and pregnancy and school drop-out. Much work remains to be done, therefore, to analyse the full impact of this practice[178].

---

[169] UNICEF Innocenti Digest; no.7 – March 2001; (2001) Early Marriage, Child Spouses
[170] State of the World's Children 2007, UNICEF
[171] UNICEF (2008); The state of the World's Children 2008: Child Survival
[172] International Center for Research on Women - http://www.icrw.org/child-marriage-facts-and-figures
[173] International Center for Research on Women - http://www.icrw.org/child-marriage-facts-and-figures
[174] http://www.childlineindia.org.in/child-marriage-india.htm
[175] International Center for Research on Women - http://www.icrw.org/child-marriage-facts-and-figures
[176] International Center for Research on Women - http://www.icrw.org/child-marriage-facts-and-figures
[177] UNICEF Innocenti Digest; no.7 – March 2001; (2001) Early Marriage, Child Spouses

Law and National legislations

Birth Registration and Child marriage[179]

The (potential) role that birth registration can play in preventing early marriage is through the information a birth certificate can provide about the age of children, in order to improve enforcement of laws that establish a minimum age for marriage. A research that Plan has done demonstrates that whilst birth certificates might be expected to play a role in protecting children from early marriage they are rarely serving this function in practice in the contexts explored in this research. Whilst participants are aware of legal rules concerning the minimum age for marriage, they don't necessarily consider them to apply to forms of customary, religious or informal marriage. Most marriages are officiated through informal or customary process and celebrants aren't usually concerned with age verification, especially the production of official documents.

Furthermore, whilst laws that prohibit child marriage may be enforced in isolated circumstances, they are unlikely to achieve broader, sustainable change if they fail to address the causes of the practice: prevailing discriminatory ideas about gender and sexuality, tied to powerful economic structures and institutions, such as the institution of dowry, and those (institutions) that perpetuate structural poverty. As a study by the Asian Development Bank concludes: '*as long as poverty provides a strong incentive to marry off young girls, regulating the age of marriage is likely to remain a mere aspiration*.' In fact, the data demonstrates how easily legal rules designed to protect children, and the introduction of norms prohibiting child marriage and sexual abuse, instead of challenging (harmful) community practices, are incorporated into existing systems of cultural (normative) reasoning, such that they acquire an entirely different function and meaning in practice.

Neglect of the rights perspective[180]

Social reformers in the first part of the 20th century were concerned about early marriage, especially in India, and influenced the UDHR and other human rights conventions of the 1950s and 1960s.

Despite the efforts of reformers in the early part of the 20th century, early marriage has received scant attention from the modern women's rights and children's rights movements. There has been virtually no attempt to examine the practice as a human rights violation in itself. Children and teenagers married at ages well below the legal minimum become statistically invisible as 'children'. Thus, in the eyes of the law, an adult male who has sex with a girl of 12 or 13 outside marriage may be regarded as a criminal, while the same act within marriage is condoned.

A shift in focus is beginning. The ground breaking work of the Forum on Marriage and the Rights of Women and Girls is one example of this shift. The Forum, which is the only international inter-agency network on this topic, published "Early Marriage: Whose Right to Choose?" in May 2000. The Forum also worked with UNICEF to organize a workshop on this issue during the UN Special Session on Women (Beijing) in June 2000.

In addition to laws that prohibit child marriage and other forms of violence against children, a policy of zero tolerance should be adopted by countries seeking to create an environment in which children can survive and thrive[181].

[178] UNICEF Innocenti Digest; no.7 – March 2001; (2001) Early Marriage, Child Spouses
[179] Plan, IOS, Coram CLC Children's Legal Centre (2014) Birth Registration and Children's Rights, A Complex Story; Full Report
[180] UNICEF Innocenti Digest; no.7 – March 2001; (2001) Early Marriage, Child Spouses
[181] UNICEF (2008); The state of the World's Children 2008: Child Survival

UNICEF defines child marriage as marriage before 18 years of age and considers this practise as a violation of human rights[182] whether it happens to a girl or a boy. The right to free and full consent to a marriage is recognized in the 1948 Universal Declaration of Human Rights (UDHR) and in many subsequent human rights instruments – consent that cannot be 'free and full' when at least one partner is very immature[183].

The Prohibition of Child Marriage Act, 2006

The National legislation for protection of child rights focussed on Child Marriage in India is[184]:

The Child Marriage Restraint Act, 1929 has been repealed. In 2006 the government of India update legislations regarding child marriage and passed the Prohibition of Child Marriage Act, 2006. The major provisions of the new Act include:

- Every child marriage shall be voidable at the option of the contracting party who was a child at the time of the marriage;
- The Court while granting a decree of nullity shall make an order directing the parties, parents and guardians to return the money, valuables, ornaments and other gifts received;
- The Court may also make an interim or final order directing the male contracting party to the child marriage or parents or guardian to pay maintenance to the female contracting party to the marriage and for her residence until her remarriage;
- The Court shall make an appropriate order for the custody and the maintenance of the children of child marriages;
- Notwithstanding that a child marriage has been annulled, every child of such marriage shall be deemed to be a legitimate child for all purposes;
- Child marriages to be void in certain circumstances like minor being sold for the purpose of marriage, minor after being married is sold or trafficked or used for immoral purposes, etc.;
- Enhancement in punishments for male adults marrying a child and persons performing, abetting, promoting, attending etc. a child marriage with imprisonment up to two years and fine up to one lakh rupees;
- States to appoint Child Marriage Prohibition Officers whose duties include prevention of solemnization of child marriages, collection of evidence for effective prosecution, creating awareness and sensitization of the community etc.

Early Marriage and the Convention on the Rights of the Child (CRC) [185]

The CRC has been ratified by all countries with the exception of the United States and Somalia. Virtually every provision of the CRC is of some relevance to the issue of early marriage. Among the most pertinent, however, are the following (paraphrased for clarity in some cases):

- Article 1: A child means every human being below the age of eighteen years unless, under the law applicable to the child, majority is attained earlier.
- Article 2: Freedom from discrimination on any grounds, including sex, religion, ethnic or social origin, birth or other status.
- Article 3: In all actions concerning children … the best interests of the child shall be a primary consideration.
- Article 6: Maximum support for survival and development.

[182] http://www.childlineindia.org.in/child-marriage-india.htm
[183] Centre for Social Research India; an Institution for the women and girls in India: http://www.csrindia.org/index.php/child-marriage-in-india
[184] Study on Child Abuse: INDIA 2007; Ministry of Women and Child Development, Government of India – p25-29
[185] UNICEF Innocenti Digest; no.7 – March 2001; (2001) Early Marriage, Child Spouses

- Article 12: The right to express his or her views freely in all matters affecting the child, in accordance with age and maturity.
- Article 19: The right to protection from all forms of physical or mental violence, injury or abuse, maltreatment or exploitation, including sexual abuse, while in the care of parents, guardian, or any other person.
- Article 24: The right to health, and to access to health services; and to be protected from harmful traditional practices.
- Articles 28 and 29: The right to education on the basis of equal opportunity.
- Article 34: The right to protection from all forms of sexual exploitation and sexual abuse.
- Article 35: The right to protection from abduction, sale or trafficking.
- Article 36: The right to protection from all forms of exploitation prejudicial to any aspect of the child's welfare.

International Human Rights Instruments and Early Marriage[186]

A number of human rights instruments lay down norms to be applied to marriage, covering issues of age, consent, equality within marriage, and the personal and property rights of women. The key instruments and articles are as follows (paraphrased for clarity in some cases):

- Article 16 of the 1948 Universal Declaration of Human Rights (UDHR) states: (1) Men and women of full age … have the right to marry and found a family. They are entitled to equal rights as to marriage, during marriage and at its dissolution. (2) Marriage shall be entered into only with the free and full consent of the intending parties. Similar provisions are included in the 1966 International Covenant on Economic, Social and Cultural Rights and the 1966 International Covenant on Civil and Political Rights.
- Article 1 of the 1956 Supplementary Convention on the Abolition of Slavery, the Slave Trade, and Institutions and Practices Similar to Slavery includes in the institutions and practices similar to slavery: Article 1(c) Any institution or practice whereby: (i) A woman, without the right to refuse, is promised or given in marriage on payment of a consideration in money or in kind to her parents, guardian, family …
- Articles 1, 2, and 3 of the 1964 Convention on Consent to Marriage, Minimum Age for Marriage and Registration of Marriages state: (1) No marriage shall be legally entered into without the full and free consent of both parties, such consent to be expressed by them in person … as prescribed by law. (2) States Parties to the present Convention shall … specify a minimum age for marriage ("not less than 15 years" according to the nonbinding recommendation accompanying this Convention). No marriage shall be legally entered into by any person under this age, except where a competent authority has granted a dispensation as to age, for serious reasons, in the interests of the intending spouses … (3) All marriages shall be registered … by the competent authority.
- Article 16.1 of the 1979 Convention on the Elimination of All Forms of Discrimination against Women is also applicable to girls under 18 years of age. Article 16.2 of the Convention lays special emphasis on the prevention of child marriages and states that the betrothal and marriage of a child shall have no legal effect and that legislative action shall be taken by States to specify a minimum age for marriage[187]. It prescribes equally for men and women: (a) The same right to enter into marriage; (b) The same right freely to choose a spouse and to enter into marriage only with their free and full consent; … Article 16.2 states: The betrothal and the marriage of a child shall have no legal effect, and all necessary action, including legislation, shall be taken to specify a

[186] UNICEF Innocenti Digest; no.7 – March 2001; (2001) Early Marriage, Child Spouses
[187] Study on Child Abuse: INDIA 2007; Ministry of Women and Child Development, Government of India – p24

minimum age for marriage. Article XXI of the 1990 African Charter on the Rights and Welfare of the Child states: Child marriage and the betrothal of girls and boys shall be prohibited and effective action, including legislation, shall be taken to specify the minimum age of marriage to be eighteen years.

Response

Government Action Plans on eradicating child marriage

The National Plan of Action for Children 2005 includes goals on eradicating child marriage. One of the notable initiatives taken by India towards protection of children including the girl has been the establishment of a National Commission for Protection of Child Rights in 2007 for proper enforcement of children's rights and effective implementation of laws and programs relating to children. Several National level policies formulated since 2000, including the National Adolescent Reproductive and Sexual Health Strategy have advocate delaying the age at marriage and the age of conceiving the first child.

The Women and Child Development Ministry has taken a number of steps to enhance the status of girl child and to address the problem of child marriage:

- To promote sensitization and awareness on the girl child, the Government has declared January 24 of every year as 'National Girl Child Day'.
- Every year, State Governments are requested to take special initiative to delay marriage on Akha Teej- the traditional day for such marriages, by coordinated efforts.
- Workshops, seminars and legal awareness camps are organized to bring attitudinal changes to prevent child marriage.
- SABLA, a Scheme for empowering adolescent girls, has been launched in 200 districts of the country from 19th November 2010. The Scheme aims at empowering adolescent girls (11-18 years) by improving their nutritional and health status and upgrading various skills like home skills, life skills and vocational skills etc. and building awareness on various issues. They would also be sensitized towards the importance of marriage at the right age. By empowering adolescent girls, who can say no to early marriage, the Scheme would also address the issue of child marriage.
- A National Consultation on Prevention of Child Marriage was organized on 25thMay 2012in New Delhi. The discussion in the consultation primarily centred on legislative and implementation aspects of Prohibition of Child Marriage Act (PCMA) 2006 and other related laws. It was agreed in the consultation that Information, Education and Communication (IEC) measures and advocacy particularly, after vulnerability mapping was the way forward for addressing social attitude that perpetrates child marriage. Convergence between various Central Departments and Ministries, and a coordinated inter-departmental action for effective implementation of the relevant schemes and programmes of the Centre and State Government on child marriage was also emphasized.
- A National Strategy on Child Marriage prevention focusing on law enforcement, access to quality education and other opportunities, changing mind sets and social norms, empowerment of adolescents etc. was prepared in December 2012.

Based on the strategy, a draft National Plan of Action on prevention of Child Marriage was prepared with the following mail objectives:

- To enforce PCMA 2006 and related laws and policies to protect children and adolescents against child marriage and promote gender equality.
- To promote the right to quality education at all levels with a special emphasis on girls.

- To generate a change in social norms and attitudes regarding child marriage and the role and status of girls in society.
- To empower and build capacities of adolescent boys and girls to access services and make informed decisions in matters affecting their lives.
- To generate knowledge and data to inform programmes and policies.
- To develop and establish monitoring and evaluation systems to measure outcomes.
- To enhance convergence across line Ministries, departments and other stakeholders.

Action plan: Tackle the problem head-on

Despite the fact that child marriage as a practice directly hinders the achievement of six of eight Millennium Developments Goals, as an issue it remains grossly under-funded[188]. Greater resources – both financial and otherwise – are needed to scale interventions that work and protect millions of girls from both becoming child brides. For instance, if present trends continue, of the girls born just between 2005 and 2010, 28 million would become child brides over the next approximately 15 years.

While some progress over the past two decades has been made, there is a need to tackle the problem head-on by re-shaping patriarchal attitudes, facilitating educational opportunities for girls, delivering effective support service to child brides and empowering young girls to challenge the status quo. We must act now to prevent yet another generation of young girls from falling victim to harmful tradition under the guise of celebration.

We must work to change attitudes in families and in societies at large, extend opportunities for childhood learning and education, offer appropriate support to families and children, and seek to have all children – girls and boys – recognised as valuable members of society rather than economic burdens.

To stop child marriages, awareness has to be raised and, where necessary, action needs to be stimulated. Where there is insufficient data on the practice and repercussions of early marriage, researchers and officials in both government and civil society are encouraged to initiate research in this area.

Where can efforts be better directed?

Based on Indian and international evidence, consultations with experts and views of Dasra's advisory committee, Dasra has identified four key priority areas where collective action should be focused[189]:

1. Creating alternate life options for girls. Providing girls with the 'education to employment continuum' provides them with an enabling solution, allowing them to explore alternative life choices to early marriage.

2. Identifying and sensitizing gatekeepers. It is critical to engage gatekeepers who significantly influence a girl's life choices - fathers and brothers, older women in the family, religious and community leaders. Evidence shows that most cases of positive change involve a gatekeeper, whose sheer conviction to stand-their-ground enables the girl to delay her marriage.

[188] USAID & Dasra () Marry me Later; Preventing Child Marriage and Early Pregnancy in India
[189] USAID & Dasra () Marry me Later; Preventing Child Marriage and Early Pregnancy in India

3. Promoting birth and marriage registration. 59% of all births remain unregistered in India. Birth registration is a proof of age and so plays a significant role in preventing the practice as well as ensuring that the girl child and her family can access numerous welfare schemes.

4. Addressing the needs of adolescent brides. Along with preventing child marriage, it is crucial to address the unique needs of child brides so as to mitigate the negative impacts of child marriage and improve their health and well-being.

Actions which will be able to change and stop child marriage[190]:

- Increase awareness generation: All stakeholders should be sensitized and convinced about the negative impacts of child marriage.
- Gender sensitization programs: Gender training programs should be spread throughout the district for police and NGOs. Primary and secondary education for girls should be promoted.
- Checking loopholes in the law: Shortcomings must be corrected to strengthen the law.
- Training: Child Marriage Prevention Officers need to be trained for vigilance.
- Special police cells: Task forces must be set up to focus on cases of child marriage.
- Increased authority for NGOs: NGOs should be given the authority to report and intervene in cases of child marriage.

Unicef is giving some ideas for concrete action[191],[192] for faith based groups and communities:

Worship and Religious Events:

- Talk about protecting children and delaying marriage in a language that is meaningful and appropriate to your community.
- Cite examples from religious texts that show your religion's commitment to the right of children to develop to their full potential. Talk about these examples in worship services and in religious education classes. Refer to them during special religious events, particularly during ceremonies celebrating rites of passage.
- Invite relevant professionals (e.g. teachers, doctors, social workers) from the religious community to talk about children's rights, child development and the importance of letting girls complete their development before being married or having children.
- Compose prayers that promote the respect for children and the end to child marriage. These can be handed out as prayer cards or as gifts to families.
- Discuss the meaning of marriage in your society and use worship services and religious classes to talk about how the institution of marriage can fulfil its societal role without violating the rights of children.

Community Work

- Organize public vigils to end child marriage.
- Use religious media, such as radio and television, to disseminate the message that child marriage is a violation of human rights and it needs to end.
- Work with leaders and advocates from other religious communities, government and civil society to issue joint statements and commitments on ending child marriage.

[190] Centre for Social Research India; an Institution for the women and girls in India: http://www.csrindia.org/index.php/child-marriage-in-india
[191] UNICEF Innocenti Digest; no.7 – March 2001; (2001) Early Marriage, Child Spouses
[192] UNICEF (2012) World Day of Prayer and Action for Children; ABC's for Action and Advocacy; A note on Child Marriage

- Organize workshops (alone or with other relevant groups) to develop projects to promote the abandonment of child marriage. (Don't forget to identify resources and programs that may already exist in your region.)
- Lead discussions with children and adolescents about their hopes and aspirations, and ask them to consider how they may jeopardize these aspirations if they marry before 18.
- Promote the discussion of delaying marriage to 18 (or older). Get parents, and your community, to consider delaying marriage to adulthood.
- Commit to the development and implementation of a code of conduct for interacting with children in places of worship, organizations institutions (including schools and orphanages) and community associations. This code should include a way for members of your community to report child marriages because the reporting and tracking of child marriage can help make it less socially acceptable.
- Lend moral authority to campaigns to end child marriage. Advocate for changes in public policy and legislation to better protect children from child marriage.
- Provide material, spiritual and emotional support to families who are struggling in the face of adversity.
- Advocate for improved access and better support services for women who have been married as children.
- Facilitate childcare for child mothers seeking support.

1.3 Abandoned and neglected children

1.3.1 Street Children / Abandoned Children

"The show begins at night. After the sun is swallowed by the smog and neon lights wash the city in yellow, Rahul and his gang emerge from under the flyover. They all look similar — grubby feet, frayed rags, scarred faces, red eyes and brassy hair. They are all under 11. Walking with the swagger of his favourite filmstar, the puny urchin produces a cigarette from his pocket, lights it and blows the smoke into the faces of six other kids who beg for a drag. But Rahul is high: one moment he is Dabangg; another, he is Romeo the kutta. Then he offers the fag to his buddies, but at a price. He punches one, yanks out ₹5 from another's pocket, and then grabs Guddi, the only girl in the pack. She screams and giggles as he pulls her towards a dark corner. Then a boy shouts police' and the group vanishes into the dark garbage dump they call home." In Times of India, Nov 6, 2011[193]

These are India's invisible children who have fallen through the cracks. During the day, they sleep amid stinking waste and at night they collect plastic bottles, sell flowers, clean cars, beg or steal. They all had a home once. They all have a story to tell, but they clamp up when asked about it. Rahul wants a dibba of "good boot polish" before talking. He eats it. "Otherwise, I can't sleep," says the 10-year-old who ran away from his home in Gwalior to escape an alcoholic father and a cruel stepmother. Others have similar tales: Guddi left home when her mother tried to push her into prostitution; Guddu's father beat him mercilessly; Raju was too scared of a teacher at school, and Pappu just got tired of hunger. They took a train to Delhi, got snuffed by gangs roaming the platforms and since then, it has been a story of rape, torture, drugs and starvation[194].

In 2011, the National Crime Record Bureau (NCRB) came out with shocking figures of crimes against children: 5,484 children were raped and 1,408 others killed in India last year[195]. In the Capital alone, 29 children were murdered and 304 raped in 2010. But these figures do not include even a fraction of crimes committed against street children. "Not even 10% cases of rape, sodomy or murder of street children are recorded. Who is going to file an FIR for these children who have been abandoned by society and trapped by gangs?" asks Prabhakar Goswami, director of i-India, a Jaipur-based NGO which runs a helpline for street children. "We go to the police when we come across such cases, but it's difficult to file an FIR as they don't take these cases seriously."

The NCRB figures are based on FIR and daily diary reports and, therefore, hide more than they reveal as the worst victims of child abuse are not counted at all. "Street children are abused — physically, mentally and sexually — on a daily basis. They get trapped in a cycle of abuse that leads to

[193] Times of India, Nov 6, 2011; India's invisible children: Swallowed by the streets; http://timesofindia.indiatimes.com/home/stoi/Indias-invisible-children-Swallowed-by-the-streets/articleshow/10626388.cms
[194] Times of India, Nov 6, 2011; India's invisible children: Swallowed by the streets; http://timesofindia.indiatimes.com/home/stoi/Indias-invisible-children-Swallowed-by-the-streets/articleshow/10626388.cms
[195] Times of India, Nov 6, 2011; India's invisible children: Swallowed by the streets; http://timesofindia.indiatimes.com/home/stoi/Indias-invisible-children-Swallowed-by-the-streets/articleshow/10626388.cms

drugs and crimes, but no one is bothered," says Sanjay Gupta, director of Chetna, an NGO working for street children in Delhi. "In Delhi, there are at least five lakh street children, but in government records, less than 50,000 exist."

The term "street child" did not figure in the official vocabulary of India until 1993, when under pressure from NGOs the government launched a Scheme for Assistance to Street Children" in six major cities. Now, it's been extended to all cities with more than one million, but it hasn't helped. "Making laws is not enough. There is a law against child labour but you see them everywhere. Under the Right to Education, every street child should be in school, but millions are getting wasted on footpaths.

The issue of street children is considered to be an urban problem. Children can be found in railway stations, near temples and durgahs, in markets, under bridges, near bus deports and stops, etc.

Street children are recognized to be young people who experience a combination of multiple deprivations and 'street-connectedness'. This combination requires a specific focus on street children within wider policy agendas and interventions, to restore access to their legal human rights[196].

Hence the definition of street is not in the literal sense, but refers to those children without a stable home or shelter. This report will use the UNICEF definition of street children as cited by Nandana Reddy in Street Children of Bangalore: A Situational Analysis (NOIDA: Government of India, 1992), p. 2:

"Street children are those for whom the street (in the widest sense of the word, i.e. unoccupied dwellings, wasteland, etc.) more than their family has become their real home, a situation in which there is no protection, supervision, or direction from responsible adults."

and the three operational categories:

1. Children on the Street

Children who live on the street with their families and often work on the street. There may be children from migrated families, or temporarily migrated and are likely to go back to their homes.

2. Children of the Street

Children who live on the street by themselves or in groups and have remote access or contact with their families in the villages. Some children travel to the cities for the day or periods of time to work and then return to their villages.

3. Abandoned Children

Children who have severed all ties with their families. They are entirely on their own, not only for material survival but also psychologically such as orphans, refugees and runaways.

The distinction is an important one because children of the street and the abandoned children lack emotional and psychological support of a family. It is the second and third category of children who are most vulnerable as they are easy victims of abuse, and inhuman treatment. They often engaged in petty theft or prostitution for economic survival. Children run away from their homes for a variety of reasons. Some may have faced traumatic experiences in their homes. Their parents may be abusive

[196] Consortium for Street Children; Sarah Thomas de Benitez (2011); State of the World's Street Children: Research; pviii

or have problems with alcoholism, poverty and unemployment. Some children leave home drawn by the glamour of the big cities.

A study found that majority (89.8%) of children live on the street with their parents/family.[197] In the 2007 MWCD report on child abuse, the study found 65.9% of the street children lived with their families. Out of these children, 51.84% slept on the side-walks, 17.48% slept in shelters and 30.67% slept in other locations such as under flyovers and bridges, railway platforms, bus stops, parks, market places, etc. 66.8% of children reported being physically abused by family members and others.

Contrary to conventional wisdom, most of the children roaming the streets of India's cities and villages have a family to which they could in principle go back. Some studies reveal that as many as 90%of them could live with parents or relatives if they so wished, though their families are invariably destitute[198]. In most cases, therefore, it is the children who choose to leave their homes and take care of themselves.

Any intervention aiming to rehabilitate and care for street children requires that we understand their social and family background, the reasons that forced them to leave their homes, and the lifestyle that the street thrusts upon them[199]. Every child has a unique story to tell. As important as it is to quantify this phenomenon, numbers alone are of little help in understanding the context in which they live, the desperation that leads them to run away from home, and the challenges they struggle with to survive on the streets.

Street Children Statistics

Tens of millions of children live in the streets of cities scattered all over the world. While their presence may be noticed in developed as well as developing countries, however, the majority of street children live in the poor nations of Africa, Asia, and Latin America, especially India and Brazil[200]. The prevalence of street children has been escalating in most of the developing world and highest in India[201]. According to the United Nations Development Programme in 1993 India has the largest population of street children in the world[202]. But the hidden and isolated nature of street children makes accurate statistics difficult to gather. The primary reason for this is that it is difficult to obtain accurate data about them because of their floating character[203]. Street children usually have no proof of identification and move often. Because of their very lifestyle, street children are not included in official statistics that rely on data collected by surveying families or schools; any estimate is therefore necessarily imprecise. The study done for the health science journal in 2013 revealed that ***10 % of the world's children live on the streets in India*** and more than two third were boys[204].

In 1989, UNICEF estimated 100 million children were growing up on urban streets around the world[205]. Fourteen years later the same international agency reported: "The latest estimates put the

[197] http://childlineindia.org.in/street-children-india.htm; 14-08-2014
[198] Asian Centre for Human Rights, Report 2003
[199] Federico Ferrara & Valentina Ferrara (2005); The Children's Prison: Street Children and India's Juvenile Justice System – p1
[200] Federico Ferrara & Valentina Ferrara (2005); The Children's Prison: Street Children and India's Juvenile Justice System – p1
[201] Health Science Journal; Volume 7 2013, Issue 2 (2013): Preventing -substance abuse among street children in India: a literature review
[202] United Nations Development Programme (UNDP) (1993); Human Development Report; p24
[203] Chatterjee, A. (1992). India: The forgotten children of the cities. Florence, Italy: Unicef. Retrieved February 20, 2012.
[204] Health Science Journal; Volume 7 2013, Issue 2 (2013): Preventing -substance abuse among street children in India: a literature review
[205] Consortium for Street Children; Sarah Thomas de Benitez (2011); State of the World's Street Children: Research; p4

numbers of these children as high as 100 million'(UNICEF, 2002:37). And more recently still: 'The exact number of street children is impossible to quantify, but the figure almost certainly runs into tens of millions across the world. It is likely that the numbers are increasing as the global population grows and as urbanization continues apace'(UNICEF, 2005: 40-41). War, poverty, urbanization, rapid economic growth, the breakdown of families, and domestic violence are the most immediate causes of this phenomenon's growing proportions[206],[207]. India has the highest concentration of street children[208]:In 1994, UNICEF estimated that there were 11 million street children in India. This number is said to be a drastic under-estimation. Other groups put the number as high as 18 million. Two in three of these children are boys. It is also important to note girl street children are often not found in visible spaces and hence hard to trace. Age wise 40% of the street children are between 11-15 years while another 33% are between 6-10 years age group[209],[210]. Of the 50,000 people in India that are officially reported as leaving home annually, 45%are under 16; this number, though, is likely very low[211].

Street children vary across cities and regions. Various studies have formulated estimates of certain cities. In the late 1980s, for instance, it was estimated that there were at least 100,000 street children in both Kolkata and Bombay[212]. The Indian embassy estimated 314,700 street children in cities like Bombay, Calcutta, Madras, Kanpur, Bangalore and Hyderabad and around 100,000 street children in Delhi[213].

The life of Street Children

Causes of children being on the street in India[214]: Children who are vulnerable to street life include those who have been abandoned by their families or sent into cities due to family's intense poverty, often with hopes that a child will be able to earn money for the family[215]. It was found that most of the street children were from joint families and higher percentage of street children had illiterate parents[216]. Beside these, low income of the parents, presence of step parents, guardian other than parents and intra-familial physical abuse were associated with the runaway group of street children in India[217],[218].

Because of a lack of permanent shelter and the fact that the number of street children is not recorded in any national survey or study street children are often called the 'hidden children'. Being

[206] Federico Ferrara & Valentina Ferrara (2005); The Children's Prison: Street Children and India's Juvenile Justice System – p1
[207] Pagare D, Meena GS, Singh MM, Saha, R. (2003): Risk Factors of Substance Use Among Street Children from Delhi, New Delhi: Maulana Azad Medical College & Health Science Journal; Volume 7 2013, Issue 2 (2013): Preventing -substance abuse among street children in India: a literature review
[208] United Nations Development Program, cited in Human Rights Watch (2006) Police Abuse and Killings of Street Children in India
[209] http://childlineindia.org.in/street-children-india.htm; 14-08-2014
[210] I. Seure (2000) A Research about Street Children and the Possibilities for Setting Up Children's Unions to Defend their Rights
[211] Patel, Sheela (October 1990). "Street Children, hotel boys and children of pavement dwellers and construction workers in Bombay - how they meet their daily needs". Environment and Urbanization 2 (2): 9–26.
[212] Chatterjee, A. (1992). India: The forgotten children of the cities. Florence, Italy: Unicef. Retrieved February 20, 2012.
[213] http://childlineindia.org.in/street-children-india.htm; 14-08-2014
[214] Health Science Journal; Volume 7 2013, Issue 2 (2013): Preventing -substance abuse among street children in India: a literature review
[215] Kanth AK. Street Children and Homelessness. CYC-Online (2004): Available from: http:// www.cyc-net.org/cyc-online/cycol-0904-Homelessness.html. (Accessed 18 September 2014).
[216] Indian Journal of Paediatrics 69(8):732; Tiwari PA, Gulati N, Sethi GR, Mehra M. (2002) Why do some boys run away from home?
[217] Delhi: Ministry of Women and Child Development, Government of India; Kacker L, Varadan S, Kumar P. (2007) Study on Child Abuse India 2007.
[218] Health Policy and Planning, 2009:24(5)1–10; Uddin J, Koehlmoos TL, Ashraf A, Khan AI, Saha NC, Hossain M. (2009) Health Needs and Health Care Seeking Behaviour of Street Dwellers in Dhaka and Mumbai

hidden, they are at a higher risk to being abuse, exploited and neglected. Another group that is at risk of ending up on the street are migrant children. Children come to cities in hope of finding new jobs and opportunities for their families. Unfortunately through increasing populations in the cities, children that come to the cities face meagre incomes, poor housing and usually end up on the street.

There are a number of factors that lead children to living on the street. One root cause that has been identified is poverty. But poverty alone does not result in this problem. Other factors to be taken into consideration is the expansion and growth of cities, over-population, family disintegration, inadequacy of formal school institutions leading to large numbers of dropouts and failures, inability of institutions to deal with these problems, etc.

Street children mostly live in open air spaces. There are few to no shelters available in the cities for homeless children. Some may live in a temporary constructed hut or the house of their employer. These children are exposed to high health hazards as population and unhygienic conditions of living. Having no shelter they are constantly exposed to environmental conditions of heat, cold and rain. They live miserably. They endure constant hunger and malnutrition, which are often accompanied by scabies and dysentery. Their lifestyle exposes them to the many grave risks that derive from their frequent involvement in drug trafficking, organ trade, prostitution, pornography, and slavery.

Many of the street children end up at the train station, where some look for work others become vagabonds, criss-crossing the country on its vast and intricate railway network. On the streets almost 50% of street children are self-employed as rag-pickers which consists of rummaging through piles of garbage searching for rags, plastic, paper, or any item they may be able to place on the second-hand market; hawkers; shoeshine boys; clean railway platforms and train compartments; play music or juggle or simply beg. Others may be found working a variety of jobs: they serve as paperboys, dishwashers, or porters for hotels and local businesses; working in shops and establishments. Their work hours range between 10-13 hours a day. Street children sometimes earn as little as 10 Rupees a day, while their daily income rarely exceeds 100 Rupees. Often, they must resort to petty theft to survive. Pickpocketing and stealing food, bicycles, and construction materials are the most common offenses, while violent crime and drug trafficking are diffused but less prevalent. Many simply panhandle.

Abuse of Street Children

Street children also face abuse from their family members, employers and other people. The right to play of a street child is almost non-existent as they do not have access to recreational facilities and often venture into activities available to them on the street such as drug abuse, gambling, drinking, etc.

Life on the streets[219]: Street children spent entire days and often nights on the street, irrespective of the weather conditions, privacy, health hazards, etc. The nature of the data collected in the study is generating a picture of the quality of life of children on the street. Some of the experiences reported by them paint a picture of the life of a street child as exploitative, abusive and inhuman.

The study revealed that 65.9% of the street children lived with their families on the streets. Out of these children, 51.8% slept on the footpath, 17.5% slept in night shelters and 30.7% in other places including under flyovers and bridges, railway platforms, bus stops, parks, market places, etc.

[219] Study on Child Abuse: INDIA 2007; Ministry of Women and Child Development, Government of India – p62-64

Gender-wise percentage of street children reporting physical abuse by family members and others *				
	Boys		Girls	
	No	Yes	No	Yes
Andhra Pradesh	34.25	65.75	60.87	39.13
Assam	19.81	80.19	10.29	89.71
Bihar	22.77	77.23	16.67	83.33
Delhi	7.44	92.56	7.59	92.41
Goa	61.26	38.74	46.81	53.19
Gujarat	44.12	55.88	19.19	80.81
Kerala	71.76	28.24	32.73	67.27
Madhya Pradesh	31.90	68.10	39.02	60.98
Maharashtra	23.53	76.47	50.51	49.49
Mizoram	0.00	100.00	0.00	0.00
Rajasthan	10.10	89.90	26.26	73.74
Uttar Pradesh	10.78	89.22	27.37	72.63
West Bengal	65.09	34.91	54.35	45.65
Total	**34.01**	**65.99**	**32.08**	**67.92**

** Others include teachers, employers, NGO Workers, Caregivers, strangers and person with whom children have faint acquaintance*

Age-wise percentage of street children reporting physical abuse			
States	Younger Children (5-12)	Children (13-14)	Adolescents (15-18)
Andhra Pradesh	57.33	18.67	24.00
Assam	78.77	10.27	10.96
Bihar	77.85	17.72	4.43
Delhi	54.59	21.62	23.78
Goa	79.41	7.35	13.24
Gujarat	70.80	16.79	12.41
Kerala	44.14	20.72	35.14
Madhya Pradesh	49.61	32.56	17.83
Maharashtra	55.12	22.05	22.83
Mizoram	91.67	8.33	0
Rajasthan	64.81	19.14	16.05
Uttar Pradesh	78.13	16.25	5.63
West Bengal	64.56	26.58	8.86
Total	**65.07**	**19.17**	**15.75**

[220]

Police abuse and killings of street children[221]

Another problem is the police. They are supposed to keep track of crimes against these kids, but end up always finding these children on the wrong side of law. The kids are routinely arrested, locked up and beaten. "*The police are not sensitive enough to stop crimes against them. Though they may see a street kid being abused or forced to work, they do nothing to stop it*" says Ramesh Kumar, a volunteer who has been working with street children in Mumbai. "*For the cops, these kids do not exist.*" [222]

Many street children face harassment by municipal authorities and police. One third of the street children complain of persecution by such authorities. In many, too many cases, abuses are perpetrated by the law enforcement agents who are formally responsible for their protection. Once taken into custody, the children are often subjected to inhumane conditions, such as a urine-flooded jail cell of the Railway Police Force which was witnessed by researchers in July 2004[223]. During their detention, the boys interviewed were brutally victimized. The police beat their legs, hands, backs, and feet — often with nightsticks and bent telephone wires — to extort confessions or as punishment for having urinated on the walls or having begged for some food.

Several factors contribute to this phenomenon: police perceptions of street children, widespread corruption and a culture of police violence, the inadequacy and non-implementation of legal safeguards, and the level of impunity that law enforcement officials enjoy. The police generally view street children as vagrants and criminals. While it is true that street children are sometimes involved in petty theft, drug-trafficking, prostitution and other criminal activities, the police tend to assume that whenever a crime is committed on the street, street children are either involved themselves or know the culprit. Their proximity to a crime is considered reason enough to detain them.

Street children are also easy targets. They are young, small, poor, ignorant of their rights and often have no family members who will come to their defence. It does not require much time or effort to detain and beat a child to extract a confession, and the children are unlikely to register formal complaints.

[220] Study on Child Abuse: INDIA 2007; Ministry of Women and Child Development, Government of India – p62
[221] Human Rights Watch (1996): Police abuse and killings of Street Children in India
[222] Times of India, Nov 6, 2011; India's invisible children: Swallowed by the streets; http://timesofindia.indiatimes.com/home/stoi/Indias-invisible-children-Swallowed-by-the-streets/articleshow/10626388.cms
[223] Federico Ferrara & Valentina Ferrara (2005); The Children's Prison: Street Children and India's Juvenile Justice System

Many children report that they were beaten on the street because the police wanted their money. The prospect of being sent to a remand home, the police station or jail, coupled with the threat of brutal treatment, creates a level of fear and intimidation that forces children or in some cases, their families, to pay the police or suffer the consequences.

Under the Indian Penal Code, anyone over the age of twelve is considered an adult, and ambiguities in the code concerning the ability of the child to be cognizant of a crime have made it possible for children as young as seven to be treated as adults under the law. There are no provisions in the code that prohibit the detention of juveniles in police stations or jails. The Juvenile Justice Act, which applies to all the states and Union Territories in India except Jammu and Kashmir, does prohibit the detention of "neglected" or "delinquent" juveniles in police lock-ups or jails, but these provisions are routinely ignored by police. Moreover, at the remand stage, the law makes no distinction between neglected and delinquent children, so that a six-year-old orphan on the street and a fifteen-year-old child who has committed murder are likely to be treated the same way under the law, an issue analysed further below.

Finally, there is the de facto immunity of police from prosecution. The government of India has known about the extent of custodial abuse, including abuse of children, at least since 1979 when the National Police Commission issued a devastating indictment of police behaviour. More than a decade and a half later, none of its recommendations have been adopted, and police can detain, beat and extort money from children without much fear of punishment.

A report by Human Rights Watch report documents police abuse of Indian street children and deaths of children in police custody[224]. It is based on investigations conducted in India during February and March 1995 and December and January 1995-96. Human Rights Watch spoke with more than one hundred street children, as well as representatives of nongovernmental organizations, social workers, human rights activists, human rights lawyers, and other individuals who work with street children in Bangalore, Bombay, Delhi, and Madras. Of the one hundred children interviewed, sixty complained of police abuse in the form of detentions, beatings, extortion, or verbal abuse. All the children interviewed reported a fear of the police. Of the sixty street children who reported police abuse, Human Rights Watch recorded twenty-two detailed testimonies. These cases were selected because the children had better recollection of the incidents and could provide a comprehensive description of their treatment by police. The testimony of two social workers who had been abused by police for attempting to stop the police from beating children was also recorded; one of these cases involved detention and severe beating. In total, forty-one cases are presented in this report. In addition to this first-hand information, written statements taken by lawyers from children who had been victims of police abuse, documents written by police officials concerning police abuse, case files prepared by India's National Human Rights Commission, press reports, reports by local human rights organization, reports by the United Nations, studies on street children funded by the government of India and the United Nations Children's Fund (UNICEF), and reports by local nongovernmental organizations (NGOs) provided corroborating evidence in the preparation of this report. This report also details the deaths in custody of fifteen children from 1990 to 1994 and the death of one child in a remand home in 1996.

[224] Human Rights Watch (1996): Police abuse and killings of Street Children in India

Human Rights Watch was able to interview only boys for this report. Access to girls was limited because most groups working with street children do not work with girls, and because cultural norms make it improper for girls to speak to strangers, especially males[225].

Street Children's response to accommodations

Considering their huge numbers, there are very few shelters for street children. Most are run by NGOs. The children have to fend for themselves and fight the demons surrounding them. Rahul has no desire to go to school; he just wants his daily dose of boot polish. Raju is happy sniffing glue. Pappu is learning the tricks of survival from Kalia the pocketmaar. Guddi hangs around with this bunch as they protect her from bigger pests. For all of them, the future just means the next meal.

Local NGOs operate a number of homes, hostels, and shelters designed to accommodate street children. Many of the street children, however, view such organizations with suspicion; often, they leave these structures shortly after having been welcomed there. Many of these homes, in fact, require that the child attend school and comply with more or less stringent behavioural rules. To protect the freedom that street life guarantees, many choose to sleep on sidewalks, street corners, or night shelters over the safety and relative comfort of the homes. Such supposed freedom, however, exposes the children to disease, exploitation, and further abuse. Sniffing toxic substances like glue and other solvents is commonplace. In addition, their lifestyle often puts them at high risk of contracting sexually transmitted diseases like HIV/AIDS[226].

Laws and Regulations

National legislations[227]

National legislations for protection of child rights in the country are:

- Guardian and Wards Act, 1890
- Probation of Offenders Act, 1958
- Bombay Prevention of Begging Act, 1959

Some of the important legislations are discussed below. Under each Act relevant sections have been enumerated:

The Indian Penal Code involves:

Exposure and Abandonment: Crime against children by parents or others to expose or to leave them with the intention of abandonment (Section 317)

Kidnapping and Abduction: with Kidnapping for begging (Section 363-A)

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

The Juvenile Justice (Care and Protection of Children) Act, 2000 is a comprehensive legislation that provides for proper care, protection and treatment of children in conflict with law and children in need of care and protection by catering to their development needs.

[225] Many NGOs do not actively work with girls because girls usually work in their own homes and as domestic servants in other residences and are not as accessible to NGOs as boys.
[226] UN Foundation; UN Wire (May 10, 2000) HIV/AIDS: 30% of Street Children Affected in Indian City
[227] Study on Child Abuse: INDIA 2007; Ministry of Women and Child Development, Government of India – p25-29

The Act has laid special emphasis on rehabilitation and social integration of the children and has provided for institutional and non-institutional measures for care and protection of children. The non-institutional alternatives include adoption, foster care, sponsorship, and after care.

The following sections of the Act deal with child abuse:

Section 24: Employment of Juvenile or Child for Begging: The Act provides for punishment (imprisonment for a term which may extend to 3 years and fine) if a person employs or uses any juvenile/child for the purpose or causes any juvenile to beg.

Response

Badhte Kadam: newspaper from the streetkids themselves[228]

Chandni is 16 years old and has been living on the streets since she was born. Her father died some years back and she lives with her mother and four siblings in a makeshift tent in Noida, on the outskirts of the Indian capital Delhi. Her mother sells sweetcorn in the market but doesn't earn enough to rent a proper home for Chandni and her brothers and sisters.

When Chandni was 10, workers from the charity Badhte Kadam approached her on the street and told her they could help her go to school.

Despite opposition from her family, she went to lessons and learned to read and write. She now is editor of Badhte Kadam's newspaper, Balaknama (Children's Voice), written by and for street kids.

Balaknama has been running for 10 years and has a readership of around 5,000 – mostly street children. The eight-page quarterly newspaper features stories on issues affecting children who live on the streets, under bridges and in shelters across northern India.

The 5 Pillars of Creativity Model[229]

The 5 Pillars of Creativity Model is used by Protsahan as a tool to help bring children out of their shells and into a healthy learning environment. The model combines the study and use of five creative concepts of Design & Art, Photography, Digital Stories, Technology, and Cinema (films, Music, Theatre). These tools and concepts once woven together spark the interest of young children rescued from vulnerable and abusive circumstances. The children we help have usually never attended a formal school. By using innovative and hands on approaches to teaching them social and educational skills the children start learning and adapting unconsciously, all while having fun! These techniques are used to teach the children a ten month long bridge course. Once basic training is complete, the young child is put in a government school and is usually able to join the 5th or 6th grades directly. While attending the government school the child can choose to continue to attend Protsahan, which is right inside her slum area, and can continue to learn creative arts in a supportive environment. These skills include Madhubani and Warli art, working with IPad apps, Bharatnatyam traditional dance, film making, zoom and aperture in DSLR Photography, theatre and the understanding of gender rights and menstrual hygiene through cartoons and digital stories.

[228] Thomson Reuters Foundation - Chandni's story: India's street kid reporters Source: Thomson Reuters Foundation - Fri, 11 Apr 2014 14:04 PM http://www.trust.org/item/20140411140453-0pe59/
[229] Protsahan; http://www.protsahan.co.in/five-pillars

Programs for preventing children on the street in India from 'The Integrated Child protection Scheme' (ICPS)[230]:

In order to provide services to this vulnerable group of children the Government of India began the Integrated Programme for Street Children. The Integrated Programme for Street Children is a national programme operating in about 56 cities in India[231].

The target group of this programme is children without homes and family ties i.e., street children and children especially vulnerable to abuse and exploitation such as children of sex workers and children of pavement dwellers. This scheme does not include children who live with families and in slum areas[232].

Under the scheme NGOs are supported to run 24 hours drop-in shelters and provide food, clothing, shelter, non-formal education, recreation, counselling, guidance and referral services for children, and seeks to protect them against abuse and exploitation. The other components of the scheme include enrolment in schools, vocational training, occupational placement, mobilizing preventive health services and reducing the incidence of drug and substance abuse, HIV/AIDS etc[233].For example, in Tamil Nadu, Andhra Pradesh and West Bengal, Integrated Programme for Street Children provide support on bridging courses and alternative education for working children, girls, children from certain castes and tribal groups[234].

The program aims at building society's awareness of the rights of the child enshrined in the UN Convention on the Rights of the Child (CRC) and in the Juvenile Justice (Care and Protection of Children) Act, 2000. This can be achieved through capacities building of the government organisations, NGOs and the larger community these children live in[235].

The Integrated Programme on Street children in India constitute city wise surveys, where competent institutions carry out an enumeration of street children in all state capitals as well as in other cities having population of 1 million or more. However, the cities with less than 1 million populations are not included in the programme where there might be high number of street children[236].

The programme documents existing facilities in the city for street children, formulation of plans, co-ordination with the different stakeholders, advocacy and awareness generation on the right of children, training NGOs, facilitating street children for community participation and advice government on formulation of policies and programmes of street children. Besides the national programme many NGOs working for the prevention of the children being in the street and provide their needs. For Example, street and working children in Dindigul and Palani of India were offered immediate care and support at 24-hour drop-in centres located in each town[237].

Evaluation of an Integrated Programme on Street Children was done by performance appraisal mechanism. In Delhi Mukherjee used "rights based approaches", "empowerment and capabilities approaches" and "sustainable livelihoods approaches", to evolve multiple yardsticks for participatory

[230] Study on Child Abuse: INDIA 2007; Ministry of Women and Child Development, Government of India – p31-32
[231] Health Science Journal; Volume 7 2013, Issue 2 (2013): Preventing -substance abuse among street children in India: a literature review
[232] Study on Child Abuse: INDIA 2007; Ministry of Women and Child Development, Government of India – p30
[233] Study on Child Abuse: INDIA 2007; Ministry of Women and Child Development, Government of India – p30
[234] Health Science Journal; Volume 7 2013, Issue 2 (2013): Preventing -substance abuse among street children in India: a literature review
[235] Study on Child Abuse: INDIA 2007; Ministry of Women and Child Development, Government of India – p30
[236] Health Science Journal; Volume 7 2013, Issue 2 (2013): Preventing -substance abuse among street children in India: a literature review
[237] Health Science Journal; Volume 7 2013, Issue 2 (2013): Preventing -substance abuse among street children in India: a literature review

monitoring framework for street children from their perspectives and also for benchmarking achievements of programmes and projects related to them[238].

State Governments, Union Territory Administrations, Local Bodies, Educational Institutions and Voluntary Organisations are eligible for financial assistance under this programme. Up to 90% of the cost of the project is provided by the Government of India and remaining has to be borne by the Organisation/Institution concerned[239].

Under this integrated programme projects can receive up to ₹1.5 million per annum. Programmes that can receive funding under this scheme are as follows[240]:

- City level surveys;
- Documentation of existing facilities and preparation of city level plan of action;
- Contact programmes offering counselling, guidance and referral services;
- Establishment of 24 hours drop-in shelters;
- Non-formal education programmes;
- Programmes for reintegration of children with their families and placement of destitute children in foster care homes/hostels and residential schools;
- Programmes for enrolment in schools;
- Programme for vocational training;
- Programmes for occupational placement;
- Programmes for mobilizing preventive health services;
- Programmes aimed at reducing the incidence of drug and substance abuse, HIV/AIDS etc;
- Post ICDS/Aganwadi programmes for children beyond six years of age;
- Programmes for capacity building and for advocacy and awareness building on child rights;

The Integrated Programme for Street Children is now under the umbrella of ICPS programmes.

Programme components are:

- Emergency Outreach Service through Child line
- Drop-in Shelters for Marginalized Children
- Non Institution Based Family Care
- Adoption
- Foster Care
- Sponsorship
- After-Care
- Cradle Baby Reception Centre
- Institutional Services
- Shelter Homes
- Children's Homes
- Observation Homes
- Special Homes
- Specialised services for Children with special needs
- General Grant-in-Aid for Need Based/Innovative Interventions
- Statutory Support Services:
- Juvenile Justice Boards

[238] Health Science Journal; Volume 7 2013, Issue 2 (2013): Preventing -substance abuse among street children in India: a literature review
[239] Study on Child Abuse: INDIA 2007; Ministry of Women and Child Development, Government of India – p30
[240] Study on Child Abuse: INDIA 2007; Ministry of Women and Child Development, Government of India – p30

- Child Welfare Committees
- Special Juvenile Police Units
- Training and Capacity Building
- Strengthening the Knowledge-base
- Advocacy and Communication
- Monitoring and Evaluation

1.3.2 (Orphaned) Children & Children Homes (effects of institutionalisation)

Jaya was 4 yrs when she and her sister Sushma got shelter in Amcha Ghar. Both sister lost their father when they were very small. Both sister used to live with her mother, who was illiterate women and stayed without roof on street. She worked very hard to earn money as a house maid job but was not able to satisfied the needs and desire of both daughters. She became ill and got infected of Tuberculosis. She decided to hand over her both daughters to Amcha Ghar with the help of CWC to provide shelter, Food and Education. These both sisters grew up in Amcha Ghar with loving, caring and sharing. Jaya turn up 18 yrs, studying in class 12th commerce faculty and Sushma turn up 16 yrs, studying in class 10th. The journey for both the sister was very painful but they are proud to be a part of Amcha Ghar because here they got love of Mom and Dad, shelter and Education.

Opinion & Observation: Jaya is very intelligent in studies and wants to choose her career as social worker. She wants to support and help many orphan children who have no body. She is a girl with lot of emotion and sorrows which she been across with her mother. She is helpful, well behaved with other inmates.

Sushma requires more attention as she is short temper and weak in studies. She is well adjusted with other inmates. She takes time to open up with other girls[241].

Orphaned children

According to UNICEF, children worldwide lose their parents in conflict, or due to poverty, disability, HIV/AIDS. Hence there is a large population of children that grow up without one or both of their parents. Children without parental care are at a high risk of abuse, exploitation and neglect. Large numbers of children end up in institutional care.

Inadequate individual care of institutions can socially and emotional impair children. About 1.5 million children in the Central and Eastern Europe and the Commonwealth of Independent States live in public care institutions. In Europe and Central Asia, over 1 million children live in residential institutions. In 2003 there were an estimated 143 million orphans in 93 countries of sub-Saharan Africa, Asia, and Latin America and the Caribbean. Asia has the highest number of orphans due to all causes, with 87.6 million children.

Children may be destitute, for the interim or permanently of parental care for many reasons including the illness, death or imprisonment of parents, separation due to migration or armed conflict, the removal by child welfare authorities and/or the courts based on the child's best interests, detention of the child, or following the child's own initiative to leave home.

UNICEF estimates that there are ***25 million orphaned children in India in 2007***. Children without Parental care. Another study estimates there are about 44 million destitute children and over 12 million orphan and abandoned children in India, yet there are only 5000 (0.04%) adoptions every year. The institutions for children in conflict with the law host about 40,000 children.

[241] Amcha Ghar - http://www.amchaghar.org/Case_Study.html

In India the child parent relationship is often seen as one of obedience of a social order more so than a right of the child. Hence when a child is separated from his/her parent it is not viewed as the duty of the state to provide that child with a family environment. None the less adoption is supervised by the state, but India does not have a long term foster care or alternate care system outside of institutionalisation.

The wide gap that exists in the knowledge of and attitude towards child adoption and intention to adopt a child between people from different socio-economic backgrounds exposes the need of the state to initiate promotion of child adoption and creating a system of non-institutional care for children above the adoption age.

Laws and regulations

Adoption in India comes under the provisions of three acts and is carried out centrally by CARA

- Guardian and Wards Act, 1890: According to this act a minor/child is any person who has not completed 18 years of age. The court or appointed authority has the ability to decide the guardian of a child by appointing one a guardian or removing another as a guardian. No order will be passed without an application. Applications should contain all possible information about the child and guardian and reasons for guardianship. Once the court admits the application into court, then the court will set a date for the hearing. The court will hear evidence before making a decision. A minor and his property may have more than one guardian. The court must work in the interest of the minor, taking into consideration the age, sex, religion, character of the guardian, the death of the parent(s), relation of the child to the guardian, etc. The minor's preference may be taken into consideration.
- Hindu Adoption and Maintenance Act, 1956: Under this act, adoptions can only be made if all three parties, the minor, the giver and the adopter are all in agreement and considered fit. A Hindu male can adopt a male or female child, but must have to have the consent of his wife (wives) if she is alive and of sound mind and Hindu. A female Hindu can adopt if she is of sound mind, unmarried or married and her husband is dead, of unsound mind or is no longer a Hindu. Only the father, mother or the guardian of a child can place the child for adoption. A child can only be adopted if he/she is Hindu, not previously adopted, not married and has not completed fifteen years of age.
- Juvenile Justice (Care and Protection of Children) Act, 2000: The Juvenile Justice (Care and Protection of Children) Act, 2000 is a comprehensive legislation that provides for proper care, protection and treatment of children in conflict with law and children in need of care and protection by catering to their development needs, and by adopting a child friendly approach in the adjudication and disposition of matters in the best interest of children and for their ultimate rehabilitation through various institutions established under the Act. It conforms to the UN Convention on the Rights of the Child, the UN Standard Minimum Rules for the Administration of Juvenile Justice (The Beijing Rules) 1985, the UN Rules for the Protection of Juveniles Deprived of their Liberty and all other relevant national and international instruments.

Shishu Greha Scheme[242]

Government Programme: Shishu Greha Scheme for care and protection of orphans/ abandoned/ destitute infants or children up to 6 years and promote in-country adoption for rehabilitating them.

[242] [242] Study on Child Abuse: INDIA 2007; Ministry of Women and Child Development, Government of India – p30

The Scheme which promotes In-Country Adoption is implemented by CARA[243]. The purpose of the scheme is to regulate adoption in the country, to provide institutional care for orphaned, destitute and surrendered children prior to adoption and to promote in-country adoption. Under this scheme NGO's can register to run a Shishu Greha. 90% of funding will come from the Government of India and 10% must be covered by the organisation. 100% grants will be afforded to agencies but only up to ₹6,00,000/- a financial year. Under this scheme NGOs and Voluntary organisations can undertake the following activities:

- Opening of Homes for destitute infants in the age group of 0-6 years with the strength of 10 children with a view to finding adoptive families for them. Such destitute infants could be abandoned/surrendered who are legally free for adoption.
- Homes, which are already running on funds available from other sources, can also apply for separate grants for specific purposes such as purchase of medicines and utensils, library books, cradles, mattresses, learning materials, which could include toys also.
- Such other activities as may be specified by the Ministry in accordance with the objectives of the scheme

The Shishu Greh Scheme now comes under the umbrella of the ICPS programmes.

The Integrated Child protection Scheme (ICPS)[244]:

The orphan children and children without homes and family ties i.e. are part of the target group of the ICPS as described in Chapter 1.3.1 Street children. It supports projects which are focussed on helping the Orphan and/or homeless children to a safe environment and the opportunity to develop.

Programme components are:

- Emergency Outreach Service through Child line
- Drop-in Shelters for Marginalized Children
- Non Institution Based Family Care
- Adoption
- Foster Care
- Sponsorship
- After-Care
- Cradle Baby Reception Centre
- Institutional Services
- Shelter Homes
- Children's Homes
- Observation Homes
- Special Homes
- Specialised services for Children with special needs
- General Grant-in-Aid for Need Based/Innovative Interventions
- Statutory Support Services:
- Juvenile Justice Boards
- Child Welfare Committees
- Special Juvenile Police Units
- Training and Capacity Building
- Strengthening the Knowledge-base

[243] http://www.childlineindia.org.in/shishu-greha-scheme.htm
[244] Study on Child Abuse: INDIA 2007; Ministry of Women and Child Development, Government of India – p31-32

- Advocacy and Communication
- Monitoring and Evaluation

Children Homes

In India, the traditional approach towards care of children in difficult circumstances has been institutionalization. This practice started with the realization of the fact that there were a large number of children without parental care, vulnerable and in need of care and protection. State interventions resulted in setting up of state run institutions to provide food, shelter, clothing and education to children who were not living in the family environment. These institutions were visualized as comprehensive child care units to cater to the needs of children in difficult circumstances.

The task of caring for the vulnerable and marginalized sections of society is extremely challenging and requires enormous dedication and professionalism[245]. There are thousands of genuine organizations that have crafted the lives of children who have excelled as happy and capable human beings. These children have drawn from their inherent resilience as well as the nurturing they received in such homes. Any legislation that attempts to register and monitor residential care should promote and affirm the positive achievements of genuine organizations that respect and nurture children.

There is enough evidence to establish that institutionalization is not in the best interest of children. It is also more important to recognize the widespread misuse of power by some NGO welfare workers (as well as state authorities) that are backed by the presumption of 'good faith/good intention'. The vulnerability and powerlessness of institutionalised children are clear ingredients for abuse and exploitation. Indeed incidents of abuse and neglect are not uncommon and such cases have regularly been reported in the media and standards of care in such institutions have been a cause of concern.

Analysis of data on the study of child abuse by the Ministry of Women and Child Development in 2007 revealed that 56.37% children in institutions across the country were subjected to physical abuse by staff members of the institutions[246]. Across the states, the percentages varied between 92.04% in Uttar Pradesh to 20.92% in West Bengal. Other states that reported high percentages were Assam (90.20%), Delhi (63.73%) and Kerala (63.50%)[247].

Gender-wise percentage of children in institutions reporting physical abuse			
	Boys	Girls	Total
Children in conflict with law	67.44	74.55	70.21
Children in need of care and protection	66.18	38.92	52.86

[245] Centre for Child & the Law (CCL) NLSIU Bnagalore (2005)The Orphanages and Other Charitable Homes (Supervision and Control) Act, 1960; Main Features, Critique and Challenges
[246] Study on Child Abuse: INDIA 2007; Ministry of Women and Child Development, Government of India – p41-70
[247] Study on Child Abuse: INDIA 2007; Ministry of Women and Child Development, Government of India – p55-57

Gender-break of children in institutions reporting physical abuse				
	Institution	Gender	Yes	No
Children in Need of Care and Protection	Shelter Home	Boys	64.15	35.85
		Girls	40.83	59.17
	Children Home	Boys	63.79	36.21
		Girls	35.47	64.53
	Any other	Boys	71.17	28.83
		Girls	41.64	58.36
Children in Conflict with law	Observation Home	Boys	70.37	29.63
		Girls	62.26	37.74
	Special Home	Boys	64.23	35.77
		Girls	80.36	19.64

Laws and Regulations

National legislations[248]

It is important to note that there are several legislations under which NGO's may get registered (Society's Registration Act 1860, and the Indian Trust Act 1882).National legislations for protection of child rights in the country are:

- Guardian and Wards Act, 1890: According to this act a minor/child is any person who has not completed 18 years of age. The court or appointed authority has the ability to decide the guardian of a child by appointing one a guardian or removing another as a guardian. No order will be passed without an application. Applications should contain all possible information about the child and guardian and reasons for guardianship. Once the court admits the application into court, then the court will set a date for the hearing. The court will hear evidence before making a decision. A minor and his property may have more than one guardian. The court must work in the interest of the minor, taking into consideration the age, sex, religion, character of the guardian, the death of the parent(s), relation of the child to the guardian, etc. The minor's preference may be taken into consideration.
- Orphanages and Other Charitable Homes (Supervision and Control) Act, 1960: An Act to provide for the supervision and control of orphanages, homes for neglected women and other like institutions and for matters connected therewith. Though the Act talks mainly of certification (at the point for purposes of recognition), it also speaks the language of 'monitoring'.
- Juvenile Justice (Care and Protection of Children) Act, 2000: The Juvenile Justice (Care and Protection of Children) Act, 2000 is a comprehensive legislation that provides for proper care, protection and treatment of children in conflict with law and children in need of care and protection by catering to their development needs, and by adopting a child friendly approach in the adjudication and disposition of matters in the best interest of children and for their ultimate rehabilitation through various institutions established under the Act. It conforms to the UN Convention on the Rights of the Child, the UN Standard Minimum Rules for the Administration of Juvenile Justice (The Beijing Rules) 1985, the UN Rules for the Protection of Juveniles Deprived of their Liberty and all other relevant national and international instruments.

It prescribes a uniform age of 18 years, below which both boys and girls are to be treated as children. A clear distinction has been made in this Act between the juvenile offender and the neglected child. It also aims to offer a juvenile or a child increased access to justice by establishing Juvenile Justice

[248] Study on Child Abuse: INDIA 2007; Ministry of Women and Child Development, Government of India – p25-29

Boards and Child Welfare Committees. The Act has laid special emphasis on rehabilitation and social integration of the children and has provided for institutional and non-institutional measures for care and protection of children. The non-institutional alternatives include adoption, foster care, sponsorship, and after care.

The following sections of the Act deal with child abuse:

- Section 23: Punishment for cruelty to juvenile or child: The Act provides for punishment (imprisonment up to six months) if a person having the actual charge of, or control over, a juvenile or the child, assaults, abandons, exposes or wilfully neglects him/her, causes or procures him/her to be assaulted, abandoned, exposed or neglected in any manner likely to cause such juvenile/child unnecessary mental or physical suffering.
- Section 24: Employment of Juvenile or Child for Begging: The Act provides for punishment (imprisonment for a term which may extend to 3 years and fine) if a person employs or uses any juvenile/child for the purpose or causes any juvenile to beg.
- Section 26: Exploitation of Juvenile or Child Employee: The Act provides for punishment (imprisonment for a term which may extend to 3 years and fine) if a person ostensibly procures a juvenile/child for the purpose of any hazardous employment, keeps him in bondage and withholds his earnings or uses such earning for his own purposes.

Specific recommendations from the Study on Child Abuse 2007 about Children in institutions[249]:

India continues to use institutionalization as a method of providing services to children in difficult circumstances. Although internationally it is now an established fact that institutionalization is not in the best interest of the child, yet, in countries like India, where the number of children in need of care and protection is very high and the non-institutional methods of care are not developed, the institutionalization of children will continue till alternatives are identified. In the light of this the following recommendations are made:

1. Juvenile Justice Boards, Child Welfare Committees and Special Juvenile Police Units should be set up in each district and manned by sensitive and trained personnel.

2. In existing institutions, standards of care should be established and maintained. Institutions under the Juvenile Justice (Care and Protection of Children) Act 2000 are corrective institutions. Children in conflict with the law in these institutions should be provided with all the opportunities to reform and develop into responsible citizens. The present state of the existing institutions leaves a lot to be desired.

3. The study reveals that often caregivers of the institutions are also abusers. This behaviour of the caregivers destroys the faith and trust of the child and completely alienates him/her from society itself. This should be prevented by strict monitoring and supervisions of homes, maintenance of detailed records of children, deinstitutionalization of children, wherever possible, and training and sensitization of caregivers in institutions.

4. Every home should have a management committee whose members, along with members of the community and civil society, should be involved in the efficient running of these institutions and prevention of abuse. Children should also be encouraged to participate in the management of the institutions.

[249] Study on Child Abuse: INDIA 2007; Ministry of Women and Child Development, Government of India – p125

1.3.3 Lack of day care / child care facilities

Sunita Haldar is hopeful that Vijay, one of her twin sons, would return soon. In March 2010, Sunita, who works as a domestic help and her husband, a fish trader, returned home to discover that Vijay was missing. He was ten. The couple lives in four feet by four feet room in Jahangirpuri, an urban slum in North Delhi- a maze of semi-plastered houses, open drains and kuchha roads. It is typical shanty town that houses construction labourers, auto-rickshaw drivers and maids.

Even as Haldar narrates the futile efforts she made to trace her child, a gang of children is playing in the lane outside her home. They all look similar- semi-naked, bare feet, with layers of dust on their faces, uncombed hair and parched lips. Older ones in the gang are playing stapoo right next to a garbage heap. When one of them tries to cheat, the others resort to the use of the choicest of abuses. Theirs is an unprotected childhood. Trying to keep up with them are toddlers are crawling on the fringe of an open drain. Suddenly, one of them starts crying. His sister comes running, leaving the game in the middle. She buys him a candy, puts him on a partially broken cot in the street, and goes right back to play. "Kaam pe gaye hain," (they are at work), she says when asked about her parents. Unattended, a small boy is lying flat in the middle of the street. He is crying after being the shooed away by the neighbourhood shopkeeper. He wanted to pay a rupee for a chocolate worth ₹10[250].

The scenes are no different in the East Delhi neighbourhood of the five-year-old girl who was brutally raped early this month. She remained missing for four days and was traced not by the police, but by her neighbours.

Thirteen children were reported missing in the national capital every day in 2011, as per data obtained through Right to Information by Navsrishti, a Delhi based NGO. Over 1100 could not be traced by 2011 end. In January-June 2012, over 1,000 children went missing, according to data provided by the Delhi police to the NGO.

Maximum number of children disappeared from Outer, North East and South East districts in Delhi.

"A majority of these children belong to poor families living in resettlement colonies. Their socio-economic profiles are very similar," said Reena Banerjee of Navsritshti.

A survey of 1380 households in 28 resettlement and unauthorised colonies done by Delhi- FORCES, a group of 40 grass-root organizations, revealed that 75% of women in these households are occupied in unorganized labour sector. The survey found that 20% children in 0-6 age group are looked after by older siblings, 18% are watched over by neighbours.

These cases mirror the vulnerability of children living in resettlement and unauthorised colonies to violence, including sexual crime and kidnapping. Unlike couples in planned neighbourhoods, working parents in poor colonies cannot afford playschools or babysitters. When their parents are at work, children roam around in the locality in herds with no one keeping a watch on them.

[250] FirstPost; Apr 26, 2013 15:43 IST; Children of Delhi's slums: Poor, unsupervised and at risk; http://www.firstpost.com/india/children-of-delhis-slums-poor-unsupervised-and-at-risk-730725.html

A lack of government schemes does not help. Only 6% of the children could take advantage of the Anganwadi centres- day care centres under the Integrated Child Development Scheme (ICDS) of Ministry of Women and Child Development, found the survey. According to the Ministry, 5.6 lakh children are registered in 6,106 Anganwadi centres in India. But the number of registered children is a flawed scale to gauge the performance of these centres, said Chirashree Ghosh of Delhi FORCES.

"Our survey of 27 ICDS projects in Delhi found a large gap between those actually attending the centres and the numbers registered. Most of the Anganwadi centres are functioning from rented houses. Pre-school facility is almost non-existent. ICDS excludes children at construction sites, street children and children with disability. The community is not aware of the services of Anganwadis," Ghosh said.

As in the case of the five-year-old, where the police did not register FIR and offered money to the family to "keep quiet", inaction by police only makes things worse for these families.

In Ishrat's case her daughter, Hanifa, went missing last October from Nizamuddin Basti in southwest Delhi. Ishrat said police registered an FIR a month after she approached them. She provided them with a mobile number from which Hanifa had called the family twice after she went missing. But it was of no help. Initially, the cops told the family she must have eloped with a boy.

"For a moment, suppose she has eloped with someone. Does that mean police will not lodge FIR?" said Bharti Ali of HAQ Centre for Child Rights, who intervened in the case.

It would be wrong to assume that all missing children were kidnapped for ransom or due to personal animosity. A significant chunk of missing children in the age group of 10-18 years consists of runaway kids. The teenager who to took baby Falak to AIIMS last year and is now in one of the government-run child care institutions, is a case in point. She left home due to repeated beatings and abuse by her father, a vegetable vendor in a Delhi slum. Others run away in the hope of a better life- like the juvenile accused in Delhi gang rape case, who left his family in Uttar Pradesh because he wanted to be economically independent.

Khushboo Jain, a Delhi based sociologist who has been working with missing children, remembers a case in Lucknow, where a school girl boarded a train, just because her parents didn't allow her to attend a party.

"There is no one reason or one major reason because of which they leave their families. It depends on the child's state of mid at given point of time when he takes the decision," she said.

Rajiv Gandhi National Crèche Scheme

Rajiv Gandhi National Crèche Scheme for the Children of Working Mothers in the age group of 0-6 years. The scheme provides for comprehensive day-care services including facilities like food, shelter, medical, recreation, etc. to children below 6 years of age[251].

The Integrated Child protection Scheme (ICPS)[252]

This Scheme provides: Drop-in Shelters for Marginalized Children, Institutional Services like: Shelter Homes

[251] Study on Child Abuse: INDIA 2007; Ministry of Women and Child Development, Government of India – p30
[252] Study on Child Abuse: INDIA 2007; Ministry of Women and Child Development, Government of India – p31-32

1.3.4 Birth registration

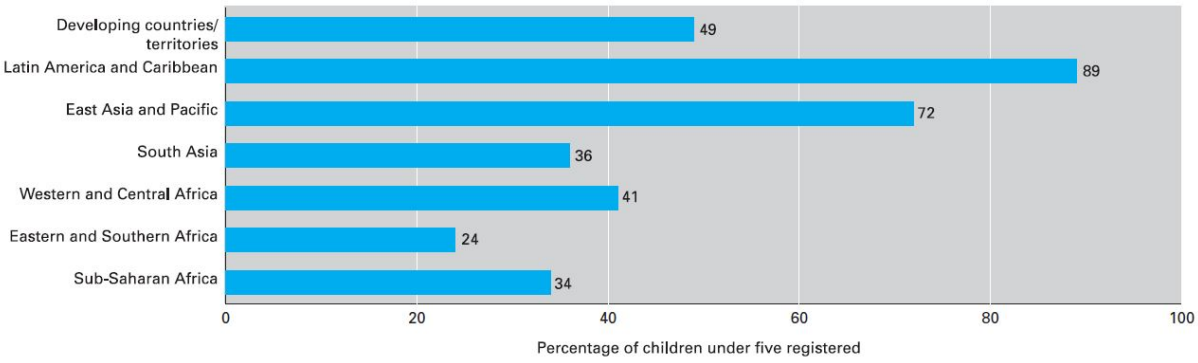
Another essential form of protection is birth registration of all children[253]. This legal acknowledgement of the child's existence is often required to access essential services, such as vaccinations and vitamin A supplementation. It also establishes family ties where inheritance is an issue.

The right to a name and a nationality is well established by the Convention on the Rights of the Child, which explicitly calls in article 7 for the registration of a child immediately after birth. Yet every year the births of around 51 million children in the world go unregistered. These children are almost always from poor, marginalized or displaced families or from countries where systems of registration are not functional, and the consequences for their health and well-being are often severe and long-lasting.

Numbers

Although sub-Saharan Africa has the highest proportion (66%) of children not registered at birth, South Asia, with a corresponding ratio of 64%, has the highest number. The challenges are particularly daunting in some countries, such as Afghanistan, Bangladesh, the United Republic of Tanzania and Zambia, where birth registration rates are very low due to the absence of effective and functioning birth registration systems. In Bangladesh and Zambia, UNICEF estimates that only 10% of births are registered, while in the United Republic of Tanzania the registration rate is just 8%. In India in 2008 totally 41% is registered, in Urban 59% and Rural 35%.

Levels of birth registration* are low in South Asia and sub-Saharan Africa



* Birth registration refers to the percentage of children under five who were registered at the moment of the survey. The numerator of this indicator includes children whose birth certificate was seen by the interviewer or whose mother or caretaker says the birth has been registered. Multiple Indicator Cluster Survey data refer to children alive at the time of the survey.

Source: Multiple Indicator Cluster Surveys, Demographic and Health Surveys, other national surveys and vital registration systems. Country and regional data can be found in Statistical Table 9, page 146 of this report.

[253] UNICEF (2008); The state of the World's Children 2008: Child Survival

Birth Registration in India; Background and context[254]

In India, civil registration was first introduced in the last century mainly as an aid to public health administration. However, registration was kept voluntary and different provinces had different legislations and there was no standardisation of concepts, definitions and classifications. Various Commissions and Committees have reviewed the civil-registration based vital statistics system in the past. The enactment of the "Registration of Births and Deaths (RBD) Act, 1969" replacing all diverse laws that existed on the subject, and the Model Rules framed under the Act, introduced a uniform piece of legislation to overcome the problems of multiplicity of Acts and Rules that existed in the country. The Act provides for compulsory registration of births and deaths in the country.

The RBD Act has provided for a hierarchical set-up for the registration machinery in the country, headed by the Registrar General of India at the Centre. There are District Registrars in the districts and Registrars and Sub-registrars for registering births and deaths occurring in the area allotted to them within a district.

The National Statistical Commission points out that the Civil Registration System is deficient and suffers from poor coverage and quality in registration. Only 55% of the births were estimated to have been registered during the year 1995 in India as a whole, though the levels of registration vary widely across the States.

The Registrar General, India (1999) pointed out lack of awareness about registration in general public about the statutory requirement to register as one of the reasons for under-registration. The Registrar General, India (1999) also pointed out that there is general apathy of the public in rural areas and in low income groups, as no personal benefits are perceived from registration.

Percentage of children whose birth was registered in India[255]*:*

To look a little more detailed we will study an earlier research: In NFHS-3 2005-2006, information was obtained for all children in the household age 0-4 years on whether they have a birth certificate, and if not, whether their birth was registered with the civil authority. The table here below shows the percentage of de jure children whose births are registered and whose birth certificate is available, by background characteristics.

	Registered, has a birth certificate	Registered, does not have a birth certificate	Total registered	De jure children
Male	27.1	13.9	41.0	29,123
Female	26.7	14.6	41.3	26,773
Urban	46.0	13.3	59.3	14,448
Rural	20.2	14.6	34.8	41,448
Wealth: Lowest	11.2	12.7	23.9	14,057
Wealth: Second	17.3	13.8	31.0	12,351

[254] Yokohama National University (2008) Studying Village Economies in India; Village-level Birth Records: A Case Study
[255] National Family Health Survey, India (2005-06) NFHS-III survey

Wealth: Middle	25.0	14.4	39.4	11,021
Wealth: Fourth	37.6	16.2	53.8	10,210
Wealth: Highest	57.3	15.1	72.4	8,256
Total	26.9	14.3	41.1	55,895

Nationally, 41% of children under age five years have had their births registered with the civil authorities. However, only 27% of children under age five years have a birth certificate. The extent of registration of births among children age less than two years and age two to four years is about the same; this suggests that, despite efforts to increase birth registration, there is as yet no change in registration. Girls and boys are equally likely to have their births registered and to have birth certificates. It is the 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 registered and only 1 in 10 have a birth certificate. Children living in households headed by Jains, Sikhs, and Buddhists/Neo-Buddhists are more likely to have their births registered than are children living in households headed by members of other religions.

According to a research in 2012, the State/ UTs which have achieved 100% level of birth registration in 2007 are Arunachal Pradesh, Himachal Pradesh, Kerala, Meghalaya, Mizoram, Nagaland, Punjab, Tamil Nadu, Chandigarh, Lakshadweep and Puducherry[256].

Birth registration: An important step towards accessing essential services[257]

Birth registration and access to health care in particular are closely linked, especially for children under five. For instance, data from several African countries suggest a close correlation between the presence of a skilled attendant at birth and child registration. Furthermore, the data also suggest that birth registration levels are associated with the number of vaccinations received and with the provision of vitamin A supplementation, as well as with the level of medical care available. In the absence of birth registration, in many countries, children are denied access to vital interventions or programmes.

Reasons for not registering

The challenges encountered by parents in registering the birth of their children often signal and overlap with broader patterns of social exclusion and lack of access to social services. Thus, particularly in remote areas, parents often do not see the benefits of their own citizenship, let alone the benefits that birth registration would confer on their children. Furthermore, even when parents do plan to register a birth, the high cost of registration and long distances to registration centres often act as powerful deterrents. High cost in particular was revealed by a recent UNICEF analysis to be the primary reason for the lack of birth registration in no fewer than 20 developing countries, resulting in large registration disparities between rich and poor children.

[256] Social Statistics Division, Central Statistics Office, Ministry of statistics and Programme Implementation, Government of India (2012): Children in India 2012 – A Statistic Appraisal – 'Highlights'
[257] UNICEF (2008); The state of the World's Children 2008: Child Survival

Requirements for raising number of Birth Registration

Achieving universal birth registration requires governments, parents and communities to work together to make birth registration a priority, and an integrated approach – such as combining national immunization campaigns with birth registration campaigns – often provides the best strategy. Where such cooperation has been achieved, it has led to remarkable results even in the most trying circumstances.

Birth Registration and Access to education[258]

Birth certificates are not formally required at any stage of the education system through national policy. In fact, the 'Right of Children to Free and Compulsory Education Act' (2009) states that where a birth certificate is not available for the purposes of admission, alternative documents or a 'declaration of the age of the child' will be accepted.

Even though a birth certificate is not required for schooling, many participants reported that it is a requirement. This perception may be related to sensitisation efforts by government and NGOs. However it has had some unintended consequences including arbitrary restrictions such as admission being delayed or the imposition of a fine.

Furthermore, birth certificates have come to be associated with 'official' procedures, development and modern lifestyle; in the words of one participant: 'In case there is any privilege or development in the community, they will ask you for a birth certificate.' People may choose to show birth certificates or ask to see them, because a formal process involving official documents and bureaucratic procedure is seen as valuable in itself. According to some respondents, birth certificates are especially required to enrol in secondary school and elite institutions: 'when people go to local schools, schools that are not particular, a child can get to school without a certificate. But it is those higher institutions, that higher education, at that point of time they need a certificate.'

This fits generally with the idea that birth certificates are important for city life, 'modern' activities, and opportunities that are associated with greater levels of official status and even prestige. These associations may reinforce social, cultural and economic barriers for marginalized ('rural' / 'traditional') groups that have been historically excluded from accessing services.

Participants also considered birth certificates to be important for school enrolment as they can enable schools to determine whether children are entering school at the correct age, and allow them to place children at the most suitable level for their age/ability.

Correlations between education and birth registration[259]

In a research within the sponsorship of Plan a total of 49,437 records were analysed as a three-year balanced panel (2010 – 2012) for India. The main findings, which were significant at the 5% level or less when controlling for other variables, indicate that birth registration has a positive association with attending formal education. The data suggests that, when compared with non-registered sponsored children:

- A sponsored child with birth registration is 37% more likely to be attending formal education.

[258] Plan, IOS, Coram CLC Children's Legal Centre (2014) Birth Registration and Children's Rights, A Complex Story; Full Report
[259] Plan, IOS, Coram CLC Children's Legal Centre (2014) Birth Registration and Children's Rights, A Complex Story; Full Report

- A sponsored child with birth registration is 130% more likely to be attending age appropriate education.
- A sponsored child with birth registration is 71% less likely to discontinue school.
- A sponsored child with birth registration is 38% more likely to enrol in school at age 6.

The data also show the significant influence of other variables on education status, for example:

- Male sponsored children are significantly more likely to be in formal education, to be in age appropriate schooling and to be enrolled in school at age six when compared with female sponsored children. Male sponsored children are also less likely to discontinue school when compared with female sponsored children.
- Sponsored children with access to better living conditions (as indicated by access to walls, roofs and toilets) are significantly more likely to be attending formal education, be attending age-appropriate schooling and enrol in school at age six.

Birth Registration and access to Health Care[260]

In Plan's research, respondents reported that a birth certificate is not related to access to health services, although knowing the age of children to assist health services to provide age appropriate care was viewed as important.

Children are issued health cards including vaccination schedules, either at birth (when delivering in hospital), or upon first access to a hospital, clinic or other health service. These cards contain details of a child's date of birth, as well as important health information and checklists to ensure children receive their vaccines at the correct time and in the correct sequence. These health cards and vaccination cards were more likely to be possessed by adults with small children than birth certificates, and were considered to be more important by many participants.

Birth registration and vaccinations

Analysis of DHS data has shown that birth registration status has a positive association with nine key vaccinations. These include: tuberculosis (BCG), polio, measles and diphtheria, pertussis and tetanus. All findings, except for BCG coverage in Maharashtra, are significant at the 5% level or less meaning that they cannot be attributed to chance. This means that the odds of a child with birth registration getting vaccinated could be many times over that of a child without birth registration.

