

Children's India

INDIA CITIZENS' COLLECTIVE CHILD RIGHTS REVIEW, AUDIT & REPORTING

ALTERNATIVE COUNTRY REPORT & UPDATE ON THE **INDIA THIRD AND FOURTH COMBINED PERIODIC REPORT** **ON THE CONVENTION ON THE RIGHTS OF THE CHILD**

2002 – 2013



Submitted by the India Alliance for Child Rights on behalf of a country-wide participatory review, audit & reporting, uniting NGOs, networks, institutions, issue-based forums, working in coalition, & in consultation with national human rights & development platforms, and children

July 2013

Abbreviations

ANC	Antenatal Care
ANM	Auxiliary Nurse Midwife
ASER	The Annual Status of Education Report
ASHA	Accredited Social Health Activist
AWC	Anganwadi Centre
BPL	Below Poverty Line
CARA	Central Adoption Resource Authority
CBO	Community-Based Organisation
DISE	District Information System for Education
DLHS	District Level Household Survey
ECCE	Early Childhood Care and Education
FCC	Family Counselling Centres
FRU	First Referral Unit
GER	Gross Enrolment Ratio
HDI	Human Development Index
ICDS	Integrated Child Development Services
IMR	Infant Mortality Rate
IPC	Indian Penal Code
IPSC	Integrated Programme for Street Children
ITPA	Immoral Traffic Prevention Act
JJ Act	Juvenile Justice (Care and Protection of Children) Act
MCH	Mother and Child Health
MDG	Millennium Development Goal
MDMS	Mid-Day Meal Scheme
MWCD	Ministry of Women and Child Development
NFHS	National Family Health Survey
NSSO	National Sample Survey Organisation
PCMA	Prohibition of Child Marriage Act
PPP	Public-Private Partnership
SARA	State Adoption Resource Agency
SC	Scheduled Caste
SRS	Sample Registration System
ST	Scheduled Tribe
TSC	Total Sanitation Campaign
VET	Vocational Education and Training

Introductory Note to the Alternative Report

India's official 3rd and 4th Periodic Report on the UN CRC was slated to cover the period 2002 - 2007/08, and be submitted in July 2008. The Government of India process fell behind schedule, and was finally submitted in August 2011.

The shadow process of alternative review and reporting started in 2007, with a vigorous call for wide participation, open consultation, and a coalition-building approach. Both large and small NGOs, networks, forums and community-based organisations joined the process, making it a collective exercise.

India's late completion of its Periodic Report actually extended the consultative review and audit opportunity for NGOs and institutions, but the delay also resulted in fluctuating interest and involvement. Conscious linkage with national initiatives to push for child rights in national policy-making and development planning reporting period helped to position CRC principles in a real country context.

The citizens' collective initiative to report on the CRC and the Optional Protocols took a conscious decision to use the State's own official and published information and data as its primary source. This is of concern, since official data is available on the entire extended reporting period, much of it newer than what the official report has used.

This report draws on the many concerns and assessments on children's safety rights that emerged from the citizens' collective process of reviewing, discussing, auditing and deriving insights. Optimal use was made of the welcome dialogue opportunities that the Government of India offered through its 2007 inter-state consultations on CRC reporting, and its 2010 consultations on looking at CRC and human rights obligations in the context of national policy. The NGO policy review process of 2010 brought special value to the assessment of protection issues, and the 2012-13 because it positioned CRC provisions as policy-level rights issues, and (ii) because of the interest and involvement of NGOs, institutions, professionals and activists.

The findings and conclusions bring together the thinking and evaluations emerging from the entire participatory process, as well as insights provided by the wider NGO discourse on human rights and development with justice. The assessment has inevitably connected with larger issues and contexts of rights.

The opportunities provided by many for this long exercise are acknowledged with deep appreciation, and the wide interest and attention it has generated in many parts of India and on many platforms is gratefully acknowledged, and deserves celebration.

This report really belongs to all those who helped to compose it.

Submitted on behalf of country-wide participatory review, audit & reporting, connecting and uniting 850 NGOs, networks, institutions, issue-based forums working in coalition, and in consultation with national human rights and development platforms, and 2000 children.



India Alliance for Child Rights (IACR)
(30th July 2013)

Introduction & Comments on the Information Update

Children are 4 out of 10 of everyone in India. As in many countries, they are proportionately even more numerous among the economically poorer and socially more deprived communities and categories of people. Old, traditionally sanctioned divisions and discriminations have been joined by newer challenges of survival and development, replacing some divides, sharpening others.

Economic inequality, aggravated by national policy leaning towards macro-economic growth goals and measures at the risk of simpler -- if harder -- objectives of inclusive public good, creates a harsh reality for millions in the country. Insufficiently recognised as either a critical resource or as a massive aspirant constituency, the youngest in India have been awaiting due attention for a long time, affected by all that happens -- or fails to happen. Applying a human rights yardstick to the past 10-11 years, the nation cannot claim that children's needs have been adequately met, their problems acknowledged and addressed, or the risks and insecurities of childhood well-enough anticipated and tackled. For this to be admitted of more than 40 per cent of all the people in the country's territory and jurisdiction cannot be a matter of pride.

Newly-independent India honestly said in 1947 that there was much to be done for children. The national government said it again in 1997 when it first reported on its agenda for implementation of the UN CRC. More than a decade into the 21st Century, can it really say it yet again? The children whom the Indian State pledged in its national Constitution¹ to safeguard against exploitation and 'moral and material abandonment' and recognised as a "supremely important national asset" in a hallmark national policy declaration in 1974² are still wait-listed for justice.

One index of ethical commitment is the still low fiscal allocation. Another is poor quality of measures and services with too few or too unskilled personnel. A third is corruption, with charges of pilferage and kickbacks in many services affecting children and needy communities.

The Government's 3rd and 4th Periodic Report on national action taken to implement the UN CRC has extended beyond coverage of the assigned 5-year period of 2002/03 to 2007/08, to also cover national effort and achievement up to 2010/2011. Alongside, India has also made its initial country reports on the two Optional Protocols it ratified in 2005.³ The PR shows additions to India's laws and schemes, and refers to two 5-year national development plans and action cycles. On children's status and condition, the report shows both benefits and bypasses, but reports little on impact and outcomes.

In the same period of time, India has also made two national reports on human rights, for the UN Human Rights Council's universal periodic review. These reports echo the non-informative, non-analytical style of the CRC reporting, but say more on situations of violence affecting children and communities.

¹ Constitution of India 1950: Directive Principles #39: Certain Principles of Policy to be followed by the State (f).

² First National Policy for Children 1974/Govt of India. (Now superseded by a new National Policy for Children 2013).

³ Optional Protocol on Involvement of Children in Armed Conflict; Optional Protocol on Sale of Children, Child Prostitution and Child Pornography.

Drawing upon official information published by the Government, including policies, plans, legislative decisions, data and statistics, and reports, as well as public statements, this review and reporting process has consciously sought to discover and relate what the Indian State says about itself

Comments on the Information Update

The Periodic Report prefaces its main text with a claim of ‘major policy initiatives and resource commitments for child survival and development.’ It says ‘flagship programmes for employment, education, health, nutrition, rural infrastructure and urban renewal have been consolidated,’ and ‘new programmes for food security’ are taking shape. It says India’s higher growth trajectory has been balanced by ‘ensuring that the growth process is socially and regionally more inclusive and equitable.’

Citing ‘perceptible improvement in access to education’ among ‘notable achievements,’ it points to expansion of the Mid-Day Meal Scheme for schoolchildren to reach 117.4 million young school-goers, and re-vamping of rural public health services, with a special focus on under-developed areas of the country. The preface also reports that ‘increased allocations, outcome-oriented implementation and inclusive policies have produced encouraging results’ during the period. Therefore national programmes would now make a decisive impact, particularly in improving the prospects for ‘children in special and difficult circumstances.’

The Information Update to the report tries to confirm this cheerful view of children’s India. It does not quite succeed.

National performance must be assessed on the basis of ground realities. In looking at these, a major finding is the lack of anticipation, of an ethical attitude, of assurance of attention, and of accountability. With these missing, it is not surprising that childhoods are not safeguarded.

2013 UPDATE 1: A welcome new law aimed at protecting children from sexual offences has come into force.⁴ Ironically sexual attacks on children, including babies, are being reported every day. Recent incidents have included gang rapes.

2013 UPDATE 2: The Mid-Day Meal scheme (MDM), proudly owned as the world’s largest school lunch programme, has provided a shocking example of careless governance and criminal negligence, with children at a Bihar village school being fed food contaminated with pesticide (organo-phosphorus), leaving 23 dead and 50 others sick. The nearest hospitals could not provide desperately needed life-saving care; some children died while being rushed to distant towns. Enquiries have been ordered. But where was honest management and regular monitoring before disaster struck? Subsequent reports of deaths and illness from bad school food in other states raise questions of both capability and honesty. Children enrolled in such schools need the extra nutrition the MDM is supposed to offer. They have a right to good, safe food.

General Measures of Implementation:

Para 2: The 11th Five-Year Plan is claimed to have recognised rights of children regardless of the vulnerabilities of their identities, advocating ‘for ending exclusion and discrimination.’ It is not disclosed whether this recognition did overcome either of these blights. Ground realities belie such a claim. There were grave and protracted attacks on the Muslim and

⁴ The Protection of Children from Sexual Offences Act 2012(POCSO), Govt of India

Christian minorities during the reporting period, with many children among those killed, and many more traumatically robbed of their childhood. The report has nothing to say about these events, or about government measures to anticipate, prevent, or address them, or any efforts for redress or punishment, for rehabilitation, or to deal with continuing fear or hostility; it concentrates on describing provisions of laws and schemes. Did nothing happen?

2012/13 Update: Communal clashes occurred in the state of Assam, displacing large numbers of families from both contending communities (Muslims and Bodo tribals), disrupting normal development services and turning schools into relief camps (numbers, dates, aftermath). Following these riots, young people of North-East states working or studying in Karnataka and other states were targeted, and fled home in fear -- with predictable impact on the sense of trust of their families and native communities.

Para 3: The Plan at mid-term flagged the need for ‘concerted, focused and outcome-oriented efforts to address malnutrition’ in the below-2 age group. The Prime Minister is on record for declaring it a “national shame.” At the end of the reporting period, and today, serious malnutrition persists. The ICDS Programme is singled out as needing to have its “specific purpose” “clearly defined.” Operating since 1975, and blessed with a Supreme Court order for its universalisation, has ICDS come this far without clear purpose? It is an odd update on a major programme, and it is not explained. The report does not say when, or if, this called-for analysis was undertaken, or tell what was discovered, or what followed.

Data Collection:

Paras 4 to 11 list various tracking, survey and programme monitoring activities, and offer some statistics. The 2007-08 figure of full immunisation coverage stuck at 57% is given, with no update on efforts to raise it. Most of the data cited stops at 2008, making the update at least three years old in 2011 when the report was submitted.

General Principles:

Para 12: The sole entry announces the 2010 start of ‘SABLA,’ a scheme designed to “empower” adolescent girls through attention to nutrition, health, ‘home skills, life skills and vocational skills,’ by equipping them with information on health, hygiene, family welfare (family planning), and about public services.

2013 UPDATE 1: Begun in 200 districts, the scheme is expanding. Another scheme targeting adolescent boys (SAKSHAM) is in pilot mode; with conscientisation of boys not to disrespect or mistreat girls among its aims. There is nothing said about involvement or conscientisation of local self-governing bodies.

UPDATE 2: The current year has revealed many cases where boy children are among alleged rapists -- of children and women, triggering public protests and official debate.

July 2013 Update: In the wake of calls to lower the age ceiling for culpability and conviction (and childhood) from 18 to 16 years, the Supreme Court has upheld the age at 18 years.

Basic Health and Welfare:

Children with Disabilities

Para 13: A 2009 provision to decentralise certification of disability status and to appoint commissioners is reported. Neither here nor in the main report is there acknowledgement of the continuing poor status of CWDs, or of emerging knowledge of trends in incidence of

disability and disabling conditions, or due acknowledgement of these children's rights to respect or opportunity.

2013 Update: The independent report of DPI-India⁵ on CWDs' access to rights and a fair deal raises valid concerns for national attention.⁶ Government measures mainly emphasise prevention; children already disabled continue to face inadequacy of service attention and to endure exclusion. The Government approach still seems to regard disability as a medical issue, refers more to prevention than to support, and still endorses institutionalisation as a practical option. Neither stance is fair to these children (See Annexure).

Health and Health Services:

Para 14: The NSSK programme comes very late, in view of the alarming persistence of mortality at birth, in the first hour, or the first day. As a risk situation, this has been and is a chronic gap in life-saving and life-guarding conditions and attention given. The official push to promote institutional delivery is not backed by urgently needed improvements in standards at designated health service outlets and continuing high levels of avoidable, preventable mortality. Hypothermia and asphyxia continue as key killers. 'Peri-natal conditions' continue to be cited as one of the three top causes of young child deaths.

Paras 15-18: The Government has never explained why it cannot enhance both resources and intelligent attention to primary health care. In both provision and performance, India has a poor score. Moving from very bad to slightly less bad inputs and outcomes is not enough. Children's prospects are seriously compromised. The updates are mainly descriptive, and do not report durable gains. Good words do not save lives.

Education, Leisure and Cultural Activities:

Para 19: While deriving stature from the Supreme Court recognition of education as a fundamental right for all children up to 14, both the Constitutional Amendment and the RTE Act have restricted the right to the 6-14 age group.

2013 UPDATE 1: In the drive to raise enrolment levels, the substance of what is taught, and why, seems to have been missed. CRC Article 29 is called into question by serious flaws in the content of government-prescribed school textbooks, which diverge from the Constitutional principle of respect for all, and the national credo of unity in diversity. The errors may not be deliberate, but they need review and correction.

2013 UPDATE 2: Official assessment of the RTE Act implementation at the end of its first action phase has shown only 7 to 8 per cent of schools have become RTE-compliant, meeting required standards and implementation targets. A large backlog in teacher training and placement remains. In a quiet epidemic of recruitment, para-teachers with doubtful knowledge and teaching ability are functioning, or malfunctioning, in many schools, notably in under-served areas. Both learning achievement reports published by Pratham⁷ and the Government's own assessments acknowledge low learning levels and poor learning quality. The update does not mention official moves on early learning rights, although provision of pre-school services in ICDS for the 3-6 age group has been under consideration.

⁵ This Citizens' Alternative Report endorses the findings and recommendations of the Disabled Peoples International -India 2013

⁷ Annual Status of Education Reports [ASER], published yearly by the NGO Pratham.

2013 Update 2: The Government has made an official draft for a new national policy on early childhood education. The learning rights of below-3s still await official positioning, but this overdue move is welcome.

2013 Update 3: The new National Policy for Children (2013) acknowledges the right to education for all children up to 18 years. Announced and declared after official adoption of the 12th Five-Year Plan, the policy commitments will have to be demonstrated in actual provisioning and programming for education inside and outside the formal school system. The fund allocation for formal school education remains less than required.