Children with birth registration in Maharashtra and Uttar Pradesh are between 1.5 and 3.3 times more likely to have been vaccinated than children without birth registration, depending on the type of vaccine:

A child with birth registration in Uttar Pradesh is:

- 2.13 times more likely to be vaccinated against tuberculosis (BCG)
- 2.00 times more likely to be vaccinated against measles
- 2.09 times more likely to be vaccinated against DPT 1 (diphtheria, pertussis and tetanus)
- 2.01 times more likely to be vaccinated against DPT 2 (diphtheria, pertussis and tetanus)
- 1.82 times more likely to be vaccinated against DPT 3 (diphtheria, pertussis and tetanus)
- 1.90 times more likely to be vaccinated against POL 0 (polio)
- 1.80 times more likely to be vaccinated against POL 1 (polio)
- 1.62 times more likely to be vaccinated against POL 2 (polio)
- 1.50 times more likely to be vaccinated against POL 3 (polio)

[260] Plan, IOS, Coram CLC Children's Legal Centre (2014) Birth Registration and Children's Rights, A Complex Story; Full Report

A child with birth registration in Maharashtra is:

- 1.93 times more likely to be vaccinated against tuberculosis (BCG)
- 3.80 times more likely to be vaccinated against measles
- 2.76 times more likely to be vaccinated against DPT1 (diphtheria, pertussis and tetanus)
- 2.56 times more likely to be vaccinated against DPT2 (diphtheria, pertussis and tetanus)
- 2.25 times more likely to be vaccinated against DPT 3 (diphtheria, pertussis and tetanus)
- 1.83 times more likely to be vaccinated against POL 0 (polio)
- 3.30 times more likely to be vaccinated against POL 1 (polio)
- 3.06 times more likely to be vaccinated against POL 2 (Polio)
- 2.10 times more likely to be vaccinated against POL 3 (Polio)

Birth registration and health management

Analysis of DHS data has shown that birth registration status has a positive association with good practice in the treatment of diarrhoea; however this was not always statistically significant. Findings also indicate that children with birth registration are less likely to be given treatments for diarrhoea which come least recommended by epidemiological experts; however again, these were not always statistically significant.

- Birth registration status has a positive and significant association with good practice in the treatment of diarrhoea in Maharashtra and Uttar Pradesh. Data suggests that children with birth registration in both states are nearly 3 times more likely to receive oral rehydration for the treatment of diarrhoea (the preferred treatment) when compared with children without birth registration. These findings are significant at the 5% level of significance.
- Children with birth registration in Maharashtra and Uttar Pradesh are less likely to be given antibiotics for the treatment of diarrhoea (least preferred treatment) compared with children without birth registration; however, the results are not statistically significant.

Birth registration and nutrition.

Analysis of DHS data has shown that birth registration is positively associated with some indicators of child nutrition; however, results vary and are not always statistically significant. The following indicators related to child nutrition were explored: stunting, weight, wasting and months of breastfeeding.

- In Uttar Pradesh, stunting and being under-weight are less prevalent among children with birth registration. This is significant at the 5% and 10% level of significance respectively:
- The data suggests that a child in Uttar Pradesh with birth registration is approximately 0.7 times less likely to be stunted and approximately 0.8 times less likely to be underweight compared to a child without birth registration.
- Results for Maharashtra suggest a similar pattern but one with no statistical significance.
- There is no statistical significance between birth registration and the prevalence of wasting amongst children in Uttar Pradesh or Maharashtra.
- Children with birth registration in Uttar Pradesh and Maharashtra get breast-fed for a shorter period than those without birth registration. These results are only statistically significant in Uttar Pradesh (5% level of significance). It is worth noting that this finding runs contrary to the trends revealed by other health indicators in India.

These findings highlight the salience of a health-registration nexus, particularly in relation to children receiving vaccinations: children with birth registration were more likely to have received the nine key

vaccinations included within the analysis. Furthermore, children with birth registration were more likely to be given preferred treatments for diarrhoea, and less likely to be given non-preferred treatments. There were also a number of positive associations between nutrition outcomes and birth registration.

However, there are a number of limitations to these findings, which must be borne in mind. First, the datasets used do not provide indications of when the births of children were registered, nor do they indicate when children were vaccinated. The two events are associated but the direction of causality must still be determined. Second, the DHS and MICS datasets record information gathered some years ago, in some cases more than five years ago, and may not accurately reflect the most current trends in the selected countries. Further information is required to fill these data gaps.

Birth Registration and Child Protection[261]

The potential of a birth certificate to support a child's right to protection from violence, abuse, exploitation and neglect, is one of the most widely emphasised benefits of universal birth registration. Advocates and service providers have emphasised the role a birth certificate can play in protecting children against a wide range of rights abuses. To name a few, this includes: protection from exploitative labour; early marriage; conscription into the army; sexual abuse and exploitation; discrimination; and protection in the circumstance of coming into contact or conflict with the law.

In their recent handbook on birth registration 'A Passport to Protection' UNICEF have emphasised that: '*UNICEF supports universal birth registration within the context of an overall child protection system. Such an approach recognises the link between non-registration and the risk of exploitation and abuse.*'[262] Furthermore, in a recent publication UNHCR (United Nations Office of the High Commissioner for Human Rights) argued: '*children without birth registration are more vulnerable to protection risks such as trafficking, child labour, child marriage, illegal adoption, sexual exploitation and recruitment into armed forces and groups*'.[263]

The expected relationship between universal birth registration and child protection (CP) is perhaps clearest when the risks children face are themselves a direct result of their interaction with formal legal systems and rules, such as, for example, when children come into contact with the criminal justice process. Indeed, this is how the logic of the relationship between universal birth registration and Child Protection is usually framed: a birth certificate can protect children's rights under the law, because it provides a tool by which legal rules, designed to protect children, can be claimed and enforced. A birth certificate can do this because it contains information about a child's age and identity, and it is their age (and less commonly identity) which affords a child special rights and protection under the law. For example, arrangement of a child marriage may be prevented where the child has a birth certificate proving that she is under the legal minimum age for marriage; or the prosecution of a child for a crime may be prevented where the child has a birth certificate which provides legal proof that he or she was under the minimum age of criminal responsibility at the time the offence was committed. As Plan International explains in their 2009 'Count Every Child' report: '*The benefits of having a birth certificate are particularly clear in the area of child protection, where proof of a child's age is a pre-condition to effective law enforcement. A birth certificate documents a person's age and,*

[261] Plan, IOS, Coram CLC Children's Legal Centre (2014) Birth Registration and Children's Rights, A Complex Story; Full Report
[262] UNICEF (2013) A Passport to Protection: A guide to birth registration programming
[263] UNHCR (2013) Birth registration, child protection issue brief [online] Geneva, August 2013

as children under the age of 18 are entitled to particular rights and legal protection, proof of age can go some way toward protecting children who are exploited or come to harm in a variety of ways.'[264]

The latest UNICEF publication on birth registration '*recognises the link between non-registration and the risk of exploitation and abuse...knowing the age of a child provides protection from child labour, from being arrested and treated as an adult in the justice system, forcible conscription in armed forces and child marriage*'[265]. Through the application of this logic, a number of different forms of harm and abuse of children have come to be understood primarily in terms of the fact that they are illegal (on account of a child's age) and, therefore, require prevention (and redress) through the appropriate enforcement of legal rules (through the establishment of a child's age). As a Plan representative in Sierra Leone explained: '*If you don't have a birth certificate, and you are abused, no one will know if you are a child or not, so they can't do anything*'[266]. It must be recognised, however, that whilst focusing on age and law enforcement may be a useful way of identifying and addressing some types of abuse; not all forms of child abuse should be understood in terms procedural legal protections that are (only) available on the basis of age.

Birth Registration and Child Labour[267]

Plan's research reveals the complexity of issues surrounding child labour in real life contexts, and the challenges associated with confronting these. Birth registration may be expected to play a role in protecting children from child labour through providing information about a child's age and enabling the enforcement of law. Nevertheless, this was rarely found to be occurring in the contexts selected for this research. Child labour laws are generally not enforced, and employers are rarely brought to account for illegally employing children. Most child labourers are working in the informal sector, engaged in types of domestic, private, temporary and unofficial work, and their labour is not regulated. Participants explained that the reasons for this are that birth registration and (minimum age) law enforcement are not useful measures for addressing the reasons why children are working; which are framed by their family, social and economic context. Until these issues are addressed the role of birth certificates in protecting children from child labour, even within the context of a broadly functioning legal system, is likely to be limited. While acknowledging these complexities, whether birth registration could play a role in a system which properly implements and enforces child labour laws is potentially an issue for further investigation and research.

Birth Registration and Child Marriage[268]

The (potential) role that birth registration can play in preventing early marriage is through the information a birth certificate can provide about the age of children, in order to improve enforcement of laws that establish a minimum age for marriage. The research demonstrates that whilst birth certificates might be expected to play a role in protecting children from early marriage they are rarely serving this function in practice in the contexts explored in this research. Whilst participants are aware of legal rules concerning the minimum age for marriage, they don't necessarily consider them to apply to forms of customary, religious or informal marriage. Most marriages are officiated through informal or customary process and celebrants aren't usually concerned with age verification, especially the production of official documents.

[264] Cody, C. (2009) Count Every Child: the right to birth registration, Woking, Plan Ltd, p. 21
[265] UNICEF (2013) A Passport to Protection: A guide to birth registration programming, p.8
[266] Interview, Plan programme staff, Port Loco, Sierra Leone, 17th July 2013
[267] Plan, IOS, Coram CLC Children's Legal Centre (2014) Birth Registration and Children's Rights, A Complex Story; Full Report
[268] Plan, IOS, Coram CLC Children's Legal Centre (2014) Birth Registration and Children's Rights, A Complex Story; Full Report

Furthermore, whilst laws that prohibit child marriage may be enforced in isolated circumstances, they are unlikely to achieve broader, sustainable change if they fail to address the causes of the practice: prevailing discriminatory ideas about gender and sexuality, tied to powerful economic structures and institutions, such as the institution of dowry, and those (institutions) that perpetuate structural poverty. As a study by the Asian Development Bank concludes: '*as long as poverty provides a strong incentive to marry off young girls, regulating the age of marriage is likely to remain a mere aspiration*.' In fact, the data demonstrates how easily legal rules designed to protect children, and the introduction of norms prohibiting child marriage and sexual abuse, instead of challenging (harmful) community practices, are incorporated into existing systems of cultural (normative) reasoning, such that they acquire an entirely different function and meaning in practice.

Child Protection and Birth Registration Conclusions[269]

Birth registration has been expected to play a role in facilitating the protection of children against different forms of abuse, through providing information about the age of individual children required for enforcing legal rules. This is thought to be especially likely in the case that birth registration is pursued within the context of a broader, functioning child protection system. The data indicates, however, that, in the case studies selected for this research, birth registration is rarely playing a role in protecting children from child marriage and labour in practice.

The evidence indicates that attempting to promote child protection through the expansion of birth registration (specifically) and law enforcement (more broadly) is not having the intended effect in these contexts. This is partly because laws protecting children are not fully implemented and regulatory systems are not always functioning in practice. The data indicates that until systemic social, cultural and economic issues are addressed, the role of a birth certificate within a functioning legal system will be limited. Furthermore, the evidence suggests that in some cases, these interventions can give rise to unintended consequences with problematic implications for children's rights.

Anganwadi registers[270]

Anganwadi is a child-care and mother-care centre in India started in India in 1975 as part of the Integrated Child Development Services program with financial and technical assistance from the UNICEF and the World Bank. The Anganwadi offers supplementary feeding facilities for children in the 0-6 age group, pregnant women and lactating mothers, pre-school facilities for children aged three to six, maternal and child health care services like immunization and vitamin supplements and nutrition and health education for mothers. Anganwadi workers are to maintain registers and records containing details of population, births and deaths, pregnancies, immunization of children, etc. in collaboration with the Auxiliary Nurse Midwife (ANM).

As mentioned, the High Level Expert Committee on Basic Statistics for Local Level Development has suggested that registers maintained by the Anganwadi workers have the potential to provide a basis for the village level database for local level development. Since the Anganwadi birth register is intended to cover births of all children resident in a village, it is potentially a very useful source of data for planning health and family welfare programmes at the village level.

[269] Plan, IOS, Coram CLC Children's Legal Centre (2014) Birth Registration and Children's Rights, A Complex Story; Full Report
[270] Yokohama National University (2008) Studying Village Economies in India; Village-level Birth Records: A Case Study

Response

India is signatory to the United Nations Convention on the Rights of the Child that has recognized birth registration as one of the first rights of children. It is the right of every child to have his or her birth registered and provided with a birth certificate free of charge. A birth certificate is the first legal document confirming identity of the individual. In India, the registration of births and deaths is compulsory under the Registration of Births and Deaths (RBD) Act of 1969. Under this act, institutional heads are responsible for registering all births that take place within their institution within 21 days of their occurrence. Heads of households are responsible for registering any births that take place within their homes. After registration, the birth certificate is obtained by applying to the registrar or sub-registrar of the area, either on plain paper or by filling in a form. The National Population Policy 2000 has set the goal of achieving universal birth registration by the year 2010.

Birth registration and government planning[271]

Plan's research demonstrates that whilst a functional civil registration system including birth registration data can provide great assistance to governments in planning services for the child population, civil registration data only becomes useful for planning where it is accurate and reliable. Evidence from the research suggests that in most developing countries registration has not yet reached a sufficient level of accuracy and reliability to be used for this purpose.

Furthermore, although birth registration has the potential to promote children's rights, it can also be used for government purposes that are not rights friendly. Respondents from both government and the broader population, particularly in Vietnam, spoke of how civil registration (including birth registration) is used by the government to manage and control the population, sometimes in restrictive ways (such as the restriction of refugee and migrant rights).

While it can be said that a strong birth registration system benefits governments by strengthening governance, depending on the context, it does not necessarily benefit children if the government in question has not adopted or does not adhere to a child rights approach. Birth registration is a fundamental right of all children, but in order to play its part in accountable and rights based governance, it needs to be seen as only one component of a broader government system. Our data suggests that a birth registration system cannot be isolated as a driver of right-based governance.

Best practises in Delhi[272]

Context and challenges

Delhi has a population of approximately 16 million, with about one third of this population living in slums or slum-like conditions. The current level of birth registration is 100%. Three local bodies, namely the Municipal Corporation of Delhi (MCD), the New Delhi Municipal Council (NDMC), and the Delhi Cantonment Board (DCB), implement the registration of births and deaths through a network of centres spread throughout the city.

The MCD Health Department has computerized birth and death registrations since 2003. This computerization process is comprised of three components: digitization of vital records from

[271] Plan, IOS, Coram CLC Children's Legal Centre (2014) Birth Registration and Children's Rights, A Complex Story; Full Report
[272] Unicef (2010) Working paper: Good Practices in integrating Birth Registration into health systems (2000-2009); Case studies: Bangladesh, Brazil, The Gambia and Delhi, India

previous years for better preservation; launching the Online Institutional Registration (OLIR) in 2004; and setting up computerized Citizen Service Bureaus (CSB) in each zone.

Actions that made the difference

1. Online registration of births and deaths

One of the first computerized birth registration services in the municipality was the registration of births and deaths by the Health Department, beginning in February 2003 with the digitization of vital records for better preservation. This was followed by the launch of OLIR in January 2004 and the setting up of a computerized CSB in each zone.

Under the OLIR scheme all government and private hospitals/institutions have been provided with user IDs and passwords. Each vital event (birth or death) occurring in the hospitals/nursing homes is registered online by the institutions themselves. At present, nearly 400 hospitals have been integrated with the municipality for online institutional registration of births and deaths. Because the scheme primarily covers institutional births, the head of the family or the relative living nearest to the registration centre registers births or deaths that have taken place at home.

There are 191 centres in spread across 12 zones, with 137 centres in urban areas, 50 in rural areas and 4 in municipal hospitals. The online birth and death registration system manages nearly 1,200 entries and generates some 3,000 birth and death certificates every day.

The CSB serves as a single-window port for the citizens to access different services, including the issuance of birth certificates. Any citizen who needs a certificate can go to the CSB and ask for a printed copy, or else use the online ordering facility, paying by credit card and receiving the certificate at the doorstep upon payment of courier charges.

Computerization has also facilitated the process of generating a unique reference number for each child. It has helped in improving data management, sped up the generation of reports and enhanced online monitoring. It has also helped in the monitoring of births by sex and zone.

2. Linking immunization to birth registration

A pilot project launched in 2006, Linking Immunization to Birth Registration (LIBRE), covered 32 maternity homes in the Delhi municipality area with the aim of integrating basic services for children. It was implemented within the framework of a tripartite partnership involving the Municipal Corporation of Delhi, the Office of Registrar General and UNICEF, which provided nominal monetary support (US$13,071).

Immunization and birth registration are two services provided for children by the MCD and handled by two separate sections within the Health Department. At the time the pilot was initiated, the birth registration system was already computerized. By contrast, the immunization programme functioned manually, which meant that the immunization database was also compiled manually. A feasibility study conducted by MCD to plan for the pilot project revealed that certain key information regarding children was being collected by both the registration system and the immunization programme (See Table below), although separately. The immunization programme was collecting the information manually whereas the registration system collected and compiled it electronically. These records were not matched, merged or consolidated at any level.

Commonality in key information collected via the birth registration system

and under the immunization programme			
Sl. No.		Birth registration	Immunization
1	Name	Child	Child
2		Mother	Mother
3		Father	Father
4	Address	Parents' residence	Parents' residence
5		Permanent address	Permanent address
6	Sex	Yes	Yes
7	Date of birth	Yes	Yes
8	Place of birth	Yes	Yes
9	Birth weight	Yes	Yes

3. Advantages for the immunization programme

The health professionals implementing the immunization programme felt that connecting their records with the computerized birth and death registration system would be advantageous because:

- Integration would make it possible to track a child from the time of birth until he or she is fully immunized.
- In the process of integration, the immunization recording and data collection would also be computerized.
- A database on children would be compiled by combining online birth registration data with the home deliveries reported by frontline professionals.
- Duplication of work would be avoided. Data entered once while registering births would also be used for immunization.
- Compilation of a database on children by area would facilitate rational planning for both facility level planning and supervision.
- Computerization would make data retrieval easier and would facilitate generation of electronic registers at facility level.
- Work planning at facility and sub-facility level would improve as information on 'due for vaccine' dates would be available before the session.
- Vaccine management would improve.
- Information on coverage and dropouts would improve through generation of reports.

4. Incentive for the registration system

For the registration officers the following reasons were given for integrating birth registration with the immunization programme:

- Strengthening reporting of events (births/deaths) occurring in the community covered by immunization programme frontline workers (auxiliary nurse midwife/Basti Sevikas)
- Process of verification of birth registration by a separate agency, in this case the immunization programme
- Identification and registration of unregistered children born within the MCD area, through the immunization programme

- Identification and collection of information on unregistered children born outside MCD the area. This information would be sent to the Office of the Registrar General of India for forwarding to respective states (provinces).
- Capturing the name of a child from immunization records, especially in the case of children registered without a name
- Tracking changes of residence

The implementation phase can be broadly categorized into two phases: (i) the preparatory phase; and (ii) the implementation phase.

(i) Preparatory phase

The preparatory phase consists of the following activities:

- Conducting a feasibility study to see where the commonalities and complementary factors lie
- Preparation and finalization of scope documents
- Training of health professionals under the immunization programme (i.e., auxiliary nurse midwives, Lady Health Visitors, doctors, paramedical staff, statistical clerks and other related staff) on computer basics and data entry. The training programme covered two batches per day, three hours a day, for five days.
- Installation of hardware (hard disk and UPS) in all 32 pilot Maternity Homes
- Provision of broadband connectivity
- Identification and finalization of an external expert IT agency for software development

(ii) Implementation phase

- After the software was developed, it was first pilot tested in two maternity homes, after which further changes were incorporated.
- The script used is javascript with Windows as backend.
- The software was placed on the Internet in July 2007. User acceptance testing began in the second week of August 2007.
- User IDs and passwords were issued for uploading information.
- A MIS cell for data compilation, analysis and publication of reports was set up
- From September 2007 onwards, the software was used by all 32 maternity homes covered under the pilot project.
- To ensure participation and consultation amongst the different stakeholders, and to assist in designing and implementing the pilot, committees were constituted comprising members and representatives from the health department, IT, finance, engineering, the chief registrar (B&D) from the Delhi government, ORGI, Plan India and UNICEF.
- UNICEF supported two components of this pilot project, namely staff training and software development.

The initiative was finally scaled up to cover the entire MCD area from April 2008 onwards.

Lessons learned

As a result of integrating birth registration and immunization in Delhi through the LIBRE project, universal birth registration of children born in the Delhi area has been achieved since the project's inception in 2006. However, the project identified a substantial number of children living in Delhi who go unregistered, because they were born outside the Delhi area. Most of the unregistered children belong to migrant families coming into Delhi from other Indian states, and they cannot be

registered because of a legal framework that stipulates that vital events (births/deaths) must be registered at the place of occurrence.

The impressive results obtained thus far will only be expanded to include all children living in Delhi if the Registration of Births and Deaths Act 1969 is amended to allow these children to be registered despite the fact that they were not born in Delhi.

1.4 Child behavioural issues:

1.4.1 Drugs & other addiction of children

Shankar, a rag picker, sifts through the garbage dumped on the street by Bangaloreans. Every time he bends to browse through the dirt, he holds a cloth against his mouth and takes a deep breath. It is the only way he can get on with his work. This might be a common scene in Bangalore, but a lot of people do not know that Shankar is most likely inhaling petrol, correction fluid, shoe polish or any other solvent[273].

The show begins at night. After the sun is swallowed by the smog and neon lights wash the city in yellow, Rahul and his gang emerge from under the flyover. They all look similar — grubby feet, frayed rags, scarred faces, red eyes and brassy hair. They are all under 11. Walking with the swagger of his favourite filmstar, the puny urchin produces a cigarette from his pocket, lights it and blows the smoke into the faces of six other kids who beg for a drag. But Rahul is high: one moment he is Dabangg; another, he is Romeo the kutta. Then he offers the fag to his buddies, but at a price. He punches one, yanks out ₹5 from another's pocket, and then grabs Guddi, the only girl in the pack. She screams and giggles as he pulls her towards a dark corner. Then a boy shouts police' and the group vanishes into the dark garbage dump they call home[274].

"*On the road I got a sack so I started collecting plastic bottles and paper bags. After collecting those, I went and sold them and got 40 rupees. I went and bought Dendrite. My head was spinning and I started to vomit….*" [He is on the station platform in Mumbai waiting to jump the Howrah bound train early the following morning.] "*That night I had some Dendrite and slept. In the night a guy came and asked me for money. I told him I had none. He told me to give him some Dendrite. I told him I had finished some hours ago. The boy just then took out a blade and slashed me on my right shoulder. I was high on drugs so I was not able to do anything to him.* [He sees the boy again later] *I asked him "Why have you done this to me? I don't know you and you don't know me." The boy swore at me and I got angry and took out a blade from my mouth and slashed his face. I was scared and started running…*"
[He is taken in to Future Hope*] Living Upstairs* [in the younger boys home at Rowland Road] *I was sad at first. " After five or six months I was still addicted to Dendrite and was going through severe withdrawal. Not able to take it anymore, I ran away with two friends.* [They go to Sealdah station where they link up with the street children there]. *My friends had dendrite which they shared with me. Not having done dendrite in so long, I felt as if I had rediscovered an old friend. It was very comforting. I wandered around the station the next few days, selling bottles and thinking that I was back where I belonged.* [but Tim Uncle has tracked him down and this time takes the boy to a drug rehabilitation centre. He runs away but is returned after a run in with police.] *Six months later I phoned Future Hope. Tony Baba, Basu Sir and Dulu Mama came to get me. I promised Uncle that I would never run away again and from then on I've been here. I've moved from Rowland Road to Ballygunge. I helped everyone there as much as I could, and after a year, I came to Bompass.*"[275]

[273] The New Indian Express; Published: 08 04 2013 (2013) Substance abuse among children on a 'high'; http://www.newindianexpress.com/cities/bengaluru/article1535648.ece
[274] http://timesofindia.indiatimes.com/home/stoi/Indias-invisible-children-Swallowed-by-the-streets/articleshow/10626388.cms
[275] http://www.futurehope.net/solvent-abuse.html?PHPSESSID=2796de1bc75c15db25e2413095636126

Preventing -substance abuse among street children in India: a literature review[276]

The prevalence of street children has been escalating in most of the developing world and highest in India. The study done for the health science journal in 2013 revealed that 10 % of the world's children live on the streets in India and more than two third were boys. It was found that most of the street children abuse nicotine and alcohol. The major reason for the children to be on the streets was poverty and peer pressure, for substances abuse. Substance abuse damages the vital organs and respiratory, digestive, oral, facial and heart diseases were the common health effects. HIV/AIDS, STI, violence and crime were the major social effects of substance abuse. Thus, India ratified the Convention on the Rights of the Child and implemented Integrated Programme on Street Children in major cities of India. The programme works on health, education, shelter, nutrition and right of street children. Beside these, Modified Social Stress Model was implemented on prevention of substance abuse. These programmes on empowerment, employment, equality with culturally sound interventions are required to prevent street children and substance abuse in all parts of India.

Numbers and age

The study revealed that 10 % of the world's children live on the streets in India and more than two third were boys. Street children in India indulge in substance use at any time in their life and the minimum age at starting substance use in the study was 5 years. Numbers have shown that 82.98% of street children were substance abusers[277]. Almost three-quarter (70 %) of all substance users want to quit and about 40% try to quit but cannot, due to the associated causes of substance abuse[278].

Kinds of substance abuse

Street children are abusing a wide range of substances, from inhalant to solid cigarettes. It was found that most of the street children abuse alcohol, nicotine as cigarettes or "bidis' and "gutkha" and inhalant / volatile substance use in the form of sniffing of adhesive glue, petrol, gasoline, thinner and spirit was reported by one fourth of children[279]. Beside these, drugs were used by street children. Heroin, Opium, Alcohol, Cannabis and Propoxyphene are the five most common drugs being abused by children in India. Some of the children are employed in preparation of "charas" cigarettes in India.

Health and Social effects of substance abuse among street children[280]

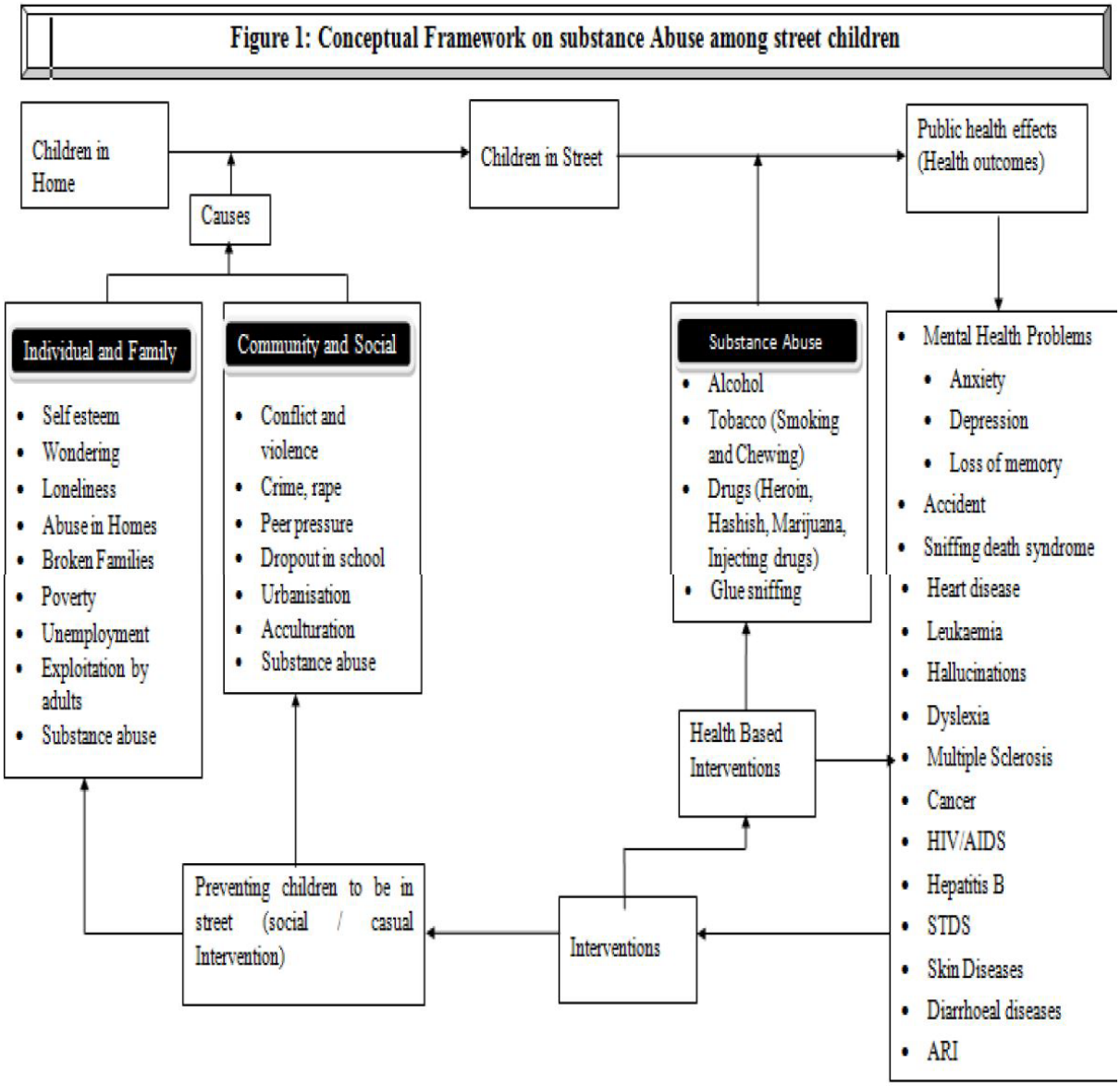
This situation brought the street children in various health and social effects. Drug abuse and addiction lead to a complex set of social, medical and economic problems. Substance abuse damages the vital organs and respiratory, digestive, oral, facial and heart diseases were the common health effects. HIV/AIDS, STI, violence and crime were the major social effects of substance abuse.

[276] Health Science Journal; Volume 7 2013, Issue 2 (2013): Preventing -substance abuse among street children in India: a literature review
[277] Health Science Journal; Volume 7 2013, Issue 2 (2013): Preventing -substance abuse among street children in India: a literature review
[278] Health Science Journal; Volume 7 2013, Issue 2 (2013): Preventing -substance abuse among street children in India: a literature review
[279] Health Science Journal; Volume 7 2013, Issue 2 (2013): Preventing -substance abuse among street children in India: a literature review
[280] Health Science Journal; Volume 7 2013, Issue 2 (2013): Preventing -substance abuse among street children in India: a literature review

Child Line India Foundation states that even a single session of repeated inhalant abuse can disrupt heart rhythms and cause death from cardiac arrest or lower oxygen levels, enough to cause suffocation. In Manipur, north-east India, which shares border with Myanmar, and Madras, are the examples where rapid increases of heroin injection take place mainly in street children and they have high rated of HIV/AIDS and STDs transmission rate. The effects of substance abuse are lung problems (28%) like burning of lungs and tuberculosis (6%), vomiting (12%), cancer (11%), death (10%), teeth and facial problem (7%), heart or kidney problems (5%). Besides these, a peer influence contributes significantly on higher level of adolescents using drugs i.e., (48.3%) has an addicted peer. Furthermore, the majority of substance abusers either never goes to school (54.4%) or are school drop-outs (51.7%) and the most common place for initiation of substance abuse is recreational avenues for males (49.7%) and home for females (36.6%). These adverse social effects, resulting homeless children are involved in robberies, prostitution, trafficking drugs and even murders in urban areas of the country.

Causes and risk factors for abuse among (street)children

To combat the causes and consequences of substance abuse among street children through preventive programmes it is important to understand how children end up on the streets in the first place.



The major reason for the children to be on the streets was poverty and peer pressure, for substances abuse. Individual, family level and structural causes are responsible for the children to be on the street. The study explored that the substance abuse by street children is influenced with tendency of substance abuse by their family members[281]. Similarly, Benegal et al shows that family members of street children use tobacco and alcohol and street children are more prone to use drugs and other substances. The most common reasons for substance abuse by street children were peer pressure (62.1%), experimentation (36.3%) or to boost self-confidence (28.7%). Various Indian Foundations state that children abuse substances for a number of reasons, from curiosity, recreation to cope with stress as personal factors.

Regarding risk factors, substance abuse was significantly associated with domestic violence, maltreatment of the child, nuclear families, runaway status and working status of the child.

[281] Health Science Journal; Volume 7 2013, Issue 2 (2013): Preventing -substance abuse among street children in India: a literature review

Response needs

To combat causes and consequences of substance abuse among street children, interventions from government and non-government level are shown in the conceptual framework. The figure in the previous paragraph links the causes of street children to leave their homes and live on the street to the possible health outcomes that they faced during street. Besides this, it shows the link of two different intervention strategies to combat cause and consequences of substance abuse and street children as mentioned in the figure.

Laws and Regulations

National legislations[282]

National legislations for protection of child rights in the country are:

- Prevention of Illicit Traffic in Narcotic Drugs and Psychotropic Substances Act, 1987

Policies and strategies on substance abuse among street children in India[283]

The Government of India ratified the Convention on the Rights of the Child on 12 November 1992. The Government took various initiatives to review the National and State legislations and brought it in line with the provisions of the Convention. Furthermore, the Government developed appropriate monitoring procedures to assess progress in implementing the Convention, which involve all relevant Ministries and Departments, international agencies, NGOs, and the legal profession in the implementation and reporting process. The National Plan of Action has been worked out keeping in mind the needs, rights and aspirations of 300 million children in the country and sets out quantifiable time dimensions to India's Charter of Action for Children. The Plan gives special consideration to children in difficult circumstances and aims at providing a framework, through the goals and objectives for actualisation of the Convention in the Indian context. The Government of India had adopted a two-pronged strategy to tackle the problem of drug and substance abuse which includes supply control and demand reduction. Similarly, Manihara states that the laws under the Juvenile Justice Act 1986, India relate quite strongly to the care and rights of street children and strategy for preventing substance abuse in general, however lacks in implementation.

The Integrated Program on Street Children

Through the ratification of the Convention on the Rights of the Child India has implemented the Integrated Programme on Street Children in major cities of India. The programme works on health, education, shelter, nutrition and right of street children. Beside these, Modified Social Stress Model was implemented on prevention of substance abuse. These programmes on empowerment, employment, equality with culturally sound interventions are required to prevent street children and substance abuse in all parts of India.

Response

Programs for preventing substance abuse among street children in India[284]

A national master plan for substance abuse was evolved in 1994 which focuses on the establishment of treatment and rehabilitation centres, training in substance abuse for primary care doctors and

[282] Study on Child Abuse: INDIA 2007; Ministry of Women and Child Development, Government of India – p25-29
[283] Health Science Journal; Volume 7 2013, Issue 2 (2013): Preventing -substance abuse among street children in India: a literature review
[284] Health Science Journal; Volume 7 2013, Issue 2 (2013): Preventing -substance abuse among street children in India: a literature review

other personnel, collaborating with non-governmental organisations and carrying out education and awareness building programmes. There are currently in India about 359 counselling centres for drug abuse prevention that also propagate awareness and the government finances more than 50 NGOs, which are engaged in drug and substance abuse prevention activities. A tripartite agreement between the Government, ILO and UNDCP has been signed to help full rehabilitation and recovery of substance abuse and drugs. Integrated Child Protection Scheme (ICPS) was launched in India aiming at creating safe and secure environment for children in need of care and protection for children in conflict, vulnerable and street children and preventing substance abuse among children. India has adopted the Modified Social Stress Model for preventing substance abuse among street children in different cities and use WHO categories of response. A cross-sectional, community-based study conducted among children residing in the slums of Sambalpur, and Orissa of India conceptualised by the Modified social Stress Model that an increased risk for drug use stems from distress, the normalization of drug use, the effect of drugs and a decreased risk of drug abuse due to social attachments, coping strategies, resources for their development[285]. The study done in Bangalore, India supports the model that increased risk for drug use is a function of the level of perceived personal stress. However, the risk decreased by positive attachments that the child may have, the possession of adequate coping strategies and skills, and access to necessary resources.

Resources for substance abuse among children

There are relatively few studies conducted in relation to substance abuse among street children India although, they comprise a significant proportion of the total population. Most of the study focuses on the causes, effects and risk factors of substance abuse among street children in India and very few academic papers on prevention. However, the additional preventive programme and policies were discussed from government and organisational publications.

It was found that there were variation in findings of the study and the study were carried mostly in the urban areas of the country. The programmes need special focus on reducing poverty in the country and peer pressure for preventing substance abuse among street children. Furthermore, for the sustainability of the programme they need sustainable resources and their effective planning.

Best Practises

UN ODCCP has a 'participatory handbook for youth drug abuse prevention programmes; A guide for development and improvement'. In that the Modified social Stress Model is used.

If substance abuse is to be tackled, then it stands to reason that the people who should lead this effort must be youth themselves, since they know their own needs better than anyone else.

In order to empower concerned young people who want to DO SOMETHING about drug abuse, the UNDCP, in collaboration with selected Youth Groups from all over the world, started the process of putting together a tool for youth groups to use when they want to organize and start taking action against substance abuse.

The handbook is a TOOL, which means that its effectiveness really depends upon the way you use it; it is meant for people who WANT to do something, it is meant to help you ORGANIZE yourself to take ACTION and that it was written by YOUTH themselves.

[285] Indian J Community Med. Oct 2008; 33(4): 265-267(2008):Substance Abuse Among Adolecents in Urban Slums of Samalpur (http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2763700/) (Accessed on 19 September 2014)

The handbook has three aims, first, to help a carefully selected target group; second, having identified the target group, to find out the real issues that concern them by asking them what these are and, third, to then help the target group find solutions to these problems.

The main purpose of this handbook, then, is to provide tools for both young people and adults who want to establish drug prevention programmes with the participation and active involvement of youth and the community. This handbook will also be useful to those who are already involved in existing youth drug prevention programmes and who are interested in assessing and improving their established programme.

1.4.2 Juvenile Crime

Papa Rao has been taking care of himself since the age of 5, following the death of both of his parents. When he was about 11, some friends persuaded him to help them rob a local store. The following morning, Papa Rao awoke to the blows that the store owner was inflicting on him. He was taken to the police station, where he was beaten for days until he revealed the identity of his accomplices. Then Papa Rao was moved to the Observation Home, where he spent an entire year. Time went by slowly. He was even hospitalized once because — he claims — he couldn't stop vomiting due to the unbearable stench. He was finally released, as those who had pressed charges against him failed to show up at his trial. Today, Papa Rao is 19, lives in Daddy's Home, and attends eleventh class[286].

Children in conflict with the Law[287]

The term 'children in conflict with the law' refers to any person below the age of 18 who has come in contact with the justice system as a result of committing a crime or being suspected of committing a crime. Most children in conflict with the law have committed petty crimes such as vagrancy, truancy, begging or alcohol use. Some have committed more serious offenses. Some children are coerced into crime by adults who use them knowing they cannot be tried as adults. Often prejudice, stereotyping and discrimination brings children into conflict with law without a crime being committed. More than 1 million children worldwide are detained by law officials. In institutions children are often denied access to medical care and education which are part of their rights. In 2002, 136,000 children in the Central and Eastern Europe and the Commonwealth of Independent States were found guilty of criminal offenses, compared to 117,000 in 1990. Russia accounted for 65% of these cases.

In India the number of cases of juvenile delinquents has increased from 17,203 in 1994 to 30,943 in 2004. The crimes committed by juveniles have also seen an increase in the same period from 8,561 to 19,229. Some of the increase can be attributed to the definition of juveniles being changed to include ages 16-18, but none the less more and more children are coming into conflict with law in the 16-18 age group.

There are various reasons why children end up committing crimes. About 64% of cases in 2004 were children who had no education or only education up to primary level. Children living with parents/guardians accounted for 76.6% of the total juveniles arrested. The number of homeless children arrested for various crimes was only 7.5%. Juveniles usually come from poor families earning less than ₹25,000 a year (72.3%). Often children are victims of crime as they are used for begging, drug peddling, and prostitution.

According to HAQ: Centre for child rights there has been a 7.9% increase in crimes committed by children between 2003 and 2004. In 2005 there was an 11.3% increase in crimes by children. There

[286] Federico Ferrara & Valentina Ferrara (2005); The Children's Prison: Street Children and India's Juvenile Justice System p16-17

[287] http://www.childlineindia.org.in/children-in-conflict-with-law.htm

has been an increase especially in certain kinds of crimes which is a grave concern such as rape (by 11.9%), death due to negligence (150.8%), robbery (39.6%), attempt to murder (30.7%), preparation and assembly for dacoit activities (27.6%), auto theft (18.6%) and murder (15.9%) is a matter of concern. Surprising is the increase in number of cases of girls being charged with rape. As most crimes are committed by juveniles from poor families they should also fall in the category of children in need of care and protection and should be treated as such. The main legislation that deals with juveniles is the Juvenile Justice Act, 2000.

A major area of concern is the rise of juvenile crimes in the overall crimes committed in the country. In 1994 juvenile crimes amounted to 0.5% of all crimes committed. In 2004 that number has doubled to 1%. The Juvenile Justice system has given rise to many child rights concerns as children are often denied bail for petty crimes, the responsible stakeholders do not carry out proper social investigations, the conditions in the homes are often unsafe and inhumane, and juvenile justice boards are not child friendly and functions like an adult court.

With an increasing crime rate in the country as well as increasing number of people being imprisoned either as part of their sentence or waiting trial there is a necessity to consider the needs of those children whose parents have been imprisoned. Judicial proceedings or police arrests need to take into account the larger unintended consequences of penal sanctioning. The detainment of parents severely reduces families and communities economic and social abilities to successfully raise children. It also leaves the child in long periods of uncertainty and instability. This is especially seen with illegal immigrant families whose children spend months sometimes years in children's homes awaiting the release of their parents.

Juvenile Crime; some more numbers[288]:

- The increasing trend in incidence of Juvenile Crimes (under IPC) is a matter of grave concern, though the percentage of juvenile crimes to total crimes is around 1% during 2001 to 2011.
- The juvenile IPC crimes in 2011 have increased by 10.5% over 2010 as 22,740 IPC crimes by juveniles were registered during 2010 which increased to 25,125 cases in 2011. Major Juvenile crimes were under 'Theft' (21.17%), Hurt (16.3%) and Burglary (10.38%) in 2011.
- The highest decrease in Juvenile delinquency was observed under the crime head 'Preparation & Assembly for Dacoity' (35.3%),'Death due to negligence' (25.6%)and 'Criminal breach of trust' (14.0%) in 2011 over 2010. The highest increase in the incidence of juvenile crimes was observed under the heads 'Counterfeiting' (81.8%),'Dowry deaths' (63.2%), 'Arson' (57.6%) and 'Kidnapping & abduction of women & girls'(53.5%).
- Juvenile delinquency under Special and Local Laws (SLL), crimes has increased by 10.9% in 2011 as compared to 2010 as 2,558 cases of juvenile delinquency under SLL reported in 2010 which increased to 2,837 in 2011, while there was substantial decrease of 40.8% in 2010 as compared to 2009.
- A large number of Juvenile crimes (SLL) were reported under Gambling Act (14.77%) followed by Prohibition Act (10.7%). Cases under 'Indian Passport Act' and 'Forest Act' have registered a sharp decline of 66.7% each, while cases under 'Prohibition of Child Marriage Act' and 'Immoral Traffic (P) Act' registered a sharp increase of 200% and 50% respectively.

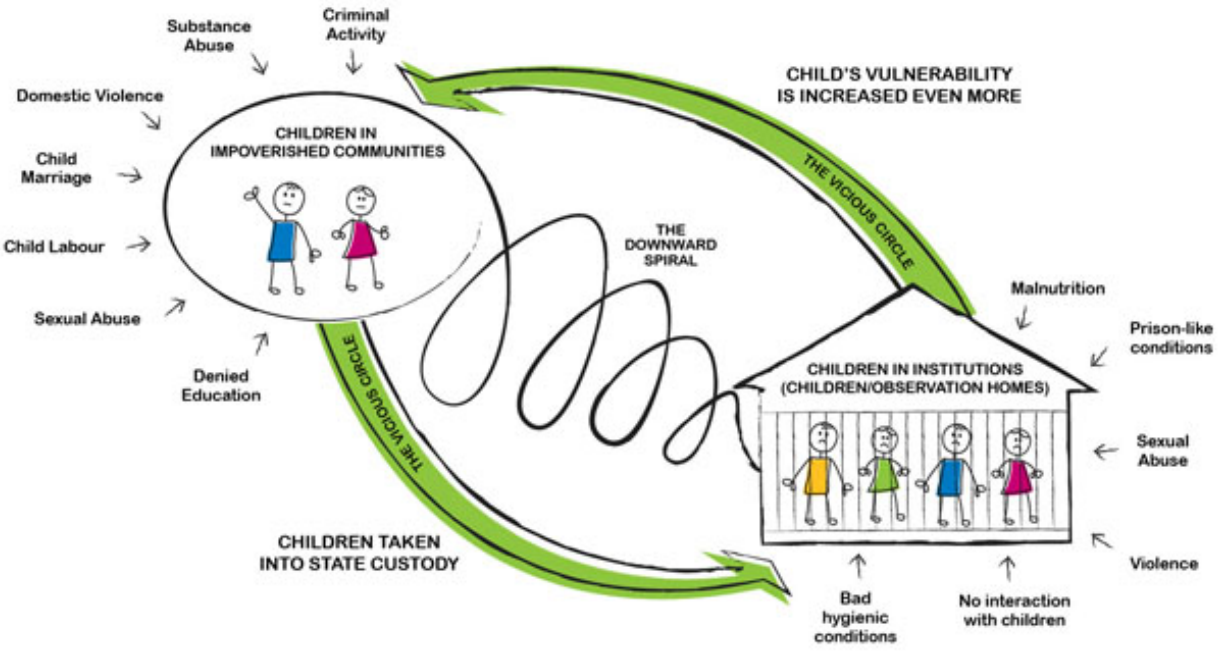
[288] Social Statistics Division, Central Statistics Office, Ministry of statistics and Programme Implementation, Government of India (2012): Children in India 2012 – A Statistic Appraisal – 'Highlights'

- The States of Madhya Pradesh (19.9%)), Maharashtra (19%), Chhattisgarh (8.7%), Andhra Pradesh (7.3%), Rajasthan (7.3%) and Gujarat (6.4%) have reported high incidence of juvenile crimes under IPC.
- Out of the total 888 juvenile murder cases reported in the Country in 2011, Maharashtra and Madhya Pradesh reported 16.3% and 12.6% cases. The highest incidence of the juvenile rape cases in the country was reported from Madhya Pradesh (23.6%) followed by Uttar Pradesh (12.7%) and Maharashtra (10.9%) in the country. The highest incidence of the juvenile theft in the country was reported from Maharashtra (23.6%).
- The highest number of juvenile delinquency cases under Special and Local Laws was reported from Tamil Nadu (23.7%) of total juvenile crimes under SLL followed by Chhattisgarh (18.1%), Gujarat (16.4%), Maharashtra (10.4%) and Madhya Pradesh (9.7%).
- A total of 33,887 juveniles were apprehended during 2011 out of which 31,909 were boys and 1,978 were girls.
- The percentage of girls to total juveniles was 5.84% whereas the percentage share relating to 2010 was 5.1%.
- Out of total 33,887 Juveniles arrested, 30,766 (90.7%) were arrested under IPC crimes while 3,121 (9.3%) were arrested for committing SLL crimes.
- The percentage shares of Juveniles apprehended under the age groups 7-12 years, 12-16 years, 16-18 years are 3.3%, 32.5% and 63.9% respectively.
- An increase has been observed in number of juveniles apprehended in all age groups in 2011 over 2010, and the highest percentage increase was for 7-12 age group (30.6%) whereas the rise in crimes in 12-16 years and 16-18 years were 8.9% and 12.5% respectively.
- Maharashtra has reported the highest number of juveniles arrested (20.9%) under IPC crimes followed by Madhya Pradesh (17.9%), Rajasthan (7.9%), Andhra Pradesh (7.9%), Chhatisgarh (7.1%), and Gujarat (6.4 %).
- In 2011, the states of Madhya Pradesh (406) and Maharashtra (353) reported the highest number of girl offenders under IPC which constituted 49.54% of the total girl juveniles apprehended.
- In 2011, the states of Chattisgarh (178) and Gujarat (121) reported the highest number of girl offenders under SLL which constituted 67.04% of the total girl juveniles apprehended.
- Out of the total juveniles involved in various crimes, 81.4% are children living with parents, whereas the share of homeless children involved in various crimes are 5.7% and the remaining are children living with guardians.
- Out of the total juveniles involved in various crimes 18.1% are illiterate and 37.8% had education up to primary level. 31 % juveniles belonged to the education level of above primary but below secondary category and 13.11% are with secondary/ higher secondary & above education.
- About 57% of juveniles belonged to the poor families whose annual income is up to ₹25,000/. The share of juveniles from families with income between 25,000/- and 50,000/- is 27%. The share of juveniles hailing from middle income group (50,000 - 2,00,000) is 11%.

Observation Homes

In many cases, runaways are rescued, taken into state custody and sent to state-run Children's Homes or, if they are accused of an offence, are sent to Observation Homes. But these institutions are often more harmful than helpful (see diagram)[289].

[289] http://aanganindia.org/the-problem



Although the Indian Juvenile Justice Act sets detailed requirements to ensure the child- friendliness of such homes, these are not put into practice. Harsh, jail like conditions, neglect and physical abuse are not uncommon. Once taken into custody, the children are subjected to inhumane conditions, such as a urine-flooded jail cell of the Railway Police Force which was witnessed by researchers in July 2004[290]. During their detention, the boys the researchers interviewed were brutally victimized. The police beat their legs, hands, backs, and feet — often with nightsticks and bent telephone wires — to extort confessions or as punishment for having urinated on the walls or having begged for some food.

When these children are released, they return to the streets, to tough neighbourhoods or to malfunctioning systems of care and protection. They continue to be exposed to violence and abuse, compelling them to engage in dangerous and harmful behaviour. Putting it simply, the situation is just as difficult, the child even more vulnerable.

Killings in custody[291]

On violation of the right to life, the government of India only refers to female infanticide. It remains silent on extrajudicial executions and custodial death of children. In specific reply in the parliament on 16 July 2002, Minister of State for Home Affairs Shri Ch. Vidyasagar Rao stated that no separate data is maintained for children *killed in custody*. The Annual Reports of the National Human Rights Commission are indicative of endemic torture in India. The NHRC's Annual Reports are illustrative of the use of torture in the administration of criminal justice system. According to NHRC's Annual Reports, it received complaints of 34 custodial deaths (in police custody and judicial custody) in 1993-94; 162 custodial deaths/custodial rapes in 1994-95, 444 custodial deaths in 1995-96, 888 custodial deaths in 1996-97, 1012 custodial deaths in 1997-98, 1297 custodial deaths in 1998-99, 1,093 in 1999-2000 and 1037 in 2000-2001. Therefore, the description of torture of children in India

[290] Federico Ferrara & Valentina Ferrara (2005); The Children's Prison: Street Children and India's Juvenile Justice System
[291] Asian Centre for Human Rights (2003): The Status of Children in India, An alternate report to the United Nations Committee on the Rights of the Child on India's first periodic report (CRC/C/93/Add.5) Geneva, Switzerland, 6-10 October 2003; II. Executive Summary

in one paragraph, exactly in 194 words is scandalous by any yardstick and an affront to the Concluding Observations of the Committee on the Rights of the Child (paras 38-41) made in January 2000. Torture of children especially in armed conflict situations is rampant.

Despite rampant corporal punishment in schools, government's periodic report makes no reference to the issue.

Laws and Regulations

National legislations[292]

National legislations for protection of child rights in the country are:

- Probation of Offenders Act, 1958: The Probation Offenders Act provides for admonition and release on probation of offenders. There is also limitation for sending a person below 21 years to prison under section 6 of the Act.
  Issues why this law is not working:
  - There are large numbers of young, fist time and short term prisoners ending up in jails, though they are eligible for community treatment under the provision of Probation of Offenders Act 1958.
  - Although there is the limitation for sending a person below 21 years to prison, in the present statistics it is seen that about 24 % of the jail population belongs to either young offenders or first time offenders or those who have been convicted for one year or less. This type of imprisonment does not serve any purpose either for the prisons or for the community. Moreover it causes damages to the self-esteem of the offender. It also affects badly the family of the prisoners. Changes of bad association while in prison with hard core criminals are high.
  The state has to spend about ₹700 per day for keeping a person in prison. By applying probation for eligible prisoners and treating them in the community will cost only 70 rupees/head/day. Thus the Govt. can save much needed resources by promoting probation system. These numbers of prisoners are eligible for release on probation under the P.O. Act for community treatment. This loss can be presented only on the event of effective implementation of P.O. Act.
- Juvenile Justice (Care and Protection of Children) Act 2000

The Juvenile Justice (Care and Protection of Children) Act 2000, is a comprehensive legislation that provides for proper care, protection and treatment of children in conflict with law and children in need of care and protection by catering to their development needs, and by adopting a child-friendly approach in the adjudication and disposition of matters in the best interest of children and for their ultimate rehabilitation through various institutions established under the Act. It conforms to the UN Convention on the Rights of the Child, the UN Standard Minimum Rules for the Administration of Juvenile Justice (The Beijing Rules) 1985, the UN Rules for the Protection of Juveniles Deprived of their Liberty and all other relevant national and international instruments.

It prescribes a uniform age of 18 years, below which both boys and girls are to be treated as children. A clear distinction has been made in this Act between the juvenile offender and the neglected child. It also aims to offer a juvenile or a child increased access to justice by establishing Juvenile Justice Boards and Child Welfare Committees. The Act has laid special emphasis on rehabilitation and social integration of the children; and has provided for institutional and non-institutional measures for care

[292] Study on Child Abuse: INDIA 2007; Ministry of Women and Child Development, Government of India – p25-29

and protection of children. The non-institutional alternatives include adoption, foster care, sponsorship, and after care.

The following sections of the Act deal with child abuse:

Section 23: Punishment for cruelty to juvenile or child: The Act provides for punishment (imprisonment up to six months) if a person having the actual charge of, or control over, a juvenile or the child, assaults, abandons, exposes or neglects him/her, causes or procures him/her to be assaulted, abandoned, exposed or neglected in any manner likely to cause such juvenile/child unnecessary mental or physical suffering.

Section 24: Employment of Juvenile or Child for Begging: The Act provides for punishment (imprisonment for a term which may extend to 3 years and fine) if a person employs or uses any juvenile/child for the purpose or causes any juvenile to beg.

Section 26: Exploitation of Juvenile or Child Employee: The Act provides for punishment (imprisonment for a term which may extend to 3 years and fine) if a person ostensibly procures a juvenile/child for the purpose of any hazardous employment, keeps him in bondage and withholds his earnings or uses such earning for his own purposes.

Juvenile Justice Act's implementation[293]

The adoption of the Juvenile Justice (Care and Protection) Act of 2000 is one of the concrete measures taken by the government of India since the consideration of initial report by the Committee on the Rights of the Child in January 2000. The government of India flaunts the enactment of the Act.

However, the implementation of the Juvenile Justice (Care and Protection) Act of 2000 remains problematic. A large number of State governments such as Punjab, Haryana, Jammu and Kashmir, Assam etc. are yet to set up the Juvenile Courts, Juvenile Boards or Juvenile Homes. In a reply to the Rajya Sabha 2 on 3rd December 2001, Minister for Social Welfare stated that there are no juvenile detainees in Jammu and Kashmir and Manipur. In reality, the Jammu and Kashmir State government is yet to take any measure to implement the Juvenile Justice Act of 1986, let alone replace it with Juvenile Justice (Care and Protection Act), 2000. The Jammu and Kashmir State Assembly extended Juvenile Justice Act, 1986 in the State by abolishing the Children Act of 1970 in the year 1997. However, as of August 2003, the government of Jammu and Kashmir has not taken any initiative to implement the Juvenile Justice Act, 1986. The Juvenile detainees are being kept in District Jail of Jammu along with harden criminals.

Juvenile Justice Act and Juvenile / Observation Homes[294]

The Juvenile Justice Act (Care and Protection of Children)[295], approved in 2000 to reform the 1986 Act, is designed as a comprehensive legal framework by which the Indian government has pledged to alleviate the devastating impact that underdevelopment, poverty, and crime may have on children. The Act spells out the government's responsibilities in the care, the protection, and the development of neglected children, but also tackles issues related to crime prevention and the rehabilitation of juvenile delinquents.

[293] Asian Centre for Human Rights (2003): The Status of Children in India, An alternate report to the United Nations Committee on the Rights of the Child on India's first periodic report (CRC/C/93/Add.5) Geneva, Switzerland, 6-10 October 2003; II. Executive Summary
[294] Federico Ferrara & Valentina Ferrara (2005); The Children's Prison: Street Children and India's Juvenile Justice System – p10,11
[295] Act 56 of 2000

The provisions contained in the Juvenile Justice Act apply to two categories of children: those defined "in conflict with the law" and those considered to be "in need of care and protection." "In need of care and protection" is an ample designation encompassing minors found begging on the streets, those who are homeless, those who have parents declared unfit because of their indigence or lifestyle, those who have suffered physical or sexual abuse, and those who are believed to be at high risk of being abused in the future. Virtually all street children fall into this category. Juveniles "in conflict with the law," instead, are those apprehended for violating the Indian penal code.

The Act sanctioned the establishment of new institutions charged with the care of neglected and delinquent children. Observation Homes serve as temporary holding facilities for juveniles who were arrested by the police or found to be living in neglect. Juveniles "in conflict with the law" remain there awaiting trial; if convicted, they are institutionalized in Special Homes. Children "in need of care and protection" stay there pending the completion of a government investigation aiming to track down their parents and collect information on their family background. If the parents turn out to be dead, untraceable, unfit, or simply unwilling to take the child back, the Juvenile Welfare Board arranges for the child's placement in a Juvenile Home, where the government is responsible for providing room, board, education, and vocational training.

The story of the Juvenile Justice Act is one of broken promises and dashed hopes. All too often, the Act is implemented inadequately or not at all. Because it is legislation enacted by the union government, application is responsibility of the state and local administrations. Years after this introduction, many states have failed to incorporate the act in their legislative apparatus or dispose the necessary measures to render the law efficacious. In Bangalore for example, lack of coordination between the judiciary, prosecution, police and the department of women and child welfare has resulted in the number of pending cases under the Juvenile Justice (Care and Protection) Act, 2006, crossing the 800-mark last year in Bangalore Urban district alone. The number for the rest of Karnataka is above 1,700 cases[296]. Pending cases not only deny justice to children they also force them to languish in congested observation homes where living conditions are anything but human.

In addition, while filling a gaping legislative lacuna, the Juvenile Justice Act is per se inadequate to deal with the growing numbers of street children. In particular, while the law distinguishes juveniles "in conflict with the law" from those "in need of care and protection," the law effectively criminalizes both by putting them under the jurisdiction of the criminal justice system. The two groups are generally housed together in Observation Homes for months on end: adolescents who have committed serious offenses are kept together with children — often much younger — whose only crime is that of being neglected. In practice, there is no difference in the nature of their detention. The law simply prescribes the confinement of both as the only means by which they can be rehabilitated.

The Juvenile Justice Act invests the government with the responsibility to care, protect, and work for the development and Rehabilitation of Neglected and Delinquent Juveniles. Every Observation Home to which a juvenile is sent under the Act shall not only provide the child with accommodation, maintenance, and medical assistance, but also provide him/her with facilities for useful occupation. No such thing is available in many of these homes.

[296] Times of India; Feb 10, 2012, (2012),Justice denied in observation homes http://timesofindia.indiatimes.com/city/bangalore/Justice-denied-in-observation-homes/articleshow/11830916.cms

Response

A Programme for Juvenile Justice for children in need of care and protection and children in conflict with law

The Government of India provides financial assistance to the State Governments/UT Administrations for establishment and maintenance of various homes, salary of staff, food, clothing, etc. for children in need of care and protection and juveniles in conflict with law. Financial assistance is based on proposals submitted by States on a 50-50 cost sharing basis[297].

Aangan's Focus on Improving Observation Home Care

No child belongs in prison. Least of all children who have been abandoned, abused, rescued from red light areas or from dangerous work. Yet it is well known that state-run children's institutions are far from protective as they are meant to be - running more like harsh jails, lacking even basic facilities. An estimated 200,000 children in the country are in about 5,000 Observation and Children's Homes[298].

So far Aangan's program to transform institutions has been introduced into: 12 of 26 Indian states to reach 411 Homes that reach close to 38,000 children. There is an enormous state resistance to entering this system and in 9 of these 12 states Aangan is the only organization to have worked intensively in Homes and their goal is to ensure that local partners can now access homes and take this over. In 74% of these homes, children had never before voiced their problems or concerns. They had never been heard by state authorities.

The issues Aangan is focussed on to improve the condition in the observation homes are:

Education

In close to half the homes, children would sit locked up all day, doing little and learning nothing. Now 21% Homes have introduced a daily schedule that include a balance of education and recreation. At the same time many of the homes officially claimed to have education programs - but in fact these were not actually functioning. For instance: There was no syllabus being followed, children across age groups and literacy levels were being taught the same curriculum. Clear roles and responsibilities for teachers and tie ups with local schools/NGOs ensure that more children are now part of mainstream schooling or preparing through bridge programs. Some teachers are doing functional literacy for children who have never been to school.

- Access to Education: First visit 58%; Follow-up visit 79%
- Quality of Education: First visit 46%; Follow-up visit 89%

Nutrition

In several Homes, children complained of inadequate food because the mandatory four meals a day were not provided. This has been rectified in most Homes. In two of the six states included in this report, an additional food budget was also allocated. In 30% of the homes, the unreasonably long gaps between meals were also addressed and corrected.

- Four meals a day: First visit 62%; Follow-up visit 88%

[297] Study on Child Abuse: INDIA 2007; Ministry of Women and Child Development, Government of India – p30
[298] Aangan (2011): Effective Institutions: Impact 2011

Health Systems

This was the most concerning issue during initial visits. Few homes had sickrooms or access to doctors – and as a result sick children would be found lying around on the floor, often without bedding in the same living area with other children. This included children with infectious diseases like chicken pox or measles. Even in Homes where there were officially assigned sickrooms, they were in fact being used for storage or caretaker quarters. On follow up visits we found significantly more sickrooms, visiting health practitioners, and basic medical kits in a significant number of homes.

- Sickrooms: First visit 12%; Follow-up visit 22%
- Regular visits by doctors/nurses: First visit 58%; Follow-up visit 78%
- Medicines & First Aid kits: First visit 18%; Follow-up visit 69%

General Hygiene and toilets

Hygiene and toilets are a major problem in almost all the states across India. In several of these extremely filthy unhygienic Homes children were solely responsible for cleaning. Water shortage, lack of drainage systems, working toilets - all this makes the hygiene levels in the Homes extremely low. Developing systems with staff to ensure appointment and monitoring the work of cleaners, renovation of toilets, kitchens and bathrooms has ensured some change, though sustaining these systems will continue to be a challenge over the next year too.

- Functioning toilets: First visit 55%; Follow-up visit 76%
- Basic hygiene: First visit 40%; Follow-up visit 64%

Violence and Harsh Punishment

Institutions are known for severe violence, bullying, harassment, abuse. We worked with staff on a few broad strategies to reduce this, like ensuring that complaint systems exist, and children begin to trust that their complaint will be kept confidential and acted upon. Almost half the Homes had children complaining about harsh punishment: Children being locked in with no access to toilets, severe beatings by staff- appointed "monitors". Discussions and training with ground level staff on Behaviour Management has begun.

Segregating older and younger children's living areas to reduce physical and sexual violence and increasing night supervision by staff, is another important step taken across some Homes.

- Complaint boxes: First visit 3%; Follow-up visit 98%
- Complaints of Violence & harsh punishment: First visit 45%; Follow-up visit 30%
- Age-wise segregation: First visit 6%; Follow-up visit 29%

Juvenile Justice Act's advices for improvement[299]

The Committee on the Rights of the Child in order to facilitate constructive dialogue should request the government of India to provide the following information[300]:

- a list measures taken by each state government for implementation of the Juvenile Justice (Care and Protection) Act of 2000 including the number of juvenile courts, juvenile boards and homes in respective States;

[299] Asian Centre for Human Rights (2003): The Status of Children in India, An alternate report to the United Nations Committee on the Rights of the Child on India's first periodic report (CRC/C/93/Add.5) Geneva, Switzerland, 6-10 October 2003; II. Executive Summary
[300] Asian Centre for Human Rights (2003): The Status of Children in India, An alternate report to the United Nations Committee on the Rights of the Child on India's first periodic report (CRC/C/93/Add.5) Geneva, Switzerland, 6-10 October 2003; II. Executive Summary

- a list of the measures being taken by the Ministry of Human Resources Development to ensure that Juvenile Justice Act, 2000 is extended to Jammu and Kashmir;
- information about the violation of right to life other than female infanticide;
- information about the number of children tortured in India;
- information about the ratification of the Convention Against Torture and its Optional Protocol;
- number of juveniles arrested under the anti-terror laws and measures being taken to ensure that the Prevention of Terrorism Act complies with the Convention on the Rights of the Child;

The enactment of any legislation therefore does not guarantee its enforcement.

1.5 Migration / Displacement of Children

1.5.2 Slum children

January: Outside a makeshift tent built from cardboard and rusting metal, a family do their best to keep warm as they huddle around a small fire. The child's father is a rag picker, scavenging what he can from refuse, and then trying to sell it. Meanwhile, a young boy stirs from his slumber in a rubbish-strewn outdoor shelter - the thick red bedding and corrugated iron 'wall' doing little to protect him from the harsh elements of nature.

Heart-breaking scenes such as these played out across much of northern India this week as the region is gripped by sub-zero temperatures.

The rag picker and his young children are one of thousands of families struggling to survive another harsh winter in a slum in Srinagar, Kashmir, as the mercury fell to -2C last night. Earlier this week, the night-time temperature dropped to -12C. And the boy in the bed is among the countless homeless people in Delhi forced to live outdoors[301].

Every eighth urban child in India in the age-group of 0-6 years stays in slums, according to 'Slums in India – a statistical compendium 2011' published by the Union government. About 7.6 million children are living in slums[302] "... about 7.6 million children are living in slums in India and they constitute ***13.1% of the total child population of the urban areas*** of the 26 States/ Union Territories reporting slums," the report compiled by the National Buildings Organisation (NBO) of the Ministry of Housing and Urban Poverty Alleviation says.

More than 20% of Chandigarh's children are in slums. According to the data, Maharashtra has the highest slum child population with around 1.7 million children (between 0-6 years) staying in slums. But Chandigarh has the highest proportion of slum child population. After Maharashtra, Uttar Pradesh has the second highest slum child population of around 0.97 million. It is followed by Andhra Pradesh (0.83 million), Madhya Pradesh (0.6 million), West Bengal (0.53 million) and Tamil Nadu (0.51 million).

In Chandigarh, a whopping 20.9% proportion of the 0-6 age group population stays in slums. The picture is dismal in case of at least ***23 States, where more than 10% of the child population stays in slums***. In fact, in 11 of these 23 States, the proportion of slum child population is more than 15%. This includes the 'much applauded for development' state of Gujarat, along with other States like Bihar, Rajasthan, Uttar Pradesh, Delhi, Uttarakhand, Madhya Pradesh, Haryana, Jharkhand, Chhattisgarh and Goa. Even in progressive States like Kerala, Maharashtra, Tamil Nadu, more than 10% of the child population stays in slums. The other States, where the proportion is more than 10% are: Andhra Pradesh, Assam, Karnataka, Meghalaya, Orissa, Punjab, Tripura, West Bengal, Jammu and Kashmir.

[301] http://www.dailymail.co.uk/news/article-2533435/Freezing-slums-India.html
[302] The Hindu 15-10-2011 (2011) Every eighth urban child in India lives in slum: report; http://www.thehindu.com/news/national/every-eighth-urban-child-in-india-lives-in-slum-report/article2541052.ece

The picture is no better in the million plus cities of the country. "Around 2.5 million children in the age group of 0-6 are living in the slum areas of million plus cities in 2001; this constitutes 27.3% of the total child population of these 27 cities," the report stated. Half of these 2.5 million children stay in the three major metros of Mumbai, Delhi and Kolkata. Mumbai has 0.86 million children, while Delhi and Kolkata account for 0.3 million and 0.15 million children respectively.

"The child sex ratio at 921, in the slum areas of 26 States/Union Territories, where slum population has been reported, is higher than 903, recorded for non-slum urban areas of these States and Union Territories," the report said. The highest child sex ratio in this age group is 988 as observed in the slums of Puducherry. It is closely followed by Meghalaya (986) and Andaman and Nicobar Islands (965). In fact, even in Andhra Pradesh, Bihar, Chhatisgarh, Karnataka, Kerala, Orissa, Tamil Nadu, West Bengal and Andaman and Nicobar, the child sex ratio in slums is above 943. Generally, 943 is a figure which is regarded as average natural sex ratio at birth. The ratio stands lowest in Punjab at 822. But the report indicates that it is still much better than the ratio in the non-slum population of Punjab, which is 790.

"This is the first time that this data has been produced so comprehensively anywhere in this format," D.S. Negi, NBO Director, told The Hindu from New Delhi[303]. He said that the data published in the 2001 Census was not representational and needed lot of work on it. There were lot of anomalies in that data as well. For example, it said that the proportion of slums in Patna was 0.3%, whereas it is much more than that.

Dangers in Slums[304]

There are many dangers facing people living in the slums. As people from the slums travel throughout India looking for opportunity, they are denied basic rights from the Government such as health care. They are technically not classed within the State/City and for this reason can be refused from hospitals and offered little or no security from the police force.

Police officers are widely known to locals as being corrupt. Allegedly, they often demand payment from people who are working or people living in the slums in return for protection or to avoid being framed on false charges. Locals in Goa for example, have experienced police officers beating, sexually assaulting, harassing and even torturing street children living in the slums if they do not pay for protection.

Alcoholism is a big problem of slum life. In India, alcohol is cheaper to buy than food and it takes away the pain of hunger. It is for this reason that many residents opt to buy alcohol instead. Thankfully, this problem is not rife in children; however they often face the knock on effect of alcohol such as abuse.

Health

With poor sanitation and close living quarters, sickness and disease is rife in slum living. Infection spreads quickly and this can prove fatal in the case of the young and weak. The main illnesses to affect slum life include measles, conjunctivitis, colds and flu and head lice. Misinformed adults readily give children in the slums tobacco to chew which can lead to underlying health problems.

[303] The Hindu 15-10-2011 (2011) Every eighth urban child in India lives in slum: report; http://www.thehindu.com/news/national/every-eighth-urban-child-in-india-lives-in-slum-report/article2541052.ece
[304] World Press: Slum Children Living in Goa; https://goaslumkids.wordpress.com/life-in-the-slums-2/

With a strong belief in India's native medical practice of Ayurveda, many traditional people of the slums refuse to go to doctors or hospitals and instead, take a visit to the village ayurvedic doctor. These ayurvedic doctors believe in using the five elements that make up the universe including the human body, earth, fire, water, air and ether, can cure illnesses. Unfortunately this does not compare to modern medicine and many slum people suffer and even die as a result of the care.

One case story as example: A child in a Goan slum spilled boiling tea over his left arm and his mother poured ink over the blistered skin as she thought it would ease his pain. It did the opposite however and could have given the boy blood poisoning, The Mango House (a children's Charity in Goa) treated the burn and the boy has made a full recovery. This type of incident is not uncommon in the slums; parents lack common health knowledge and often endanger their child's life by trying to help them.

More about health issues which slum people are facing are worked out in Chapter 4 Health Care.

Education

Children living in the slums have little or no education as they are not known to the Government as coming from the State where they are. Many of the local schools will not accept these children and they have to rely on outside charities and organisations to help school them. Any child from the slums who is accepted into school will often choose to work for money instead of attending. Some charities reward slum children's school attendance with daily meals and points schemes where they can buy clothes, toys or stationary etc.

Many of the younger children are left alone in the slum while the parents go out for work which is needed to survive. More about this issue is worked out in 1.3.3 Lack of Day Care.

Government Programs

The Integrated Child protection Scheme (ICPS)[305]:

Programme components regarding this topic are: Emergency Outreach Service through Child line & Drop-in Shelters for Marginalized Children

Best Practices

SMILE's Quality Education[306]

The aim of education imparted should be to bring changes not only in the amount of knowledge gained but also in the abilities to do so, to think and to acquire habits, skills and attitude which characterize an individual who is socially accepted and adjusted. Education is a means to an end, Smile believes in the "empowering" effect of education and its ability to enable people to develop a critical questioning attitude towards society, government, existing gender and cultural stereo types.

The term universalisation must include universal enrolment, universal retention and universal achievement of an acceptable level of reading; writing and arithmetic. We, at Smile, believe that quality education is the key to overcoming poverty in a single generation. And the same is

[305] Study on Child Abuse: INDIA 2007; Ministry of Women and Child Development, Government of India – p31-32
[306] SMILE; http://www.smilefoundationindia.org/quality_education.htm

fundamental in creating a future for human security, community development and progress of the nation. It is an enormous challenge.

Smile works for providing an enabling environment with its partner organisations (NGOs), to kindle the light of education in each child. Towards this end, training teachers in sound and creative pedagogy, providing appropriate teaching aids, improving infrastructure facilities, starting libraries, community mobilization and literacy promotion are our priority.

Instead of creating parallel structures, Smile supplements and works in synergy with existing Government and other initiatives in providing education to all.

1.5.3 Refugee Children

Refugee Populations in India[307]

India is neither party to the 1951 Convention on Refugees nor the 1967 Protocol. The lack of specific refugee legislation in India has led the government to adopt an ad hoc approach to different refugee influxes. The status of refugees in India is governed mainly by political and administrative decisions rather than any codified model of conduct. The ad hoc nature of the Government's approach has led to varying treatment of different refugee groups. Some groups are granted a full range of benefits including legal residence and the ability to be legally employed, whilst others are criminalized and denied access to basic social resources.

While the Sri Lankan Tamils have been granted refugee status, about 80,000 Chins from Burma have been denied refugee status by the government of India, having destroyed their camps at Saiha, Mizoram in 1995. Over 5,000 Myanmarese asylum seekers were befouled by 19 August 2003 after the State government of Mizoram abdicated the responsibility for dealing with crimes to Young Mizo Association.

Tens of thousands people are deprived the right to nationality in India[308]. These include Chakmas and Hajongs of Arunachal Pradesh, Mohajirs in Andhra Pradesh, Punjabi refugees in Jammu and Kashmir and Pakistani refugees in Rajashtan. The Chakma and Hajong children of Arunachal Pradesh are denied the right to nationality due to non-implementation of the judgements of the Supreme Court (CWP 720 of 1995) and Delhi High Court (CPR no. 886 of 2000). When judgements of the Supreme Court and High Court cannot guarantee the rights of nationality, generic reference to various laws by the government of India appears to be a mere academic exercise.

The legal status of refugees in India is governed mainly by the Foreigners Act 1946 and the Citizenship Act 1955. "Refugees" and "foreigners" are not synonymous. Yet, the government of India in its periodic report uses "refugees" and "foreigners" as synonymous terms. There is no word called "refugees" in Indian law. Under the Acts, it is a criminal offence to be without valid travel or residence documents. These provisions render refugees liable to deportation and detention.

The United Nations High Commissioner for Refugees (UNHCR) is based in New Delhi. Once recognized, Afghan, Burmese, Palestinian and Somali refugees receive protection from the UNHCR. The main populations of concern to UNHCR in the sub region include more than 200,000 refugees and asylum-seekers of various origins living in India (of whom some 30,000 are registered with UNHCR) [309].

According to the Asian Centre for Human Rights (2003) the condition of the refugees under the care of UNHCR is worse[310]. There is no transparency in the decision making of UNHCR on the grant of refugee status. The UNHCR never provides the justification in writing as to grounds for rejection of asylum to the concerned applicants. UNHCR acts as judge and jury on its decisions. Its appeal

[307] Human Rights Law Network (HRLN); November (2007) Report of Refugee Population in India
[308] Asian Centre for Human Rights (2003): The Status of Children in India, An alternate report to the United Nations Committee on the Rights of the Child on India's first periodic report (CRC/C/93/Add.5) Geneva, Switzerland, 6-10 October 2003; II. Executive Summary
[309] 2015 UNHCR sub regional operations profile - South Asia; http://www.unhcr.org/pages/49e4876d6.html
[310] Asian Centre for Human Rights (2003): The Status of Children in India, An alternate report to the United Nations Committee on the Rights of the Child on India's first periodic report (CRC/C/93/Add.5) Geneva, Switzerland, 6-10 October 2003; II. Executive Summary

mechanisms are neither transparent nor meet the standards of due process of law. In addition, UNHCR provides absolutely inadequate subsistence allowance and promotes sexist policy by making wives automatically dependants of their husbands. UNHCR encourages illegal work by the refugees by promoting vocational training programmes in the absence of lack of work permit for the refugees. UNHCR also ***provides inadequate educational and medical facilities for refugees and children***.

The largest refugee populations in India do not fall under the UNHCR's mandate, but are nonetheless considered refugees by the government. At present, there are over 150,000 Tibetans and 90,000 Sri Lankans who have fled violence and persecution and sought refuge in India. These groups are accommodated and assisted in accessing education, healthcare, employment and residence to varying degrees.

India has seen a ***growing number of people seeking asylum***, and this trend is likely to continue in 2015. In the absence of national asylum legislation, UNHCR conducts registration and refugee status determination (RSD), and facilitates the resettlement of vulnerable groups.

Many refugees receive a small monthly subsistence allowance and all have access to the services provided by the UNHCR's implementing partners in Delhi: the YMCA, Don Bosco and the Socio-Legal Centre (SLIC). The YMCA helps refugees to find accommodation and provides access to education for children and young adults in government schools through the provision of an education allowance. Don Bosco provides psychosocial support and vocational training such as English language classes and computer courses. It also funds other vocational courses such as beautician training and driving lessons. The support of these organizations is vital, providing a degree of support to the refugee community.
In addition to these initiatives, SLIC provides legal aid, legal trainings and sensitization programmes, carries out file renewals for the UNHCR and provides naturalization assistance for eligible refugees. Despite the support provided by these organizations, the majority of refugees in India experience great hardship, both economically and socially. Sustainable livelihoods, reliable community-support networks, and access to specialized services for people with special needs, are some of the main challenges faced by refugees[311]. The most vulnerable are, women, children, the elderly, survivors of sexual and gender-based violence, and those with special needs.

More details of the situation from the refugee's per country is discussed in more detail below.

Tibet

In 1959, approximately 80,000 Tibetans fled to India with a steady flow filtering into India in the years that followed. Today, there are approximately 150,000 Tibetan refugees living in India. Tibetans are given more rights than most other refugee groups in India. They are provided with residence permits, which enable them to seek formal employment. Tibetans in India live in 37 different settlements and 70 scattered communities in Himachal Pradesh, Ladakh, Arunachal Pradesh, Karnataka, Uttar Pradesh, Madhya Pradesh, South Sikkim, West Bengal, Maharashtra and Orissa.

Sri Lanka

Sri Lankan refugees remain largely in Tamil Nadu and live in refugee camps scattered across the state. At present, more than 72,000 thousand Sri Lankan refugees live in over 120 camps in Tamil Nadu. In addition to this, a further 30,000 Sri Lankans are living outside the government camps. Those that choose to live outside must register with the local police and visit the camps on a fortnightly basis to

[311] 2015 UNHCR sub regional operations profile - South Asia; http://www.unhcr.org/pages/49e4876d6.html

register their attendance.
Refugees living within the government camps are housed in warehouses or in temporary shelters and are subject to an evening curfew at 7 p.m. Each adult refugee receives a small monthly stipend. Though not officially permitted to work in India, the refugees worked as unskilled labour in the informal sector to supplement their incomes. ***The Indian Government provides basic medical care and education for school-age Sri Lankan children*** as well as subsidized food grain for the camps' inhabitants. Despite these provisions, ***conditions in the camps are generally poor with insufficient health and sanitary facilities*** available for the refugee population.