Special Protection Measures:

Para 21: Launched with good intentions, the ICPS has far to go before it creates a safe and secure environment for children at risk or in need, of the categories listed. The update does not offer any information on early results, or early learning from initial implementation. The scheme is more designed for response than for anticipation or prevention. Functionaries on the ground face difficulties of both status and complementary mechanisms.

Para 22: **The Act (POCSO) has come into force.** The wording of the Act raises a curious question. When presented as a Bill, its statement of objects and reasons said it “would contribute to enforcement of the right of all children to safety, security and protection from sexual abuse and exploitation.” When adopted as an Act, this text does not stay in the law. The Act merely says in its definitions that ‘a “child” means any person below the age of 18 years.’ In not naming any other law, or repealing or setting aside any other law, it does not specify whether its protections extend to the children regardless of situation or status, including whether the child victim may be married. POCSO’s provisions extend to both boys and girls, up to age 18.

The primary classification of any child should be that of being a child.

Chapter 1: General Measures of Implementation

General Comments:

1. India has about 440 million children in its billion-plus population, accounting for about 40 % of all its people -- but cannot quite say what their real situation is, or indicate what the State’s real effective outreach is to all of them. Stated national commitment is to “all children.” The 3rd/4th PR review included an appraisal of the 11th Five-Year Plan. The present alternate update exercise also looks at the starting frame of the 12th Five-Year Plan.
 - 1.a. Children have not prospered in either the 10th or 11th Plans; their prospering was not central to national effort. Resources allocated for them remained minimal, and despite some forward-looking legislation, and even a special national action plan,⁸ results were not impressive. Children from disadvantaged identity groups among the people generally continued
 - 1.b. In adopting the 2005 National Plan of Action for Children, the Government declared its own ‘must be done’ list at mid-point between the 10th and 11th Five-Year Plan time-frames.⁹ This 12-point set of objectives has not been

⁸ National Plan of Action for Children 2005, Govt. of India/MWCD, to address CRC principles and World fit for Children objectives.

⁹ 10th Plan:2002-2007; 11th Plan 2007 - 2012.

attained. The report does not mention the list (see annexure). Most of the key areas are still to be adequately addressed.

- 1.c. Today, with the 11th Plan effort having given way to the 12th Plan, the budget allocations remain far below what children in India rightfully deserve, and the most-recent scans of budget use show that even scant allocations are not fully used to achieve whatever might be possible with meagre budgets. This points to what might be the core deficit: not so much the money and materials investment, but the investment of due attention, and the level of genuine official and political concern. The realisation of children's human rights cannot be a by-product of a national planning aimed at something else. Children deserve the State's best attention; they are not getting it.
- 1.d. Over the past decade, while some survival statistics improved -- although not enough -- problems of survival, of opportunity and of development and of an overall caring approach, remained, and problems of everyday security deepened. Any update on children in India 2013 will list many of the gaps and challenges of a decade ago.
- 1.e. In early 2007, as the Government set out into the then 3rd Periodic Reporting exercise, the same focal Ministry brought out its national report on what it had done with the 2002 'World fit for Children' objectives. It recorded there that the funds and resources provided to children were "quite inadequate." in relation to "deprivations confronting children in various sectors."¹⁰ For a single authoring ministry to make such a statement in a report reflecting the whole Govt. of India intent and performance, is odd. But the present report hints at a similar parochial idea of who owns the child rights and development mandate. In this chapter, a listing of programme initiatives, schemes and actions is sub-divided into 'programmes implemented by MWCD (the assigned focal ministry for women and children)' and 'programmes implemented by other ministries (see 1.5.1 and 1.5.20).' Neither the focal ministry nor the Government as a whole can be excused for thinking this way. Children can be left in the divide. But childhood is not lived in sectors.
- 1.f. The report also does not much reflect cross-sectoral leverage in favour of children, or implications of decisions or actions that do not specifically carry the word 'children.' The scatter of ministerial portfolios dealing with one or other aspect of food availability and nutrition needs, and the persistence of children's hunger and under-nutrition/malnutrition is an example.

2010-2012 UPDATE: Rising prices of basic foods, fuel and commodities have cut into everyday consumption levels, and shaken the daily living capacities of millions. The price of 'dal' (legumes/pulses), a major protein source for the largely vegetarian populace, has hit the poor hard. Obviously, children are affected.

2013 UPDATE 2: The Government's recent definition of the 'Poverty Line' defining the 'below the line' poor by per capita / per day spending or purchasing power has generated wide public and political criticism as an effort to reduce the admitted numbers.¹¹

¹⁰ National Report on 'A World fit for Children' Govt. of India/MWCD 2007

¹¹ The National Planning Commission set the 'BPL' figure at Indian Rupees INR 32 for urban per capita and Rs 26 for rural per capita. This is disputed.

Para 2: The Approach Paper to the 11th Plan stated that children were ‘at the centre of development,’ but the Plan did not actually hold them there. The meaning of “inclusive growth” changed, and both the poor and their children got rather un-included. The introduction of the National Rural Health Mission (NRHM, 2005), and of MNREGA (2005), and the adoption of the RTE Act (2009) all came during these 10 years. The Supreme Court of India had already ordered the universalisation of ICDS (2001). Child budgeting was pushed in all ministries, but fund allocation stayed too low, and even the sparse resources were not fully used.

- 2.a. In giving an account of general measures, the report has more to say on the below-6 age group, and not much in regard to older children. The references to measures for the above-6 and older children are focused on school education, and some services for adolescent girls. The 1974 National Policy for Children declared the State’s responsibility to the child ‘before and birth, and through the period of growth.’ [The new successor policy reaffirms this].
- 2.b. On an apparent assumption that human rights needs are sequenced in childhood in 4 consecutive phases of survival, development, protection and participation -- rather than realising that they co-exist from the start to the finish of childhood. Does the State in all its functions and activities -- in all its general measures -- set the model for providing a caring and respectful environment for children? This is a question for this chapter. The 12th Plan has pledged such an environment.
- 2.c. Review of general measures must also take note of the ‘messages’ of national and official attitude that these measures can convey. A child’s identity (real, perceived or assigned) and class or category, or other characteristic can block access or even expectation of access. The Indian State admits of divisions and discrimination. This chapter does not have much to say about it. But the operation of many identity-neutral programmes and processes reveals divisions, discrimination and denials. Children of so-called lesser gods are made back-benchers at school, lesson-books carry casteist, classist and derogatory portrayals of “other” kinds of children, including those who just look different. Do the concerns of equality and dignity reflected in Chapter 3 (General Principles) find constructive resonance in this chapter? They deserve to [See 3.B.6 and 3.C.1/para 103].

Some Specifics:

The focal Ministry has regularly published statistics about the below-6 age group, notably about those who are in the radius of the Integrated Child Development Services (ICDS) programme. It as regularly fails to have anything much to say about children aged above 6 years. For the Ministry designated to serve children, this is a fault. Children’s visibility cannot depend on whether they fit into a sectoral scheme.

1.4.1. New Legislation

Paras 29-32: The adoption of the 2006 PCMA is welcome. However, it has quirks. It’s provision that a child marriage can only be made void when and if a contracting party turns 18 years, and then seeks annulment, is questionable and unethical. Child marriage is a form of violence, and the rescue of children -- girls in particular, but boys as well -- is a protection issue. Why has a prohibition law not provided that such a marriage stands annulled? The official stance that all changes between the 1929 restraint law and the new Act “have been made keeping the welfare and best interests of the child as the paramount consideration” is an affront to children.

Para 31: The 2006 and 2007 Supreme Court rulings that all marriages must be registered, across all religious identities, are positive. The report views this as a major step forward as the age at marriage will have to be given. How does this actually prevent child marriages, if minority personal laws condone early marriage, and registration will legalise them? Does the law ban all marriages below the 18/21 bar?

2013 UPDATE:

Decisions of two state high courts have shown that application of PCMA, and of the registration ruling hinge on how judges interpret them. In one, a child marriage was disallowed despite minority law; in the other, directions were issued to register marriages of children in deference to the same minority law. (See annexure #).¹² If children's best interests are to be upheld, there should be endless variations on what best interests are. Pro-child PCMA judgments should not end up in appeals and litigation -- or subterfuge.

1.4.2. Amendments in Existing Legislation

Paras 42-43: In describing the Child Labour (Prohibition and Regulation) Act, the report fails to say how many children are in the work force. Elsewhere, it provides some numbers only for the 5 to 14 age group. The Act does not cover the above-14 children. Probably, their proportionate share of total child numbers in the upper age group would be more than the worker percentage among younger children -- but there is no data given about the 15-18 group. This is one more instance of anomalies in legal recognition of who is to be considered a child, and seen as entitled to protection. The Government invokes a 1979 ILO resolution to speak of 'harmonising' child labour "wherever it cannot be outright eliminated." It is not made clear how the fact of children working, often in brutal conditions, will harmonise with their rights.

1.4.4. Proposed Legislations

The national Food Security Bill¹³ hung in the balance for too long, and the national shame of child malnutrition continued to be an unmet national challenge. Despite official claims of holistic planning and programming for children's benefit, territorial wars were waged among ministries handling food production, supply, processing, nutrition and health arguing their own cases. National food availability has not been the problem, as India has had bumper harvests. The number of metric tonnes of foodgrains that have rotted in open dumps during the reporting period, while families desperately sought food for their children is another national shame. It is strange that the present report does not mention the Food Security Bill among pending legislations in this chapter (1.4.4). But a political move to reach food to children and communities in need is critically important.

2013 UPDATE: The Government has adopted the food security decision as a National Ordinance. Its provisions are to extend to 67 % of the population. The main food supply is 'dry rations' of foodgrains -- rice, wheat and coarse grains -- to be provided at token prices. Some categories among listed beneficiaries will get unspecified "energy dense" foods, others can get "hot meals." Health and development activists had called for provision of edible oils, legumes (pulses), even milk and greens, and eggs, but they are not listed.

¹² Karnataka State High Court, Kerala State High Court 2013.

¹³ Initially moved in Parliament in 2012 and referred to a parliamentary committee, adopted by Presidential order as a national ordinance in 2013.

1.5. Programmes:

1.5.1. Programmes Implemented by MWCD

Paras 57-71: Eleven programmes and schemes are listed. Some are described in the future tense, as “will-be done.” Some coverage figures are given, but no information on durable impact.

1.5.2 Programmes Implemented by other Ministries

Paras 72-79: Eight programmes and schemes are listed. Their aims are set out. The National Rural Health Mission’s good intentions are benevolently described. The fact that the Mission has not done enough to target and curb early child mortality is quietly left unsaid. In Chapter 6 [6C.3.1], the NRHM is merely described. On the Universal Immunisation Programme, a case reduction between 1988 and 2006 is cited, although this periodic reporting period starts from 2002. Elsewhere in the PR, the UPI full coverage rate is admitted to be stalled at 54 per cent.

1.9 Data Collection

Paras 101-116: The focal Ministry’s statistics on children give the impression that there are no children aged above six years, except for some teenage girls being prepared for safe motherhood. The Government overall tends to follow this line of approach, and even the Census of India publishes 0-6 statistics and keeps quiet about older child numbers. The claim of “significant progress in terms of information on children” is belied by large and significant data gaps, and continuing use of old statistics. The admission that “while there are statistics available for younger children, the data for 15-18-year olds is limited” is more truthful. But there should be a reason offered. Children are not hiding. Untapped data lies in Census files.

Para 104: The 2007-08 Third District-Level Household Survey collected data on anaemia among children, and prevalence of being underweight, “for the first time.” Why did it take so long to happen?

Para 105: The report draws on the 2005-06 Third National Family Health Survey (NFHS-3) and notes its first-time sampling of child protection information, and probe of birth registration. It makes the peculiar remark that “the key data sets, such as child nutrition, have caught the attention of the policy-makers and programme implementers.” Given the state of child nutrition, it is high time that it did so.

2013 Update: Despite the discovery of its usefulness, it is only now that the 4th round of NFHS is reportedly being ordered.

Para 116: The decision to set up a forum on child statistics (2008) is reported as news; there is no further information on what it has achieved.

Chapter 2: Definition of the Child

2.1. Age of Childhood

Who is a child in India? The State has still not legally set a standard age ceiling. The Constitution of India states it is 14 years. Anomalies in recognised ‘legal age’ persist, with no effort to resolve them in favour of children’s best interests.

Para 1: Between the JJ Act and ITPA, what is the protection available for the 16-18 age group? To which law do these children turn? How can the Government just say ‘Palpably

there has been no uniformity’ in definition? This is a palpable failure to act on an obvious default.

Para 2. “Harmonising” is no explanation. What does ‘a progressive exercise’ mean?

The country has no definitive Children’s Act: it should. The Constitutional age ceiling of 14 years calls for review.

With birth registration still not assured or universal, 44 years after becoming mandatory, the whole situation on ages and implications is a risk for children.

UPDATE: The new 2013 National Policy for Children extends its purview to 18 years; it has no legal force. The 2006 Prohibition of Child Marriage Act already legislates protection for all children up to the legal ages of 18 and 21 years.¹⁴

The Protection of Children from Sexual Offences Act (POCSO) defines the child as any person up to the age of 18 years. But the rape law in the 1876 Indian Penal Code holds that a girl child aged between 15 and 18 who is already married is not covered by the POCSO protections. What about her rights as a child?

Until all other laws amend their provisions, the legal anomaly persists to the detriment of children. There is no move to amend the Constitution.

In 2001, the Govt. of India had defended this, by arguing that CRC defines an age of childhood, rather than of ‘majority,’ and therefore allows for ‘full legal capacity’ on ‘various matters at different ages.’ The present Periodic Report sticks to this stand,¹⁵ conceding only that ‘harmonising the definition of ‘child’ under different Acts is a progressive exercise.’ Neither the 2001 periodic report nor the present one under review cites the fact that the 1875 Majority Act, which sets the age of majority at 18 years for “every person domiciled in India” still stands.

Where is the overall sheltering law for all children, regardless of specific circumstance?

Age definition is not a technicality: it has implications for a child’s equal access to rights, and to recognition as an individual. The question is whether these should be subject to qualification or limitation due to differences or contradictions between one law and another.

The question of a child’s basic right to safety -- and to be a child -- also arises. The Govt of India is in agreement in principle with a South Asian inter-governmental acceptance of child marriage as a form of violence against children and is officially associated with a regional initiative to address and reduce child marriage by 2015.

The present report tells of an overall decline from 50% to 44.5% over seven years ending in 2006¹⁶

¹⁴ 18 for females and 21 for males.

¹⁵ India 3rd/4th Periodic Report: Chapter 2, Section/sub-section 2.1: ‘Palpably there has been no uniformity in respect of the definition of ‘child’ under different Acts and other Instruments.’ Govt of India 2011.

¹⁶ India 3rd/4th Periodic Report: Chapter 3: section 3B.5, sub-section 3B.5.1/para 69.