Bhutan
There are between 15,000 and 30,000 ethnic Nepalese (from Bhutan) living in India. For them, obtaining recognition as refugees remains an impossible task. The Indian government affords the Bhutanese more freedom of movement and residence than to recognized refugee groups. Nonetheless, because the Bhutanese are not recognized as refugees, they are not eligible to receive the amenities and assistance afforded to refugees. They too, fled their country with little or no possessions and are in dire need of assistance. ***Despite being officially treated as equals to Indian citizens the refugees still experience difficulties in school and university admission***.

Pakistan (Hindu's)
Roughly 115,000 people displace from Pakistan have arrived in India since 1965 and most have settled in Rajasthan or Gujarat. The Indian government does not recognize this group to be refugees and as a result, they are unable to acquire residence permits and find it difficult to gain employment. Despite the acquisition of India citizenship, some Pakistani Hindus report ongoing problems with accessing the associated benefits including ration cards and other government schemes. The Pakistani communities ***generally work in the informal sector and often take jobs as manual labourers in quarries*** to earn a living. As with many other refugee groups in India, they ***often experience exploitation in the work place, and often do not earn enough to adequately support themselves and their families***.

Burma/Myanmar
The UNHCR in Delhi assists about 2,000 Burmese refugees, the majority of whom are from Chin state. The organization provides the more vulnerable individuals with a small monthly stipend, which is often not enough to cover basic necessities.
In addition to the Burmese who are recognised refugees by the UNHCR, there are also a large number of Burmese asylum seekers living in India. The majority live in Mizoram in northeast India; they belong to the same ethnic group and find integration easier. Employment opportunities are also better there.
Daily life is a struggle for many Burmese refugees in New Delhi. Many live in the slums or share cramped accommodation with other refugees. Refugee families also host several asylum seekers, adding to their financial burden. In some instances the lack of privacy leads to frustration and domestic violence, as well as greater instances of marital discord.
Burmese refugees are granted residence permits to stay in India. Despite this benefit, joining the formal workforce remains a serious challenge with language and educational issues. As a result the refugees seek work into the informal sector where they are often exposed to exploitation. Employers in the informal sectors often do not grant leave or grant it on a weekday making it difficult for Burmese refugees to attend church on Saturdays or Sundays.
Access to education is formally ensured for every child protected by the UNHCR mandate; however,

educational institutions require a birth certificate and papers for registration and fees, ***which refugees cannot always provide***. In government schools the ***medium of instruction is Hindi***, which ***often discourages parents from sending their children to these schools***. This often presents a barrier to education for Burmese children.
In order to provide their families with basic necessities, the refugees are often out alone late at night, putting them at ***greater risk of harassment and assault***. Their precarious situation is compounded by the fact that Burmese refugees are often unable or unwilling to obtain police protection when they are the victims of crimes.

Somalia

Somalis constitute the largest African community in India, numbering approximately 400 people, although less than 200 are officially registered. Somalis who reach Delhi, apply for refugee status under the UNHCR mandate.
Somali refugees are not provided with residence permits by the Indian government rendering them ***unable to work***. The subsistence allowance is not enough to cover the refugees' basic needs, and ***many rely on small donations from friends and families living abroad*** to support their stay in India.
Somalis face ***greater challenges*** than other refugee groups in finding housing, ***gaining access to education and medical treatment,*** and seeking employment. There are two reasons for this. First, the majority of the Somali community in India cannot speak English or Hindi. Secondly, they are discriminated against because of their colour. They stand out from the local population. Somali refugees report that it is extremely difficult for them to find housing since many Indians do not want to lease properties to them.

Palestine

160 Palestinians are currently seeking refugee status and are the most recent refugee group to arrive in India. The United Nations High Commission for Refugees (UNHCR) in Delhi has recognized some of the Palestinians as refuges and the applications of others are under consideration. Unlike Afghans and Burmese refugees these refugees are not issued residence permits by the Indian government. The majority of the Palestinian refugees stay in New Delhi.
Palestinian refugees in India experience severe hardship. They are keen to work and to support themselves but it is difficult for them to find a job due to language problems and not possessing residence permits. In terms of accommodation and housing, their living conditions are very poor. Since the rent is often too high the refugees live in very cramped conditions. The ***education*** of the school-age refugees in New Delhi is another ***serious concern***. Most Palestinian ***children do not attend school since they find difficult to learn Hindi, whilst English medium schools (private schools) are prohibitively expensive***. ***The language barrier also makes it difficult for Palestinian children to socialize***.

Afghanistan

There are over 9,000 recognised Afghan refugees in India and 90% of them belong to the Hindu or Sikh faiths; religious minorities in Afghanistan who could not openly practice their religions in their home country for fear of persecution. India has not signed the 1951 Convention on Refugees or the 1967 Protocol and the Indian government does not officially recognize the Afghan community to be refugees. Instead, they are recognised and protected under the UNHCR mandate. The Indian government has issued valid residence permits to most Afghan refugees. Whilst most Afghan refugees live in Delhi, there are also a large number living in Faridabad, Haryana.

Though there are some prosperous Afghan refugees, a large number live in poverty; sharing cramped living quarters with other families and seeking work in the informal sector. Those that are in need receive some support from their community and from various welfare societies like Khalsa Diwan Society and Gurudwaras. The UNHCR also runs various assistance programmes through its implementing partners for the benefit of Afghan refugees. Through its implementing partners, it provides refugees with access to academic resources, including an education assistance programme in association with the Young Men's Christian Association, Delhi. ***Educational assistance is provided to all Afghan refugee children who are pursuing primary and secondary education***. Whilst education is open to all Afghan refugee children, most Afghan ***boys only study up to primary level*** before starting work to support their families. The ***dropout rate among Afghan girls is also high*** in the primary level for a variety of reasons to take care of ill relatives, to get engaged or for financial reasons.

In addition to these groups India also hosts small numbers of refugees from Sudan, Iraq, Iran Ethiopia and Eritrea amongst others.

1.6 Conflict and Disaster

1.6.1 Conflict and political instability

Children in Armed Conflict[312]

Children are affected by war and armed conflicts in two manners: they are vulnerable to the impact of war on their homes and families and are often recruited to be implements of the conflict in the form of child soldiers.

UNICEF discusses both groups: protecting children during armed conflict as well as children associated with armed groups. War and conflict leave populations of people vulnerable to extreme forms of violence. Children are affected by this break down of protection systems. ***They are vulnerable to rape, abduction, separation from their families, disabilities and grievous injuries, and long-term psychosocial effects***. Children in conflict zones are at a risk for disease, displacement and death.

Child Soldier

UNICEF defines a 'Child Soldier' as any person below the age of 18 that has been coerced or recruited by a regular or irregular armed group in any capacity; this includes cooks and messengers. It also includes girls who have been recruited during armed conflict for sexual purposes and marriage. Therefore is it not necessary that a child soldier be carrying or handling a weapon. Children join armed conflict cause of coercion or abduction or because of poverty, societal pressure, or to get revenge for violence committed against their families.

The changing face of armed conflict and war in the world today.

In 2009, UNICEF released a report concerning children in conflict areas[313]. It discusses the changing face of armed conflict and war in the world today. There has been a decrease in inter-state conflict but conflicts within countries and across borders is on the rise, where the state is using paramilitary and proxy forces to fight these hidden wars and the armed forces having little accountability to the international community. Another significant change is the emergence and spread of resource wars such as with conflict diamonds. Since in 1990s there has been a sharp increase in international terrorism, where incidents have quadrupled between 2000 and 2004. ***A number of these attacks aimed at children populations, use children as executors and restrict children's access to basic services***. Another consequence of conflict has been the breakdown of community structures. Previously children and orphans relied on their communities for support, but with the occurrence of war, families are barely able to take care of their own, leaving other children even more vulnerable. With these changes, there is constant risk to the security and care of children in conflict areas. The report outlines ***six grave violations against children: "killing or maiming children; recruitment or use of child soldiers; attacks against schools or hospitals; rape and other grave sexual violence; abduction of children; and denial of humanitarian access***." ***Other effects include,***

[312] Child Line India ; http://www.childlineindia.org.in/children-in-armed-conflict.htm
[313] Unicef (2009) Children and conflict in a changing world, Machel Study 10-year Strategic Review

torture, hazardous work, enforced disappearance, administrative detention, sexual exploitation and abuse, etc.

Children living in areas affected by Armed Conflicts

UNICEF estimates that 1 billion children live in areas affected by armed conflicts, out of which, 300 million are under the age of five. In 2006, it was estimated at 18.1 million children have been displaced from their homes. As seen the conflict in the Democratic republic of Congo, ***children are more susceptible to death due to disease and malnutrition that are a by-product of war***. Out of the 5.4 million deaths on record, more than half were children, though children account only for one fifth of the population. 90% of deaths during conflicts are civilians. Of those 80% are women and children. 32% of children in conflict areas are underweight. The average infant mortality rate of children under five in conflict areas is 81 per 1000 live births. 60 million of children of age are out of primary school. Of the 60 million children out of school in conflict-affected countries, ***19 million are in India***[314]. A substantial portion of this number may not be included in the count if further analysis is able to determine whether certain regions/states/provinces of a country are affected by conflict and whether the data available are similarly broken down.

Child Soldiers

One of the grave violations of child rights in conflict areas is the use of child soldiers. UNICEF estimates that in 2005 there were 250,000 children serving as child soldiers. In 2008, the Coalition to Stop the Use of Child Soldiers released a global report. Child soldiers are mainly found in non-state armed groups, but there are some cases where children are recruited into government forces. The report claims that one cannot accurately count the number of child soldiers but estimates that tens of thousands of them are active today. Girl child soldiers are often used in both combat and non-combat roles. They are subjected to rape and other violent sexual offences. The number of girls affected by disarmament, demobilization and reintegration programs is minimal. In many countries children who are suspected to have been involved in armed conflict, have been detained and tortured. There are still 63 countries that allow for the voluntary recruitment of people below the age of 18, including developed countries like Australia, United Kingdom and United States.

Conflicts and Children in India[315]

In India, the voluntary recruitment age is seventeen years and six months. Though there is no official information about children being recruited into the military forces, there are allegations that children have been recruited into government-supported anti-Maoist village-defence forces. Armed Conflicts in India are found in three major regions, the Maoist and security forces conflict concentrated in tribal communities of Andhra Pradesh, Chhattisgarh and Jharkhand; the Jammu and Kashmir conflict zone, and conflicts in the northeast states Assam, Manipur, Nagaland and Tripura. Though the age limit for serving in a military force is seventeen years and six months, many military prep schools such as Rashtriya Indian Military College and ***The National Cadet Corps recruit children between the ages of 11 years 6 months and 13 years***. The lack of proper birth registration or age proving documents doesn't allow for the elimination of child soldiers as often the age of a recruit cannot be correctly determined.

[314] Unicef (2009) Children and conflict in a changing world, Machel Study 10-year Strategic Review; Source: A. Donahue and E. Loaiza, 'Millennium Development Goals (MDGs) in Conflict Affected Countries', UNICEF Strategic Information Section, Department of Policy & Planning, February 2008 (unpublished).
[315] Child Line India ; http://www.childlineindia.org.in/children-in-armed-conflict.htm

There has been evidence that a number of children were detained in conflict areas. There have been cases of ***children being detained under the Jammu and Kashmir Public Safety Act*** 1978. In ***Manipur*** the absence of an observation home for juveniles under the Juvenile Justice Act, 2000 has allowed armed forces to detain ***children in anti-insurgency operations***, registering cases against them and placing them in adult detention centres. In 2005, in ***Chhattisgarh***, there was a report of police firing on a group of ***young persons who had been abducted by Maoists***: They ended up killing three boys and disposing their bodies whose age was uncertain, and detaining two girls first in Jagdalpur hospital and then in Jagdalpur Central Jail.

There is recruitment of children found in the three conflict areas and by state-backed village defence forces. In 2005 in Chattisgarh the government set up the Salwa Judum campaign. Special police officers were recruited from this group to join village defence forces and trained and provided arms by official state forces. A number of cases of children under the age of 18 have been found to be recruited as special police officers. There have also been reported cases of Maoist recruitment of child soldiers. Children are mostly taken from schools without their parents' consent and majority are illiterate and come from tribal populations. The police in Jammu and Kashmir claim ***200 children went missing in 2004 and were allegedly recruited into armed forces***. Children are mainly recruited from schools and mosques. Lack of education and employment opportunities is said to be the leading cause for children to join such conflict groups. Children are often uses are messengers and couriers. In Doodipora, Handwara, on 22 February 2006 soldiers fired shots into a group of child cricketers in play. They claimed there were militants among the group and hence ended up killing four boys, one who was only eight years old. In the north-east states there are only anecdotal evidences of child soldiers. Decades of conflict in the area has created a culture of violence which makes it easy to recruit children who want to handle weapons and fight. Teenagers have been reported ferrying grenades and throwing explosives for non-state forces.

Right to life[316]

If one were to go by first periodic report in 2001 of the government of India on the implementation of the CRC [317], it would not be an understatement to assert that India is a model State on the rights of the child. On violation of the right to life, the government of India only refers to female infanticide. It remains silent on extrajudicial executions and custodial death of children. Despite the Annual Report 2002-03 of India's Home Ministry, which presents that there are ***14 out of 28 States afflicted by internal armed conflicts***, there is not a single reference to armed conflicts. The internal armed conflicts in India appear passé –the government of India's first periodic only refers to armed conflict in Punjab that ended almost a decade ago! The security forces and the armed opposition groups have been responsible for ***violation of the right to life of large number of children***. In specific reply in the parliament on 16 July 2002, Minister of State for Home Affairs Shri Ch. Vidyasagar Rao stated that ***no separate data is maintained for children killed in custody***.

[316] Asian Centre for Human Rights (2003): The Status of Children in India, An alternate report to the United Nations Committee on the Rights of the Child on India's first periodic report (CRC/C/93/Add.5) Geneva, Switzerland, 6-10 October 2003; III. Unicef's role in preparation of the periodic reports: Ethical questions

[317] The first periodic report in 2001 (CRC/C/93/Add.5) of the government of India on the implementation of the United Nations Convention on the Rights of the Child (CRC)

Anti-terror laws and juvenile justice[318]

Many children have been arrested and detained as alleged terrorists under the Prevention of Terrorism Act, 2002, often for the alleged offences committed by their parents or merely being present at the wrong place. Although, the Madras High Court ruled in the G Prabakan case that children should be tried under the Juvenile Justice (Care and Protection) Act, ***a large number of children have been arrested as alleged terrorists***.

Children in armed conflict situations[319]

The Asian Centre for Human Right's 2003 report on the status of India's children found that the main problem in India is impunity. Despite 14 out of 28 States being afflicted by internal armed conflicts, the Annual Report 2002-03 of the Home Ministry of Government of India in its periodic report, remains silent on the issue as if there are no armed conflicts in India. ***Children in armed conflict situations face serious problems including risks to the security of their lives***. The law enforcement personnel subject them to arrest, detention, torture, rape, disappearances, extrajudicial executions etc. The armed opposition groups and government-sponsored vigilantes are also responsible for serious abuses against children. Armed forces are protected by law allowing for a number of cases of rape and disappearance to go un-punished. The report also outlines abuses committed by opposition groups such as murder and rape. For example, in July of 2007 in Rajouri district of Jammu and Kashmir alleged members of group Harkat-ul-Jehadi-Islami, barged into Nissar Hussain's house inquiring about him. When they were not satisfied with the answers they beat the members of the family, killing their nine-year old daughter Nazia.

However, the government of India provides impunity under Section 197 of the Criminal Procedure Code and Section 6 of the Armed Forces Special Powers Act, 1958. Under section 19 of the Human Rights Protection Act, 1993, the armed forces are treated as "beyond the reach of the law", and kept out of the purview of the National Human Rights Commission. The difference between the law enforcement personnel and the armed opposition groups has become blurred.

(Inter)National attention

My World is ranking the issue Protection against crime and violence on number 8

[318] Asian Centre for Human Rights (2003): The Status of Children in India, An alternate report to the United Nations Committee on the Rights of the Child on India's first periodic report (CRC/C/93/Add.5) Geneva, Switzerland, 6-10 October 2003; II. Executive Summary
[319] Asian Centre for Human Rights (2003): The Status of Children in India, An alternate report to the United Nations Committee on the Rights of the Child on India's first periodic report (CRC/C/93/Add.5) Geneva, Switzerland, 6-10 October 2003; II. Executive Summary

1.6.2 Disaster preparedness and emergency relief

India is among the world's most disaster-prone countries[320]. Almost 80% of India's geographical area is considered at risk to one or more types of natural disasters: floods, coastal cyclones, droughts, earthquakes and landslides. According to UNICEF ***tens of millions of people are affected annually in India***, most of them from the poorest strata of the population, a high proportion of whom are children.

India is vulnerable, in varying degrees, to a large number of disasters[321]. More than 58.6% of the landmass is prone to earthquakes of moderate to very high intensity; over 40 million hectares (12%) of its land is prone to floods and river erosion; close to 5,700 kms, out of the 7,516 kms long coastline is prone to cyclones and tsunamis; 68% of its cultivable area is vulnerable to droughts; and, its hilly areas are at risk from landslides and avalanches. Moreover, India is also vulnerable to Chemical, Biological, Radiological and Nuclear (CBRN) emergencies and other man-made disasters.

Disaster risks in India are further compounded by increasing vulnerabilities related to changing demographics and socio-economic conditions, unplanned urbanization and development within high-risk zones, environmental degradation, climate change, geological hazards, epidemics and pandemics. Clearly, all these contribute to a situation where disasters seriously threaten India's economy, its population and sustainable development.

India is the most populous democracy in the world, consisting of 28 states and 7 union territories. It has a quasi-federal structure in which the centre and states share financial and decision-making powers, with the centre having overall prominence. Certain areas of India remain highly politically sensitive, including Kashmir, the North-Eastern States, areas of Maoist activity in Bihar, Jharkhand, Chhattisgarh, West Bengal, Orissa and Andhra Pradesh and the refugee camps in Tamil Nadu.

According to Save the Children in the event of a large-scale disaster, it is unlikely that the Indian government will call for international assistance[322]. However, the Central and State governments are generally receptive to assistance from international donors, NGOs and the UN in disaster preparedness and response.

Fast Facts

Every year between 2000 and 2009, 65 million people on average in India were affected by disasters; of these, 3.25 million were pregnant and lactating mothers.
Every year, ***8.45 million children under five years of age are affected by disasters***; of these, 1.25 million children are malnourished.
In only the last two decades, several major natural disasters have occurred in India:

- Latur Earthquake in 1993
- Orissa super-cyclone in October 1999
- Bhuj earthquake in January 2001

[320] http://www.unicef.org/india/emergencies.html
[321] http://www.ndma.gov.in/en/vulnerability-profile.html
[322] https://www.savethechildren.in/what-we-do/disaster-risk-reduction-a-emergencies.html

- Tsunami in December 2004
- Earthquake inJammu & Kashmir in October 2005
- Major flooding in Bihar, UttarPradesh, Assam, Orissa, West Bengal and other states in 2007 and 2008
- In 2009, the eastern Indian State of West Bengal was hit by cyclone Aila which affected 6.8 million people and resulted in a loss of 138 human lives.

Indian Government's National Disaster Management Authority (NDMA) [323]

With India's fifteenth Prime Minister, Shri Narendra Modi as Chairman, NDMA, as the apex body, is mandated to lay down the policies, plans and guidelines for Disaster Management to ensure timely and effective response to disasters. Towards this, it has the following responsibilities:-

- Lay down policies on disaster management ;
- Approve the National Plan;
- Approve plans prepared by the Ministries or Departments of the Government of India in accordance with the National Plan;
- Lay down guidelines to be followed by the State Authorities in drawing up the State Plan;
- Lay down guidelines to be followed by the different Ministries or Departments of the Government of India for the Purpose of integrating the measures for prevention of disaster or the mitigation of its effects in their development plans and projects;
- Coordinate the enforcement and implementation of the policy and plans for disaster management;
- Recommend provision of funds for the purpose of mitigation;
- Provide such support to other countries affected by major disasters as may be determined by the Central Government;
- Take such other measures for the prevention of disaster, or the mitigation, or preparedness and capacity building for dealing with threatening disaster situations or disasters as it may consider necessary;
- Lay down broad policies and guidelines for the functioning of the National Institute of Disaster Management.

Response

UNICEF[324]

UNICEF is working jointly with Government of India on a five-year Country Programme to help India achieve its national development goals. The overall goal of the 2008-2012 Country Programme is to advance the fulfilment of the rights of all women and children to survive, develop, participate and be protected by reducing social inequalities based on gender, caste, ethnicity or region. UNICEF in India is the UN agency with the most extensive field office network in the country and the capacity to make a significant contribution in emergencies by complementing the Government's efforts.

UNICEF's response consists of urgently needed supplies to prevent disease epidemics and save lives. It places an ever increasing emphasis on working with Government, NGO partners and other stakeholders to prepare at-risk communities to take proactive measures to reduce disaster risk and

[323] http://www.ndma.gov.in/en/hazard-risk-mitigation.html
[324] http://www.unicef.org/india/emergencies.html

be prepared to respond to disasters. The key benchmark for preparedness is the speedy resumption of essential social services post disaster, particularly those affecting children.

Save the Children[325]

Save the Children is committed to reducing children's vulnerability to emergencies, ensuring their right to survival and development after an emergency and providing the support they and their families need to quickly recover and re-establish their lives, dignity and livelihoods. The Every One campaign, launched in October 2009, reaffirms the central importance of emergency response in our fight to reduce child mortality.

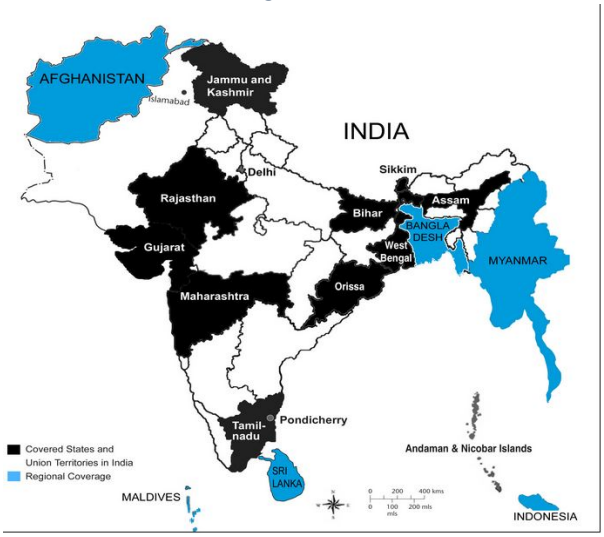
Their goal is to mount emergency responses that are timely, at appropriate scale and scope, providing high quality programming, efficiently, effectively, safely and securely for the most vulnerable children and their families. Their aim is to increase preparedness of children and their families for emergency situations in the aftermath of natural disasters through child-centred and community-based approaches. They also aim to manage disasters better, minimise the impact of natural disasters to communities in disaster prone areas and build child-centred resilient communities.

Save the Children has put in place an Emergency Preparedness and Response Plan (EPP) to guide all Save the Children employees and implementing partners while preparing for and responding to emergencies.

They respond immediately to families affected by natural disasters with food aid, water and essential items and also work towards rehabilitation of affected families. They work to ensure that children and their families are better prepared to cope with emergencies and that preparedness programmes at community level are child-centred and community based.

Since 2008, they have reached approximately 98,000 children in 275 villages. They focused on building the leadership among children and enabling their participation in Panchayat-level decision making.

All India Disaster Mitigation Institute[326]



The All India Disaster Mitigation Institute (AIDMI) is a registered non-governmental organization based in Ahmedabad, Gujarat, India. It is a community-based action planning, action research and advocacy organization, working towards bridging the gap between policy, practice and research related to disaster mitigation. Established after the 1987–89 Gujarat droughts, AIDMI has expanded its work over the years to cover nine types of disasters in twelve areas of India and beyond to eight countries in Asia. AIDMI strives to link local communities to national and international levels of risk reduction, relief and long-term recovery policies and programs. As an operational and learning organization, AIDMI works towards promoting Disaster Risk Mitigation and Adaptation to climate change risk by supporting, capturing, processing

[325] https://www.savethechildren.in/what-we-do/disaster-risk-reduction-a-emergencies.html
[326] http://www.aidmi.org/index.aspx

and disseminating disaster related information, lessons and innovative ideas as well as conducting stakeholder round tables, trainings of trainers, reviews, evaluations, and pilot projects.

Their activities are:

- Innovation through demonstration projects
- Policy Advocacy through Round Tables
- Research and Evaluation
- Capacity Building
- Knowledge Exchange

2. Trafficking / Child Labour

2.1 Trafficking and commercial sexual exploitation

"Tina's father came to me one night and reported that his 14-year-old daughter had gone missing. Something told me that this was a case of human trafficking that required urgent attention. We lodged a complaint at the local police station and my NGO-MARG also started investigating this case.

As a starting point, I went to Tina's school and spoke to her friends. After speaking to 25 girls I was able to gather bits and pieces of information. I was told that she had lost her mother, and her father, an alcoholic, used to beat her up. She used to spend long hours on the phone talking to a boy named Rajan. Her friends from school also gave us information about four other boys she used to talk to. We spoke to each of these boys and narrowed our search.*

We then showed her photograph to all the taxi stands in the vicinity and one driver recognized her. He had driven her from Darjeeling to Siliguri and he said that during the drive she was constantly talking to a person named Rajan who was located in Delhi. This case haunted me. I visited the local police station and at the same time I kept in touch with Tina's grandmother. One day her grandmother called me and said that she had received a call from Tina who was in Chandigarh. I took the number and traced it. Tina had actually called from Delhi. I contacted CBI in Delhi and informed them about this case. Once we had her location, CBI conducted a raid and she was rescued."[327].

Tina, was easily lured by a trafficker with false promises of work in a big city. Tina's case is one of the few success stories where law enforcement agencies, community organizations and civil society were able to rescue a girl that was trafficked. A MARG-worker said, "*Today 21 people are behind bars in this case. However, we are not always this fortunate. In most cases by the time we are able to track the location of the girl, she has already been sold several times and we have lost all track of her.*"

Repatriation and reintegration of the survivor into the community is another huge challenge. Survivors are faced with stigma and are often not welcomed back into their own homes. In most cases they prefer not to go back to their villages. In Tina's case, too, she did not want to go back to her village and instead wanted to stay in Delhi and study.

The MARG-worker said: "*Tina insisted on staying in Delhi and so we arranged for her to relocate to a state run shelter home in Delhi. She is now studying and her favourite subject is Maths. When I came down to Delhi last time, I met her. I asked her what she wanted to do when she grows up and she told me that she wanted to work with MARG. She said that she would never want any girl to go through what she had to.*"

[327] UNOCD – United Nations Office on Drugs and Crime; South Asia; https://www.unodc.org/southasia//frontpage/2013/Sept/india-from-darjeeling-to-delhi-story-of-a-young-girl-who-was-trafficked.html

Country's attention and Numbers

The federal police stated that an estimated ***1.2 million children are victims of commercial sexual exploitation***. Cases of child sex tourism continue to be reported in cities and towns with tourist attractions, as well as in locations known as religious pilgrim centres[328]. There are no official figures for the number of child workers in India. The 2014 Global Slavery Index says the country is home to more than 14 million victims of human trafficking[329].

India remains a source, transit, and destination country for minors trafficked for commercial sexual exploitation and forced labour in domestic service, agriculture, and activities such as begging and brick making. The majority of these children are Indians trafficked within the country.

India is a hub of trafficking with children being trafficked in hundreds of thousands and the majority of missing children are also vulnerable to trafficking. A report on child prostitution (B. Bhamati for UNICEF in 1996), wherein the hidden linkage of 'missing children' to child trafficking was detailed, was one of the first efforts on the issue. A more liberal approach to expand the issue was taken by the National Human Rights Commission (NHRC) in its research on trafficking of women and children in India in 2004[330]. According to the report published in 2005 on 'Trafficking in Women and Children in India', 44,476 children were reported missing in India, out of which 11,008 children continued to remain untraced[331]. The 2007 recommendations by NHRC were probably more informed and sophisticated in approach on missing children when Nithari massacre came into light and concentrated more on the issue of policy gaps that existed and the issue of governance rather than correlating the Nithari case with numbers, regions, districts, states, etc. The figure of 20,773 (as per RTI applications filed by BBA) for 2008-09 shows almost 200% increase in 5 years[332]. With 74% of the children still missing out of the state's total of missing children, West Bengal leads the table of untraced children followed by Nagaland, Bihar, Jharkhand and Assam.

The recent official figures (of Census 2011) related to children are yet to be published, but, figures regarding missing children (as per RTI applications) show that ***1,17,480 children were reported missing, 74,209 were traced and 41,546 remained untraced*** in two years between 2008 and 2010[333]. Among 20 states and 4 UTs, Maharashtra (26,211) has highest number of children reported missing followed by West Bengal (25,413), Delhi (13,570) and Madhya Pradesh (12,777). Karnataka (9956) and Uttar Pradesh (U.P) (9,482) are the last two among the top six states. Maharashtra (18,706) has the highest number of children being traced followed by Delhi (11,870), Madhya Pradesh (9,537), Uttar Pradesh (7,586), West Bengal (6,653) and Karnataka (3,522). 41,546 untraced children constitute more than 1/3rd of the total children reported missing nationally. West Bengal has maximum number of untraced children. Maharashtra, Karnataka and Madhya Pradesh come next in the line.. As much as 45% of the total reported missing children have still not been found. The border districts of West Bengal, such as 24 Paragna, Midenapur, Malda, Dinajpur, Murshidabad, Nadia etc, have large number of untraced children.

[328] United States Department of Labour's bureau of international labour affairs (2012): Findings on the worst forms of Child Labour; p1
[329] Deccan Herald 06-02-2015 (2015) Climate change pushes India's poorest children into slavery - Satyarthi
[330] Bachpan Bachao Andolan (2011); Missing Children of India, a pioneering study, a Synopsis; p1-2
[331] Study on Child Abuse: INDIA 2007; Ministry of Women and Child Development, Government of India – p6 & Sen, S & Nair P. M. (2005): Trafficking in Women and Children in India; Orient Longman Pvt. Ltd., New Delhi
[332] Bachpan Bachao Andolan (2011); Missing Children of India, a pioneering study, a Synopsis; p5-6
[333] Bachpan Bachao Andolan (2011); Missing Children of India, a pioneering study, a Synopsis; p5-6

According to the data procured through RTI applications, 24,744 children reported missing from metros cities of Hyderabad, Kolkata, Bangalore, Mumbai and Delhi[334]. Delhi has highest number of missing children as well as children untraced where 12% of total reported missing is still untraced. Each year 6,785 children disappear from Delhi with 850 children remaining untraced. Out of the total untraced children from these metro cities, Delhi and Kolkata alone constitute 89%.

Nevertheless, these figures are just the tip of the iceberg.

However, the fact remains that the number of missing and untraced children in India is startling. If the average number of 150 reported missing children per district (from available data) is extrapolated to all 640 districts in the country, ***the total number of missing children in India every year would come to the tune of 96,000***. In the same way, if average number of 54 untraced children per district is extrapolated to all districts including GRPFs in the country, the total number of ***untraced children in the country in a year would be 34,500***.

According to unofficial estimates, the number of missing children can be as much as ten times than what is stated in this research because the majority of trafficking victims are not included in missing cases or they do not have any official record. Whatever be the figure of missing children, the government does not agree with these estimates. However, the figure of missing children is increasing every day.

India, being a major source and destination country for trafficked children from within India and adjoining countries has, by conservative estimates, three to five lakh girl children in commercial sex and organized prostitution[335].

Numbers from the National Crime Bureau

Incidence related to Trafficking committed[336]					
	2002	2003	2004	2005	% Variation in 2005 over 2004
Kidnapping & Abduction	2322	2571	3196	3518	10.1%
Procurement of Minor Girls	124	171	205	145	29.3%
Selling of Girls for Prostitution	5	36	19	50	163.2%
Buying of Girls for prostitution	9	24	21	28	33.3%
Exposure & Abandonment	644	722	715	933	30.5%

The above table indicates that between 2002 and 2005 there was a steep rise in the total number of crimes against children. Incidence of kidnapping and abduction of children which was around 2322 in 2002 and 2571 in 2003, which rose to 3196 and 3518 in 2004 and 2005 respectively. Although the reported number of cases of procurement of minor girls has decreased by 29.3% in 2005 compared to 2004, media and other reports indicate that the unofficial number is much higher.[337].

[334] Bachpan Bachao Andolan (2011); Missing Children of India, a pioneering study, a Synopsis; p5-6
[335] Study on Child Abuse: INDIA 2007; Ministry of Women and Child Development, Government of India – p6 & Sen, S & Nair P. M. (2005): Trafficking in Women and Children in India; Orient Longman Pvt. Ltd., New Delhi
[336] Study on Child Abuse: INDIA 2007; Ministry of Women and Child Development, Government of India / National Crime Bureau, Ministry of Home Affairs, Govt. of India (2005): Crime in India
[337] Study on Child Abuse: INDIA 2007; Ministry of Women and Child Development, Government of India – p8

Geographical

Although as mentioned before the numbers from the official records are far from the reality, still it will be good to mention these numbers. Here some more statistics according to the National Crime report these are the cases filed against in 2012 mentioned for the states with the highest numbers[338]:

	Kidnapping & Abduction of Woman	*Importation of Girls from foreign Country*	*Immoral Traffic*	*Procuration of Minor girls*	*Buying Girls for Prostitution*	*Selling Girls for Prostitution*
Totally	**38262**	**59**	**2563**	**809**	**15**	**108**
Andhra Pradesh			472			
Assam	3360	2		122		
Bihar	3789	4		48		10
Delhi	2160					
Jharkhand					5	
Karnataka		32	335	45		
Kerala			210			
Madhya Pradesh		6				
Maharashtra			366		4	
Rajasthan	2697					
Tamil Nadu			500			
Uttar Pradesh	7910					18
West Bengal	4168	12	109	369	3	56

Once again these numbers are far from reality. It could be that states with a higher number has raised more awareness of the issue, while on the other hand it could be that the police in these states is better trained about how to put up an FIR for such a case.

Highlights Statistics appraisal[339]:

Comparing the numbers with earlier crime records the following highlights can be found:

- In 2011, among the IPC crimes, an increase of 43% was registered in Kidnapping and Abduction, Procuration of minor girls recorded an increase of 27% over 2010. In 2011, Buying of girls for Prostitution showed a decline of 65%, and selling of girls for Prostitution reported a decline of 13% compared to 2010.
- The States of Uttar Pradesh and Delhi together accounted for 47.6% kidnapping and abduction of children reported in the Country.
- An increase of 27% is observed in the Crime of Procuration of Minor Girls, ie. 862 cases in 2011 compared to 679 cases in 2010. West Bengal has reported 298 such cases, indicating a share of 34.6% at national level followed by Bihar (183), Assam (142) and Andra Pradesh (106).
- Maharashtra accounted for 74% of the total 27 cases of 'buying of girls for prostitution' and West Bengal has accounted for 77% of the total 113 cases of 'selling of girls for prostitution'.
- The average charge sheeting rate for all the Crimes against children was 82.5% in 2011, which was the same in 2010 as well. The highest charge sheet rate was observed in cases under 'Buying of girls for prostitution' (100%) followed by 'Rape' (97.3%) in comparison to the prevailing national level charge sheeting rate of 78.8% for the IPC Crimes and 93% for SLL Crimes. The lowest charge sheet rate was found in cases of 'Foeticide'.

[338] National Crime Records Bureau, Ministry of Home Affairs, Government of India (2012): Crime in India 2012 Statistics
[339] Social Statistics Division, Central Statistics Office, Ministry of statistics and Programme Implementation, Government of India (2012): Children in India 2012 – A Statistic Appraisal – 'Highlights'

- During 2006-2011, the trend in human trafficking cases reported under the heads of 'Procuration of Minor Girls, Importation of girls, Selling of girls for prostitution, Buying of girls for prostitution Immoral Traffic (Prev.)Act', shows an overall declining trend, with year to year variation. From nearly 5000 cases in 2006, it declined over the years, touching the lowest in 2009 (2848 cases) and increased again to 3422 cases in 2010, and 3517 cases in 2011.
- In 2011, 69% of cases of human trafficking are booked under Immoral Traffic (Prevention) Act 1956, though there is a decline of 2.6% in 2011 compared to 2010. Andra Pradesh accounted for 20.4% and Tamil Nadu accounted for 17.2% cases of cases under this category, in 2011.
- An increase of 122.2% has been observed in cases of 'importation of girls' during 2010-11, and 56% of these cases reported in 2011 are from Madhya Pradesh.

Police response to missing children

When BBA initiated a campaign on missing children in Delhi, it came across dozens of cases which (at that time) had not been registered or investigated by the police or any other statutory authority[340]. The parents were tired of running from pillar to post and many had given up all hopes of ever being able to recover their children. The ***parents were also giving clues to the police.*** However, only their complaints were recorded in the station records ***but no FIRs lodged nor investigated***. Concerned with the situation, BBA wrote to the Chief Justice of India asking him to intervene into the matter by understanding that the issue of missing children was much wider in scope and probably much worse in its dimension in other remote corners of the country. The campaign kick started and the issue was later taken up by the Delhi High Court taking cognizance of the issue as a suo moto writ petition. In the petition, Mr. H.S. Phoolka, Senior Advocate and BBA's counsel was designated as amicus curiae in the matter to assist the court. In due course of time, the court directed the police to register criminal cases and to investigate each and every missing child in Delhi. The biggest impact of elaborate direction by the court has resulted in a case being filed and investigated by the police (since 2009). Extensive field research was carried out to understand the current situation of missing children in India, to document linkages between 'missing children' and 'trafficking' and to map the exploitative environment that the trafficked children live in. Data has been received from 20 states and 4 union territories in India. However, there are quite a few significant states for which the data have not been received, or anomalies have been found in the data made available by states, namely Punjab, Rajasthan, Gujarat, Orissa, Tamil Nadu, and Jammu and Kashmir[341].

Why is truth 'Missing' in case of 'Missing Children'? [342]

According to NCRB, total number of missing children (kidnapped and abducted, procuration, selling and buying of minor girls) stands at 17,279 for the country. However, figures through RTI applications tell a different story. As per data collected by BBA through RTI, 1,17,480 children are reported missing and 41,546 children are still untraced from India. Whereas, as per NCRB data, 13,554 children are missing from only 20 states and 4 union territories. Interestingly, the number of untraced children (41,546) in RTI data is 2.5 times more than the number of children missing provided by NCRB (17,279). Hence, only 12% of the total reported missing and 33% of the total untraced children (as per RTI) get registered in the NCRB database as missing children. As per NHRC report on trafficking, on an average 44,476 children are reported missing in a year whereas as per RTI figures 58,740 children are reported missing every year (in 392 districts). The reported missing has shown an increase of 32% over a period of 7 years. However, besides reported missing,

[340] Bachpan Bachao Andolan (2011); Missing Children of India, a pioneering study, a Synopsis; p2
[341] Bachpan Bachao Andolan (2011); Missing Children of India, a pioneering study, a Synopsis; p3-4
[342] Bachpan Bachao Andolan (2011); Missing Children of India, a pioneering study, a Synopsis

the children remaining untraced have also shown an increase in the percentage change. As per NHRC report (2001-02) 11,000 children remain untraced whereas according to RTI figures (2009-10) 20,773 children were untraced. In 10 years' time the percentage of untraced children to reported missing children went up from 25 to 35 which is an increase of 40%.

Causes/Possible factors of Trafficking[343]

The increasing number of missing children is pushed by numerous potent factors which are as follows:

- Trafficking- Trafficking is the process which results in exploitation. The children are being trafficked for the following purposes:
- Forced labour
- Commercial Sexual Exploitation (CSE)
- Illegal adoption racket
- Armed conflict
- Organ trade and medical testing
- Other crimes (including begging, pick pocketing, addiction, etc.)
- Apart from the purposes for which a child may be trafficked, there are other factors which force a child to become victim of trafficking including:
- Runaway children
- Abandonment (on the basis of gender, health/disability, children born out of wedlock)
- Animosity
- Theft of kids (for personal reasons)
- Natural calamities
- Sacrifice/religious beliefs
- Missing from government/NGO institution

Social Perception- The plight of parents of missing children, who may not come forward to report a missing child, is because of various reasons. One of the main issues hampering the causes of missing children is the societal perception that trafficking cases are not actually missing children cases. In many cases where children are trafficked (especially of poor and illiterate parents or parents with limited means) or where girls have been abducted through deception and trafficked across the state, happens under the garb of a better life. However, these girls may end up being exploited in the guise of CSE or forced labour or domestic servitude. Such perceptions lead parents not to report a missing child.

Demography- Socio-economic condition, education, health and gender are also serious causes contributing substantially to the phenomena of missing children. It is our observation that socio-economic condition is the most significant contributor to the missing children phenomenon.

In a nutshell, both endogenous (compelling factors and vulnerability factors that make one to leave home like unhappy family relations, destitute parents, etc.) and exogenous factors (kidnapping, abduction, lure, coercion, deceit, etc) work in the case of children going missing.

[343] Bachpan Bachao Andolan (2011); Missing Children of India, a pioneering study, a Synopsis

Visitors of brothels[344]

A popular conception is that the clientele who visit the brothels or abuse trafficked girls are men who live away from their families and, therefore, look for options to satisfy their sexual urges. However, the study shows that among the respondents, 45.5% are married and, among them, 72.9% are living with their spouses. Therefore, this data provides appropriate indicators for various agencies, governmental and non-governmental, to reorient their policies, programmes and projects accordingly.

The victims

Background of victims[345]

The data from the 561 survivors (rescued victims) shows that more than 50% of them are from the socially deprived sections of society. The majority of them come from dysfunctional families.

Forced and without future[346]

These hapless women and children are victims of grave human rights violations, having been trafficked by vested interests by lure, deceit, compulsion, threat, coercion and, thereafter, pushed into the world of commercial sexual exploitation or other types of bondage. According to the study, the exploitation of women and children takes place not only before trafficking, but also during trafficking and after trafficking. Situations of vulnerability and gender discrimination, which prevail in society, have not only been promoting and facilitating trafficking but have also been perpetuating it. The rights of the trafficked persons are violated with impunity. They are subjected to physical and emotional harm - from sexual assault to economic deprivation, and violation of human dignity. The post-trafficking scenario finds the victim at the end of the tunnel, with almost no hope of survival. She is subjected to different types of conceivable and inconceivable acts of perversion and exploitation. The strong nexus of vested interests ensures that the victim is caught in spiralling debt bondage, which is one of the many strategies adopted by them to keep the girl in constant servitude.

Work condition and results of the forced prostitution[347]

The survivors had to face an average of seven clients per day and most of them had no say in deciding the number. They had no choice with regard to use of condoms or any other safe sex practices. As regards health issues, 32.3% of the respondents had been suffering from one or the other ailment, and among them, 8.3% were suffering from HIV, 30% from STDs and 17% from other gynaecological problems. This revelation is despite the fact that many of them were not willing to speak about their health status, mostly out of fear or stigma. The conditions in the rescue homes left much to be desired. Though the satisfaction level was almost 50%, the issues of further human rights violations of the rescued persons and the social stigma imposed on them almost negated the efforts to mainstream them.

[344] NHRC – UNIFEM – ISS Project (2002-2003);A Report on Trafficking Women and Children in India, Volume1; p350
[345] NHRC – UNIFEM – ISS Project (2002-2003);A Report on Trafficking Women and Children in India, Volume1; p351
[346] NHRC – UNIFEM – ISS Project (2002-2003);A Report on Trafficking Women and Children in India, Volume1; p350-351
[347] NHRC – UNIFEM – ISS Project (2002-2003);A Report on Trafficking Women and Children in India, Volume1; p352

The situation of Trafficking in India

According to the research done by the NHRC in 2002, trafficking of women and children is not a localised issue and so, it can be safely presumed that the study represents the national status though it was carried out only in 12 states of India. There may be a few instances of trafficking within a community, but trafficking is largely a borderless crime, transgressing the boundaries of police stations, districts and states. The study has brought out the serious dimensions of inter-district, inter-state and international trafficking[348].

The data analysis from the 929 trafficked women and children, who still continue to be victims of CSE (Commercial Sexual Exploitation), further confirms the level and extent of exploitation and abuse unleashed on them by the exploiters[349]. This data shows that 2.9% of them are from Nepal and 1.1% from Bangladesh. It may be noted here that the response of the rescued survivors had indicated that 1.8% were from Bangladesh, 4.5% from Nepal and 0.2% from Pakistan. These figures prove the existence of trans-border trafficking for commercial sexual exploitation. This, clubbed with the observations from the intervention centres in the transit routes, shows that the actual number of women and girls trafficked across the border would be very high. Case study No. CS-UP-01 shows that out of the eight major trafficking routes across the U.P.– Nepal border, the Rights Awareness Programme initiated on one of the routes exposed the fact that of the 3,535 persons who migrated to India in a short span of nine months, at least 65 girls were victims of trafficking. This is to be seen along with a study conducted by Dutta and Zutshi, who have scanned through the police records for the period 1999–2002 regarding the nationality of the persons rescued by the police in Delhi, Mumbai and Kolkata. Their study shows that 31% of the victims rescued during the period were from Nepal, with their highest percentage in Mumbai. Similarly, women and children of Bangladeshi origin were also rescued in large numbers, especially from Kolkata. The data collected from the shelter home in Kolkata also supports the fact that the number of women and children trafficked from Bangladesh and Nepal is increasing every year.

Among the interviewed survivors and victims, a vast majority were those trafficked within the country. This highlights the seriousness of the problem of inter-state and even intra-state trafficking in India. This is equally applicable to women and children trafficked not only for commercial sexual exploitation but also for other types of exploitation such as labour and other forms of servitude. The mapping of trafficking patterns presented in Chapter 4 shows that in many states like Andhra Pradesh, Karnataka, Tamil Nadu, Maharashtra, Rajasthan, Uttar Pradesh, Bihar and West Bengal, there is a very high rate of inter-district trafficking within the state. Delhi and Goa, on the other hand, have high levels of trafficking from other states. Among the 'source' states, Andhra Pradesh tops the list (for further details, Chapter 4 may be seen). The study finds a need for the concerned 'source' states to take strict action against the traffickers and recruiters. They also need to initiate necessary steps to prevent trafficking whereas the 'demand' states have to arrest the demand for trafficked women and children. However, such efforts cannot be successful if they are done in isolation, as seen in case study No. CS-GA-1. The responses at the demand areas, the supply areas and the transit areas have to be coordinated so that the push and pull factors are dealt with simultaneously[350].

The study has brought to light that trafficking, though not reported from many places, is happening almost everywhere. The situation is worse in areas which are underdeveloped. It emerges from the

[348] NHRC – UNIFEM – ISS Project (2002-2003);A Report on Trafficking Women and Children in India, Volume1; p352
[349] NHRC – UNIFEM – ISS Project (2002-2003);A Report on Trafficking Women and Children in India, Volume1; p352-353
[350] NHRC – UNIFEM – ISS Project (2002-2003);A Report on Trafficking Women and Children in India, Volume1; p353

study that trafficking of women and children from the North-Eastern states of India and bordering countries, in both directions, is a serious issue which has not drawn public attention. Pangsa and Dimapur in Nagaland and More in Manipur are the major transit and demand centres. According to the information collected during research, women and children from Assam and Bangladesh are trafficked to More and from there, they are moved out to Myanmar and other countries in South East Asia through the Golden Triangle. Similarly, women and children from Assam (especially Jorhat), Nagaland (especially Mokokchung, Tuensang, Pangsa) and Bangladesh are trafficked through the Pangsa International Treat Tower and then moved to the Golden Triangle. Dimapur is a transit centre for people trafficked from Assam, especially upper Assam, Lumding, Guwahati, etc. They are moved to More or the international border at Tuensang and from there to the Golden Triangle. The long drawn extremist activities as well as the ethnic clashes and conflicts between several groups in this region have made women and children in the entire region highly vulnerable. Lack of infrastructural development and livelihood options have exacerbated the situation. Since trafficking in this area cuts across different states and countries, it needs to be studied in detail and dealt with appropriately by the agencies of the Government of India, along with the state governments and appropriate NGOs working in this field[351].

More than 60% of the victims of CSE were also victims of child marriage. Figures show that a vast majority of the victims of CSE are those who have been subjected to sexual assault as children ☐ 45.6% had their first sexual experience while they were under 16 and 27.7% when they were in the 16-17 age group. The extreme vulnerability of children and a high demand for them for commercial sexual exploitation is established by the fact that 22.9% had been pushed into brothels even while they were less than 16 and 21.4% while they were in the 16-17 age group. Among the victims of CSE, 10% stated that they are victims of re-trafficking. This is another issue that needs to be taken serious note of[352].

The data from the victims and survivors indicates that almost 50% of the traffickers are females but it doesn't reveal the larger dimensions and networks of traffickers. The fact that 68% of the victims in brothels were lured with promise of jobs and 16.8% by promise of marriage, makes it clear that deception is by far the most frequent means used by the traffickers to ensnare their victims. The data from the survivors also supports this point. Based on the information from the victims, it emerges that a total of 1,092 traffickers were involved in trafficking 437 respondents. This shows the networking and organised linkage among traffickers[353].

The study has made a profile of the needs of survivors. Dignity, self-esteem and the need to belong, emerge as the most important requirements. Psycho-social support services are, therefore, essential. Moreover, the survivors and victims' require care and attention, especially with respect to life-threatening diseases, shelter and livelihood options[354].

The precarious situation in which the trafficked persons are placed can be gauged from the data from the survivors and victims. According to the study, the entire population can be broadly categorised into three groups: Group 1: Newly-inducted women and children who desperately want to be rescued; Group 2: Old women who have no options whatsoever before them; Group 3: Middle-aged women who are almost reconciled to continuing in the brothels because of many reasons, including lack of livelihood options. That the strategies in addressing the problems and sufferings of these three

[351] NHRC – UNIFEM – ISS Project (2002-2003);A Report on Trafficking Women and Children in India, Volume1; p353
[352] NHRC – UNIFEM – ISS Project (2002-2003);A Report on Trafficking Women and Children in India, Volume1; p354
[353] NHRC – UNIFEM – ISS Project (2002-2003);A Report on Trafficking Women and Children in India, Volume1; p354
[354] NHRC – UNIFEM – ISS Project (2002-2003);A Report on Trafficking Women and Children in India, Volume1; p354

categories cannot be similar is ascertained by the study. The first category is craving for rescue. Case study No. CS-MH-16 presents the travails of such a victim. These newly trafficked persons are very eager to come out of the brothel and, therefore, are waiting to be rescued. However, they are much in demand, and bring maximum returns to the exploiters, who keep a watchful eye on them. So they are mostly hidden and produced only on 'customer-demand'. Even if it is a challenge to the law enforcement agencies, their rescue should be a priority. This calls for prioritisation of law enforcement strategies. The case of the elderly persons, most of whom do not have any clientele, is no different because they too want to be appropriately rehabilitated. The middle-aged group would include a few who are willing to continue, despite odds, because of the fact that they have no other livelihood options. The entire scenario demands active involvement of the government agencies, along with the NGOs, in extending appropriate rehabilitative programmes. However, it needs to be emphasised that this is essentially a responsibility of the government agencies, and the NGOs can only complement them, but can never be a substitute[355].

The study has mapped the vulnerability factors that caused the trafficking of these victims and survivors. Whereas the pull factors that appear to be the dominant cause of trafficking, the push factors are not only contributory but at times, exacerbate the situation. It is the economically backward and socially discriminated, especially those below the poverty line and those belonging to the ST, SC, OBC, and other deprived sections of society, who are the most vulnerable. Even among them, children constitute the largest contingent. Further, girl children and handicapped children are extremely vulnerable. The status of the girl child, who is more often regarded as a liability, the gender discrimination prevalent in the social milieu, and different forms of violence like infanticide, female foeticide, etc., adds to the vulnerability. This is further accentuated during periods of acute economic distress, for example, drought, flood, food shortage, etc. The debt crisis due to economic deprivation as well as the collapse of social security systems has spurred migration, which has also eventually contributed to trafficking[356].

Whereas for many of the trafficked girls, the end point is the brothel, for boys it can be a workplace where their helplessness can be exploited by putting them to hard labour on nominal or no wages, and bad work conditions. In many cases, involvement of family members in trafficking creates a very difficult situation. The study shows that even women (sometimes related to the girl child) are involved in trafficking. However, the men involved in trafficking are the main beneficiaries. They provide the muscle power and work out the strategies for the most profitable disposal of their 'merchandise'. From home to the destination point, the child passes through many a hand. There is a chain of traffickers who exploit the children en route and instill fear in their minds through threats and punishments so that the child becomes submissive and accepts all orders[357].

The clientele who visit the victims in the brothels are from different walks of life. Most of the clients look for girls who are young virgins and would withstand all types of perversions in silence. Among the respondents, 9.8% stated that their clients were students. The strategies for action against the clientele have to be oriented according to the type of the client. Law has to be ruthlessly enforced against those who come with the deliberate intention of exploiting children and women. While their

[355] NHRC – UNIFEM – ISS Project (2002-2003);A Report on Trafficking Women and Children in India, Volume1; p354
[356] NHRC – UNIFEM – ISS Project (2002-2003);A Report on Trafficking Women and Children in India, Volume1; p354
[357] NHRC – UNIFEM – ISS Project (2002-2003);A Report on Trafficking Women and Children in India, Volume1; p355

criminal activities of rape, unnatural offences, etc., have to be dealt with firmly, there is also a need to counsel young teenagers who are mostly misdirected or disoriented[358].

Places where the demand comes from are mostly urban, and supply areas are mostly rural or semi-urban. However, a percentage of the supply is from within the exploitative surroundings, as is the case of the children of trafficked victims and children of women in brothels. The brothel atmosphere, as revealed by the victims and survivors, shows extreme levels of exploitation. The trafficked persons have no say over the timings, the number of clients or the type of clients. They have to surrender to the whims of the clients even in matters of safe sex, like the use of condoms. The money earned by the victims inevitably goes to the brothel owner and it is upto the latter to decide the mode and timing of sharing it. Often, the victims have to take loans from the brothel owner for various personal expenses. The high rates of interest and the spiralling dues exacerbate the debt bondage of the victim. Case study No. CS-MH-18 aptly presents the variety and type of exploiters who gang up to unleash violations on the trafficked women and children[359].

In order to understand the dynamics of the demand angle, 582 clients were interviewed. They were from different age groups starting with teenagers and going even upto septuagenarians. A little more than a quarter of the clientele interviewed (26.6%) were from the 16–25 age group and an equal number was in the 26–30 age group. The youngest client interviewed was 16 years old. Married clientele constituted 45.5% of the respondents, and 44.7% lived with their spouses. Another trend that came to light was that 54.3% of the married clientele had wives who were below 35 years. Among the clientele, 82.6% had never come across any police interference in the brothels. When this is coupled with the fact that arrest and conviction of clients is almost an exception, and that the majority of the interviewed law enforcement officials believed that no action can be taken against clients, the emerging scenario is one where the clientele is free to indulge in unlimited and unchecked exploitation of the trafficked victims[360].

A total of 412 brothel owners were interviewed. Since certain states like Tamil Nadu did not have known 'red-light' areas, the researchers had to work their way through in identifying the places where commercial sexual exploitation of trafficked women and children takes place. As many as 67.2% of the respondents stated that they were victims of CSE before becoming brothel owners and 11.4% had inherited the brothel ownership. This confirms that lack of livelihood options is an underlying factor in perpetuating the exploitative world of trafficking. However, this, by no means, would mitigate the onus of the brothel owners in the exploitation of trafficked women and children. The nexus of the exploiters has been brought out in the research, with 75.7% of the brothel owners having direct dealings with traffickers supplying women and children. At the time of interview, 393 brothel owners stated that they had 2,702 victims of CSE with them, making an average of seven trafficked victims per brothel owner. Shockingly, 82 brothel owners admitted that they have girls below 16 years in their brothels. This is not only a serious human rights violation of these children, but is also against the existing law, which has a stringent provision against brothel owners for keeping children. The brothel owners admitted that the 'customers' show a high preference for young and virgin girls[361].

That trafficking is a low-risk and high-profit venture has been proved by this study. A well-established trafficker with many links may easily have an extremely profitable and safe business of trading in

[358] NHRC – UNIFEM – ISS Project (2002-2003);A Report on Trafficking Women and Children in India, Volume1; p355
[359] NHRC – UNIFEM – ISS Project (2002-2003);A Report on Trafficking Women and Children in India, Volume1; p355
[360] NHRC – UNIFEM – ISS Project (2002-2003);A Report on Trafficking Women and Children in India, Volume1; p355
[361] NHRC – UNIFEM – ISS Project (2002-2003);A Report on Trafficking Women and Children in India, Volume1; p356

women and children, with an income running into several lakhs a year. As far as the trafficked persons are concerned, their earnings are a pittance compared to those of their exploiters. The failure of the law in arresting exploitation in the brothels has emerged clearly. This stems from the fact that 34.5% of the interviewed brothel owners had never faced any police action during the preceding one year and 53.4% of them had avoided arrest or police action by bribing the concerned police officials. Besides, 29.1% of the respondents stated that police officials had a share in their income[362].

The health parameters indicate that the chances of trafficked victims contracting diseases, especially HIV/AIDS etc., are very high. It has also come up in the study that the linkage between trafficking and HIV/AIDS is a domain which has not been seriously addressed. In fact, the medical and health issues of trafficked victims remain shrouded in mystery, never properly attended to. There are certain instances of paramedical help reaching some brothels, but nothing is institutionalised. Of late, certain efforts have been made to attend to psycho-social issues, but the medical and medico-legal issues have been, by and large, neglected[363].

Added to the health problems is the extreme level of exploitation of girl children living in the brothels. Among the interviewed brothel owners, 56.8% stated that women/girls in their brothels had their children living with them. As stated by them 285 girl children, all below 18 years of age, were found to be staying with their mothers in the brothels, on the day of interview. The vulnerability of these children to exploitation is obvious[364].

In the course of this study, 160 traffickers across the country were interviewed. However, most of the traffickers, who were identified after painstaking efforts, chose to remain anonymous with respect to names and other particulars, about themselves as well as their accomplices. Among the interviewed traffickers, there were almost an equal number of males and females. The source of locating the trafficker was usually through the victim and, therefore, the interviewers could lay their hands on the recruiters at the grassroots. The interviews did throw light on their nexus and networking with master traffickers, who are mostly males. These linkages and networking were established from the fact that the majority of the traffickers were intimately related to the world of commercial sexual exploitation as brokers, pimps or brothel owners. Only a few of these master traffickers could be located and interviewed. Most of the interviewed traffickers were young, with 25% in the 18–30 age group and 37.5% in their thirties. Though the traffickers adopted different modus operandi, 51.9% lured the victims by offering some job or the other and 16.3% lured them by false promises of marriage. The high demand for girl children in commercial sexual exploitation has been confirmed by the traffickers. Almost 50% of the traffickers focus on rural areas for recruitment. Targets are decided based on the vulnerability factors, which include a combination of lack of livelihood options and opportunities, ignorance mostly arising out of illiteracy, social and gender discrimination, etc. The unbelievable assets that the traffickers generate have been brought to light in several case studies (Nos. CS-BH-3 and CSDL- 2). The study has also shown that so far there are no instances of forfeiting or confiscating the illegal wealth amassed by traffickers[365].

Since this study takes into consideration trafficking for exploitation of any kind, an effort was made to identify children, both male and female, who were rescued after being trafficked predominantly for purposes which are not sex-based. They were used for domestic labour, industrial labour,

[362] NHRC – UNIFEM – ISS Project (2002-2003);A Report on Trafficking Women and Children in India, Volume1; p356
[363] NHRC – UNIFEM – ISS Project (2002-2003);A Report on Trafficking Women and Children in India, Volume1; p356
[364] NHRC – UNIFEM – ISS Project (2002-2003);A Report on Trafficking Women and Children in India, Volume1; p356
[365] NHRC – UNIFEM – ISS Project (2002-2003);A Report on Trafficking Women and Children in India, Volume1; p357

agricultural labour and in the entertainment industry (viz. circus, camel jockeying, etc.). They were also used for illegal adoptions, illegal organ transplants, false marriages, etc. Among the 510 children who were interviewed, 14.7% were in the 6–10 age group, 21% were in the 11–12 age group, 27.6% were in the 13–14 age group and only the rest were 15 years and above. These children had to leave their studies at a very young age and this is an important factor in their becoming vulnerable to traffickers. Of the children who were interviewed, 34.3% could not continue studies due to poverty and 27.9% had to quit studies to earn for the family. Among the respondents, 39.6% hold their family members or relatives responsible for trafficking them. A large majority (74.5%) were trafficked by the lure of jobs. The level of exploitation gets further exacerbated by the fact that at the time of trafficking, 37.8% of the girls were less than 11 years old and 41.7% were in the 11–14 age group. Another dimension of the problem is seen from the fact that a majority of the victims trafficked for labour and servitude are children from marginalised sections of society[366].

Trafficking of children, even for non-sex-based purposes, emerges as an organised affair, with the traffickers often indulging in mass trafficking, as explained by 50% of the respondents who were trafficked in large groups. Besides the linkages of the traffickers with the source areas, the vulnerability of the victims and lack of attention by the government agencies, the culture of silence prevalent in the community has also been a factor which helped the traffickers to indulge in trafficking of children for non-sex-based purposes. The study also shows that even these children are subjected to high levels of exploitation. Out of the respondents, 39% reported about physical abuse, 11.8% about verbal abuse, 12.4% about sexual abuse, and 36.2% about a combination of these abuses. The extreme levels of abuse find resonance in several case studies like case studies No. CS-PB-2 and CS-TN-8. The fact that 69.8% of the respondents had no freedom to move and 81.2% had to work for more than 11 hours every day explains the levels of exploitation. It is in this context that 30.4% of the respondents tried to run away but did not succeed. Similarly, 33.8% of these children were suffering from one ailment or the other. The study has shown that trafficking of children for labour and servitude is also a 'business' with high profit and low risk. Case study No. CS-TN-28 substantiates this point[367].

This research, despite being focused on the processes involved in trafficking, has provided adequate inputs to understand the variety and dimensions of non-sex-based exploitation. Though this type of trafficking is primarily for labour and servitude, the victims were not free from sexual exploitation, in addition to physical and verbal abuse. Instances are aplenty where children, both boys and girls, were trafficked for domestic labour, agriculture labour, industrial labour, etc. The level and extent of trafficking for exploitative labour in the entertainment industry like circus has been highlighted in Case study No. CS-DL-3. This research also shows that trafficking of children takes place for illegal adoptions and organ transplants. Case study Nos. CS-KER-2 and CS-PB-1 highlight the human rights violations of children by organised racketeers involved in illegal kidney sale. Improper implementation of the law relating to organ transplant has been responsible for allowing their illegal trade to flourish[368].

The research has also brought out the linkage between migration and trafficking. Whereas trafficking is never consensual, migration has an element of consent. Consent could have been obtained, before or during trafficking, by deception, lure, cheating, coercion, force, threats etc. on the victim by the trafficker or anybody acting on his/her behalf. However, trafficking could be a follow-on from

[366] NHRC – UNIFEM – ISS Project (2002-2003);A Report on Trafficking Women and Children in India, Volume1; p357
[367] NHRC – UNIFEM – ISS Project (2002-2003);A Report on Trafficking Women and Children in India, Volume1; p357
[368] NHRC – UNIFEM – ISS Project (2002-2003);A Report on Trafficking Women and Children in India, Volume1; p358

migration. Exploitation is an essential ingredient of trafficking whereas there could be exploitation in migration also, though not essential. Case studies of trafficked children rescued from several places in India (e.g. CS-WB-12) show the linkages between migration and trafficking. Similarly, the rights intervention centre started by the NGO, SEVA at Sanauli, brings to light the fact that trafficking takes place under the façade of migration. The rights awareness campaign carried out in one trunk route of migration for a period of nine months shows that out of the 3,535 persons who migrated to India, 3,435 could be presumed to be regular migrants coming in for vacation or tourism, or for employment, whereas the rest (100) included 65 trafficked victims and 35 persons who were suspected traffickers. Though the proportion of migrants to trafficked victims could be different at other places, this case study explains the existing trends in trafficking and also its linkage with migration. Research has also brought out the fact that maximum trafficking takes place from those places where vulnerability factors are high. Even within a state, those districts with high levels of illiteracy, exposure to natural or manmade calamities, social and economic exploitation, etc., are more vulnerable for trafficking[369].

While exploring the links between migration and trafficking, it has emerged from the field study that restrictions on women's migration, coupled with lack of protective measures increases their vulnerability to trafficking. If the restrictions are focused only on migration of women, but do not address the scope for their exploitation, they become counter-productive. Therefore, migration has to be understood and addressed from a human rights perspective, if trafficking is to be prevented. As the literature shows, there is a strong linkage of migration with gender, development and good governance, besides human rights. A holistic approach, addressing all these dimensions, is called for[370].

Trafficking is linked to smuggling of human beings. Whereas the latter is considered an immigration issue, the former is a violation of human rights. The exploitation and violence that the victim is subjected to, in some form or the other, continues during the entire trafficking process and the post-trafficking scenario. This distinguishes it from smuggling. Whereas smuggling is essentially a trans-border phenomenon, trafficking can be national or international. The UNIFEM briefing kit (2003) delineates the distinction between smuggling, migration and trafficking in such a way that it would facilitate proper understanding by the law enforcement officials. This could be used as a guide book for training all concerned[371].

Safe migration, prevention of trafficking and containment of HIV/AIDS are central to the development and security of persons and the region. These are parameters having a direct bearing on public safety and, therefore, on national security. The situation calls for strategies that recognise people's rights to move with informed choice and prevent trafficking as well as HIV/AIDS[372].

With the advent and importance of tourism in several parts of the country, sex tourism and related trafficking has also gone up. Case study No: CS-GA-8 explains the linkages of sex tourists and trafficking in Goa. In this case, the organised racketeers exploited innocent children, mostly boys, in several ways and for long periods. The 'tourism circuit' in Tamil Nadu (refer case study No. CS-TN-9) is another example which substantiates the fast growing linkage between tourism and trafficking. Sex tourists include both domestic and foreign tourists. The factors responsible for the growing phenomenon of child sex tourism include anonymity of the tourists, easy predator ship on the

[369] NHRC – UNIFEM – ISS Project (2002-2003);A Report on Trafficking Women and Children in India, Volume1; p358
[370] NHRC – UNIFEM – ISS Project (2002-2003);A Report on Trafficking Women and Children in India, Volume1; p358
[371] NHRC – UNIFEM – ISS Project (2002-2003);A Report on Trafficking Women and Children in India, Volume1; p359
[372] NHRC – UNIFEM – ISS Project (2002-2003);A Report on Trafficking Women and Children in India, Volume1; p359

trafficked children, lack of attention by law enforcement agencies etc. Moreover the feeling among certain foreign tourists that children from third world countries can be exploited as chances of detection are slender, the belief that children are less likely to contract sexually transmitted diseases (STDs) and hence sex with them is safe, the wrong notion of some people that sex with virgin girls cures HIV/AIDS, as well as the fact that the governments of many developing countries, with a view to encouraging tourism and consequent economic development turn a blind eye to these problems. Undoubtedly, economic development cannot be at the cost of exploitation and trafficking[373].

Technological advancements, especially in the IT sector, have been capitalised by paedophiles that form a major constituent of sex tourists. Cyber pornography has exacerbated the scope and extent of sex tourism. This research indicates that there has been phenomenal increase in sex tourism in several cities in India. This includes the famous tourist destinations on the western and eastern coasts as well as several inland tourist spots. There is a high demand of women, especially girl children in and around the places of pilgrimage, and more so during festivals[374].

Whereas sex tourism and related trafficking of women and children are showing a very high increasing trend, the response of the agencies concerned is lackadaisical and poor. On the whole, there is hardly any awareness or any conscious effort to address the issues concerned. To top it all, there is total lack of coordination among the agencies concerned. For example, the activities of known paedophiles visiting the country disguised as tourists can be monitored only if the immigration agencies in the airports work in tandem with the state police agencies. Perhaps there is a need for a Memorandum of Understanding involving all government agencies and NGOs working in this field to prevent and combat sex tourism. Goa has made a good beginning in addressing the issues. The Goa Children's Act, 2003 is a state legislation which, for the first time, deals with the issue of sex tourism. There is a need for such legislation in other states where tourism and trafficking are linked. However, the enforcement of the law is more important than the law itself. Business promotion and tourism promotions cannot be at the cost of human rights violations. There is a need to ensure protection of child rights in these areas, which are highly vulnerable to child sex and paedophilia under the façade of tourism promotion[375].

Trafficking for commercial sexual exploitation has been exacerbated by certain cultural and social practices in several parts of the country. This includes the devadasi system, reported from different states or certain localised areas, and community sanctioned customs like nath uthrai, which exists in certain places in Rajasthan. Sometimes, the induction of girls into commercial sexual exploitation is legitimised by conducting some 'religious ceremonies'. Girls are bought and sold like any other commodity and carry a price tag depending on their age and looks. The bottom line is that girl children are highly vulnerable to exploitation in these communities, mostly because the community itself ratifies the exploitation under the façade of customary practices. Though it may appear difficult, it is not impossible to break these community-sanctioned barriers and provide succour and relief to the women and children trafficked for such exploitation, and also prevent such instances. Case study No. CS-DL-26 is a model to substantiate this point. Thanks to the judicial intervention by the High Court of Delhi, the girls who were trafficked from certain villages in Rajasthan could be reintegrated into the community and, despite the cultural practices which sanctioned their sexual exploitation, the agencies concerned (government and NGO) were able to ensure that these children were not re-trafficked and their rights not violated any further. Similarly, case study No: CS-GA-1 has shown how

[373] NHRC – UNIFEM – ISS Project (2002-2003);A Report on Trafficking Women and Children in India, Volume1; p359
[374] NHRC – UNIFEM – ISS Project (2002-2003);A Report on Trafficking Women and Children in India, Volume1; p359
[375] NHRC – UNIFEM – ISS Project (2002-2003);A Report on Trafficking Women and Children in India, Volume1; p359

trafficking from Karnataka to Goa could be curtailed by effective implementation of the Devadasi Prohibition Act. Of course, this involved effective partnership of the enforcement agencies and the community at large. The Goa Children's Act, 2003 takes into cognisance the linkage of cultural practices with trafficking. These provisions need to be effectively implemented and replicated in other states where similar problems exist[376].

In this research an effort has been made to understand the linkages between 'missing persons' and trafficked persons. Collecting the data on missing women and children in India was a difficult task because in most of the states, the records were incomplete. In many places, the data available was only about the number of missing persons but not about the number of persons who have been traced or located. However, with painstaking efforts and continued persistence with the various police agencies across the country and with the cooperation of the latter, the data could be collected from most of the states. The analysis of data for a six-year period (1996–2001) shows that on an average, every year, 22,480 women were reported missing in this country. Among them, on an average, 5,452 continued to remain missing and only the rest were traced or returned. Similarly, during the same period, on an average, an annual number of 44,476 children (male and female) were reported missing, out of which 11,008 children remained untraced every year. This alarming data raises several questions like: where, why and how have these children gone missing? Hence, during research, efforts were undertaken in different parts of the country to verify whether the persons rescued from the brothels have been reported to be missing in their hometowns. The efforts were revealing. Several instances of this linkage have come up and have been reflected in case study Nos. CS-DL-22, CS-MH-5, etc. These case studies present several instances where, despite the fact that the women and children were trafficked, their parents or guardians have reported to the police that the person concerned was missing. More often, these parents were unaware of the fact that their children had been trafficked. Despite reporting to the police, the enquiries remained haphazard and did not lead to the rescue of the person even as the girl was already being exploited in some brothel in a distant place, usually in a different state. When the police of this state, mostly along with NGOs, independently carried out rescue operations in the brothels, these children could be saved. Their interviews have revealed how the traffickers managed to traffic them from their communities. The missing link between the missing persons and the trafficked persons has been established through these case studies. Lack of coordination among the various state police agencies and lack of an effective central monitoring and coordinating system has been a bane in addressing the issue of missing women and children. Based on the data from the field study, the chapter on missing persons has discussed the role of various agencies working in this field and thereupon has brought out suggestions in addressing the issues involved. There is a need for an effective, national level monitoring mechanism. It should not only be a database and clearing house but also a facilitator and coordinator for locating and safely returning of the missing children[377].

As a part of the research, an effort was made to understand the existing responses to trafficking in women and children. The chapter on the legal framework presents a comprehensive analysis of the international, national and regional conventions, protocols, laws and regulations. The Constitution of India, under Article 23, prohibits trafficking of human beings for any exploitation. However, the ITPA takes into consideration only trafficking for sexual exploitation. This is a special legislation with stringent provisions for punishing violators and exploiters, with enhanced punishment for sexual exploitation of children. There are several steps prescribed in this legislation towards prevention of

[376] NHRC – UNIFEM – ISS Project (2002-2003);A Report on Trafficking Women and Children in India, Volume1; p360
[377] NHRC – UNIFEM – ISS Project (2002-2003);A Report on Trafficking Women and Children in India, Volume1; p360

trafficking. However, it is a fact that most of the provisions of the law remain unenforced and unimplemented. Usually, there are serious distortions in implementation. Despite ITPA being a social legislation, no role has so far been envisaged for DWCD in monitoring the law enforcement process. Though police is a state subject, considering the interstate and transnational nature of trafficking, if the law enforcement and justice delivery mechanisms are carefully monitored by the DWCD, it would be a great and effective initiative in the protection of women's and children's rights[378].

The IPC is the substantive criminal law with separate offences dealing with many of the issues that constitute trafficking and related exploitation. The Goa Children's Act, 2003 is a state legislation which, for the first time in the legal history of India, has defined trafficking. Though the Act is child-specific, the provisions are such that they could be considered as a model for developing a comprehensive legislation. The research has brought out several points on which the ITPA needs to be amended. These have been separately dealt with in the chapter on recommendations. In addition to ITPA and IPC, there are several special legislations relating to child labour, organ transplant, adoption, marriage, etc., which need to be effectively implemented in combating the related issues of trafficking[379].

The chapter on the government response has discussed in detail the pros and cons of the responses by several departments and agencies of the union government and the state governments. On the whole, the initiatives have been ad-hocist and disjointed, and rarely comprehensive or integrated on a national level. Despite the fact that CBI has been notified by DWCD in 2002, authorising them to investigate the crimes under ITPA, till March 2004, no case has been taken over by CBI nor handed over to CBI by state governments, despite the fact that there are innumerable cases registered with many state police agencies where, considering the interstate and international linkages of trafficking, CBI would have been the appropriate agency to handle such crimes. The 'Swadhar Scheme' and the 'Grant-in-Aid Scheme' by the DWCD have been recently extended to cover the rehabilitation of survivors. However the focus of Swadhar is providing shelter based rehabilitation. This institution-focused approach has its thrust on repatriation than reintegration. The implementation of these schemes, as of today, has been half-hearted having no linkages with the existing homes nor with the other developmental schemes of the government like NORAD, STEP, etc. More importantly, the HIV linkage to trafficking has not been addressed. Such problems and challenges call for an integrated rehabilitation scheme with adequate linkages to all issues concerned. Many NGOs across the country have informed that there has been inordinate delay in the sanction of schemes. Therefore only a microscopic section of the trafficked survivors have been benefited so far under the Swadar and Grant-in-Aid Schemes. However, recent initiatives by the union government and certain states have made a marked difference in the counter-trafficking scenario. The partnership between the government and NGOs, which has been institutionalised in Andhra Pradesh, Tamil Nadu and Maharashtra, are good examples. Same is the case of involving PRIs in Tamil Nadu and West Bengal. The Goa Children's Act 2003 is a comprehensive legislation addressing the various issues in a holistic manner. The National Plan of Action (NPA) of the Government of India is, no doubt, a comprehensive document, which takes into consideration an integrated approach in preventing and combating trafficking of women and children. The findings of the research substantiate the need for immediate implementation of the activities envisaged under the NPA of the Government of India and the plans of action drafted by several state governments. While validating the NPA, this research

[378] NHRC – UNIFEM – ISS Project (2002-2003);A Report on Trafficking Women and Children in India, Volume1; p361
[379] NHRC – UNIFEM – ISS Project (2002-2003);A Report on Trafficking Women and Children in India, Volume1; p361

brings to focus the need for a human rights approach in addressing the issues concerned and, in this respect, calls for appropriate changes in NPA[380].

The research shows that the situations with respect to the implementation of the law leave much to be desired. More than the law, it is law enforcement and justice delivery which are problematic. The police officers interviewed for this study have themselves stated that almost 60% of the crimes are not reported. Many of the reported crimes are not registered. Therefore, there is a wide gap between the number of crimes taking place and those registered in police records. This gap needs to be addressed, so that action is initiated against traffickers. Stringent action on exploiters is one of the most urgent requirements for preventing and combating trafficking. As of today, registration of crimes is usually rescue-oriented. FIRs are being registered only after rescue. The very fact that the victim has been trafficked constitutes a substantive offence under ITPA, warranting an FIR at the source area itself. Crime should be registered at the place from where trafficking takes place. If this is done, there is no doubt that more FIRs will be registered in the source area as against the demand/rescue area. This calls for proactive law enforcement, intelligence gathering, public cooperation and community policing[381].

The study clearly brings out the existing tendency to criminalise the victim and see things from the narrow perspective of crime. Even the trafficked women and girls who are rescued from brothels are charged with soliciting and thereupon, arrested, prosecuted and eventually convicted. It is disturbing to note that out of almost 14,000 persons arrested every year under ITPA, approximately 90% are women, despite the fact that the majority of exploiters and abusers, including traffickers, clients, etc., are men. Case studies amply demonstrate that girl children are abused by a vast population of men of different age groups, all of whom belong to the category of exploiters, and yet, this vast majority of male exploiters remain mostly untouched by the law enforcement machinery. They are seldom arrested and brought to book. This shows serious distortions in the very understanding and implementation of the law. However, there are a few states like Bihar, Jammu and Kashmir, etc., which are exceptions to the above-mentioned national pattern of arrest and harassment of women. The details may be seen in the chapter concerned[382].

The all-India pattern of law enforcement thus shows that the rights of the trafficked victims are being violated with impunity. The situation gets further confounded when these victims are the ones who get convicted. As per the Indian legal system, the court has got judicial discretion to drop the charge by discharging or acquitting the case, if there is even reasonable doubt that innocent persons have been prosecuted. Moreover, the court has powers to refer the matter back to the police for further investigation if it is perfunctory or incomplete. The court also has powers to frame the charges under different sections of law than those mentioned in the police report. Despite these provisions, as the research revealed, the victims who are charged with soliciting are the ones who are getting convicted. Therefore, the scenario of victimisation of the trafficked persons in the process of justice delivery, usually noticed in most places, exacerbates the violations of the rights of the very victims[383].

A word about data surveillance on the crime figures on trafficking is relevant here. It is a common practice in the police systems in India to hold regular crime meetings by field level officers, especially at the superintending and managerial levels. Usually, the monitoring and discussions are focused on the data with respect to 'grave crimes' or 'special report crimes' or such other crimes which are

[380] NHRC – UNIFEM – ISS Project (2002-2003);A Report on Trafficking Women and Children in India, Volume1; p362
[381] NHRC – UNIFEM – ISS Project (2002-2003);A Report on Trafficking Women and Children in India, Volume1; p362
[382] NHRC – UNIFEM – ISS Project (2002-2003);A Report on Trafficking Women and Children in India, Volume1; p363
[383] NHRC – UNIFEM – ISS Project (2002-2003);A Report on Trafficking Women and Children in India, Volume1; p363

considered important. This research has shown that trafficking in women and children, despite being the ultimate violation of human rights, is given least priority by most of the police agencies and, therefore, there is no monitoring of the data, except in rare instances. This is one of the reasons for lack of control and supervision, which results in the perpetuation of violation of rights. Therefore, there is an urgent requirement for the police agencies across the country to carry out regular monitoring and surveillance of the data with respect not only to ITPA cases, but also to the related sections of IPC and other local laws as well as the preventive sections of CRPC and special/local laws under which actions are initiated against women and children on charges of soliciting. The data analysis has to be carried out section-wise (for example, Sections 3 to 9 of ITPA) with specific focus and disaggregated data on the age and sex of the arrested persons. This would bring to light the serious distortions in law enforcement and thereby provide appropriate indicators that make it mandatory to bring in radical improvement in the situation. Such monitoring of data on an age and sex-disaggregated basis will also bring in accountability of the agencies concerned[384].

Intervention by the law enforcement agencies on the exploiters is sporadic and there are not many instances of traffickers being arrested or convicted. For the police, burdened with increasing rates of crime, this is a low priority area. They complain of lack of adequate personnel and resources. There are several police stations without even minimum infrastructure ☐ where even ba not available. On the other hand, this study also has brought out instances where, in some places, certain police officials are regularly paid by the brothel keepers and, therefore, the 'business' is profitable for them too. Occasionally, when brothels are raided and women and girl children are rescued, the police finds it difficult to secure a place where they can be safely kept. Rescue homes/children's homes run by the welfare department are often crowded and the facilities provided by them are far from adequate even in terms of food and water. In certain places, homes are simply not available and, therefore, the police was found reluctant to carry out rescue in such situations. The study has brought out several instances of rescued persons being re-trafficked for want of proper repatriation and rehabilitation. Restoration of the child is not always possible and may not even be desirable. What is needed is rehabilitation, which can be effectively ensured through collaboration with appropriate NGOs. If the persons are required in court proceedings, they would be called back even after rehabilitation. The study has brought out the difficulties in this process and has identified ways and means, which may be of least inconvenience to the survivor. The order of the Delhi High Court (2004) for videoconferencing and the order of the Supreme Court (2004) laying down the guidelines for victim protection during court trials are relevant in this context[385].

Ascertaining the correct age of inmates of a brothel during rescue operations is a problem. Medical professionals have a large role to play in the delivery of justice. Even here, the issues are many. Female doctors are usually not available. Secondly, there is a lot of confusion and contradiction in age assessment. Case studies from Mumbai have shown how persons assessed to be 'adults' by the doctor have been later held to be 'children' by the medical board, after NGOs appealed for reassessment. Such distortions in age assessment facilitate the scope of exploitation of children and thereby, violate their rights. The research report deals with this problem and suggests a procedure for assessment and verification of age, keeping in view the best interest of the survivor. There is a need for training and sensitisation of medical professionals and all others involved in the process of

[384] NHRC – UNIFEM – ISS Project (2002-2003);A Report on Trafficking Women and Children in India, Volume1; p363
[385] NHRC – UNIFEM – ISS Project (2002-2003);A Report on Trafficking Women and Children in India, Volume1; p363

justice delivery. Appropriate course capsules, manuals and handbooks need to be developed in this regard[386].

The research points out that at present, the linkage between trafficking and HIV/AIDS has not been recognised or appreciated by the agencies concerned, despite the fact that they have a direct functional linkage. Moreover, in the brothels, no measures are taken to protect the trafficked victim from STD and HIV/AIDS. The customers are not careful about taking preventive measures for themselves or for the children/women they exploit. In fact, some of them consciously opt for unsafe sexual practices due to certain misconceptions, including the myth that they will be able to get rid of their diseases by having sexual intercourse with a child[387].

One of the distortions in the present day response scenario is that the issues of children tend to get neglected or ignored as they are clubbed with the issues of women. Though there are many common points, the fact that children are highly vulnerable and are the most exploited section, demands higher priority for them. All polices, programmes and activities should have a special component, separately addressing child trafficking[388].

One important problem that the research has brought to light is that of children born in brothels. Obviously, they cannot but be affected by the vicious atmosphere of the brothel. They are ready material for trafficking. It is, therefore, imperative that a plan, to ensure a proper atmosphere for their growth, is implemented at the earliest[389].

The rehabilitative scenario presents a very dismal picture. More often than not, the efforts are disjointed and ad-hocist. There are no institutionalised mechanisms in most of the states. The counselling and vocational training imparted in the 'Homes' are usually dictated by the availability or otherwise of facilities and resources in the homes and not by the best interests of the trafficked person. The rescued homes should look after the needs of the rescued person in a comprehensive manner, starting with trauma counselling. Along with psycho-social intervention, medical care, vocational training, recreational needs etc also have to be taken into account. The rehabilitation programmes have to extend beyond the homes. Livelihood options have to be provided to the victims. Micro-credit and such other facilities need to be extended. The fellowship programmes started by certain NGOs for trafficked survivors is an important initiative. Once rehabilitated, it would be better and essential that the district administration ensures regular monitoring to see that there is no re-trafficking. The programmes of empowerment and livelihood options should extend to non-rescued trafficked persons too. There is a need to provide them access and awareness of such facilities through helplines, help kiosks, public awareness campaigns, etc. Moreover, the government, along with NGOs and corporates, should take steps to ensure marketability of the products so that the rehabilitation programmes are sustainable[390].

The study also brings out several good practice models. Due to the intervention of the High Court of Mumbai and High Court of Delhi, there has been a paradigm shift in the system of law enforcement and justice delivery. Details have been presented in case study Nos. CS-DL-26 and CS-MH-17. Thanks to the monitoring by the Delhi High Court since 2001, in a span of three years, the trial courts in Delhi have convicted more than 30 traffickers and several kothas have been closed down. Effective systems of victim protection, compensation and rehabilitation have been taken up.

[386] NHRC – UNIFEM – ISS Project (2002-2003);A Report on Trafficking Women and Children in India, Volume1; p364
[387] NHRC – UNIFEM – ISS Project (2002-2003);A Report on Trafficking Women and Children in India, Volume1; p364
[388] NHRC – UNIFEM – ISS Project (2002-2003);A Report on Trafficking Women and Children in India, Volume1; p364
[389] NHRC – UNIFEM – ISS Project (2002-2003);A Report on Trafficking Women and Children in India, Volume1; p365
[390] NHRC – UNIFEM – ISS Project (2002-2003);A Report on Trafficking Women and Children in India, Volume1; p365

Strong networking of several departments of government, as well as a working partnership between governmental agencies and NGOs, have come to stay. Thus, the national trend of victimising the victims seems to be diminishing, at least in these places. The research has also brought out innumerable instances, across the country, of good practices in law enforcement, justice delivery, care and protection, prevention of trafficking, etc. However, these initiatives are ad hoc in nature and mostly individual-oriented. Therefore, their sustenance and continuation depends on their institutionalisation. This study points to the steps and initiatives required in this direction. High Court interventions have shown the way. This has to be followed up by the administration. There is an urgent need to coordinate and dovetail the functioning of various departments of the government in delivering justice to the trafficked persons and also in preventing trafficking[391].

The role of community is an important aspect in addressing social issues. Accordingly, the response by the community was also looked into. It brought to light the fact that the origin and momentum in the anti-trafficking activities are basically due to several PILs initiated by community-based organisations and public-spirited individuals. This is obvious from the Supreme Court decisions in Vishal Jeet vs. Union of India, Gaurav Jain vs. Union of India, and the High Court decisions of Mumbai and Delhi, presented in the case studies (CS-DL-26 and CS-MH-17). The research has brought out the essential and inevitable role of community in prevention, protection and prosecution. Many case studies substantiate this point. The best model that emerges is one of integrated functioning of government agencies, NGOs and corporates (see case study No. CS-DL-30). There is a need for institutionalising the existing networks within the country and across the borders. DWCD should take the initiative. Cross-border trafficking cannot be prevented and dealt with, unless the law enforcement agencies network with the civil society on both sides of the border. Moreover, there is a need for setting up regional cooperation, and bringing in regional protocols and other mechanisms to facilitate the functioning of these networks. SAPAT (South Asian Professionals Against Trafficking) and SAFAHT (South Asian Forum Against Human Trafficking), which have been set up under the initiative of UNIFEM, can be important instruments in this context. Research shows that among the NGOs working in anti-trafficking, there is a lot of duplication of efforts and consequent wastage of resources and efforts. At times unhealthy competition also causes duplication. Synergising efforts and responses would be in the best interests of all concerned. Specialisation is called for, to improve professionalism. The list of NGOs working on anti-trafficking appended to this report presents the area of specialisation of the NGOs concerned[392].

Several international agencies based in India and elsewhere have put their eggs in the basket of anti-trafficking. There are commendable initiatives by various agencies, mostly in facilitating NGOs across the country to carry out advocacy, training and action programmes. A UN agency, UNIFEM, has sponsored several research projects in the South Asia region, for a more comprehensive understanding of the dimensions of trafficking. There are a few instances of inter-agency networking like the JIT programme addressing the problems at the Indo-Nepal border (refer case study No. CSNP- 4). The feedback from a multiplicity of NGOs working on various issues of anti-trafficking, of which some are even working at cross-purposes, presents a picture of lack of inter-agency understanding and appreciation. It was gathered during the field research that certain NGOs could approach different UN and multinational agencies and seek help from them simultaneously. The scope for such liberal funding assistance, without inter-agency coordination and crosschecking, will result in squandering of public money and could defeat the very purpose. Many NGOs have voiced

[391] NHRC – UNIFEM – ISS Project (2002-2003);A Report on Trafficking Women and Children in India, Volume1; p365
[392] NHRC – UNIFEM – ISS Project (2002-2003);A Report on Trafficking Women and Children in India, Volume1; p365

concern that different international agencies are concurrently funding the same programmes and projects. As a corollary, there are some NGOs across the country, which are committed and dedicated to the cause of anti-trafficking, and are carrying out several ingenious and innovative activities which have made or could make a permanent dent in the anti-trafficking scenario and, yet, are unable to get help from such funding agencies for their work. Therefore, there is a need for integration and coordination among the UN agencies, other international agencies, donors and funding agencies, so that the resources can be appropriately utilised[393].

It has been well acknowledged that prevention is the best strategy considering the violation of rights and untold miseries that the trafficked victims have to face before, during and after trafficking, and the victimisation that results from distortions in law enforcement and justice delivery. The 'business' in women and children generates enormous profits. The demand for the services of the victims has been expanding rapidly with increasing urban incomes. As a consequence, the number of places other than brothels in urban areas, especially in metropolitan towns, where these 'services' are made available, is on the increase. The chapter on psycho-social issues has highlighted the harm that trafficking has caused to the individual and the community. All these factors emphasise the importance of prevention. The study shows that the village is usually the starting point for trafficking of women and children. The end point could be within the same state in which the village is located or another state or even another country. The victim of trafficking is a complete stranger to the place where she is brought to and may not even know the language spoken there. These exacerbate the vulnerability of the women/girl child for further exploitation. Therefore, trafficking of women and children has to be addressed in the specific context of the push factors in the concerned community. Since the exploiters take advantage of the helplessness of poor rural families, preventive action must necessarily involve empowering the powerless, especially in rural areas. Concerted efforts by the government, in cooperation with NGOs whose work has been documented in research reports, can be helpful in achieving this. The example of Tamil Nadu has shown that PRIs can contribute a lot in preventing trafficking. Their services can be effectively utilise in implementing the various schemes of government that would empower the women and children, spread awareness among them, and thus help remove the vulnerability factors which, in turn, can be the best method of preventing trafficking[394].

The study has confirmed the need for an integrated approach involving all the three components - prevention, protection and prosecution in effectively addressing trafficking. Since trafficking is an organised crime, involving a multiplicity of actors linked together in a chain, professional methods of dealing with them are called for. Certainty and stringency of punishment of the exploiters, without any delay whatsoever, is the essential requirement for preventing trafficking. Simultaneously, the victims need to be rescued and rehabilitated. Case study No: CS-MH-16 deals with the distress call of a trafficked victim waiting for relief. As lack of priority, time and sensitivity as well as ignorance of the issues concerned are commonly seen as the factors responsible for the present day dismal picture in enforcement, an effective networking of the law enforcement agencies with NGOs can make adequate dent in the given situation. The order of the High Court of Delhi directing that NGOs should be associated with all rescue operations of the Delhi police testifies to the deliverance capability of this partnership. Effective methods of rehabilitation, counselling, reintegration, redressal of grievances and monitoring are instrumental in ensuring that the rescued persons are not re-trafficked. The study has brought out many important initiatives for prevention in source areas,

[393] NHRC – UNIFEM – ISS Project (2002-2003);A Report on Trafficking Women and Children in India, Volume1; p366
[394] NHRC – UNIFEM – ISS Project (2002-2003);A Report on Trafficking Women and Children in India, Volume1; p366

transit areas and destination areas. These initiatives by individuals and organisations, which are sensitive and committed to the cause, need to be appreciated and institutionalised[395].

Since this study was meant to bring out a status report on trafficking in women and children in India, it has oriented itself to understanding the dimensions of not only trafficking within the country, but also trans-border trafficking. The data collected from the victims of CSE and survivors indicate that large numbers of women and children are trafficked from Nepal, Bangladesh and Pakistan. Though their percentage is less than 10 in the number of interviewed persons, this, by no means, is indicative of the exact number of persons trafficked from these countries to India. It can only be concluded that among the sample selected by the researchers for interview, the percentage of survivors and victims from the neighbouring countries, was less than 10%. At the same time, case study No. CS-UP-2 explicitly highlights the trends in numbers. In a matter of nine months, the number of suspected girls trafficked from Nepal to India, through one of the eight main transit routes on the U.P. border, was 65. Similarly, case study No. CS-WB-3 clearly brings out the fact that the number of girls trafficked from Bangladesh to India has shown phenomenal increase in the last decade. The data from Delhi Police shows a high percentage of Nepali girls among those rescued from the brothels in Delhi. Data from the NGOs in Mumbai, who were associated with the rescue for the last few years, shows a high percentage of Bangladeshi and Nepali girls among the rescued. This calls for immediate attention to the issue of trans-border trafficking of women and children[396].

The response scenario with respect to trans-border trafficking has encountered more challenges and problems than that relating to trafficking within the country. The nationality of the trafficked person often becomes a serious issue. Case study No. CS-DL-33 clearly shows how the Bangladeshi nationality of the girl child invited serious risks and challenges to her, despite the fact that she was trafficked from Bangladesh, brought to Mumbai and sexually assaulted in a brothel. Another issue with respect to trans-border trafficking is that of the procedures of repatriation. Case study No. CSWB- 3 amply demonstrates that several trafficked children were languishing in rescue homes waiting for repatriation to Bangladesh. In fact, many of them are confined to rescue homes for more than a decade despite the fact that they had to suffer exploitation in brothels for only a few months. The post-rescue non-rehabilitative scenario was not only traumatic but also violated human rights. Though the issues are no different with respect to victims of inland trafficking (as depicted in case study No. CS-DL-18), the problems, challenges and violations are more in number and severity with respect to trans-border victims. The problems are aggravated because the host country usually refuses to acknowledge the nationality of the person. In many instances, the victims are unable to recollect the details of their parentage and original village, causing difficulties in verification and authentication by the country concerned. In order to address these issues, many officials and NGOs have developed informal trans-border networks. These networks have been able to expedite home verifications and facilitated repatriation. The initiative which has been described in case study No. CS-DL-33, though started as a 'test case', has gained momentum with the involvement of sensitive officials of BSF, ably supported by committed NGOs. However, most of the efforts have been purely ad hoc and have usually been initiated or facilitated by NGOs. The study shows that appropriate governmental systems are yet to take shape and become functional. This is an area that needs immediate attention. The Joint Task Force envisaged under the SAARC Convention has not been formed (as of January 2004) because all members of SAARC have not yet ratified the Convention

[395] NHRC – UNIFEM – ISS Project (2002-2003);A Report on Trafficking Women and Children in India, Volume1; p367
[396] NHRC – UNIFEM – ISS Project (2002-2003);A Report on Trafficking Women and Children in India, Volume1; p367

itself. Trans-border bilateral arrangements are immediately called for to address these issues. It is high time that the concerned government agencies took initiative in this regard[397].

The situation in the country presents a picture of lack of cohesion and coordination. Whether it is intra-state trafficking, inter-state trafficking or trans-border trafficking, the agencies involved in rescue do not seem to have any coordination with the agencies concerned with rehabilitation. The issue of missing women and children has been seen in isolation and was never seen in correlation with trafficking. There is no common platform linking up prevention strategies between source and destination areas. The absence of a national coordinating/monitoring agency has been a serious impediment in justice delivery and protection of human rights. The intervention by the High Court of Delhi has made it clear that without a coordinating agency, such activities will not be able to result in justice. Therefore, in order to ensure the best interests of the victims, to bring about effective coordination at the national level and to coordinate preventive strategies, programmes and polices, there is a need for a national nodal agency to combat trafficking. This action-oriented research by the NHRC has set the process in motion by creating two nodal officers in each state, one representing the police department and the other representing the welfare department. This national nodal system has to be sustained. Many of the action programmes carried out in the course of this research (refer chapter on spin-offs for details) were effected with the help of these nodal officers. Similarly, the research has highlighted the role of the NGOs which are genuinely working in this field. It is essential to establish a system at the national level by integrating the nodal officers and the appropriate NGOs in the states with the national nodal agency. Moreover, it would be advisable to involve the State Human Rights Commissions, the State Women's Commissions and the National Commission for Women. There is no doubt that the DWCD has a large role to play in the functioning of this national coordinating system. Moreover, it would be essential to involve the Ministry of Social Justice and Empowerment, the Ministry of Labour, the Ministry of Welfare, the Home Ministry, etc., so that the anti-trafficking programmes are also integrated into the policies, programmes and projects of these ministries/departments. Moreover, this kind of synergy will facilitate the maximum utilisation of resources and also contribute to the best results possible[398].

Considering the fact that various state governments have reservations about setting up a national nodal agency at par with the Narcotics Control Bureau, perhaps the best bet in the given context would be to have the national nodal agency or at least a national rapporteur-cum-coordinator, under the aegis of the NHRC. The national rapporteur with adequate sensitivity, skills, knowledge and understanding of the issues involved in trafficking could kick-start the process, if supported with the required authority and the essential infrastructural requirements[399].

In the context of the integrated functioning of the government departments and their partnership with NGO, the Thai model is an ideal example. In order to combat trafficking in women and children, the Thai Government and civil society have come to realise that the best results could be achieved only by such integration. Accordingly, three Memoranda of Understanding (MOU) were arrived at. The first MOU is between the various government departments. This is a commitment of the concerned departments to work together and assist each other in anti-trafficking activities. The second MOU is between the government and NGOs. The partnership has been forged for ensuring not only co-management and co-participation but also for sharing of responsibility. The third MOU is

[397] NHRC – UNIFEM – ISS Project (2002-2003);A Report on Trafficking Women and Children in India, Volume1; p368
[398] NHRC – UNIFEM – ISS Project (2002-2003);A Report on Trafficking Women and Children in India, Volume1; p368
[399] NHRC – UNIFEM – ISS Project (2002-2003);A Report on Trafficking Women and Children in India, Volume1; p369

among the NGOs concerned. There are certain areas where civil society itself can make commendable initiatives. It is in this portfolio that the third MOU finds its place[400].

The number of non-governmental organisations working in the field has increased enormously during the last few years. However, the vast majority of them are located in urban centres and very few have grassroots connections. Therefore, there is a tendency among some NGOs to come to conclusions on the basis of unconfirmed reports. There is a dire need for genuine and concerned NGOs to work on anti-trafficking in the rural areas, especially in the source and transit areas. Their synergy with the PRIs, as stated earlier, can yield good dividends. Moreover a study of the functioning of the NGOs shows that they are mostly working on rescue and post-rescue activities, including protection and prosecution. There are very few NGOs which are focussed on prevention of trafficking. This area also craves for attention by the civil society[401].

This study has brought to light the power relationships that operate in the world of trafficking. Whether it is trafficking of males or females, there is an overt and explicit demonstration of subordination of the vulnerable by the powerful. This power could be due to the exploiter's position of authority, economic well-being, social 'status', or sheer manifestation of a criminal mind. In the case of trafficking of children for labour and servitude, it is the ignorance and innocence of the children that is mostly exploited. As regards trafficking for commercial sexual exploitation, the power equations have the additional dimensions of gender bias, female discrimination and the culture of patriarchy, which are explicit in the social systems. For most of the victims, it is a crude manifestation and demonstration of male authority and power, whether of the traffickers or the clients. Therefore, the bottom line in trafficking is the exploitation of the powerless by those in power or those who can command power, even temporarily. No doubt, the connivance and complexity of the authorities exacerbate the situation[402].

The shifting of commercial sexual exploitation from brothels to non-brothel-based situations has been observed in almost all the states where the research was carried out. The latter manifests itself under the façade of massage parlours, friendship clubs, etc. These emerging trends are visible not only in the projections in certain segments of the media but also in the form of internet pornography. These activities create demand for sex, which is instrumental in perpetuating trafficking of women and children. They need to be addressed immediately. Moreover, information technology could be properly utilised not only to combat cyber pornography but also to generate public attention in addressing these issues[403].

This project has promoted and facilitated several action programmes, along with field research. In fact, the study has benefited from these action programmes, many of which have been test cases of immense strength, capability and impact in addressing several issues relating to trafficking. The proper marriage of research with action has been to the mutual benefit of both. The action programmes listed out in the chapter on spin-offs show that the world of anti-trafficking or counter trafficking is relatively new, with not many genuine takers. On the one hand, trafficking of women and children is the ultimate violation of human rights, but on the other hand, the response of the government and non-governmental sector is more or less ad hoc and individual-oriented, and seldom institutionalised. It is to be remembered that women and children trafficked for commercial sexual exploitation are victims of continuous sexual assault and extreme perversions. In addressing the issue of rape of a

[400] NHRC – UNIFEM – ISS Project (2002-2003);A Report on Trafficking Women and Children in India, Volume1; p369
[401] NHRC – UNIFEM – ISS Project (2002-2003);A Report on Trafficking Women and Children in India, Volume1; p369
[402] NHRC – UNIFEM – ISS Project (2002-2003);A Report on Trafficking Women and Children in India, Volume1; p369
[403] NHRC – UNIFEM – ISS Project (2002-2003);A Report on Trafficking Women and Children in India, Volume1; p370

woman, the Supreme Court of India (Gurmeet Singh vs. Punjab) had held that rape destroys the soul of a person, and called for sensitive handling and effective law enforcement by even holding that uncorroborated testimony of the victim is adequate to convict the accused. If one rape can destroy the soul, incalculable is the harm that multiple rapes can and do to the trafficked victim. The extent and depth of exploitation of the trafficked victims have never been fathomed by the agencies concerned and, therefore, the response scenario has been dismal. The study also shows that post-rescue programmes lack the essence of empowerment. The welfare approach, which is commonplace, has to be replaced by a rights-based approach, where the survivors, the victims as well as prospective victims (the vulnerable ones) should be involved not only in developing strategies but also in implementing them. A participatory and holistic approach can be in the best interests of the victim, survivor and all concerned. In this context, the action programmes of this NHRC-sponsored research have been instrumental in kindling appropriate response mechanisms in various quarters, and in the process, ensured that the entire approach is based on the human rights paradigm[404].

Irrefutable is the fact that trafficking in children represents the ultimate violation of human rights and child rights. The innocence and ignorance of children have been trampled upon by adults, both male and female, for satisfying their greed and lust. The high demand for male children to be used for labour and servitude is propelled by the fact that the rights of the children can be violated without any protest or accountability. The rights of these children are violated not only with respect to working hours, work conditions, comforts and perks, but also with respect to the very fundamental issues of children's growth, development and freedom. They are not only kept captive, but also deprived of their basic natural right to grow and develop physically and mentally. The case of trafficked girl children is still more precarious. They are victims not only of rights violations, but also gender discrimination and a host of related social problems. These trafficked girls are subjected to excruciating torture emotional, physical and sexual. Perversions and exploitations meted out to the trafficked girl children by multiple abusers often makes them highly susceptible to serious health hazards, including high risk of contracting HIV/AIDS at a very early age. The fact that a large number of them are still waiting for rescue shows the lack of concern by all concerned about their plight. The study, therefore, presents a strong case for giving topmost priority to the issues related to trafficked children[405].

This research has brought out the fact that poverty and illiteracy are the main elements constituting the substratum for trafficking. Herein operates the demand factor. This demand is fuelled by several other factors like the impunity with which the traffickers can operate, thanks to the distortions in law enforcement. The low risk enjoyed by the exploiters, coupled with the high profit in this world of crass commercialisation, ensures perpetuation of trafficking. Whereas the traffickers and his cohorts have no restriction on court jurisdictions or the boundaries between police stations, districts, states, and even nations in carrying out their 'trade', the enforcement agencies are bogged down by restrictions and limitations of all sorts, which are effectively capitalised by the traffickers. The response by the government agencies and even civil society has established that they have been able to address only the tip of the iceberg. The trends and dimensions of the problem, which emerge from this study has exposed the ultimate human rights violations that exist before, during and after

[404] NHRC – UNIFEM – ISS Project (2002-2003);A Report on Trafficking Women and Children in India, Volume1; p370
[405] NHRC – UNIFEM – ISS Project (2002-2003);A Report on Trafficking Women and Children in India, Volume1; p371

trafficking, and has accordingly brought out certain suggestions and recommendations in addressing them[406].

Laws and Regulations

National policies[407]:

The major policies and legislations formulated in the country to ensure child rights and improvement in their status include:

- Report of the Committee on Prostitution, Child Prostitutes and Children of Prostitutes and Plan of Action to Combat Trafficking and Commercial Sexual Exploitation of Women and Children, 1998
- National Charter for Children, 2004

  Underlying the National Charter for Children 2004, is the intent to secure for every child the right to a healthy and happy childhood, to address the root causes that negate the healthy growth and development of children, and to awaken the conscience of the community in the wider social context to protect children from all forms of abuse, while strengthening the family, society and the nation. This Charter has the following sections on child protection:
- Survival, life and liberty;
- Protection from economic exploitation and all forms of abuse;
- Protection of the girl child;
- Care, protection, welfare of children of marginalised and disadvantaged communities;
- Ensuring child-friendly procedures.

National legislations[408]

National legislations for protection of child rights in the country are:

- Probation of Offenders Act, 1958
- The Indian Penal Code with a focus on:
- 'Exposure and Abandonment: Crime against children by parents or others to expose or to leave them with the intention of abandonment' (Section 317)
- Kidnapping and Abduction:
- Kidnapping for extortion (Section 360)
- Kidnapping from lawful guardianship (Section 361)
- Kidnapping for ransom (Section 363 read with Section 384),
- Kidnapping for camel racing etc. (Section 363)
- Kidnapping for begging (Section 363-A)
- Kidnapping to compel for marriage (Section 366)
- Kidnapping for slavery etc. (Section 367)
- Kidnapping for stealing: under 10 years of age only (Section 369)
- Procurement of minor girls by inducement or by force to seduce or have illicit intercourse (Section 366-A)
- Selling of girls for prostitution (Section 372)
- Buying of girls for prostitution (Section 373)
- Rape (Section 376)

[406] NHRC – UNIFEM – ISS Project (2002-2003);A Report on Trafficking Women and Children in India, Volume1; p371
[407] Study on Child Abuse: INDIA 2007; Ministry of Women and Child Development, Government of India – p24-25
[408] Study on Child Abuse: INDIA 2007; Ministry of Women and Child Development, Government of India – p25-29

- Unnatural Sex (Section 377).
- The Immoral Traffic (Prevention) Act, 1956 / 1986
  In 1986, the Government of India amended the erstwhile Suppression of Immoral Traffic in Women and Girls Act 1956 (SITA), and renamed it as the Immoral Traffic (Prevention) Act (ITPA) to widen the scope of the law to cover both the sexes exploited sexually for commercial purposes and to provide enhanced penalties for offences involving children and minors. "Child" under ITPA means a person who has not completed the age of sixteen years and "prostitution" means the sexual exploitation or abuse of persons for commercial purposes.
- Section 3: Stringent action and punishment for keeping a brothel or allowing premises to be used as a brothel;
- Section 4: Living on the earnings of prostitution;
- Section 5: Procuring, inducing or taking a person for the sake of prostitution;
- Section 6: If any person is found with a child in a brothel it shall be presumed, unless the contrary is proved, that he has committed an offence of detaining a person in premises where prostitution is carried on;
- Section 6(1B): The punishment consists of imprisonment of either description for a term which shall not be less than 7 years, but which may be for life or for a term, which may extend to 10 years and shall also be liable to fine, with a provision for less than 7 years under special circumstances;
- Section 6(2A): A child or minor found in a brothel, on medical examination, detected to have been sexually abused, it shall be presumed, unless the contrary is proved, that the child or minor has been detained for purposes of prostitution or, as the case may be, has been sexually exploited for commercial purposes;
- Section 21: Establishment of Protective Homes by the State Government.

In 2012, India made a moderate advancement in efforts to eliminate the worst forms of child labour. The Government passed new legislation to protect children from sexual offenses and children and adults from trafficking and forced labour. The Government also established a new anti-trafficking unit responsible for arresting child traffickers

Despite the above mentioned legislations, there are still major gaps in the legal provisions relating to child abuse in myriad situations, particularly in cases of trafficking, sexual and forced labour, child pornography, sex tourism and sexual assault on male children. The Ministry of Women and Child Development is therefore formulating a comprehensive legislation on Offences against Children.

Victims are further prosecuted by the law enforcement[409]

The study clearly brought out the fact that law enforcement, in most places, violates the rights of victims. It is a common practice to arrest, charge sheet, prosecute and convict the trafficked victims. Human rights violations are rampant during the rescue and post-rescue efforts. Hence, there is a need for radical change in the law enforcement practice and methods. The response by government departments and agencies, and non-government agencies also emphasise the need for radical improvement in many respects. The present approach, which victimises the victim further, has to be immediately substituted by a firm commitment to protect the human rights of these victims and, at the same time, ensure stringent action against the traffickers and other exploiters. The intervention

[409] NHRC – UNIFEM – ISS Project (2002-2003);A Report on Trafficking Women and Children in India, Volume1; p351

by the High Court of Delhi (for details see case study No. CS-DL-26) has shown how things can be improved if the law enforcement style and strategies are properly monitored.

The law[410]

The legal system in India has mostly emerged from the British system, but the specific laws relating to trafficking for commercial sexual exploitation are from the post-independence era. The law enacted in 1956 for Suppression of Immoral Traffic was amended in 1978 and later in 1986 when the orientation was changed to prevention rather than suppression. The amended law takes into consideration the international conventions that existed then and provides for stringent punishment for procurement, commercial sexual exploitation, running brothels and related exploitative activities. There is enhanced punishment for offences against children. It provides for closure of brothels, externment and surveillance of exploiters, etc. The Indian Penal Code also provides for punishment for rape, and selling, buying or importing girls. However, under the existing system of jurisprudence, the prosecution has to prove the case against the offenders beyond reasonable doubt. This puts a lot of pressure on the victims to convincingly present their case and substantiate the same during the cross-examinations. Absence of victim protection programmes, lengthy court proceedings, heavy backlog of cases pending trial and a host of issues of implementation discussed in the chapter on the legal regime create a situation where it is the victim who often gets victimised. Taking cue from such rampant human rights violations, this study has come up with certain suggestions for the amendment of ITPA as well as for changes required in law enforcement and justice delivery.

Rescued victims and re-trafficking[411]

The fact that 56% of the survivors have been rescued by the police shows that even in the present situation, law enforcement agencies play an important role in the rescue of such victims. It may be noted that 38% of the survivors have been rescued by NGOs, despite the fact that in most of the states, NGOs have not been officially notified by the Advisory Body (Section 13(3)(b) ITPA). There is an essential requirement for a partnership of police with appropriate NGOs in the rescue operations and post-rescue activities. Such combined initiatives have delivered commendable results, which have been presented in several case studies (for example, Nos. CSDL- 26 and CS-MH-17). These partnerships have been forged and facilitated by the intervention of the High Courts of Delhi and Mumbai. Among the survivors, 20.7% are children below 18 years and the majority of them were trafficked at a very young age. The high level of exploitation and vulnerability of children is obvious. Among the survivors who were interviewed, 17.5% had been rescued once earlier, 1.8% twice before, and 6.6% were rescued more than twice. This data shows the extent of re-trafficking. Moreover, 57.5% of them had been arrested by the police earlier. This means that the victims have been criminalised. Not having been rehabilitated, they had no option but to return to brothels. Moreover the data shows a high percentage of return to brothels of those who were 'rescued' or 'arrested' earlier. This exposes the glaring deficiencies in the existing system of law enforcement, justice delivery and rehabilitation programmes.

[410] NHRC – UNIFEM – ISS Project (2002-2003);A Report on Trafficking Women and Children in India, Volume1; p351
[411] NHRC – UNIFEM – ISS Project (2002-2003);A Report on Trafficking Women and Children in India, Volume1; p352

Institutional Mechanisms for Coordination and Enforcement[412]

The Ministry of Women and Child Development (MWCD) is charged with coordinating anti-trafficking policies and programs for women and children. The Ministry of Home Affairs (MHA) Anti-Human Trafficking Cell continues to implement the Government's nationwide plan to combat human trafficking by coordinating with states to establish antihuman trafficking units (AHTUs) and training thousands of officials to combat human trafficking. During the reporting period, 194 AHTUs have been established and the MHA provided an additional $1.5 million to establish 110 more AHTUs. In January 2012, the Central Bureau of Investigation established an anti-human trafficking unit with a mandate to conduct operations to arrest traffickers of women and children.

Under India's federal structure, state and local police are also responsible for enforcing laws pertaining to human trafficking. The Government of India has invested more than $400 million to establish the Crime and Criminal Tracking and Networking System to connect all of India's 15,000 police stations. This will enable police to better monitor trends in serious crimes, including trafficking. As of 2012, this system was still in the process of being completed. It is not known whether the tracking system will disaggregate its data to include child trafficking victims, and this data is not currently being collected or made public through other mechanisms.

Social Programs to Eliminate or Prevent Trafficking[413]

The MWCD also coordinates a wide range of anti-trafficking activities, in collaboration with NGOs and state governments, including raising awareness, maintaining assistance hotlines, rescuing victims and providing shelter homes, counselling, legal aid, medical care, repatriation, and rehabilitative services. These efforts include the MWCD's Ujjawala scheme, which funded 19 new projects in 2012 and continues to support another 147 projects to help reintegrate, rehabilitate and repatriate trafficking victims, including children.

Gaps[414]

The research study on Missing Children is an initiative which aims to identify the overall framework of legislation, policies, societal perception, demography, causes and ways in which the problem of missing children can be tackled and dealt with, in our country.

The second main issue that has emerged from this research is that the restraints of law and enforcement mechanism as well as investigation rest on an individual police officer's approach and knowledge as well as the socio-economic background of the parents of the missing children.

In India, there is no specific definition of missing children and therefore, it is very difficult for a police officer in lower ranks to really understand the nature and the context of missing children, and under what law and statute should the investigation be conducted.

The second biggest gap in the policy or legislation in India is that there is no clear cut definition of trafficking, despite trafficking in persons being prohibited in the existing Constitutional framework. There is no comprehensive legislation on human trafficking, except for few acts pertaining to protection of children. Moreover, there is no Standard Operating Procedure (SOP) for the Police on how to respond to a case of missing children (barring a few states like Delhi).

[412] United States Department of Labour's bureau of international labour affairs (2012): Findings on the worst forms of Child Labour; p3
[413] United States Department of Labour's bureau of international labour affairs (2012): Findings on the worst forms of Child Labour; p4
[414] Bachpan Bachao Andolan (2011); Missing Children of India, a pioneering study, a Synopsis

There is no knowledge management system at national, state or district level wherein the information pertaining to missing children can be stored and accessed. There is some information but not a comprehensive and centralised database of children who have gone missing in the previous years or in the current year which can be shared. There is no sharing either of information amongst the law enforcement agencies through experience sharing or other forms of training. Obviously there is not much training of enforcement agencies either on the issue of missing children.

Another significant gap is the lack of resources. The maximum crunch is that of human and monetary resources at the level of police station where dedicated police officers should be posted and trained and social welfare workers be appointed.

There is no institutional framework at the national, state or district level to ensure that the plight of parents as well as the missing children is taken into consideration.

Despite NHRC bringing the issue to the fore, no concerted effort has been made by NCRB or state governments to address the issue of missing children. Political will at all levels is called for addressing the issue in a comprehensive manner.

Findings[415]

Some of the most significant findings of this study are:

- No clear-cut definition of missing children as per legal system, which leads to confusion as to how the cases should be treated.
- No provision on addressing the issue of missing children in the Indian legal system.
- No comprehensive SOPs/Protocol for addressing the issue of missing children at the national level, involving all states/UTs and other stakeholders.
- No proper mechanism to document and update the database and information on the number of registered, traced and untraced cases of missing children.
- Lack of coordination between the agencies dealing with the missing children for example police, NCRB/SCRB/DCRB and NGOs/CSOs.
- Urban centres have high number of children reported missing.
- Areas with better connectivity and facility of transport and communications have high number of missing children.
- States and districts with international borders also have large number of children registered missing.
- Regions with migratory population, including slums, are registering more missing children.
- Children and families from socially and economically poorer background formed the majority of victims.

The need according to this issue[416]

Based on its research, BBA makes the following recommendations:

- Defining a missing child is very important to help investigating agencies to deal with the phenomenon. It is important to have a clear policy guideline on definitions of trafficking and missing children.

[415] Bachpan Bachao Andolan (2011); Missing Children of India, a pioneering study, a Synopsis
[416] Bachpan Bachao Andolan (2011); Missing Children of India, a pioneering study, a Synopsis

- For example, the SOP developed by the Delhi Police has defined a missing child as, "A child (a person who is below 18 years of the age) whose whereabouts are not known to the parents, legal guardians or any other person who may be legally entrusted with knowing the whereabouts/well-being of the child whatever may be the circumstances/causes of disappearance. The child in need of care and protection will be considered missing until located and/or his/her safety/well-being is established."
- Compulsory registration and investigation of all cases in case of missing children.
- Special Operating Procedure should be carefully drafted to support investigating agencies. An expert committee should be constituted to undertake this exercise.
- Creation of a highly skilled investigation and rapid response agency/task force on missing children. This agency will comprise highly skilled and trained individuals from various disciplines.
- The government should establish a National Centre for Missing and Exploited Children (NACMEC). This needs to be adopted and implemented by the government in a definite time frame and without any delay.
- Nodal officers on missing children in every district should be appointed. He/she should be notified by the respective state governments and the official should be made accountable to take all steps to trace/give care and protection to the missing child. Adequate legal administrative/financial support should be provided by the state government.
- Each state government should set up an Advisory Body including all government departments concerned as well as appropriate NGOs working in the field of missing children/trafficked children/child labour, etc. The body should be given statutory powers to ensure monitoring of the enforcement of law.
- The Child line to have national linkage.
- Training/capacity building of Police officers, Prosecutors/Judicial Officers, Executive Magistrate, Labour Department Officials, Welfare Department Officials, officials of other departments concerned, counsellors/care providers, forensic department, media, NGOs working in the same field, Panchayati Raj Institution (PRI) representatives and other stakeholders.
- Developing tools and knowledge products like handbooks, SOPs, films, posters, etc. for capacity building.
- National Centre for Missing and Exploited Children, when established, will be the repository of all the data including collation, collection, analysis, interpretation, documentation, dissemination etc.
- Creation of a comprehensive plan for rehabilitation of rescued children who need rehabilitation or other assistance.
- Nationwide awareness generation programmes on the issue of missing children and trafficking.

Response

SAARC Convention on Prevention and Combating Trafficking in Women and Children for Prostitution emphasizes that the evil of trafficking in women and children for the purpose of prostitution is incompatible with the dignity and honour of human beings and is a violation of basic human rights of women and children[417].

In order to provide care and protection to trafficked and sexually abused woman and children, a scheme has been introduced viz: Pilot Project to Combat the Trafficking of women and Children for Commercial Sexual Exploitation in Source and Destination Areas. Components of the scheme

[417] Study on Child Abuse: INDIA 2007; Ministry of Women and Child Development, Government of India – p24

include networking with law enforcement agencies, rescue operation, temporary shelter for the victims, and repatriation to hometown and legal services[418].

MARG - Mankind in Action for Rural Growth is a non-governmental organization based in Darjeeling, West Bengal. This region in the north-eastern part of India is vulnerable to human trafficking. Many young girls and women are trafficked to Delhi, Maharashtra, Haryana and Punjab for prostitution and forced marriages. West Bengal has also emerged as a hub for agents and traffickers sending women and children to the Middle East as forced labour. Lack of awareness, paucity of work opportunities and frequent natural disasters push women and children into the hands of traffickers.

[418] Study on Child Abuse: INDIA 2007; Ministry of Women and Child Development, Government of India – p30

2.2 Child Labour including Domestic Servitude

Anil a young tender boy is one such victims of child labour in the country. He lives with his family of seven people in a rented house. Actually it was not a house but just a roof to cover the heads of the family members. He too like other kids of his age wants to study, play and wear good clothes but destiny has enstored the flames of fire and glass in his hands. The child works in a glass bangle factory and has to work continuously on fire to fill the stomachs of his family members.

Earlier he used to go to school but then on one tragic day his father left for the abode of God due to cancer and the entire responsibility came on the shoulders of this young lad. In an interview he questioned that if he didn't work how would the family will run. Being the eldest member in the family it was his duty to get the money for their survival.

Looking at his fingers that were burnt a number of times one can sense how hard they have grown and the child says that they have become so strong that it doesn't burn anymore. He says that there are times when he suffers from burning sensations in his eyes , severe headaches, dizziness and fever but there is no cure for this pain that has made the tender heart so strong[419].

More than a year and half back, Gaurav started bunking school to work in the cotton fields. Every morning, Gaurav left for school only to make his way to nearby cotton fields with his friends. "We worked in the fields, so we could buy our favourite snacks," says Gaurav. Gaurav's story defied the conventional theory of connecting child labour to poverty. Unlike kids, who are often forced into labour due to poverty, Gaurav and his friends came from relatively well-off families[420].

Context: child labour[421]

Child labour is often defined as work that deprives children of their childhood, their potential and their dignity, and that is harmful to physical and mental development. It refers to work that is mentally, physically, socially or morally dangerous and which is harmful to children and interferes with their schooling. Child labour should be targeted for progressive elimination and all worst forms of child labour for urgent elimination because they constitute heinous human rights violations[422],[423].

It is important to note that not all work done by children should be classified as child labour to be targeted for elimination. Children's or adolescents' participation in work that does not negatively affect their health and personal development or interfere with their schooling is generally regarded as being positive. This includes activities such as helping parents around the home, assisting in a family business or earning pocket money outside school hours and during school holidays. These kinds of activities, if carried out at an appropriate age, for limited hours and excluding hazardous work, can contribute to children's development and to the welfare of their families, provide them with skills and experience and help to prepare them to be productive members of society during their adult life.

[419] http://www.mastylecare.org/stop-child-labour/anils-child-labor-story/
[420] http://www.unicef.org/india/reallives_8279.htm
[421] Plan, IOS, Coram CLC Children's Legal Centre (2014) Birth Registration and Children's Rights, A Complex Story; Full Report
[422] Plan, IOS, Coram CLC Children's Legal Centre (2014) Birth Registration and Children's Rights, A Complex Story; Full Report
[423] Plan International, Child Labour Position, December 2012 (internal document)

Reflecting a commitment to international standards on child labour, domestic legislation has been passed which limits the employment of children under certain legal age limits, and within particular types of occupations and industries: Several pieces of legislation prohibit the employment of children in a wide range of occupations under the age of 14[424]. There are also laws that restrict employment of children aged 14-18 depending on the type of work, and the length of employment.

The world's highest number of working children is in India[425], [426].

The 2001 census threw up figures that ***children under 18 accounted for almost 43% of India's population*** of about 450 million. Yet, in spite of the first UPA government manifesto of a commitment of ***9% of annual Union budget for children, even as of 2011***, a little more than 4% is allocated towards children. In this gap between the needs of the ***world's largest children's population*** and (amongst) ***the world's lowest per child budgets*** that is allocated in India is the story of Indian Children's contribution to the GDP. The story of Child Labour in India.

The story is best unfolded by an examination of the Census data on child Labour. The Census data for child Labour has traditionally been presented as children up to 14 years:

Year	*Child Labour as reported by Census 2010*
1971	10,753,985
1981	13,640,870
1991	11,285,349
2001	12,666,377

The figure of 12.67 million as child labour has been widely reported. The department of Census, Government of India has just published provisional census data for the Census of 2010. (http://censusindia.gov.in/2011-common/censusdataonline.html) .

Once again the age wise data reported by the Census is 5-9 yrs, 10-14 yrs and 15-19 years. Since the Juvenile Justice Act, 2000 has pegged the age of children, in line with international conventions, at 18, we can no longer overlook the population of working children in the age group of 15-18.

Population of Main workers in Census 2010:

All India Main Workers	*Male*	*Female*	*Total*
5-9 yrs	501,890	308,209	810,099
10-14 yrs	3,070,300	1,858,116	4,928,516
% of child labour to total workforce age 5-14	1.49%	2.98%	1.84%
15-19 yrs	15,098,122	5,448,644	20,546,766
Total India	18,670,312	7,613,969	26,285,281
% of child labour to total workforce	7.78%	10.47%	8.41%
Total Work force (all ages)	239,923,441	72,708,941	312,632,382

[424] e.g. The Constitution of India, 26th January 1950; The Child Labour (Prohibition and Regulation) Act, 1986; The Factories Act, 1948; The Mines Act, 1952; The Juvenile Justice (Care and Protection) of Children Act, 2000; The Minimum Wages Act, 1948; The Right of Children to Free and Compulsory Education Act, 2009. Available from: http://www.ilo.org/legacy/english/regions/asro/newdelhi/ipec/responses/india/national.htm [Accessed January 2014].
[425] Ministry of Women and Child Development (2007): Working Group Report on Women and Children for the Eleventh Five Year Plan (2007-2012) / Study on Child Abuse: INDIA 2007; Ministry of Women and Child Development, Government of India – p7
[426] http://www.childlineindia.org.in/Child-Labour-India-growth-story.htm

The Census also reports population of children in Marginal workers of India:

All India Marginal Workers	*Male*	*Female*	*Total*
5-9 yrs	495,494	534,927	1,030,421
10-14 yrs	2,711,397	3,146,172	5,857,569
% of child labour to total workforce age 5-14	9.20%	6.77%	7.71%
15-19 yrs	5,821,090	5,929,351	11,750,441
Total India	9,027,981	9,610,450	18,638,431
% of child labour to total workforce	25.90%	17.67%	20.89%
Total Work force (all ages)	34,859,808	54,374,298	89,234,106

Let us see the picture when both Main workers and Marginal workers are combined:

All India Total Workforce	*Male*	*Female*	*Total*
5-9 yrs	997,384	843,136	1,840,520
10-14 yrs	5,781,697	5,004,288	10,785,985
% of child labour to total workforce age 5-14	2.47%	4.60%	3.14%
15-19 yrs	20,919,212	11,377,995	32,297,207
Total India	27,698,293	17,225,419	44,923,712
% of child labour to total workforce	10.08%	13.55%	11.18%
Total Work force (all ages)	274,783,249	127,083,239	401,866,488

If you take the children up to the age of 14, the total number of children in the workforce is 12,626,505, almost the same as previous census of 2001. The real picture emerges when you start adding the child work force in the ages 15-19. One could argue that 19 year olds ought to be excluded from the calculation of child Labourers. However the Census does not, as yet provide that data. But a detailed analysis of the same shows that vast bulk of 15-19 yr olds have not completed 10th. So, they have been in the workforce before they turned 18. For the sake of discussion we have to include this age group (15-19) in the workforce.

The shocking news is that 11% of the workforce of India is child labour. One in every 10 workers in India is a child! If you allocate a tenth of India's GDP to this share you can see India's Child Labour has a stake in India's GDP. A detailed analysis of the various sectors presented in the Census data for both main and marginal workers clearly shows that some sectors are more prone to child labour than others. According to the research on Child Abuse (2007) even 50.2% of all the children in the research worked seven days a week[427].

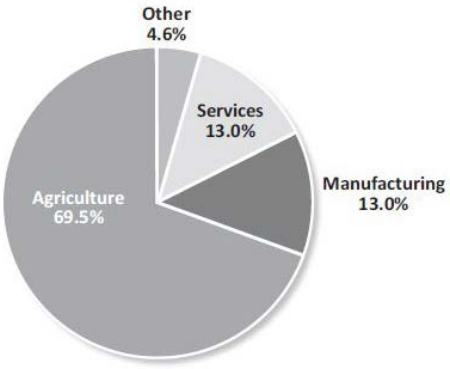
Many children are working illegally despite the laws; evidence of this is apparent in existing studies and data as well as the responses in Plan's field research. It is estimated that at least 14% of children aged 5 to 14 years in India are involved in child labour, and that, with an estimated 12.6 million children engaged in hazardous occupations, India has one of the largest number of child labourers under the age of 14 in the world[428].

[427] Study on Child Abuse: INDIA 2007; Ministry of Women and Child Development, Government of India
[428] UNICEF (n.d.) Combating Child Labour in India [online] Available from: http://www.unicef.org/india/child_protection_1726.htm; Child in Need in India (n.d.) Child Labour Fact Sheet [online] Available from: www.cini.org.uk

Statistics on Working Children and Education

Children	Age	Percent
Working	5-14 yrs.	2.0 (4,371,604)
Attending School	5-14 yrs.	88.8
Combining Work and School	7-14 yrs.	0.8
Primary Completion Rate		95.7

Working Children by Sector, Ages 5-14[429]



Prevalence and Sectorial Distribution of the Worst Forms of Child Labour[430]

Children in India are engaged in the worst forms of child labour. Children work in agriculture, producing crops such as rice and hybrid seeds and picking cotton. Children who work in agriculture may use dangerous tools, carry heavy loads, and apply harmful pesticides. Children in India also work under hazardous conditions manufacturing a variety of products, quarrying stone and other materials, breaking stones, and polishing gems.

Children in manufacturing make matches, bricks, carpets, locks, glass bangles, fireworks, cigarettes, incense sticks, footwear, garments, hand-loomed silk fabric, leather, and brassware. Children spin thread/ yarn, embroider, sew beads to fabric and stitch soccer balls. Many children manufacture goods in the informal economy, increasingly doing so in home-based production. In addition to working long hours in cramped spaces with poor lighting and inadequate ventilation, children in manufacturing may be exposed to harmful chemicals and dangerous machinery and tools. Such occupational hazards are known to cause joint pain, headaches, hearing loss, skin infections, respiratory problems, and finger deformities.

Service industries that employ children include hotels, food service, and certain tourism-related occupations. In these sectors, children are vulnerable to physical violence, mental trauma, and sexual abuse. Children work on the street selling food and other goods, repairing vehicles and tires, scavenging and rag picking. Children are also found working in construction and domestic service. In 2012, a Government official estimated that ***4 million children work in domestic service across India***. Many work very long hours and suffer abusive treatment.

Forced child labour occurs in India. Children perform forced or indentured labour in domestic service, gemstone cutting and quarrying, as well as in brick kilns and rice mills. Children also work under forced conditions producing hybrid seeds, garments, and embellished textiles

There are reports that children have been recruited to serve as soldiers by extra-legal armed groups in zones where armed conflict is occurring, such as by the Naxalites in Chhattisgarh.

There are significant barriers to accessing the education system in India including underprivileged children being denied entry to school. In addition, some schools lack proper sanitation facilities,

[429] United States Department of Labour's bureau of international labour affairs (2012): Findings on the worst forms of Child Labour; p1; Sources: Primary completion rate: Data from 2008, published by UNESCO Institute for Statistics, 2013.(1) All other data: Understanding Children's Work Project's analysis of statistics from NSS Survey, 2009-2010.(2)
[430] United States Department of Labour's bureau of international labour affairs (2012): Findings on the worst forms of Child Labour; p1

particularly for girls, which deter children from attending school. ***More than eight million children between the ages of 8 and 14 were not in school during the reporting period***.

Some more numbers

The Highlights from the Statistic appraisal from the Crime Statistics show the following[431]:

- The major occupations engaging child labour are Pan, Bidi & Cigarettes (21%), Construction (17%), Domestic workers (15%) and Spinning & weaving (11%).
- As per census 2001, Uttar Pradesh (15.22%) recorded the highest share of child labour in the country, followed by Andhra Pradesh (10.76%), Rajasthan (9.97%), Bihar (8.82%), Madhya Pradesh (8.41%), and West Bengal (6.77%).
- There is considerable increase in the absolute number of child labour between 1991 and 2001 in the states of Uttar Pradesh, Rajasthan, Jharkhand, Chhattisgarh, Bihar, West Bengal, Haryana, Uttaranchal, Himachal Pradesh, Punjab, Nagaland, Assam, Meghalaya, and Delhi, whereas the States of Maharashtra, Andhra Pradesh, Madhya Pradesh, Tamil Nadu, Karnataka, Orissa, Gujarat and Kerala have shown significant decline in the number of child labour.
- Sikkim had the highest Work Participation Rate (WPR) in the country with 12.04 % child labourers among total children in the age group of 5-14 years, followed by Rajasthan 8.25 % and Himachal Pradesh (8.14%) during 2001. The other states having higher than the national average of 5%WPR for children are Andhra Pradesh (7.7%), Chhattisgarh (6.96%), Karnataka (6.91%), Madhya Pradesh (6.71%), J&K (6.62%), Arunachal Pradesh (6.06%), Jharkhand and Assam (5.07%).
- As per the NFHS -3 (2005-06), nearly 11.8% children age 5-14 years works either for their own household or for somebody else.
- The very young children (age 5-7 years), both boys and girls, are mainly doing unpaid work for someone who is not a member of their household. The older boys age 12-14 are mainly engaged in paid work or family work, whereas girls in this age group are involved mainly in household chores or family work.
- Notably, at all ages, girls are more likely than boys to be doing chores and boys are more likely than girls to be working for someone who is not a member of the household or doing other family work.
- Rural children age 5-14 years (12.9%) is more likely to be engaged in work than their urban counterparts (8.6%).
- The percentage of children engaged in work activities decreases steadily with mother's increasing education, father's increasing education, and increasing wealth quintile. One in every 7 children in the lowest and second lowest wealth index category is working.

Domestic servitude (children working as home servants)

A study[432] conducted by Save the Child and Tulir titled Abuse among Child Domestic Workers of West Bengal revealed that almost 70% of the child domestic workers were physically abused. The study also states that one of the characteristics of child domestic work is the "*invisibility that is commonly assigned to it despite its widespread existence…because of its confinement in other people's homes. Children who work as domestics outside the family home are amongst the most vulnerable and exploited. They begin work at an early age, shoulder excessive responsibilities such as caring for babies/infants, handling fuel, stoves, sharp tools amongst others, work for long hours with no rest period, with*

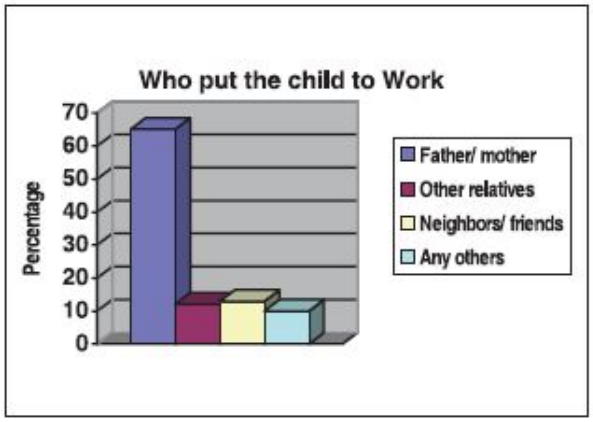
[431] Social Statistics Division, Central Statistics Office, Ministry of statistics and Programme Implementation, Government of India (2012): Children in India 2012 – A Statistic Appraisal – 'Highlights'
[432] RAHI (1998): Voices from the Silent Zone- A Study on Women's Experiences of Incest and Childhood Sexual Abuse; Delhi

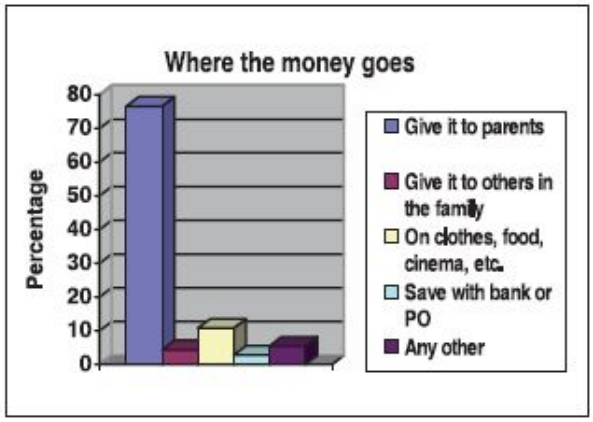
little or no remuneration, work at the mercy of the employer and frequently suffer from gender and sexual violence. They are deprived of access of schooling, play and social activities and the affection and support of their family and friends." These situations or conditions not only apply to child domestic workers but also to all children at work[433].

Percentage of children in different age groups working seven days a week			
States	**Younger Children (5-12)**	**Children (13-14)**	**Adolescents (15-18)**
Andhra Pradesh	46.09	37.14	55.66
Assam	58.33	40.32	41.25
Bihar	79.61	65.22	67.35
Delhi	48.28	40.00	38.95
Goa*	-	-	-
Gujarat	60.98	47.73	58.90
Kerala	21.05	26.32	27.06
Madhya Pradesh	44.44	51.85	60.81
Maharashtra	42.86	43.90	59.09
Mizoram*	-	-	1.32
Rajasthan	61.82	84.00	56.47
Uttar Pradesh	55.88	60.64	43.90
West Bengal	77.55	63.27	66.67
Total	**56.48**	**51.53**	**44.36**

** Sample size of working children was less compared to other states and those working children covered in the sample size worked less than seven days a week*

Percentage of children working seven days and week		
States	**Boys**	**Girls**
Andhra Pradesh	40.46	59.54
Assam	50.42	49.58
Bihar	51.03	48.97
Delhi	41.98	58.02
Gujarat	43.86	56.14
Goa	-	-
Kerala	41.82	58.18
Madhya Pradesh	55.45	44.55
Maharashtra	32.61	67.39
Mizoram	-	-
Rajasthan	48.39	51.61
Uttar Pradesh	44.25	55.75
West Bengal	45.39	54.61
Total	**45.60**	**54.40**





Laws and Regulations

International Conventions and Selected Laws on Child Labour and Education[434]:

ILO	C138, Minimum Age	No
	C182, Worst Forms of Child Labour	No
UNICEF	CRC	✓
	CRC Optional Protocol on Armed Conflict	✓

[433] Study on Child Abuse: INDIA 2007; Ministry of Women and Child Development, Government of India – p57-58
[434] United States Department of Labour's bureau of international labour affairs (2012): Findings on the worst forms of Child Labour; p2

	CRC Optional Protocol on the Sale of Children, Child Prostitution and Child Pornography	✓
	Palermo Protocol on Trafficking in Persons	✓
	Minimum Age for Work	No
	Minimum Age for Hazardous Work	14
	Compulsory Education Age	14
	Free Public Education	Yes

The major policies and legislations formulated in the country to ensure child rights and improvement in their status especially focussed on Child Labour include:

National policies[435]*:*

- National Policy on Child Labour, 1987

National legislations[436]

- Factories Act ,1954

  The Factories Act bars children under age 14 from working in factories. Employing children under age 14 in a hazardous occupation or process can lead to fines and imprisonment. Additionally, the Government must either compensate the family of the child or find employment for an adult member of the family. State governments also have the authority to pass legislation establishing a minimum age for work. In 2012, the State of Rajasthan passed legislation establishing a legal minimum working age of 18 years.
- Probation of Offenders Act, 1958
- Bonded Labour System (Abolition) Act, 1976

  The Act outlaws bonded labour in India and provides for district-level vigilance committees to investigate allegations of bonded labour and release anyone found in bondage. The Act also provides for rehabilitation assistance payments for released bonded labourers. Persons found using bonded labour may be fined and face imprisonment[437].
- Child Labour (Prohibition and Regulation) Act 1986

  The Act was formulated to eliminate child labour and provides for punishments and penalties for employing children below the age of 14 years in from various hazardous occupations and processes. According to this Act, children of any age may be employed, provided employers adhere to restrictions, including a maximum 6-hour workday with a 1-hour rest period, at least 1 day off per week, and no night or overtime work. The Act provides power to State Governments to make Rules with reference to health and safety of children, wherever their employment is permitted. It provides for regulation of work conditions including fixing hours of work, weekly holidays, notice to inspectors, provision for resolving disputes as to age, maintenance of registers etc.

  The Act bars children under age 14 from 18 hazardous occupations and 65 hazardous processes, such as handling pesticides, weaving carpets, breaking stones, working in mines, and domestic service. Through a recent notification, child domestic workers up to 14 years of age working in

[435] Study on Child Abuse: INDIA 2007; Ministry of Women and Child Development, Government of India – p24-25
[436] Study on Child Abuse: INDIA 2007; Ministry of Women and Child Development, Government of India – p25-29
[437] United States Department of Labour's bureau of international labour affairs (2012): Findings on the worst forms of Child Labour; p2

hotels and dhabas have been brought within the purview of the Act. It is one step towards the total elimination of child labour.

- The Juvenile Justice (Care and Protection of Children) Act
  The Act prohibits employers from exploiting juvenile employees under age 18, through practices such as keeping them in bonded conditions or garnishing their wages. Violators may be fined or imprisoned[438].
- The Criminal Law (Amendment) Act
  In April 2013, this was passed, which amended the Indian penal code to protect children and adults from being trafficked into exploitative situations, including forced labour situations. Penalties include fines and can extend to lifetime imprisonment.
- The Protection of Children from Sexual Offence Act
  In 2012, the Government passed this Act. The law protects children from sexual assault, sexual harassment and pornography and establishes Special Courts for trials of these crimes. The amendment includes penalties for those who employ children or adults who have been trafficked. Penalties include fines and can extend to lifetime imprisonment.
- The Information Technology (Amendment) Act (2008)
  The Act includes penalties of fines and imprisonment for any person who publishes, collects, seeks or downloads child pornography in electronic form.
- The Narcotic Drugs and Psychotropic Substance Act No. 61
  The Act makes it illegal to cause any person, including children, to produce or deal in narcotic or psychotropic substances; punishment consists of fines and imprisonment[439].
- There is no compulsory military service in India. The voluntary military recruitment age is 17 years and 6 months. However, the minimum age to serve in combat is 18 years[440].
- Right of Children to Free and Compulsory Education Act
  Education is free and compulsory for age 14. In 2012, the RTE was amended to include children with disabilities. Research has shown that disabled children who face barriers to education may be at greater risk of working in hazardous occupations[441].

In 2012, India made a moderate advancement in efforts to eliminate the worst forms of child labour. The Government passed new legislation to protect children and expanded its Right to Education Act to include children with disabilities; and continued funding its National Child Labour Project (NCLP). However, basic legal protections for children remain weak. Legislation to prohibit work for children under the age of 14 and to proscribe hazardous work for children under 18 has been introduced in Parliament but has yet to be passed. The worst forms of child labour continue to exist in many sectors, particularly in dangerous activities in agriculture and the manufacturing of goods in the informal economy. Children are also trafficked and perform forced or indentured labour[442].

However, gaps remain in legal protections for working children. The lack of a national minimum age for employment increases the likelihood that very young children may engage in activities that jeopardize their health and safety. The minimum age for hazardous work is not consistent with international standards and may likewise jeopardize the health and safety of young people ages 14 through 17. Additionally, the labour law does not cover large segments of the economy, including family businesses. In 2012, the Cabinet worked to address legal gaps by proposing legislation to

[438] United States Department of Labour's bureau of international labour affairs (2012): Findings on the worst forms of Child Labour; p2
[439] United States Department of Labour's bureau of international labour affairs (2012): Findings on the worst forms of Child Labour; p2
[440] United States Department of Labour's bureau of international labour affairs (2012): Findings on the worst forms of Child Labour; p2
[441] United States Department of Labour's bureau of international labour affairs (2012): Findings on the worst forms of Child Labour; p2
[442] United States Department of Labour's bureau of international labour affairs (2012): Findings on the worst forms of Child Labour; p1

Parliament to prohibit work for children under the age of 14 and to proscribe hazardous work for children under 18. The new legislation would also increase penalties for violations of the law related to child labour. The legislation has not yet been passed by Parliament, and therefore, has not gone into effect[443].

Child Labour and Birth Registration[444]

In a research that Plan has done the following research findings came out:

Very few research participants considered that protecting children from underage labour is related to birth registration. This was found to be the case across all country case studies. Whilst birth certificates might be expected to play a role in the enforcement of child labour laws, participants explained that child labour laws are rarely monitored and enforced. Children are working in spite of legal rules that prohibit child labour, even in cases where children possess identity documents, and/or where there can be no dispute about the fact that they are underage.

Research participants expressed the view that it is common for children to be working (instead of in education) starting as young as 6 or 7 years old. Working children in all contexts are typically those from poorer households, and many are rural-urban migrants. '*The Government is not implementing the law in the way that it should. There are children working in stalls; small children washing pots and pans in the eateries'*.

Advocates have emphasised that '*knowing the age of a child provides protection from child labour*'[445], and that therefore a birth certificate is important as it provides a source of information about a child's age. Participants in the research, however, were clear that there is usually no real doubt about the ages of working children. In fact, all the child labourers we spoke to reported being paid lower wages by their employees precisely because they were known to be children: '*Since they [the employers] got cheap labour they were lenient about our ages. They obviously knew we were young*.' &, to quote, "*They called us 'helpers', 'trainees'. We used to do the same work [as the adults] but they used to order us around so in fact we did more work than them, but since they were our seniors we didn't do anything about it.*"

Other people in the community are also reportedly aware that children are working: '*you can see them through this window*!' Therefore, whilst the link between birth registration and child labour rests on the assumption that child labour laws are not implemented because children have no identity documents and, therefore, no ability to prove of their age, Plan's research suggests that people are well aware of the ages of working children, regardless of whether they have had their birth registered or not.

Few participants had heard of cases of child labour laws being enforced through police or court action. Some respondents reported to have heard of such cases on the news, but their responses were vague and they were unable to provide details of what they had heard.

Plan's research appears to indicate, that whilst child labour is common, cases where employers are being brought to account for employing children through prosecution and law enforcement are very rare. However, it should be noted there were cases where legal identity is being carefully monitored

[443] United States Department of Labour's bureau of international labour affairs (2012): Findings on the worst forms of Child Labour; p2
[444] Plan, IOS, Coram CLC Children's Legal Centre (2014) Birth Registration and Children's Rights, A Complex Story; Full Report
[445] UNICEF (2013) A Passport to Protection: A guide to birth registration programming, p. 8

by companies themselves, and birth registration may be considered to have the potential to become important, both in terms of preventing child labour, and facilitating child work.

Conclusion Child Labour and Birth Registration:

Overall this data reveals the complexity of issues surrounding child labour in real life contexts, and the challenges associated with confronting these. Birth registration may be expected to play a role in protecting children from child labour through providing information about a child's age and enabling the enforcement of law. Nevertheless, this was rarely found to be occurring in the contexts selected for this research. Child labour laws are generally not enforced, and employers are rarely brought to account for illegally employing children. Most child labourers are working in the informal sector, engaged in types of domestic, private, temporary and unofficial work, and their labour is not regulated. Participants explained that the reasons for this are that birth registration and (minimum age) law enforcement are not useful measures for addressing the reasons why children are working; which are framed by their family, social and economic context. Until these issues are addressed the role of birth certificates in protecting children from child labour, even within the context of a broadly functioning legal system (e.g. Vietnam), is likely to be limited. While acknowledging these complexities, whether birth registration could play a role in a system which properly implements and enforces child labour laws is potentially an issue for further investigation and research.

Response

Satyarthi's non-governmental organisation Bachpan Bachao Andolan (Save the Childhood Movement) ***has been credited with freeing over 80,000 child labourers in India over 30 years***[446].

What can be done about Child Labour? In 1979, the Government appointed Gurupadswamy Committee which studied the issue of child labour and observed that as long as poverty remains, it would be difficult to totally eliminate child labour and hence, any attempt to abolish it through legal recourse would not be a practical proposition.

The Committee recommended a ban on child labour in hazardous areas and a multiple policy to deal with the problems of working children. Based on the recommendations of Gurupadaswamy Committee, the Child Labour (Prohibition & Regulation) Act was enacted in 1986. The Act prohibits employment of children in certain specified hazardous occupations and processes and regulates the working conditions in others[447].

Government for change

Government Policies on the Worst Forms of Child Labour[448]

During 2012, the Government continued to implement the National Policy on Child Labour, which lays out concrete actions for combating hazardous child labour for children under age 14, including implementing legislation and providing direct assistance to children. Eight states implemented action plans to eliminate child labour from hazardous industries during the reporting period: Andhra Pradesh, Maharashtra, Tamil Nadu, Jharkhand, Karnataka, Gujarat, Bihar, and Orissa. These action plans have resulted in the creation of task forces at the state, district, and village levels. These plans

[446] Deccan Herald 06-02-2015 (2015) Climate change pushes India's poorest children into slavery - Satyarthi
[447] http://www.childlineindia.org.in/Child-Labour-India-growth-story.htm
[448] United States Department of Labour's bureau of international labour affairs (2012): Findings on the worst forms of Child Labour; p4

also call for the coordination of social protection programs and services provided by government and civil society organizations to support the livelihood of households vulnerable to child labour. The MOLE's National Skills Development Policy includes provisions for child labourers, including short-term skills training for children removed from the worst forms of child labour.

The Government also has a National Plan of Action to Combat Trafficking and Commercial Sexual Exploitation of Women and Children, which aims to rehabilitate and reintegrate victims of trafficking into society.

Several of the specific initiatives above are supported by and can draw on the Government's 11th 5-Year Plan (2007–2012). The Plan details how the Government would implement its vast array of social protection schemes, including provisions for education, health and increased livelihood support.

Institutional Mechanisms for Coordination and Enforcement[449]

The National Authority for Elimination of Child Labour is a high-level government body, chaired by the Ministry of Labour and Employment (MOLE). It reviews, monitors, and coordinates policies and programs on child labour. The National Steering Committee on Child Labour is a tripartite committee that guides and monitors child labour policy, with members representing government agencies, employers, and workers. The Secretary of Labour and Employment chairs the Central Monitoring Committee, which is responsible for reviewing the prevalence of child labour and monitoring actions taken to eliminate child labour. The Core Group on Child Labour, which is composed of eight ministries and chaired by MOLE, coordinates the convergence of social protection schemes to reduce child labour.

The National Human Rights Commission (NHRC) is charged with monitoring implementation of the Bonded Labour System (Abolition) Act. The NHRC monitors state level action against bonded labour through its review of quarterly reports by state governments on bonded labour and through exploratory and investigative missions. The NHRC maintains an office to monitor the progress of cases involving bonded labour and child labour that are pending with authorities throughout the country. Despite the rescue and rehabilitation of bonded labourers, prosecutions have not always taken place.

The National Commission for the Protection of Child Rights (NCPCR) investigates cases that may involve a violation of a child's rights or a lack of proper implementation of laws relating to the protection and development of children, including those related to child labour.

While MOLE provides oversight and coordination regarding the country's labour laws, state governments employ labour inspectors to enforce these laws. Between January and August 2012, the Ministry of Labour reported that 25,040 child labour inspections took place. During this same period, there were 589 prosecutions and 167 convictions. During the reporting period, children were rescued from hazardous work during raids in several areas, including Delhi, Gujarat, and Karnataka. When child labour prosecutions are launched, it may take years before a case is resolved because the judicial system is backlogged and overburdened.

Eight state governments adopted state action plans for the elimination of child labour. In 2012, the Jharkhand State Action Plan became the latest of these. The Jharkhand plan calls for stronger

[449] United States Department of Labour's bureau of international labour affairs (2012): Findings on the worst forms of Child Labour; p3

enforcement mechanisms as well as the rescue and rehabilitation of children. Complaints about hazardous child labour can be made through a toll-free helpline, Child Line, which operates in 193 cities across India. In 2012, Child Line expanded to 68 additional cities. Complaints are then given to the police to investigate and rescue children.

Social Programs to Eliminate or Prevent the Worst Forms of Child Labour[450]

The Government of India's National Policy on Child Labour includes direct assistance projects, which are collectively known as the National Child Labour Project (NCLP) scheme for the rehabilitation of child labour. The MOLE coordinates the NCLPs, which operate at the district level to identify working children under age 14, withdraw them from hazardous work, and provide them with education and vocational training. These Special Schools/Rehabilitation Centres provide non-formal education, vocational training, supplementary nutrition and stipend to children withdrawn from employment[451]. The projects set up NCLP schools, mainstream children into formal education and provide them with stipends, meals, and health check-ups. Between April 1, 2011 and March 31, 2012, the Government reported the rescue, rehabilitation and mainstreaming of 125,716 children into NCLP schools in 266 districts across India.

The NCLP scheme is linked to the Ministry of Human Resource Development's (MHRD's) Education for All Program to ensure children's smooth transition from NCLP schools into the formal education system. During 2012, the MHRD continued to offer its midday meal program to NCLP students. With support from UNICEF, the MOLE is developing a national communication strategy on child labour and piloting a national tracking system to monitor children in NCLP schools in the states of Karnataka, Andhra Pradesh, Uttar Pradesh and West Bengal.

The Government is currently participating in a USDOL funded, $6.85 million Convergence Model Project, begun in 2008 and scheduled to conclude in 2013, which targets 19,000 children for withdrawal or prevention from work in hazardous labour in 10 districts in the states of Bihar, Jharkhand, Gujarat, Madhya Pradesh and Orissa. As of March 2013, the project had linked over 19,740 children to education services. The project is designed to strengthen the Government's efforts to combat hazardous child labour by linking children to the National Child Labour Project and increasing their families' access to the Government's various social protection and welfare programs, including the National Rural Employment Guarantee Scheme (NREGS), the Rashtriya Swasthya Bima Yojna Health Insurance Scheme, Education for All Scheme, and the Skills Development Initiative Scheme. In 2012, the Government gave workers in the informal economy access to the National Health Insurance Program. Research has not been conducted on the effects of these social protection schemes on reducing child labour.

INDO-US Child Labour Project (INDUS): The Ministry of Labour, Government of India and the US Department of Labour have initiated a project aimed at eliminating child labour in 10 hazardous sectors across 21 districts in five States namely, Maharashtra, Madhya Pradesh, Tamil Nadu, Uttar Pradesh and NCT of Delhi[452].

The MOLE's Grants-in-Aid scheme funds over 20 NGOs to provide rehabilitation services to working children. Its Skill Development Initiative Scheme offers vocational training programs and gives priority to children withdrawn from child labour and the parents of child labourers.

[450] United States Department of Labour's bureau of international labour affairs (2012): Findings on the worst forms of Child Labour; p4
[451] Study on Child Abuse: INDIA 2007; Ministry of Women and Child Development, Government of India – p30
[452] Study on Child Abuse: INDIA 2007; Ministry of Women and Child Development, Government of India – p30

The Government of India and state governments are collaborating on a program to rescue and rehabilitate child and adult bonded labourers. As part of this scheme, the MOLE supports the funding of a survey at the district level every 3 years on the prevalence of bonded labour. Bonded labourers identified through the survey are rehabilitated. Although surveys are conducted, data on the prevalence of bonded labour in India's 28 states were unavailable and the data that have been collected are not disaggregated to capture the number of children who are victims of bonded labour.

In 2012, the MOLE continued to expand its pilot project in Tamil Nadu to reduce bonded labour in brick kilns and rice mills. Based on this pilot project, the MOLE implements a holistic, convergence-based approach to address bonded labour in the states of Andhra Pradesh, Haryana and Orissa, which integrates existing government social and welfare programs to target vulnerable workers.

The MWCD provides a package of services for vulnerable children, including those most likely to be exploited in the worst forms of child labour. It seeks to protect children, including working children, through its Integrated Child Protection Scheme (ICPS). The ICPS aims to improve access to protection services, create public awareness, increase accountability on child protection, enhance service delivery, and set up a monitoring and evaluation system. From January 2011 to January 2012, the Government expanded its investment in ICPS, allocated more than $27.5 million, and signed MOUs with 16 additional states (33 states and union territories in total) to implement the ICPS. The MWCD has another scheme, the Welfare of Working Children in Need of Care and Protection for children working as domestic workers, at roadside dhabas, mechanic shops, etc. It provides non-formal education and vocational training medicine, food, recreation and sports equipment's[453] to street children and working children living in urban areas not covered by other MOLE schemes. From January 2011 to January 2012, this scheme received $1.85 million, which was used to fund 91 projects that supported 9,100 beneficiaries.

Based on the reporting above, the following actions would advance the elimination of the worst forms of child labour in India[454]:

Area	Suggested Actions	Year(s) Action Recommended
Laws and Regulations	Pass legislation to strengthen protections related to child labour to	
	• Establish a minimum age for employment in non-hazardous occupations consistent with international standards.	2009, 2010, 2011, 2012
	• Increase the minimum age for employment in hazardous occupations to meet international standards.	2009, 2010, 2011, 2012
	• Expand the scope of the Child Labour Prohibition and Regulation Act to cover children working in family enterprises.	2009, 2010, 2011, 2012
Coordination and Enforcement	Prosecute violators of the Bonded Labour System Act.	2012
	Expedite the adjudication of child labour cases.	2010, 2011, 2012
	Disaggregate the data in the Ministry of Home Affairs Crime	2009, 2010, 2011,

[453] Study on Child Abuse: INDIA 2007; Ministry of Women and Child Development, Government of India – p30
[454] United States Department of Labour's bureau of international labour affairs (2012): Findings on the worst forms of Child Labour; p5

	and Criminal Tracking and Networking System to include child trafficking violations.	2012
Policies	Encourage development of action plans for the elimination of child labour in states that do not have plans.	2011, 2012
	Conduct both a qualitative and quantitative national survey of bonded labour (disaggregating data on children).	2009, 2010, 2011, 2012
Social Programs	Conduct an assessment of the impact that India's major social protection schemes have had on reducing child labour.	2010, 2011, 2012

Specific recommendations from the Study on Child Abuse 2007 about Children at work[455]:

1. There should be better coordination at national, state, district and block/ward levels for the following:

- Rescuing children from banned occupations and their repatriation and mainstreaming into appropriate education streams.
- Poverty alleviation schemes specifically targeting families of working children, repatriated working children and children at-risk of falling into child labour.

2. In the NCLP districts, children should be empowered by inclusion of knowledge on child protection issues and life-skills within the NCLP curriculum.

3. State level guidelines and protocols should be formulated for the rescue, repatriation and rehabilitation of child domestic workers.

[455] Study on Child Abuse: INDIA 2007; Ministry of Women and Child Development, Government of India – p125

2.3 Rag picking

Fazila, 11 years old, has 3 brothers. Her father died some years ago and her mother is weak and gets sick very often. She and her 12-year-old brother are the two most responsible persons in the family.

Fazila's day begins early morning, she cooks rice, prepares tea and goes with her brother to Dalibagh, Hazratganj and Lalbagh for rag picking.
She returns home when the sun is high in the sky. After taking a bath and a meal she looks after her younger brother. Around 3 pm she starts the second round of rag picking and comes back around 7 PM. She cooks the evening meal and does other house hold work.

She dreams of becoming a teacher but hardly finds any time to go to school. She wants to play with the doll, which she found during her daily rag collection. She is growing up and has lots of questions but no one to answer them. She dreams of collecting lots of money and going back to Assam; thinks of the days when no one forced her rag picking and she would play with dolls and friends. But rag picking, and 12 to 13 hours of working isa reality and she has to work hard for supporting her family[456].

Though there are studies conducted on street children in India and abroad, only a very few studies exclusively focussed on the rag pickers. The information found for this topic are more local researches done in Lucknow and Noida (both in Uttar Pradesh) and a side study in Pune. As far as I have searched there is no research done, India-wide. The basic focus of the study has been to understand the demand and supply side factors influencing the existence and perpetuation of Rag picking by children.

The study on rag pickers and its findings reiterates the fact that the perpetuation of child labour is inextricably linked to the slow pace of poverty reduction. Intersection of poverty with other forms of disadvantages such as caste, gender, etc., complicates its effects on the incidence of child labour. Dead, or severe illness of the adult breadwinner becomes a direct cause for sending children for Rag picking.