Legal age of marriage, Legal marital status and age of consent:

The Prohibition of Child Marriage Act 2006 (PCMA) is a welcome replacement for the 1929 Child Marriages Restraint Act. It reaffirms the legal age for marriage at 18 years for females and 21 years for males, and is significant in that it (i) applies to all citizens of India irrespective of prevailing personal laws of different religious communities; (ii) provides for the voiding of marriages in which either or both parties are below the legal marriageable age; and (iii) provides for maintenance and residence support to the girl child who is the female contracting party.

What does the law imply for children aged below 18 belonging to the Muslim community which is entitled to follow its personal laws? Interpretation in actual cases calls for clearer directives on enforcement. The present Periodic Report gives no information on the impact of the prohibition law. Two recent judgments highlight the need for clear and rights based enforcement. (See Annexure)

It is a concern that since most Indian laws do not apply to the state of Jammu and Kashmir (due to special constitutional provisions), children in and of that state are outside the purview of whatever equity and benefits these laws may offer, with all their age provisos. The Protection of Human Rights Act 1993 does extend to the whole of India, and does uphold India's commitment to the International Covenants to the Universal Declaration of Human Rights, but its basic provision is to set up the national human rights commission, and state commissions. It is unlikely that the national commission could seek due protective cover for children of that state under present laws. The writ of the NCPCR does not extend to J and K state.

It is curious that the issue of child marriage is not included in the chapter on special protection measures. With evidence that adolescent girl children are being 'exported' from some states to become 'brides' in girl-deficit states, there are both official and civil society efforts to address this ominous new dimension of child marriage. Two paragraphs in Chapter 3 acknowledge this fact; one paragraph reports adoption of the PCMA, remarking that it has "some forward-looking provisions." Does that suffice in a report submitted in mid-2011? Some questions that now invite consideration:

- a) How is the legislation being implemented across all religious groups?
- b) What actions are planned to off-set potential anomalies in the enforcement of PCMA?
- c) Is there official tracking of child marriages which come to light? The PCMA is weak on both annulment and rehabilitative provisions for child-brides.
- d) In the Government's good move to register all pregnancies, are there cases of under-age marriages coming on record?
- e) In the years since PCMA adoption, how many have been punished for violation and what kind of punishment enforced?

Compulsory Registration of Marriage Act 2012: This is a welcome and commendable law. The challenge is to ensure it is applied; 'compulsory' does not automatically translate into 'actual.' With PCMA and registration law coexisting, the issue is already "live."

Despite the Supreme Court mandate of 2007 and the Act to make registration of marriage compulsory, some states are still to formulate laws to enforce this. So, in practice, compulsory registration of marriage is still not nationwide. Compulsory registration could support PCMA implementation with the recording of the ages of those entering marriage.

2.1.1 Age of Criminal Responsibility

The age of criminal responsibility continues to be seven years. The report cites the legal proviso that anything done by a child aged between 7 and 12 years who ‘has not attained sufficient maturity of understanding to judge the nature and consequences’ is not an offence.

Chapter 3: General Principles

3A. Best Interests of the Child

Paras 1 - 7: The PR chronologically lists institutions and policy measures for safeguarding the best interests of the child; the NPC 2013 is the latest such commitment. The Policy says” the best interests of the child is a primary concern in all actions and decisions affecting the child, whether taken by legislative bodies, administrative authorities, social, religious or cultural institutions.” The use of the term ‘primary’ echoes the CRC, but is a climb-down from the 1974 Policy’s pledge to give children’s best interest’s ‘paramount consideration.’ This 1974 policy referred especially to ‘matters of legal dispute.’

- (a) Both older and recent laws present contradictions, and could flout this safeguard. The 1860 Indian Penal Code Clause 375 still says “sexual intercourse by a man with his own wife, not being under 15 years of age, is not rape.” The 2012 POCSO gives its protective provisions to any person aged below 18 years. Does it override the IPC? There is no repeal clause in the text of the Act. Is it in children’s best interests to leave it only to interpretations by judges?¹⁷
- (b) The question here relates to best interests, non-discrimination and the legal defined age of childhood. The Government is to be commended for laws like POCSO. But the Indian Penal Code also needs scrutiny for required revisions.
- (c) The absence of a ‘children’s Act” in India needs attention. It could address and overcome some rights questions. The Government’s present ongoing review and revision of the 2000 Juvenile Justice Act may be seeking to instal needed safeguards; the substance of this revision has not so far been made public.
- (d) Expectation of due attention to children’s best interests when the NCPCR and State Commissions were established have not been adequately realised.
- (e) The emergence of “Khap Panchayats (local bodies of ‘elders’ existing side by side with the State-recognised Panchayat Raj institutions)” who impose the writ of customary cultural norms, notably in cases of older children choosing and consenting to romantic relationships (which may include sexual alliance) in harsh and anti-rights decisions and actions, including the killing of the children judged to be violating customary rules of behaviour.

When there are violations of children’s rights, usually with reference to an individual child, the NCPCR and the SCPCR (wherever they exist) intervene and investigate independently of the State and give their ruling. But these are only advisory and do not stand as orders. The PR does not indicate any official consideration of how such rulings ought to be made to prevail in official action, to actually help affected children..

¹⁷ Please see comment in our section on Definition of Child.

3B. Non-Discrimination:

Para 8 : The loose listing of types of discrimination takes no position.

Para 9 takes a position. But its citation of the Eleventh Plan is non-specific. Its reference to the ICPS provision is non-specific. The reference to the 'proposed' Offences against Children Bill, sitting on the shelf since 2009, is questionable. Where is that important law? National affirmations of inclusion and non-discrimination do not automatically bring equity within the reach of every child. Discrimination exists.

Both identity and 'category' block children's access to equal consideration. Apart from caste, class, religion, occupation, social, economic, physical or cognitive condition, the fact of being a transient or migrant -- all or any of these obstruct or deny children equal rights to attention and supports. Children of migrants or shifting groups seem to have no entitlements because they will not stay in one place. The report does not address this question, and the need for removal of the conditionality in certain services and schemes, where eligibility and access depend on providing proof of settled location.

Gaps in current legislation, policy programming and allocation of resources stand in the way of ensuring substantive equality. Quoting the various schemes and provisions, there is some complacency in the PR that the National Commissions on Minorities, SC, ST, Women, and People with Disabilities are fully engaged with the rights of children in their constituencies. This is not the reality.

A question arises as to whether 12th Plan provides for monitoring prevailing reported discrimination beyond the various programmes and measures described by the PR. Another question is whether children can expect their survival and development needs to be given priority in anti-poverty policies and programmes. These would be concerns for the new National Plan of Action for Children to address. The PR has merely observed that the 11th Plan is or was pro-child, a point on which there is little public agreement.

3B.1. Scheduled Castes and Tribes.

3B.1.1. Status and Trends:

Para 10: The people of the Scheduled Castes account for 16.2 % of the population. They hold a majority share of the numbers of the poor and deprived. Being mostly poor, they have relatively poor life expectancy, and their percentage of old persons is the country's lowest. They have proportionately more young people and children in their numbers. The SC child is very likely among India's children to be under-served, in health, nutrition, shelter, access to development opportunity, and more than likely to be caught in migration and an unsettled life-style. The PR does not say what the SC child population is, or its age disaggregation,

Para 11: The people of the Scheduled Tribes population are 8.2% of the population, and many live in areas that the Government describes as 'remote.' This remoteness is partly due to the State's failure to reach out to them with needed services. With the present pressure of industrial corporations to tap their rich mineral resources, many of the tribal areas have recently become accessible, for another kind of 'development.' Tribal communities often 'own' the children of the tribe collectively, and there are traditions of caring. Standard development services do not always respect these ways of life. The ICFS programme used to have three forms: rural, urban and tribal -- but the Government now says the rural version has subsumed the tribal variation. Reportedly, some field adaptations exist. But the Government also likes to speak of 'mainstreaming.' The PR does not provide child population numbers.

Paras 12 -- 16: The data given on poverty levels is a commentary on failed development attention.

3B.1.2. Policy: Paras 17, 18: There is no hard evidence that the NPAC achieved any breakthrough changes for children in tribal communities or areas. The reported draft Tribal Affairs policy did not appear to have anything about children in mind. The information is six years old.

3B.1.3. Legislation: Paras 19-22

Para 19: Whatever else the Prevention of Atrocities (POA) Act may have achieved, it has not secured safety for its perceived beneficiaries. Children are among those affected. The report does not go beyond reporting the movement of papers.

Para 21: Five years on, the law recognising forest rights stands. The actual right of tribal communities to hold onto their traditional forest rights is facing the pressure of new project initiatives to plunder the mineral resources of their ancestral lands, including some places they hold sacred. Many have made news; some have been stalled, the incursion efforts are still on. Children of communities at risk have been prominent in some protest sit-ins. In the North-East, projects to build many dams on many rivers, and to build highways to transport project supplies, threaten the old rights and forest spaces of local tribal communities. Local life-styles, livelihoods and economies The impact of such claimed modernisation on children and their lives is yet to be seen. The report does not mention child-impact risks of such developments.

Para 22: The Act has achieved mixed results. Not all those liberated or withdrawn from scavenging work find honourable employment. Manual scavenging has not ended. Children are among those still caught in this demeaning labour. The report does not say what is happening; it speaks of ‘optimum benefits’ to beneficiaries.

3B.1.6: Para 28: The component budget shares for SCs and STs are calculated on their percentage share in the population. Given that they are economically worse off than most of the rest of the population, it would be logical and ethical to allot them resource shares based on needs rather than numbers. It would be logical and ethical to give children of the two communities a fairer share of resources for children overall.

3B.2: People Belonging to Different Religious Groups

3B.2.1. Status and Trends, 3b.2.2. Policy and Programmes: Paras 29-35:

Paras 29-31, 34: The condition of Muslims has received some notice. The difficulties any other religious minority of smaller numbers might be facing does not seem to merit enquiry.

Paras 32,33: The establishment of the Ministry is a positive step. It has the challenge and opportunity to address its whole mandate, not just that of one admittedly large and needy minority. Its perceived mandate and potential for child rights is in the report.

3B.3: Children with Disabilities:

This report endorses the assessments and recommendations of the DPI- Indian Disability Network of India (check NAME). Please see the annexure.

3B.4: Children Infected/Affected by HIV/AIDS

Paras 51-64: As with leprosy, HIV/AIDS imposes a harsh social stigma. For children of patients and infected children alike, this is a critical challenge of rights. Paras 53 and 54 describe the problem. There is no update on the concerted effort flagged in Para 57.

3B.5 Girl Child

Data publicly stated on the female/male child sex ratio is for the 0-6 year group. It is not readily available for each of the 6 years in this grouping. The 0-6 ratio fell from 927/1000 in 2001 (Census of India) to 914/1000 in the 2011 Census count. In 2001, the sex ratio in the 15 years to 19 years group was 858/1000, the worst for any age group. Has it ever been investigated? The 2011 ratio for the 15-19 group has not been published. When seen with early pregnancy and child-bearing data, the conditions in this age group deserve attention.

Chapter 4. Civil Rights and Freedoms

4A. Name and nationality: In reporting on nationality laws, there is need to say how the Constitution's assurance of 'equality before the law' for all persons within the territory of India, and the CRC obligation to uphold the rights of all children within the State's jurisdiction are being applied. Nothing is said. There are children of non-Indian origin in the country, and many are at risk. In any case, they all have entitlements under CRC. The reports offers only general information, and only on the instance raised in the 2004 Concluding Observations.

The Surrogacy Factor: A nationality question, and a wider rights entitlement question arises with the growing number of surrogacy 'bookings' of babies by foreign nationals, including men applying as single parents (on whom there is some suspicion of actually representing same sex couples). Present official guidelines for this growing phenomenon (contracting mostly low-income women as the surrogate mothers) impose few restrictions. The rights of the surrogate children themselves seem lightly regarded. This baby booking deserves greater and more attentive oversight.

With babies born of surrogacy agreements made by foreign nationals, having to pass through the official Indian child adoption procedures before being allowed to leave India/emigrate with the commissioning parent or parents, the nationality question arises for these booked babies. Are they Indian? Is that by birth? Otherwise, does the adoption procedure apply? Who is responsible for defending their rights at the start of their life's journey?

The focal Ministry had once raised a caution that when the 'booked' mothers had taken fertility drugs, there had been cases of twins and triplets. The commissioning parents only took one child; what become of the others? There had been cases of girl fetuses, and reports of abortions. Has the Government kept an investigative watch on this new trade? The report does not speak of surrogate births.

4A.1 Birth Registration; Status and Trends

As in the 2001 periodic reporting, the Government is unable to provide firm data on birth registration. The new BR figure given here is 69%, according to the Registrar General of India (2009), and citing the Ministry of Home Affairs (2008).

An old report, repeated, says that about 45 % births are recorded as registered, but only 27 % households can produce the child's certificate. This information is about 7 years old, from the

third national family health survey. Is this still the situation? There is no new data given on this aspect. Lack of trained capacity, and of funds are listed as challenges to UBR in India. However, this is the same third survey.

The 2001 periodic report had claimed that India has 300,000 civil registrars or civil registration units in the countryside. Are they still there? To whom do they report? How is it that BR data is coming from survey samples? And which is the correct figure? The 2009 response of the Registrar-General of India is cited; the registration staff now appear to be too few and to lack procedural knowledge. However, the BR level has reportedly gone up all the same. Perhaps someone is to be commended?

The report comments that less-educated mothers are lax about bringing their babies for registration. Is the local registrar not supposed to step out? If even 100,000 of the units or registrars are operating, no one of them would have to find and register more than 20 to 22 per month of the 26 million annual births.

Chapter 5: Family Environment and Alternative Care

5A Parental Guidance

5A.1 Policy and Legislation

Para 1: It is a point for consideration whether this is an unquestionable right, or also a responsibility. In its previous report (2001), India said the family in India is “an intensely private institution” and presented this as a reason why corporal punishment “is usually not reported.” If children are individuals in their own right, how can the State avoid essential interventions on their behalf? Child beating is common in the home or household setting. The present report underlines the importance of ‘effective parenting programmes.’

5A.2 Programmes

Paras 3-7: There is nothing said about orientation and education on parenting. The information given is on provision of specific baby care and early childhood health care instructions. Surely there is more to nurturing children than this?

Para 5: The FCC focus is on protection and safety problems, not on general parenting guidance.

5A.3 capacity building

Para 9: Family counselling and support services were on a “to be done” list for the ICPS, but the scheme is still in its infancy, and this valuable component is not readily available to parents and communities. India needs, but lacks, a professional cadre of counsellors.

5B. Parental Responsibilities

Para 10: The changed environment is not explained. Parents’ understanding was always important.

5B.2 Policy and Legislation

The actual existence and operation of the measures and services listed is not clear. Foster care has not to date taken off in India. The report recites principles and provisions, but gives no indication of actual efforts and outcomes.

Some observations:

The Family Counselling Centres (FCC) do not have trained counselors who provide counseling, rehabilitative and referral services to women and children who are victims of atrocity, family maladjustment and social ostracism.