Thus acute poverty, which is advanced as a reason for sending children for Rag picking, can also be viewed as human deprivation. It relates to many factors that cannot be quantified. Deprivation relates to exclusion, vulnerability and ignorance as much to physical weakness and lack of assets. Children living under such conditions, especially when a shock event has torn normal family life apart, work in order to survive. By working, they find an individual answer for calamities of which the society does not take any responsibility. If they were not working, the survival of the entire family could be at a stake.

India's booming urbanization brings the problem of waste management. As more people are migrating towards the cities, the amount of waste is increasing at a high pace and waste management is likely to become a critical issue in the coming years.

Rag pickers play an important, but usually unrecognised role in the waste management system of Indian cities. They collect garbage in search of recyclable items that can be sold to scrap merchant

[456] Pratham – Child Rag pickers

(paper, plastic, tin...) This activity require no skills and is a source of income for a growing number of the urban poor.

Child Rag Pickers

Many children begin working as rag pickers at the young age of five or six years. Most of them never attend school and don't have any formal education. Their families are generally in need of extra incomes from their children.

There are two categories of child rag pickers: the street pickers, who collect garbage in street bins or residential areas, and dump pickers who work on dumping grounds. These two categories of children do not have the same living conditions and characteristics.

Street pickers, mostly boys, share many characteristics with other street children: they are extremely mobile and it's therefore difficult to gain access to them. What they usually need is a shelter or reintegration with their families. In most cases, the children work for a middleman who takes the major share of the sales and pays only a small amount to the children.
On the other hand, the dump pickers often live with their families, in a relatively more stable environment. They usually work with their parents in or around the dumping ground.

Girls were traditionally more involved in rag picking than boys, but a survey in Pune shows that the trends are changing and that more boys are now engaged in the trade[457].
Adolescent girls are less involved in rag picking because it is believed to be unsafe for them to be out on the street. They are involved in taking care of the house chores and help in sorting the collected garbage from home.

Some of the child rag pickers go to school and work the other part of the day or during holidays. Some girls are found working as rag pickers in the morning, sometimes attending school in the afternoon and coming back home in the evening to help their mother with the household chores or to care for their younger siblings.

Numbers:

Research done in Noida show the following[458]:

- Rag picking children in the sample population comprised of 85.73% male and 14.27% female
- A substantial proportion of the working children falls in the age group 11-14. However the average age of entry into work for the children is 8.5 years.
- Preponderant majority of households in the study area belongs to schedule caste, indicating that the Schedule Caste children are more vulnerable to become child labour in general and Rag picking in particular.
- The average family size of the households surveyed is 5.16. There is no significant difference in average family size of households belonging to various social categories. The Muslims have the highest family size (5.3) followed by the families belonging to the Backward Castes and Schedule castes.
- The proportion of children in the age group of 6-11 is the highest (27.76 %) of all the age groups. The population above 40 is only around 13% of the total population. The fact that the proportion of population above 60 constitutes less than 1% reflect the early morbidity among the population. In Lucknow, the majority of the rag pickers are between 8 and 10 years old[459].

[457] Pratham – Child Rag pickers
[458] V.V, Giri National Labour Institute; Dr. Helen R. Sekar (): Child Labour in Urban Informal Sector: A Study of Rag Pickers in Noida
[459] Pratham – Child Rag pickers

- Study shows that 97% of households with rag picking children are migrants. Almost all the households migrated after 1980 when the city was being constructed. Poverty and unemployment has been reported as the most common reason for migration.
- Rag pickers usually originate from the families where negligible percent of the adults are involved in Rag picking. Nearly one third of them are self-employed. They are either rickshaw-pullers or have set up petty shops. Some of them are construction workers. This shows that many of these children are first generation rag pickers.
- Nearly two third of the households have reported monthly income ranging between ₹1001-3000 and the remaining one-third between ₹3001-5000. Only a negligible proportion (2.64%) of households has reported monthly income above ₹5000.
- Living conditions of the rag pickers are extremely poor which hardly have any basic amenities. Though majority of the households surveyed reported to be residing in their own houses, observation during the field survey reveals that barring a very few, many live in dilapidated structures made of cheap building material and these structures have only temporary ceilings which are highly vulnerable to vagaries of weather.
- A substantial proportion of the earnings goes for the expenditure on food and fuel. Education, health, clothing, recreation etc. are given low priority.
- The process by which these children become rag pickers varies. 68.5% of the Rag picking children started Rag picking on their own.

Impact of rag picking on the life of children

Health issues: Long working hours and Hazardous work conditions

Normally children work in one shift only but some of the children are collecting rag two to three times in a day. Those who are involved in collection of empty bottles work late in the night. In Lucknow, younger children, especially girls, start their work early in the morning and till 12-1pm. Teen age boys start working around 8-9 am till 2-3 pm.

The research done in Noida shows the following[460]:

- Nearly 90% of the total children surveyed are either full time or part time workers.
- 79.78% of the Rag picking children have reported that they do not like this work but continue to engage in this out of economic compulsion as 81.28% had to supplement family income. Thus, despite their disliking Rag picking, forced by circumstances many continue in this occupation.
- Regarding the time spent on Rag picking, 48.76% of Rag picking children spend 3-5 hours and 40.43% spent up to 2 hours a day. About 10% of the children spent more than 6 hours a day in Rag picking and around 45% make more than one trip a day to the garbage dumps.

Rag picking is probably one of the most dangerous and dehumanizing activity in India. Child rag pickers are working in filthy environments, surrounded by crows or dogs under any weather conditions and have to search through hazardous waste without gloves or shoes.

They often eat the filthy food remnants they find in the garbage bins or in the dumping ground. Using the dumping ground as a playing field the children run the risk to come upon needles, syringes, used condoms, saline bottles, soiled gloves and other hospital wastes as well as ample of plastic and iron items.

[460] V.V, Giri National Labour Institute; Dr. Helen R. Sekar (): Child Labour in Urban Informal Sector: A Study of Rag Pickers in Noida

They suffer from many diseases, such as respiratory problems, worms, anaemia, fever and other problems which include cuts, rashes, dog bites…

The research done in Noida shows the following[461]:

- Though most of the children go for Rag picking in the mornings and evenings when the people normally dispose of their garbage, some go even at night, which makes them vulnerable to dangerous.
- Work related health risks are very common among Rag picking children. Nearly 64% of the children suffer from respiratory problems and the remaining from headache, skin diseases and stomach-ache. Frequently occurring cuts and wounds from rusted metals make them highly vulnerable to tetanus.
- Among 47.14% of the Rag picking children who have consulted the doctor on fallen sick, nearly 30% do self-treatment. Most of the local doctors, whom these children go to on falling sick, have no formal qualifications for medical practice.
- Work related health risks are very common among Rag picking children. Many of them suffer from respiratory diseases, headache, skin diseases, stomach ache etc.
- Though some NGOs claim to be working for the rehabilitation of Rag picking children, nearly 68% of the children are not aware of any institutional/NGO support. Only some of them reported having availed of their services such as pulse polio, free distribution of clothes, food stuff, etc.
- Most of the child rag pickers collect plastic, paper, glass, iron, bottles, etc. while iron, glass, paper and plastic are most common materials collected, because it can be found easily the other valuable materials like aluminium, leather, brass, copper etc. are harder to find.
- 87.57% of the rag pickers sells their rag material in local Kabari Shop at cheaper rates. Being submissive, and illiterate, they are highly vulnerable to be cheated by the middlemen and the Kabariwalas.
- The daily earning of 41.41% Rag picking children ranges from ₹11 to 20 followed by 26.06% with daily earnings ranging from ₹21 to 30 per day. A very small percentage of the Rag picking children have daily earnings above ₹30. The entire earnings or a substantial proportion of their earnings spent on meeting the basic needs of their family such as food and fuel.

Education issues

A large majority of the child rag pickers are out of school children, despite the presence of schools in their neighbourhood.

In Lucknow for example, 98% children of the school going age group are not going to school. In the M-East ward of Mumbai, there are 15 municipal schools but the number of out of school children is yet very high. Most of the children are withdrawn from school at the average age of 12-13 years. The boys often work in their parents' business while the girls are made to take up the household responsibility. Different reason can explain why the children are not going to school. The situation in Lucknow[462]:

- 79% children are out of school because neither their parents nor the contractor [for whom they are working] are interested in sending them to school. Moreover, many children are already making quite a lot of money by rag picking and don't see the point of going to school.
- 12% say that they are responsible for their family and have to work.
- 5% children left school because they do not found anything interesting in the school and they feel that teachers are not teaching properly and they cannot afford private school fees.

[461] V.V, Giri National Labour Institute; Dr. Helen R. Sekar (): Child Labour in Urban Informal Sector: A Study of Rag Pickers in Noida
[462] Pratham – Child Rag pickers

- 4% of the children are not going to school because their school hours didn't allow them to go to work.

The research done in Noida shows the following[463]:

- Literacy rate of the sample population is 28.32% with 35.1% for males and 19.82 for females. The Literacy rate among males is relatively higher as compared to that of females.
- 78% of the Rag picking children are illiterate. A negligible proportion has studied beyond 2nd standard. The children, who were enrolled in school at some point of time, have dropped out due to financial problems and their lack of interest in studies.
- Regarding the educational level of children in the study area 74.5% of the children are illiterate (74.44% of males and 74.58% of females) and only 22.88% (22.61 males and 23.21 females) reported to have completed primary education
- Most of the children are school dropouts and the dropout rate is higher among boys than that of girls. Children dropped out of school due to financial problems and lack of interest in studies. Though girls get enrolled in school they remain absent for long. Some of the children have also reported other reasons such as migration, no accessibility of schools, supplementing family income, large family size, sibling care, unfavourable climatic conditions etc.

Language is also a big barrier, as migrant children often don't speak the language of the city they work in. In a study conducted in Pune, migration, quality of school, corporal punishment in school, not interesting, failed more than twice in the class, bad health, economic hardship of the family, loss of a parent are some of the reasons also cited for school dropouts.

Conclusion:

The phenomenon of children resorting to Rag picking is mostly due to their instinct to survive in hard life conditions. Though, many children do not like Rag picking, they continue to engage in this work. The gaps and deficiencies in solid waste management is one of the causes of the increasing phenomenon of Rag picking. Most of them belong to lower caste poor families where their parents are illiterate and unskilled. Though the children get enrolled in school, they remain absent for long and subsequently drop out at primary stage of education or. Very low priority is given to education of children, which also gets reflected in the expenditure pattern of the rag pickers' households. Scrap dealers very often take advantage of their ignorance and illiteracy and the children are cheated.

Rag picking has several negative consequences on the lives of these Rag picking children. The risks related to children's health and physical development, as well as being the hindrance for their education and psychological development, make Rag picking a particularly adverse occupation for children. The environment they operate in make them vulnerable to violence, abuse and ill treatment, which may drive them to indulge in delinquent behaviour. Exposure to alcohol, drugs and commercial sex also represents a constant threat, leading them to drug addiction and HIV/AIDS.

State of the legislation

In 2001, waste-picking was included among the hazardous occupations banned under the Child Labour (Prohibition and Regulation) Act, 1986. But apart from this very brief mention, rag picking is ignored in legislation regarding child labour.

Contrary to most child labourers, rag pickers are self-employed or working with their parents and therefore not answerable to any employer.

[463] V.V, Giri National Labour Institute; Dr. Helen R. Sekar (): Child Labour in Urban Informal Sector: A Study of Rag Pickers in Noida

Best practices / interventions

Educational classes[464]

There have been joint initiatives with the Government so as to tackle the issue of child rag pickers. One of the major programs through which these children are covered is the Transitional Education Centres (TEC's) run under the INDUS program of the Government.

Vocational skill training[465]

The objective of the vocational training is to provide vulnerable children with employable or business skills and allow them to be able to survive / support themselves and their families after reaching an employable age.

Mainstreaming these children into school[466]

In December 2006 Hindustan Lever Limited adopted 45 children from Govandi area under their Scholarship drive to support the education of underprivileged children. Under this project the company is sponsoring their school education as well as a support class run by Pratham.

Pratham's teachers relentlessly worked to convince the parents to send their children to school and to Pratham's support classes. They organized parents meetings, counselling sessions and home visits to tell them about the importance of education.

Many parents argued that sending their children to school was a loss of revenue but the teachers gave them advice on how to manage without their children's additional revenue. Slowly the parents began taking an interest in their children's education and supporting Pratham's initiative.

Pratham started with a four-hour class aimed at raising the children's interest for educational activities. Once the children and the parents were ready, they contacted the school and managed to enrol the children. The support class was set up to provide the child with educational support for retention in school.

The Drop-in-centre model[467]

Alongside its education program, Pratham also started the first drop in centre for the children working on the dumping ground.

The Drop in centre is the major strategy and a non-controversial entry point program to tackle the issue of working children on the dumping ground. It is a low cost and replicable model which caters to the immediate needs of the working children on the dumping ground.

This safe point of contact for children is key to their reintegration into education and vocational training, and a first step toward a better future.

[464] Pratham – Child Rag pickers
[465] Pratham – Child Rag pickers
[466] Pratham – Child Rag pickers
[467] Pratham – Child Rag pickers

3. Quality Education

3.1 Lack of quality education

When Devanik Saha started teaching in 2011, Nishika was three years behind her grade level. Despite numerous assignments and standardised tests over two academic years, she made only a tiny progress of 0.7 years (about eight-and-a-half months) in maths and 0.5 years (six months) in English.

"She was never taught properly in school due to lack of invested teachers," says Saha who teaches maths, English and science at Pratibha Nigam Vidyalaya, a public school in Delhi. "The progress, although tiny, is not a measure of her true abilities and potential, which I believe is in arts."

There are other students in the school run by the city municipal corporation who made big jumps of 1.6 years (about a year and seven months) or 1.9 years (a year and almost 11 months) but Saha doubts the quality of education they get. He calls it more a training to do well in skewed assessments rather than instilling conceptual understanding. "The focus is on procedural fluency to raise their scores, which leads to curriculum deformation," says Saha[468].

A mathematics teacher in Hyderabad, Andhra Pradesh, almost broke the upper portion of Anandita's left hand as punishment for not completing homework. Anandita's left hand was badly twisted by mathematics teacher for not completing the scheduled homework. It was only after the girl started complaining of excruciating pain that teacher took a closer look at the arm. He found the upper portion severely injured. He informed the school authorities, who took her to a local orthopaedic hospital. She was given first aid and the case was declared as medico-legal[469],[470].

The Situation around Education; an overview

Education is a powerful instrument of social change, and often initiates upward movement in the social structure. Thereby, helping to bridge the gap between the different sections of society.

Education is a key indicator in how a country is developing[471]. 40% of India's population is 18 years of age and under, meaning that whatever money, policies and structures are developed now, will be reflected and indeed magnified in the future. Challenges that need to be overcome are: the quality of education, the lack of infrastructure, the low amount of GDP invested into education and the reasons why absenteeism is so high. Meaningful education needs to be provided to every child so that equality is achieved not just in education, but also in the opportunities people can access post education which will shape the lives of millions of children. On a macro level how India shapes its

[468] http://ibnlive.in.com/news/primary-education-in-india-needs-a-fix/395843-55.html
[469] Asian Centre for Human Rights (2003) The status of Children in India; An alternate report to the United Nations Committee on the Rights of the Child on India's first periodic report
[470] Newstime, Hyderabad, 14 August 2003
[471] Qxfam India, Centre for Legislative Research and Advocacy (2009); Welcome Kit for Parliamentarians: Reaching the MDGs in India

children today will determine the progress of India tomorrow. The government announced in the 2009/10 budget, a National Mission for Female Literacy with a special focus on marginalised groups, which aimed to halve, female illiteracy by 2012. This scheme is highly commendable, but with no clear allocation outlined, the fear is that it will be another excellent government policy which is never implemented.

For most students in India, the learning environment is pretty abysmal[472]. School consists of a one-room schoolhouse, one teacher covering multiple grades, and 40 students per teacher. It should be noted that many rural public schools barely have the most basic of facilities (a closed-in building, drinking water, toilets, a blackboard).

Shockingly, of the 900 million illiterates in the world, almost one-third belong to India[473]. ***According to a UNESCO report, India is officially home to the most illiterate people in the world***. In other words, Indians constitute the largest number of uneducated people in the world. In 2003 According to the 14th report of the Parliamentary Committee on Empowerment of Women of the Lok Sabha, lower house of Indian parliament of 5 August 2003 an estimated 60 million children were still out of schools, of which, 35 million were girls. The population of children in the age group 6-14 is 192 million. Of these 157 million children were enrolled in schools and the number of out of school children in the age group 6-14 was 35 million of which 25 million are girls. Retention rate at Primary level is 71.01% (Elementary Education in India Progress towards UEE NUEPA Flash Statistics DISE 2005-2006)[474].

Since 2005 ASER has done surveys on all issues around education in rural areas every year. They almost completed two terms of the Indian Parliament and of most state governments. The first term of the Indian parliament was impacted by the imposition of 2% cess for elementary education that made available substantial funds from the union government for elementary education. The main feature of the second term has been the Right to Education Act. The highlight of the first term was the increase in enrolment of children from about 92% to 96%. In the second term, the main story is that school facilities are showing some improvements thanks to the focus on infrastructure. However, in spite of these improvements, the issues of quality of learning have remained largely neglected over the last nine years[475].

There are several major challenges for the education sector: from introducing at least one year of pre-school education to building mechanisms for open learning, continuing education, vocational training, and quality education and research at the university level. A good foundation of elementary education holds the key to building a much stronger education sector in India. Political decisions are needed to address problems and the need to take into account the overall changing realities of India.

Private schools verses Government schools

There are two major issues which have to be addressed. First the huge shift from government schools to private schools needs a new way of approach to how the education is organized. Second is the crisis of learning in both private and government schools. The crisis of learning simultaneously threatens the economy of the country and the future of millions of children and youth.

[472] National Center on Education and the Economy (NCEE), (2005): India Education Report
[473] Asian Centre for Human Rights (2003): The Status of Children in India, An alternate report to the United Nations Committee on the Rights of the Child on India's first periodic report (CRC/C/93/Add.5) Geneva, Switzerland, 6-10 October 2003; II. Executive Summary
[474] Study on Child Abuse: INDIA 2007; Ministry of Women and Child Development, Government of India – p6
[475] Aser; January 15, 2014 (2013) Annual Status of Education Report (Rural) 2013

There are at least three factors contributing to this change shift from government schools to private schools. This first is growing urbanization. This does not only mean migration to urban areas. It also means increasing urban influence on the entire population leading to greater educational aspirations. Second is the increase wealth and access to the external world and information. ASER 2013 indicates that nearly 70% rural households have at least one mobile phone. We also find that although the proportion of families owning a TV has not changed much over the past five years (54% in 2013), the proportion of those among TV owners who have access to cable TV has gone up from 36% n 2010 to79% in 2013. That is, nearly 43% of all rural households have cable or direct to home TV. Half of these families send their children to government schools today and may shift to private schools if they become accessible. On top of it, we have a clear failure of government schools to deliver on even basic achievements in learning[476].

Governments' policies and plans are still centred around villages and rural areas. Plans for provision of education assume an all pervasive governmental school system. There is a need to urgently deal with growing urbanization and the trend of enrolment in private schools in urban and rural areas. Banning private schools or even curtailing them is no more a democratic option unless a visibly better government school alternative can be presented. By introducing 25% reservation for economically weaker sections, the Right to Education Act has in fact opened the door for unaided schools being aided by the government. There is no reason why government-aided and privately managed schools cannot be encouraged further. The segregation of children, even among the poorer sections, into those who go to government schools and those who attend private schools is socially undesirable and the option of government-aided and privately managed schools which function autonomously can in fact help create schools where all children can go to school together. States where nearly half the rural population and considerably larger urban population send their children to private schools could lead the way in this matter.

Learning Measuring System

The second issue is related to what children learn in schools and how to measure what they learn. Over the last couple of years, international and national attention has begun to shift from being input focused to learning outcome oriented. ***There is no question that schools need to have good infrastructure, but to keep achievement of quality on hold until all infrastructure is taken care of is quite absurd***. Discussions being held at different international platforms suggest that the next Millennium Development Goals for education will be much more focused on measurable learning outcomes. In India, the 12th Plan adopted in December 2012 attempts to give a learning outcome orientation to the education sector. For a while, there has been growing consensus that quality of education has to be the focus of education. The question always was; how? The dominant thinking in the education establishment for the last decade has been that if we do more of what we have been doing and do it better, quality of education will improve***. ASER maintains that learning outcomes, especially in the government schools in most states, are poorer today than they were a few years ago***. The data of 2013 further confirms the decline we observed over the last three years regardless what the official response to our report is.

After ASER 2012 was released in January 2013, as many as 15 MPs asked questions in the January-February session of the Parliament about the decline in learning levels since 2009-10 as reported by ASER. ASER finds the response from MHRD to questions in Parliament unacceptable, even bordering on misleading the house on facts. There have been three surveys of Std 5, two of which were held in

[476] Aser; January 15, 2014 (2013) Annual Status of Education Report (Rural) 2013

2001-02 and 2005-06, several years before ASER noted a decline in learning levels. The third survey which was conducted in 2010-11 was based on a new methodology for data analysis. By NCERT's own statement in the report published in 2012, its results are not comparable with previous surveys. However, they seem to have somehow come up with results that show improvement. We find it interesting that in this latest survey Uttar Pradesh government schools have scored the highest in the country by a wide margin, using what NCERT claims to be 'rigorous' and 'detailed' methods as compared to ASER's.

The unwillingness to admit that there is a problem is not helpful. The problem won't go away. It will only get worse.

Facts and figures

Statistics

As per Statistics of school education, 2009-10, there are 14.49 lakhs educational institutions in the Country[477].

About 89% teachers in the Higher Secondary Schools/ Junior Colleges were trained whereas the corresponding level in High /Post Basic Schools, Middle/ Sr. Basic School and Pre-Primary/Primary/ Jr. Basic School are 90%, 88% and 86% respectively[478].

Public Spending[479]

In India, public spending in the 2009/10 budget stood at 1,16,122.3 which is just 2% of GDP. This means there is major deficiency in the amount of money being paid into primary school education and is one of the leading causes as to why public schools are suffering from high rates of teacher absenteeism, lack of resources and basic infrastructure.

The Gross Enrolment Ratio (GER)

The table below gives the status of various indicators under MDG 2 for the country from 1992-93 to 2010-11[480]:

Indicator/Year	1990	1992-93	2000-01	2002-03	2005-06	2010-11	MDG target
Net Enrolment Ration in primary education[481]	77				94.6	99.89	100
Literacy rate[482] (15-24yrs)	52.2				61.9	76.4[483]	100
Gross enrolment ratio in primary education		84.6	95.7	95.4			100

[477] Social Statistics Division, Central Statistics Office, Ministry of statistics and Programme Implementation, Government of India (2012): Children in India 2012 – A Statistic Appraisal – 'Highlights'
[478] Social Statistics Division, Central Statistics Office, Ministry of statistics and Programme Implementation, Government of India (2012): Children in India 2012 – A Statistic Appraisal – 'Highlights'
[479] Qxfam India, Centre for Legislative Research and Advocacy (2009); Welcome Kit for Parliamentarians: Reaching the MDGs in India
[480] Govt of India; Ministry of Statistics and Programme Implementation (2005); Millennium Development Goals India Country report 2005
[481] UNICEF India (2014) India's Progress against the Millennium Development Goals and Targets
[482] Age disaggregated data on literacy from Census 2011 in awaited
[483] UNICEF India (2014) India's Progress against the Millennium Development Goals and Targets

Male		95.0	104.9	97.5			100
Female		73.5	85.9	93.1			100
Proportion of children starting Grade 1 who reach Grade 5		55.0	59.3	65.1			100
Male		56.2	60.3	64.1			100
Female		53.3	58.1	66.3			100

The Gross Enrolment Ratio (GER) in primary education (Class I to V, age 6-11 years) for boys has tended to remain near 100%. In the case of Girls, the ratio has increased by about 20% points in a decade from 1992-93 to 2002-03. Unfortunately in the given numbers of 2010-2011 there is no separation between boys and girls. It seems that the average of boys and girls have reached the 100%.

The limitation of this indicator is that, in some cases, the figure is more than 100% due to enrolment of children beyond the age group 6-11 years in the primary level education and, therefore, has to be used with caution. A declining GER may be interpreted as worsening educational attainment which may not really be the case.

The proportion of pupils starting Grade1 who reach Grade 5, known as the survival rate to Grade 5, is the percentage of a cohort of pupils enrolled in Grade 1 of the primary level of education in a given school year who are expected to reach Grade 5. Over the period of ten years between 1990-91 and 2000-01, the all-India dropout rate for primary schools fell by 2.93% points from 41.96% in 1991-92 to 39.03% in 2001-02. However, a reduction of 4.14% points in this rate has been observed in the year 2001-02 and 2002-03, during which period it declined from 39.03% to 34.89%. Thus there has been a significant improvement in the survival rate to Grade 5. Pupil drop-out rates in 2009 had increased to 50% in the last 5 years.

Literacy rate[484] of the youth or 15-24year-old is the percentage of the population 15-24 years old who can both read and write with understanding of a short simple statement on everyday life. As per the Census of India, a person aged 7 and above who can both read and write with understanding in any language is to be taken as literate. A person who can read but cannot write is not literate. Pupils who are visually impaired and can read in Braille are treated as literate. Literacy rate is basically computed on the basis of the census data of the Registrar General of India at an interval often years. In the years between two censuses, it is also estimated on the basis of data collected by the National Family Health Survey.

The literacy rate (age 7 and above) at all India level according to Census 1991 was 52.2%.The male literacy rate was 64.1% whereas the female literacy rate was much lower at 39.3%. The literacy rate, increased from 52.2% in 1991 to 64.84% in 2001 and again to 76.4% in 2010-11 at the national level. In 2001for males, it has increased from 64.1% to 75.26% and for females, from 39.3% to 53.67%.

[484] Govt of India; Ministry of Statistics and Programme Implementation (2005); Millennium Development Goals India Country report 2005

MDG Target 3: Ensure that by 2015 children everywhere, boys and girls alike, will be able to complete a full course of primary education. "Universal primary education has already been achieved…"[485]

A trend based on DISE (District Information System on Education) data shows that the country is now well set to achieve 100% education for children in the primary schooling age of 6-10 years ahead of 2015. DISE 2010-11 reports Net Enrolment Ration (NER) at Primary level as 99.89.

Apparent Survival Rate: Grade V (Ratio of enrolment in grade V to grade 1) is the proportion of pupils starting Grade I who reach the last grade of primary. The DISE shows apparent survival rate at Primary level of 82 for 2010-11.

According to the trend exhibited during 1991-2001 (1991: 61.9% and 2001: 76.4%), India is likely to attain 100% Youth literacy (Literacy rate of 15-24 year olds) by 2015.

MDG Target 4: Eliminate gender disparity in primary and secondary education, preferably by 2005, and all levels of education no later than 2015. "Gender parity has already achieved in primary education and the disparity in secondary education is set to disappear shortly…"[486]

The gender parity in Primary education reached the target value of 1 in 2008-09 itself.

The female: male literacy rate in the age group 15-24 years tends to reach 1 by 2015, implying attainment of gender parity by 2015.

The percentage share of females in wage employment in the non-agricultural sector, stood at 18.6% in 2009-10 (NSS) and 19.6% and 17.6% were the respective figures in Rural and Urban areas respectively. It is projected that with the historical rate of progression, the share of women in wage employment can at best reach a level of about 23.1% by 2015 which is much below target of 50%.

The proportion of seats held by women in National Parliament (%) is 11.21% in 2012 vis-à-vis the target of 50% in 2015.

Enrolment in schools[487]

- The population of children aged 0-6 years is 16.4 crores as per the 2001 Census. According to a UNESCO report, however, of the total child population, 2.07 crores (6%) are infants below one year; 4.17 crores (12%) are toddlers in the age group 1-2 years; 7.73 crores (22.2%) are pre-schoolers in the age group 3-5 years. The report highlights that only 29% of pre-primary age children are enrolled in educational institutions in India[488].
- Enrolment in the 6-14 age group continues to be very high. In the research which Aser has done in the rural schools in 2013, more than 96% of the children are enrolled in school. The proportion of out of school girls in the 11 to 14 age group has declined since last year.
- Overall, enrolment numbers remain very high.
- According to the Aser research[489], over 96% of all children in the age group 6 to 14 years are enrolled in school. This is the fifth consecutive year that enrolment levels have been 96% or more.
- According to the statistics of the government of India[490], the Gross Enrolment Ratio (GER) at primary level is high at 115%, and Net Enrolment Ratio (NER) has improved significantly from 84.5% in 2005- 06 to 98% in 2009-10. High GER at primary level, however, indicates the presence

[485] Govt of India, Social Statistics Division; (2013) Towards Achieving Millennium development Goals India 2013
[486] Govt of India, Social Statistics Division; (2013) Towards Achieving Millennium development Goals India 2013
[487] Aser (2014), Annual Status of Education Report (Rural) 2013; The National Picture
[488] Ministry of Women and Child Development (2007): Working Group Report on Women and Children for the Eleventh Five Year Plan (2007-2012) / Study on Child Abuse: INDIA 2007; Ministry of Women and Child Development, Government of India – p7
[489] Aser (2014), Annual Status of Education Report (Rural) 2013; The National Picture
[490] Social Statistics Division, Central Statistics Office, Ministry of statistics and Programme Implementation, Government of India (2012): Children in India 2012 – A Statistic Appraisal – 'Highlights'

of over-age and under age children, possibly due to early and late enrolment or repetition. During this period, Net enrolment ratio (NER) at Primary level has shown improvement in most of the State / UTs of the country.

- According to the statistics of the government of India[491], the GER at upper primary level is low, but had shown considerable improvement of 16.8% points in the four years between 2005 and 2009. NER at upper primary is a cause of concern. It varies from 35.76% in Sikkim to 90.51% in Tamil Nadu. Thus, although more children are entering the education system, many are not progressing through the system. Upper primary NER at 58.3% gives a clear indication of the ground to be covered.
- Nationally, the proportion of children (age 6 to 14) who are not enrolled in school has decreased slightly, from 3.5% in 2012 to 3.3% in 2013.
- According to the statistics of the government of India[492], the share of girls in the total enrolment at primary and upper primary level was 19% and 46.5% respectively in the year 2005-06; this increased to 48.5 and 48.1 at primary and upper primary levels respectively in 2009-10. According to the Aser research[493], at the All India level, the proportion of girls in the age group 11 to 14 who are not enrolled in school dropped from 6% in 2012 to 5.5% in 2013. The greatest progress is visible in Uttar Pradesh, where this percentage dropped from 11.5% in 2012 to 9.4% in 2013. However, in Rajasthan the proportion of out of school girls age 11 to 14 rose for the second year in a row, from 8.9% in 2011 to 11.2% in 2012 to 12.1% in 2013.
- In general, at the national level, the number of girls enrolled in all levels, i.e. primary, secondary and higher education is less than their counterparts. However, the female-male ratio in education has been steadily improving over the years. In primary education, the GPI ratio has gone up from 0.76 in 1990-91 to 1.00 in 2009 -10 showing 31.6% increase and in secondary education the increase is from 0.60 in 1990-91 to 0.88 in 2009-10 thereby showing 46.7% increase[494].

Enrolment in Private Schools and paid private tuition[495]

Nationally, there is a slight increase over 2012 in private school enrolment. The proportion of children taking paid private tuition classes has also increased slightly since last year.

- For the age group 6 to 14, there has been a steady increase in private school enrolment from 18.7% in 2006 to 29% in 2013. The increase in private school enrolment since last year has been very small, from 28.3% in 2012 to 29% in 2013.
- There are wide variations in private school enrolment across rural India. In Manipur and Kerala more than two thirds of all children in 6 to 14 age group are enrolled in private schools. Less than 10% are in private school in Tripura (6.7%), West Bengal (7%), and Bihar (8.4%), although these numbers have grown substantially since 2006. Between 2012 and 2013 Kerala showed the highest percentage point increase in private school enrolments among children age 6-14.
- Nationally, the proportion of children in Std. I-V who take paid private tuition classes increased slightly, from 21.8% in 2012 to 22.6% in 2013. For Std. VI-VIII the increase was from 25.3% to 26.1%.
- As with private schooling, the incidence of private tuition varies across states. In Tripura and West Bengal, more than 60% of children in Std. I-V take paid private tuition. In Chhattisgarh and Mizoram, less than 5% do so.

[491] Social Statistics Division, Central Statistics Office, Ministry of statistics and Programme Implementation, Government of India (2012): Children in India 2012 – A Statistic Appraisal – 'Highlights'
[492] Social Statistics Division, Central Statistics Office, Ministry of statistics and Programme Implementation, Government of India (2012): Children in India 2012 – A Statistic Appraisal – 'Highlights'
[493] Aser (2014), Annual Status of Education Report (Rural) 2013; The National Picture
[494] Social Statistics Division, Central Statistics Office, Ministry of statistics and Programme Implementation, Government of India (2012): Children in India 2012 – A Statistic Appraisal – 'Highlights'
[495] Aser (2014), Annual Status of Education Report (Rural) 2013; The National Picture

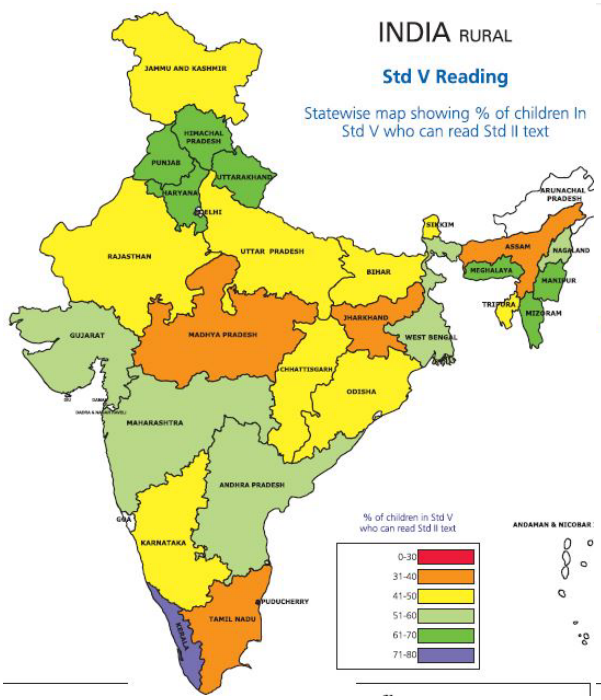
- Between 2012 and 2013, different regions show different patterns. Across states in the south and north east the proportion of Std. I-V children taking tuition declined in all states except Assam. In all other states this proportion increased from 2012 levels.
- The proportion of children in Std. I-V who receive some form of private input into their schooling (private school, private tuition or both) has increased from 38.5% in 2010 to 42% in 2011, 44.2% in 2012 and to 45.1% in 2013.
- For the first time, ASER 2013 measured the amount families pay for a child's private tutoring. Nationally, 68.4% of Std. I-V government school students who go to private tutors pay ₹100 or less per month. Among private school students of Std. I-V, 36.7% pay ₹100 or less per month and the same proportion pay between ₹101 and ₹200 per month for private tuition.

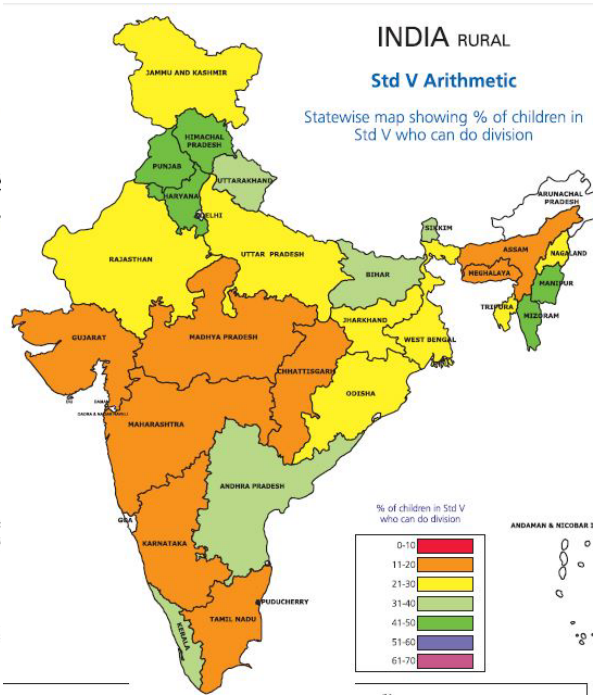
Quality Educational situation

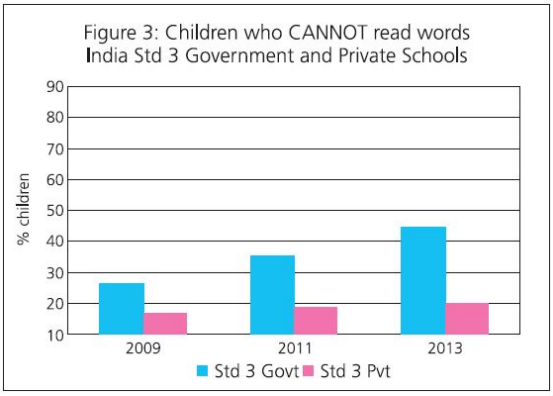
Table 11: School enrollment, tuition and learning levels 2013

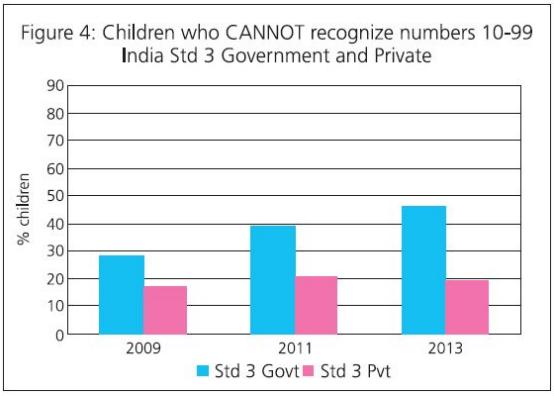
State	Out of school	Private school	Tuition		Std III-V: Learning levels		Std VI-VIII: Learning levels	
	% Children (Age 6-14) out of school	% Children (Age 6-14) in private schools	% Children (Age 6-14) who attend paid additional tuition classes	Average tuition expenditure Rs/month (Age 6-14)	% Children (Std III-V) who CAN READ Std I level text or more	% Children (Std III-V) who CAN DO SUBTRACTION or more	% Children (Std VI-VIII) who CAN READ Std II level text	% Children (Std VI-VIII) who CAN DO DIVISION
Andhra Pradesh	2.8	34.0	12.8	105	68.3	57.6	72.3	51.9
Assam	3.8	17.1	17.7	315	46.4	30.1	52.6	19.0
Bihar	3.5	8.4	52.2	140	47.9	41.1	66.1	54.5
Chhattisgarh	2.3	15.9	2.8	185	53.8	27.7	72.3	26.9
Gujarat	3.0	15.1	14.8	184	59.2	32.3	67.8	26.8
Haryana	1.3	51.4	14.5	276	72.5	62.7	78.9	58.4
Himachal Pradesh	0.8	33.9	7.7	262	78.5	65.3	86.4	59.1
Jammu & Kashmir	1.8	45.5	16.3	367	63.6	53.6	60.9	35.8
Jharkhand	3.8	15.7	29.7	131	45.4	34.9	61.0	42.8
Karnataka	1.8	22.5	8.9	121	56.6	45.0	63.1	37.4
Kerala	0.1	68.6	26.2	231	77.8	60.6	87.9	56.0
Madhya Pradesh	3.5	20.3	8.1	161	38.1	22.3	51.2	25.2
Maharashtra	1.6	37.5	10.2	213	70.3	31.7	72.5	28.9
Manipur	1.5	70.5	38.9	345	78.7	67.2	83.1	62.6
Meghalaya	4.1	45.3	13.3	240	80.0	46.9	78.0	29.5
Mizoram	0.4	32.4	3.7	305	80.2	77.8	82.5	72.3
Nagaland	1.2	39.4	16.7	276	75.8	57.0	72.6	43.7
Odisha	3.3	7.3	51.2	157	55.6	38.3	63.3	34.9
Puducherry	0.6	54.3	37.6	137	51.9	41.2	49.8	35.0
Punjab	1.4	46.7	23.0	260	72.3	66.6	82.0	61.7
Rajasthan	5.8	39.5	5.6	258	52.8	37.4	70.1	42.6
Sikkim	1.3	23.1	30.6	360	75.2	72.3	77.4	63.3
Tamil Nadu	0.6	26.8	14.5	82	50.2	39.2	56.9	30.9
Tripura	1.1	6.7	65.8	309	53.6	41.6	55.3	28.2
Uttar Pradesh	5.1	49.0	14.5	174	47.8	36.0	62.8	37.6
Uttarakhand	1.9	39.4	18.5	210	64.2	45.1	76.2	47.8
West Bengal	3.1	7.0	73.9	178	59.1	43.6	66.1	33.7
All India	3.3	29.0	24.1	169	54.8	39.7	65.7	38.9

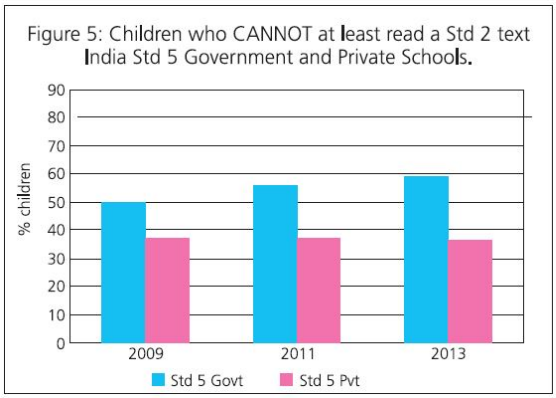
Situation in Rural India

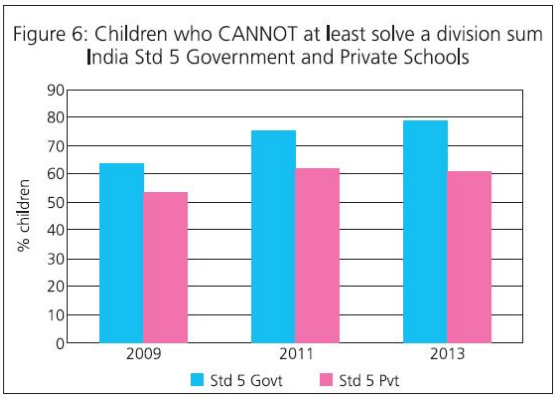












These figures tell the story of a widening gap in rural India[496]. ASER has not been monitoring urban areas but there is no reason to believe that the picture is any different in urban India either. Over the past few years, some state governments have been monitoring learning levels using simple assessments of their own. These reports are not publicized but in informal exchanges various state officials do say that their findings are not too different from what ASER states. In fact, several states

[496] Aser; January 15, 2014 (2013) Annual Status of Education Report (Rural) 2013

are initiating learning improvement programs once again thanks to their own assessments. The initiative from the Planning Commission has clearly helped.

Situation reading skills Std. I level[497]

In order to understand how foundations of learning can be built for children in rural India, it is important to understand the situation well. ASER has done a study about who actually is in Std. I-level and who is a beginner in reading[498]. Every year the ASER survey is done in the middle of the school year. The set of reading tasks used in ASER are very basic – reading letters, common and simple every day words, easy four line paragraphs (at Std. I level of difficulty). The highest reading task is reading a small "story" at Std. II level of difficulty. Since this is an assessment of reading, this exercise is carried out orally, one-on-one with children (*age 5 to 16*) and in the language of instruction that the child has in school. The child is marked at the highest level that s/he can read comfortably.

Table 1 Std I: Children reading at different levels. ASER 2013

ASER 2013 (Rural) : All India	Std I: % Children reading at different levels by school type		
Reading levels	**Govt. schools**	**Pvt. schools**	**All schools**
Can read "story" (at Std. II level)	1.7	7.8	3.6
Can read a simple paragraph (at Std. I level) but not as yet able to read "story" (at Std II level)	2.4	8.6	4.4
Can read words but not as yet able to read sentences or paragraphs	9.0	20.8	12.6
Can recognize letters but not as yet able to read words	29.8	37.9	32.3
Not able to recognize letters as yet	57.1	24.9	47.3
Total	100	100	100

The table above summarizes the all India findings for reading in Std. I in 2013. Nationally about half of all children can recognize letters. But the difference between government school children and those in private schools is quite substantial. Among private school children close to 75% can recognize letters but the comparable figure for government school children is closer to 40%. If we compare the age distributions of children enrolled in government schools with the age distribution of children in private schools we find that a greater proportion of older children in Std. I are in private schools as compared to government schools. Of all children enrolled in Std. I in private schools, close to half are older than six, whereas the equivalent figure in government schools is only about one fourth. Similar trends are visible in almost every state.

Nationally, about a third of all children in Std. I are enrolled in private schools. But here too there is a great deal of variation by state. In five states (Punjab, Haryana, Uttar Pradesh, Kerala, Manipur) more than 50% children in Std. I are enrolled in private schools. Another seven states (Jammu & Kashmir, Himachal Pradesh, Andhra Pradesh, Uttarakhand, Rajasthan, Sikkim and Meghalaya) have 41-50% children in private schools in Std. I. In four states (Assam, Chhattisgarh, Madhya Pradesh and

[497] Aser; January 15, 2014 (2013) Annual Status of Education Report (Rural) 2013
[498] Aser; January 15, 2014 (2013) Annual Status of Education Report (Rural) 2013

Karnataka) this figure is between 21 and 30%. And in 7 states (Bihar, Jharkhand, West Bengal, Odisha, Tripura, Gujarat and Maharashtra), the percentage of Std. I children in private schools is less than 20%.

Reading skills[499]

Since last year no significant improvement is visible in children's ability to read.

- At the All India level, for Std. III, the proportion of children able to read at least a Std. I level paragraph has risen slightly from 38.8% in 2012 to 40.2% in 2013. This increase is mainly coming from improvements among private school children. Among Std. III students in government schools the proportion of children able to read Std. I level text remains unchanged from 2012 at around 32%.
- States which show steady improvement in reading ability among Std. III students since 2009 are Jammu & Kashmir and Punjab.
- Nationally, the proportion of all children in Std. V who can read a Std. II level text remains virtually the same since 2012, at 47%. This proportion decreased each year from 2009 to 2012, dropping from 52.8% in 2009 to 46.9% in 2012. Among Std. V children enrolled in government schools, the percentage of children able to read Std. II level text decreased from 50.3% (2009) to 43.8% (2011) to 41.1% (2013).
- In 2013, more than 60% children in government schools in Std. V in Himachal Pradesh, Punjab, Mizoram and Kerala can read a Std. II level text. Over time, reading levels among government school students in Std. V students have shown improvement in Jammu & Kashmir and Gujarat.

Arithmetic skills[500]

Children are still struggling with basic arithmetic.

- At the All India level, no change is observed since last year in the proportion of Std. III children who are able to solve a two-digit subtraction with borrowing. This level of arithmetic is part of the curriculum for Std. II in most states.
- In 2010, 33.2% children of Std. III in government schools could at least do subtraction, as compared to 47.8% in private schools. The gap between children in government and private schools has widened over time. In 2013, 18.9% of Std. III students in government schools were able to do basic subtraction or more, as compared to 44.6% of Std. III children in private schools.
- Nationally, the proportion of all children in Std. V who could solve a three-digit by one-digit division problem increased slightly, from 24.9% in 2012 to 25.6% in 2013. Typically, this kind of division problem is part of the Std. III or Std. IV curriculum in most states.
- Among Std. V children in government schools, 20.8% children could do this level of division in 2013. The figure for private schools is 38.9%. In arithmetic, a large fraction of children are lagging several years behind where they are expected to be.
- In 2013, over 40% of government school children in Std. V in three states, Himachal Pradesh, Punjab and Mizoram could do three-digit by one-digit division problems.

Teacher/student attendance[501]

Teacher attendance holds steady, but student attendance drops.

[499] Aser (2014), Annual Status of Education Report (Rural) 2013; The National Picture
[500] Aser (2014), Annual Status of Education Report (Rural) 2013; The National Picture
[501] Aser (2014), Annual Status of Education Report (Rural) 2013; The National Picture

- Teacher attendance in both primary and upper primary schools shows no change over the 2012 level of 85%. But student attendance shows a slight decline, especially in upper primary schools from 73.1% in 2012 to 71.8% in 2013.

Small schools[502]

The proportion of "small schools" in the government primary school sector is growing.

- The proportion of schools with a total enrolment of 60 students or less has increased steadily since 2010, from 27.3% in 2010 to 33.1% in 2013. This means that almost a third of all government primary schools in India are "small schools". In Jammu & Kashmir, Himachal Pradesh, Uttarakhand, Meghalaya, Manipur and Mizoram this figure is higher than 60%. 8 states show an increase of more than 10 percentage points in the proportion of small schools in the period since 2010.

School service[503]

- Compliance with most measurable Right to Education (RTE) norms continues to grow. The proportion of schools that comply with RTE pupil-teacher ratio (PTR) norms has increased every year, from 38.9% in 2010 to 45.3% in 2013.
- The proportions of schools with an office/store, a playground, and a boundary wall have increased slightly over 2012 levels.
- With respect to drinking water in schools, ASER observations include not only if there was provision for drinking water but also if drinking water was available on the day of the visit. Overall, the percentage of schools with no drinking water facility has declined from 17% in 2010 to 15.2% in 2013. In 7 states, more than 80% of schools visited had both the facility and drinking water was available. These states are Himachal Pradesh, Punjab, Uttar Pradesh, Bihar, Gujarat, Kerala and Karnataka.
- Since 2010 there has been a significant increase in the proportion of schools with a useable toilet, from 47.2% in 2010 to 62.6% in 2013. In 2010, 31.2% of all schools visited did not have a separate toilet for girls. This number has declined to 19.3% in 2013. The percentage of useable toilets for girls has also increased from 32.9% in 2010 to 53.3% in 2013.
- Over the last three years, there has been a steady increase in the provision of libraries in schools that have been visited. The All India figure for schools with no library provision dropped from 37.4% in 2010 to 22.9% in 2013.
- During ASER 2013, nationally, mid-day meal was observed being served on the day of the visit in 87.2% of schools. This year, in 14 states, mid-day meals were seen in more than 90% of schools visited.

Influence of growing amount of children going to private schools[504]

ASER data shows that the proportion of children enrolled in private schools in rural India has been rising steadily. In 2006, 18.7% 6-14 year olds were enrolled in private schools and this number has increased to 29% in 2013. As in everything else, there is a lot of variation across states. In 2013, private school enrolment varied between 6.6% in Tripura and 70.5% in Manipur. However, this rising trend is observed in states with both low and high private school enrolment. For instance, in Uttar Pradesh, a high private school state, enrolment in private schools increased from 30.3% in 2006 to 49% in 2013. In Jharkhand, a low private school state, the increase was from 4.3% to 15.7% in the same period. Clearly, rural households are revealing a preference for private schools, even though

[502] Aser (2014), Annual Status of Education Report (Rural) 2013; The National Picture
[503] Aser (2014), Annual Status of Education Report (Rural) 2013; The National Picture
[504] Aser; January 15, 2014 (2013) Annual Status of Education Report (Rural) 2013

this result in additional expenditure that they would not incur if they sent their children to government schools.

While ASER does not collect detailed information on household characteristics, the building material of the house the child lives in has been recorded, since ASER 2008. In the absence of household income or consumption data, this variable works as a good proxy for affluence. I 2013, 29.5% of surveyed households were katcha, 26.4% semi-pucca and 44.1% pucca[505]. The positive correlation between income and private schooling is well established. Indeed, in 2013, the proportion of children enrolled in private schools is much higher among pucca-households (44.2%), than the national average (29%). However, even among katcha-households, as many as 15% children are enrolled in private schools.

It is not just on private schools that parents are choosing to spend money; they are also spending money to get their children additional help in the form of paid private tuition. Close to 25% children in Std. I-VIII in rural India pay for tuition classes. Once again, there are significant variations across states. In 2013, West Bengal had the highest proportion of children availing of private tuition (72.4%). In contrast, this figure was 14.2% in Uttar Pradesh and 5.4% in Rajasthan. At the All India level, there is a marginal difference between government and private school children in the incidence of tuition – 24.1% in government schools as compared to 22.8% in private schools. This is surprising, since one would expect that a higher proportion of private school children would opt for tuition. In fact, one does observe this in many states. This pattern my not be visible at the All India level since, by and large, it is in the low private school states that the incidence of tuition is high. For instance, in Bihar where only about 8% of children go to private schools, 51.4% get private tuition. In contrast, in Uttar Pradesh with close to 50% private enrolment, only 14% children get private tuition. Faced with fixed budget constraints, rural households seem to be optimizing the best that they can. However, note that they are still choosing to pay for some private input into the schooling of their children, when the free option of government schooling is available to them.

Furthermore, less affluent households are not very different from more affluent ones in this regard. At the All India level, 23.2% children from katcha houses paid for tuition classes as compared to 25.4% children who lived in pucca houses. So, despite a much tighter budget constraint poor parents are still choosing to spend extra on their children's education. This pattern is reflected across states as well. In a poor state like Bihar, as many as 45.8% children living in katcha homes paid for tuition compared to 58.5% of those living in pucca homes.

Looking at private schooling and private tuition together, therefore, reveals that large proportions of children are getting some form of private input into schooling. Combining these two variables, we can divide children into 4 categories: children in government schools with no tuition; children in government schools who also take private tuition; children in private schools with no tuition; and children in private schools who also take private tuition. Children in the last three categories have some private input in their schooling. In 2013, 46% of all rural children were either going to private schools and/or getting private tuition. Not surprisingly, among richer households, this proportion was as high as 60%. While the number was lower for less affluent households at 35%, it still comprised a significant proportion.

[505] Following NFHS, a pucca house is defined as one, which has walls made of burnt bricks, stones, cement, timber, etc. and roof made of tiles, GCI sheets, asbestos cement sheet, etc. A katcha house is defines as one which has walls and roof other that those mentioned above, such as unburnt bricks, bamboo, mud, grass, reeds, etc. A semi-pucca house is one with wall made of pucca material, but roof made of material other than those used for pucca houses.

But does this extra expenditure result in better learning outcomes? There is now a fair amount of literature showing that private schools deliver better learning outcomes. There is significant variation across states and some of the private school advantage can be explained by other factors, such as educated parents and home environment, which are correlated with the private school choice. But, even controlling for home background, there is evidence that children in private schools perform better. One thing to note here is that while private school learning levels may be higher than those in government schools, children in private schools also are far below grade competency. For instance, in 2013, the proportion of Std. 5 children who could read a Std. 2 level text is 41.1% in government schools. The corresponding number for private schools is 63.3%- indicating that one third of children even in private schools are at least 2 grades behind in reading ability.

What about tuition? Are coaching classes effective? Are parents getting a big enough bang for their buck? In Std. 5, overall, about 47.3% children could read a Std. 2 level text. If we decompose this number into learning outcomes of the 4 groups mentioned before, the following points emerge:

1. Among children who do not take tuition, the private school advantage is even greater - 37.4% Std 5 children could read a Std 2 level text in government schools, versus 61.8% in private schools.
2. Private tuition helps narrow this difference to a large extent. Of the government school children in Std. 5, with tuition, 52.1% could read a Std. 2 level. In other words, additional help in the form of paid tuition bridges 60% of the gap in learning levels.
3. Children in private schools also improve their performance with tuition, but not as much as those in government schools. Among private school children in Std. 5, who also paid for private tutoring, 69.3% could read the Std. 2 level text.
4. These patterns are observable for most states. In states with a low proportion of private schooling, like Bihar and Jharkhand, the gains from tuition for government school children are even greater.

However, it is quite possible that there is a self-selection problem in the case of tuition as well. Differences in learning levels between children, which we are attributing to the incidence of tuition, may be due to other characteristics of the household that are correlated with tuition. For instance, richer households are more likely to send their children to private schools and pay for additional help. But it is these very households that are also more likely to have educated parents and a more supportive learning environment at home, both of which are correlated with better learning outcomes. Although it is true that a larger proportion of children living in pucca homes go to private schools, pay for tuition, and have higher learning levels, gains from tuition are not limited to the upper tail of the income distribution. Table 1 below gives learning levels of Std. 5 children by the type of home they live in.

Table 1: % Children in Std. 5 who can read a Std. 2 level text – 2013				
ASER 2013 (Rural)	Govt+NoTuition	Govt+Tuition	Pvt+NoTuition	Govt+Tuition
All	37.38	52.12	61.75	69.34
Katcha	29.36	46.86	54.15	58.08
Pucca	46.57	59.53	65.01	71.66

What these numbers seem to suggest is that learning levels of poorer children improve significantly with tuition - about 12 percentage points. Furthermore, evidence from different studies using different methodologies, consistently shows that children with supplemental private inputs perform better in terms of learning outcomes. So parents are clearly choosing private interventions to better their children's educational prospects.

The question is, why can't government schools deliver on learning? The interventions we are talking about are not particularly sophisticated or need a huge outlay of expenditure. Private schools in rural areas are not the elite public schools seen in urban metros. It is well documented that rural private schools have fewer facilities as compared to government schools and their teachers are less qualified and paid less than their government counterparts. Similarly, private tuition classes tend to be crowded and are often taught by government school teachers themselves.

So, what is it about these settings that facilitate better outcomes? Two things come to mind immediately. First is the link between incentives and accountability. If someone is paying for a service, the onus is on the service provider to deliver, because the consumer can always "vote with her feet". This creates accountability in the system. Both incentives and accountability are completely missing from the public school system.

Second, teaching-learning activities are organized differently in the private sector. The ground reality in rural government schools is an increasing number of small schools, 50% or more children sitting in multigrade classrooms, huge variations in learning levels of those who are in the classroom, wide age distributions in the classroom, close to 20% children being first generation learners with no learning support from either parent. Yet, the brief to teachers remains "complete the curriculum"; the direction to schools to build more classrooms, kitchen sheds, office-cum-stores and supervise the midday meal.

So what are possible ways forward to improve learning levels? Pratham has demonstrated that, even within the public school system, simple interventions that start from the current learning level of the child and build up can deliver learning gains in a short period of time. Because these interventions are simple, they can easily be scaled up. They don't require hiring more teachers or building more infrastructure in schools. We don't need more allocations, what we need is more effective use of the allocations we already have.

Teacher Quality/Teaching Environment

Many rural schools are seriously understaffed, especially in the larger states of Uttar Pradesh and Bihar[506]. While one teacher may have 40 students per class on average, the unwillingness of many teachers to accept remote rural postings (and the attempts to get these postings changed via lobbying and court cases) means that the actual student-teacher ratio is much higher in many parts of rural India. High student-teacher ratios are exacerbated by high levels of teacher absence and low levels of teaching activity.

Without efforts to recruit large numbers of new teachers and an investment of resources to upgrade school facilities, India will be hard-pressed to scale up elementary education and improve instructional outcomes for its young children.

Teaching is a well-paid profession in India and teachers are typically appointed based on political affiliations, not on content or pedagogical knowledge. There is no system in place to motivate teachers to improve academic achievement[507],[508], and very little training available to strengthen teaching practices. For example, while the 1986 National Policy on Education upgraded the standard curriculum with increased requirements in English and in the sciences, the curricular changes were not linked with new ways of teaching and assessing student progress.

Schools and Child abuse

Specific recommendations from the Study on Child Abuse 2007 about Children in Schools[509]:

- The study has indicated beyond doubt that schools as compared to other situations are the safest place for children and therefore efforts should be made to increase the enrolment and retention of children in school by adopting innovative, child friendly methods of teaching. Adequate infrastructure including sanitation facilities, keeping in the mind the special needs of the girl child, will encourage enrolment and retention of girl children in schools.
- The high incidence of corporal punishment in schools is a clear indicator of the absence of use of positive disciplining techniques by teachers. Some state governments have banned corporal punishment in schools. However, corporal punishment continues unchecked. There is a need for formulating a central legislation banning corporal punishment and creating a system wherein such cases are not only reported but strict action taken against abusive teachers and principals.
- Childrens' participation in meetings held by village education committees on issues dealing with school functioning, governance and maintenance of facilities at school, should be encouraged.

Higher education

Despite the highly inefficient delivery of public services, high levels of teacher absenteeism and non-teaching activity, many Indian students remain motivated to succeed on the college entrance exams[510]. The high level of competition for entry into the Indian Institutes of Technology, the Indian Institutes of Management and other top institutions is enough to spur millions of students to achieve at remarkably high levels, particularly in the areas of science and mathematics. The increased demand for higher education is not currently being met: only 10% of the age cohort is actually enrolled in

[506] National Center on Education and the Economy (NCEE), (2005): India Education Report
[507] National Center on Education and the Economy (NCEE), (2005): India Education Report
[508] One innovative example: In Madhya Pradesh, panchayats (village councils) are given responsibility for ensuring teacher performance at the local level, including the right to withhold teachers' salaries in the event of poor teacher performance.
[509] Study on Child Abuse: INDIA 2007; Ministry of Women and Child Development, Government of India – p124
[510] National Center on Education and the Economy (NCEE), (2005): India Education Report

higher education. But in a country with such a large population, 10% enrolment amounts to 9 million students, resulting in 2.5 million new college graduates a year. These numbers driven by the private sector opportunities abroad, and increasingly, back in India, will continue to ensure India's prowess in delivering high-quality technical manpower.

Quality education

The British Council notes that the Indian Secondary School Certificate (awarded by all school boards after grade 10) may generally be considered slightly below the British General Certificate of Secondary Education (GCSE) or the International GCSE High School Examinations standard[511]. The content is considered equivalent, but students are not expected to problem solve or apply their knowledge in the same way[512].

Laws and Regulations

Free and Compulsory Education of Children … a fundamental Right[513]

As a follow up to the Constitution (86th Amendment) Act, 2002, Government of India has decided to introduce suitable enabling legislation in Parliament that would give effect to the Fundamental Right to free and compulsory education. The central Advisory Board of Education, comprising Ministers of Education of Stat Governments and academics and other experts, had set up a committee to suggest a draft of the legislation envisaged in the Constitution, and its report has been received by the Government, Final draft legislation has now been shared with the States, and will be introduced in Parliament at the earliest.

The enrolment[514] drive launched during the second year of Tenth Plan to bring all children in the age group of 6-14 years into schools and other efforts taken up under SSA have resulted in a reduction in the number of out-of-school children from 42 million at the beginning of Plan period to 13 million in April 2005. The Education for All decade of the 199os witnessed a massive countrywide exercise for achieving the commitment of universalization of basic education.

These efforts[515] have borne fruit, with the total literacy rate rising to 64.84% in 2001. For the first time, the number of illiterates declined in absolute terms by 25 million, from 329 million in 1991 to 304 million in 2001. According to provisional estimates of the Seventh All India Education Survey, enrolment in the primary stage increased from 114 million in 2001-02 to 122 million in 2002-03. Dropout rate also declined significantly from 39.03% to 34.89% during this period. Due to awareness programs, rate of improvement for women is faster.

Current Policy[516]

The UPA government tabled the Right of Children and Compulsory Education Bill in 2008 and the Bill progressively acknowledged the right of the child to free, compulsory and equitable education and the responsibilities of the state to children, in and out of school. However, the Bill has been

[511] The British GCSE or the IGCSE is the largest and most widely recognized examination system in the world.
[512] National Center on Education and the Economy (NCEE), (2005): India Education Report
[513] Govt of India; Ministry of Statistics and Programme Implementation (2005); Millennium Development Goals India Country report 2005
[514] Govt of India; Ministry of Statistics and Programme Implementation (2005); Millennium Development Goals India Country report 2005
[515] Govt of India; Ministry of Statistics and Programme Implementation (2005); Millennium Development Goals India Country report 2005
[516] Qxfam India, Centre for Legislative Research and Advocacy (2009); Welcome Kit for Parliamentarians: Reaching the MDGs in India

criticised for not defining "equitable education", it does not cover children between 0-6 and also children ages 14-18 years old and there is no mention of the special educational needs which children with disabilities require.

Right to Education (RTE)

The major policy and legislations formulated in the country to ensure child rights and improvement in their status according to education includes: the National Policy on Education, 1986[517].

Officially education is free and compulsory to age 14. The Right of Children to Free and Compulsory Education Act (RTE) lays out the country's commitment to provide universal access to primary education with a focus on children from disadvantaged social groups. The RTE provides for free and compulsory education to all children ages 6 to 14[518]. The Act prohibits denying admission to children who lack a birth certificate, allows children to transfer schools, requires local authorities to identify out-of-school children, forbids discrimination against disadvantaged groups, and prescribes quality education standards. In 2012, the RTE was amended to include children with disabilities. Research has shown that disabled children who face barriers to education may be at greater risk of working in hazardous occupations[519].

Discrimination and RTE

But the government fails to acknowledge discrimination as one of the main obstacles to access to education of the Dalit and indigenous children[520]. Children of lower castes are exposed to discrimination at an early age. In schools, they are forced to sit apart from the higher caste children; that is, if they are allowed entry into a school in the first place. They remain segregated during lunch, if provided, and drink from separate containers.

Although, 83rd Amendment of the Constitution of India recognises the right to education as a fundamental right, the Chakma and Hajong children of Arunachal Pradesh have been denied right to education. The State government in an order in 1994 (vide No. CS/HOME/94 dated 21 November 1994) withdrew all the 49 pre-primary schools (Anganwadis) solely because of their ethnic origin. Both the NHRC and the Central government have failed to direct the State government of Arunachal Pradesh to restore the school facilities.

Quality Education and RTE

Following the RTE, there are two major obstacles created by RTE (Right to Education) [521]. First is the teachers' duty to complete the grade-level syllabus within the year. Second, children are to be placed in grades or standards according to their age. In a country where more than 60% government schools have multi-grade, multi-level classes, and where more than 50% lag at least two years behind if not more in terms of basic learning competencies, how is the teacher supposed to 'complete the syllabus'? The teacher is also supposed to individually assess each child and ensure that she/ he comes up to the grade level. SSA instructions recently sent out try to balance both these factors while also attempting to emphasize that defining measurable learning outcomes and planning to achieve them is a must. We are hoping that the states will clearly define their priorities and plan their actions. After all it is the states that have to run the schools.

[517] Study on Child Abuse: INDIA 2007; Ministry of Women and Child Development, Government of India – p24-25
[518] United States Department of Labour's bureau of international labour affairs (2012): Findings on the worst forms of Child Labour; p2
[519] United States Department of Labour's bureau of international labour affairs (2012): Findings on the worst forms of Child Labour; p2
[520] Asian Centre for Human Rights (2003): The Status of Children in India, An alternate report to the United Nations Committee on the Rights of the Child on India's first periodic report (CRC/C/93/Add.5) Geneva, Switzerland, 6-10 October 2003; II. Executive Summary
[521] Aser; January 15, 2014 (2013) Annual Status of Education Report (Rural) 2013

Addressing unique needs or perpetuating inequalities[522]

The EGS/AIE[523] (previously, known as NFE introduced in 1978), caters to the requirements of children, primarily from the weaker sections (especially, SC/STs), who are unable to attend formal schooling. However, the NFE has been accused of diluting learning achievement, while its characteristics of flexibility, localization and need-specific strategy have often been used as loopholes for offering sub-quality education. While such an arrangement was expected to be transitory in nature, the government continues to invest in the development of these alternative systems.

Mid-day Meal Scheme (MDMS) [524]

The national Programme of Nutritional Support to Primary Education was launched on 15th August 1995, to give a boost to universalisation of primary education by increasing enrolment, retention and attendance, and simultaneously impacting upon nutritional status of students in primary classes.
The programme was expanded to cover the entire country in 1997-98, and to cover children studying in Education Guarantee Scheme (EGS) and Alternative and Innovative Education (AIE) Centres in October 2002. The Mid-Day Meal Scheme has been revised with effect from September 2004, to add new components of Central assistance, including assistance for meeting cooking cost, management cost and provision of mid-day meal during summer vacations in drought affected areas.
The Mid-day Meal Scheme provides children with a midday meal with nutritional value of 450 calories. The Central government provides food grains (wheat and rice) free of cost at the rate of 100 grams per child per school day. In addition, Central assistance is also being provided to meet cooking cost and transport subsidy. The Programme is also implemented in Summer Vacation is areas declared as drought affected.
112 million children got the benefits during 2004-05 and now 120 million children from government schools ranging from class 1-5 are covered by the scheme. 25 states and all Union Territories have been fully covered. The states with the highest malnutrition continue to be those where the MDMS has not been fully implemented and the policy does not currently cover those in upper primary education.
The scheme is converged with ongoing rural and urban development schemes for meeting the infrastructure requirements and with the involvement of local community, Self-Help Groups and Non-Governmental Organisations.

Cess on Taxes for funding basic education[525]

An Education Cess @ 2% has been levied on all Central taxes since 2004 to finance quality basic education. Prarambhik Shiksha Kosh, a non-lapsable fund for funding SS and the Mid-day Meal is being established to receive the proceeds of the Education Cess.

[522] United Nations Educational, Scientific and Cultural Organization (UNESCO); Dr. Nidhi Singal (2009) Education of Children with disabilities in India, Background paper prepared for the Education for All Global Monitoring Report 2010 Reaching the marginalized
[523] Education Guarantee Scheme / Alternative and Innovative Education (before: Non Formal Education)
[524] Govt of India; Ministry of Statistics and Programme Implementation (2005); Millennium Development Goals India Country report 2005
[525] Govt of India; Ministry of Statistics and Programme Implementation (2005); Millennium Development Goals India Country report 2005

India is committed to universalising access to basic quality education with greater emphasis on covering all the unreached segments and social groups, including minorities. This commitment is reflected in a substantial increase in the allocation of funds for elementary education by 56% from 57.5 billion in 2003-04 to ₹89.8 billion during 2004-05 which has been further stepped up by 36% to ₹122.4 billion in 2005-06. The levy of an education cess @ 2 % of major Central taxes with the proceeds being paid into a non-lapsable fund, the Prarambhik Shiksha Kosh, is a concrete step towards providing assured funding for primary education. The long-term goal, as spelt out in the National Policy is to raise educational expenditure to6% of gross Domestic Product.

Sarva Shiksha Abhiyan

Government of India[526] has, in accordance with its Constitutional mandate, taken several initiatives in the form of enabling policies, legislations and interventions to spread literacy, promote educational development and bridge gender disparities. An enabling policy framework has been provided in the form of the National Policy on Education, 1986, as revised in 1992, and the Programme of Action, 1992, that have given an impetus to universalising elementary education. The Government of India is committed to realising the goal of elementary education for all by 2010. Sarva Shiksha Abhiyan (SSA) [Campaign on education for all], launched in 2000, is the national umbrella programme that is spearheading the universalisation of elementary education for all children. Sarva Shiksha Abhiyan (SSA) is Government of India's flagship programme for achievement of Universalization of Elementary Education (UEE) [527] in a time bound manner, as mandated by 86th amendment to the Constitution of India making free and compulsory Education to the Children of 6-14 years age group, a Fundamental Right. This has been one of the most significant developments in recent years. SSA is being implemented in partnership with State Governments to cover the entire country and address the needs of 192 million children in 1.1 million habitations.

SSA includes several components for special groups of children. The national programme for education of Girls at elementary level is a component of SSA that provides region specific strategies to enable girls to come to school, including remedial teaching through bridge courses and residential camps. It targets the most educationally backward blocks in the country, where the female literacy rate is below the national average and the gender gap is above the national average. The component includes interventions for enhancing girls' education like development of a 'Model Cluster School' with facilities like teaching-learning equipment, library, sports, etc., and gender sensitisation of teachers.

SSA seeks to provide quality elementary education including life skills. SSA has a special focus on girl's education and children with special needs. SSA also seeks to provide computer education to bridge the digital divide.

The programme seeks to open new schools in those habitations which do not have schooling facilities and strengthen existing school infrastructure through provision of additional class rooms, toilets, drinking water, maintenance grant and school improvement grants.

Existing schools with inadequate teacher strength are provided with additional teachers, while the capacity of existing teachers is being strengthened by extensive training, grants for developing

[526] Govt of India; Ministry of Statistics and Programme Implementation (2005); Millennium Development Goals India Country report 2005
[527] http://ssa.nic.in/

teaching-learning materials and strengthening of the academic support structure at a cluster, block and district level.

There are several programmes of early childhood care and education which include the ICDS (Integrated Child Development Services), Crèches, Balwadis, ECE centres, Pre-Primary schools run by the State and the private sector, and many experimental and innovative projects like Child to Child programmes, Child Media Lab, Mobile Crèches and Vikas Kendras.

Kasturba Gandhi Balika Vidyalaya (KGBV) Scheme[528]

The KGBV scheme envisages setting up to 750 residential schools with boarding facilities at elementary level for girls belonging predominantly to the SC, ST, OBC and minorities in difficult areas.
The scheme is being coordinated with existing schemes Sarva Shiksha Abhiyan (SSA), National Programme for Education of Girls at Elementary Level (NPEGEL) and Mahila Samakhya (MS).
The Scheme is applicable in those identified Educationally Backward Blocks where, as per 2001 census the rural female literacy is below the national average and gender gap in literacy s more than the national average. In these blocks, schools are set up with concentration of tribal population, with low female literacy and/or a large number of girls out of school; Areas with low female literacy; or Areas with a large number of small, scattered habitations that do not qualify for a school. ₹1202 million have so far been released to the States for setting up these residential schools.

Response

World Attention

MDG number 2: Achieve Universal Primary Education: Discussions about the post 2015 MDG goals for education are focusing a great deal on access plus learning as a new goal. See documents related to the UNESCO-Brookings Learning Metrics Task Force. See also the "All Children Reading", a joint initiative of USAID, AUSAID and World Vision (allchildrenreading.org). The World Bank Education strategy 2020 focuses on learning for all; "the bottom line is invest early, invest smart and invest for all".

My World is ranking this number 1

World Vision Goal 3: Pursue quality education ensuring greater access

Foreign Aid[529]

As it does with many poor and developing countries, the World Bank is investing in India's education system to modernize facilities and close the divide between what's available to rural versus urban students. The World Bank's support for education in India focuses on both primary education and vocational and technical education and training. The Bank is also exploring ways in which it can support India's upper-primary education and ways to develop the skills of scientists and technicians.

Bank assistance for basic education in India aims to expand enrolment levels and reduce dropout rates, while raising students' academic performance. Projects focus especially on girls, children from disadvantaged scheduled castes and scheduled tribes, working children, children with disabilities, and other children with limited opportunities to attend primary school.

[528] Govt of India; Ministry of Statistics and Programme Implementation (2005); Millennium Development Goals India Country report 2005
[529] National Center on Education and the Economy (NCEE), (2005): India Education Report

The main project activities are working to increase access, improve classroom instruction, strengthen community participation in education, and build institutional and management capacity. This work has been financed with more than $1.8 billion by the International Development Association (IDA), the World Bank's concessionary lending affiliate that provides interest-free credits to the poorest countries[530].

Recommendations

The Committee on the Rights of the Child in order to facilitate constructive dialogue should request the government of India to provide the following information[531]:

- - measures being taken to ban corporal punishment in schools;
- - measures being taken to improve access of the Dalit children to education;
- - measures being taken to restore the school facilities for the Chakmas and Hajongs students of Arunachal Pradesh.

Stage-wise sets of learning achievement goals

The advice of ASER is[532]: "It is essential that we get rid of, or at least stop emphasizing, the grade-wise syllabus at least up to Std. 5. It should be replaced with stage-wise sets of learning achievement goals which recognize that if children are going to learn at their own pace it is unrealistic for a teacher to 'complete a syllabus' and have children attain their grade-level competencies within that year. Focusing on defined learning outcomes by the end of the current Std. 2 and current Std. 5 is necessary. Syllabi, school time-tables, textbooks all need to be reoriented to achieve basic reading with comprehension, writing with thinking, math with problem solving abilities."

Learning progress measuring system

There is some good news from the Sarva Shiksha Abhiyan too. The SSA has started telling the states that essential learning outcomes have to be taken care of, especially in reading and math. Words like "assessment", "measurable outcomes" which were taboo for many years have appeared in the latest SSA documents. The intent clearly appears to be good but the instructions are confusing thanks to the requirements of the Right to Education Act. A Mission to improve learning is needed but it is not possible if simple clear goals to be achieved are not enunciated.

This brings us to the issue of how to measure children's progress. The SSA started conducting sample based Achievement Surveys since 2001. These are pen and paper tests which require Std 3 and 5 children to read and respond to questions. In a country where nearly 65% children in Std 3 and 35% children in Std 5 in government schools struggle to even read words, how can pen and paper tests be justified? The so-called reading comprehension test conducted by NCERT actually does not check whether a child can read fluently or can read at all. In fact, NCERT has no test to check if and how well children can read.

ASER introduced a new element in education assessment internationally by using a simple, oral method of home-based assessment of reading and math done one on one with children. The end result is easy to understand and can be communicated transparently whether in a national sample survey or a in a simple village census. Another method - EGRA (Early Grade Reading Assessment-

[530] The World Bank Group; South Asia Sector Brief. September (1999); "World Bank Support for Education in India."
[531] Asian Centre for Human Rights (2003): The Status of Children in India, An alternate report to the United Nations Committee on the Rights of the Child on India's first periodic report (CRC/C/93/Add.5) Geneva, Switzerland, 6-10 October 2003; II. Executive Summary
[532] Aser; January 15, 2014 (2013) Annual Status of Education Report (Rural) 2013

developed by RTI in the US) is also an oral method that can transparently report to parents and lay persons whether the child is reading well or not. These innovations are a big departure from the pen and paper tests that are complex, difficult to administer, and whose reports make sense only to experts and not to lay persons.

At this moment the governmental system relies on a dysfunctional Continuous Comprehensive Evaluation process in schools, periodic sampled Achievement Surveys (every three years), and possibly Std 10 examinations to assess quality of learning achievements. Although the government will defend all three, as any system would, in reality none of these actually give reliable information on what children have learned. There is a need to take a close look to make the reporting system more transparent and more reliable and the data more useful/useable.

First, there is a need to rework and simplify the so-called CCE into a system of systematic monitoring of attainment of basic learning outcomes coupled with regular programs to raise the basic learning outcomes instead of insisting on "completion of syllabus", which is often equated with textbook content to be crammed. Second, the so-called achievement surveys with pen and paper test should be targeted at Std 8 rather than Std 3 or 5 to get any meaningful results, at least until we know that most children in every state can read well.

One big need of the country is standardized assessments of different skills and subjects that are textbook independent and that can be taken by anyone at any time of the year. This will set the standards of basic skills of learning that children need to achieve. The RTE is against all Board examinations to be held before Std 8. But that does not mean children should not be able to voluntarily check their skills as they study. The present Std 10 Board examinations have lost all value and there is a need to reform the examination system completely.

Quality education

There is a lot more to be done beyond elementary education. Every stage of education needs a relook and reform. Unfortunately, the political leaders are not engaged enough with issues of the future which is already upon us. It will not do to leave decision-making to educationists and bureaucrats. Systems will not reform themselves. Perhaps developments like increasing enrolment in private schools will creep up on the system from outside and force it to change. One thing is clear, the status quo is not good and it will not sustain.

One way or another, a new breed of political leaders is going to take over India in the next decade. Informed judgments will be needed if decisive changes are to be made. But it remains to be seen whether the new generation of political leaders will bring a new outlook, energy, and dedication to education or whether they will continue to run on the old tracks.

It is common sense that a strong and sturdy foundation is crucial for a good building. It is also well known that the foundations, although usually underground and not visible, make a critical difference to the strength, scope and scale of the actual building. Similarly, what we do with our children in early grades in school sets the tone and the pace for what will be possible for them to achieve in the future.

Learning method

The thrust of policy and practice in India is beginning to shift from “schooling” to “learning” [533]. The *Twelfth Plan document underlines the importance of learning outcomes*. One of the most important steps

[533] Aser; January 15, 2014 (2013) Annual Status of Education Report (Rural) 2013

for long run and sustainable improvement in learning outcomes is to focus at the beginning. For the 2014-15 school year the annual work plan guidelines of Sarva Shiksha Abhiyan have new insertions that underline the importance *of building solid foundations of language and numeracy in early grades*. India's Right to Education Act "guarantees" education from age six and provides 25% reservation in private schools for economically disadvantaged students from the first year in school.