To enable both parents to share common responsibilities for bringing up their child, paid paternity benefits have also been introduced in India. Currently, it is only 15 days for Central Government employees.

ICDS is the largest child related programme for children under 6 or ...% of our child population. However, the reach is limited to 1/3 of the need, encouraging family community participation to strengthen families is very limited.

The Maternity Benefit Act, 2008, provides very small minimum leave and security benefits to working mothers, although its enactment is a positive development.

- Rural to rural migration is the highest in the country mostly on account of marriage of women. Inter-state migration is mostly rural to urban and constitutes roughly 20% of the total migrants.
- The highest proportion (36%) of inter-state migrants is in the age group of 35-59 years or the most productive period of their life time.
- Rural to urban migration accounts for nearly 40% of inter-state migration.
- A large number informally adopted directly from hospitals, nursing homes etc. and are brought up as “adopted” children without any legal status

Family, Environment and Alternative Care**5E.1 Legislation**

Para 43: Many of the laws relating to the custody of minors have not been reviewed since they were passed. The report does not highlight the shortcomings of these laws and whether or not amendments are needed keeping in mind the changing social scenario.

Para 45: The report does not state by when it plans to ratify the Convention on International Recovery of Child Support and Other Forms of Family Maintenance. What was India's role in the negotiations?

5F. Children Deprived of a Family Environment**5F.1 Status and Trends**

Para 46: The JJ Act and ICPS do not cover a large number of children despite their provisions. It is not clear what sort of sponsorship programme the JJ Amendment can actually develop.

5G. Adoption**5G.1 Status and Trends**

Para 49: The steady decline of in-country and inter-country adoption has not been properly explained. The large rate of decline in adoptions can be a cause for concern as well. The report gives old data beyond 2008. The government website shows 2010 figures at 5,693 in-country and 593 inter-country. It reports 5,964 in-country and 589 inter-country in 2011-12. There are reportedly 3 million orphans in northern India alone. There are reportedly long waiting lists of would-be parents. Why the disconnect?

Para 52: It is not clear as to whether safeguards exist to prevent illegal adoptions within the JJ Act.

Even legal adoptions require a thorough background check of the adopting party. It is not clear whether there is a proper checking system in place.

UPDATE: In June 2013, a case came to light in Israel of an Indian girl being adopted by an Israeli man who was found to be a known sexual offender. This is a serious lapse in child security. What followed?

Para 54: The report does not highlight the changes made to the In-Country Adoption Guidelines after the notification process, or any results.

Para 55: The report should have provided a note on the workings of the new guidelines and its initial results.

5G.3 Institutions and Programmes

5G.3.1. The report does not identify the provisions of the ‘Scheme of Assistance to Homes for Children’, nor does it identify by when it intends to implement the scheme.

Para 59: There is no indication as to who all have access to the State – level list of children available for adoption. It is a potentially dangerous situation if the list is freely accessible to people.

Chapter 6: Basic Health and Welfare

General Observation: The poor state of children’s health in India is not acceptable. The deficits in anticipatory public health vigilance, planning and resourcing are not acceptable. The persistently poor fund allocation and investment in preventive and responsive health services are not acceptable. The official inability to report current health conditions and trends, let alone address them, is a chronic fault. The failure to offer need-predicted or need-based health attention to children across the childhood age spectrum is chronic, and unjustifiable. The lack of dynamic linkage of health, nutrition, water, sanitation and social security protection is an avoidable fault of design and of governance.

The report bypasses the need for impact information, and in the context of life and death of children, this is unacceptable. The proportionate share of national State resources dedicated for health is shockingly low.

If the State cannot recognise people’s health overall as a national priority, and cannot see that child health is critical both as a foundation and as a present gap issue, what is there to be said about the PR chapter?

The Government had said that it planned to raise the GDP share of the health budget to 3%, but the real allocation figures tell their own story.

Public resource for Health	Target: 3% of GDP	Share of Union Budget
Year	Actual	%
2004/05	0.83	1.62
2005/06	0.86	1.92
2006/07	0.86	2.02
2007/08	0.87	2.02
2008/09	1.02	2.09
2009/10	1.00	2.12
2010/2011	n.a.	2.06

Source: Centre for Budget & Governance Accountability (CBGA)

Measured against total social service expenditure, the budget for health is a meagre 4.8% of the total. It is important to note that the budget for children actually dipped in the intervening period – 3.9% in 2008-09, to 3.7% in 2009-10 -- before rising slightly in 2010-11 to 4.1%.

Coupled with poor and uncertain food access, unsafe water and nutrition insecurity, poor health care takes its toll on children's survival and prospects. The price they pay is clear: half of all children in the country are moderately or severely malnourished, 30% of newborns are significantly underweight (a problem the National Planning Commission had underlined as persistent when assessing the 10th Five-Year Plan); 5.2 million are stunted. Under-5 deaths annually add up to 18.4 % of total deaths, and the percentage of neonatal deaths to total infant deaths is 69.3 percentage.¹⁸ Different sampling surveys yield different figures, but none has yielded good news so far.

The report gives mortality data up to age 5; on older children's general health profile and main risks, nothing is said. The Health Ministry places them under a 'general health' category, where age disaggregations have to be dug out. Does CRC life-saving responsibility end at five or six years? Even the female-male sex ratio gap figures are given for the 0-6 age group. How does the Government explain this selective blindness?

6A.2:

Para 12: The focus is skewed to vaccine-preventable diseases, which are not the leading causes of child deaths. In its claim of "implementing several programmes and schemes to address the issue of infant and child mortality," the ones cited as 'notable' are the Universal Immunisation Programme and the ICDS. The report does list the top four killers of the 0-4 children, which together account for "more than 80% of infant deaths." Nutrition deficits are also flagged as contributory factors. Why is the primary health care effort not targeting the main killer problems? The report admits to poor access and "questionable quality of services," and the need to improve monitoring. There is really no way to excuse the State for ignoring the overall issue of rights to life.

Identity is a key factor in children's access to health. A clear disparity exists within the social groups. NFHS-III findings showed IMR to be 66.4 for SC children, 62.1 for ST children, 56.6 for Other Backward Class children as against 48.9 for others. The trend is similar for U5MR: 88.1 for SC children, 95.7 for ST children, 48.9 for Other Backward Classes children as compared with 59.2 for other children.

Comments on chapter:

6A/6.A.1: Status & Trends: Child Mortality & Morbidity: Paras 1-7:

Para 1: The human right to health underlines the right to life. With survival figures still high, and the quality of survival for millions still an open question, India must be cautious in claiming mortality reduction breakthroughs. The PR presents 2007 figures. The picture is too old. The Government's own 2012 Statistical Appraisal of Children¹⁹ gives sample registration data showing NNMR within IMR at 53.9% during the year 2010.

1.a. The National Plan of Action for Children-2005 set a target of reducing NNMR to 'less than 18 by 2010.' This target -- and constraints -- has not been reported on.

¹⁸ Sample Registration System 2010, cited in the 2012 Statistical Appraisal 'Child in India,' Govt of India, Ministry of Statistics & Programme Implementation.

¹⁹ Children in India 2012- A Statistical Appraisal/Ministry of Statistics & Programme Implementation/Govt of India

- 1.b. With earliest survival still showing the least improvement, and even the moment of birth not adequately safeguarded, why have primary health services not sharp-focused on this first challenge? The push to promote institutional deliveries as better than home-based birthing, demands excellence in skills and care available at the service units. Neither skills nor basic equipment, nor rapid, knowledgeable attention are assured. The 2010 official sample data figure for percentage of neo-natal deaths to total infant deaths is 69.3%, with the rural figure at 70.6 per cent.

Para 3: Newborns die of asphyxia or hypothermia. Surviving newborns face health unit infections. Mothers and infants who make it through the delivery are discharged too soon after, often to make rough journeys home. Quick use of a scapula to clear the throat, and first-hour placing of the newborn on the mother's body are part of standard medical knowledge. A quick start to breast-feeding is critical. Mothers need some post-delivery rest, in a clean and caring setting. Is all this assured? It is not.

- 3.a. Has the flagship National Rural Health Mission (NHRM) not been focusing on it? "Peri-natal conditions" were flagged in 2003 as the top cause of death (33.1%) in the 0-4 age group. This figure is cited in the PR. What has been the follow-on data search and checking in the 10 years that have followed? What has been, and what is, the focused vigilance in the NHRM, if it monitors the needs arising in its operational locations, and the effect of its own services -- and what interventions have been made, and with what outcome?
- 3.b. The drive for institutional deliveries raises its own questions. The Tenth Plan mid-term appraisal called for deployment of more trained health workers at community level, since most births were and would be at home. The State has opted for behaviour change. The ASHAs have appeared, in place of a possible trained national force of multi-purpose health workers.²⁰ There is no clear data on whether newborn, or at-birth, deaths are more or less in institutional births. (See also 6.C.1.2).

Field reports suggest the need for better assessment of what needs greater vigilance and correction. Access and service availability need to reckon with distance, and hardship in transit to a health facility, and back. Poor and slow delivery practices, absence of doctors and low confidence of staff, quick discharge and inadequate follow-up all call for attention. Back home, mothers and families need advice and may need assistance from someone more qualified than the ASHA (who is cited as the 'available informed person').

Para 4: The PR cites the perinatal mortality rate of 49/1000 for 2001-2005, drawn from a Registrar-General of India report published in 2009, and disaggregates it. What is the value of such historical analysis? The NRHM went into operation in 2005-06. The PR says the Mission "seeks to provide effective healthcare services," and "seeks to improve" rural people's access to care.²¹ The outcome of that seeking is not given. Nor is there mention of lessons learnt.

Para 5: The 2001-03 figures are again presented, but referenced to 2008 data from UNICEF. The 34/1000 is said to be "about 50% of all deaths in childhood." (The PR does not explain who occupies childhood -- the 0-5, or all children).

²¹ See Chapter 1: Section 1.5.2./para 76 of 3rd/4th PR.

- 5.a. India's 2011 report on MDGs progress points out that India will miss its 2015 IMR target of 26.67/1000, despite the overall IMR decline of six points achieved during 2008-10. The projected 2015 IMR level of 43.96 will contain its sad share of neonatal mortality.

Para 6: 'Malnutrition is responsible for 56% of under-five deaths.' Saying this, the PR says risks of death rise among children who are moderately and severely malnourished, making them 8 times more prone to die from infectious diseases than well-nourished children. The PR cites 'high levels of under-nutrition' and the need to 'improve access to food' among 4 key challenges. It mentions 'questionable quality of public health services.' Who is supposed to tackle the challenges? The PR does not say.

- 6.a. The estimated number of severely malnourished (SAM) children in India is 8.1 million. This is less than a tenth of the total estimated of child mal of malnourished children in the country overall, but it is many children.

The SAM child is at acute risk, and every life counts. What is the life-saving score? The PR does not give a disaggregated analysis, or any analysis. The 2010 recommendations of the Indian Academy of Pediatrics called for integrated care and management, rather than stand-alone mechanisms. It advocated out-patient care and support, and also community-based care options.

The Health Ministry's single-minded focus on immunisation as the magic wand for early child health needs is well known. But the main causes of death are respiratory problems and water-related disease, reported by the Government itself. Malnutrition is a factor in many young child deaths.

ARI, diarrhoea, malaria and measles are listed as the major childhood illnesses.

Official data shows that respiratory infections and diarrhoeal diseases follow 2nd and 3rd after perinatal conditions.

Vaccine-preventable diseases are 'also major childhood killers.' News is shared on the magnitude of the Pulse Polio programme. There is no clarity on which killer disease has been getting priority attention.

1. Urban-rural variations reported do not seem to factor in the situation of the urban poorest, including migrant and squatter groups. There is no mention of them. Both urban and rural figures appear non-specific to identities and socio-economic classifications.

6A.1.2.

Para 11: The PR cites an analysis of states, and study of 11 outcome indicators in 2007 -- but gives no findings.

6A.2:

Para 12: The PR cites 'several programmes and schemes' being implemented. In 6C.3 (3.1 to 3.5/Paras 77-97), major national programmes and schemes are listed and described. Some coverage information is given. Virtually no impact evaluation is offered. The existence of programmes is not the point at issue.

6A.3: The Government reports ‘continuous strengthening of health services, citing ICDS universalisation adopting a holistic approach to IMNCI, a second phase of RCH, and the NRHM launch. In 2010/11, NRHM was nearly 6 years past its launch. It lists 4 key survival and development challenges. Older children’s health is not mentioned.

No information is offered on non-communicable diseases, on measures to address them, on vulnerable groups, on trends. This is a serious omission.

6B: Children with Disabilities

6B.1: -- 6B.8 : The coalition for this alternate reporting and update endorses the independent shadow report submitted by DPI-India and the National Disability Network of India.²² The PR summary of status and trends omits acquired impairments and disabilities, including through childhood accidents, physical hurt, trauma. Its focus is on MCH issues, and a pediatric age group.

6B.2, 6B.3: Policy and laws are listed and described. There is no implementation information here. 6B.4 lists 13 programmes, schemes and provisions, but only describes them. There is nothing on their use and effect. It is not possible to discover whether or how CWDs have been benefited? As the resource share in 2008-09 was just 0.03%, it is not surprising that nothing very dramatic has been achieved. Placing the whole issue of disability in a health chapter giving notional attention to ‘welfare,’ is perhaps not logical. The rights dimension is missed. (*See also Chapter 3: 3B.3 of our report*)

UPDATE: Pending promises have recently been reaffirmed. The new National Policy for Children (2013) acknowledges “every child’s right to life,” lists “right to life, survival, health and nutrition” among inalienable rights to be accorded the highest priority, declares commitment to comprehensive health care.²³ The policy also commits the State to securing the ‘right to adequate nutrition and to be safeguarded against hunger, deprivation and malnutrition’ for every child. It also pledges necessary measures for safe drinking water and sanitation. It lists 12 key commitments to safeguarding children’s health. This tacitly acknowledges that the shortfalls and concerns admitted in the National Health Policy of 2002 still hold.

1. The PR cites the perinatal mortality rate of 49/1000 for 2001-2005, drawn from a Registrar-General of India report published in 2009, and disaggregates it. What is the value of such historical analysis? The NRHM went into operation in 2005-06. The PR says the Mission “seeks to provide effective healthcare services,” and “seeks to improve” rural people’s access to care.²⁴ The outcome of that seeking is not given. Nor is there mention of lessons learnt.
2. The 2001-03 figures are again presented, but referenced to 2008 data from UNICEF. The 34/1000 is said to be “about 50% of all deaths in childhood.” (The PR does not explain who occupies childhood -- the 0-5, or all children).
 - 6.a. India’s 2011 report on MDGs progress points out that India will miss its 2015 IMR target of 26.67/1000, despite the overall IMR decline of six points achieved during 2008-10. The projected 2015 IMR level of 43.96 will contain its sad share of neonatal mortality.
 - 6.b. The estimated number of severely malnourished (SAM) children in India is 8.1 million. This is less than a tenth of the total estimate of malnourished

²² Alternate Report on the Rights of Children with Disabilities 2013/National Disability Network of India.

²⁴ See Chapter 1: Section 1.5.2./para 76 of 3rd/4th PR.

children in the country overall. But the SAM child is at acute risk. The PR does not give a disaggregated analysis, or any analysis.

UPDATE: In 2010, the Indian Academy of Pediatrics called for integrated care rather than stand-alone mechanisms, and advocating outpatient care and support, and also recommended community-based care options.

6C.1.4 Childhood Diseases

Paras 50-54: Here is another example of reporting only on children aged below 6 years. Whether anything is known about older children, it does not seem to merit mention. Data from the Registrar-General of India's 2009 report on causes of death is cited, but only for the 0-4 and below-5 age groups. The 6-14 age group seems not to have health problems worth separate mention. The RGI causes of death report lists diarrhoeal diseases, injuries, parasitic and other infections, respiratory infections and malaria as the top five for the 5-14 group. Para 54 mentions percentages for under-age marriage, pregnancy and child-bearing, and speaks of health risks to the 15-19 age due to early sexual activity and early pregnancy. The RGI ranks 'maternal conditions' at 13% of female deaths in the 15-24 group, second only to the 16% top rank for unexplained "intentional self-harm" for both sexes. The PR does not speak of older boy children; the RGI report shows motor vehicle accidents accounting for as many as 12% of male deaths (15-24 years), and unintentional injuries at 12% for both sexes.

6C.1.6. Water-borne Diseases

Water and sanitation related illness, along with malnutrition, is cited as the "primary reason" for high IMR and child morbidity rates. If this is so, action for water safety appears to be a missed priority. Sanitation services have improved, but major problems remain. Open defecation is still the practice for 665 million people. 1/8

6C.1.6.1. Access to Water and Sanitation

Paras 61-64:

Para 61: Reporting slow improvement in provision of water, the PR cites high coverage and supply percentages, but admits problems with per capita availability. Para 64 admits problems of salinity, fluoride, arsenic and iron -- with 66 million at risk due to high fluoride, and 25,000 households facing multiple problems. The technologies applied having failed, the PR speaks of greater community involvement, citing an 11th Plan hope. 1/8

6C.1.7: Other Communicable Diseases

Polio immunisation is cited as a success story. TB is cited as a major public health problem, with two deaths every three minutes. Children suffering from their parents getting TB are cited. Nothing is said about TB incidence among children; there are reports of new cases. Nothing is said whether children are among those becoming multi-drug resistant. 1/8

6C.1.8: New Diseases

Para 68: Diabetes and obesity are mentioned. An important omission is the whole range of Non-Communicable Diseases, including childhood cancers, thalassaemia, anaemia, neural tube defects, rheumatic heart, chromosomal or metabolic disorders, thyroid conditions. In sub-section 6C.2 on Policy and Legislation, Para 72 emphasises the importance of environmental quality. There is nothing said in Para 68 about the rising graph of asthma among even small children. There is no information offered on asthma, on illnesses caused by exposure to pesticides, chemicals, other polluting agents. Health challenges like autism or Asperger's Syndrome are not in the report.

In a chapter on health, the report should have distinguished between ‘disease’ and ‘illness.’ It has not. The whole range of illnesses and health conditions afflicting children and calling for palliative care is not mentioned.

In a chapter on health, the report should have distinguished between ‘disease’ and ‘illness.’ It has not. The whole range of illnesses and health conditions afflicting children and calling for palliative care is not mentioned.

The top 5 causes of death for children aged 5 and above are not unknown.

Ages 5-14 years	Ages 15-24 years
<ul style="list-style-type: none"> • Diarrhoeal diseases (17%), • Unintentional injuries: other (16%), • Other infectious and parasitic diseases (15%), • Respiratory infections (10%), • Malaria (9%), 	<ul style="list-style-type: none"> • Intentional self-harm (16%), • Unintentional injuries: other (12%), • Maternal conditions (13% – for females • Motor vehicle accidents (7% - 12% in males versus 2% infemales), • Tuberculosis (7%)

Source: Report on Causes of Death:2001-03, Office of Registrar General, India 2009

Should the report not have addressed the percentage of injury deaths, and the top ranking of self-harm in these two age groups?

Chapter 7: Education, Leisure and Cultural Activities

General Observation: The NPAC-2005 goals for education promised “free, compulsory, good quality education” to all children in the 6-14 age group. They still await the quality component. The goals of ‘all children in school by 2005’ and ‘universal retention by 2010’ were not met. Meaningful introduction of environment education in all classes (1-12) was a timely idea; it has not come in as a major subject of children’s learning, or of teacher orientation. The gap between improved enrolment and unimproved learning is large, and sad.

7A. Education, including Vocational Training and Guidance

7A.1.1 Pre-School Education: Para 1. ICDS universalisation has been ordered, years ago, but it is not yet universalised. Its reach reportedly extends to a third of the eligible children. The most needy, such as migrants, cannot get in. Pre-school beneficiaries have increased, but ICDS has more recently turned its eyes on the 0-3 group, so prospects of sustained focus are unclear. No data is provided beyond 2008. Steps to improve quality were to be intensified during the 11th Plan; the report gives no update. The Plan was well under way during the reporting period and initial results and actions should have been available.

7A.1.2 Elementary Education

7A.1.2.1 Universal Enrolment and Access: Paras 3-5. The data on the increasing number of primary schools is only for 1999-2000 and 2006-07. So RTE early impact news is missing.

UPDATE: Since the passing of the RTE Act, 2009 and its implementation from 2010, India has discontinued the schemes for Education Guarantee (EGS) and for Alternative and Innovative Education (AIE), with all EGS centres converted to schools. The report does not note their achievements up to 2010.

7A.1.2.2 School Access and School Infrastructure: Para 6: The student classroom ratios are only available till 2007-08. The report does not specify the date on which various provisions have been made or their status at the time of reporting.

UPDATE: A 200-11 national study conducted by Childline India Foundation²⁵ found that 28% of schools did not have separate toilets for boys and girls, 19% of schools had no water facility and 14% schools had no first aid box.

7A.1.2.3 Enrolment: Paras 7 -8: Proximity of schools to habitations is cited as a plus factor in raising enrolment levels (Para 5); no other reason is provided. The 'pull' factor of the Midday Meal scheme is not cited. Has the draw been knowledge, or food? The growth rate data has only been provided till 2005-06. The increase in enrolment rates in government and private schools or in rural areas has not been explained.

UPDATE: The ASER Report of 2012 indicates that 3.5% rural children in the 6-14 age group and 5.4% rural children in the 11-14 age group were still out of school.

7A.1.2.6: Drop-Out Rates: Para 12-13. The gross enrolment ratio for primary and elementary levels is available only till 2008. The enrolment rates for 2009 and 2010 should have been incorporated in the report.

UPDATE: The Everywhere Child Project conducted by Childline found that 28% schools reported drop outs due to labour and 21% due to child marriage.

7A.1.2.8: Reduction of Disparities among Girls: Para 16 – 20: The National Policy for Education 1986 had been in effect for 13 years before the National Programme for Education of Girls at Elementary Level was launched in 2003. The report does not explore underlying identity factors in girls' SCs' and STs' enrolment. Nor does it provide any output indicators.

UPDATE: According to the 2011 ASER report figure for out of school girls was 10.3% in 2006 which declined to 5.2% in 2011.

7A.5.4: Vocational Education: Paras 65-67: National sample survey data shows that less than 1% (0.9%) of the 15-19 age group are getting vocational training, and just 5% of the 19-24 age group have received vocational education or training(VET).²⁶ On the new scheme launched in 2007-08, there is no update. This does not say much for older children's opportunities.

7B. Aims of Education with reference also to Quality of Education

General Comment: School education content needs review to assess what kinds of open learning it offers children to know their country, to respect diversity and to acquire inclusive values and a rights based perspective. Texts and books and lessons approved by the National Council for Education Research and Training and the National University for Education Planning and Administration reveal many examples of divisive or derogatory representation. The Government's thrust to enrol and educate children may not be looking closely enough at what is being taught. Neither through general knowledge nor via subject courses is there much on offer about India's ethnic groups, its island territories, different regions, and their stories. This is an avoidable deprivation of knowledge. The report does not talk of such things.

²⁵ The Everywhere Child Project National Study of Child Protection Mechanisms; Childline India Foundation 2011.

²⁶ Working Group on Secondary and Vocational Education, for 11th Five-Year Plan, Govt of India: National Planning Commission.2007

7B.1 Status and Trends: Para 99-105: The report does not share the results of the initiatives taken in 2006-07 and 2007-08. The special programmes for the disadvantaged groups have not been highlighted. There is no indication whether child rights has been introduced in any other State's curriculum framework aside from Bihar's since 2006.

The report does not provide any impact outcomes on any of the frameworks introduced in schools despite the fact that they had been functional for a few years during the reporting period. Initial impact results could have been incorporated in the report. The ongoing contradiction of high enrolment and low learning persists. The report does not unpack this.

7C. Rest, Leisure, Recreation and Cultural and Artistic Activities

7C.1 Policy and Programmes: Paras 108-119: The information is superficial. What kind of cultural enrichment is being offered to children? The spread of opportunity seems limited.

The report does not mention the status of the National Sports Policy of 2008 as of 2010, when the reporting period ended. The Scheme for Promotion of Adventure and its revised version of 2004 are not discussed in detail. The impact reports of the scheme should have been incorporated. How many children have really benefited? The Panchayat Yuva Khel Abhiyan was well under way during the time the report was being written. Its initial outcomes and status as of 2010 have not been incorporated in the report.

UPDATE: The National Sports Policy 2008 is still in draft form.

7C.2: Challenges: Para 120: The report admits that providing for leisure and recreation, even for space to play, has become a challenge. Why has this problem grown so large? All the report says is that pressure on children to pass examinations adds to the deprivation of the right to play and be able to find creative space.

Chapter 8: Special Protection Measures

Article 22

Paras 1-5: Children located within the State's jurisdiction are entitled to all the caring and protective provisions of CRC. The report does not say what education access has been, or is being, provided to the 1,898 children not enrolled in schools? The figures are now five years old.

While rightly claiming an exemplary record for its own initiatives, which enjoy international recognition, India has no formal agreement with UNHCR. India has not ratified the Refugee Convention 1951.

8A.2.1:

Para 8: This stance may apply to issues of international conflict, but is questionable in respect of 'non-international' armed conflict situation prevailing in the country. India's own official reports on human rights action (2008 and 2012) have provided details and expressed official concern, to the UN Human Rights Council.

8A.2.2:

Paras 9 - 11: It is not reported or explained how the Act is actually able to operate in areas affected by internal conflict or militancy, including armed conflict. Normal governance and development services are facing operational problems in many areas, and are not able to

operate normally or ensure official protective outreach in some troubled areas. Children perceived to be from the ‘other side’ may be unable to access the State’s protective attention. There is also the element of identity-related mistrust. The report does not give examples, but official resolve and local effort can find ways forward to help children.

UPDATE: The NCPCR introduced an experimental project -- seeking and training local youth to become ‘Bal Bandhu (friends of children)’ in 10 districts across five states, and motivated and mobilised local young people to encourage children to join school, and to themselves withstand pressure to join Leftist militants, or cow down to them. The project was funded by the Prime Minister’s Fund, and ran for three years. The effort got 963 schools functioning, and 931 ‘anganwadis’ running, got 14,889 children enrolled in schools -- some returning from labour or recovered from trafficking-- and provided support to 13,257 children during examinations. They got police and armed forces to vacate 7 schools where they were camped.

More than getting children’s lives back to some kind of normalcy and hopefulness, the project demonstrated that things can change, and communities can act, and local youth can be leaders. The continuation of the project is not certain.²⁷

Child Labour

Legal Status: The Child Labour Prohibition and Regulation Act 1986 bars child labour up to 14 years in notified hazardous occupations, and notified working processes. This is not a long list, and the Government’s ability, at all levels, to keep a watch on ground realities is limited.

The CLPRA is officially ‘an Act to prohibit the engagement of children in certain employments and to regulate the conditions of work of children in certain other employments.’ Under this law, a child means a person who has not completed 14 years of age. The Act applies to the whole of India.(The law [as of 2011] applies to 15 occupations and 57 processes).The last two notifications were on employment as domestic servants, and on being employed at wayside/street-corner tea shops and low-cost restaurants.

- The 3rd/4th Periodic Report states: “The 1986 Act prohibits employment of children up to 14 years.”
This is not true. The Act does not carry this blanket provision. It only bans work in certain occupations and processes. The report is inaccurate.

Prohibition of employment of children in certain occupations and processes: the report lists 16 occupations and 65 processes, and a bar on child work in any workplace where the listed processes are operating. Wherever child labour has not been disallowed by notification, ‘regulation of conditions of work of children’ are in force.

UPDATE 1: The banned occupations include work in mines or collieries (# xii, annex 8C.1.2.). Investigation and site visits to illegal coal mines in the Jaintia Hills area of Meghalaya states, documented in two films, show large numbers of child workers toiling in shocking conditions where they crawl into small excavated spaces through holes adults cannot enter, and extract coal which they drag out in wooden carts small enough to fit through the holes. These places are known as “rat mines.” The rat miners are reportedly from Nepal, Bangladesh and some Indian states. The report and films indicate some 70,000 children caught in this labour. A reported government response puts the figure at nearer 200 children. Not even a single child should be forced to work like this. [See annexure].

²⁷ The Indian Express: ‘Why the Bal Bandhus mattered’ Op-Ed article by Usha Rai 22nd June 2013.

- The Report holds to a known official position by saying “Given the existing socio-economic condition, it is difficult to prohibit employment of children in all walks of life; hence, the Government has kept 14 years as the age of employment in hazardous work.” This is not true; there are many hazardous occupations and work processes that are yet to be notified.

UPDATE 2: The prohibition of all forms of child labour up to the child’s attainment of the age of 14 years is only now being proposed. The Child Labour Prohibition and Regulation Amendment Bill (2012) was introduced in the Upper House of Parliament (Rajya Sabha) in November 2012.

The Bill calls for: --“Prohibition of the engagement of children in all occupations up to 14 years? To prohibit the engagement of adolescents in hazardous occupations and processes and the matters connected therewith or incidental thereto.” -- Regulation of employment of adolescents in hazardous occupations and processes --Change of the principal Act title to: “Child and Adolescent Labour (Prohibition and Regulation) Act.”

--definition of the child as a person aged below 14 years, and of the adolescent as a person aged above 14 and below 18 years.

This strays from the JJ Act definition of the child as a person aged up to 18 years, now echoed by the new National Policy for Children (2013).

National statistics for child labour show the 2005/06 total as 11.8 per cent of all children in the 5-14 year age group.

The 2001 First Periodic Report acknowledged “non-availability of accurate, authentic and up-to-date data on child labour” as “a major handicap in planned intervention for eradication of this social evil.” The 1991 Census reported the child labour total at 11.28 million. The 2001 Census reported 12.6 million children working. [CHECK THIS].

The figures are misleading because they omit the 14-18 age group.