Influence of LKG/UKG[534]

It is worth thinking about what children do before entering Std. I and how that may influence their early learning opportunities. ASER data suggests that in states with high incidence of private schooling, a signification proportion of three and four year olds go to LKG/UKG. It is quite likely that children who enrol in Std. I in private schools are coming with a one- or two-year period of "preparation" or school readiness. Anecdotal information suggests that private schools discourage direct enrolment of young children in Std. I and re-direct such children to LKG or UKG. It is also likely that children who eventually enrol in Std. I in government schools come either from anganwadis or have not been to any early childhood education program. Rising educational aspirations and the assumption that more schooling is better often leads parents to enrol children early into school, especially in states or areas where anganwadi services are weak. All of these factors may help to explain the age gap and also the learning advantage of private school students. Clearly, much more analysis is needed both with available ASER data as well as with new research to understand the pathways of children through primary school and beyond.

Curriculum[535]

Serious discussions also need to take place in India about curriculum expectations in Std. I. Where to start from, how to move forward, how far (and deep) to go and how fast? Analyses of different Std. I textbooks across states reveal many underlying assumptions related to content, method and pace. At age 5, children's ability to learn needs to be scaffolded well but in most states the Std. I curriculum covers a great deal of content very quickly, so that many children get left behind even before they have started.

Curriculum or textbooks are means to an end. It is the end – learning – that is of key importance. Learning goals need to be stated. What we want our children to be able to do by the end of the first year (or even the second year) of school needs to be clearly laid out. The articulation should be simple enough so that parents and teachers understand it well and can work together to enable children to achieve these goals. The goals need to be within the reach of the majority of all children enrolled in Std. I. Regardless of what the Right to Education Act says about completing the syllabus on time, it is critical that the goal of the first year in school be widely understood not as a race to finish all chapters in the textbook, but to enable all children to reach the learning objectives that have been decided on.

[534] Aser; January 15, 2014 (2013) Annual Status of Education Report (Rural) 2013
[535] Aser; January 15, 2014 (2013) Annual Status of Education Report (Rural) 2013

Role of parents[536]

Finally, the role that families, especially mothers, can play in supporting children's learning must be integrated into learning support interventions for children in Std. I. For example a recent study tracking children in early years in Assam, Rajasthan and Andhra Pradesh found that although a high proportion of young children in Andhra Pradesh had been to private schools and pre-schools, children in Assam who had attended Anganwadis did better on many dimensions of school readiness. What was different in Assam was that mothers were more educated and home literacy environments were much richer - more mothers telling stories and reading stories to children, for example. Another study conducted in rural Rajasthan and Bihar with mostly illiterate and unschooled mothers of children (age 4 to 8) concluded that specific engagement activities that mothers did with children led to improvements in children's ability to read and to basic arithmetic[537].

Money matters[538]

In 2009, the ASER survey introduced a series of questions to track the flow of money in schools. The questions were referred to as "PAISA" and aimed at understanding the processes through which financial resources reached schools. PAISA began at a time when India's financial allocations toward elementary education had increased significantly. Between 2007-08 and 2012-13, India's elementary education budget had more than doubled from ₹68,503 crore to ₹147,059 crore. Yet, as financial allocations were increasing, ASER reports regularly highlighted the fact that learning outcomes were stagnant and more recently worsening. While money allocated and spent is not necessarily the route to achieving outcomes, this widening gap between financial allocations and outcomes does raise some important governance questions – Are we allocating the right resources to the right activities? Who makes plans? Who takes expenditure decisions on the ground? How do funds flow? Does money reach where it is supposed to? We believed that understanding the pathways through which outlays translate into action on the ground and unpacking the process of decision-making would offer some insights into this puzzle of increased outlays and stagnant (or rather worsening) outcomes. In its essence then, PAISA is an exercise that tries to connect the micro (implementation process) with the macro (national level resource allocation decisions).

A second (and arguably more important) rationale for PAISA is a belief that greater citizen engagement with government resources is critical to ensuring accountability for outcomes. The Right to Education mandates the creation of school management committees (SMC) tasked with planning and monitoring school level resources. However, little effort has been made to empower SMCs to make these plans. For the most part SMC members and the community at large has little knowledge of money flows and resources available in the schools – this is information that technocrats prefer to keep close to their hearts. Through PAISA, they hoped to bring this information directly to citizens. During the ASER survey all volunteers were given a poster to paste on school walls that provided basic information on the grants that schools ought to receive. In the long term we hope that PAISA data on money flows would actually be shared and used by SMC members to plan and make the school accountable.

So what have we learnt from four years of PAISA?

[536] Aser; January 15, 2014 (2013) Annual Status of Education Report (Rural) 2013
[537] Poverty Action Lab (2012): The impact of mother literacy and participation programs on child learning in India; http://www.povertyactionlab.org/evaluation/impact-mother-literacy-and-participation-programs-child-learning-india
[538] Aser; January 15, 2014 (2013) Annual Status of Education Report (Rural) 2013

1. Planning, budgeting and decision making are de-linked from outcomes: First and foremost, ASER's analysis of budgetary allocations and expenditure suggests that there is no correlation between overall expenditure and learning outcomes. PAISA 2013 mapped per-student elementary education allocations with ASER outcome numbers to find absolutely no link between budgetary allocations and learning levels. The increase of ₹1,000 in per-student allocations increased the proportion of students in Std. 3-5 who can read a Std. 1 textbook by a mere 0.2%. So clearly, the allocation is not giving the right resources to the right activities.

2. Top-down resource control: The second most important finding is that the entire elementary education planning and budgeting system is extremely centralized. The first step in the PAISA process was to unpack the Sarva Shiksha Abhiyan budgetary envelope to identify what monies in fact reached the school and what aspects of these funds the school had control over. The findings varied little across years, here the 2012-13 numbers will be shared. In 2012-13, 43% of the SSA budget was allocated to teachers and 35% was allocated to school level infrastructure. Programs aimed at providing direct entitlements to children (mandated under the RTE) accounted for 12% of the budget. And quality specific programs like the Learning Enhancement Program[539] and the Innovations programs received a meager 2%!

All critical teacher-related decision-making, hiring and salary payment for example, lie with the state administration. Funds for infrastructure development are often channelled to schools; however, key decisions related to implementation - sanctions and procurement are taken by the district administration. While the district takes implementation decisions, priorities on the nature of infrastructure to be created are set by the State government, often in response to pressures placed on it by the Government of India (GOI). For instance, in 2011, the Supreme Court of India issued an order requiring that all schools meet the RTE norms for girls' toilets by the end of the year. This resulted in a rush of activity in many states to initiate toilet construction. Orders were issued to districts, which in turn directed schools to start construction.

These top-down decisions result in serious distortions during implementation. In 2013, PAISA researchers undertook a workflow analysis to try and understand the consequences of top down decision-making in infrastructure. The following anecdote best illustrates our findings. In a school in Nalanda, Bihar, the Headmaster had received a grant for building a boundary wall in 2012. When asked "When did you make the request for the wall?" here's what he told our researchers: he never did! The wall was sanctioned at the state level based on DISE data, and finalized at the district level. When asked if he was satisfied with the way the civil works process was conducted, he shrugged his shoulders and said, "The wall is built, this is good. But the main problem here is the lack of clean water as the children get sick. We don't know who to talk to about this. And honestly, the DISE form doesn't ask us for this information".

Interwoven in this top-down system is an intent to involve schools and parents in decision-making through school management committees. However, in practice, schools and therefore school committees and parents have control over very small amounts of money - in 2012-13, this accounted for a mere 2% of the total SSA budget. These monies arrive in schools as school specific grants that are tied to specific expenditure items – so if a school wants to spend its school development grant on buying reading material, well the rules won't allow it.

[539] http://ngospeaks.wordpress.com/2012/01/16/ssa-punjab-pratham/

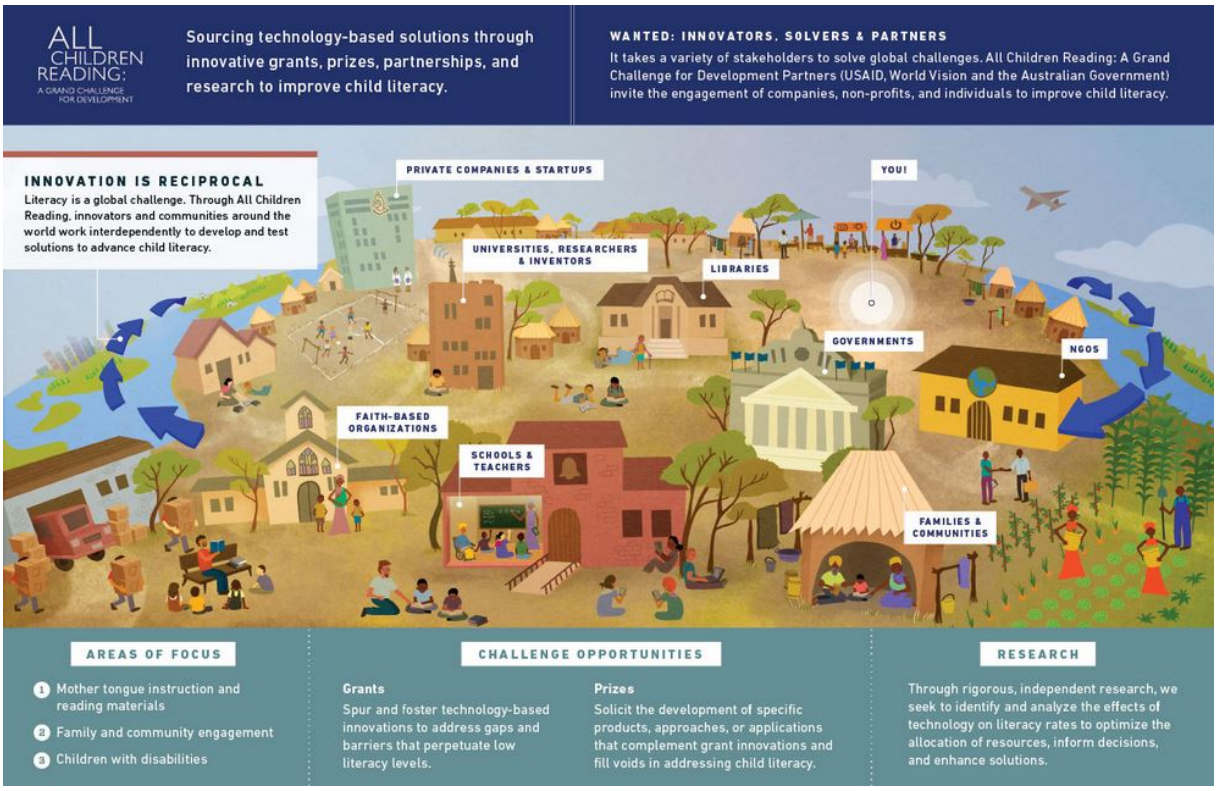
In essence, then, PAISA has taught that the top-down decision making governance system in education has resulted in a mismatch between school level needs (even of the most basic things like inputs) and actual expenditure.

3. Process related bottlenecks in fund flows: Finally, one of the most important findings of the PAISA surveys is that the expenditure management system is riddled with process-related bottlenecks. In all the years that we have tracked money, no state in the PAISA national survey was able to ensure that schools receive their grants at the start of the school year. We found year after year that on average, just about half of India's schools had received this money by November, which is half way through the school year. This had a knock on effect on school level expenditures as headmasters rushed to spend money, resulting in a disconnect between school needs and actual spending. Moreover, this creates serious disincentives for community participation. After all, why plan if there is no money to spend! The detailed district studies suggest that these delays in getting money to schools are a result of process inefficiencies that run through the entire expenditure chain from the Government of India to district governments. Solving this problem will require a massive overhaul of the governments' expenditure management systems.

So in sum, the broad conclusion to draw from PAISA is that in the current system, GOI, State and the District are the key factors in determining plans, budgets and implementation procedures. Thus it is these levels of government and not the school or parents that determine outputs and outcomes. This raises important challenges for the elementary education establishment as it begins to take baby steps toward building an outcomes focus. As ASER and Pratham have repeatedly highlighted, an outcomes based system requires autonomy and innovation at the school level. School level actors need to have the flexibility and incentive to identify school specific learning needs and innovate with different pedagogical practices to meet these needs. But can this be achieved through such a centralized, top–down governance system? Through its work, PAISA hopes to repeatedly ask this question in order to push public debate on how to build state capacity and administrative capability to build an education system focused on learning outcomes.

Best practises

No. 28: India learning camps in villages: Pratham / Usha V. Rane by USAID (http://allchildrenreading.org/)



PRATHAM EDUCATION FOUNDATION - Literacy Numeracy Achievement Through Periodic Learning Camps[540]

Location Implemented: India

Organization Website: http://www.pratham.org/

Problem Statement: Problem: teaching days lost, lack of focus on important skills of learning to be acquired, and children who cannot read.

Innovation Summary: Pedagogical approach that combines Learning to Read and Reading to Learn by hosting intensive monthly "learning camps" at schools and in communities throughout the school year and summer months.

Impact: This method of Combined Activities for Maximized Learning (CAMaL) combines doing, speaking, reading, and writing around each learning activity for better learning, comprehension, and retention.

SESAME WORKSHOP INITIATIVES INDIA - Learn to Read - Read to Learn

Location Implemented: Bihar, India

Organization Website: http://www.sesameworkshopindia.org/press/press-releases.html/165-sesame-workshop-initiatives-india-wins-award-at-all-children-reading-a-grand-challenge-for-development.html

Problem Statement: Although the enrollment in primary grades and access to school is almost universal in India, the quality of education is a major barrier for achieving learning outcomes. Most children have no access to age appropriate content or reading materials other than textbooks. Teachers do not have adequate capacities for delivering differentiated teaching methodologies and the current assessments do not measure essential skills such as comprehension and fluency.

[540] http://allchildrenreading.org & USAID Frontlines (2012) Alphabet Boot Camp; http://www.usaid.gov/news-information/frontlines/new-players-and-graduation/alphabet-boot-camp

Innovation Summary: This project and its methodologies which are extensible to children with severe and persistent reading difficulties will be implemented in 200 rural and urban schools, covering approximately 90,000 and 1,800 teachers of Bihar, an Indian state with one of the worst learning outcomes. Innovative multimedia content to improve reading skills, especially comprehension and fluency, extensible to children with severe and persistent reading difficulties, using low cost technology for capacity building, and assessment tools for measuring comprehension and fluency.

Impact: This project and its methodologies will be implemented in 375 rural and urban schools. Project experienced initital delays and has been extended until March 2015. EGRA is a standardized tool widely used for testing English language skills amongst children. The tool is extensively used and had been locally adapted in several countries. Since, ERGA has never been contextualized in Hindi, we followed a comprehensive process to customize the tool, specifically: translation, adaption, contextualization and formative testing. In the second phase (August 2014), we will introduce digital sessions in 25 schools in Patna district.

Collaborators/Partners: The project will receive technical support from RTI for assessments; Datawind (the makers of the Akash Ubislate 7+) or other low-cost tablet company for technology; Center for Early Childhood Education and Development (CECED); and expertise pertaining to Dyslexia and severe and persistent reading difficulties by the Department of Human Development and Childhood Studies of the Lady Irwin College, Delhi University. Qualcomm and Gram Vaani also collaborate on this project.

PLANET READ - Putting Children's Reading Literacy on a Path to Lifelong Practice and Improvement

Location Implemented: India

Organization Website: http://www.planetread.org/

Problem Statement: In rural India, 42.5% of children in grades 3-5, cannot read a grade 1 level text (ASER 2011). Furthermore, in grade 5, a shockingly low 51.8% cannot read a grade 2 text. Reading instruction inside the classroom remains weak and supplemental reading instruction outside the classroom remains rare.

Innovation Summary: This project will introduce and distribute audio-visual content that includes same language subtitling (SLS) for TV programs, songs, music videos, and movies. The theory of change is that exposure at home to audio-visual content that contains SLS will reinforce reading skills learned in school and that regular SLS exposure will lead to increased rates of functional literacy achievement and decreased rates of complete illiteracy among primary school children where the SLS programming was delivered.

Collaborators/Partners: Indian Institute of Management, Ahmedabad

PRAGYA - Dynamic (and Decentralized) Education Information System for Planning & Improvement (DEISPI), a Solution for Marginalized Schools

Location Implemented: India

Organization Website: http://www.pragya.org/

Problem Statement: Children in the Himalayan region usually do not complete their education and are not encouraged to pursue one.

Innovation Summary: DEISPI will disseminate a system for perpetual stakeholder-based (communities, students, teachers, and social actors) monitoring and generation of education data, on three dimensions (student reading levels, instructional quality, and school operation).

Impact: The data will guide area-specific planning, as well as school/teacher/student-specific improvement actions, via peer-group 'education dialogues' for collaborative educational problem-solving.

School on Wheels

With the Right To Education Act & Sarva Shiksha Abhiyan enforced for a considerable amount of time now, India still has over 16 million out-of-school-children (roughly equivalent to the population of Netherlands). A unique scheme called "Schools on Wheels" which focuses on such children has been launched by the Government with support from a number of private organisations[541]. According to the Govt. " This project ensures education to less settled groups of children i.e. those who live on pavements, railway platforms, street corners, brick kilns, and the children involved in child labour, etc. "[542]. 90% of the fund for this initiative is available through the District Innovation Fund whereas the rest has to be procured from the NGOs or from the public.

The Schools on Wheels program aims to:-

- Teach children (in the age group of 6-14 years) of migratory labourers by making the school available to children at their temporary-settlements.
- Provide education to other out-of-school children who could not be enrolled to school in time or who have had to (or were made to) resort to child labour in order to provide for and support their families.
- Reach children who have befallen to Drug-addiction
- Provide education to children who belong to less settled groups of the population or nomadic tribes viz. beggars, Gujjar tribes who migrate with their herds often.

In Punjab, Tata Winger vehicle has been used for the purpose. The whole vehicle has been refurbished and equipment such as LCD screen, Books, Book Shelves, Chairs, Laptops etc., have been placed inside the same. The one time set up cost of this "school on wheels" is roughly INR 12 lakh (USD 23, 280), and the recurring monthly cost is about INR 25, 000 (USD 485).

Since the target segment is children who have not had exposure to formal education system, informal ways of teaching and learning have been used. Three key goals have been established for teaching:

- Basic proficiency in local language
- Basic Arithmetic Skills (Number Recognition, Addition, Subtraction, Multiplication & Division)
- Basic English

Even though modern technology is being used for this program, it must be ensured that the same is done adequately in a limited time frame in order to cater to this large segment of children and bring them on equal footing with other children who have formal schooling. Adolescents and youth in the rural communities are ready and enthusiastic about updating their technical skills. The recently realeased Aakash tablet stands testimony for the same, as I have come across many young people in the villages of Northern India who have ordered the Aakash tablet and are eager to learn or improve their basic computer skills.

[541] Organizations like i-India: http://www.i-indiaonline.com/prog_sowheel.htm & Project crayon: http://www.projectcrayonsindia.org/school-on-wheels.html
[542] http://ngospeaks.wordpress.com/2012/05/19/school-on-wheels/

Many private organisations are also funding this program in various states. For example, Aviva Insurance has partnered with Save the children, an NGO working for child rights, where they are reaching out to street kids in Kolkata. A Danish organisation (BAT-KARTEL) recently funded a similar initiative for stone quarry workers community in Jodhpur (in the western state of Rajasthan). I sincerely hope that this innovative model – the School on Wheels program- is successful in reaching out to a large number of children who continue to be deprived of their RIGHT TO EDUCATION.

FRAME: Facilitating Reading Acquisition in Multilingual Environments

Location Implemented: Karnataka and Andhra Pradesh, India

Organization Website: http://www.air.org/

Problem Statement: Multilingualism is the norm in most educational settings of the developing world (in that either two or more languages are taught in schools, and/or the language(s) taught in schools are not the language(s) of the home or community). AIR's innovation will contribute to empirical evidence on when a child is 'ready' to transition from learning one language to another – a critical question for decision makers in most multilingual education settings. AIR is also beginning to understand how children learn to read so-called "alphasyllabic" languages, which has the potential to significantly increase the effectiveness of reading programs across South and Southeast Asia, with minimum resources for maximum impact.

Innovation Summary: This project will identify the strongest predictors of bi-literacy development in various educational contexts– i.e. when literacy instruction in English can be efficiently added to the regional languages and/or the mother tongue of the child. Discussions have been held with key education stakeholders to inform decisions on the allocation of resources for reading instruction, teacher training, and materials development; and how evidence can be used to build community and policy support for effective multilingual education.

Impact: Help uncover relative importance of several literacy-related skills - 600 children affected.

3.2 Lack of services for and care of children with special needs or disability

Mutha, a social worker, took on Lakhan's case when a constable called her after seeing the boy's photo in a local newspaper. Deaf and mute, nine-year-old Lakhan was tied to a pole with rags and his elderly grandmother, Sakubai, was obviously struggling to take care of him as well as herself. "He is deaf so he would not be able to hear traffic coming. If he ran onto the road, he'd get killed," Sakubai told. "See, it's a long rope," she said, holding out a piece of frayed cloth. There were many similar pieces of cloth tied to different poles. Sakubai told that Lakhan's father had passed away four years ago. His mother deserted them and his older sister ran away. She had done the best she could, selling trinkets on a nearby beach to earn a meager wage to feed them. There was no money for shelter so she stretched out a piece of cloth on the ground behind the bus stop where they both would sleep.

Meena Mutha had been struggling to find Lakhan a more suitable home since placing him in a government-run shelter for juveniles. It was better than the street but not suitable for a this boy. Mumbai only has one government-run centre for children with special needs and there was no room left for him. Her exasperation turned to hope when a father and son team, Alok and Parth Polke, stepped in with an offer to take in Lakhan for free. They also offered his grandmother a job in their hostel, in Satara, a scenic hill town not far from Mumbai. He's the first mentally-challenged student to live in the SSPM hostel, which until now has only been for children who can't hear or speak.

Polke said there were "thousands of Lakhans in India" who desperately need a roof over their heads. He said there are some homes for children who are deaf and dumb because they are comparatively easier to look after. However, children who are mentally-challenged need dedicated help: more staff, attention outside of school hours, funding, and infrastructure. "That's lacking everywhere in India," Polke said.

Lakhan appeared to settle in quickly into his new surroundings. Within an hour of reaching the hostel, he was running around in the yard, playing with the other children, each one a child of special needs, each one quickly engaged in a game of tag[543].

Numbers[544]

Disability is a multi-dimensional and complex construct and there is no single universally accepted, unproblematic definition of disability. Not only do definitions differ across countries but these also differ and change within a country with evolving legal, political and social discourses. It is very difficult to find reliable data about the prevalence of disability in India. In general, the search for a single prevalence rate is an illusion, and the range of estimates, and their varied origins, makes it difficult to say very much with assurance about people with disabilities. The two main large data-sets are the 2001 Census (Registrar General of India, 2001) and the 2002 National Sample Survey 58th Round (NSSO, 2003). Unfortunately, as Mitra and Sambamoorthi (2006) point out, the definitions of

[543] http://edition.cnn.com/2014/07/16/world/asia/india-disabled-bus-stop-boy-update/
[544] http://edition.cnn.com/2014/07/16/world/asia/india-disabled-bus-stop-boy-update/

disability used by these two enquiries differ in some fundamental ways[545]. The 2001 Census, covering five types of disabilities, recorded a prevalence rate of 2.13%, or 21.91 million people with disabilities out of a total population of 1028 million. The National Sample Survey Organisation (NSSO) 58th round (July-December 2002) survey reported that 1.8% of the population (18.5 million) had a disability. While 18-22 million people with disabilities is a large number, this is still arguably a gross underestimation, especially when one considers that World Health Organisation estimates a global prevalence rate of 10%. A leading Indian disability NGO, the National Centre for Promotion of Employment for Disabled People (NCPEDP), argues that 5 to 6% of the population has a disability. World Bank (2007: 12) notes that "the real prevalence of disability in India could easily be around 40 million people, and perhaps as high as 80-90 million if more inclusive definitions of both mental illness and mental retardation in particular were used".

According to the last census conducted in 2011, around 26.8 million people are in living with disabilities in India. That's 2.2% of the population of more than 1.2 billion. Still other bodies, including the World Bank, say the figure is much higher.

The Registrar General of India[546] agrees that the Indian data on disability are unreliable, due to few well-trained field investigators, and issues of social stigma. Underreporting due to stigma and a range of other socio-cultural variables has also been noted by the World Bank[547]; Kuruvilla and Joseph[548]; Erb and Harriss-White[549]. Moreover, societies where extended kin groups retain significant rights and obligations (as in much of Indian society) the impact of disability will be broader than where kinship groups are smaller and more individuated[550]. This is likely to impact on people's willingness to disclose disability within a family. More importantly, this lack of reliable estimates has an impact on the kind of policies and provisions that are framed for people with disabilities and indeed those for their families.

According to the 2001 Census report, amongst all persons living with disabilities, 35.9% were children and young adults in the 0-19 age group. Three out of five children in the age group of 0-9 years have been reported to be visually impaired. Movement disability has the highest proportion (33.2%) in the age group of 10-19 years. This is largely true of mental disability also[551].

Even though current disability figures are not the most reliable, it is noteworthy that national prevalence rates suggest that about 35% of people with disabilities are in the 10-29 years age group[552]. By comparison with 1991, incidence rates amongst the 0-9 age group have shown a decline, but there has been an increase in the incidence rates among the age groups of 10-29. The decreasing trends could be attributed to immunization coverage for polio eradication, especially since the figures for movement disabilities among the 0-4 age group in 2001 are well below those for the 5-9 and 10-

[545] United Nations Educational, Scientific and Cultural Organization (UNESCO); Dr. Nidhi Singal (2009) Education of Children with disabilities in India, Background paper prepared for the Education for All Global Monitoring Report 2010 Reaching the marginalized
[546] Registrar General of India (2001). Census of India. 2001. Available from: http://www.censusindia.net.
[547] Human Development Unit, South Asia Region, New Delhi; World Bank (2007). People with Disabilities in India: From Commitments to Outcomes
[548] Kuruvilla, S. and Joseph, A.I. (1999). Identifying disability: comparing house to house survey and rapid rural appraisal. Health Policy and Planning. 14 (2): 182-190
[549] Bangalore: Books for Change; Erb, S. and Harriss-White, B. (2002). Outcast from social welfare: Adult incapacity and disability in rural South India.
[550] RECOUP Working Paper No. 14. Cambridge: RECOUP; Singal, N. (2008a). Forgotten Youth: Disability and development in India
[551] Ministry of Women and Child Development (2007): Working Group Report on Women and Children for the Eleventh Five Year Plan (2007-2012) / Study on Child Abuse: INDIA 2007; Ministry of Women and Child Development, Government of India – p7
[552] United Nations Educational, Scientific and Cultural Organization (UNESCO); Dr. Nidhi Singal (2009) Education of Children with disabilities in India, Background paper prepared for the Education for All Global Monitoring Report 2010 Reaching the marginalized

19 age groups. The increasing rates among young adults could be due to factors such as accidents, on the road and/or at work. This raises important issues of access to education and a need for focusing on transitions (educational, socio-emotional, physical etc.) for young people with disabilities in later years.

Lack of care in India[553]

Many of them are children whose needs aren't being met by government shelters. Even the government admits the lack of facilities for disabled children in India is a serious problem. "*There should be lots more institutions for these kinds of children*," said Vijaya Murthy, a member of the government-run Child Welfare Committee in the state of Maharashtra. When asked why the state had not established more institutions, she said the responsibility did not lie with the government alone. "*Society and government should come forward and have some rehabilitation plans for special needs children*," she said. She was unable to provide details of any specific plans the government has to rehabilitate thousands of other children like Lakhan in India, many of whom remain invisible and ignored. 90% of India's 36 million children with disabilities are out of school[554].

Nature and severity of disability[555]

The table below indicates the differences in enrolment according to the type of disability.

Table 2: *Enrolment according to the type of disability*

Disability in	**Grades**		
	I-V	**VI-VIII**	**I-VIII**
Seeing	20.79	32.87	24.02
Hearing	11.69	11.04	11.52
Speech	13.04	8.28	11.77
Moving	27.28	32.09	28.56
Mentally Retarded	19.68	8.62	16.73
Others	7.51	7.10	7.40
% to total enrolment	0.79	0.80	0.80

Source: Compiled from DISE 2006-2007

Almost one in every three children with disabilities in elementary classes has some problem in moving (28.56%). About 24% are visually handicapped, 12% hard-of-hearing, 12% disabled in speech, about 17% are mentally retarded and 7% have other types of disabilities. This percentage is quite similar to percentages in the previous year DISE data-sets.

[553] http://edition.cnn.com/2014/07/16/world/asia/india-disabled-bus-stop-boy-update/
[554] Qxfam India, Centre for Legislative Research and Advocacy (2009); Welcome Kit for Parliamentarians: Reaching the MDGs in India
[555] United Nations Educational, Scientific and Cultural Organization (UNESCO); Dr. Nidhi Singal (2009) Education of Children with disabilities in India, Background paper prepared for the Education for All Global Monitoring Report 2010 Reaching the marginalized

Some interesting differences are evident as children make the transition from primary to upper primary classes. Compared to 20.79% of children with visual impairment in primary classes, their percentage in upper primary classes is as high as 32.87%. On the other hand, figures for children with mental retardation show a significant decline in numbers.

The World Bank (2007) report drawing on the NSS data, further reminds us that the severity of impairment is an important variable, with almost three quarters of children with severe disabilities being illiterate and the same share do not attend school. At the other end, those with only mild disabilities, who do not necessarily need any aids/appliances or significant modifications in teaching and learning methods (TLM), close to one third of these are not in school. Thus, across the levels of severity, irrespective of the nature of disability, a shared picture of lack of progress beyond primary school emerges starkly.

Causes of Disability[556]

Many of the causes of disability are preventable by providing expecting mothers with better prenatal and post natal care as well as proper nutrition for infants and mothers.
The main causes of disability in children are:

- Communicable diseases
- Infection in early childhood
- Early motherhood
- Nutritional deficiencies
- Insufficient or inaccessible health care services
- Inadequate sanitation
- Inter-family marriages

History of Trends

Though children with Special Educational Needs (SEN) may result from a number of factors, in this chapter, however, we are concerned with those arising from physical, sensory and intellectual disabilities. This chapter discusses the issues relating to the provisions, practices and curricular concerns.

Trends in provisions in India reflect that the leading policy predisposition before the 1970s has been that of segregation[557]. During the 1880s Christian missionaries started schools for the disabled on grounds of charity. This was followed by the government initiatives to establish separate workshops, model schools, central Braille presses and employment exchanges for the disabled population of the country. However, the changing approaches to disability from the charity model to the human rights model have resulted in diversity of policy and practice. In the 1970s the IEDC scheme was launched by the Union government for providing educational opportunities to learners with SEN in regular schools. Nevertheless, the statistics show that though the integration of learners with SEN gathered some momentum, the coverage under this scheme remained inadequate. There was a clear need for fuller access of children with SEN to all educational opportunities. Dissatisfaction with the slow progress towards integration along with the consideration of the costs involved led to a demand for

[556] Child Line India; http://www.childlineindia.org.in/children-with-disabilities.htm
[557] National Council of Educational Research and Training, (2006); Position Paper National Focus Group on Education of Children with Special Needs

a radical change. After the World Conference on Special Needs Education in Salamanca in 1990s, inclusion became the magic word in the educational field. The Salamanca Statement adopted by representatives of 92 Governments and 25 International Organisations has, in fact, set the policy agenda for inclusive education on a global basis. Inclusive education refers to all learners, young people – with or without disabilities being able to learn together in ordinary pre-school provisions, schools and community educational settings with appropriate network of support services.

In addition to the provision of aids and appliances, a flexible, broad and balanced curriculum that can meet the needs of all children is the call of the day. ***The paper***, therefore, ***proposes an inclusive curriculum for all students without discrimination on the basis of gender, ethnic origin, socio economic group, disability or ability***. An inclusive curriculum recognises the need of schools to be organised with the individual differences of students in mind and is flexible enough to enable all students to achieve their goals. Implementation of an inclusive curriculum would require a number of changes in present day teaching practices, curriculum content, evaluation procedures and available resources at the school level. The goal of providing quality education would remain elusive as long as the concept of inclusion is not linked to broader discussions on pedagogy, and effective participation of all children in the learning experiences is provided in the classrooms. The implementation of a programme of inclusive education would also involve curricular modifications and the use of human and technological support, including the use of ICT. It is also important to mobilise support from parents, the community, and special schools. Considering the above context, specific recommendations have been made in the paper for developing guidelines for planning and implementing effective policies and programmes for education of children with special needs.

Shifting models of Disability: Historical Progression

The shifting approaches to disability have translated into very diverse policies and practices. The various models of disability impose differing responsibilities on the States, in terms of action to be taken, and they suggest significant changes in the way disability is understood. Law, policy, programmes, and rights instruments reflect two primary approaches or discourses:

a) disability as an individual pathology and, b) as a social pathology. Within these two overriding paradigms, the four major identifiable formulations of disability are: the charity model, the bio-centric model, the functional model, and the human rights model[558].

The Charity Model: The charity approach gave birth to a model of custodial care, causing extreme isolation and the marginalisation of people with disabilities. Unfortunately, in some contemporary practices the reflection of this model can still be traced.

The Bio-centric Model: The contemporary bio-centric model of disability regards disability as a medical or genetic condition. The implication remains that disabled persons and their families should strive for "normalisation", through medical cures and miracles. Although, biology is no longer the only lens through which disability is viewed in law and policy, it continues to play a prominent role in determining programme eligibility, entitlement to benefits, and it also influences access to rights and full social participation[559].

[558] National Council of Educational Research and Training, (2006); Position Paper National Focus Group on Education of Children with Special Needs
[559] International Journal of Human Rights; Mohit, A. (2003); "Human Rights Model and Access"

The Functional Model: In the functional model, entitlement to rights is differentiated according to judgments of individual incapacity and the extent to which a person is perceived as being independent to exercise his/her rights. For example, a child's right to education is dependent on whether or not the child can access the school and participate in the classroom, rather than the obligation being on the school system becoming accessible to children with disabilities.

The Human Rights Model: The human rights model positions disability as an important dimension of human culture, and it affirms that all human beings are born with certain inalienable rights. The relevant concepts in this model are:

- Diversity: The principle of respect for difference and acceptance of disability as part of human diversity and humanity is important, as disability is a universal feature of the human condition.
- Breaking Down Barriers: Identifying barriers that restrict disabled persons' participation in society. In education, for example, where individuals were formerly labelled as not educable, the human rights model examines the accessibility of schools in terms of both physical access (i.e., ramps, etc.) and pedagogical strategies.
- Equality and Non-Discrimination: In international human rights law, equality is founded upon two complementary principles: non-discrimination and reasonable differentiation. The doctrine of differentiation is of particular importance to persons with disabilities, some of who may require specialised services or support in order to be placed on a basis of equality with others. Differences of treatment between individuals are not discriminatory if they are based on "reasonable and objective justification". In concrete terms, it means embracing the notion of positive rights, affirmative action, and reasonable accommodation.
- Reasonable Accommodation: The introduction of necessary and appropriate measures to enable a person with a disability fully to enjoy fundamental rights and freedoms and to have access without prejudice to all structures, processes, public services, goods, information, and other systems.
- Accessibility: The United Nations Economic and Special Commission for Asia and the Pacific (UNESCAP) has defined "accessibility" as "the measure or condition of things and services that can readily be reached or used (at the physical, visual, auditory and/or cognitive levels) by people including those with disabilities"[560].
- Equal Participation and Inclusion: By focussing on the inherent dignity of the human being, the human rights model places the individual at centre stage, in all decisions affecting him/her. Thus, the human rights model, respects the autonomy and freedom of choice of the disabled, and also ensures that they, themselves, prioritise the criteria for support programmes. It requires that people with disabilities, and other individuals and institutions fundamental to society, are enabled to gain the capacity for the free interaction and participation vital to an inclusive society.
- Private and Public Freedoms: The human rights approach to disability on the one hand requires that the States play an active role in enhancing the level of access to public freedoms, and on the other requires that the enjoyment of rights by persons with disabilities is not hampered by third-party actors in the private sphere. Educational institutions and industry, both in the public and private sectors, should ensure equitable treatment to persons with disabilities.

Educational Provisions for Children with Special Needs

Integrated Education

In the 1970s, the government launched the Centrally Sponsored Scheme of Integrated Education for Disabled Children (IEDC). The scheme aimed at providing educational opportunities to learners with

[560] Rioux, M.H. and Mohit, A. (2005); Human Rights Disability and Law: National Human Rights Commission New Delhi.

disabilities in regular schools, and to facilitate their achievement and retention. The objective was to integrate children with disabilities in the general community at all levels as equal partners to prepare them for normal development and to enable them to face life with courage and confidence.

Meanwhile, the National Council of Educational Research and Training (NCERT) joined hands with UNICEF and launched Project Integrated Education for Disabled Children (PIED) in 1987, to strengthen the integration of learners with disabilities into regular schools. An external evaluation of this project in 1994 showed that the enrolment of learners with disabilities had increased considerably. In 1997 IEDC was amalgamated with other major basic education projects like the DPEP (Chadha, 2002) and the Sarva Shiksha Abhiyan (SSA) (Department of Elementary Education, 2000).

The IEDC scheme provides for a wide range of incentives and interventions for the education of children with disabilities. These include preschool training, counselling for parents, allowances for books and stationery, uniforms, transport, readers and escorts, hostel facilities, and other assistive devices. The scheme provides one special teacher for every eight children with disabilities, community involvement, and a resource room in a cluster of eight to 10 schools. A number of voluntary organisations are implementing the scheme in the various States.

Table 1: Enrollment of Disabled Children in Schools Under The Integrated Educational Programme (Stage: Primary)

Area	Management	Type of Disability					
		Visual Impairment	Hearing Impairment	Orthop-aedic Handicaps	Mental Retard-ation	Others	Total
Rural	Govt	1539	1307	15168	1066	2070	21150
	Non-Govt	391	354	2189	188	80	3202
	Total	1930	1661	17357	1254	1250	24352
Urban	Govt.	896	1420	5072	1694	1382	10464
	Non-Govt.	982	1877	3959	800	1538	9156
	Total	1878	3297	9031	2494	2920	19620
Total	Govt.	2435	2727	20240	2760	3452	31614
	Non-Govt	1373	2231	6148	988	1618	12358
	Total	3808	4958	26388	3748	5070	43972

Note: Govt includes the Central Government and the State Governments as also Local Bodies and Non-Govt includes Pvt. Aided and Pvt. Unaided.

Source: NCERT, 1998

Table 2: Enrollment of Disabled Children in Schools Under the Integrated Educational Programme (Stage: Upper Primary)

Area	Management	Type of Disability					
		Visual Impair-ment	Hearing Impair-ment	Orthopaedic Handicaps	Mentally Retard-ation	Others	Total
Rural	Govt.	996	533	6734	369	926	9558
	Non-Govt.	262	264	1582	67	141	2316
	Total	1258	797	8316	436	1067	11874
Urban	Govt.	604	904	3781	271	251	5811
	Non-Govt.	736	581	2293	572	1467	5649
	Total	1340	1485	6074	843	1718	11460
Total	Govt.	1600	1437	10515	640	1177	15369
	Non-Govt.	998	845	3875	639	1608	7965
	Total	2598	2282	14390	1279	2785	23334

Note: Govt. includes the Central Government and the State Governments as also Local Bodies and Non-Govt. includes Pvt. Aided and Pvt. Unaided.

Source: NCERT, 1998

As evident from the tables above, until 1998, integrated education was provided to 8,90,000 learners in different States till the senior secondary level (NCERT, 1998). By the year 2002, the scheme had extended to 41,875 schools, benefitting more than 1,33,000 disabled children in 27 States and four Union Territories (Department of Education, MHRD, 2003). The total number of learners with SEN enrolled in regular schools under DPEP was more than 5,60,000: this represents almost 70% of the nearly 8,10,000 learners with SEN identified under this programme (DPEP, 2003).

In 2002 the enrolment ratio per 1000 disabled persons between the ages of 5–18 years in ordinary schools is higher in the rural areas (475) than it is in the urban areas (444)[561]. The Office of the Chief Commissioner of Persons with Disabilities stated that not more than 4% of children with disabilities have access to education. Whatever may be the case, the enactment of legislations by the State Governments has helped in facilitating access to education for all learners with SEN by introducing various entitlements like reservations, scholarships, allowances, etc.

About 11% of disabled persons between the ages of 5–18 years were enrolled in special schools in the urban areas as compared to less than 1% in the rural areas[562] (NSSO, 2002).

Despite the efforts of governmental and nongovernmental organisations (NGOs), there is still a significant need to facilitate access of disabled children to educational institutions and to education in general. The first and foremost strategy for any country, and especially India, must therefore be to increase the access to education for learners with SEN. Though awareness is being created by the

[561] National Sample Survey Organisation (NSSO), (2002)
[562] NSSO (2002). '"Disabled Persons in India". Website of the Office of Chief Commissioner of Persons with Disabilities in India, htpp://www.ccdisabilities.nic,in/disability%20india.htm. (Accessed on October 1, 2003)

inclusion of learners with SEN in major educational programmes like the DPEP and now the SSA, most of them address SEN as a segregated issue rather than as one that runs through all initiatives. This is supported by the fact that under the SSA, training, linkages with parents, salaries of special educators, aids and appliances, etc. are all provided through the separate provision of ₹1200 per disabled child per annum. The total money available for such services thus depends on the number of disabled children identified. In addition, access to curriculum and physical access to the school are also issues that need to be addressed immediately.

Though the integration of children with SEN has gathered momentum in the country since 1974, there are other possibilities for these children to gain an education. For example, the National Institute of Open Schooling offers courses that have the advantage of being specially adapted to the needs of every child as well as giving the child every opportunity to progress at his/her own pace. Another example is Alternative Schooling[563] and community-based rehabilitation programmes.

Changing Role of Special Schools

Special schools have been set up in the past and provisions have been made for integrated education. In 1947, India had a total of 32 such schools for the blind, 30 for the deaf, and three for the mentally retarded[564]. The number of such schools increased to around 3000 by the year 2000 (NCERT-UNESCO Regional Workshop Report, 2000). Thus India at present has what Pijl and Meijer[565] refer to as "two tracks". In other words, it has parallel but separate policies on segregation and integration.

Special schools for children with visual impairment, hearing impairment, and locomotor disabilities are streamlined to follow a curriculum that is almost in line with the general education curriculum. The plus curriculum and the adaptation of instructional methodologies are followed where necessary. Children with mental retardation on the other hand require a specialised curriculum to meet their specific educational needs.

Early Intervention and Preschool Programme for Children with SEN

The identification of SEN of children at an early age is crucial to helping them cope with challenges in later life. Thus, the sensitisation, orientation, and training of parents, caretakers, and other stakeholders become imperative. As per the NSSO (2003), 8.4% and 6.1% of the total estimated households in rural and urban India, respectively, are reported to have at least one disabled person. Therefore, orienting Anganwadi and Balwadi workers, caregivers, and institutional authorities in early childhood education programmes is highly desirable and needs to be built into the ICDS programme.

Already developed curriculum packages[566] for preschool children in communication skills, self-help skills, social skills, and specific motor skills may be used. Audio-visual packages for promoting skills in physical, motor, affective, cognitive, and language development of children "at risk" and with SEN may be utilised.

[563] Journal of Indian Education; Special Issue on Education of Learners with Special Needs. New Delhi: NCERT; Advani, L. (2002). "Education: A Fundamental Right of Every Child Regardless of His/Her Special Needs"
[564] Disability in India: www.ccdisabilities.nic.in
[565] Pijl, S.J. and Meijer, C.J.W. (1991). "Does Integration Count for Much? An Analysis of the Practices of Integration in Eight Countries'", European Journal of Special Needs Education, 2: 63–73.
[566] Baroda: The Maharaja Sayaji Rao University of Baroda; Mohite, P. (1994). Working with Disabled Children: Curriculum and Assessment; Independent Study

Special arrangements in Education for children with disabilities[567]

Differing combinations of structural factors (such as caste, gender, religion, poverty etc.) intersect with disability resulting in varied individual experiences, but the broad commonalities that shape the lives of people with disabilities in India transcend these divisions. Their lives are largely marked by poverty and marginalisation from mainstream social processes. A recent study by the World Bank[568], for example, noted that children with disability are five times more likely to be out of school than children belonging to scheduled castes or scheduled tribes (SC or ST). Moreover, when children with disability do attend school they rarely progress beyond the primary level, leading ultimately to lower employment chances and long-term income poverty.

Government documents also describe marked variations in the provisions envisaged for different marginalised groups. Historically, SCs/STs have had a strong political lobby since independence and this is reflected in the provisions made for them. Article 46 of the Constitution makes a straightforward commitment to promoting the 'special care and education' of SC/ST populations, whereas Article 41 referring to children with disabilities, states: "The State shall within the limits of its economic capacity and development make effective provision for securing the right to work, old age, sickness and disablement." The clause, within the limits of the State's economic capacity and development, greatly reduces the expectation of urgent action that is seen in Article 46. Such caveats have had a significant impact on the national planning process. Majumdar[569], analysing educational provisions for various disadvantaged groups across different states, sums up the scenario for children with disabilities as: "Apparently, nothing is available other than a few government scholarships, facilities in the form of a couple of institutions for boys and girls and institutes for training teachers for the disabled…for the mentally disabled, no conscious developmental scheme is focused on by any of the states."

According to UNESCO's report (2010) both the rates of educational participation and outcomes of education, remain very poor for children and young adults with disabilities, even though various efforts have been made in the recent past. Illiteracy rates for this group remain much higher than the general population and school attendance continues to lag behind that of non-disabled peers. In presenting this data there is no distinguish mentioned between the different disabilities in the way Pijl and Meijer[570] present, the "two tracks", children with a physical disorder in any way and children with mental retardation on the other hand who require a specialised curriculum to meet their specific educational needs. More clarification is needed to be able to work with this data.

Continuing with the same focus not knowing if the "two tracks" are taken together, based on NSS data, the World Bank (2007: 64) report categorically states that, "it is very clear that both educational attainment of all PWD[571] and current attendance of CWD[572] are very poor and far below national averages". Data suggests that people with disabilities have much lower educational attainment rates, with 52% illiteracy against a 35% average for the general population. Illiteracy levels are high across all categories of disability, and extremely so for children with visual, multiple and

[567] United Nations Educational, Scientific and Cultural Organization (UNESCO); Dr. Nidhi Singal (2009) Education of Children with disabilities in India, Background paper prepared for the Education for All Global Monitoring Report 2010 Reaching the marginalized
[568] Human Development Unit, South Asia Region, New Delhi; World Bank (2007); People with Disabilities in India: From Commitments to Outcomes
[569] In M. Mukhopadhyay and R. S. Tyagi (Eds.), Governance of School Education in India. New Delhi: NIEPA; Majumdar, S. (2001). Educational programmes for the disadvantaged groups;p123
[570] Pijl, S.J. and Meijer, C.J.W. (1991). "Does Integration Count for Much? An Analysis of the Practices of Integration in Eight Countries'", European Journal of Special Needs Education, 2: 63–73.
[571] People with disabilities
[572] Children with disabilities

mental disabilities (and for children with severe disabilities across all the categories). Equally, the share of children with disabilities who are out of school is around five and a half times the general rate and around four times even that of the Scheduled Tribe population. Even in states with good educational indicators and high overall enrolments a significant share of out of school children are those with disabilities: in Kerala figures stand at 27% and in Tamil Nadu it is over 33%. Data also indicates that across all levels of severity, CWD very rarely progress beyond primary school.

Policy developments: historical review and current trends[573]

Analysis of various government reports and policy documents clearly suggest that international mandates and policy frameworks have provided a significant impetus to efforts undertaken at the national level. The UN General Assembly's declaration of 1981 as the International Year of Disabled Persons; proclamation of 1983-1992 as the Decade of the Disabled by UN; followed by the UNESCAP Decade of the Disabled Persons from 1993-2002; and subsequently the World Conference on Special Needs Education in Salamanca in June 1994, have all played an important role in bringing the spotlight on to people with disabilities, especially on education as a vehicle for integration and empowerment. Not surprisingly, many of these mandates have shaped new national legislations and policies. Here the following four legislations have had a significant impact on the government and the NGO sector, of these the first three are specific to people with disabilities:

- Rehabilitation Council of India Act (1992): states that CWSN will be taught by a trained teacher.
- Persons with Disabilities Act (1995): educational entitlement for all CWSN[574] up to 18 years in an appropriate environment.
- National Trust Act (1999): provide services and support to severely disabled children.
- The 86th Constitutional Amendment (2007): free and compulsory education to children, up to 14 years.

These legal mandates have also helped shape the comprehensive National Action Plan for Inclusion in Education of the Children and Persons with Disabilities (MHRD, 2005), and the National Policy for Persons with Disabilities in 2006 (an MSJE initiative). While some have argued that India has one of the most progressive disability policy frameworks amongst the developing economies, I would note that there remains a huge challenge in operationalising this vision, which is in itself marked by contradictory and conflicting messages. Thus, there is a need to critically re-examine some of the assumptions that have underpinned these frameworks. For example, while the PWD Act makes an attempt at purporting a rights-based approach, the guidance in achieving the vision it offers is very weak, and there remain too many caveats. Additionally, the Act lacks any strong enforcement mechanisms.

Educational approach towards Children with Disabilities[575]

The Sargent Report produced in 1944 and written prior to independence (Central Advisory Board of Education, 1944), and the Kothari Commission (Education Commission, 1966)—highlight the government's approach towards the education of children with disabilities. Both these reports stressed the need to expand special and integrated facilities, both these reports recommended the adoption of a "dual approach" to meet the educational needs of these children. These reports

[573] United Nations Educational, Scientific and Cultural Organization (UNESCO); Dr. Nidhi Singal (2009) Education of Children with disabilities in India, Background paper prepared for the Education for All Global Monitoring Report 2010 Reaching the marginalized
[574] Children with Special Needs
[575] United Nations Educational, Scientific and Cultural Organization (UNESCO); Dr. Nidhi Singal (2009) Education of Children with disabilities in India, Background paper prepared for the Education for All Global Monitoring Report 2010 Reaching the marginalized

suggested that children with disabilities should not be segregated from normal children; rather, integrated education should be adopted. The Kothari Commission observed that "many handicapped children find it psychologically disturbing to be placed in an ordinary school" (Education Commission, 1966, p. 109) and in such cases they should be sent to special schools. The Sargent Report also endorsed similar recommendations[576]. This dual approach continued for the next 20 years and was reaffirmed in the National Policy of Education (MHRD, 1986). Section IV of the National Policy of Education entitled "Education for Equality" states that "where feasible children with motor handicaps and other mild handicaps will be educated with others, the severely handicapped children will be provided for in special residential schools" (MHRD, 1986: 6). A similar focus is articulated in the Persons with Disabilities Act, 1995 (Ministry of Law and Justice, 1996), which notes that, "it [the Act] endeavours to promote the integration of students with disabilities in the normal schools" (p. 12) and also promotes the "establishment and availability of special schools across the nation" (p. 12) in both Government and private sectors.

History of Government programs[577]

Over the years, the government has launched various programmes and schemes to meet its commitments towards the education of children with disabilities. Among the first of these efforts was the Project Integrated Education of the Disabled Children (PIED) launched in 1987 in collaboration with UNICEF, in 10 blocks in 10 States and Union Territories across the nation. Taking note of the outcomes and recommendations of the PIED, the Integrated Education for Disabled Children (IEDC) scheme, which was initially launched in 1974, was subsequently revised in 1992. This scheme was shifted from the Ministry of Welfare to the Department of Education and greater assistance was provided to children with disabilities in mainstream schools. The IEDC is currently operative and offers financial assistance towards the salary of teachers, assessment and provision of aids and appliances, training of special teachers, removal of architectural barriers, provision of instructional materials, community mobilization, early detection and resource support (MHRD, 1992). It covers 15,000 schools and has enrolled a total of 60,000 children (RCI, 2000).

With India becoming signatory to the Salamanca Statement (UNESCO, 1994), the 1990s saw the rapid incorporation of the term 'inclusive education' in various official documents, reports published by institutions such as the NCERT and media. The background paper of a workshop organised by the RCI stated: "while special education began in India with the establishment of special schools, it was in 1960s–1970s that integrated education began to be advocated; however, after 1994, inclusive education is strongly recommended" (RCI, 2001: 2).

This focus on inclusive education is evident in the approach adopted by the District Primary Education Programme (DPEP). At a national workshop organised to discuss the role of inclusive education, the Director of Elementary Education and Literacy argued: "Zero rejection policy had to be adopted as every disabled child had to be educated. But multiple options could be used … these include inclusive education, distance education, home-based education, itinerant model and even alternative schooling". (DPEP, 2001: 3)

The Sarva Siksha Abhiyan, SSA (into which DPEP was incorporated) thus extends the dual approach historically adopted towards the education of children with disabilities, by propagating a "multi-

[576] International Journal of Disability, Development and Education, 53 (3), Singal, N. (2006a); Inclusive education in India: international concept, national interpretation; p357

[577] United Nations Educational, Scientific and Cultural Organization (UNESCO); Dr. Nidhi Singal (2009) Education of Children with disabilities in India, Background paper prepared for the Education for All Global Monitoring Report 2010 Reaching the marginalized

optional delivery system". It categorically brings the concerns of children with disabilities, or those in terms of "children with special needs (CWSN)[578]" under the framework of "inclusive education" (IE): "SSA will ensure that every child with special needs, irrespective of the kind, category and degree of disability, is provided education in an appropriate environment. SSA will adopt 'zero rejection' policy so that no child is left out of the education system". (SSA, 2007:1)

SSA further extends the range of options from special and mainstream/ 'regular' schools to Education Guarantee Scheme/Alternative and Innovative Education (EGS/AIE) and Home Based Education (HBE). Therefore the implicit assumption that inclusion should strengthen or enable mainstream educational participation of children with disabilities does not necessarily hold true in the model proposed by SSA. Rather it seems to advocate a stance that education should be imparted in an environment that is most suited to the child's needs and there should be flexibility in planning. While the SSA objectives are expressed nationally, it is expected that various states and districts will endeavour to achieve universalisation in their own respective contexts by 2010. It therefore offers each district flexibility to plan for activities aimed at educating Children With Special Needs, depending on the number of children identified and the resources available to effectively implement the Inclusive Education programme. While such flexibility might be regarded as a positive step, it is not surprising that this has resulted in many different models of inclusive education operative across the country- raising concerns about the quality and effectiveness of provision.

Effectiveness of programs[579]

This is particularly pertinent for the Indian scenario as the popularity of 'inclusive education', like in many other developing countries, can be attributed largely to Northern influences. Vislie (2003)[580] states that since Salamanca 'inclusion' has become a global descriptor, and the international community, by signing the declaration has adopted its usage; however, there is no formally fixed and stable use of terminology. Indeed, whilst inclusive education is not a given, it cannot be overlooked that this concept "has acquired increasing international currency, which poses the danger that wishful thinking about the way it is used or applied may distract people from exploring the realities of practice"[581]. Thomas and O'Hanlon[582] are even more critical in their reflections and note that the term is often used 'merely (as) a filler in the conversation' and 'people can talk about "inclusion" without really thinking about what they mean'. These concerns resonate with the observations made by Kalyanpur[583] in her exploration of inclusive practices in India. She states that the usage of inclusive education highlights "a tendency to be 'politically correct' by taking on current trends in the west without a real or common understanding of their meaning, resulting in dilution of service quality". While the terminology has changed, the principles and practices underpinning it have remained fixed.

[578] When referring to issues of inclusive education, Indian documents refer to the education of children with special needs (CWSN). This term is not defined, rather is seen as being synonymous for children with disabilities (CWD).
[579] United Nations Educational, Scientific and Cultural Organization (UNESCO); Dr. Nidhi Singal (2009) Education of Children with disabilities in India, Background paper prepared for the Education for All Global Monitoring Report 2010 Reaching the marginalized
[580] Lise Vislie (2003)From integration to inclusion: focusing global trends and changes (in Eur. J. of Special Needs Education, Vol. 18, No. 1 (2003), pp. 17–35)
in the western European societies
[581] Booth, T. and Ainscow, M. (1998) (Eds.), From them to us: An international study of inclusion in education
[582] Thomas, G. and O' Hanlon, C. (2001). Series editors Preface. In G. Thomas, and A. Loxley (Eds.), Deconstructing Special Education and Constructing Inclusion. Buckingham: Open University Press.
[583] Kalyanpur, M. (2007). Equality, quality and quantity: challenges in inclusive education policy and service provision in India. International Journal of Inclusive Education, 12 (3), 243-262.

SSA and its focus on children with special needs (CWSN) [584]

The SSA lists 8 priority areas of intervention for inclusive education:

- 1) Survey for identification of CWSN
- 2) Assessment of CWSN
- 3) Providing assistive devices
- 4) Networking with NGOs/Government schemes
- 5) Barrier free access
- 6) Training of teachers on IE
- 7) Appointment of resource teachers
- 8) Curricula adaptation/textbooks/appropriate TLM

Here it is noteworthy that of the priorities listed, majority on these focus on issues of access, and only the last three are associated with classroom based 'processes', which in essence are vital in determining the quality of the educational experience. Each of these priority areas has received varied degree of emphasis in planning, and in most cases there is significant lack of information to evaluate the worthiness and success of these initiatives. It is important to stress here that the lack of empirical evidence in the field makes it very difficult to make any strong claims, however it is an opportunity to critically examine the underlying principles shaping these efforts.

Identification of CWSN: SSA documentation does not provide a definition of CWSN rather it assumes that this group is synonymous with children with disabilities, as is evident from the Annex to the manual where different kinds of disabilities, which are the focus of inclusive education (IE), are listed:

- Visual impairment
- Hearing impairment4
- Mental retardation
- Locomotor impairment
- Learning disability
- Cerebral palsy
- Multiple disabilities and Others

Thus, the assumption here is that all disabilities will give rise to a special education need which must be identified and catered for. Interestingly, while the SSA has a category titled "Special Focus Groups Under SSA", and includes CWSN, girls, SC and ST children, urban deprived children, children in difficult circumstances (street children, migrant children, etc.) it does not acknowledge the presence of intersectionality's between these groupings and how these might be addressed.

SSA (2007: 13) makes a distinction between formal and functional assessment, and states that these should be "done by a competent team comprising of doctors, eye specialist, ENT specialist, resource teachers and general teachers". Here the complete absence of the voices of parents and the child is noteworthy.

Also the current overly medicalised view of the CWSN takes the focus away from the learning needs of the child. The emphasis is largely on efforts directed at fixing child related factors through the provision of aids and appliances.

[584] United Nations Educational, Scientific and Cultural Organization (UNESCO); Dr. Nidhi Singal (2009) Education of Children with disabilities in India, Background paper prepared for the Education for All Global Monitoring Report 2010 Reaching the marginalized

Inclusive education verses separate special education: Combination[585]

Raj Singh, a visually impaired man who had completed two years of a BA degree and had experienced both mainstream and special settings, contrasted these settings as[586]: "the difference is that in the special school everyone was like us…everything was taught according to our levels…there was no problem of blackboards and so on…there everything used to be explained orally and practically…there were teachers…they were all in touch with us…they knew Braille also…and whatever could not be understood through Braille, they used to touch and hold with their hands and explain…like, made one stand up…when explaining some map, the teacher also stood up…then turned him this side, that side…said that this looks like this, looks like that…but in a normal school what happens is that the teacher explains on the board…but that I used to be able to understand because I had already studied in a special school till class 10."

Inclusive education verses separate special education: Failing of inclusive education[587]

Nonetheless, inaccessibility of the mainstream in terms of the teachers' unwillingness to teach, inappropriateness of the pedagogy adopted and irrelevance of the curriculum followed resulted in the child dropping out and/or shifting to a special school. The lack of suitable facilities and trained teachers seemed to be the biggest challenge in making this feasible. These factors were also reiterated in the accounts provided by head teachers of schools in the vicinity, and have also been discussed in other classroom based studies on inclusive education in other parts of India[588].

However it is important to reiterate here that the choice for the majority of children with disabilities is not between accessing a special or mainstream school, rather between no schooling or attending a mainstream school. Thus, at a time when majority of the current share of CWD are attending a regular school[589], there is a need to promote quality education in these settings.

Process based issues: issues which impact on the teaching and learning processes[590]

As noted earlier, government efforts have been primarily focused on issues of access, which are easier to address. However, a focus on access is only the first and not the most difficult step in bringing CWSN into the education system. In order to bring about an effective change in the culture of the classroom that is responsive to learner diversity there is a need to address process based issues- issues which impact on the teaching and learning processes. Within the SSA framework the focus is on teacher training, resource teachers and adaptation of teaching and learning materials. Each of these factors is now discussed, however it is important to note that there is lack of evidence in how many of these factors are being implemented in practice.

[585] United Nations Educational, Scientific and Cultural Organization (UNESCO); Dr. Nidhi Singal (2009) Education of Children with disabilities in India, Background paper prepared for the Education for All Global Monitoring Report 2010 Reaching the marginalized
[586] United Nations Educational, Scientific and Cultural Organization (UNESCO); Dr. Nidhi Singal (2009) Education of Children with disabilities in India, Background paper prepared for the Education for All Global Monitoring Report 2010 Reaching the marginalized; p20
[587] United Nations Educational, Scientific and Cultural Organization (UNESCO); Dr. Nidhi Singal (2009) Education of Children with disabilities in India, Background paper prepared for the Education for All Global Monitoring Report 2010 Reaching the marginalized
[588] Teaching and Teacher Education, 24, 1516-1529; Singal, N. (2008). Working towards inclusion: Reflections from the classroom
[589] Of the 5-14 year olds children with disabilities attending school, 94.3% are attending a regular school and 5.7% are in a special school- according to figures given in World Bank (2007) based on NSS 2002 data
[590] United Nations Educational, Scientific and Cultural Organization (UNESCO); Dr. Nidhi Singal (2009) Education of Children with disabilities in India, Background paper prepared for the Education for All Global Monitoring Report 2010 Reaching the marginalized

Training of teachers[591]

There is currently no pre-service training offered to regular teachers' which familiarises them with the education of CWSN; the focus is only on providing in-service training. Under SSA this training is varied and ranges from 1-2 days, 3-5 days or 45-90 day orientations. There is as usual a large inter-state variation as evident from table: 4. Analysis of the content of these training programmes highlights the very basic nature of the 1-5 days orientation, which covers merely issues of identification and management, but is the most preferred medium in preparing teachers. While the number of teachers undertaking the 45-90 days foundation course has remained very low. As of 2005 less than 0.2% of all SSA teachers had been through this larger programme (quoted in World Bank, 2007), raising concerns about the effectiveness of such programmes impacting pedagogical practices.

Table: 4. Teacher training on IE in SSA

Name of the State	No. of Teachers	1-2 day orientation on IE	% of 1-2 day orientation	3-6 day training	% of 3-6 orientation	45/90 day training
AP	277724	161031	58	223604	81	633
Assam	154010	154010	100.00	86824	56	540
Gujarat	174504	174504	100.00	25816	15	5116
Punjab	73246	0	0.00	0	0.00	300
Uttarakhand	44917	38170	85	42465	95	9587

Source: Sarva Shiksha Abhiyan (2007)

While there is lack of empirical research evaluating the effectiveness of these teaching training programmes various studies in the field suggest that teachers do not feel confident in teaching CWSN[592]. Moreover, it can be argued that the model being adopted by SSA is further deskilling mainstream teachers by assuming that the educational needs of CWSN are not the primary concern of the general teacher, rather they need to be addressed by a resource teacher or indeed teachers in special schools.

Increasing role of the Non-Governmental (NGO) sector[593]

A key player identified in the SSA plans for fulfilling the vision of IE is the NGO sector. NGOs have played a central role in the development of educational provisions for children with disabilities across the globe and more so in developing economies, such as India. Not only has their involvement been historically revered as bringing the concerns of this marginalised group into the spotlight, they continue to have a significant impact on current practices. Both the IEDC and the DPEP clearly outlined the involvement of NGOs in a range of activities encompassing community mobilization,

[591] United Nations Educational, Scientific and Cultural Organization (UNESCO); Dr. Nidhi Singal (2009) Education of Children with disabilities in India, Background paper prepared for the Education for All Global Monitoring Report 2010 Reaching the marginalized
[592] European Journal of Psychology of Education, Special issue: Ten years after Salamanca, XXI (3): p. 239-252; Singal, N. (2006). An ecosystemic approach for understanding inclusive education: An Indian case study
[593] United Nations Educational, Scientific and Cultural Organization (UNESCO); Dr. Nidhi Singal (2009) Education of Children with disabilities in India, Background paper prepared for the Education for All Global Monitoring Report 2010 Reaching the marginalized

early detection, to the delivery of services. This focus has been maintained under the SSA where convergence with NGOs is highly encouraged to implement the goals of the framework for IE[594]. Data suggests that the number of NGOs involved in IE under the SSA has steadily increased from 470 in 2004-05 to 796 in 2007-08. These organisations are identified as being important players in:

- providing aids and appliances to CWSN
- planning and management of inclusive education and
- resource support

While NGOs continue to be the sole players in the delivery of special education through grants-in-aids received from the government, particularly the MSJE[595], their involvement is being actively sought in efforts towards changing the role of special education centres and in meeting the goals of mainstreaming. SSA (2005) outlines three ways of facilitating these developments:

- Developing special schools as resource centres,
- Greater links between mainstream and special schools, and
- Greater overlap between training for special and general teachers.

Even though there has been an increased involvement of NGOs in some states, there is limited systematic documentation of their success at the level of practice- an aspect which is currently overlooked in the monitoring mechanisms of SSA[596]. According to Singal[597], continually allocating responsibility to the NGO sector the government has in effect further marginalized CWSN from the mainstream and led to a dilution of services. Majority of these NGOs tend to be perceived as 'public acts[598]' of charity and their focus is limited to delivering life skill activities rather than education for better life opportunities. SSA (2005) alludes to these concerns by noting that: "...yet there still remain areas where they [NGOs] need to play more pro-active role. These include providing quality inclusion to CWSN inside the classroom....overall impact of IE on the learning achievement and level of inclusion achieved by CWSN." Thus there is a need and growing urgency to examine the role, purpose and quality of provision offered by these organisations.

Critical reflections: concluding thoughts and future possibilities

Need to move beyond redistribution to reorganization of curriculum and pedagogy

According to Singal[599] aid has been focussed too much on distributive paradigm of social justice, where the focus has been on equality in terms of access and provision of resources (as evident from the overwhelming focus on aids, appliances and assistive devices). This is, firstly, too individualistic in

[594] Delhi: Department of EE&L (MHRD); Sarva Shiksha Abhiyan (2005). NGO initiative in inclusion: SSA experience
[595] It is important to point out here that special schools are not run by the government, rather NGO are given grants to set up these schools. These grants are given by the MSJE and not the MHRD. It is the former which is responsible for special education, and the latter (within it the Department of Education) is responsible for the education of children with disabilities in mainstream schools.
[596] SSA (2005) recognizes that there is a need for 'research studies, periodic monitoring and evaluation of IE programs' (p.66), and the need to draw on the expertise of the NGOs, however it does not recognize the need for greater mechanisms for monitoring the work of the NGOs themselves.
[597] United Nations Educational, Scientific and Cultural Organization (UNESCO); Dr. Nidhi Singal (2009) Education of Children with disabilities in India, Background paper prepared for the Education for All Global Monitoring Report 2010 Reaching the marginalized
[598] Notably many of these NGOs are also recipients of food, old clothes and money from the wider society, gifts which are driven by a cultural expectation of doing one's duty towards the needy in the same spirit as one would give alms to beggars.
[599] United Nations Educational, Scientific and Cultural Organization (UNESCO); Dr. Nidhi Singal (2009) Education of Children with disabilities in India, Background paper prepared for the Education for All Global Monitoring Report 2010 Reaching the marginalized

its perspective and locates the problem 'within' the child, and secondly it takes away the attention from questioning social structures and institutions that uphold patterns of injustice.

On one hand, this focus on redistribution of resources and access is desirable and important, as children with disabilities tend to belong to the lower economic strata, and without these special schemes are likely to remain deprived of basic essentials. However, such a narrow focus on structural issues is wholly inadequate and does not deliver complete justice. Here the tendency is to 'fix' first level concerns, wherein access does not automatically deliver equality. While ensuring basic conditions for ensuring access to education such as infrastructure is essential, itmust be kept in mind that there is also a need to focus on transformations in the curriculum and pedagogy. Focusing on curriculum and pedagogy, need to be become an integral part of efforts towards the education of children with disabilities.

The current approaches which are largely directed towards identification of more children, transforming special schools into resource centres, or even shifting children to mainstream settings, are inadequate. The focus needs to shift from the outside to the 'inside'- we need to be concerned about what children are being offered in these educational settings and its relevance to the lives they would like to lead (rather than the kind of lives which we think are appropriate for them).

General Education and equality in an inclusive system[600]

Another important issue which cannot be overlooked is the quality of general education being offered in Indian schools, which has come under scrutiny- flagging teacher morale, pedagogical inadequacies, rigid and irrelevant curriculum, high drop-out and repetition rates- highlight a pressing need which demands a critical engagement and re-examination of a general education system, which has failed to deliver its promise of greater equality. However, efforts towards addressing these issues cannot be seen in isolation from the socio-cultural context of education. Any attempt to develop a truly inclusive system (which extends beyond the narrow conceptions of education of children with disabilities as currently envisaged) ultimately requires a careful consideration of every aspect of schooling and societal context. It entails a need to address issues at macro, micro, and interpersonal levels. Here not only does society's conception of difference become important, but it also brings into critical focus the need to reflect on the responsibilities of schools, the attitude and role of teachers and indeed the vision of education for a developing society. Evidence from Singal[601] and Jha[602] suggests that awareness of a concept, such as 'inclusive education' is no guarantee for ensuring that the desired teaching-learning practices are in place. Changes in the classroom require simultaneous development of reforms in professional development, curriculum, alongside a change in attitudes and beliefs as reflected in the culture of the school. While it is essential that teachers are made aware of and assisted in developing innovative teaching strategies, such a skewed focus on knowledge underplays the need for focusing upon and changing values, beliefs and attitudes. There is a need for re-examining perceptions around the values and purposes of education for children with disabilities. The on-going debates around 'inclusion' in India might provide the impetus for a critical reflection on the current teaching practices and educational policies. Inclusion needs a different school culture, and this might be an opportunity for the Indian education system to critically re-examine its many failings to enable the purposeful participation of the nation's children.

[600] United Nations Educational, Scientific and Cultural Organization (UNESCO); Dr. Nidhi Singal (2009) Education of Children with disabilities in India, Background paper prepared for the Education for All Global Monitoring Report 2010 Reaching the marginalized

[601] Singal, N. (2006b). An ecosystemic approach for understanding inclusive education: An Indian case study. European Journal of Psychology of Education, Special issue: Ten years after Salamanca, XXI (3): p. 239-252

[602] Jha, M. M. (2002). Schools without walls. Inclusive Education for All. Oxford: Heinemann

Mainstream education should not just be available but even more accessible, affordable and appropriate for students with disabilities. Singal[603] states that "if we make our schools accessible to children with disabilities, we will also be improving the quality of education for all children".

National legislations[604]

The right of every child to education is proclaimed in the Universal Declaration of Human Rights (1948) and was strongly reaffirmed by the Jometien World Declaration of Education for All (1990). Furthermore, the Standard Rules on the Equalization of Opportunities for Persons with Disabilities (1993) was an important resolution to improve the educational conditions of persons with disabilities. This had major implications for the Indian situation in the form of three legislative Acts—The Rehabilitation Council of India Act, 1992 (RCI Act), the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995 (PWD Act), and the National Trust for Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities Act, 1999. While the RCI Act was solely concerned with manpower development for the rehabilitation of persons with disabilities, the PWD Act comprises 14 chapters and is a significant endeavour to empower persons with disabilities and promote their equality and participation by eliminating discrimination of all kinds. It emphasises the need to prepare a comprehensive education scheme that will make various provisions for transport facilities, removal of architectural barriers, supply of books, uniforms, and other materials, the grant of scholarships, suitable modification of the examination system, restructuring of curriculum, providing amanuensis to blind and low vision students, and setting up of appropriate fora for the redressal of grievances. The National Trust Act aims at providing total care to persons with mental retardation and cerebral palsy and also manages the properties bequeathed to the trust.

The Integrated Child protection Scheme (ICPS)[605]:

Institutional Services for: Special Homes & Specialised services for Children with special needs and focusses on Training and Capacity Building.

[603] United Nations Educational, Scientific and Cultural Organization (UNESCO); Dr. Nidhi Singal (2009) Education of Children with disabilities in India, Background paper prepared for the Education for All Global Monitoring Report 2010 Reaching the marginalized
[604] Study on Child Abuse: INDIA 2007; Ministry of Women and Child Development, Government of India – p25-29
[605] Study on Child Abuse: INDIA 2007; Ministry of Women and Child Development, Government of India – p31-32

4. Health care

India's growing status as an economic superpower is masking a failure to stem a shocking rate of infant deaths among its poorest people. ***Nearly two million children under five die every year in India – one every 15 seconds – the highest number anywhere in the world***. More than half die within the month after birth and 400,000 in their first 24 hours.

A devastating report by Save the Children, reveals that the poor are disproportionately affected and the charity accuses the country of failing to provide adequate healthcare for the impoverished majority of its one billion people. While the World Bank predicts that ***India***'s economy will be the fastest-growing by next year and the country is an influential force within the G20, World Health Organisation figures show it ***ranks 171st out of 175 countries for public health spending***.

Malnutrition, neonatal diseases, diarrhoea and pneumonia are the major causes of death. Poor rural states are particularly affected by a dearth of health resources. But even in the capital, Delhi, where an estimated 20% of people live in slums, the infant mortality rate is reported to have doubled in a year, though city authorities dispute this[606].

India's state healthcare system is supposed to be open to all, offering access to government-run hospitals. The reality is that, while government hospitals often offer high standards of care, they can be overcrowded, and if they are short of the required medicines patients are asked to pay for them themselves. In the meantime, private health care has surged and now accounts for the majority of India's medical provision, giving access to world-class facilities for those who can pay or who can afford private insurance premiums.

[606] The Observer, Sunday 4 October 2009; Two million slum children die every year as India booms; Save the Children says state-run health system is failing to give skilled care to poor ;http://www.theguardian.com/world/2009/oct/04/india-slums-children-death-rate

4.1 Lack of health care -child immunisation and access to health services

"It was shattering for us. We were so happy when he was born, he was so happy and playful. I would give everything to get him back, but we can't," said Shakil, 27. Muzzamil had been ill for months. Shakil had taken him to a government hospital thrice; the first time they gave him medicine and sent her home, the second time he was admitted for a few days and then discharged, and the third time they turned her away. "They said they would not take him; and said, 'You can't keep coming here, the child will be fine'."

The day he died the doctors told her he was sleepy because of the medicines he was taking. She went home, but then he started groaning. "His breath was feeble, and that was when I realised it was too late. I took him in my arms. He opened his eyes once and said 'Ammi' [mummy] and that was it. He died in my arms." They buried him the same evening[607].

A couple of hundred yards from Anees's shack in Bhagwanpura, Gudiya, 22, sat holding her surviving daughter, Priya, two, amid scenes of abject squalor. Almost every square inch of the slum is covered with a layer of rubbish and human and animal waste. She has lost three children in four years. Her most recent child, a boy, died two days after she gave birth at home. She said. "He cried, but it was feeble and he gradually turned cold. We wrapped him in blankets and took him to the hospital but I could feel he was getting weaker, and then I could see he was not breathing and there was no heartbeat. Then the doctor said he was dead." Three years ago her three-month-old son, Ahmit, died from pneumonia. A year earlier her five-month-old daughter, Kumkum, died after developing a fever[608].

Selvammal lives in a small village in Tamil Nadu. She looks the part of a happy-go-lucky 7-year old in her school uniform with two pony tails and a pencil in her pocket. She is a sponsored child and studies in 3rd standard. Her mother passed away a few years ago. Her father Annamalai is a daily-wage labourer who works in the field to earn a living. A few months ago, she was bitten by a poisonous insect. Her father, unable to provide medical support due to poverty, ignored it for a while. As the pain and itching grew unbearable for the child, he took her to a village medicine man who tried to cure her with herbs and concoctions. Her rash and infection spread quickly and boils appeared all over her body. World Vision India's staff heard about her condition and rushed her to a private hospital where they consulted a skin specialist. She was given treatment for 6 months and World Vision India provided for her medical and healthcare expenses. Today Selvammal is healthier than she has ever been. Thanks to her sponsor, Selvammal has received a new lease of life[609].

Health Care Scenario in India[610],

India is the country with second largest population in the world with life expectancy of 64.1 years for men and 65.8 years for women. The infant mortality rate is 43 per 1000 live births (2013) and the

[607] The Observer, Sunday 4 October 2009; Two million slum children die every year as India booms; Save the Children says state-run health system is failing to give skilled care to poor ;http://www.theguardian.com/world/2009/oct/04/india-slums-children-death-rate
[608] The Observer, Sunday 4 October 2009; Two million slum children die every year as India booms; Save the Children says state-run health system is failing to give skilled care to poor ;http://www.theguardian.com/world/2009/oct/04/india-slums-children-death-rate
[609] https://www.worldvision.in/True_Life_Stories
[610] National Health Policy draft 2015

mortality rate for children under five is 56 per 1000 live births (2012) and is highest for the poor and rural. ***The maternal mortality rate is 190 deaths per 100,000 live births (2013).*** The predominant communicable diseases contributing to mortality are TB, HIV-AIDS, respiratory diseases, maternal and neonatal infections and nutritional deficiencies. The dominant non-communicable diseases are malignant neoplasms, diabetes mellitus, and cardiovascular diseases.

In the MWCD (2007) Report the following facts were given: 2.5 million children die in India every year, accounting for one in five deaths in the world, with ***girls being 50% more likely to die***. One out of 16 children die before they attain one year of age, and one out of 11 die before they attain five years of age. India accounts for 35% of the developing world's low birth weight babies and 40% of child malnutrition in developing countries, one of the highest levels in the world.[611].

India is set to reach the Millennium Development Goals (MDG) with respect to maternal and child survival. The ***MDG target for Maternal Mortality Ratio (MMR) is 140*** per 100,000 live births. From a baseline of ***560 in 1990***, the nation had achieved ***178 by 2010-12***, and at this rate of decline is estimated to reach an MMR of 141 by 2015. In the case of ***under-5 mortality rate*** (U5MR), the ***MDG target is 42***. From a baseline of ***126 in 1990***, ***in 2012*** the nation has an ***U5MR of 52*** and an extrapolation of this rate would bring it to 42 by 2015. This is particularly creditable on a global scale where in 1990 India's MMR and U5MR were 47% and 40% above the international average respectively. In 2006, for the first time in recent history, the total number of annual deaths among children under the age of five fell below 10 million, to 9.7 million worldwide. This represents a 60% drop in the rate of child mortality since 1960[612].

Some more statistics[613]

- While an absolute increase of 181 million in the country's population has been recorded during the decade 2001-2011, there is a reduction of 5.05 million in the population of children aged 0-6 years during this period. The decline in male children is 2.06 million and in female children is 2.99 million.
- The share of Children (0-6 years) in the total population has showed a decline of 2.8 points in 2011, compared to Census 2001 and the decline was sharper for female children than male children in the age group 0-6 years.
- The Sample Registration System, in 2010, estimated that, out of the total deaths reported, 14. 5% are infant deaths (< 1 year), 3.9% are deaths of 1-4 years children, 18.4% are deaths of children of 0-4 years and 2.7% deaths pertained to children of 5-14 years.
- The percentage of infant deaths to total deaths varies substantially across the states. From moderate level of 2.8% in Kerala, 5.0% in Tamil Nadu to as high as 21.8% in Rajasthan , 21.2% in Uttar Pradesh, 20.4% in Madhya Pradesh with other states figuring in between these states. The percentage of fewer than five deaths to total deaths ranges from 3.2% in Kerala 5.9% in Tamil Nadu to 27.6% in Uttar Pradesh, 26.6% in Rajasthan, 26.4%in Madhya Pradesh, 26.7% in Bihar while other states figure in between these states.
- At the national level, the percentage share of infant deaths to total deaths in rural areas is 15.8%, whereas in urban areas, the same is 9.7%.
- In 2010, the percentage of neo- natal deaths to total infant deaths is 69.3% at national level and varies from 61.9% in urban areas to 70.6% in rural areas. Among the bigger States, Jammu &

[611] Ministry of Women and Child Development (2007): Working Group Report on Women and Children for the Eleventh Five Year Plan (2007-2012) / Study on Child Abuse: INDIA 2007; Ministry of Women and Child Development, Government of India – p7
[612] Unicef (2007); The State of the World's Children 2008; Child Survival
[613] Social Statistics Division, Central Statistics Office, Ministry of statistics and Programme Implementation, Government of India (2012): Children in India 2012 – A Statistic Appraisal – 'Highlights'

Kashmir (82.1%) registered the highest percentage of neonatal deaths to infant deaths and the lowest is in Kerala (53.2%).