The NPAC-2005 identified 12 key areas for intervention, outreach and resource allocation. The 10th “complete abolition of child labour, with the aim of progressively eliminating all forms of economic exploitation of children.” In its section on ‘Combating Child Labour, it stated the goal of “eliminating child labour from hazardous occupations by 2007, and progressively moving towards complete eradication of all forms of child labour. [Panel: all of 15.1]

The 2007 National Report on country action for the World fit for Children objectives act.

The new amendment Bill shows evidence of constructive intent. Its categorisation of children into two sub-types is unnecessary; the provisions do not call for this.

The 2012 Bill has been drafted more or less at the same time as the new National Policy for Children (2013). It is curious that it finds no echo in the policy except for general sentiments favouring children’s safety. One specific policy provision is that ‘child labourers’ are listed among those to be “tracked, rescued, rehabilitated and have access to their right to education.” It has nothing to say on whether their right to be children with overall childhood security would be enough reason to rescue them from the labour force.

In its text on Protection, the policy commits to ‘special protection measures to secure the rights and entitlements of children in need’ of this, and includes ‘children in situations of labour’ among those entitled to such attention. Nowhere does it indicate whether protective action would include an end to child labour.

It is peculiar to have this landmark expression of the State’s positioning of children’s human rights so quiet on some critical challenges of the childhood years of millions. The right of children to be safeguarded against becoming unprotected workers is surely a major issue.

A policy provision that should assert positive national vision is the declaration²⁸ that the 2013 policy is ‘guide and inform all laws, policies, plans and programmes affecting children, and that ‘all actions and initiatives of the national, state, and local government in all sectors must respect and uphold the principles and provisions of this Policy.’ Indeed, yes, but even while avoiding excessive detail, the new Policy should have set higher goals and made clearer promises. The first official draft of this policy did in fact do so.

8 C .3

Four questions arise on sexual exploitation and abuse:

- Who are the children categorised under this heading? The ones paid or offered ‘on sale,’ or the ones exploited outside any sale and purchase situation? The ones abducted and then abused by both captors and their casual ‘customers?’
- Why is the forced engagement of children in the sex trade, engaging in sex activity for customers, not regarded as a form of child labour, and even slavery -- and treated as such? If it were, perhaps children’s ‘employment’ in the sex trade might get listed among hazardous occupations.
- Why is the law on rape, and the legal provisions and penalties applicable to child rape, not regarded as applicable to children trapped in the sex trade? Is a child’s having to engage in the act of sex or in activities legally recognised and punishable as sexual offences, several times a day, not seen as rape of these children? Why? Are these children taken as being willing?

The PR says more than a third of girls and women in the sex trade entered it before turning 18; it does not disaggregate figures for women and for girls. A 2007 report is cited, without giving the publication date. No information is given on anything happening to boys.

- What is the emerging picture on children, boys and girls, being drawn into sexual exploitation outside the commercially visible sex trade?

Para 146: Children in institutions are among the three categories reporting the highest sexual assault. What has been done about the risks and conditions in institutions? The Government has carried out studies on its institutions for children before and during the reporting period (2007).The report says nothing on any corrective action, or changes. The numbers in institutions are not small. While the Government’s 2012 national report to the UN on human rights curiously says it is not possible to provide numbers, the PR has provide some.

UPDATE : The Government’s own data compilation and update exercise on both NGO and government institutions up to 2011 mapped 185 childrens’ homes across 19 states (mostly set up between 2001 and 2009), and reported many gaps in essential standards and

²⁸ Preamble: Point 2.3 (National Policy for Children 2013)/Ministry of Women & Child Development, Govt of India

services, notably in health monitoring and care. There was nothing reported on children's safety. The survey may not have explored this angle.

2013 UPDATE: In the January 2013 report of the officially appointed committee on amendments to criminal law, former Chief Justice JS Verma called for many measures on sexual assault, deploring the "pathetic" conditions of India's residential care homes and juvenile homes, and the plight of children in them. The new National Policy for Children (2013) makes a general promise on children's safety, and commits to protection and rehabilitation responsibilities. It deserves to be assertively used.

8D. Children Belonging to a Minority or an Indigenous Group

8D.1 Status and Trends

Para 220: It is welcome to have the report connect developmental deficits with the need for protection measures. However, the cross-referenced texts 3B.1.1 and 3B.2.1. provide status information with no reasons or change updates, and this paragraph does the same.

Para 221: The absence of State effort is implicit. The PTGs used to be called 'primitive tribal groups.'²⁹ The tribal groups' adherence to their traditional life-styles is no excuse for the lack of outreach of basic health and development services. Only one tiny tribal community in the Andaman Islands is actively hostile to outsiders.

8D.2: Policy and Legislation

General Comment: The country's 150 'denotified' tribes and 500 nomadic and semi-nomadic communities – who can be assumed to have children – are missing from the report. They together account for about 10 per cent of India's population. While the Sachar Committee is cited, the Balkrishna Renke Commission and its 76 recommendations are not mentioned. These people are considered among India's most neglected; the nomads face added problems due to moving from place to place.

UPDATE: In 2011, the National Advisory Council (NAC) added to the Renke recommendations, and urged national action.

2013 UPDATE: The Central Cabinet has approved recommendations to offer these communities health care, free education and economic opportunities, bridging longstanding gaps in their access to basic rights and services. A national commission may be appointed.

Paras 222-227: This is a list, not a report. The cross-referenced paragraphs under General Measures of Implementation only describe some hopes. During the reporting period, tensions affecting or involving the Muslim and Christian minorities have continued, with disruptions to calm and peacefulness, stability and normal life. Tribal communities have stood up to oppose large industrial projects pushed by private companies and corporations. Children's daily lives and basic development support expectations have been affected. Children have taken part in some of the mass protests. The report has nothing on any of these unhappy situations.

8D.3 Programmes

Paras 228-233: There is information on quantum increase in material provisions. There is none given on benefits or effects of the implementation of listed decisions and the operation

²⁹ The classification was changed as a result of sustained advocacy by public health expert Dr Almas Ali of Orissa.

of services. For tribal communities, the Government's inability to physically reach and serve what it calls 'remote areas' persists. The National Human Rights Commission has reported that certain tribal villages have never been visited by government service providers. Many have no access roads, because none have been built. Some of such areas have reported drifted into the net of militant groups opposing the State, or are trapped inside their control. The situation of children in such troubled settings is not stated. Para 233: The actual operationalisation of ICPS is still at a starting phase. No information is given on whether the scheme is operating in needy minority or PTG locations.

8D.4 Challenges

Para 234: The projection of intended gains does not say what the starting position is. Does the report mean that the three points have not been addressed? The Sachar Committee recommendations focus mainly on the Muslim community.

8E: Children Living or Working on the Street

8E.1: Status and trends

Paras 235-237: The condition of these children is quite truthfully described -- except their numbers. The counting of street and pavement and 'homeless' people is part of the Census of India operations. It has consisted of a "night counting," which is far from perfect. It is not clear whether local checking by local area authorities has been attempted, or done anywhere. The Census operations are 10 years apart; children are on the streets every day, mostly in plain sight.

UPDATE: The 2011 Census operation sought to do a better job of this.

Para 237: What is not reported is what the Government has sought to do since the 2007 study on abuse.

2013 UPDATE: The focal Ministry (MWCD) has decided to conduct a study on violence against children, to analyse the 'protective environment.' It is intended to cover 8 states, with children likely to be included among respondents. This is a positive initiative. The study period could extend to late 2014. Meanwhile, it is not clear how the now ongoing 12th Plan implementation provides for protecting street and working children. The report is not clear on whether government measures regard working street children as part of child labour or just part of the street population. The information on official measures is more about post-rescue provisions of education, and services for children 'withdrawn' from the street setting. The Child Labour (Prohibition and Regulation) Act is not mentioned here.

8E.2: Policy and Legislation

Paras 238-241: This is a list, not a report of anything done or results achieved. In recognising such children as individuals in their own right, striving to survive and seeking security and opportunities for development, the Government could have reported some meaningful engagement with these children as people. There are NGO initiatives of this kind, of varying quality and impact, all the way from charity/welfare efforts, to empowering efforts, but the report gives no sign of innovative thinking.

Para 239: The implementation of NPAC provisions, and results, have not been reported. The extended PR preparation period allowed time for this.

8E.3: Programmes

Paras 242 – 248:

Para 242: A breakthrough for even 200,000 children out of 11 million is a start, but it is not clear whether the conversion of IPSC into ICPS has sustained such efforts, and continued to yield some positive results. The NIPCCD study found attitude changes in the children reached, and the report mentions changes in 'livelihood patterns.' It does not say what actual changes occurred in the children's activities and efforts to earn a living of any kind. Raising children's hopes is not the same as raising their actual status and condition; the report is not clear on this, or on lessons learnt by the planners and authorities. For many street children, the beat policeman is the face of the State.

Paras 243 to 248 are mainly descriptive of provisions; Para 246 does not say how many children have moved from streets to schools, or even whether they go to school while continuing to live on the streets.

8E.4: Collaboration

Paras 249–250:

Para 249 does provide some hopeful numbers. Retention information would have been meaningful.

8E.5: Challenges

Para 253: An apparent fault of visioning and design in child protection measures is that most are reactive or responsive. Preventive provisions are less clear. Anticipatory thinking is less evident. The report mentions some predisposing factors, like migration, but there is not enough evidence of holistic assessment and planning. The presence of a child on the street is a result and a symptom of something else. Anti-poverty -- or better still, poverty and displacement prevention -- thinking, and root issues like subsistence living, are not addressed in the report. Children are born into a real world of hardship. That real world does not appear in the report as a world calling for radical change. The intention of improving the data base is welcome. It is not reported whether the focal ministry made any effort to influence this in the 2011 Census, or in any district-level information-seeking programmes.



Annexures

Annexure – 1

State-wise information of the child rape cases reported to NCRB from 2001 to 2011

States	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	Total
Madhya Pradesh	390	517	699	710	870	829	1043	892	1071	1182	1262	9465
Maharashtra	367	491	605	634	634	655	615	690	612	747	818	6868
Uttar Pradesh	562	416	301	394	394	347	471	900	625	451	1088	5949
Andhra Pradesh	84	137	383	363	315	412	363	412	416	446	646	3977
Chhattisgarh	150	182	186	308	382	448	368	411	394	382	477	3688
Delhi	113	138	140	186	235	448	398	301	307	304	339	2909
Rajasthan	35	38	49	137	246	311	406	420	371	369	394	2776
Tamil Nadu	20	29	47	166	115	125	141	187	182	203	271	1486
West Bengal	12	16	16	19	6	20	92	129	109	73	252	744
Odisha	17	21	55	31	28	101	92	65	87	74	165	736
Tripura	0	0	0	28	20	37	33	104	83	107	45	457
Meghalaya	0	16	24	22	51	47	41	34	60	91	66	452
Mizoram	0	2	9	0	0	35	60	18	11	42	40	217
Total	3751	4005	4517	5002	5301	5821	6130	6571	6337	6481	7874	39724

Source: ACHR

Annexure -2

National Plan of Action for Children: 2005-2010

Key Areas identified for national action

The 12 ‘key areas’ were: “reducing IMR; reducing MMR; reducing malnutrition among children; achieving 100% civil registration of births; universalisation of early childhood care and development and quality education for all, achieving 100% access and retention in schools, including pre-schools; complete abolition of female foeticide, female infanticide and child marriage, and ensuring the survival, development and protection of the girl child; improving water and sanitation coverage in both rural and urban areas; addressing and upholding the rights of children in difficult circumstances; securing for all children all legal and social protection from all kinds of abuse, exploitation and neglect; complete abolition of child labour, with the aim of progressively eliminating all forms of economic exploitation of children; monitoring, review and reform of policies, programmes and laws to ensure protection of children’s interests and rights; ensuring child participation and choice in matters and decisions affecting their lives.”

Annexure – 3

The prohibition of Child Marriages Act (PCMA) is set to challenge both the judiciary and society to deal with this human rights violation in the best interests of children.

Update: The current year has thrown up two significant examples:

- (1) A June 2013 circular of the Kerala State High Court directs administrative and civic authorities to register marriages of Muslims who have not reached the age of 18 years.
- (2) A February 2013 judgment of the Karnataka State High Court dismisses a writ petition seeking permission for a girl aged 16 “who has attained puberty” to marry,

under provisions of personal law. The state government opposed the petition. It argued that the 2006 Act is in the best interest of the child and opposed religion being used as a shield. Judge ruled that the childhood of a person is precious. On the child attaining the age of majority, anything may be given to it...but what cannot be got back is childhood. What is therefore of paramount importance is that the child should fully enjoy his or her childhood...In whatever form it is, child marriage is a gross violation of human rights.”

The government will need to clarify how child marriage registration efforts are to become both rights-conscious and age-conscious. The Karnataka judgment may yet be challenged in the Supreme Court. Whatever happens, it has already made a historic decision to place children first.

The new National Policy for Children, 2013 has toned down children and their interests from paramount to primary ranking. The Karnataka Judge has been clear about paramouncy.

Annexure – 4

India’s Alternative Report to the CRC Committee on the Rights of Children with Disabilities

This annexure places on record the endorsement of IACR and its partners. It is prepared by **National Disability Network of India** and submitted by **Disability People’s International**.

Key Points:

- Centuries of segregation and an overly medical notion of disability have left policy makers uneasy about how to define the rights of children with disabilities and to decide what is in the best interest of this child. Often specific reference to children with disabilities in law and schemes go against the underlying values enshrined in the CRC that India has long since ratified.
- Continuing lack of understanding in the country as to the numbers of children with disabilities. The 3rd and 4th State report acknowledges this confusion and goes on to say “there are between 6 and 30 million children with disabilities in India, who have special needs”.
- A wide disparity in the rights that are enjoyed by children with disabilities and other children is reflected in a deep exclusion and invisibility of children with disabilities in all programs for children. This is because the rights of children with disabilities are divided across different Ministries with none taking complete responsibility.
- The underlying causes of exclusion lie in lack of care, lack of knowledge, no convergence with habilitation and rehabilitation services, a lack of provisioning for the child with disabilities, discrimination and social exclusion often on the basis of disability. Finally a lack of reporting on children wipes out any traces of children with disabilities in implementation and planning
- It is impossible and not advisable for a country such as India to build a parallel system of early intervention for children with disabilities. Schemes for all children must include children with disabilities and be flexible enough to cater to their specific requirements or special needs.
- At the moment India is reworking many of these large important programs for all children. However, there has been no participation of disabled people’s organizations or participation of children with disabilities in processes for children.
- No specific focus on children – There are a number of schemes and services meant specifically for people with disabilities. However, we do not see any evidence of a child rights framework in the design of any of these schemes.
- Rehabilitation services have not reached more than 0.50 million (5 lakhs) people which implies that far less than 8% of children with disabilities have accessed services.

- Quality of services – Quality of services has a direct implication to the quality of life of people with disabilities. The reach of the rehabilitation services have already given us a glimpse of the quality of services. Our experience in the field has shown that the services suffer from accessibility issues due to complicated procedures, low quality, irregularities in delivery and associated factors.
- The reality is that only 35% of the people with disabilities in India possessed disability certificates till February, 2010. Again, disaggregated data for children relating to disability certificates is not available.
- Low budgets and underutilization of resources - The pattern of low budgetary allocation coupled with underutilization of resources has become endemic. Though the Eleventh Plan saw a rise of Rs. 733.86 Crores for disability as compared to the Tenth Plan allocation, the percentage of allocation to disability in the Eleventh plan was 15%, less than the 17% of the Tenth Plan.
- In the 10th Plan, Rs. 1166.14 Crores were allocated for persons with disabilities, out of which Rs. 919.05 Crores or 79% of the amount was spent. If we look at individual years, the revised estimates for the session 2009-10 was Rs. 232 crores out of which Rs. 197.35 crores or 85.06% of the revised estimates were spent while in the next session 2010-11, the revised estimates was Rs. 374.34 crores out of which only Rs. 314.19 crores or 83.93% were spent.
- This confusion on how the fundamental right to education of children with disabilities in India is to be fulfilled is not new to India. Unfortunately, its implications on the participation of children with disabilities in education can be seen in the very small numbers of children with disabilities within the education system and the tremendous barriers faced by those who are within the system.
- In its march to universalize education, India has had focused strategies on children who are the hardest to reach and most vulnerable. However, there does not seem to have been a strong push to include children with disabilities. The study conducted by SRI-IMRB in 2009 shows that among school children belonging to disadvantaged categories including Girls, Scheduled Castes, Scheduled Tribes and Muslims the highest percentage of out of school children were children with disabilities with a staggering 34.12%.
- The RTE Forum has reported that physical barriers and transport facilities have been critical barriers for children with disabilities to fully access schooling as a large numbers of schools do not have barrier free infrastructure. Linked to this is the strong feeling of parents that the school system as it stands today will not be able to take care of their child adequately. Lack of transport, no support staff who would care for their child, help them move, eat and study, and the fear that their child will not be looked after and would not be safe and secure in the school is foremost in the minds of most parents.
- Unfortunately, the drop-out rates for children with disabilities are not maintained in the reporting of both SSA and DISE, making it impossible to provide any figures.
- It is a matter of grave concern that specific recognition of high levels of abandonment has not resulted in either a detailed official study, policy directions or indeed strategies to secure the child within their family and communities so that children with disabilities can exercise their right to stay and be cared for within their family.
- Thirty five (35) children with intellectual disabilities died in two years in Maharashtra. “The Home is not held responsible and there is no mechanism to ensure that the deaths were not due to preventable causes.
- Thirty seven (37) children with disabilities died in one home of the Asha Kiran Complex in New Delhi over a period of four years (2004-2008). It has been reported that proper medical care and treatment could have saved many lives. Furthermore, post-mortem was avoided in most cases, which goes against the law of the land, as the concerned children were inmates living under government custody.
- The guidelines do not take into account the fulfillment of disability related needs and disability related expenses. Nowhere does the scheme talk about enabling the child with disabilities to access rehabilitation facilities, the disability certificate and the few entitlements that this child has. Without a specific mention of these, it is unlikely that parents living in extreme conditions of deprivation will be enabled to keep their children with disabilities.

- For these children our guidelines have another standard. The ratio of 80:20 for in- country and inter- country adoption that is to be followed for all children is not to be followed for children with special needs. “This implies that in the case of children with special needs, the rule of ensuring domestic adoption as a first option does not apply.
- Children becoming disabled - It has been observed that many children have expired or have become disabled due to exposure to explosive devices like landmines.
- The evidence of children facing traumatic experiences, leading to increased anxiety and depression is overwhelming. It has also been reported by many organizations that children in areas affected by conflict have often developed mental health issues including disorders.
- Of the 60 million children out of school in conflict-affected countries, 19 million are in India. Reports from Jammu and Kashmir show that children with disabilities are amongst the largest groups of out of school children in the state.

Annexure – 5

Participation

Participation was in the 2007-2009 citizens’ CRC review and collective assessments, in the 2010 joint NGO exercise to review and connect CRC priorities into new policy formulation; in the 2011 national NGO initiative of Wada Na Todo Abhiyan³⁰ to give a CRC focus to the 12th Five-Year Plan, in the 2011-2012 awareness-raising consultative process on children’s right to safety as a core CRC and OPs’ issue, in the 2011 independent stakeholder reporting on India’s human rights implementation, in the context of CRC obligations; and in the 2012-13 updating exercise on CRC and OPs’ performance. In a 2008 country audit exercise with children: 2000 children in 10 states took part.³¹

‘VELUGU’ Project – Child Labour (Nellore), A.S.V-Kolkata, AADI- New Delhi, Aaina-Bhubaneswar, AAMRAE-Mumbai, Aarambh-Bhopal, Aarth-Astha(Delhi), Aarthik Samata Mandal, Aashray Home away from Home, Abala Malda Shayogita Samiti (MSS), Abba Yesu Pavithra Centre for Holistic Healing-Bangalore, Abhas – Action Beyond Help and Support (Delhi), Action Aid India, Action for Ability Development of Inclusion (AADI), Action for Autism-Delhi, Active Youth Foundation- New Delhi, Adil Gandhian Society Arai Mile –Meghalaya, ADITI-Bihar, ADRI, AED-New Delhi, AGP-Kolkata, AHRD-Amravati, AICMED-Kolkata, AID India, Aide et Action, AIDMAM, Akhand Jyot Foundation, Akhil Bhartiya Gramin Uthan Samith- SAMARTH-Rajasthan, Akshara Foundation-Bangalore, ALERT-Udaipur, All Bengal Women’s Union-Kolkata, All India Democratic Women’s Association, All India Society to Enliven the less Fortunate, All India Women’s Conference, All India Women’s Education Fund Association, All tribal Students Union, Alliance for Protection of Child Rights (CREDA), AMADAN, Aman Biradari-New Delhi, Aman Ishara-Delhi, Amanvedika, AMIED, AMIK, Ananda Ashram, Anchal Shishu Ashram, Angaja Foundation, Ankur Sansthan-Udaipur, Ankur-Kolkata, Ankuram, Anubhav-New Delhi, ANWESHA, APAAR, APNA Sansthan-Udaipur, Appar, APRO, APSA (Association for promoting Social Action)-Bangalore, AR Corporative, ARC-Pune, ARPAN, ARTH-Udaipur, Arthik Samata Mandal-Andhra Pradesh, Arti-Sirmor, Aruna Asaf Ali Foundation-Chandigarh, ASCED, ASHA, Ashadeep (H.M.H.S.)-Guwahati, Ashaveer-Kolkata, ASRA-Delhi, Assam Agricultural University, Assam Mahila Samata Society, Association for health & Environmental Development (AHEAD), Association for Rural Mass India (ARM)-Tamil Nadu, Astha Sansthan-Udaipur, Astha-Aarth (New Delhi), ATIMA, ATSEC-Bihar, Aum Bal Suraksha Andolan Trust-Uttar Pradesh, Auxilium Navajeevan-Bangalore, AWWD-Kolkata, Axom Sarba Siksha Abhiyan Mission-Assam, Ayikyatan-Kolkata, Azim Premji Foundation, BAA-Haryana, Bachpan Bachao Andolan, BADC-Sovarampur Orissa, Badhte Kadam-New Delhi, Badlao Foundation, Baha’I -New Delhi, Bal Manch, Bal Prafula-Delhi, Bal Sahyog-New Delhi, Bal Sakha, Balamandir Research Foundation-Bangalore, Bangalore Children’s Hospital, Banwan Adibasi Gram, Banwasi Vikas Ashram-Jharkhand, BAPU-Kolkata, Barasat Unnayan Prostuti-Kolkata, BARC, Barli Development Institute for Rural Women, BAT-NET-Orissa, BAVITHA-Hyderabad, BBDS-Malda,

³⁰ WNTA (translates as ‘don’t break your promises’ campaign): a countrywide forum of about 4000 organisations and networks, with IACR and many others in its membership.

³¹ Carried out in partnership with World Vision India, Kalyanam, Gandhi Smriti & Darshan Samiti.

BBSS- Beldanga Bhagirathi Seva Sadan, Bengal Network for people living with HIV/AIDS, Bethany Childrens Home Nongsder, Umiam, Bethany Society, Beti Foundation-Lucknow, BGVS, Bharatiya Viklang Sangh, Bhartiya Kisan Sangh, Ranchi-Jharkhand, Bihar Mahila Samakhya Society, Bihar Voluntary Health Association, BINDU, BIRSA, BISWA-New Delhi, BKS, BLLf (Bonm), BMA, Bosco Yuvadaya, Bangalore, BRAVOH (Bringing Adequate Values of Humanity), Breastfeeding Promotion Network of India (BPNI), Bridge Network, Buddha, Bulbulchandi and Barind Development Society (BDDS), BVS, CADRE, Campaign Against Child Labour (5000 affiliate NGOs), Campaign Against Child Trafficking (CACT, 400 NGO network members), CANCL Group (Delhi), CARE-Chandigarh, CARES, Caritas India, Carmel School Hostel, CASP – Mumbai, CASP - New Delhi, CCF-India-Udaipur, CCF Bangalore, CCRD, CECOEDECON-Jaipur, Center for Dalit Rights, Central Agricultural University-Imphal, Centre for Alternative Dalit Media (CADAM)-Delhi, Centre for Budget and Governance Accountability (CBGA)-New Delhi, Centre for Child and the Law National Law School, Centre for Concern for Child Labour (CCFCL), Centre for Dalit & Minorities Studies, Jamia Milia Islamia-New Delhi, Centre for Environmental and Socio-economic Regeneration (CESR), Centre for Health, Centre for Management of Health Services, Centre for North East Studies & Policy Research, Centre for Peace & Development- Mizoram, Centre for Public Health and Equity, Centre for Social Equity & Inclusion (CSEI)-Delhi, Centre for Social Research-New Delhi, Centre for Women's Development Studies (CWDS)-New Delhi, Centre Social Researcher-Delhi, CESS, Chandigarh Council for Child Welfare, Charkha, CHARM, Chestha, Chetna Arogya Mandir, Jhadol Chetna Sanstha-Bilaspur, CHETNA-Ahmedabad, CHETNA-Delhi, Chhotay Taarey, Child and Youth Development-Bhopal, Child Fund India, Child Labour Commission, Child Line Nodal Organisation, Child Neuro Development & Rehabilitation, Satribari Christian Hospital-Guwahati, Child Protection Unit, Child Relief and You-Bangalore, Child Rights & You-Kolkatta, Child Rights & You-New Delhi, Child Rights Cell (Department of Women and Child Development), Child Rights Cell, Child Rights In Goa, Child Rights Resource Centre (CRRC)- Kerala, Child Rights Trust (CRT, Bangalore), Child Welfare Committee-Jowai, Child Welfare Council Punjab-Chandigarh, Child Welfare Society-Punjab, Childline Collaborative Organization-Shillong, CHILDLINE India Foundation-Delhi, Childline India Foundation-Mumbai, Childline Lucknow Human Unity Movement Childline Nodal Organisation-Gujarat, Children Club-New Delhi, Children Group-Kolkata, Children's Rights in Goa, Chota Nagpur Seva Sansthan, CHRI & PUCL, Christian Brothers of India, CINI ASHA-Kolkata, CINI's Murshidabad Unit, Citizens Foundation, CLAP-Orissa, CLOPOA-Kolkata, CMCA-Bangalore, C-NES, Committed Communities Development Trust, Committee for Legal Aid to Poor (CLAP)-Orissa, Commonwealth Education Fund-India, Right to Food Campaign-Delhi, Communicators India-New Delhi, Community Educational Centre Society-Dimapur, Concern for Working Children-Bangalore, Concern India Foundation, Control Arms Foundation of India, Convergence against Child Labour, Co-ordination Committee for Vulnerable Children, Council for Social Development (CSD)-New Delhi, COVA-Hyderabad, MAHITA, CP CWC, CRAF, CRAFTS, WORLD Tripura West, CRCG, CREJ/HOPE, CRRID-Chandigarh, CRS, CRSD, CSWO-Meghalaya, CULP, CYSD-Udaipur, Dainik Jagaran, Dakshini Rajasthan Majdoor Union, DALIT Samanway Samiti, DEEDS-Bangalore, Deepalaya, Deepshikha, Delhi School of Social Work, Department of Education Punjab University, Department of Social Work SPMVV Tirupati, Dept. of Social Welfare, Development Association of Nagaland, Dibrugarh University, Diocese of Agartala, Disability Law Unit – NE of Shishu Sarothi-Guwahati, Disability Rights Activist-New Delhi, DISHA-Delhi, Dishari Mahila Smiti-Kolkata, District Child Labour Programme Society (Bellary), District Institute of education & training, District Women and Child Development Agency-Hyderabad, DKA-Austria, DNA, DON BOSCO-Bangalore, Don Bosco Agartala, Don Bosco Anbu Illam Social Service Society-Chennai, Don Bosco Association, Don Bosco Gumla, Don Bosco Yar Forum-New Delhi, DRRF, Guwahati, DSAF – YAR (Delhi), DTSS College, Dukha Seva Sansthan, DURBAR-Kolkata, Dwar-Jingkyrmen, DWAR JINGKYRMEN-Meghalaya, DWFCU-Uttaranchal, East Bihar Education Society, ECCE Research & Documentation (MAYA)-Bangalore, ECIL, Education Resource Unit-Delhi, EGERC, EHSAAS-Lucknow, Ekjut, Elmhirst Institute of Community Studies (ELCS), Emmanuel Ministries Calcutta, Enfold Proactive Health Trust, Engender Health, EPSW- Orissa, Equations-Bangalore, ERDS-Kolkata, Ereima Gender Empowerment & Resource Centre (EGERC)-Manipur, Family Planning Association-Mohali, FIGS, Financial Literacy Campaign, FIPA, For You Child, FORCES (Network), Forum Against Child Exploitation (FACE)-Bhubaneswar, Forum of