- ***In 2010, the neonatal mortality rate (neo- natal deaths per thousand live births) at national level is at 33 and ranges from 19 in urban areas to 36 in rural areas***. Among bigger states, neo-natal mortality rate is highest in Madhya Pradesh (44) and lowest in Kerala (7).
- At the national level, the early neo –natal mortality rate for the year 2010 has been estimated at 25 and ranges from 28 in rural areas to 15 in urban areas. Among the bigger States, Kerala (5) and Madhya Pradesh (34) are at the two extremes.
- The percentage of early neo – natal deaths to the total infant deaths during the year 2010, at the national level has been 53.9 and it varies from 54.6 in rural areas to 49.6 in urban areas. Among bigger States, the percentage of early neo natal deaths for total infant deaths varies from the lowest level of 38.7% in Kerala to the highest level of 69.4% in Jammu & Kashmir.
- In 2010, IMR is reported to be 47 at the national level, and varies from 51 in rural areas to 31 in urban areas.
- Infant mortality has declined for males from 78 in 1990 to 46 in 2010 and for females the decline was from 81 to 49 during this period. The per year decline in IMR was 1.6 points for both males and females and the percentage decline in female IMR is 39.5% and the percentage decline in male IMR is 41.02% during the last two decades.
- Female infants experienced a higher mortality rate than male infants in all major states.
- Though the Urban and Rural gap in infant mortality has declined over the years, still it is very significant. IMR has declined in urban areas from 50 in 1990 to 31 in 2010, whereas in rural areas IMR has declined from 86 to 51 during the same period.
- SRS based U5MR in India for the year 2010, stands at 59 and it varies from 66 in rural areas to 38 in urban areas. The under-five mortality rate is higher for females than males as in 2010, U5MR stood at 64 for females whereas it is 55 for males.
- As per Coverage Evaluation Survey, 2009, at national level, 61% of the children aged 12-23 months have received full immunization. The coverage of immunization was higher in urban areas (67.4%) compared to that in the rural areas (58.5%).
- In 2009, nearly 8% children of the children aged 12-23 months did not receive even a single vaccine.
- Nearly 62% of the male children aged 12-23 months have received full immunization, while among the females it was nearly 60%.
- While 67.4% of first birth order children are fortunate enough to receive full immunization, only 40.4% were so in the category of birth order 4 and above are covered under full immunisation.
- The full immunization coverage of children age 12- 23 months of mother's education with 12 or more years is 76.6% whereas for mothers who had no education only 45.3% of children got full immunization.
- About 75.5% of children of less than one year belonging to the highest wealth index group are fully immunized while only 47.3% from the lowest quintile are fully immunized.
- The full immunization coverage of children age 12-23 months is highest in Goa (87.9%), followed by Sikkim (85.3%), Punjab (83.6%), and Kerala (81.5%). The full immunization coverage is lowest in Arunachal Pradesh (24.8%).
- Evident from the 2008/09 HIV estimates (latest Sentinel surveillance rounds), in 2009, the number of HIV infections has decreased from 24.42 lakhs in 2008 to 23.95 lakhs in 2009. However, the percent distribution of HIV infections for the age group 0- 15 years has increased from 4.20% in 2008 to 4.36% in 2009, indicating increased number of HIV infected children in 2009.
- Among male and female children (6-59 months) the percentage of children with any anaemia was reported as 69% and 69.9% respectively, severe anaemia was reported for 3.2 % male children and 2.7% female children.

- Anaemia was more prevalent in Rural areas (71.5%), than Urban areas (63%).
- For 81.9% severely anaemic mothers, their children were anaemic whereas 61.5 % mothers without anaemia reported anaemia among children.
- Percentage of children with severe anaemia among severe anaemia mothers was nearly seven times higher than that among mothers not anaemic.
- About 76.4% of children (6-59 months) in the lowest wealth index are suffering from anaemia whereas 56.2% children of the highest wealth index are suffering from anaemia.
- Anaemia prevalence among children of (6-59 months) is more than 70% in Bihar, Madhya Pradesh, Uttar Pradesh, Haryana, Chhattisgarh, Andhra Pradesh, Karnataka and Jharkhand. Anaemia prevalence among children of (6-59 months) is less than 50% in Goa, Manipur, Mizoram, and Kerala. For the remaining States, the anaemia prevalence is in the range of 50% - 70%.
- ***Every second new born has reduced learning capacity due to iodine deficiency***.
- Decline in female/male ratio is maximum in 0-6 years: 927 females per 1000 males
- Birth registration is just 62% (RGI-2004)[614]
- Immunization coverage is very low (polio -78.2%, measles-58.8%, DPT-55.3%, BCG-78%(NFHS-III)

Health inequity

While acknowledging these achievements we need to be mindful and confront the high degree of health inequity in health outcomes and access to health care services as evidenced by indicators disaggregated. ***Health inequity is high in India*** both in terms of health access and health outcomes. The sharpest differences can be seen in the division between the wealthy and poor and secondarily between urban and rural populations. In general, health services are more accessible in urban areas; however, the urban poor face the worst barriers due to the high cost of urban health services. A number of districts, many in tribal areas, perform poorly even in those states where overall averages are improving. ***Marginalized communities and poorer economic quintiles of the population continue to fare poorly***. Outreach and service delivery for the urban poor, even for immunization services has been inadequate.

Quality of care

The situation in quality of care is also a matter of serious concern and this seriously compromises the effectiveness of care. For example though over 90% of pregnant women receive one antenatal check-up and 87 % received full TT immunization, only about 68.7 % of women have received the mandatory three antenatal check-ups. Again whereas most women had received iron and folic acid tablets, only 31% of pregnant women had consumed more than 100 IFA tablets. For institutional delivery standard protocols are often not followed during labour and the postpartum period. Sterilization related deaths a preventable tragedy, are often a direct consequence of poor quality of care. Only 61% of children (12 -23 months) have been fully immunized. There are gaps in access to safe abortion services too, and in care for the sick neonate.

Communicable disease

India's progress on communicable disease control is mixed. The most acclaimed success of this period is the complete elimination of polio. In Leprosy too there have been significant reductions, but after a reduction of an annual incidence of 120,000 cases, there is stagnation, with new infective cases and disabilities being reported. Kala-azar and Lymphatic filariasis are expected to decline below the threshold for certifying by 2015. In AIDS control, progress has been good with a decline from a

[614] Study on Child Abuse: INDIA 2007; Ministry of Women and Child Development, Government of India – p6

0.41% prevalence rate in 2001 to 0.27% in 2011- but this still leaves about 21 lakh persons living with HIV, with about 1.16 lakh new cases and 1.48 deaths in 2011. In ***tuberculosis*** the challenge is a prevalence of close to 211 cases and 19 deaths per 100,000 population and rising problems of multi-drug resistant tuberculosis. Though these are significant declines from the MDG baseline, ***India still contributes to 24% of all global new case detection***. In malaria there has been a significant decline, but there are also the challenges, of resistant strains developing and of sustaining the gains, in a disease known for its cyclical re-emergence and focal outbreaks. Viral Encephalitis, Dengue and Chikungunya are on the increase, particularly in urban areas and as of now we do not have effective measures to address them.

Expenditure on Health Care

India today, is the world's third largest economy in terms of its Gross National Income(in PPP terms) and has the potential to emerge to be counted as one of the developed nations of the world. Yet, India currently spends 1.4% of its GDP (Gross Domestic Income) for health which is lower than other low income countries and BRIC (Brazil, Russia, India, China) countries. The government funds only 18% of that spending, with state governments covering 80% of the public share and the federal government another 15% through national healthcare programs.

Existing public hospitals are underfunded and provide only basic care. Private enterprise covers 82% of healthcare spending in the country, compared with averages of 27% for the G7 countries and 59% for BRIC countries overall. Much of the inpatient and outpatient care provided in India is done by the private sector.

Urban poor

Rapid and unplanned urbanization has led to massive growth in the number of the urban poor population, especially those living in slums. This section of the population has poorer health outcomes due to adverse social determinants and poor access to health care facilities, despite living in close proximity to many hospitals - public and private. There is almost no arrangement for primary care in many cities and towns. The National Urban Health Mission, (NUHM) sanctioned in 2013. But it is not completely operational.

Health Insurance Schemes

A number of publicly financed health insurance schemes were introduced to improve access to hospitalization services and to protect households from high medical expenses. Eight states introduced health insurance programmes for covering tertiary care need and over time as expenditures increased, many of these States (Andhra Pradesh, Karnataka, Tamil Nadu, Maharashtra, etc.) moved to direct purchasing of care through Trusts and reserving some services to be delivered only through public hospitals. The Central Government under the Ministry of Labour & Employment, launched the Rashtriya Swasthya Bima Yojana (RSBY) in 2008. The population coverage under these various schemes increased from almost 55 million people in 2003-04 to about 370 million in 2014 (almost one-fourth of the population). Nearly two thirds (180 million) of this population are those in the Below Poverty Line (BPL) category. Evaluations show that schemes such as the RSBY, have improved utilization of hospital services, especially in private sector and among the poorest 20% of households and SC/ST households. However there are other problems. One problem is low awareness among the beneficiaries about the entitlement and how and when to use the RSBY card. Another is related to denial of services by private hospitals for many categories of illnesses, and over supply of some services.

Health Seeking Behaviour[615]

Another major concern is a health seeking behaviour of the individuals in the country. Health care seeking behaviour is influenced by the individual self, diseases, and the availability and accessibility of health services. A cross sectional study in Ahemedabhad in Gujarat showed Rural people preferred government and trust hospitals (51.1%) more as compared to urban (44.1%). Significant difference was observed in place for treatment of acute illness from faith healers. More rural people (29.2%) took treatment from faith healers than urban (22.8%). Majority of rural people (59.6%) took treatment for chronic illness from private practitioner than urban (51.4%). More urban people (57.4%) were using cash savings for treatment than rural people while borrowing and selling assets for treatment was more in rural people (57.4%).

Health care delivery is a complex mechanism in India. India is striving it's best to provide accessible and affordable health care. However there are various factors such as population growth, emerging new diseases, burden of communicable and non-communicable diseases, health seeking behaviour of the people ,play a significant role in providing affordable, quality health care to all the individuals.

(Inter)National Attention

MDG number 4: Reduce Child Mortality
MDG number 5: Improve Maternal Health
My World is ranking this number 2 in general for all ages
Word Vision Goal 1: Reduce infant mortality

National policies[616]:

The major policies and legislations formulated in the country to ensure child rights and improvement in their status include:

National Health Policy, 2002

National Charter for Children, 2004: Underlying the National Charter for Children 2004, is the intent to secure for every child the right to a healthy and happy childhood, to address the root causes that negate the ***healthy growth*** and development of children, and to awaken the conscience of the community in the wider social context to protect children from all forms of abuse, while strengthening the family, society and the nation. This Charter has the following sections on child protection:

- Survival, life and liberty;
- Protection from economic exploitation and all forms of abuse;
- Protection of the girl child;
- Care, protection, welfare of children of marginalised and disadvantaged communities;
- Ensuring child-friendly procedures.

[615] Shah T, Patel M, Shah V. Health care seeking behaviour of urban and rural community in Ahmedabad district. Int J Med Sci Public Health. (2013), [cited January 14, 2015]; 2(4): 908-911. doi:10.5455/ijmsph.2013.250620131
[616] Study on Child Abuse: INDIA 2007; Ministry of Women and Child Development, Government of India – p24-25

4.2 Unhealthy environment (water, sanitation & hygiene)

Akila Anees's son, Mohammed Armann, who was almost three, died in her arms three weeks ago. A torrential downpour had flooded the slum, rainwater mixing with the raw sewage which fills the ink-black drains bisecting the narrow lanes. It rose to a depth of 2ft. Within days, Armann had fallen ill and died soon afterwards[617].

India is one of the largest countries of the world with diverse population both in geographical and cultural terms. Given this, it has been a challenge to universally provide safe drinking water and sanitation facilities in India. As per NFHS-3, ***88% of the total population of the country had access to improved source of drinking water and 45% had latrines within their households***. This was even less in rural areas i.e. 85% and 26%, and out of this, only 18% households have latrines with water closet[618].

Why sanitation is very important

There can be several answers to the question, 'why sanitation is very important in personal as well as public life?' As per estimates, inadequate sanitation cost India almost $54 billion or 6.4% of the country's GDP in 2006. ***Over 70% of this economic impact or about $38.5 billion was health-related, with diarrhoea followed by acute lower respiratory infections accounting for 12% of the health-related impacts***[619]. Evidence suggests that all water and sanitation improvements are cost-beneficial in all developing world sub regions[620].

A study conducted by World Bank's 'South Asia Water and Sanitation Unit' estimated that India loses ₹240 billion annually due to lack of proper sanitation facilities. The multilateral body said that ***premature deaths, treatment for the sick and loss of productivity and revenue from tourism were the main factors*** behind the significant economic loss. Poor sanitation is something that not only affects the health of the people of the country, but also affects the development of the nation. On economic grounds, according to the Indian Ministry of Health and Family Welfare, more than ₹12 billion is spent every year on poor sanitation and its resultant illnesses[621].

Lack of Sanitation & Poor Hygiene Practices

India has a population of almost 1.2 billion people. ***55% of this population (nearly 600 million people) has no access to toilets.*** Most of these numbers are made up by people who live in urban slums and rural areas. A large populace in the rural areas still defecates in the open. Slum dwellers in major metropolitan cities, reside along railway tracks and have no access to toilets or a running

[617] The Observer, Sunday 4 October 2009; Two million slum children die every year as India booms; Save the Children says state-run health system is failing to give skilled care to poor ;http://www.theguardian.com/world/2009/oct/04/india-slums-children-death-rate
[618] International Institute for Population Sciences (IIPS) and Macro International. National Family Health Survey (NFHS-3), 2005-06: India. Vol 1. Mumbai: IIPS; 2007
[619] Inadequate sanitation costs India $54 billion yearly. [Last cited 2011 Apr 1]. Available fromhttp://southasia.oneworld.net/todaysheadlines/inadequate-sanitationcosts-india-54-billion-yearly
[620] Hutton G, Haller L, Bartram J. Global cost-benefit analysis of water supply and sanitation interventions. J Water Health. 2007;5:481–502. [PubMed]
[621] SSHE Global Symposium "Construction is not enough" Delft, The Netherlands. 2004. Jun 8-10, School Sanitation and Hygiene Education in India: Investment in Building Children's Future; pp. 3–4. Available from:http://ddws.gov.in/POPUPS/SSHE_in_India_paper_2004.pdf [last assessed on 2009 Sep 23rd] [date of citation June, 2004]

supply of water. India is still lagging far behind many countries in the field of sanitation. According to Harshal T. Pandve (2008), most cities and towns in India are characterized by over-crowding, congestion, inadequate water supply and inadequate facilities of disposal of human excreta, wastewater and solid wastes. No major city in India is known to have a continuous water supply and an estimated 72% of Indians still lack access to improved sanitation facilities. Besides this, the 63% of urban population in India is without proper sanitation. Besides these, the waste disposal and sewage treatment plants are missing in most of the cities.

Furthermore, inadequate use of water and sanitation facilities and poor hygiene practices has enhanced the severity of such challenges. Open defecation remains the predominant norm and poses one of the biggest threats to the health of the people in India. Estimates suggest that nearly 65% of India's population still defecate in the open. This practice of open defecation is reinforced by traditional behaviour patterns and lack of awareness about the health threats posed by it[622].

Sanitation in Schools

A study was carried in rural areas of Mangalore Taluk in Dakshan Kannada District of Karnataka. A total of 20 randomly selected government schools were studied for their environment and sanitation facilities. Out of these twenty schools, four schools were primary schools, 14 were primary plus upper primary and two schools were from primary to high school level. Most 18(90%) of the schools were having drinking water points which were adequate/appropriate, while drainage of waste water was appropriate in only 70% of the schools. In six (30%) of the schools waste water was seen stagnating and was a risk factor for breeding of mosquitoes. Solid waste including kitchen waste was indiscriminately dumped in eight (40%) of the schools. Latrines were grossly inadequate for boys as well as girls. Only half of the schools were having required number of latrines for boys and 60% were having required number of latrines for girls. None of the schools were having any separate urinals. The students were using the latrines available in the schools for urination too. Hand washing facilities were pitiable in most of the schools only two (10%) of the schools were having adequate hand washing points with soap[623].

Effect on Health and School Enrolment

An estimated 400,000 children under five years of age die each year due to diarrhoea. Several million more suffer from multiple episodes of diarrhoea and still others fall ill on account of Hepatitis A, enteric fever, intestinal worms and eye and skin infections caused by poor hygiene and unsafe drinking water. Despite the Government's best efforts, diarrhoea remains the major cause of death amongst children, after respiratory- tract infections. In fact, women are most affected by the hazards of lack of proper sanitation. For instance, in India majority of the girls drop out of school because of lack of toilets. Only 22% of them manage to even complete class 10. UNICEF states that India's 700,000 rural primary and upper primary schools, only one in six have toilets, deterring children - especially girls - from going to school[624].

Illnesses caused by germs and worms in faeces, wastes and pollutants are constant source of discomfort for millions of people and animals. These illnesses can cause many years of sickness and can lead to other health problems such as dehydration, anaemia, and malnutrition. Severe sanitation-

[622] SSHE Global Symposium "Construction is not enough" Delft, The Netherlands. 2004. Jun 8-10, School Sanitation and Hygiene Education in India: Investment in Building Children's Future; pp. 3–4. Available from:http://ddws.gov.in/POPUPS/SSHE_in_India_paper_2004.pdf [last assessed on 2009 Sep 23rd] [date of citation June, 2004]
[623] JP Majra, A Gur. School Environment and sanitation in rural India J Glob Infect Dis. 2010 May-Aug; 2(2): 109–111
[624] Accessed from http://www.unicef.org/india/children_2357.htm

related illnesses like cholera can spread rapidly, bringing sudden death to many people. Children have a high risk of illness from poor sanitation. While adults may live with diarrheal diseases and worms, children die from these illnesses. More than 300 million episodes of acute diarrhoea occur every year in India in children below 5 years of age. Of the 9.2 million cases of TB that occur in the world every year, nearly 1.9 million are in India accounting for one-fifth of the global TB cases. More than 1.5 million persons are infected with malaria every year. Diseases like dengue and chikungunya have emerged in different parts of India and a population of over 300 million is at risk of getting acute encephalitis syndrome/Japanese encephalitis. One-third of global cases infected with filaria live in India. Nearly half of leprosy cases detected in the world in 2008 were contributed by India[625].

Investments of creating infrastructures and services to protect health

There has been a significant investment in many countries in creating infrastructures and services to protect health and to prevent ill health. In most industrialising countries over the last 150 years, public health regulations and health and safety legislation have been enacted to provide safeguards for the industrial workforce, to control pollution levels in rivers, and to ensure proper sewerage and drainage. However, in India, things are quite different. Public health system is very weak and sanitation could hardly attract the attention of government policy makers till the last decade of the last century. Initiative taken by agencies like Sulabh International brought huge impact but such initiative could hardly get translated into government mission for several limitations and structural handicaps.

A number of innovative approaches to improve water supply and sanitation have been tested in India, in particular in the early 2000s. These include demand-driven approaches in rural water supply since 1999, community-led total sanitation, public–private partnerships to improve the continuity of urban water supply in Karnataka, and the use of microcredit to women in order to improve access to water[626].

Total sanitation campaign gives strong emphasis on Information, Education, and Communication (IEC), capacity building and hygiene education for effective behaviour change with involvement of panchayati raj institutions (PRIs), community-based organizations and nongovernmental organizations (NGOs), etc. The key intervention areas are individual household latrines (IHHL), school sanitation and hygiene education (SSHE), community sanitary complex, Anganwadi toilets supported by Rural Sanitary Marts (RSMs), and production centers (PCs). The main goal of the government of India (GOI) is to eradicate the practice of open defecation by 2010[627].

The Government of India launched the Total Sanitation Campaign (TSC) in 1999 with the goal of achieving universal rural sanitation coverage by 2012. The responsibility for delivering on programme goals rested with local governments (Panchayati Raj Institutions — PRIs) with significant involvement of communities. The state and central governments had a facilitating role that took the form of framing enabling policies, providing financial and capacity-building support, and monitoring progress. To give a fillip to the TSC, the government introduced an innovative incentive programme known as Nirmal Gram Puraskar (NGP) in 2003. The NGP offers a cash prize to motivate Gram Panchayats (GPs) to achieve total sanitation. In addition, the NGP is an attractive incentive as winners are felicitated by the President of India at the national level and by high-ranking dignitaries at the state

[625] MOHFW (2010), Annual report to the people on health, Government of India, Ministry of Health and Family welfare, September 2010
[626] Sustainable sanitation in India. [Last cited 2011 Apr 1]. Available from: http://www.gtz.de/en/dokumente/en-ecosan-sustainablesanitation-india-2008.pdf
[627] Total sanitation campaign. [Last cited 2011 Apr 1]. Available from: http://www.ddws.nic.in/tsc_index.htm

level. The TSC has recently completed a decade of implementation (1999-2009) and the NGP has completed five years of operation (2005-10). Since its launch, the programme framework of the TSC and NGP has been based on a common national guideline whereas implementation has been decentralised to the state and district levels.

An assessment of the TSC is carried out by the 'Department of Drinking Water and Sanitation', Ministry of Rural Development, Government of India after completion of one decade of the TSC and a report is published. The report (A Decade of the Total Sanitation Campaign: Rapid Assessment of Processes and Outcomes, Vol. 1: Main Report) finds that the TSC has achieved significant success over the last one decade. The sanitation coverage has increased significantly from 21% in 2001 (Census, 2001) to more than 65%. . The report finds that there is an undeniable upward trend in scaling up rural sanitation coverage. But the national performance aggregates conceal significant disparities among states and districts when it comes to the achievement of TSC goals. It also acknowledges that open defecation is a traditional behaviour in India and in most of the states, changing this practice is the biggest challenge. It is also important to note here that the 'Rural Development Department', Government of India had initiated India's first national programme on rural sanitation, the 'Central Rural Sanitation Programme' (CRSP) in 1986. The CRSP interpreted sanitation as construction of household toilets, and focused on the promotion of a single technology model (double pit pour-flush toilets) through hardware subsidies to generate demand. However, according to the report, the key issue of motivating behaviour change to end open defecation and to use toilets was not addressed, contributing to the programme's failure. The government launched National Urban Sanitation Policy in 2008 and identified 100% sanitation as a goal during the 11th Five Year Plan. The ultimate objective is that all urban dwellers will have access to and be able to use safe and hygienic sanitation facilities and arrangements so that no one defecates in the open. The overall goal of this policy is to transform urban India into community-driven, totally sanitized, healthy and liveable cities and towns.

The best way to break bad practices is to cultivate good practices and childhood is the best time for that as children are receptive to all influences. Therefore school sanitation and hygiene education have been given prominence in the Total Sanitation Campaign, which recognizes the role of children in absorbing and popularizing new ideas and concepts[628]. This program intends to tap their potential as the most persuasive advocates of good sanitation practices in their own schools, households and community. Government of India is committed to scale up School Sanitation and Hygiene Education program by covering all the government rural schools with water, urinal/toilet facilities and promotes health and hygiene activities[629]. Unfortunately the promises of school health and hygiene education programs have not always been fulfilled[630].

(Inter)National Attention

MDG number 7: Ensure Environmental Sustainability
My World is ranking this number 4

[628] SSHE Global Symposium "Construction is not enough" Delft, The Netherlands. 2004. Jun 8-10, School Sanitation and Hygiene Education in India: Investment in Building Children's Future; pp. 3–4. Available from:http://ddws.gov.in/POPUPS/SSHE_in_India_paper_2004.pdf [last assessed on 2009 Sep 23rd] [date of citation June, 2004]
[629] SSHE Global Symposium "Construction is not enough" Delft, The Netherlands. 2004. Jun 8-10, School Sanitation and Hygiene Education in India: Investment in Building Children's Future; pp. 3–4. Available from:http://ddws.gov.in/POPUPS/SSHE_in_India_paper_2004.pdf [last assessed on 2009 Sep 23rd] [date of citation June, 2004]
[630] Snel M. School Sanitation and Hygiene Education. Thematic Overview Paper IRC International Water and Sanitation Centre Delft, The Netherlands. 2003. p. 14. Available from:http://www.shoolsanitation.org/Resources/Readings/IRC_TOP_SSHE.pdf [last assessed on 2009 Sep 23] [date of citation June, 2003]

Success story: Inspired Leadership Transforms a Village Environment[631]

An Example of development of the environment in a village in Andhra Pradesh:

The story of Sriprakash Singh and Jalilpur village in India's Uttar Pradesh state is an example of how committed and inspired leadership combined with a pro-active local government can work wonders.

When Singh first came to Jalilpur in 2002-2003 as a social worker, the environment in the village (pop. approx. 3,000), was unhygienic and diseases - mainly due to poor drinking water quality and sanitation practices - were rampant.

Most of the villagers defecated in the open and school sanitation facilities were minimal. At least 10 to 12 infants died every year due to diarrhoea and similar diseases. Rubbish was thrown in the roads and clogged drains added to the unhealthy environment.

Income levels are low in Jalilpur where most villagers work as daily wagers mainly in small businesses that have mushroomed along the highway to service a constant stream of trucks and truckers. "Men would drink and gamble and the women suffered the most," said Singh.

Singh decided to take up the challenge of motivating the people of Jalilpur to improve their own condition. As a social worker and community mobiliser, he went from house to house talking to the men, and specially the women, on how the filthy atmosphere was affecting their health and that of their children. He would gather groups of youth and clean the roads and drains.

People have to be convinced that sanitation and good hygiene habits are the path to good health and the responsibility is theirs, not that of social workers or the government, says Sriprakash Singh, panchayat chief of Jalilpur village in Uttar Pradesh.

The villagers were impressed by Singh's dedication. When elections to the gram panchayat or village-level government came around in 2005, residents of Jalilpur persuaded Singh to contest the post of panchayat pradhan or village chief and voted him to the post despite stiff competition from more well-funded candidates.

"They told me you will be able to work better for our village in an official position," Singh recounted.

In two years – from 2005 to 2007 – Singh and his panchayat brought about major changes in Jalilpur. When Singh started his sanitation motivation work, only 20 to 25% of the better-off households in Jalilpur had toilets. Today, every household in the village has access to a toilet and the village is almost 100% free of open defecation.

"It was no easy task. Defecating in the open was a habit that went back centuries and spending hard-earned money to build a toilet was just not a priority," said Singh. He went to the schools and held community meetings along with other panchayat members and district sanitation and health officials motivating teachers, students and villagers on the importance of building and using toilets.

The panchayat made full use of the funds available through the Government of India's Total Sanitation Campaign (TSC) programme (federal government contribution ₹1,000 per toilet for each Below-Poverty-Line (BPL) family; Uttar Pradesh government contribution ₹500). It was not enough and the households had to be motivated to contribute ₹400 upwards for their toilets. Funds allocated by the 12th Finance Commission were also used for the sanitation programme.

[631] Unicef; http://www.unicef.org/india/child_protection_3808.htm

"Children played an important role in our clean village campaign," said Singh. "They would first persuade their parents to build toilets at home. They refused to eat or used similar pressure tactics if their elders didn't use the toilets," he said.

The Anganwadi centres also played an important role in spreading the message of good hygiene habits. "You have to start young and then the habits stay for life," said Ramashankar Singh, district Panchayat Raj officer of Chandauli.

Women were the first to come forward. "They were the easiest to convince because they are the ones most affected by the ill-health of their children and they felt more secure using toilets at home rather than going to the fields," said Singh.

By early 2007, more than 90% households in Jalilpur had toilets. But Singh knew that they needed to be used regularly and by everyone. "We formed pressure groups including women. We would go to the fields, railway line and roadside early in the morning and shine torches on people defecating in the open. We would surround them and say: Please don't do this. Keep your village clean. Please use the toilets in your homes." The pressure tactics worked and few villagers in Jalilpur can now be found defecating in the open.

Jalilpur has inspired villages around it to aspire for a clean environment following Singh's motto: "You have to take your future in your own hands and not depend on the government and social workers.'

Indiravati Devi, panchayat pradhan of adjoining Chaurahat village, said she was inspired by Jalilpur's success to take up sanitation motivation in a big way in her village.

"Sri Prakashji decided to tackle the cause of disease and not merely the symptoms. That is the reason for his success," said district panchayat official Ramashankar Singh. "When he first started working in the village, talking about hygiene and sanitation, the people realized that he had no personal gain in mind and they have supported him fully."

4.3 Malnutrition

A five-year-old girl has allegedly died in Bangalore due to severe malnutrition. Her anganwadi records show that the girl, Meghala, was severely malnourished for months. According to reports, Meghala's weight was just 12 kilos, far below the normal weight for a child her age. Meghala, daughter of a blind beggar, succumbed to pneumonia after her immunity levels dropped. Ironically, the family had been issued an above poverty line ration card, which meant that Meghala was not the recipient of many government schemes meant to combat hunger. Meghala used to live with her mother Murugamma and elder sister amidst garbage in a tin shack put together by NGOs in India's information technology capital.

The state government has admitted to lapses. "This is an eye-opener for us. We will coordinate with women and child department to go to micro level," said Karnataka Health Minister UT Khader. Meanwhile, social workers said it's not a one-off case. All children whose weight falls in the yellow or orange segments on this graph are deemed malnourished. At the Roshannagar anganwadi centre in DJ Halli alone, 17 of 30 kids are in that danger zone. It's only after the tragic death of Meghala that government health officials and Anganwadi workers have started coming to ask about the family[632].

In Jawahar, Maharashtra, women have to walk for almost 3 hours while carrying their toddlers to reach the nearest hospital which is 12 kms from their village. Manjula Wagh, is among thousands of Maharashtra's tribal women who fear their child could be malnourished. "There are no medical facilities here. We have to walk all the way to the hospital," she said. 13 malnutrition death were reported in Mokhada taluka in August. Syantiseram Malak, a local, is struggling to raise her one year old malnourished child and deal with her alcoholic husband, who rants about the condition they are forced to live in. "Take my wife and me to the hospital and let the doctors tell why our children are malnourished," her husband said. Frustrated by government apathy, many in this village have taken to alcohol, which has pushed their families to the brink. "It is very difficult to raise my children when my husband drinks and hardly bothers about them. They don't get food and hence they are malnourished," said Syantiseram Malak.

The hospital in Jawahar with 100-beds supports over 109 villages. It remains full throughout the year with little space to even walk between the beds. The malnourished children in this hospital are kept next to an under construction ward. Despite the Bombay High Court observation, the state government has fallen short of providing specialist doctors in this region. There are only two rural hospitals for a population of over 5 lakh with many walking miles to reach here[633].

Malnutrition: *Major cause for child mortality in India*

Malnutrition is one of the major cause for child mortality in India. ***Every third malnourished child in the world lives in India***. ***Every second Indian child is underweight***[634]. Describing malnutrition as India's silent emergency, the World Bank report says that ***the rate of malnutrition cases among children in India*** is almost five times more than in China, and ***twice than in Sub-Saharan Africa***. Despite an impressive economic growth over the years malnutrition among children remains and is one of the huge public health problems in India and the steps taken

[632] IBN Live; Jul 20, 2013 at 10:20pm IST; Karnataka: CM seeks report of malnutrition death case; http://ibnlive.in.com/news/karnataka-cm-seeks-report-of-malnutrition-death-case/408103-62-129.html
[633] IBN Live; Aug 13, 2013 at 10:19am IST; Maharashtra: Hospitals miles away, Jawahar kids die of malnutrition; http://ibnlive.in.com/news/maharashtra-hospitals-miles-away-jawahar-kids-die-of-malnutrition/413840-17.html
[634] Study on Child Abuse: INDIA 2007; Ministry of Women and Child Development, Government of India – p6

towards reduction has not succeeded well. The major cause of under nutrition has always been reported to be poverty along with ignorance. It is the most telling index of poverty. Poverty has a vicious cycle. Poverty leads to inadequate food intake and under nutrition further leads to a lack of physical growth and development of children, impaired functioning, low productivity again leads to poverty. The previous Prime Minister of India commented that "the problem of malnutrition is a matter of national shame". India has two times higher rate (43%) of children malnutrition than sub-Saharan Africa (22 %). The HUNGaMA (Hunger and Malnutrition)survey revealed that ***42% of children under five are underweight and 59% are stunted***[635]. Of the children suffering from stunting, about half are severely stunted. If current rates of progress in reducing under nutrition are not improved upon, India will reach the U.N. Millennium Development Goal of halving under nutrition by 2043. The target date is 2015. China has already exceeded the target.

According to per NFHS-3 (National Family Health Survey), 48% of children under age of five years are stunted (too short for their age), indicating that half of the country's children are chronically malnourished while 19.8% of children in the same age group are acute malnourished; too thin for their height, indicating out of every five children in India one is wasted and 43% of children are underweight for their age[636]. During the period between NFHS 2 (1998-99) and NFHS 3 (2005-06), a decline has been observed in cases of stunted growth and underweight among children under 3 years of age, while the percentage of children wasted has increased.

More Statistics[637]

- Higher is the percentage of underweight female children (< 5 years) than male children, whereas females are in a slightly better position compared to male children (< 5 years) while considering stunting and wasting.
- The rural India is witnessing more malnutrition among children < 5 years as higher percentage of stunted, wasted and underweight children were reported from rural areas.

Causes and Consequences of Malnutrition

There could be various associated factors leading to malnutrition. Among them Large family size, Poor maternal health, Failure of lactation, Premature termination of lactation, Adverse cultural practices relating to inappropriate child rearing and weaning are significant factors. District level Household Survey (DLHS -3 2007-08) shows only ***40.5% children are fortunate to be breastfed within one hour of child birth***[638]. Among few cultures in India, giving colostrum (fresh milk after birth) which contains essential vitamins and nutrients and consuming non vegetarian diet by mother after child birth considered to be taboo. These kind of harmful practices can lead to malnutrition of the child at later age. The NFHS 3 (2005-06) results indicate that malnutrition is more prevalent among children in the higher birth order category. ***High malnutrition of all types prevails in illiterate mothers and mothers with less than 5 years education***. Malnutrition among children is highest for underweight mothers. Around one-third of all adult women are underweight. Inadequate care of women and girls, especially during pregnancy, results in low- birth weight babies. Nearly 30% of all new-borns have a low birth weight, making them vulnerable to further malnutrition and disease.

[635] Naandi (2011); The HUNGaMA Survey Report 2011; http://hungamaforchange.org/fliera4copy.pdf
[636] National Family Health Survey, India; The 2005-06 National Family Health Survey (NFHS-3); http://www.rchiips.org/nfhs/nfhs3.shtml
[637] Social Statistics Division, Central Statistics Office, Ministry of statistics and Programme Implementation, Government of India (2012): Children in India 2012 – A Statistic Appraisal – 'Highlights'
[638] National Family Health Survey, India; The 2005-06 National Family Health Survey (NFHS-3); http://www.rchiips.org/nfhs/nfhs3.shtml

The percentage of underweight children in the lowest wealth index category (56.6%) is nearly 3 times higher than that in the highest wealth index category (19.7%).The states with more than 50% children underweight under five years of age are Madhya Pradesh (60%), Jharkhand (56.5%) and Bihar (55.9%)[639].

Malnutrition in early childhood has serious, long-term consequences because it impedes motor, sensory, cognitive, social and emotional development. Malnourished children are less likely to perform well in school and more likely to grow into malnourished adults, at greater risk of disease and early death.

Vitamin and mineral deficiencies result from Malnutrition also affect children's survival and development. ***Three out of four children in India are anaemic***[640]. Among male and female children (6-59 months) the percentage of children with any type of anaemia was reported as 69% and 69.9% respectively, severe anaemia was reported for 3.2 % male children and 2.7% female children. Anaemia among children of 6-59 months was found to be more than 70% in Bihar, Madhya Pradesh, Uttar Pradesh, Haryana, Chhattisgarh, Andhra Pradesh, Karnataka and Jharkhand while in Goa, Manipur, Mizoram, and Kerala it was less than 50%.

Iodine deficiency, which reduces learning capacity by up to 13%, is widespread because fewer than half of all households use iodised salt. Vitamin A deficiency, which causes blindness and increases morbidity and mortality among pre-schoolers, also remains a public-health problem.

Mr. Jean Humphrey, a professor of human nutrition at Johns Hopkins Bloomberg School of Public Health says "These children's bodies divert energy and nutrients away from growth and brain development to prioritize infection-fighting survival," "When this happens during the first two years of life, children become stunted. What's particularly disturbing is that the lost height and intelligence are permanent."

New research on malnutrition, which leads to childhood stunting, suggests that ***a root cause may be an abundance of human waste polluting soil and water, rather than a scarcity of food***. A child raised in India is far more likely to be malnourished than one from the Democratic Republic of Congo, Zimbabwe or Somalia, the planet's poorest countries. ***Stunting affects 65 million Indian children under the age of 5***. This disconnect between wealth and malnutrition is so striking that economists have concluded that economic growth does almost nothing to reduce malnutrition.

Half of India's population, or at least 620 million people, defecate outdoors. And while this share has declined slightly in the past decade, an analysis of census data shows that rapid population growth has meant that most Indians are being exposed to more human waste than ever before.

Government response

India's government has for decades tried to resolve the country's stubborn malnutrition problems by distributing vast stores of subsidized food. But more and better food has largely failed to reverse early stunting, studies have repeatedly shown. India now spends about $26 billion annually on food and jobs programs, and less than $400 million on improving sanitation — a ratio of more than 60 to 1.

Better sanitation in the West during the 19th and early 20th centuries led to huge improvements in health long before the advent of vaccines and antibiotics, and researchers have long known that childhood environments play a crucial role in child death and adult height. The present research on

[639] Ministry of Health and Family Welfare, Government of India (2007-08) District Level Household & Facility Survey; DLHS-3 2007-08; http://www.rchiips.org/prch-3.html
[640] Study on Child Abuse: INDIA 2007; Ministry of Women and Child Development, Government of India – p6

gut diseases in children has focused on a condition resulting from repeated bacterial infections that flatten intestinal linings, reducing by a third the ability to absorb nutrients. A recent study of ***starving children found that they lacked the crucial gut bacteria needed to digest food***.

In a little-discussed but surprising finding, Muslim children in India are 17% more likely to survive infancy than Hindus, even though Muslims are generally poorer and less educated. This enormous difference in infant mortality is explained by the fact that Muslims are far more likely to use latrines and live next to others also using latrines, a recent analysis found[641].

Malnutrition is the problem of the hour and it can only be alleviated by extensive awareness, not only on healthy eating habits but also improving sanitation practices.

(Inter)National Attention

MDG number 1: Eradicate extreme poverty and hunger
My World is ranking this number 7 in general for everyone
World Vision Goal 2: Eliminate hunger in communities

National policies[642]:

The major policies and legislations formulated in the country to ensure child rights and improvement in their status include:

National Health Policy, 2002

National Charter for Children, 2004: Underlying the National Charter for Children 2004, is the intent to secure for every child the right to a healthy and happy childhood, to address the root causes that negate the ***healthy growth*** and development of children, and to awaken the conscience of the community in the wider social context to protect children from all forms of abuse, while strengthening the family, society and the nation. This Charter has the following sections on child protection:

- Survival, life and liberty;
- Protection from economic exploitation and all forms of abuse;
- Protection of the girl child;
- Care, protection, welfare of children of marginalised and disadvantaged communities;
- Ensuring child-friendly procedures.

ICDS scheme

The population of children aged 0-6 years is 16.4 crores as per the 2001 Census. According to a UNESCO report, however, of the total child population, 2.07 crores (6%) are infants below one year; 4.17 crores (12%) are toddlers in the age group 1-2 years; 7.73 crores (22.2%) are pre-schoolers in the age group 3-5 years. The report highlights that services under the ICDS scheme covered only 3.41 crore children in the age group 0-6 years as in March 2004, which is around 22% of the total children in that age group. Supplementary nutrition too was being provided to 3.4 crore children, as against 16 crore children. Of these, 53% were reported to be under-nourished[643].

[641] New York Times, JULY 13, 2014 (2014) Poor Sanitation in India May Afflict Well-Fed Children With Malnutrition; http://www.nytimes.com/2014/07/15/world/asia/poor-sanitation-in-india-may-afflict-well-fed-children-with-malnutrition.html?_r=0
[642] Study on Child Abuse: INDIA 2007; Ministry of Women and Child Development, Government of India – p24-25
[643] Ministry of Women and Child Development (2007): Working Group Report on Women and Children for the Eleventh Five Year Plan (2007-2012) / Study on Child Abuse: INDIA 2007; Ministry of Women and Child Development, Government of India – p7

4.4 HIV/AIDS

Imagine you are a 12 year old boy. You live in South India, on the outskirts of a city called Vijayawada. Your name is Yesu Babu. Your home is a tiny two-room concrete block, approximately 200 square feet, in a slum called Vambay Colony. You share this small home with your grandmother, Durgamma, and your nine-year-old brother. You live with your grandmother because your parents died of AIDS – first your father, who brought the infection home, in 2001; then your mother followed in 2004. There was no one left to take care of you and your brother except your elderly grandmother, who never expected to be raising children again. Soon you learn that although you are HIV-negative, your young brother is HIV-positive. He begins to grow ill. He battles many infections. He cries in the night when he's sick and calls for his mother.

Almost crippled with severe joint pain, your grandmother can barely walk and cannot physically work; even if she could, someone has to care for your brother. There is no one else to provide an income for this new family that has formed. So you let your brother go to school, although his future is painfully uncertain, while you work. You leave home for a week at a time to travel for migrant construction or agricultural jobs. You are paid ₹30-50 per day – roughly a dollar or less.

You are just a boy. You know you should be in school. You should have a childhood, but it has been traded in far too soon for adult work and worries, for hardships that no 12 year old should ever have to face. But what can you do? There is no one else. There is no other way. From a normal life with a mother and father, school, a childhood, possibilities – to this previously unimagined reality.

"It is very hard taking care of my two grandchildren," Durgamma tells me. Her face is deeply lined, her hands like delicate parchment paper as she holds them to her head. "I am only one. I want to take care of them, but it is difficult. I want to see them through to 18, but if something happens to me, what will become of them?" she asks, her brow etched in a permanent expression of worry.

It is the same question in my mind as I glance at the little brother, HIV-positive Venugopal, curled up on the bed next to me. Their situation seemed so tenuous, their survival entirely dependent on this hobbling old woman and a 12-year-old boy.

Though troubled and exhausted, Durgamma is dry-eyed and matter of fact about their situation. Tears are an indulgence these elders have neither the time nor the luxury for. In their daily scrabble for existence they cannot afford to keep accounts of regret.

This family's plight is an all-too-common legacy of India's exploding AIDS epidemic, and a familiar story in Vambay Colony. Yesu and his grandmother gaze at me listlessly as we speak, both with the same vacant eyes. In those two pairs of eyes lays a world of despair, devoid of any hopes or dreams. They wait patiently for my next inquiry. I know I am supposed to ask more questions, but I can think of no other words. Silence seems to demand all the space between us. Everything I want to know is there in those eyes that stare back at me[644].

[644] CNN; India's new untouchables: Children living with AIDS; 19 July, 2010; http://travel.cnn.com/mumbai/life/india%E2%80%99s-new-untouchables-652639

Facts and Numbers

Globally an estimated 2.5 million children are living with HIV/AIDS, 10,000 becoming infected daily and 2, 60,000 deaths of children under 15 occur due to AIDS related illnesses[645]. In 2009, it was estimated that there were 2.39 million people living with HIV in India. Of these, women constitute 36% while children comprised 4.4%[646]. According to National Aids Control Organization (NACO), there were an estimated 55,000 HIV infected 0-14 year old children in India in 2003. UNAIDS, however, puts this figure at 0.16 million children. The last estimated numbers of ***children living with HIV was 1,05,000***[647]. There are conflicting reports about HIV/AIDS in India. But the experts largely agree that India has the second largest number of HIV infected people in the world after the Republic of South Africa[648].

Most vulnerable population

The Indian epidemic is concentrated among vulnerable populations at high risk for HIV. The concentrated epidemics are driven by unprotected sex between sex workers and their clients and by injecting drug use with contaminated injecting equipment. According to India's National AIDS Control Organization (NACO), the bulk of HIV infections in India occur during unprotected heterosexual intercourse. Consequently, and as the epidemic has matured, women account for a growing proportion of people living with HIV, especially in rural areas. ***The four high prevalence states of South India*** (Andhra Pradesh, Maharashtra, Karnataka , Tamil Nadu) ***account for 55% of all HIV infections in the country***. Around 90% of all children living with HIV acquired the infection from their mothers during pregnancy, birth or breastfeeding. A pregnant woman can transmit the virus to her foetus through their shared blood circulation, or a nursing mother can transmit it to her baby in her milk.

The World Health Organisation defines Adolescents as young people aged 10-19. Adolescents are no longer children, but not yet adults. They are considered to be most vulnerable group as far as Sexually Transmitted infections (STIs) is concerned. Several micro level studies in India on children and adolescents have shown high incident of sexual activity among them. It also indicated a perceived threat of HIV infection among children as main mode of transmission of HIV through sexual contacts. There are nearly 300,000 children in India who are engaged in commercial sex. According to Rita Panicker of NGO Butterfly approximately 18 million children workers live on streets in India and a high percentage among them are sexually active.

Rejected through HIV

Even as HIV moves into the general population, the HIV epidemic is misunderstood and stigmatized among the Indian public. People living with HIV have faced violent attacks; been rejected by families, spouses, and communities; been refused medical treatment; and even, in some reported cases, denied the last rites before they die[649].

[645] HIV/AIDS in the context of other global challenges, Global 2015, Special report for the UN high level meeting on AIDS. 2011
[646] NACO Annual report. [accessed on August 8, 2011]. Available from:http://www.nacoonline.org/Quick_Links/HIV_Data/
[647] HIV/AIDS in the context of other global challenges, Global 2015, Special report for the UN high level meeting on AIDS. 2011
[648] Ministry of Women and Child Development (2007): Working Group Report on Women and Children for the Eleventh Five Year Plan (2007-2012) / Study on Child Abuse: INDIA 2007; Ministry of Women and Child Development, Government of India – p7
[649] Stigma and discrimination in India, Overview of HIV and AIDS in India. [Last updated on 2007 Oct]. Available from: http://www.avert.org/aidsindia.htm. [Last accessed on 2007 Nov 2]

The children of the HIV/AIDS infected

Another emerging as well as highly ignored issue about HIV/AIDS is children orphaned by the disease. These children may themselves experience the discrimination that is often associated with HIV. They may also have to care for a sick parent or relative, and may have to give up school to become the principle wage-earner for the family. When adults fall sick, food still needs to be provided ¬– and the burden of earning money usually falls on the oldest child. One of the harshest effects of the global AIDS epidemic is the number of orphans it has created, and continues to create. Children orphaned by AIDS are those under the age of 18 who have lost one or both parents to the disease. ***Today, India is a home to the largest number of AIDS orphans in the world (the UN estimates)***. ***India is expected to become the next epicentre of the AIDS orphan crisis***. Though there are no government figures in the country for the number of children affected by AIDS, World Bank estimates suggest that ***the number of children in India orphaned by AIDS is approaching 2 million***. The proportion of orphaned children is expected to double by 2010 years and remain exceptionally high until 2020 or 2030[650].

Stigmatized through no fault of theirs, ***these AIDS orphan children are far more vulnerable to abuse and exploitation***[651]. Losing a parent is terrible for any child, but children living in India who lose parents to AIDS face unthinkable hardships. Not only have they watched their parents die, but they are stigmatized for having been associated with HIV and AIDS and are often forced to fend for themselves and their siblings. The result is that a growing number of helpless children are facing a cycle of abuse, neglect, stigmatization, malnutrition, poverty and disease.

In addition to the impact of HIV and AIDS as a health issue, in India the repercussions go much further. Children orphaned by AIDS have less chance of gaining an education and getting access to healthcare. Their poverty and vulnerability to exploitation also significantly increases their likelihood of contracting HIV themselves. AIDS orphans excluded, discriminated, against and left to fend for themselves, they are psychologically distressed, and they do not have access to basic education and basic health care. Due to lack of support and care, they are at higher risk of bad health and nutritional problems. They are easy prey to all forms of exploitation like prostitution, beggary, juvenile delinquency, and drug abuse.

Children are being turned away from schools, clinics and orphanages because they or their family members are HIV-positive. Human Rights Watch in its in depth report has listed number of cases of children who had been denied admission to school in —Tamil Nadu, Kerala, and Maharashtra. India has high percentage of street children, child workers and out of school children.

Response

Recommendations and interventions

A number of recommendations have been made to address this growing problem. A number of sub-Saharan African countries have changed laws and child welfare systems[652].Intervention options for providing care and support to Children with HIV and orphans due to HIV in India are limited. India

[650] Sen A. India is home to the largest number of AIDS orphans in the world. [Last updated on 2005 Dec]. Available from: http://www.infochangeindia.org/features331.jsp
[651] Seale S. The missing face of AIDS. [Last updated on 2007 May]. Available from: http://www.infochangeindia.org/features421.jsp.
[652] Meier Eileen. The growth of AIDS orphans and policy solutions. [Last updated on March 2003]. Available from:www.medscape.com/viewarticle/449677.

has little experience with community-based care and institutional care is often relied upon as the most common form of intervention. However, even the number of orphanages providing short-term care for AIDS orphans is insufficient. The Indian Government has been criticized for clinging to the idea that the epidemic is limited to the 'high-risk groups' like sex workers, drug users, and truck drivers. But this approach no longer reflects the reality of at least some Indian states, where the epidemic is in the general population[653]. 80% of AIDS funding goes toward prevention in the high-risk populations and only 20% to caring for children and families living with HIV[654].

Programmes

India's ambitious National AIDS Control Programme is in its third phase[655]. Government of India also initiated Antiretroviral Treatment Programme in high prevalence states. But AIDS control policy is lacking in any specific provisions related to the AIDS orphans and Children with HIV in the country. India needs to develop a policy for AIDS orphans for their treatment as well for the rehabilitation and welfare. Sub-Saharan countries are good example to follow about their work for AIDS orphans. Fundamental steps in building a supportive environment include involving children and families affected by HIV/AIDS in care and treatment strategies; increasing awareness of the impact of HIV/AIDS on children and families; and reducing fear, ignorance, denial and discrimination by increasing access to information, challenging myths and transforming the public perception about HIV/AIDS[656].These innocent children need support and care and as a nation, as a community, and as an individual it's our duty to give them what they really required.

The Integrated Programme for Street Children without homes and family ties, supports NGO's to run 24 hours drop-in shelters and provide food, clothing, shelter, non-formal education, recreation, counselling, guidance and referral services for children. The other components of the scheme include enrolment in schools, vocational training, occupational placement, mobilizing preventive health services and reducing the incidence of drug and substance abuse, HIV/AIDS etc[657].

[653] Sen A. India is home to the largest number of AIDS orphans in the world. [Last updated on 2005 Dec]. Available from: http://www.infochangeindia.org/features331.jsp
[654] Seale S. The missing face of AIDS. [Last updated on 2007 May]. Available from: http://www.infochangeindia.org/features421.jsp.
[655] MDG number 6: Combat HIV/AIDS, Malaria and Other Diseases
[656] Sen A. India is home to the largest number of AIDS orphans in the world. [Last updated on 2005 Dec]. Available from: http://www.infochangeindia.org/features331.jsp
[657] Study on Child Abuse: INDIA 2007; Ministry of Women and Child Development, Government of India – p30

5. Child Participation

The hand pump in front of the grain storage at Chanpura village in Tonk district of Rajasthan had not been working for four months and the villagers were at a loss how to get it repaired. It was only after 13-year-old Savitri Sharma from the village made a written representation to her Sarpanch (Village Council Chief) and fired off a news write-up which was carried in the local newspaper that the authorities sat up and took notice.

Similarly, in Mendwas village in the same district, it was the collective journalistic efforts of cousins Suman and Anand Yadav, both 16, which highlighted the sorry health plight of the village women and children due to no primary health centre or other medical facilities nearby. "I have brought this issue to the notice of our Health Minister as well as the local Legislative Assembly member and will continue to pressure them through my articles to start a primary health centre near our village", states Anand.

These enterprising young grassroots reporters are part of a child participation initiative launched by UNICEF in collaboration with the Government of Rajasthan to involve youth in village planning and development and their maiden efforts have already stirred an apathetic district administration into re-examining the many ills which plague its villages[658].

Children in most sections of Indian society are traditionally and conventionally not consulted about matters and decisions affecting their lives. In the family and household, the neighbourhood and wider community, in school or in work place, and across the settings of social and cultural life, children's views are mostly not given much importance. If they do speak out, they are not normally heard. The imposition of restrictive norms is especially true for girl children. This limits children's access to information and to choice, and often to the possibility of seeking help outside their immediate circle[659].

Children should participate, as standard practice, as informants and co-researchers in research about themselves. Their circumstances and experiences imply special dilemmas for research strategies and techniques[660].

Child Participation[661]

Every child has the right to be heard and to have his or her opinion taken seriously. This is also a fundamental principle of the UN Convention on the Rights of the Child and is described in Article 12 as the Right to Participation. The Right to Participation recognizes that children have the right to be involved in decision-making processes that may be relevant in their lives and to influence decisions taken about them in all circumstances and environments - in the family, in school or the community.

[658] Unicef; Child Reporters Take Up Social Issues in Rajasthan Villages; http://www.unicef.org/india/children_3811.htm
[659] Ministry of Women and Child Development (2007): Working Group Report on Women and Children for the Eleventh Five Year Plan (2007-2012) / Study on Child Abuse: INDIA 2007; Ministry of Women and Child Development, Government of India – p7
[660] Consortium for Street Children; Sarah Thomas de Benitez (2011); State of the World's Street Children: Research; pviii
[661] http://aanganindia.org/listening-to-children

According to the Convention's General Comment 12, the concept of participation emphasizes that ***including children should not be a momentary act, but the starting point for an intense exchange between children and adults on the development of policies, programmes and measures in all relevant contexts of children's lives.***

This right demands our otherwise adult-centric world to recognize and respect children's evolving capacities and autonomy.

Child Participation is a core value

In India the right to participation is particularly significant when you stop to consider the marginalization and invisibility of children. Within our deep-rooted patriarchal structures children's rights are generally seen only within the context of the needs and rights of the adult members of the family or the community. Children are typically not seen as independent holders of their own rights, but rather as dependent, passive recipients of welfare – be it from the family or the state. Ironically, while we heap on children many adult responsibilities – supporting the family through child labour or being responsible for the care of the household and younger siblings – we don't wish to credit them with the ability to understand their environment or seek their opinion on how they would like to change it!

It is vital for us to reconstruct our understanding of children by paying attention to the diversity of children's actual circumstances, their agency and their subordination. The importance of the right to participation is that it recognizes the potential of children to contribute meaningfully to decision-making processes, and to participate as citizens and actors of change.

Participation to our mind is a key aspect of citizenship, and this is why we work to ensure that children become active participants in their local communities, be it socially, culturally or politically. Children's participation has to be fostered within the family, the school, the neighbourhood and local community, as well as in mechanisms that shape State policy.

Best Practises

Aangan's Child participation in action

It is powerful and practical to hear from children about their version of what is dangerous, challenging or difficult in their lives and often there are answers to be found here. Most often their reinterpretation of problems can lead us to new solutions – but only if their voices are heard in a deliberate manner with intention to act rather than as a token nod to some abstract notion of child participation.

All of Aangan's programming[662] seeks to provide children with the opportunities to formulate their own opinions and ideas about their lives and the lives of their family and community; freely and safely express their opinions and choices; and find ways to take their voices and perspectives to relevant authorities who are tasked with enacting or implementing decisions, policies or laws that impact children.

In urban slum communities, boys and girls are encouraged to identify and articulate the problems - personal and public - they face in their neighbourhoods and find solutions through community projects that also galvanize other stakeholders in the community to action. The work of identifying,

[662] http://aanganindia.org/listening-to-children

active planning, and participation in trying to make a change is powerful. They see how youth who were once passive or victims or non-actors in their communities are emboldened and empowered to act in their own and their community's interest.

What children say about the issues that concern them usually come from their personal experiences. Listening closely to what children say – be it about safety, protection, child marriage, substance abuse, police harassment – is what we use to prioritize our areas of intervention and work.

Child Reporters Take Up Social Issues in Rajasthan Villages[663]

The project, entitled "Gram Shakti", uses an integrated village-based approach and was launched in May 2007 in all the 1,030 villages in Tonk district, situated about 120 km from the state capital Jaipur. It is being implemented by six NGOs in the six blocks of the district and is overseen by the national-level NGO, Nehru Yuva Kendra (NYK).

As part of the village planning process, 54 child reporters were nominated by the community as volunteers to create awareness leading to community mobilization for social, physical and economic development.

The 54 child reporters in the age group 11-18 years were selected out of 27 schools from two blocks after a rigorous examination involving essay writing, oration and extempore speech, explains Mahesh Kumar Sharma, NYK's District Youth Coordinator. They were then enrolled into an extensive training programme aimed at enhancing their writing and reporting skills to present various problems in order to find subsequent solutions.

Points out Shikha Wadhwa, Communication Specialist at UNICEF's state office in Jaipur, "Susceptible to exploitation and abuse, children are most affected by the actions and decisions taken by adults. They deserve to have their voices heard on issues that affect them and they can speak on things that adults do not know or feel, or perhaps, overtime, have forgotten", she observes.

Armed with identity badges, the young reporters returned to their villages and interacted with Panchayati Raj representatives, school principal and health functionaries and brought to their notice various problems being faced by the community regarding routine immunization, education, agriculture, electricity and water supplies.

"Every day the child reporters bring out a newsletter which they put up on the notice board of the Gram Panchayat Headquarters. They also send these to the local newspapers and many of their articles have appeared in print on a regular basis", says Mr Bharat Lal Meena, Block Coordinator of the Rajasthan Public School Sanstha (RPS), one of the NGOs implementing the project.

Despite initial hindrances, the children are determined to carry on. Kamal Kumar Meena, 15, of Badibarthal village says: "Our village faces a severe water crisis as there are only three hand pumps catering to a population of 750. I have written so many articles on this issue and several have appeared in our local newspaper, but the authorities remain indifferent to our plight". Undeterred, Kamal is planning to meet his Sarpanch and other stakeholders to mobilize support for installation of more hand pumps in the village.

[663] Unicef; Child Reporters Take Up Social Issues in Rajasthan Villages; http://www.unicef.org/india/children_3811.htm

Child Parliament[664]

Children's Parliament acts as a forum that provides space for children to articulate their views and opinions freely. It attracts the highest form of participation, as children meet once a quarter to voice out their views and concerns. Children are trained on Child Rights to be well equipped to demand their rights. Democratically organized by children, the Children's Parliament is a replica of the Indian Parliament. Children between 12 and 18 years form an Executive Body complete with Prime Minister, Education Minister, Finance Minister, Home Minister, Defense Minister and others.

[664] Children's Parliament - Bangalore World Vision Child Development Project; https://www.youtube.com/watch?v=m7nXoczqRUI

Summary Children at Risk

Introduction

Many Children in India suffer from a variety of issues. This research focuses on 24 different issues grouped under 4 main categories:

1. Child Abuse / Child protection

Many issues can be categorized under this heading. Children suffer from physical/sexual abuse, to lower caste torture, to infanticide and foeticide of the girl child to abandoning of children by guardians.

2. Child trafficking and Child Labour

This is a form of child abuse that needs special attention. Children are sold to be sex workers or bonded labourers, to work in harsh conditions and are deprived of growth opportunities.

3. Quality Education

Though the attendance at schools has increased in the last decade through Millennium Development Goals, many children still lack the opportunity to go to school. Another very serious problem is the quality of education which is very low. And there is an absence of vision to help children with special needs or disabilities with learning.

4. Child health

There are various health issues that children face, which will be addressed under this heading.

Child Participation

Participation of the child is an important factor that needs to be considered when discussing the above issues. Children are able to speak for themselves in some situations and can contribute towards change.

To compile the report, material has been used from a variety of sources. We are so grateful to the numerous agencies and organisations that have made their data readily available. All of them are listed in the footnotes and the main ones are listed in the acknowledgement of the main report.

Working on this report has touched my heart even more for these children. I hope it will touch yours as well and that we will be able to bind our passion and will put all our shoulders under this together, so that together we will be able to make a really change in many of the lives of the children.

1. Child safety / Child Protection

While on the one hand girls are being killed even before they are born, on the other hand children who are born and survive suffer from a number of violations ***With a child below 16 years raped every 155th minute, a child below 10 every 13th hour and one in every 10 children sexually abused at any point of time, India has the world's largest number of sexually abused children.*** Physical and psychological punishments take place in the name of disciplining children and are unfortunately culturally accepted.

1.1 Child Abuse in general

Traditionally in India, the responsibility of care and protection of children has been with families and communities but there is seldom the realization that children are individuals with their own rights. The transition to the rights based approach in the Government and civil society is still evolving.

Child abuse is shrouded in secrecy with a conspiracy of silence around the entire subject. For a long time the common belief was that there is no child (sexual) abuse in India. Certain traditional practices are accepted, knowingly or un-knowingly amount to child abuse. Lack of empirical evidence and qualitative information on the dimensions of child abuse and neglect makes it difficult to address the issue in a comprehensive manner.

The main parts of child abuse are: Physical Abuse, Sexual Abuse, Emotional Abuse, and Neglect.

In a huge country where there has been wide field research, the following major findings came out; Across different forms of abuse, and across different evidence groups, ***younger children (5-12 years of age) have reported higher levels of abuse*** than the other age groups. Boys and girls, are equally at risk of abuse. ***Persons in trust and authority are major abusers*** and 70% of abused children never reported the matter to anyone.

The table below gives a brief overview of the various forms of abuse surveyed

Abuse	*Total*	*Girls*	*Boys*	*Major States*
Physical	***68.99%***	***45.32%***	***54.68%***	Assam, Mizoram, Delhi, Uttar Pradesh
Sexual	***53.22%***	***47.06%***	***52.94%***	Abuse: Andhra, Assam, Bihar, Delhi (44.5% of total Rape cases 2011: Madhya Pradesh, Uttar Pradesh and Maharashtra together
Emotional	***48.37%***	***50.01%***	***49.99%***	Andhra, Assam, Bihar, Delhi

Physical Abuse

Two out of every three children were physically abused. Analysis of incidence of physical abuse among different age groups of child respondents revealed that a ***majority (48.29%) of younger children in the age group of 5-12 years were being physically abused*** followed by children in the age group 13-14 years (26.69%) and adolescents in the age group 15-18 years (25.01%).
Children faced high level of physical abuse in families, from which ***88,6% were physically abused by parents***; 65% (2 out of 3) of school going children reported facing corporal punishment; 53.8% were from government run schools, 22.3% from public schools and 13% from NGO run schools. Most children did not report the matter to anyone.

Consequence Physical Abuse

The effect of hurt, pain, anger, ***humiliation and loss of self-esteem is enormous***. Children who have been repeatedly subjected to physical abuse carry the effects of it all through their life and often also end up as perpetrators of violence themselves. The social adjustment scores of school children who experienced violence, regardless of the nature of the violence, was significantly lower when compared with scores of those who had not experienced violence. Social adjustment was poorer for girls than boys.

Sexual Abuse

The subject of child sexual abuse is still a taboo in India. Part of the reason of course lies in a traditional conservative family and community structure where sex and sexuality are not talked

about. Therefore, any sexual abuse that a child faces does not get reported. This silence encourages the abuser and makes him bold to continue and subject the child to more severe forms of sexual abuse. Very often children do not even realize that they are being abused. Now slowly the issue is being highlighted mostly in the News and Protests are being organized among the citizens.

India has the world's largest number of sexually abused children, with a child below 16 years raped every 155th minute., a child below 10 every 13th hour and one in every 10 children sexually abused at any point of time. 21.90% child respondents reported facing severe forms of sexual abuse and 50.76% other forms of sexual abuse. Sexual abuse of children in one or more forms started at the age of 5, gained momentum from the age of 10, ***peaking at 12 to 15 years*** and then starting to decline.

The prevalence of sexual abuse in upper and middle class was found to be proportionately higher than in lower or in lower middle class. Children on street, children at work and children in institutional care reported the highest incidence of sexual assault.

50% of the abuses are persons known to the child or are in a position of trust and responsibility, often perpetrating a pre-planned insidious abuse of a relationship over the child.

Most children did not report the matter to anyone.

Emotional Abuse and Girl Child Neglect

Every second child reported facing emotional abuse. Though aspects of girl child neglect have not been added in this section, the percentage of girls and boys reported almost equal perception of emotional abuse but ***48.4% of girls wished they were boys***. In 83% of the cases parents were the abusers. ***The Table below shows the percentage of abuse by age-group***

Age	***% abused***
5-12 years	***47.02%***
13-14 years	25.61%
15-18 years	27.37%

44.13% children reported facing humiliation. Among those humiliated, the percentage of boys was 51.02% and of girls 48.98%. 47.58% children in the age group of 5-12 years reported humiliation. Between the evidence groups, the percentage of boys facing humiliation was highest in institutions.

Crimes against Children

The table below shows crimes against children in the top 6 six states in 2011

State	***Crimes against Children***
Uttar Pradesh	***16.6%***
Madhya Pradesh	***13.2%***
Delhi	***12.8%),***

State	***Crimes against Children***
Maharashtra	***10.2%***
Bihar	***6.7%***
Andhra Pradesh	***6.7%***

Besides these forms of abuse there are other crimes that are perpetrated. There has been a ***steep rise in the total number of crimes against children*** in the last decade. In 2002, 5972 cases were registered, in 2014 there were 38,172 cases registered, but media and other reports indicate that the

unofficial numbers are much higher. Considering all the Crimes against children, the Crime rate (ratio of number of crimes to population) has marginally increased from 2.3 in 2009 to 2.7 in 2011. The rate was highest in Delhi (25.4) followed by A & N Islands (20.3), Chandigarh (7) and Chhattisgarh (7), Madhya Pradesh (6) and Goa (5.1).

In 2011 there was an increase of 43% in cases of kidnapping and abduction, rape cases were increased by 30%, buying of minor girls recorded an increase of 27% and foeticide reported an increase of 19% over 2010.

Laws and legislations

Instruments and standards for protection of Child Rights

- Convention on the Rights of the Child (CRC)
- Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)
- SAARC Convention on Prevention and Combating Trafficking in Women and Children for Prostitution

National Policy´s:

- National Policy for Children, 1974
- National Policy on Education, 1986
- National Policy on Child Labour, 1987
- National Nutrition Policy, 1993
- Report of the Committee on Prostitution, Child Prostitutes and Children of Prostitutes and Plan of Action to Combat Trafficking and Commercial Sexual Exploitation of Women and Children, 1998
- National Health Policy, 2002
- National Charter for Children, 2004
- National Plan of Action for Children, 2005

National Legislations

- Protection of Children from Sexual Offences (POCSO) Act 2012
- Guardian and Wards Act, 1890
- Factories Act ,1954
- Hindu Adoption and Maintenance Act, 1956
- Probation of Offenders Act, 1958
- Bombay Prevention of Begging Act, 1959
- Orphanages and Other Charitable Homes (Supervision and Control) Act, 1960
- Bonded Labour System (Abolition) Act, 1976
- Immoral Traffic Prevention Act, 1986
- Child Labour (Prohibition and Regulation) Act,1986
- Prevention of Illicit Traffic in Narcotic Drugs and Psychotropic Substances Act, 1987
- Pre-natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act, 1994
- Persons with Disabilities (Equal Protection of Rights and Full Participation) Act, 2000
- Juvenile Justice (Care and Protection of Children) Act, 2000
- Commission for Protection of the Rights of the Child Act, 2005
- Prohibition of Child Marriage Act 2006
- The Indian Penal Code

The Integrated Child Protection Scheme (ICPS) is, therefore, proposed by the Ministry of Women and Child Development as a centrally sponsored scheme to address the issue of child protection and build a protective environment for children through Government-Civil Society Partnership.

Response

- TV Program ***Satyamev Jayate produced by Amir Khan*** focuses on social issues and one of his documentaries was on Child Sexual Abuse.
- ***Rajeev Chandrasekhar*** (Independent MP in Rajya Sabha, the upper house of the Parliament of India, representing Karnataka and Bangalore), demanded that the state Karnataka make school

managements responsible for the safety of children on campus by introducing the new Child Protection Policy for the state.

- ***Nobel Prize Kailash Satyarthi*** 2014: Kailash Satyarthi of India and Malala Yousafzai from Pakistan on 10th December 2014 received the Nobel Peace Prize for 2014 for their pioneering work on promoting child rights in the subcontinent, as they made an impassioned plea to globalise compassion.

1.2 Discrimination & Cultural Practices

1.2.1 Dalit and other social groups' social exclusion

Estimated at 138 million the Dalits or Scheduled Castes (SCs) are at the bottom of the social and economic hierarchy of the caste system. They suffer discrimination, exclusion and are deprived entitlements to economic rights, education, health and housing. Their children suffer from exclusion and discrimination through forced child labour and lack of good health, access to health services and education. The SCs constitute about 17% of India's population as per the Census 2001, and almost 80% live in the rural areas spread all over the country.

The right to education and training

The right to education free from discrimination is not secured for Dalit children. 99% of Dalit students are enrolled in government schools which lack basic infrastructure, ***classrooms, teachers, teaching aids and*** face abuse from teachers and non-Dalit students, including t segregation both in classrooms and in the provision of mid-day meals. The hostility of higher-caste community members toward Dalit's' education is linked to the perception that Dalit's are not meant to be educated, are incapable of being educated, or if educated, would pose a threat to village hierarchies and power relations. A report before the 67th session of the then-Commission on Human Rights (CHR) states "***teachers have been known to declare that Dalit pupils cannot learn unless they are beaten***." Dalit's' labour patterns (migratory and child labour) also adversely affect access to education. These factors result in ***low enrolment and high drop-outs*** and low literacy rates of Dalit students.

Labour patterns (migratory and child labour) affect Dalits' access to education

Dalit parents often take their children with them while looking for labour. Older children either work with their parents or stay at home to care for younger siblings, hence depriving them of schooling. Once students miss 18 days, they are no longer allowed to advance in the same grade. Dalit children are vulnerable to trafficking. There are an estimated 40 million bonded labourers in India, of whom ***15 million are children most of whom are Dalit's or tribals***. Child labour laws are not sufficiently enforced due to apathy and corruption. Dalit children, particularly girls, are also exposed to the risks of manual scavenging. The health risks for child manual scavengers are manifest. Child labour laws (in particular the Child Labour (Prohibition and Regulation) Act, 1986) are generally not sufficiently enforced and rehabilitation programs accompanying the Act also fail to adequately address child labour because they suffer from a lack of political commitment, non-enforcement, and weaknesses inherent in the Act itself.

Devadasi system – Forced Prostitution

A Devadasi is usually a Dalit girl who is religiously dedicated or married to a deity or a temple before puberty, which is practised in some southern states. ***Devadasis cannot marry and are forced to prostitution for the upper-caste.*** The age-old practice continues to legitimize the sexual violence

and discrimination. The measures to abolish the practice and "rehabilitate" Devadasis are largely unsuccessful as the rehab programs do not provide adequate means of livelihood and skill development. Most Devadasis also lack access to a residential house, health care, or educational facilities for their children.

Child marriage

Child marriage though illegal is rampant particularly in families with economic pressure and due to prevalence of rape in villages. ***Dalit girls are married off between the ages of 10 and 16 years*** as they are vulnerable to sexual assault by upper-caste men as parents' fear that their daughter will not be marriageable once she is raped.

Public health, medical care

Dalit women often encounter discrimination from health care, auxiliary nurse-midwives and (Anganwadi-) community development workers, who ***refuse to visit Dalit hamlets***. They are ***denied entry to clinics*** or ***charged fees for free services***. More needs to be done to ensure Dalits' right to public health, medical care, social security, and social services.

Dealing with discrimination cases in the court

The Prevention of Atrocities Act, 1989 and constitutional provisions and legislations are set to combat caste discrimination in India. Untouchability thought abolished under Article 17 of the constitution of India is still practised and only 10 States have established Special Courts to handle such cases. In other states these cases are dealt with in ***normal courts*** which are already ***over-burdened. This adds to judicial delay***. Though it's claimed that urbanization, growing literacy and economic growth have removed caste barriers in urban areas, a majority of the population still lives in rural areas where caste discrimination is alive.

Children from Religious Minorities

Children from religious minorities face discrimination. In practice, the Religious Freedom Act does not apply if families and children convert to Christianity and Islam in the same way as it does when converting to Hinduism, Buddhism, Jainism or Sikhism. It is known for child Christian families to face persecution, violence and murder without any redress from the authorities and for Churches and Schools to have been burnt down by religious extremists from majority faiths. Social Studies textbook for Class 9th issued by Gujarat State Board identifies Muslims and Christians as "foreigners" and Scheduled Castes and Scheduled Tribes as ignorant, illiterate and followers of blind faith.

National policies

National Charter for Children, 2004: focus on discrimination of minority children: Care, protection, welfare of children of marginalised and disadvantaged communities.
The Integrated Child protection Scheme (ICPS): focus on Discrimination and Minority children with its program: Drop-in Shelters for Marginalized Children.
The Committee on the Rights of the Child: Special arrangements in protection of the Scheduled Castes and Scheduled Tribes.

Response

Human Rights Watch conducts regular, systematic fact-finding investigations into human rights abuses in all regions of the world. It has documented the particular vulnerability of Dalits and their children.

1.2.2 Girl child discrimination

Though the Indian Constitution guarantees equal rights for men and woman in reality Indian society is patriarchal. Girls are discriminated through infanticide, violence and poor access to nutrition, healthcare, education, work, poverty reduction and development. For a real change there must be a cultural shift, women should be empowered and men and women together need to stand up against this practice.

Girl Child neglect

Girl child neglect is the failure to provide for the all-round development of the girl child including health, nutrition, education, shelter, protection and emotional development. In a 2007 study ***70.57% of the girl children reported neglect*** of one form or the other by family members. Among the States most girls feel neglected in Rajasthan 87.22%, Uttar Pradesh (85.91%), Gujarat (79.92) Madhya Pradesh (79.04%) and Mizoram (78.87%). Almost one fourth (24.49%) had to take care of their siblings for at least two hours. Some girls were spending as much as ***24 hours*** in only ***taking care of their younger siblings*** and were thus deprived of education and other developmental opportunities.

Crime against Girls

According to the official records[665], in 2011, among the IPC crimes, an increase of 43% was registered in Kidnapping and Abduction, while rape cases were increased by 30%, Procuration of minor girls recorded an increase of 27% over 2010. An increase of 27% is observed in the Crime of Procuration of Minor Girls, ie. 862 cases in 2011 compared to 679 cases in 2010. West Bengal has reported 298 such cases, indicating a share of 34.6% at national level followed by Bihar (183), Assam (142) and Andhra Pradesh (106).

Girls in Education

Through the Millennium Development Goals, there is attention from around the World with a focus on getting all girls to school. To achieve these levels, schooling has been made completely free for girls in most states up to the higher secondary stage for government and government aided schools. Access to higher education for girls has been expanding as also their enrolment in the various courses. Their numbers in colleges, universities, professional institutions like engineering, medicine, etc. has increased from 2.14 million in 1996-97 to 3.81 million in 2002-03.

The gender parity in Primary education reached the target value in 2008-09 itself, there is an enrolment ratio of girls to boys of 1.00. In secondary education the enrolment of girls in 2010/2011 was still 0.88. The female / male literacy rate in the age group 15-24 years tends to reach 1 by 2015, implying attainment of gender parity by 2015.

Girls with special needs

Women with disabilities experience major psycho-social problems, including depression, stress, lowered self-esteem, and social isolation, which remain largely neglected. They tend to be restricted to home-based activities, while men are likely to be supported in more public and outward-looking avenues. Girls with disabilities have remained invisible both from the writings on gender and on disability. Therefore, the needs of girls with disabilities may be more special than needs of any other group and have to be addressed in all spheres of education.

[665] Official records are still far away from the reality. Different factors influence that only few cases will be filed.

National policies

The National Charter for Children, 2004 has a special section: "Protection of the girl child". Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) also for girls below 18; Article 16.2 of this Convention: prevention of child marriages.

Response

Empowerment of adolescent girls should be done by making them aware of their rights, orientating them on the subject of abuse, instilling life skills including knowledge of childbirth and child bearing practices, HIV & AIDS and personal hygiene among others. The adolescent girl component of ICDS should be strengthened.

Government, NGOs and civil society can make efforts to instil non-sexist norms and values through advocacy, communication strategies and campaigns with involvement of public figures. Focus should be on elimination of discrimination and abuse of girls and on creating awareness of existing legislations.

1.2.3 Female Infanticide / Foeticide

Female infanticide in India has a history spanning centuries. The dowry system was abolished in India in 1961. In 1991 financial incentives started for girl children, and in 1992 the baby cradle scheme was launched. However, dowry is the main factor for female infanticide and foeticide among families that cannot afford a dowry.

According to Allahbadia, 'The 50 million missing women' there are approximately ***1 million female foeticides every year*** and that number is expected to rise to 2.5 million within the next few years. In 1990 there were 25 million more men than women. Even though the national government made it illegal in 1994 to use ultrasounds to determine the gender of a child, the number of foeticides is still increasing. Female child deaths are termed by commentators as a genocide.
According to a report from the '50 missing Campaign' (2009) female infanticide is second most popular method of killing girl babies, and has a long history in India. So far there has been no national average estimated for female infanticide, largely because it is difficult to track down. Existent data gives an indication of yearly approximately ***25000 female infanticides in the State of Kerala*** alone. In other states like Bihar, a survey revealed that midwives interviewed admitted to being paid to kill almost 50% of the baby girls they delivered.
The abnormally high mortality rate for girls under 5 years is another means of elimination of females in India. In 2007, UNICEF reported that the ***mortality rate for girls under five was 40% higher than for boys*** of the same age. Most of these girls are dying of nutritional and medical neglect, parents give more food to their sons than their daughters, and often do not want to pay for a sick daughter's medical treatment; cases that would in most countries amount to negligent homicide.

The overall sex ratio of the Country is showing a trend of improvement, whereas the child sex ratio is showing a declining trend. During the period 1991 -2011, ***child sex ratio declined from 945 to 914***, whereas the overall sex ratio showed an improvement from 927 to 940. Though, the child sex ratio in rural India is 919 which is 17 points higher than that of urban India, the decline in Child Sex Ratio (0-6 years) during 2001-2011 in rural areas is more than three times as compared to the drop in urban India.

National legislations

The Indian Penal Code; a) Foeticide (Sections 315 and 316) & b) Infanticide (Section 315)
The Pre-natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act, 1994; for the prevention of misuse of techniques for the purpose of prenatal sex determination leading to female foeticide.

Response

Meri Shakti Meri Beti (Phase V): CSR has this project that aims at curbing incidents of pre-natal sex selection in Delhi. The work is about changing people's mind-set about the rights of girl children and their value in society and improving the implementation of the PC-PNDT Act.

1.2.4 Child Marriage & Teenage Pregnancy

The problem of child marriage in India remains rooted in a complex matrix of religious traditions, social practices, economic factors and deeply rooted prejudices. For both girls and boys, early marriage child marriage constitutes a gross violation of human rights, leaving physical, intellectual, psychological and emotional scars for life, cutting off educational opportunity and chances of personal growth. Child wives who should be in school or playing, may work in near slave-like conditions in the homes of their in-laws.

Parents see marriage as a family-building strategy or an economic arrangement or a way to protect girls from unwelcome sexual advances. According to UNICEF statistics, ***47% of children in India are married before the age of 18 years*** and 18% of children in India are estimated to be married before the age of 15 years. ***India is Number 12 in the world in percentages of child brides, and has the highest number of child brides in the world***. States like Rajasthan, Uttar Pradesh, Madhya Pradesh, Jharkhand, Chhattisgarh, Bihar and Andhra Pradesh still have average age of marriage below the legal age of eighteen for females. Despite awareness of the huge numbers of child marriage, only few numbers are filed as cases against the law, the Prohibition of Child Marriage.