Indian NGOs for Cooperation with the UN (FINCUN), FPAI-Punjab, FSI, FXB, G.P.F.S.C.-Kolkata, G.U.P.-Kolkata, G.W.P-Kolkata, GANATAR-Ahmedabad, Gandhi Manav Kalyan Society-Rajasthan, Gandhigram Institute of Rural Health and FWT-Gandhigram (Tamil Nadu), Garden Reach Slum Development, GCK-Jaipur, Global March Against Child Labour-Delhi, Global Organisation for Life Development (GOLD)-Guwahati, GMR Foundation-New Delhi, GNWSWO, Gopladih Shakti Sangha, Government Shelter Home for Girls, Gram Centre Kendra-Gujrat, Gram Chetna Kendra-Jaipur, Gram Niyojan Kendra, Gram Swaraj Samiti Ghurhi, ATSEC Bihar, Gram Vikas Samiti, Hiran Magri, Gramya Vikash Mancha, GRASS, Green Institute for Research and Development-New Delhi, GRSD-Kolkata, GSCP, World Vision India-Guwahati, Gujarat Voluntary Health association, Guru Rajmission Neyattimkara Trivandrum-Kerala, Habitat International Coalition Housing & Land Rights Network (HIC-HLRN), Haidarpur Shelter of Malda, Hand in Hand, Hanuman Prasad Gramin Vikas Seva Smaiti, Haryana Prathmik Shiksha Pariyojana Parishad-Chandigarh, Haryana State Council for Child Welfare, HASUS-Kolkata, Health Vision Foundation, HENSR, HIIMAD, Himachal Pradesh Voluntary Health Association, Himachal State Council for Child Welfare, Himali Vikash Sanstha-West Sikkim, Hindulida Guddagadujanar Vikas Sangh Kuntagani (Ankola Uttara Kannada), Homeleigh Police Point (Meghalaya), HOPE Foundation Kamber Clinic-Shillong, HRFFSD-Delhi, Hridaypur Naba Sopan, HRLN-Patna, Human Rights & Law Unit-New Delhi, Human Rights Alert-Imphal, Human Rights Initiative, Human Rights Law Network-Himachal Pradesh, Human Rights Law Network-New Delhi, Hyderabad Council For Human Welfare, I.A.P. (CANCL Group), I.S.W, IACR North Zone, Indian Council for Child Welfare (ICCW-Delhi), ICCW TN, ICSRS-ideal center for social research and self-reliance, IGSSS-Udaipur, IHES, IIDS, IJM, Ikra Palli Magal Samity, JIMIA, Impulse NGO Network, India Alliance for Child Rights, India Centre for Human Rights and Law, India Habitat Forum, India Health Action Trust (IHAT), India Literacy Project, India Sponsor Foundation, Indian Academy of Pediatrics-Hyderabad, Indian Association for Promotion of Adoption and Child Welfare, Indian Association of Women's Studies, Indian Council for Child Welfare-Guwahati, Indian Council for Child Welfare-New Delhi, Indian Council for Child Welfare-Tamil Nadu, Indian Council of Child Welfare-Shillong, Indian Council of Social Welfare-Chandigarh, Indian Health Association Trust, Indian Institute of Dalit Studies, Indian Institute of Human Rights (IIHR), Indian Sponsorship Committee, Information for Action, INHAF, Initiative for Health Equality & Society, INPA, Institute of Correctional Administration, Institute of Development Studies, Institute of Economic Growths, Institute of Health Management Research (IIHMR), Institute of Human Rights Education, Institute of Social Sciences, Integrated Education and Rehabilitation Society, Integrated Human Development Foundation, International Foundation, International Union Against Tuberculosis and Young Distance (IUATLD-New Delhi), ISPCK, Jaago Himalayan, JABALA, Jagat Himalayan, Jagran, Jalpaiguri Motivated Social Worker's Organisation, Jan Adhikar Manch, Jan Chetna Kendra, Jan Chetna Sansthan, Jan Sahas Sanstha, Devas, Jan Sawasthya Abhiyaan, Janakalyan, Janasiksha Prachar Kendra, Jatan Sansthan, Jawaharlal Nehru University Centre for Social Medicine and Community Health, Jayaprakash Institute of Social Change, Jeeva Jyoti, Jeevanaadi, Jeevandhara Seva Kendra (Hassan), Jharkhand FORCES, Jharkhand Mahila Samkhyas Society, Joint Women's Collective Trust, Joint Women's Programme (JWP-New Delhi), JSS/ATSEC, JUDAV, Judicial Academy, JUST, JWO, Jyoti Charitable Trust, Jyoti Sroat school, K.H. Jani Charitable Trust, Kagaar, KAGAS Khateema, Kaira Social Service Society, Kala Sanasthan, Kalyani, Karnamtula Intergrated Development Services, Karnataka State Council for Child Welfare, Karunalaya Social Service Society, Karunalayam Rural Welfare Society, Kasturba Gandhi National Memorial Trust, KCPCR, KCRO, KGVK, Khilti Kaliyaan Education Initiative, Khunti Ursuline Society, Khushboo Welfare Society, Khushi, Kidauri Sangathan, KIDS DHARWAR, Kirnahar Tarun Samity, KJP Assembly, Kolkata Sanved, Kotshila Basantdyuti, Kripa Foundation, Krisi Gram Vikas Kendra, KSCCW, KSRA, Kwtal Langma Bodol(KLB), LAKSHYA, LAMP, LAS, Latika Roy Foundation, Legal Cell for Human Rights, Mind India, LEPR India, Lok Chetana Samiti, Loyola College, M. V. Foundation, M.P.S.S, M.V. Foundation, Madhur Muskan, Madhya Pradesh Jan Adhikar Manch, Madhya Pradesh Samaj Seva Sansthan, Magadi Makkal Dhvani, Magadi Makkala Dhyani, Mahan Seva Sansthan, Mahila Jan Adhikar Samiti-Ajmer, Mahila Kalyan, Mahila Sahkari Udyog Mandir Ltd, MAHITA, Malabar Coastal Institute for Training Research and Action, Malda Shayogita Samiti, MAMTA, Manav Sadhana Trust, Mandakini KI Awaz, Manipur Alliance for Child Rights, Manjari, Manthan Yuva Sansthan, Manthan, Mary Mazzerelo Orphanage House Mawntum , Mary Rice centre

for special Education, Mass Education, Matri, Mayurbhanje Joint Citizen Centre, Mazzarello Orphanage, Micronutrient Initiative, Mihmyntdu Community Social Welfare Association (MCSWA), Missionaries of Charity, Mobile Crèches Organisation, Mount Valley Development Organisation, Mountain Children Foundation, MP Voluntary Health Association, MPAS, HPAP, MSSS, Muktheadhara, N.C.L., Nagrik Kalyan Samiti, Nagrik Seva Morcha Global Peace and Justice, Nala Oli Office, NALANDAMA, Namaram Surjan, Nari Gunjan, NASKPT, National Action Forum for Social Justice, National Association for the Blind, National Coalition for Education, National Coalition for Education, National Commission for Protection of Child Rights, National Conference of Dalit Organisations (NACDOR), National Council of YMCA of India, National Dalit Forum, National Foundation for India (NFI), National Institute for Integrated Rural Development & Transfer of Technology, National Institute of Women, Child and Youth Development, National Society for Equal Opportunity for the Handicapped in India, National Spiritual Assembly of Baha'is of India, Natural Health and Education Foundation, Navajeevan Bala Bhavan, Nayee Pahal, NAZ Foundation, NBJK, NCDHR- National Dalit Movement for Justice, NCN, NDF, NEADS Dhekiakhwa, NEEDs Deoghar, NEEDS, NEHU, Neighbourhood Community Network, NEN Guwahati, NESCCOD, Parivaar, NESPYM, Network of Communities of Research and practice, New checkon, New Concept Information Systems Pvt. Ltd., New Hope Centre, New Life Foundation, NGO Alliance for the Rights of the Girl Child, NIAS, Nidhi, Nikskam Charitable Trust, NIPPCD, NISHTHA, Nongpoh Area Women Welfare Association, North East Diocesan Social Forum (NEDSF), North East India Committee on Relief and Development, North Eastern Social Research Centre, Oasis India, Odanadi, OKD Institute of Social Change & Development, Omeo Kumar Das Institute of Social Change & Development, Open Learning System, Organization for Awareness of Integrated social Security (OASIS), Orissa Alliance for the Convention on the Rights of the Child, ORW VHAM, Pajhra, Palsa Pally Unnayan Samity, Panah Ashram, PARASPARA, Pardarshita, Parijat Academy, Parvarish, Paschal Ashram & member of child welfare committee, PASDO, PBL Nazar, People Union for Social Justice and Human Rights, People's Action For Development (PAD), Peoples Cultural Centre, People's Watch, Peripetal Research Foundation, PFI, PGIMER, PHM, Plan India, Plan International (India), Population Foundation of India, Praajak, Prabhat Khabar, PRARAMBHA, PRATHAM, Pratichi Trust, PRATIDHI, PRAXIS, Prayas, Prayasam, PRAYATN, Prerana, Prerna Niketan Sangh, PRIA, Public Health Resource Network, Punjab State Council for Child Welfare, Pushpandham, R.S.Lyngdoh Training Centre Smit, RADS, Ragpickers Education & Development Scheme (REDS), Rahara Sansaptak, Rajya Shiksha Kendra, Ralibera Haraparbati Club, Ramakrishna Vivekananda Mission, Ramkrishna Sevalay, Ranchi University, RCDSS, RCPL, READ Agency, Regional Resource Centre, RHDC, RHEDI, Right Track, RIHR, RLHP, RUHSA, Rupantar Sansthan, Rural Centre for Human Interests (RICHI), Rural Eco-Development & Integrated Technology Association (REDITA), Rural Literacy and Health Programme, Rural Volunteers Centre(RVC), S Malda, S.C.I.S.I, S.K.A, S.U.B, S.V.S.T.O, SAATHI, Sadhana Educational Research Centre, Sadhane Vidhya Samstha (Chithradurga), Safai Karmachari Aandolan, Sakshi Human Rights Watch, Sakthi-Vidiyal, Salaam Baalak Trust, SAMADHAN, Samaj Seva Sansthan, Samaj Vikas Kendra, Samarthan, Centre for Development Support, Sambandh Sanstha, Samuha Samasthaya, SANLAAP, Santhosha Nanban Centre Street and Working Children, Saral, SARITA, SARTHI, Sarvodaya Integrated Rural Development Society (IRDS), Satyananda Mission, Save the Children UK, Save the Children, SBMA, School of Social Science, School of Women's Studies, Science and Nature Club, SCOPE, SCVMO, SEAD, Seba Sangha, SEDP, Self-Employment Training Centre & Rural Development Society, Senapati District Youth Council (SDYC), Sense International, Seva Kendra Dibrugarh, SEVA MANDIR, Sewa Sankalp Evam Vikas Samiti, SGB International Foundation, Shahid Memorial Sewa Society, Shaishar, Shakti Vahini, Shanti Ashram, Shelter Home, Shilayan, Shishu Sarothi & HRLN, Shishujagat, Shramjeevi Unnayan, Shree NavJivan Gram Vikas Kendra, Shreema Mahila Samity, Shri Bhuvneshwari Mahila Ashram, Shristi Sishu Vidyalaya, Shullai Foundation, Mihmyntdu Community Social Welfare Association, SIMAR, Sir Dorabji Tata Trust and Allied Trusts, Sishu Vidyapith, SJ&E, SKA/EIDHR, SLARTC, SLARTC/ATSEC, Smile Foundation, SMTA, SNEHA, SNEHALAYA, Snehdeep, SNEHI, SNS Foundation, Social Awareness and Social Organisation, Social Jurist, Social Security, Social Welfare Bawri Mansion, Society for Education to Reality (SETR), Society for Environment and Development, Society for Environment and Education, Society For Motivational Training and Action, Society for Participatory Research in Asia, Society for Service

to Voluntary Agencies, Society for Social Justice and Human Resource Development, Society for Social Justice and Human Resource Development-Sojahur-India (Mother NGO), Solidarity Centre, SOS Children's Village of India, Soujata, South Asia Campaign Against Child Servitude, South Asia Peace Alliance, South India Cell for Human Rights Education and Monitoring (Sichrem), SPADE (Society for Promotion of Appropriate Development Efforts), Spark India, SPMUS-Surprabha Panchashila Mahila Udyog Samity, SPWD, Sri Bhubaneshwari mahila Ashram, Srijan Foundation, Srijoni Sishu Mukta Vidyalaya, Sruti, SSA, SSK Amreli, SSSR, St. John Ambulance Brigade, St. Peter's Orphanage Nongstoin, State Platform for Common School System, STEP, Stree Atyachar Virodhi Parishad, SUDHA, SUTRA, SVAYAM, SVWST, Swami Shivananda Memorial Institute, Swami Vivekananda Youth Movement, Swaraj Foundation, SWATCH Foundation, Swayam Sansthan, Swayam Social Welfare Organisation, T.N. Council for Child Welfare, Tata Institute of Social Work, Tata Steel Rural Development Society, TCDR, TDH, TEDS Trust, Terre des Hommes (India), The Association of People With Disabilities, The Concerned for Working Children, The Meghalaya Hindus, The Pioneer, The Spastics Society of Tamil Nadu, The Synodical Board of Health Services Church of North India, The Young Citizens of India Charitable Trust, TISA, TISS, TN-FORCES, TNVHA, Tomorrow's Foundation, Trinita Society, Tripura University, Tulir, Umag Harawale, Umang Bal Panchayat Horrawalla, Umeed Khanna Foundation, UNAIDS, United Forum for Justice, UNMC, URDSS, URMUL, Urmul Semant Samiti, V.H.A.T, Vagdara Vikas Sanstha, Vanvasi Chetna Ashram, Vanvasi Vikas Ashram, Vatsalaya, VHAP, Vidya Sagar Samajk Swasthaya, Sewa Evam Shodh Sansthan, Vidyaniketan, Vikas Bharti, Vikas Samvad, VIKASA-Rural Development Organisation, VIKASANA, Vikramshila Education Resource Society, Vimarsh, Vishwas, Visva Bharati University, VJJS, Voluntary Health Association, Voluntary Mission of Tripura, VSRC, VSS, Vvdaavi Karangal Samuganala Thodar Kalvi Iyakkam, WADA-NA-TODO-ABHIYAN, Western Cultural & Socio Welfare Association Cum Voluntary Consumer's Organisation, Wide Angle, WIF, WISE, WIZVHA, Women Action for Development, Women and Child Development Agency, Women for integrated Sustainable Empowerment (WISE), Women's Coalition for Peace and Development, Women's Consortium for Development, Women's Empowerment Centre, Women's Interlink Foundation (WIF). World Education, World Vision-Patna, Xavier's Foundation, XISS, YMCA-Patna, Young Lives, Young Men's Christian Association, Young Women Christian Association of India (YWCA, 70 affiliated Associations), Youth Active Foundation, Youth for Unity and Voluntary Action, Youth Vision, YTTS, Yusuf Meherally Centre, Yuvasatta, Aadi,



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Children's India

INDIA CITIZENS' COLLECTIVE CHILD RIGHTS REVIEW, AUDIT & REPORTING

The Children's India Series comprises three reports on the status and condition of children in India. It reviews and audits child rights over the period 2002 – 2013.

The three reports are the joint contribution of the 2007 – 2013 Citizens' Collective Review and Reporting of Child Rights in India.

Children's India – 1 is an alternative report on India's official 3rd & 4th Combined Periodic Report on the UN CRC (2011).

Children's India – 2 is an initial alternative report on India's official Initial Country Report on the Optional Protocol on Involvement of Children in Armed Conflict.

Children's India – 3 is an initial alternative report on India's official Initial Country Report on the Optional Protocol on Sale of Children, Child Prostitution and Child Pornography.

These reports are the core content of a fuller national report on children in India, being compiled for publication in late 2013.



India Alliance for Child Rights

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