Health

Child brides are often exposed to serious health risks, early pregnancy and various STDs especially HIV/AIDS. Because of the early and often closely timed pregnancies, adolescent mothers give birth to premature or low weight babies and the health of the child and mother are at risk. ***Girls under 15 are more likely to die during pregnancy and childbirth***, which are the leading cause of mortality for girls 15–19 years old worldwide. The chances of dying for a baby during the first year is 60% higher with a mother under 18, than a mother older than 19.

Violence and Marriage

Girl children often face situations of bonded labour, enslavement, commercial sexual exploitation and violence as a result of child marriage. Girls who are married before 18 are twice as likely be beaten, threatened and sexually abused by their husbands. ***Child brides often show signs symptomatic of sexual abuse and post-traumatic stress such as feelings of hopelessness, helplessness and severe depression***.

Law and legislations

Birth Registration and Child marriage

The birth certificate with the actual age together with the legal rules designed to protect children, and the introduction of norms prohibiting child marriage is protecting the children legally against child marriage. But unfortunately most marriages are officiated through informal or customary process and celebrants aren't usually concerned with age verification.

Neglect of the rights perspective

Despite the efforts of reformers in the early part of the 20th century, early marriage has received scant attention from the modern women's rights and children's rights movements. Thus, in the eyes of the law, an adult male who has sex with a girl of 12 or 13 outside marriage may be regarded as a criminal, while the same act within marriage is condoned.

A shift in focus is beginning with for example the ground breaking work of the Forum on Marriage and the Rights of Women and Girls. The Forum, which is the only international inter-agency network on this topic, published "Early Marriage: Whose Right to Choose?" in May 2000. The Forum also worked with UNICEF to organize a workshop on this issue during the UN Special Session on Women (Beijing) in June 2000. In addition to laws that prohibit child marriage and other forms of violence against children, a policy of zero tolerance should be adopted to create an environment in which children can survive and thrive.

National legislation for protection of child rights in India

The Prohibition of Child Marriage Act, 2006 (repealing of the Child Marriage Restraint Act, 1929)

International Human Rights Instruments and Early Marriage

Early Marriage and the Convention on the Rights of the Child (CRC);
1948 Universal Declaration of Human Rights (UDHR), Article 16: equal rights and full consent
1966 International Covenant on Economic, Social and Cultural Rights
1966 International Covenant on Civil and Political Rights
1956 Supplementary Convention on the Abolition of Slavery, the Slave Trade, and Institutions and Practices Similar to Slavery, Article 1(c):
1964 Convention on Consent to Marriage, Minimum Age for Marriage and Registration of Marriages, Articles 1, 2, and 3:
1979 Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) Article 16.2

Government Action Plans on eradicating child marriage

The National Plan of Action for Children 2005 includes goals on eradicating child marriage with establishment of a National Commission for Protection of Child Rights in 2007; Several National level policies formulated since 2000, including the National Adolescent Reproductive and Sexual Health Strategy have advocated delaying the age at marriage and the age of conceiving the first child. The Women and Child Development Ministry has taken a number of steps to child marriage Based on the strategy, a draft National Plan of Action on prevention of Child Marriage was prepared.

Despite the fact that child marriage as a practice directly hinders the achievement of six of eight Millennium Developments Goals, as an issue it remains grossly under-funded.

Response

UNICEF has ideas for concrete action for faith based groups and communities to talk about protecting children and delaying marriage in a language that is meaningful and appropriate to your community and linking it with the Holy Scriptures. In Community Work many activities can take place to raise awareness and educate moral standards.

1.3 Abandoned children

1.3.1 Street Children / Abandoned Children

10% of the world's children live on the streets in India and more than two third were boys according to a study For a Health Science journal in 2013. The Indian embassy estimated 314,700 street children in cities like Bombay, Calcutta, Madras, Kanpur, Bangalore and Hyderabad and around 100,000 street children in Delhi.

Because they are mobile, the number of street children is not recorded in any national survey or study and they are often called the 'hidden children'. Being hidden, they are at a higher risk of being abused, exploited and neglected. The issue of Street children is an urban problem. A study found 65.9% of street children lived with their families of which 51.84% slept on the side-walks, 17.48% slept in shelters, 30.67% slept under bridges and at railway platforms, bus stops, parks and market places and ***66.8% were physically abused by family members*** and others.

Poverty, expansion of cities, over-population, family disintegration, inadequacy of formal school institutions leading to large numbers of dropouts and failures, inability of institutions to deal with these problems, are some of the contributing factors.

Police abuse and killings of street children

One third of the street children complain of persecution from police and municipal authorities and they are routinely detained illegally, beaten and tortured and sometimes killed by police.

Under the Indian Penal Code, a 12 year old or older is considered an adult. And due to ambiguities in the law concerning the ability of the child to be cognizant of a crime with no distinction made between neglected and delinquent children, a 6 year old orphan and a 15 year old who committed murder are likely to be treated the same way under the law.

Street Children's response to accommodations

NGOs operate a number of homes, hostels, and shelters designed to accommodate street children but are viewed with suspicion by the street children who often leave these places shortly after having been welcomed there. Most homes, require that the child attend school and comply with more or less stringent behavioural rules. ***To protect the freedom that street life guarantees, many choose to sleep at street corners***, or night shelters over the safety and comfort of the homes. But they are exposed to disease, exploitation, substance and other abuse including a high risk of contracting sexually transmitted diseases like HIV/AIDS.

Laws and Regulations

Guardian and Wards Act, 1890
Probation of Offenders Act, 1958
Bombay Prevention of Begging Act, 1959

The Indian Penal Code; which involves: Exposure and Abandonment & Kidnapping and Abduction
The Juvenile Justice (Care and Protection of Children) Act, 2000;

Response

The Integrated Child protection Scheme' (ICPS) provides services through the Integrated Programme for Street Children. NGOs are supported to run 24 hours drop-in shelters and provide basic needs, non-formal education, counselling and empowerment against abuse and exploitation, enrolment in schools, vocational training, occupational placement, mobilizing preventive health services.

1.3.2 (Orphaned) Children & Children Homes (effects of institutionalisation)

Orphaned Children

According to UNICEF, children worldwide lose their parents in conflict, or due to poverty, disability, HIV/AIDS. Children without parental care are at a high risk of abuse, exploitation and neglect. Inadequate individual care of institutions can socially and emotional impair children.

Asia has the highest number of orphans, with 87.6 million children from which ***25 million (29%) are in India*** according to UNICEF in 2007. Another study estimates there are about 44 million destitute children and over 12 million orphan and abandoned children in India but there are only 5000 (0.04%) adoptions every year and 40,000 children in institutions for conflict with the law.

A family is not viewed as a child's right so, a when child is separated from his/her parent, the state is not obligated to provide the child with a family environment. Though adoption is supervised by the state, there is no long term foster care or alternate care system in India besides institutionalization.

Laws and regulations for Orphaned Children

Adoption in India comes under the provisions of three acts and is carried out centrally by CARA
The Hindu Adoption and Maintenance Act 1956
The Guardian and Wards Act 1890
The Juvenile Justice Act 2000
The Integrated Child protection Scheme (ICPS): orphan children are part of the target group and supports projects which are focussed on helping the Orphan children to a safe environment and the opportunity to develop.
Government Programme: Shishu Greha Scheme for care and protection of orphans/ abandoned/ destitute infants or children up to 6 years and promote in-country adoption for rehabilitating them.

Children Homes

Institutionalization in India started with the realization of the fact that there were a large number of children without parental care and in need of care and protection. State interventions resulted in setting up of state run institutions care for children who were not living in a family environment. But ***Institutionalization is not in the best interest of children*** as incidences of child abuse and neglect within these institutions are common. ***56.37% of children in these institutions*** across the country ***were physically abused by staff members***. Across the states, the percentages varied between

92.04% in Uttar Pradesh to 20.92% in West Bengal. Other states that reported high percentages were Assam (90.20%), Delhi (63.73%) and Kerala (63.50%).

Although internationally it is now an established fact that institutionalization is not in the best interest of the child, yet, in countries like India, where the number of children in need of care and protection is very high and the ***non-institutional methods of care are not developed***, the institutionalization of children will continue till alternatives are identified.

Laws and regulations for Children Homes

Guardian and Wards Act, 1890
Orphanages and Other Charitable Homes (Supervision and Control) Act, 1960
Juvenile Justice (Care and Protection of Children) Act, 2000

1.3.3 Lack of day care / child care facilities

Children of poor working often parents roam around in the locality in groups with no one keeping a watch on them while their parents are away for work. In ***Delhi 13 children were reported missing every day and over 1100 could not be traced by the end 2011*** and by June 2012, over 1,000 children went missing.
In resettlements and unauthorised colonies in Delhi, ***75% of women in these households are occupied in unorganized labour*** sector. 20% children in 0-6 age group are looked after by older siblings, 18% are watched over by neighbours.

Only 6% of the children take advantage of the Anganwadi day care centres under the Integrated Child Development Scheme (ICDS) of Ministry of Women and Child Development. But there is a large gap between those actually attending the centres and the numbers registered as ICDS excludes children at construction sites, street children and children with disability.

1.3.4 Birth registration

Out of the ***41% registered*** births in 2008, 59% are urban and 35% rural in India. Children with educated parents and from higher income families are more likely to have their births registered. Children living in Jain, Sikh, and Buddhist/Neo-Buddhist households are more likely to have their births registered than are others.

Reasons for not registering

The challenges encountered by parents in registering the birth of their children often signal and overlap with broader patterns of social exclusion and lack of access to social services. These parents often do not see the benefits of their own citizenship, let alone the benefits that birth registration would confer on their children, done at ***high registration cost and far commutes to registration centres***.

Effect of Birth Registration

Birth registration and education: Birth certificates are not formally required at any stage of the education system through the 'Right of Children to Free and Compulsory Education Act' (2009) But significantly, ***birth certificates are especially required to enrol in secondary school and elite institutions*** and higher education institutions..

Birth Registration and society: Birth certificates have come to be associated with 'official' procedures, development and modern lifestyle. These associations may reinforce social, cultural and economic barriers for marginalized groups that have been historically excluded from accessing services.
Birth Registration and Health Care: A birth certificate is not directly related to access to health services. A health card or vaccination card is more likely to be possessed by adults with small children than birth certificates, and are considered to be more important. But in a research ***children with birth registration had received more complete vaccinations, better treatment for diarrhoea, and better child nutrition***.
Birth registration and Child protection: the ***birth certificate supports a child's right to protection*** from violence, abuse, exploitation and neglect, because it contains information about a child's age and identity. In terms of ***mitigating against Child Labour the birth certificate is not of any support***. Child labour laws are generally not enforced, and employers are rarely brought to account for illegally employing children. For ***Child Marriage it is the same***: most marriages are officiated through informal or customary process and celebrants aren't usually concerned with age verification.

Response
United Nations Convention on the Rights of the Child that has recognized birth registration as one of the first rights of children. It is the right of every child to have his or her birth registered and provided with a birth certificate free of charge.
In Delhi the current level of birth registration is 100% through integrating birth registration and immunization through the LIBRE project.

1.4 Child behavioural issues:

1.4.1 Drugs & other addiction of children

10 % of the world's children live on the streets in India. Numbers have shown that ***82.98% of street children were substance abusers*** mainly using nicotine and alcohol. Almost three-quarter (70 %) want to quit and about 40% try to quit but cannot, due to the associated causes of substance abuse.

Most of the street children abuse alcohol, nicotine as cigarettes or "bidis' and "gutkha" and inhalant / volatile substance use in the form of sniffing of adhesive glue, petrol, gasoline, thinner and spirit was reported by one fourth of children. Drugs like Heroin, Opium, Alcohol, Cannabis and Propoxyphene are also common.

Drug abuse and addiction lead to a complex set of social, medical and economic problems. Children addicted to substance abuse were vulnerable to damaged vital organs and respiratory, digestive, oral, facial and heart diseases, HIV/AIDS, STI, violence and crime. A single session of repeated inhalant abuse can disrupt heart rhythms and cause death from cardiac arrest due to lower oxygen levels, or suffocation.

Peer pressure was the major reason for substances abuse among children (62.1%). Other reasons were experimentation (36.3%) or to boost self-confidence (28.7%) and poverty. Regarding risk factors, substance abuse was significantly associated with domestic violence, maltreatment of the child, nuclear families, runaway status and working status of the child.

Legislations and programs

Prevention of Illicit Traffic in Narcotic Drugs and Psychotropic Substances Act, 1987
Integrated Programme on Street Children (IPSC) in major cities of India.
Integrated Child Protection Scheme (ICPS) was launched in India aiming at creating safe and secure environment for children in need of care and protection for children in conflict, vulnerable and street children and preventing substance abuse among children.

Response

Programs for preventing substance abuse among street children in India

There are currently about 359 counselling centres for drug abuse prevention that also propagate awareness and the government finances more than 50 NGOs, which are engaged in drug and substance abuse prevention activities in India. A tripartite agreement between the Government, ILO and UNDCP has been signed to help full rehabilitation and recovery of substance abuse and drugs. India has adopted the Modified Social Stress Model for preventing substance abuse among street children in different cities and use WHO categories of response.

Best Practises

UN ODCCP has a 'participatory handbook for youth drug abuse prevention programmes; A guide for development and improvement'. In that the Modified Social Stress Model is used. The main purpose of this handbook, is to provide tools for both young people and adults who want to establish drug prevention programmes with the participation and active involvement of youth and the community.

1.4.2 Juvenile Crime

Most children in conflict with the law have committed petty crimes such as vagrancy, truancy, begging or consuming alcohol. Some have committed more serious offenses. Some children are coerced into crime by adults who use them because children cannot be tried as adults. Often prejudice, stereotyping and discrimination brings children into conflict with law without a crime being committed. In institutions children are often denied access to medical care and education which are part of their rights.

A major area of concern is the rise of juvenile crimes in the overall crimes committed in the country. The ***juvenile IPC crimes in 2011 have increased by 10.5% over 2010*** (22,740 cases registered in 2010 vs 25,125 cases in 2011). Juvenile crimes were mostly 'Theft' (21.17%), Hurt (16.3%) and Burglary (10.38%) in 2011. The States of Madhya Pradesh (19.9%)), Maharashtra (19%), Chhattisgarh (8.7%), Andhra Pradesh (7.3%), Rajasthan (7.3%) and Gujarat (6.4%) have reported high incidence of juvenile crimes under IPC.

Various reasons bring children into committing crimes. About 64% of cases in 2004 were against children who had no education or education up to primary level, and 76.6% of the total juveniles arrested lived with their parents/guardians and only 7.5% were homeless. 72.3% of juveniles come from poor families earning less than ₹25,000 a year. ***Children are often victims of crime as they are used for begging, drug peddling, and prostitution.***

As most crimes are committed by juveniles from poor families they should also fall under the children in need of care and protection category and should be treated as such. The main legislation

that deals with juveniles is the Juvenile Justice Act, 2000. The Juvenile Justice system has given rise to many child rights concerns as children are often denied bail for petty crimes, and are forced to stay in homes that are often unsafe and inhumane. The juvenile justice boards are not child friendly and function like an adult court.

Observation Homes

An estimated 200,000 children in the country live in about 5,000 Observation and Children's Homes. In many cases, runaways are rescued, taken into state custody and sent to state-run Children's Homes or, if they are accused of an offence, are sent to Observation Homes. But these institutions are often more harmful than helpful. Although the Indian Juvenile Justice Act sets detailed requirements to ensure the child- friendliness of such homes, these are not put into practice. Harsh, jail like conditions, neglect and physical abuse are common. Once taken into custody, the children are subjected to inhumane conditions, such as a urine-flooded jail cells. During their detention, the boys interviewed were brutally victimized. The police beat their legs, hands, backs, and feet — often with nightsticks and bent telephone wires — to extort confessions or as punishment for having urinated on the walls or having begged for some food.

The government of India only considers female infanticide as a violation of the right to life and is silent on extrajudicial executions and custodial deaths of children. No separate data is maintained for children killed in custody.

The table below shows the custodial deaths reported by NHRC annually

Years	***Custodial deaths***
1993-94	***34***
1994-95	***162***
1995-96	***444***
1996-97	***888***
1997-98	***1012***
1998-99	***1297***
1999-00	***1093***
2000-01	***1037***

National legislations

Probation of Offenders Act, 1958
Juvenile Justice (Care and Protection of Children) Act, 2000:

Response

Aangan: Aangan's program focuses on Improving Observation Home Care. It has looked at 12 of 26 Indian states to reach 411 Homes that reach close to 38,000 children. In 74% of these homes, children had never before voiced their problems or concerns. They had never been heard by state authorities. The issues that Aangan is focussed on is to improve the condition in the observation homes are: Education, Nutrition, Health Systems, General Hygiene and toilets and Violence and

Harsh Punishment. Through Aangan's work, a lot of improvement has taken place in the homes in which they work.

1.5 Migration / Displacement of children

1.5.1 Slum children

Every eighth urban child in India in the age-group of 0-6 years lives in slums, according to 'Slums in India – A statistical compendium 2011' published by the government. ***About 7.6 million children live in slums*** constituting ***13.1% of the total child population of the urban areas***. Chandigarh has the highest percentage children in slums: 20%.

The table below shows the 6 highest populations of slum children by state

State	***Slum Children***
Maharashtra	***1.7 million***
Uttar Pradesh	***0.97 million***
Andhra Pradesh	***0.83 million***
Madhya Pradesh	***0.6 million***
West Bengal	***0.53 million***
Tamil Nadu	***0.51 million***

In fact, in 11 of these 23 States, the proportion of slum child population is more than 15%: Gujarat, Bihar, Rajasthan, Uttar Pradesh, Delhi, Uttarakhand, Madhya Pradesh, Haryana, Jharkhand, Chhattisgarh and Goa. States with more than 10% are Kerala, Maharashtra, Tamil Nadu, Andhra Pradesh, Assam, Karnataka, Meghalaya, Orissa, Punjab, Tripura, West Bengal, Jammu and Kashmir.

Around 2.5 million children in the age group of 0-6 live in the slums constituting 27.3% of the total child population in 27 cities. Half of the 2.5 million children live in the three major metros of Mumbai, Delhi and Kolkata. While Mumbai has 0.86 million children, Delhi and Kolkata account for 0.3 million and 0.15 million children respectively.

People from the slums have travelled to the cities looking for opportunities. Slums lack basic amenities and slum dwellers and are denied basic rights from the Government such as health care and are offered little or no security from the police force.

Alcoholism is a big problem in the slums, because it is cheaper to buy than food and it takes away the pain of hunger. This is not a problem among children; but they often face side-effects of alcohol such as abuse.

With poor sanitation and close living quarters, sickness and disease are rife in slums. Infection spreads quickly and this can prove fatal in the case of the young and weak. Slums are prone to measles, conjunctivitis, colds and flu and head lice. Chapter 4 on Health Care covers more on the issues in slums.

Children living in the slums have little or no education as they are not recognised by the local state governments. ***Many of the local schools will not accept these children and so they have to rely on outside charities and organisations to help school them***. The younger children are left alone in the slum while the parents go out for work. More details are in 1.3.3 Lack of Day Care.

Government Programs: The Integrated Child protection Scheme (ICPS): Emergency Outreach Service through Child line & Drop-in Shelters for Marginalized Children

1.5.2 Refugees

India has seen a growing number of people seeking asylum, and this trend is likely to continue in 2015. India is neither party to the 1951 Convention on Refugees nor the 1967 Protocol. The lack of specific refugee legislation in India has led the government to adopt an ad hoc approach to refugees. The status of refugees in India is governed mainly by political and administrative decisions rather than by a codified model of conduct. The ad hoc nature of the Government's approach has led to varying treatment of different refugee groups. Some groups are granted a full range of benefits including legal residence and the ability to be legally employed, whilst others are criminalized and denied access to basic social resources.

The legal status of refugees in India is governed mainly by the Foreigners Act 1946 and the Citizenship Act 1955. "Refugees" and "foreigners" are synonymous terms and there is no mention of "refugees" in Indian law. It is a criminal offence to be without valid travel or residence documents thus rendering refugees liable to deportation and detention.

The United Nations High Commissioner for Refugees (UNHCR), gives protection to the Afghan, Burmese, Palestinian and Somali refugees and helps with finding accommodation, education, vocational training and all other basic needs. The main populations of concern to UNHCR include more than 200,000 refugees and asylum-seekers of various origins living in India (of whom some 30,000 are registered with UNHCR). YMCA, Don Bosco and the Socio-Legal Centre (SLIC) are UNHCR's implementing partners in Delhi.

Situation of Refugees per Country of Origin:

	Popu-lation	***UNHCR-Care***	***Status***	***Residence permit***	***Access to Education***	***Location***
Afghan(90% Hindu/Sikh)	9,000	Yes	Not recognized as Refugee	Yes	Yes but high dropout	Faridabad, Haryana and Delhi very poor accommodation and housing conditions
Bhutan (Nepali's)	between 15,000 & 30,000	**No** and **No** amenities and assistance	Denied as refugee but more freedom of movement/ residence	No	Difficulties in admission	
Burmese (Chins)	80,000	Yes & small monthly stipend	Recognized Refugee	Yes	Difficulties in admission	Mizoram / slums or share cramped accommodation in Delhi

Pakistan	115,000	**No** and **No** amenities and assistance	Denied as refugee	No		Rajasthan or Gujarat
Palestinian	160	Yes	Recognized Refugee	No	No attendance due to language problems	New Delhi very poor accommodation and housing conditions
Sri Lankan	90,000	**No** but small monthly stipend	Recognized Refugee	Yes/ no work permit	Yes	Govt. Camps/ Temp. Shelters Over 120 refugee camps in Tamil Nadu (30,000 refugees stay outside Government Camps)
Somali	400	Yes & small monthly stipend	Recognized Refugee	No	Difficulties in admission: Discrimin.	Through Discrimination: greater challenges in finding housing, gaining access to education and medical treatment and seeking employment
Tibetan	over 150,000	No	Recognized Refugee	Yes		37 settlements; 70 scattered communities in Himachal Pradesh, Ladakh, Arunachal Pradesh, Karnataka, Uttar Pradesh, Madhya Pradesh, South Sikkim, West Bengal, Maharashtra and Orissa

In addition to these groups India also has a few refugees from Sudan, Iraq, Iran Ethiopia and Eritrea amongst others.

Without residence permits there is no way to formal employment. Without formal employment refugees often experience exploitation in the work place and often do not earn enough to adequately support themselves and their families. ***Over all most refugees are living in poor accommodations*** and face the same challenges as mentioned in the last chapter 1.5.1 about slum dwelling. Through various reasons like, difficulties in admission, language problem and the need to earn income, ***refugee children find it hard to be enrolled in schools***.

1.6 Conflict / Disaster

1.6.1 Conflict and political instability

Of the 60 million children out of school in conflict-affected countries, ***19 million are in India***. Children are vulnerable to the impact of war on their homes and families and are often recruited to be child soldiers. ***They are vulnerable to rape, abduction, separation from their families, disabilities and grievous injuries, and long-term psychosocial effects***. Children in conflict zones are at a risk for disease, displacement and death.

In 2009, UNICEF released a report concerning children in conflict areas. It outlines six grave violations against children: "***killing or maiming children; recruitment or use of child soldiers; attacks against schools or hospitals; rape and other grave sexual violence; abduction of children; and denial of humanitarian access." Other effects include, torture, hazardous work, enforced disappearance, administrative detention, sexual exploitation and abuse, etc***.

UNICEF estimates that worldwide 1 billion children live in areas affected by armed conflicts. Armed Conflicts in India are found in three major regions, the ***Maoist and security forces conflict*** concentrated in tribal communities ***of Andhra Pradesh, Chhattisgarh and Jharkhand***; ***the Jammu and Kashmir conflict zone***, and ***conflicts in the northeast states Assam, Manipur, Nagaland and Tripura***. Many military prep schools recruit children between the ages of 11 years 6 months and 13 years. There have been cases of children being detained under the Jammu and Kashmir Public Safety Act 1978. In Manipur the absence of an observation home for juveniles under the Juvenile Justice Act, 2000 has allowed armed forces to detain children in anti-insurgency operations. In

Chhattisgarh, there was a report of police firing on a group of young persons who were abducted by Maoists. There is recruitment of children found in the three conflict areas and by state-backed village defence forces. Lack of education and employment opportunities is said to be the leading cause for children to join such conflict groups.

The security forces and the armed opposition groups have been responsible for violation of the right to life of large number of children. The Annual Report 2002-03 of India's Home Ministry, states that there are ***14 out of 28 States afflicted by internal armed conflicts***, but in the first periodic report in 2001 of the government of India on the implementation of the CRC, there was no reference to armed conflicts.

According to the Asian Centre for Human Right's 2003 report children have been arrested and detained as alleged terrorists under the Prevention of Terrorism Act, 2002. On the other hand they found that the main problem related to children in armed conflict in India is impunity. Children in armed conflict situations face serious problems including risks to the security of their lives. The law enforcement personnel subject them to arrest, detention, torture, rape, disappearances, extrajudicial executions etc. The armed opposition groups and government-sponsored vigilantes are also responsible for serious abuses against children. Armed forces are protected by law allowing for a number of cases of rape and disappearance to go un-punished, they are treated as "beyond the reach of the law".

1.6.2 Disaster preparedness and emergency relief

India is among the world's most disaster-prone countries. Almost 80% of India's geographical area is considered at risk to one or more types of natural disasters: floods, coastal cyclones, droughts, earthquakes and landslides. According to UNICEF ***tens of millions of people are affected annually*** in India, most of poor, with a high proportion of whom are children. ***Every year, 8.45 million children under five years of age are affected by disasters; of these, 1.25 million children are malnourished***.

India is vulnerable, in varying degrees, to a large number of disasters. More than 58.6% of the landmass is prone to earthquakes of moderate to very high intensity; over 40 million hectares (12%) of its land is prone to floods and river erosion; close to 5,700 kms, out of the 7,516 kms long coastline is prone to cyclones and tsunamis; 68% of its cultivable area is vulnerable to droughts; and, its hilly areas are at risk from landslides and avalanches. ***India is also vulnerable to Chemical, Biological, Radiological and Nuclear (CBRN) emergencies and other man-made disasters***.

Disaster risks in India are further compounded by, ***unplanned urbanization, development within high-risk zones, environmental degradation, climate change, geological hazards, epidemics and pandemics***. All these contribute to a situation where disasters seriously threaten India's economy, its population and ***sustainable development***.

Indian Government's National Disaster Management Authority (NDMA) is mandated to lay down the policies, plans and guidelines for Disaster Management to ensure timely and effective response to disasters.

Response

UNICEF is working jointly with Government of India in urgently needed supplies to prevent disease epidemics and save lives. It places an ever increasing emphasis on working with Government, NGO partners and other stakeholders to prepare at-risk communities, to take proactive measures to reduce disaster risk and be prepared to respond to disasters. The key benchmark for preparedness is the speedy resumption of essential social services post disaster, particularly those affecting children.

Save the Children is committed to reducing children's vulnerability to emergencies, ensuring their right to survival and development after an emergency and providing the support they and their families need to quickly recover and re-establish their lives, dignity and livelihoods.

The All India Disaster Mitigation Institute (AIDMI) is a community-based action planning, action research and advocacy organization, working towards bridging the gap between policy, practice and research related to disaster mitigation. AIDMI covers nine types of disasters in twelve areas of India and beyond to eight countries in Asia. AIDMI strives to link local communities to national and international levels of risk reduction, relief and long-term recovery policies and programs.

2. Trafficking / Child Labour

2.1 Trafficking and commercial sexual exploitation

Numbers

The federal police stated that an estimated ***1.2 million children are victims of commercial sexual exploitation***. The 2014 Global Slavery Index says the country is home to more than ***14 million victims of human trafficking***. India, is a major source and destination country for trafficked children from within India and adjoining countries for commercial sexual exploitation and forced labour in domestic service, agriculture, and activities such as begging and brick making. It has, by conservative estimates***, three to five lakh girl children in commercial sex and organized prostitution***. The extreme vulnerability of children and a high demand for them for commercial sexual exploitation is established by the fact that 22.9% had been pushed into brothels even while they were less than 16 and 21.4% while they were in the 16-17 age group, and 10% were victims of re-trafficking. The majority of these children are Indians trafficked within the country. In 2011 the Bachpan Bachao Andolan (BBA) report presented the figure of 1,17,480 missing children (in 392 districts of the total all 640 districts in the country), 74,209 were traced and 41,546 remained untraced in two years between 2008 and 2010. According to unofficial estimates, the number of missing children can be as much as ten times than what is stated because the majority of trafficking victims are not included in missing cases or they do not have any official record.

The table shows the number of children missing and traced by states

State	***Missing***	***Traced***
Maharashtra	***26,211***	***18,706***
West Bengal	***25,413***	***6,653***
Delhi	***13,570***	***11,870***

Madhya Pradesh	***12,777***	***9,537***
Karnataka	***9,956***	***3,522***
Uttar Pradesh	***9,482***	***7,586***

The states Punjab, Rajasthan, Gujarat, Orissa, Tamil Nadu, and Jammu and Kashmir have not communicated their data and are lacking in this statistics. The border districts of West Bengal, have large number of untraced children. 24,744 children were reported missing from metros cities of Hyderabad, Kolkata, Bangalore, Mumbai and Delhi. Each year 6,785 children disappear from Delhi and 850 children remaining untraced.

Causes/Possible factors

There are various factors which force a child to become victim of trafficking including: Runaway children, Abandonment (on the basis of gender, health/disability, children born out of wedlock), Animosity, Theft of kids (for personal reasons), Natural calamities, Sacrifice/religious beliefs, Missing from government/NGO institution. But in ***many cases where children are trafficked, this happens under the garb of a better life***. ***68% of the victims in brothels were lured with promise of jobs and 16.8% by promise of marriage***, this shows that deception is by far the most frequent means used by the traffickers to ensnare their victims. ***50% of the trafficking is from rural areas***. Girls end up in brothels, and boys may end up in workplaces where their helplessness can be exploited. ***In many cases, involvement of family members in trafficking creates a very difficult situation***.

Work condition and results of the forced prostitution

Children forced to prostitution had to face an average of seven clients per day. 32.3% of the respondents were suffering from an ailment, and among them, 8.3% were suffering from HIV, 30% from STDs and 17% from other gynaecological problems. The conditions in the rescue homes left much to be desired.

56.8% of the brothels owners stated that women/girls in their brothels had their children living with them. The vulnerability of these children to exploitation is obvious.

'Trade' Routes

Trafficking of women and children from the North-Eastern states of India and bordering countries, in both directions, is a serious issue which has not drawn public attention. In 1999-2002 in Delhi, Mumbai and Kolkata 31% of the victims rescued during the period were from Nepal, with the highest percentage in Mumbai. Similarly, women and children of Bangladeshi origin were also rescued in large numbers, especially from Kolkata. A vast majority were those trafficked within the country. Many are from states like Andhra Pradesh, Karnataka, Tamil Nadu, Maharashtra, Rajasthan, Uttar Pradesh, Bihar and West Bengal. Delhi and Goa, on the other hand, have high levels of trafficking from other states. Among the 'source' states, Andhra Pradesh tops the list.

Sex tourism and related trafficking has also gone up on the western and eastern coasts as well as several inland tourist spots. There is high demand of women, especially girl children in and around the places of pilgrimage, especially during festivals.

Law enforcement

There is a need to ensure protection of child rights in touristic areas. Goa has made a good beginning in addressing the issues. The Goa Children's Act, 2003 is a state legislation which, for the first time,

deals with the issue of sex tourism.
The Constitution of India, under Article 23, prohibits trafficking of human beings for any exploitation, but most of the provisions of the law remain unenforced. On the whole, the government initiatives have been ad-hoc and disjointed, and rarely comprehensive or integrated on a national level. The National Plan of Action (NPA) of the Government of India is a comprehensive document, which considers an integrated approach in preventing and combating trafficking of women and children.

There is the existing tendency to criminalise the victim, trafficked women and girls who are rescued from brothels are charged with soliciting and, arrested, prosecuted and eventually convicted. Out of almost 14,000 persons arrested every year under ITPA, 90% are women, despite the fact that the majority of exploiters and abusers are men.

Rehabilitation
Occasionally, when brothels are raided and women and girl children are rescued, the police finds it difficult to secure a place where they can be safely kept. ***Rescue homes/children's homes run by the welfare department are often crowded and the facilities provided by them are far from adequate even in terms of food and water***. What is needed is rehabilitation, which can be effectively ensured through collaboration with appropriate NGOs. Medical professionals have a large role to play in the delivery of justice. However, ***Female doctors are usually not available***. Rescue homes need to be looking after the needs of the rescued person in a comprehensive manner, starting with ***trauma counselling, along with psycho-social intervention, medical care, vocational training, recreational needs*** etc. ***Micro-credit and such other facilities need to be extended***. The ***fellowship programmes*** started by certain NGOs ***for trafficked survivors is an important initiative***.

Good practice models
The role of community is an important aspect in addressing social issues. ***The best model that emerges is one of integrated functioning of government agencies, NGOs and corporates***. Research shows that among the NGOs working in anti-trafficking, there is a lot of duplication and consequent wastage of resources and efforts. Synergising efforts and responses would be in the best interests of all concerned. The vast majority of the NGO's working in this sector are located in urban centres and very few have grassroots connections. ***There is a dire need for genuine and concerned NGOs to work on anti-trafficking in the rural areas***, especially in the source and transit areas. Moreover a study of the functioning of the NGOs shows that they are mostly working on rescue and post-rescue activities, including protection and prosecution. There are very few NGOs which are focussed on prevention of trafficking. This area also needs attention by the civil society. ***There is the need for an integrated approach involving all the three components prevention, protection and prosecution in effectively addressing trafficking***. Since trafficking is an organised crime, involving a multiplicity of actors linked together in a chain, professional methods of dealing with them are called for. Effective methods of rehabilitation, counselling, reintegration, redressing grievances and monitoring are instrumental in ensuring that the rescued persons are not re-trafficked.

Laws and Regulations
The major policies and legislations formulated in the country to ensure child rights and improvement in their status which focus on trafficking include:

Report of the Committee on Prostitution, Child Prostitutes and Children of Prostitutes and Plan of Action to Combat Trafficking and Commercial Sexual Exploitation of Women and Children, 1998; National Charter for Children, 2004; Probation of Offenders Act, 1958; The Indian Penal Code; The Immoral Traffic (Prevention) Act, 1956 / 1986.

Despite the above mentioned legislations, there are still major gaps in the legal provisions relating to child abuse in myriad situations, particularly in cases of trafficking, sexual and forced labour, child pornography, sex tourism and sexual assault on male children. The Ministry of Women and Child Development is therefore formulating a comprehensive legislation on Offences against Children.

In 2012, the Government passed new legislation to protect children from sexual offenses and children and adults from trafficking and forced labour. The Government also established a new anti-trafficking unit responsible for arresting child traffickers.

Institutional Mechanisms and Social Programs

The Ministry of Women and Child Development (MWCD) is charged with coordinating anti-trafficking policies and programs for women and children. It also coordinates a wide range of anti-trafficking activities, in collaboration with NGOs and state governments, including raising awareness, maintaining assistance hotlines, rescuing victims and providing shelter homes, counselling, legal aid, medical care, repatriation, and rehabilitative services.

The Ministry of Home Affairs (MHA) Anti-Human Trafficking Cell continues to implement the Government's nationwide plan to combat human trafficking by coordinating with states to establish antihuman trafficking units (AHTUs) and training thousands of officials to combat human trafficking. Under India's federal structure, state and local police are also responsible for enforcing laws pertaining to human trafficking.

Response

SAARC Convention on Prevention and Combating Trafficking in Women and Children for Prostitution Pilot Project to Combat the Trafficking of women and Children for Commercial Sexual Exploitation in Source and Destination Areas for providing care and protection to trafficked and sexually abused women and children. Components of the scheme include networking with law enforcement agencies, rescue operation, temporary shelter for the victims, repatriation to hometown and legal services .

MARG - Mankind in Action for Rural Growth is a non-governmental organization based in Darjeeling, West Bengal which is vulnerable to human trafficking.

2.2 Child Labour including Domestic servitude

Child labour refers to work that is mentally, physically, socially or morally dangerous and harmful to children and interferes with their schooling. Child labour should be targeted for progressive elimination and all worst forms of child labour for urgent elimination because it constitutes heinous human rights violations.

The 2001 census figures that ***children under 18 accounted for almost 43% of India's population*** (450 million). In spite of the first UPA government manifesto of a commitment of ***9% of annual Union budget for children, even as of 2011***, a little more than 4% is allocated towards children. In this gap between the needs of the ***world's largest children's population*** and (amongst) ***the world's***

lowest per child budgets that is allocated in India is the story of Indian Children's contribution to the GDP.

11% of the workforce of India is child labour. One in every 10 workers in India is a child. It is estimated that at least ***14% of children aged 5 to 14 years in India are involved in child labour***, and that, with an estimated ***12.6 million children***, in 2010, below 14 years engaged in hazardous occupations, ***India has one of the largest number of child labourers under the age of 14 in the world***. 3.14% of the total workforce are children below 14 years, 11.18% of the total workforce are children below 19 years. Most of the working 15-19 yr olds have not completed 10th Grade.
As per census 2001, Uttar Pradesh (15.22%) recorded the highest share of child labour in the country, followed by Andhra Pradesh (10.76%), Rajasthan (9.97%), Bihar (8.82%), Madhya Pradesh (8.41%), and West Bengal (6.77%).
Notably, at all ages, girls are more likely than boys to be doing chores and boys are more likely than girls to be working for someone who is not a member of the household or doing other family work. Rural children age 5-14 years (12.9%) are more likely to be engaged in work than their urban counterparts (8.6%).

Children in India are engaged in the worst forms of child labour. Children work in agriculture or manufacture matches, bricks, carpets, locks, glass bangles, fireworks, cigarettes, incense sticks, footwear, garments, hand-loomed silk fabric, leather, and brassware. Children spin thread/ yarn, embroider, sew beads to fabric and stitch soccer balls.
Children work under hazardous conditions. Many children manufacture goods in the informal economy, increasingly doing so in home-based production. In addition to working long hours in cramped spaces with poor lighting and inadequate ventilation, they use dangerous tools, carry heavy loads, and apply harmful pesticides and may be exposed to harmful chemicals and dangerous machinery and tools. Such occupational hazards are known to cause joint pain, headaches, hearing loss, skin infections, respiratory problems, and finger deformities.
Service industries that employ children include hotels, food service, and certain tourism-related occupations. In these sectors, children are vulnerable to physical violence, mental trauma, and sexual abuse. Children work on the street selling food and other goods, repairing vehicles and tires, scavenging and rag picking. Children are also found working in construction and domestic service. In 2012, a Government official estimated that 4 million children work in domestic service across India, almost ***70% of the child domestic workers are physically abused***. Many work very long hours and suffer abusive treatment.

National Policies and legislations

- National Policy on Child Labour, 1987;
- Factories Act,1954;
- Probation of Offenders Act, 1958;
- Bonded Labour System (Abolition) Act, 1976;
- Child Labour (Prohibition and Regulation) Act,1986;
- Juvenile Justice (Care and Protection of Children) Act;
- The Criminal Law (Amendment) Act;
- The Protection of Children from Sexual Offence Act;
- The Information Technology (Amendment) Act (2008);
- The Narcotic Drugs and Psychotropic Substance Act No. 61;
- Right of Children to Free and Compulsory Education Act.

In 2012, India made a moderate advancement in efforts to eliminate the worst forms of child labour. The Government continued to implement the National Policy on Child Labour, which lays out concrete actions for combating hazardous child labour for children under age 14, including implementing legislation and providing direct assistance to children. The Government passed new legislation to protect children from sexual offenses and children and adults from trafficking and forced labour. The Government also expanded its Right to Education Act to include children with disabilities; and continued funding its National Child Labour Project (NCLP). The MOLE's (Ministry of Labour and Employment) National Skills Development Policy includes provisions for child labourers, including short-term skills training for children removed from the worst forms of child labour. During 2012, eight states implemented action plans to eliminate child labour from hazardous industries during the reporting period: Andhra Pradesh, Maharashtra, Tamil Nadu, Jharkhand, Karnataka, Gujarat, Bihar, and Orissa.

However, basic legal protections for children remain weak. Legislation to prohibit work for children under the age of 14 and to proscribe hazardous work for children under 18 has been introduced in Parliament but has yet to be passed. The worst forms of child labour continue to exist in many sectors, particularly in dangerous activities in agriculture and the manufacturing of goods in the informal economy.

Child labour and birth registration

Because child labour laws are generally not enforced, and employers are rarely brought to account for illegally employing children the birth registration is not of any use at the moment. Most child labourers are working in the informal sector, and their labour is not regulated. Until these issues are addressed the role of birth certificates in protecting children from child labour, is likely to be limited.

Institutional Mechanisms for Coordination and Enforcement

- The National Authority for Elimination of Child Labour is a high-level government body, chaired by the Ministry of Labour and Employment (MOLE). It reviews, monitors, and coordinates policies and programs on child labour.
- The National Human Rights Commission (NHRC) is charged with monitoring implementation of the Bonded Labour System (Abolition) Act.
- The National Commission for the Protection of Child Rights (NCPCR) investigates cases that may involve a violation of a child's rights or a lack of proper implementation of laws relating to the protection and development of children, including those related to child labour.
- The Jharkhand plan calls for stronger enforcement mechanisms as well as the rescue and rehabilitation of children. Complaints about hazardous child labour can be made through a toll-free helpline, Child Line, which operates in 193 cities across India. In 2012, Child Line expanded to 68 additional cities.

Social Programs to Eliminate or Prevent the Worst Forms of Child Labour

- ***Satyarthi's non-governmental organisation Bachpan Bachao Andolan*** (Save the Childhood Movement) ***has been credited with freeing over 80,000 child labourers in India over 30 years***.
- The NCLPs scheme coordinated by the MOLE, operate at the district level to identify working children under age 14, withdraw them from hazardous work, and provide them with education and vocational training.
- The NCLP scheme is linked to the Ministry of Human Resource Development's (MHRD's) Education for All Program to ensure children's smooth transition from NCLP schools into the

formal education system. During 2012, the MHRD continued to offer its midday meal program to NCLP students.

- The USDOL funded, Convergence Model Project, strengthens by linking children to the National Child Labour Project and increasing their families' access to the Government's various social protection and welfare programs, including the National Rural Employment Guarantee Scheme (NREGS), the Rashtriya Swasthya Bima Yojna Health Insurance Scheme, Education for All Scheme, and the Skills Development Initiative Scheme.
- The MOLE's Grants-in-Aid scheme funds over 20 NGOs to provide rehabilitation services to working children.
- Integrated Child Protection Scheme (ICPS) from the MWCD seeks to protect children, including working children, it provides a package of services for those most likely to be exploited in the worst forms of child labour.
- Welfare of Working Children in Need of Care from the MWCD provides non-formal education and vocational training to street children and working children living in urban areas not covered by other MOLE schemes.
- INDO-US Child Labour Project (INDUS): a project aimed at eliminating child labour in 10 hazardous sectors across 21 districts in five States namely, Maharashtra, Madhya Pradesh, Tamil Nadu, Uttar Pradesh and NCT of Delhi.

2.3 Rag picking

Intersection of poverty with other forms of disadvantages such as caste, gender, etc. complicate its effects on the incidence of rag picking. The death or disability of adult breadwinner is a cause for children to turn to rag picking in order to survive. ***Rag pickers play an important but unrecognised role in the waste management system of India's booming urbanization***.

Rag picking is a risk to the children's health and physical development and hinders their education and psychological development. The environment they operate in make them vulnerable to violence and abuse leading to delinquent behaviour, to alcohol and drug addiction and sexually transmitted diseases and HIV/AIDS.

Rag pickers either collect garbage in street bins or residential areas or work on dumping grounds. street pickers, mostly boys, are like other street children, extremely mobile needing shelter or reintegration with their families. Dump pickers often live with their families, in a relatively stable environment and work with their parents.

The most represented rag pickers are aged 6-11 (27.76 %). 97% are from families who migrate due to poverty and unemployment. Many of these children are first generation rag pickers.

Rag pickers often eat the filthy left overs in the garbage bins or in the dumping ground. ***Nearly 64% suffer from respiratory problems and of the remaining many from headache, worms, anaemia, fever, cuts, rashes and dog bites leading to tetanus***.

78% of the Rag picking children are illiterate, most of them never attend school.

41.41% child rag pickers earn ₹ 11 to 20 and 26.06% earn ₹ 21 to 30 per day.

68% of the children are ignorant of any institutional/NGO support available and the support does not reach or benefit many.

Law and Legislations

In 2001, waste-picking was included in a brief mention among the hazardous occupations banned under the Child Labour (Prohibition and Regulation) Act, 1986.

Best practices / interventions

Transitional Education Centres (TEC's) run under the INDUS program of the Government.
Vocational skill training by Pratham: to provide employable or business skills to be able to survive / support themselves and their families after reaching an employable age.
Mainstreaming these children into school : sponsored under their Scholarship drive.
The Drop-in-centre model: This safe point of contact for children is key to their reintegration into education and vocational training, and a first step toward a better future.

3. Quality Education

3.1 Lack of quality education

Education is a powerful instrument of social change, and often initiates upward movement in the social structure, helping to bridge the gap between the different sections of society. Education is a key indicator in how a country is developing. 40% of India's population is 18 years of age and under, meaning that whatever money, policies and structures are developed now, will be reflected and indeed magnified in the future. Quality education will shape the lives of millions of children.

Almost one-third of the 900 million illiterate in the world are in India and it is officially home to the most illiterate people in the world. In 2003 an estimated 60 million children were still out of schools, of which, 35 million were girls. The population of children in the age group 6-14 is 192 million.

For most students in India, the learning environment is pretty poor.School consists of a one-room schoolhouse, one teacher covering multiple grades, and 40 students per teacher. Many rural public schools barely have the most basic of facilities (a closed-in building, drinking water, toilets, a blackboard). The school facilities are showing some improvements in the last few years thanks to the focus on infrastructure. However, in spite of these improvements, the issues of quality of learning have remained largely neglected over the last nine years. ***A good foundation of elementary education holds the key to building a much stronger education***.

There are two major issues which have to be addressed.
First the huge shift from government schools to private schools needs a new way of approach to how the education is organized. Reasons that influence this shift are the growing urbanization, the increase wealth and access to the external world and information and there is a clear failure of government schools to deliver on even basic achievements in learning. Nationally, about a third of all children in Std. I are enrolled in private schools. There is a great deal of variation by state. In five states (Punjab, Haryana, Uttar Pradesh, Kerala, Manipur) more than 50% children in Std. I are enrolled in private schools. In 7 states (Bihar, Jharkhand, West Bengal, Odisha, Tripura, Gujarat and Maharashtra), the percentage of Std. I children in private schools is less than 20%.
Second is the crisis of learning in both private and government schools. ***Learning outcomes, especially in the government schools in most states, are poorer today than they were a few years ago***. In India, the 12th Plan adopted in December 2012 attempts to give a learning outcome orientation to the education sector. For a while, there has been growing consensus that quality of education has to be the focus of education.

Facts and figures

The Gross Enrolment Ratio (GER) in primary education for boys has tended to remain near 100%. In the case of Girls, the ratio has increased by about 20% points in a decade from 1992-93 to 2002-03. Unfortunately in the given numbers of 2010-2011 there is no separation between boys and girls. The female-male ratio in education has been steadily improving over the years. It seems that the average of boys and girls have reached the 100%.
The Net Enrolment Ratio (NER) at upper primary is a cause of concern. It varies from 35.76% in Sikkim to 90.51% in Tamil Nadu. Thus, although more children are entering the education system, many are not progressing through the system. Upper primary NER at 58.3% gives a clear indication of the ground to be covered.

Quality education

These following figures tell the story of a widening gap in rural India. ASER has not been monitoring urban areas but there is no reason to believe that the picture is any different in urban India either.

Nationally, the proportion of all ***children in Std. V who can read a Std. II level text*** remains virtually the same since 2012, at ***47%***. This proportion decreased each year from 2009 to 2012, ***dropping from 52.8% in 2009 to 46.9% in 2012***. Among government schools, the percentage decreased from 50.3% (2009) to 43.8% (2011) to 41.1% (2013).

Nationally, the proportion of all ***children in Std. V*** who could solve a ***three-digit by one-digit division problem(part of the Std. III or Std. IV curriculum***) increased slightly, ***from 24.9% in 2012 to 25.6% in 2013***. Among Std. V children in government schools, 20.8% children could do this level of division, and for the private schools 38.9%. ***In arithmetic, a large percentage of children are lagging several years behind where they are expected to be.***

Teacher attendance in both primary and upper primary schools shows a level of ***85%.*** Student attendance shows a decline, especially in upper primary schools from 73.1% (2012) to 71.8% (2013).

Role of tuition: In 2013, 46% of all rural children were either going to private schools and/or getting private tuition, of which 60% of the richer households and 35% for less affluent households.
The following percentages of Std. 5 children who could read a Std. 2 level text is:
Children without tuition for Government school 37.4%, versus 61.8% in private schools.
Children with tuition for Government school 52.1%, versus 69.3% in private schools.

Differences in quality between private and government schools can have the following reasons:
1. In Private schools accountability is created, because the one who pays, also has something to say. Both incentives and accountability are completely missing from the public school system.
2. Teaching-learning activities are organized differently in the private sector. The ground reality in rural government schools is an increasing number of small schools, 50% or more children sitting in multi-grade classrooms, huge variations in learning levels of those who are in the classroom, wide age distributions in the classroom, close to 20% children being first generation learners with no learning support from either parent.

Many rural schools are seriously understaffed.
Teaching is a well-paid profession in India and teachers are typically appointed based on political affiliations, not on content or pedagogical knowledge. There is no system in place to motivate teachers to improve academic achievement, and very little training available to strengthen teaching practices.

The British Council notes that the Indian Secondary School Certificate is below the British or the International standard. The content is considered equivalent, but ***students are not expected to problem solve or apply their knowledge in the same way***.

Legislations

Right to Education (RTE): Following the Constitution (86th Amendment) Act, 2002, the legislation to the Fundamental Right to free and compulsory education is introduced to bring all children in the age group of 6-14 years into schools. The proportion of schools that comply with RTE pupil-teacher ratio (PTR) norms has increased every year, from 38.9% in 2010 to 45.3% in 2013.
Some challenges in this Act are: It is the teachers' duty to complete the grade-level syllabus within the year. Children are to be placed in grades or standards according to their age.

Mid-day Meal Scheme (MDMS) 1995: The national Programme of Nutritional Support to Primary Education to give a boost to universalisation of primary education by increasing enrolment, retention and attendance, and simultaneously impacting upon nutritional status of students in primary classes.

Sarva Shiksha Abhiyan (SSA) 2000: [Campaign on education for all], is the national umbrella programme that is spearheading the universalisation of elementary education for all children. SSA seeks to provide quality elementary education including life skills and computer education, and has a special focus on girl's education and children with special needs. It targets the most educationally backward blocks in the country, where the female literacy rate is below the national average and the gender gap is above the national average.

There are several programmes of early childhood care and education which include the ICDS (Integrated Child Development Services), Crèches, Balwadis, ECE centres, Pre-Primary schools run by the State and the private sector, and many experimental and innovative projects like Child to Child programmes, Child Media Lab, Mobile Crèches and Vikas Kendras.

Kasturba Gandhi Balika Vidyalaya (KGBV) Scheme: The scheme envisages residential schools at elementary level for girls belonging predominantly to the SC, ST, OBC and minorities in difficult areas.

Response / Best Practices

The World Bank is investing in India's education system to modernize facilities and close the divide between what's available to rural versus urban students on both primary education and vocational and technical education and training.

Learning Camps: Pedagogical approach that combines Learning to Read and Reading to Learn by hosting intensive monthly "learning camps" at schools and in communities throughout the school year and summer months.

Learn to Read - Read to Learn: Innovative multimedia content to improve reading skills, especially comprehension and fluency, extensible to children with severe and persistent reading difficulties, using low cost technology for capacity building, and assessment tools for measuring comprehension and fluency.

Planet Read: will introduce and distribute audio-visual content that includes same language subtitling (SLS) for TV programs, songs, music videos, and movies.

School on Wheels: With the Right To Education Act & Sarva Shiksha Abhiyan enforced for a considerable amount of time now, India still has over ***16 million out-of-school-children***. "Schools on Wheels", launched by the Government with support from a number of private organisations, focuses on such children. According to the Govt. " *This project ensures education to less settled groups of children i.e. those who live on pavements, railway platforms, street corners, brick kilns, and the children involved in child labour, etc.* "

SMILE's Quality Education: The aim of education imparted should be to bring changes not only in the amount of knowledge gained but also in the abilities to do so, to think and to acquire habits, skills and attitude which characterize an individual who is socially accepted and adjusted.

3.2 Lack of services for and care of children with special needs or disability

Disability is a multi-dimensional and complex construct and there is no single universally accepted, unproblematic definition of disability through which it is very difficult to find reliable data about the prevalence of disability in India. The World Health Organisation estimates a global prevalence rate of 10%. The 2001 Census, covering five types of disabilities, recorded 2.13%, (21.91 million) people with disabilities in India and a survey in 2002 reported that 1.8% (18.5 million) had a disability. This means that it is way less than the world average. The National Centre for Promotion of Employment for Disabled People (NCPEDP), argues that 5 to 6% of the population has a disability. World Bank in 2007 notes that it could easily be around 40 million people, and perhaps as high as 80-90 million if more inclusive definitions of both mental illness and mental retardation in particular were used. The last census conducted in 2011, around ***26.8 million people are in living with disabilities in India***. That's 2.2% of the population of more than 1.2 billion.

Still other bodies, including the World Bank, say the figure is much higher. ***Underreporting due to stigma and a range of other socio-cultural variables*** has also been noted by the World Bank. Moreover, societies where extended kin groups retain significant rights and obligations the impact of disability will be broader than where kinship groups are smaller and more individuated. This is likely to impact on people's willingness to disclose disability within a family. More importantly, this lack of reliable estimates has an impact on the kind of policies and provisions that are framed for people with disabilities and indeed those for their families.

According to the 2001 Census report, amongst all persons living with disabilities, ***35.9% were children and young adults in the 0-19 age group***. ***Three out of five children in the age group of 0-9 years have been reported to be visually impaired***. ***In the age group of 10-19 years, movement disability has the highest proportion (33.2%) and moreover the same for mental disability***.

Lack of care in India

Many of children with disabilities have needs aren't being met by government shelters. Even the government admits ***the lack of facilities for disabled children in India is a serious problem***. The responsibility does not lie with the government alone. Society and government need to have some rehabilitation plans for special needs children. 90% of India's 36 million children with disabilities are out of school. ***One third of those with only mild disabilities, who do not necessarily need any aids/appliances or significant modifications in teaching and learning methods (TLM), are not in school***.

History of Trends

Trends in India before the 1970s in dealing with disability, has been that of segregation. During the 1880s Christian missionaries started schools for the disabled charity model, followed by the government initiatives to establish separate workshops. The changing approaches to disability from the charity model to the human rights model have resulted in diversity of policy and practice. In the 1970s the Scheme of Integrated Education for Disabled Children (IEDC) was launched with educational opportunities to learners with Special Educational Needs (SEN) in regular schools. The integration under this scheme remained inadequate with a slow progress.

The human rights model positions disability as an important dimension of human culture, and it affirms that all human beings are born with certain inalienable rights. The International Salamanca

Statement has set the focus on inclusive education on a global basis. Inclusive education refers to all learners, with or without disabilities being able to learn together in ordinary pre-school provisions, schools and community educational settings with appropriate network of support services. An inclusive curriculum recognises the need of schools to be organised with the individual differences of students in mind and is flexible enough to enable all students to achieve their goals.

The IEDC scheme provides for a wide range of incentives and interventions for the education of children with disabilities. These include preschool training, counselling for parents, allowances for books and stationery, uniforms, transport, readers and escorts, hostel facilities, and other assistive devices. The scheme provides one special teacher for every eight children with disabilities, community involvement, and a resource room in a cluster of eight to 10 schools. A number of voluntary organisations are implementing the scheme in the various States. By the year 2002, almost 70% of the nearly 8,10,000 learners with SEN identified were under this programme.
In 2002 the enrolment ratio of disabled persons between the ages of 5–18 years in ordinary schools is not more than 4%. About 11% of disabled persons between the ages of 5–18 years were enrolled in special schools in the urban areas as compared to less than 1% in the rural areas.
According to UNESCO's report (2010) both the rates of educational participation and outcomes of education, remain very poor for children and young adults with disabilities, even though various efforts have been made in the recent past. People with disabilities have much lower educational attainment rates, with 52% illiteracy against a 35% average for the general population. There is no distinguish mentioned between the different disabilities, children with a physical disorder in any way and children with mental retardation on the other hand who require a specialised curriculum to meet their specific educational needs.

Inclusive education verses separate special education

Nonetheless, inaccessibility of the mainstream in terms of the teachers' unwillingness to teach, inappropriateness of the pedagogy adopted and irrelevance of the curriculum followed resulted in the child dropping out and/or shifting to a special school. The lack of suitable facilities and trained teachers seemed to be the biggest challenge in making this feasible.

The current approaches which are largely directed towards identification of more children, transforming special schools into resource centres, or even shifting children to mainstream settings, are inadequate. The focus needs to shift from the outside to the 'inside'- we need to be concerned about what children are being offered in these educational settings and its relevance to the lives they would like to lead (rather than the kind of lives which we think are appropriate for them).
Inclusion needs a different school culture, and this might be an opportunity for the Indian education system to critically re-examine its many failings to enable the purposeful participation of the nation's children. "If we make our schools accessible to children with disabilities, we will also be improving the quality of education for all children".

Issues which impact on the teaching and learning processes

There is currently no pre-service training offered to regular teachers' which familiarises them with the education of CWSN; the focus is only on providing in-service trainings. This trainings vary from 1-5 days, to 45-90 days. In 2005 less than 0.2% of all SSA teachers had been through this larger programme, raising concerns about the effectiveness of such programmes impacting pedagogical practices.

Increasing role of the NGOs: NGOs have played a central role in the development of educational provisions for children with disabilities across the globe and more so in developing economies, they continue to have a significant impact on current practices. The number of NGOs involved has steadily increased from 470 in 2004-05 to 796 in 2007-08. NGO's provide aids and appliances to CWSN, planning and management of inclusive education and resource support. SSA notes that: "...***yet there still remain areas where they [NGOs] need to play more pro-active role. These include providing quality inclusion to CWSN inside the classroom....overall impact of IE on the learning achievement and level of inclusion achieved by CWSN***."

National Legislations

International attention has played an important role in bringing the spotlight on to people with disabilities, especially on education for integration and empowerment. This has shaped new national legislations and policies:
Rehabilitation Council of India Act (1992): states that CWSN will be taught by a trained teacher.
Persons with Disabilities Act (1995): education for all CWSN up to 18 years in appropriate environment.
National Trust Act (1999): provide services and support to severely disabled children.
The 86th Constitutional Amendment (2007): free & compulsory education to children, up to 14 years.
National Action Plan for Inclusion in Education of the Children and Persons with Disabilities (MHRD, 2005),
National Policy for Persons with Disabilities in 2006 (an MSJE initiative).

Some have argued that India has one of the most progressive disability policy frameworks amongst the developing economies, but there remains a huge challenge in operationalising this vision, which is in itself marked by contradictory and conflicting messages between segregation and integration.

In the approach adopted by the District Primary Education Programme (DPEP) zero rejection policy had to be adopted as every disabled child had to be educated using multiple options. These include inclusive education, distance education, home-based education, itinerant model and even alternative schooling. The Sarva Siksha Abhiyan, SSA (into which DPEP was incorporated) thus extends the dual approach historically adopted towards the education of children with disabilities, by propagating a "multi-optional delivery system".

The Integrated Child protection Scheme (ICPS): Institutional Services for: Special Homes & Specialised services for Children with special needs and focusses on Training and Capacity Building.

4. Health care

4.1 Lack of health care

India is the country with second largest population in the world with life expectancy of 64.1 years for men and 65.8 years for women. The infant mortality rate is 43 per 1000 live births (2013) and the ***mortality rate for children under five is 56 per 1000 live births (2012*** ***with girls being 50% more likely to die***. and is ***highest for the poor and rural***. The ***maternal mortality rate is 190 deaths per 100,000 live births (2013).*** The predominant communicable diseases contributing to mortality are TB, HIV-AIDS, respiratory diseases, maternal and neonatal infections and nutritional deficiencies. The dominant non-communicable diseases are malignant neoplasms, diabetes mellitus, and cardiovascular diseases.

India is set to reach the Millennium Development Goals (MDG) with respect to maternal and child survival. The ***MDG target for Maternal Mortality Ratio (MMR) is 140*** per 100,000 live births. From a baseline of ***560 in 1990***, the nation had achieved ***178 by 2010-12***, and at this rate of decline is estimated to reach an MMR of 141 by 2015. In the case of ***under-5 mortality rate*** (U5MR), the ***MDG target is 42***. From a baseline of ***126 in 1990***, ***in 2012*** the nation has an ***U5MR of 52*** and an extrapolation of this rate would bring it to 42 by 2015. This is particularly creditable on a global scale where in 1990 India's MMR and U5MR were 47% and 40% above the international average respectively. In 2010, the neonatal mortality rate (neo- natal deaths per thousand live births) at national level is at 33 and ranges from 19 in urban areas to 36 in rural areas. Among bigger states, neo-natal mortality rate is highest in Madhya Pradesh (44) and lowest in Kerala (7).

Besides these achievements we need to be mindful and confront the high degree of health inequity in health outcomes and access to health care between the wealthy and poor and secondarily between urban and rural populations. The urban poor face the worst barriers due to the high cost of urban health services.

Quality of care

Quality of care is also a matter of serious concern and this seriously compromises the effectiveness of care. Institutional delivery standard protocols are often not followed during labour and the postpartum period. Sterilization related deaths, are often a direct consequence of poor quality of care.

India's progress on communicable disease control is mixed. The most acclaimed success of this period is the complete elimination of polio. In Leprosy too there have been significant reductions, there is stagnation, with new infective cases and disabilities being reported. In AIDS control, progress has been good with a decline from a 0.41% prevalence rate in 2001 to 0.27% in 2011- but this still leaves about 21 lakh persons living with HIV, with about 1.16 lakh new cases and 1.48 deaths in 2011. In tuberculosis the challenge is a prevalence of close to 211 cases and 19 deaths per 100,000 population and rising problems of ***multi-drug resistant tuberculosis***. ***India still contributes to 24% of all global new case detection***. In malaria there has been a significant decline, but there are also the challenges, of resistant strains developing and of sustaining the gains, in a disease known for its cyclical re-emergence and focal outbreaks. Viral Encephalitis, Dengue and Chikungunya are on the increase, particularly in urban areas and as of now we do not have effective measures to address them.

India today, is the world's third largest economy and has the potential to emerge to be counted as one of the developed nations of the world. Yet, ***India currently spends 1.4%*** of its GDP (Gross

Domestic Income***) for health which is lower than other low income countries*** and BRIC (Brazil, Russia, India, China) countries. Existing public hospitals are underfunded and provide only basic care.

Urban poor

Rapid and unplanned urbanization has led to massive growth in the number of the urban poor population, especially those living in slums. This section of the population has poorer health outcomes due to adverse social determinants and poor access to health care facilities, despite living in close proximity to many hospitals - public and private. There is almost no arrangement for primary care in many cities and towns. The National Urban Health Mission, (NUHM) sanctioned in 2013. But it is not completely operational.

Health Insurance Schemes

A number of publicly financed health insurance schemes were introduced to improve access to hospitalization services and to protect households from high medical expenses. Many of these States moved to direct purchasing of care through Trusts and reserving some services to be delivered only through public hospitals. The Rashtriya Swasthya Bima Yojana (RSBY) Scheme was launched in 2008 which covers almost 55 million people in 2003-04 to about 370 million in 2014 (almost one-fourth of the population). Nearly two thirds (180 million) of this population are those in the Below Poverty Line (BPL) category. Evaluations show that schemes such as the RSBY, have improved utilization of hospital services. However, one of the problems is low awareness among the beneficiaries about the entitlement and how and when to use the RSBY card. Another is related to denial of services by private hospitals for many categories of illnesses, and over supply of some services.

National policies

National Health Policy, 2002

National Charter for Children, 2004: with for every child the right to a healthy and happy childhood.

4.2 Unhealthy environment (water, sanitation & hygiene)

88% of the total population of the country had access to improved source of drinking water and 45% had latrines within their households. This is even less in rural areas i.e. 85% and 26%, and out of this, only 18% households have latrines with water closet.

Sanitation is very important. From all the costs for inadequate sanitation, over ***70% of this is health-related, with diarrhoea*** followed by acute lower respiratory infections accounting for 12% of the health-related impacts. ***Premature deaths, treatment for the sick and loss of productivity and revenue from tourism were the main factors*** behind the significant economic loss. Evidence suggests that all water and sanitation improvements are cost-beneficial in all developing world sub regions.

India has a population of almost 1.2 billion people. ***55% of this population (nearly 600 million people) has no access to toilets.*** People mostly live in ***urban slums and rural areas***. India is still lagging far behind many countries in the field of sanitation. Most cities and towns in India are over-crowded, with inadequate water supply and inadequate facilities to dispose human excreta, wastewater and solid wastes. Many cities do not have waste disposal and sewage treatment plants. Furthermore, inadequate use of water and sanitation facilities and poor hygiene practices has enhanced the severity of such challenges. ***Estimates suggest that nearly 65% of India's population still defecate in the open***.

An estimated ***400,000 children under five years of age die each year due to diarrhoea***. Several million more suffer from multiple episodes of diarrhoea and still others fall ill on account of Hepatitis A, enteric fever, intestinal worms and eye and skin infections caused by poor hygiene and unsafe drinking water. Despite the Government's best efforts, diarrhoea remains the major cause of death amongst children, after respiratory- tract infections. India's 700,000 rural primary and upper primary schools, only one in six have toilets, deterring children - especially girls - from going to school. Illnesses caused by germs and worms in feces, wastes and pollutants can cause many years of sickness and can lead to other health problems such as dehydration, anaemia, and malnutrition. Children have a high risk of illness from poor sanitation. ***More than 300 million episodes of acute diarrhoea occur every year in India in children below 5 years of age***. Other health effects are: every year: 1.9 million cases of TB (which is 1/5th of the global TB cases), 1.5 million malaria infections. Diseases like dengue and chikungunya have emerged in different parts of India and a population of over 300 million is at risk of getting acute encephalitis syndrome/Japanese encephalitis. One-third of global cases infected with filaria live in India. Nearly half of leprosy cases detected in the world in 2008 were contributed by India .

Response

There has been a significant investment in many countries in creating infrastructures and services to protect health and to prevent ill health. However, in India, the public health system is very weak and sanitation hardly attracted the attention of government policy makers till the last decade of the last century. A number of innovative approaches to improve water supply and sanitation have been tested in India, community-led total sanitation, public–private partnerships to improve the continuity of urban water supply, and the use of microcredit to women in order to improve access to water. Total sanitation campaign gives strong emphasis on Information, Education, and Communication (IEC), capacity building and hygiene education for effective behaviour change. The key intervention areas are individual household latrines (IHHL), school sanitation and hygiene education (SSHE), community sanitary complex, Anganwadi toilets, and production centres.

The Government of India launched the Total Sanitation Campaign (TSC) in 1999 with the goal of achieving universal rural sanitation coverage by 2012. The government introduced an innovative incentive programme known as Nirmal Gram Puraskar (NGP) in 2003 which offers a cash prize to motivate Gram Panchayats (GPs) to achieve total sanitation. Since its launch, the programme framework of the TSC and NGP has been based on a common national guideline whereas implementation has been decentralised to the state and district levels. The TSC has achieved significant success over the last one decade. The sanitation coverage has increased significantly from 21% in 2001 (Census, 2001) to more than 65% in 2010. It acknowledges that open defecation is a traditional behaviour in India and in most of the states, changing this practice is the biggest challenge. Also important to note that the 'Rural Development Department', Government of India had initiated India's first national programme on rural sanitation, the 'Central Rural Sanitation Programme' (CRSP) in 1986 which interpreted sanitation as construction of household toilets, and promoted single technology model through hardware subsidies to generate demand. But motivating behaviour to change to end open defecation and to use toilets was not addressed, contributing to the programme's failure. The government launched National Urban Sanitation Policy in 2008 and identified 100% sanitation as a goal during the 11th Five Year Plan. The ultimate objective is that all urban dwellers will have access to and be able to use safe and hygienic sanitation facilities and arrangements so that no one defecates in the open.

The best way to break bad practices is to cultivate good practices and childhood is the best time for that as children are receptive to all influences. Therefore school sanitation and hygiene education have been given prominence in the ***Total Sanitation Campaign***, which recognizes the role of children in absorbing and popularizing new ideas and concepts. Unfortunately the promises of school health and hygiene education programs have not always been fulfilled.

4.3 Malnutrition

Malnutrition is one of the major cause for child mortality in India. ***Every third malnourished child in the world lives in India***. ***Every second Indian child is underweight***. The World Bank reports that ***the rate of malnutrition cases among children in India*** (43%) is almost five times more than in China, and ***twice than in Sub-Saharan Africa***(22 %). Despite an impressive economic growth over the years malnutrition among children remains and is one of the huge public health problems in India and the steps taken towards reduction has not succeeded well. The major cause of under nutrition has always been reported to be poverty along with ignorance. It is the most telling index of poverty. Inadequate food intake and under nutrition further leads to a lack of physical growth and development of children, impaired functioning, low productivity and poverty. The HUNGaMA (Hunger and Malnutrition) survey revealed that ***42% of children under five are underweight and 59% are stunted*** (too short for their age) ***from which*** half are severely stunted. If current rates of progress in reducing under nutrition are not improved upon, India will reach the U.N. Millennium Development Goal of halving under nutrition by 2043. The target date is 2015. According to per NFHS-3 (National Family Health Survey), half of the country's children are chronically malnourished while 19.8% of children in the same age group are acute malnourished; too thin for their height, indicating out of every five children in India one is wasted. During the period between NFHS 2 (1998-99) and NFHS 3 (2005-06), a decline has been observed in cases of stunted growth and underweight among children under 3 years of age, while the percentage of children wasted has increased.

There could be various associated factors leading to malnutrition. Among them Large family size, Poor maternal health, Failure of lactation, Premature termination of lactation, Adverse cultural practices relating to inappropriate child rearing and weaning are significant factors. District level Household Survey (DLHS -3 2007-08) shows only ***40.5% children are fortunate to be breastfed within one hour of child birth***. Among few cultures in India, feeding colostrum (fresh milk after birth) which contains essential vitamins and nutrients and consuming non vegetarian diet by mother after child birth are taboo. The NFHS 3 (2005-06) results indicate that malnutrition is more prevalent among children in the higher birth order category. ***High malnutrition of all types prevails in illiterate mothers and mothers with less than 5 years education***. Malnutrition among children is highest for underweight mothers. Around one-third of all adult women are underweight. Inadequate care of women and girls, especially during pregnancy, results in low- birth weight babies. Nearly ***30% of all new-borns have a low birth weight, making them vulnerable to further malnutrition and disease***.

The percentage of underweight children in the lowest wealth index category (56.6%) is nearly 3 times higher than that in the highest wealth index category (19.7%).The states with more than 50% children underweight under five years of age are Madhya Pradesh (60%), Jharkhand (56.5%) and Bihar (55.9%). ***Malnutrition in early childhood has serious, long-term consequences*** because it impedes motor, sensory, cognitive, social and emotional development. Malnourished children are less likely to

perform well in school and more likely to grow into malnourished adults, at greater risk of disease and early death.
Vitamin and mineral deficiencies result from Malnutrition also affect children's survival and development. ***Three out of four children in India are anaemic.*** Among male and female children (6-59 months) the percentage of children with any type of anaemia was reported as 69% and 69.9% respectively, severe anaemia was reported for 3.2 % male children and 2.7% female children. Anaemia among children of 6-59 months was found to be more than 70% in Bihar, Madhya Pradesh, Uttar Pradesh, Haryana, Chhattisgarh, Andhra Pradesh, Karnataka and Jharkhand while in Goa, Manipur, Mizoram, and Kerala it was less than 50%.
Iodine deficiency, which reduces learning capacity by up to 13%, is widespread because fewer than half of all households use iodised salt. Vitamin A deficiency, which causes blindness and increases morbidity and mortality among pre-schoolers, also remains a public-health problem.
The lost height and intelligence are permanent.
New research on malnutrition, which leads to childhood stunting, suggests that ***a root cause may be an abundance of human waste polluting soil and water, rather than a scarcity of food***. A child raised in India is far more likely to be malnourished than one from the Democratic Republic of Congo, Zimbabwe or Somalia, the planet's poorest countries. ***Stunting affects 65 million Indian children under the age of 5***. This disconnect between wealth and malnutrition is so striking that economists have concluded that economic growth does almost nothing to reduce malnutrition.

Government response

India's government has for decades tried to resolve the country's stubborn malnutrition problems by distributing vast stores of subsidized food. But more and better food has largely failed to reverse early stunting, studies have repeatedly shown. India now spends about $26 billion annually on food and jobs programs, and less than $400 million on improving sanitation, a ratio of more than 60 to 1. Better sanitation in the West during the 19th and early 20th centuries led to huge improvements in health long before the advent of vaccines and antibiotics, and researchers have long known that childhood environments play a crucial role in child death and adult height. A recent study of ***starving children found that they lacked the crucial gut bacteria needed to digest food***.
In a little-discussed but surprising finding, Muslim children in India are 17% more likely to survive infancy than Hindus, even though Muslims are generally poorer and less educated. This enormous difference in infant mortality is explained by the fact that Muslims are far more likely to use latrines and live next to others also using latrines, a recent analysis found .
Malnutrition is the problem of the hour and it can only be alleviated by extensive awareness, not only on healthy eating habits but also improving sanitation practices.

National policies

National Health Policy, 2002
National Charter for Children, 2004: with for every child the right to a healthy and happy childhood. Services under the ICDS scheme covered only 34.1 million children, 22% of the total children in the age group 0-6 years. Supplementary nutrition too was being provided to 34 million children, as against 160 million children. Of these, 53% were reported to be under-nourished.

4.4 HIV/AIDS

Globally an estimated 2.5 million children are living with HIV/AIDS with 10,000 infected daily and 2, 60,000 deaths of children under 15 due to AIDS related illnesses. In 2009, it was estimated that there were 2.39 million people living with HIV in India. 36% are woman, 4.4% are children. According to National Aids Control Organization (NACO), there were an estimated ***55,000 HIV infected 0-14 year old children in India in 2003***. UNAIDS, puts this figure at ***0.16 million children***. And the last estimated numbers of ***children living with HIV was 1,05,000***. ***India has the second largest number of HIV infected people*** in the world after the Republic of South Africa.

Most vulnerable population

The Indian epidemics is driven by unprotected sex between sex workers and their clients and by injecting drug use with contaminated injecting equipment. Women account for a growing proportion of people living with HIV, especially in rural areas. ***The four high prevalence states of South India*** (Andhra Pradesh, Maharashtra, Karnataka , Tamil Nadu) ***account for 55% of all HIV infections in the country***. Around 90% of all children living with HIV acquired the infection from their mothers during pregnancy, birth or breastfeeding.

The World Health Organisation considers ***adolescents, aged 10-19, to be most vulnerable group*** as far as Sexually Transmitted infections (STIs) is concerned. There are nearly 300,000 children in India who are engaged in commercial sex. According to Rita Panicker of NGO Butterfly approximately 18 million children workers live on streets in India and a high percentage among them are sexually active.

People living with HIV have faced violent attacks; been rejected by families, spouses, and communities; been refused medical treatment; and even, in some reported cases, denied the last rites before they die.

The children of the HIV/AIDS infected

India is a home to the largest number of AIDS orphans in the world (the UN estimates) ***and is expected to become the next epicentre of the AIDS orphan crisis***. Though there are no government figures for the number of children affected by AIDS, World Bank estimates that the ***number of children in India orphaned by AIDS is approaching 2 million***. The proportion of orphaned children is expected to double by 2010 and remain exceptionally high until 2020 or 2030. ***These AIDS orphan are far more vulnerable to abuse and exploitation***. The result is that a growing number of helpless children are facing a cycle of abuse, neglect, stigmatization, malnutrition, poverty and disease. ***AIDS orphans are excluded, discriminated, against and left to fend for themselves, they are psychologically distressed, and they do not have access to basic education and basic health care.*** Human Rights Watch in its in depth report has listed number of cases of children who had been denied admission to school in Tamil Nadu, Kerala, and Maharashtra.

Response

Intervention options for providing care and support to Children with HIV and orphans due to HIV in India are limited. India has little experience with community-based care and institutional care is often relied upon as the most common form of intervention. However, even the number of orphanages providing short-term care for AIDS orphans is insufficient.

Programmes

India's ambitious National AIDS Control Programme is in its third phase. Government of India also initiated Antiretroviral Treatment Programme in high prevalence states. But AIDS control policy is lacking in any specific provisions related to the AIDS orphans and Children with HIV in the country. Sub-Saharan countries are good example to follow about their work for AIDS orphans.
One of the focusses of the Integrated Programme for Street Children Scheme is HIV/AIDS.

5. Child Participation for all categories

Children in most sections of Indian society are traditionally and conventionally not consulted about matters and decisions affecting their lives. Children should participate, as standard practice, as informants and co-researchers in research about themselves.
Every child has the right to be heard and to have his or her opinion taken seriously. This is also a fundamental principle of the UN Convention on the Rights of the Child and is described in Article 12 as the Right to Participation. It states that the ***child participation should not be a momentary act, but the starting point for an intense exchange between children and adults on the development of policies, programmes and measures in all relevant contexts of children's lives***. It is vital for us to reconstruct our understanding of children by paying attention to the diversity of children's actual circumstances, their agency and their subordination. ***The importance of the right to participation is that it recognizes the potential of children to contribute meaningfully to decision-making processes, and to participate as citizens and actors of change***. It is powerful and practical to hear from children about their viewpoint. Most often their reinterpretation of problems can lead us to new solutions.

Best Practises

Child Parliament: Children's Parliament acts as a forum that provides space for children to articulate their views and opinions freely. It attracts the highest form of participation, as children meet once a quarter to voice out their views and concerns.
Aangan's Participation in Action: Aangan seeks to provide children with the opportunities to formulate and express their own opinions freely and safely about their lives and of their family and community. In urban slum communities, boys and girls are encouraged to identify and articulate the problems they face in their neighbourhoods and find solutions through community projects that also galvanize other stakeholders in the community to action. Youth who were once passive or victims in their communities are emboldened and empowered to act in their own and their community's interest.
Badhte Kadam(Children's Voice) Newspaper: written by and for street kids. It has been running for 10 years and has a readership of around 5,000, mostly street children. The 8 page quarterly newspaper features stories on issues affecting children who live on the streets, under bridges and in shelters across northern India.
"Gram Shakti" from NGO Nehru Yuva Kendra (NYK): Child reporters take up social issues in Rajasthan villages: Through integrated village-based approach as part of the village planning process, child reporters create awareness leading to community mobilization for social, physical and economic development. They brought out a newsletter every day for their Panchayat Headquarters and the local newspaper and wrote about various problems being faced by the community regarding routine immunization, education, agriculture, electricity and water supplies.

Viva is all about life!

We are inspiring lasting change in children's lives through the power of collective action because we have a vision to see children safe, well and fulfilling their God-given potential.

We believe that a network of churches and community organisations, locally focused and united in purpose, is the best possible vehicle for bringing lasting change for children.

Through 34partner networks we are increasing the unity, quality and impact of work for children at risk, our joint action training 23,000 caregivers and changing the lives of over 987,000 children

viva
together for children

Viva India, Plot No. 2, A-3, L.S.C., Janakpuri, New Delhi - 110058

t: +91 (11) 25506122 | e: india@viva.org | w: www.viva.org

Viva is an operating name of Viva Network, Viva Network is a company limited by guarantee no. 3162776, registered charity no. 1053389, registered in the United Kingdom at Unit 8, The Gallery, 54 Marston Street, Oxford OX4 1LF