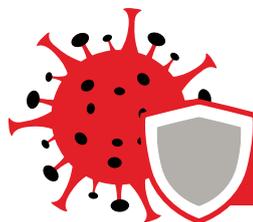


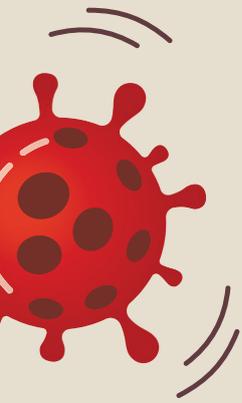


Labani Jangi/People's Archive of Rural India  
This [photo](#) was originally published in the [People's Archive of Rural India](#) on May 31, 2020.

# RIGHTS OF CHILDREN IN THE TIME OF COVID-19



A POLICY BRIEF



This policy brief containing general as well as sector specific recommendations for Government action is the product of collaborative efforts of several organisations, academicians, practitioners, and experts working in the area of child rights. Members of the following networks and alliances contributed to this policy brief: Alliance for Right to ECD, Covid Response Alliance of India on Child Protection (CRAICP), India Alternative Care Network (IACN), ProChild Coalition, Right to Education Forum, Right to Food Campaign, Working Group on Human Rights to India and the UN (WGHR). They worked in thematic sub-groups to develop sector specific recommendations which were integrated in the form of this brief to represent the core minimum demands from the State to ensure children's rights during COVID-19. The list of 212 individuals and organisations that have endorsed the Policy Brief are included on page 19.



...epidemics are not random events that afflict societies capriciously and without warning. On the contrary, every society produces its own vulnerabilities<sup>1</sup>.



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<sup>1</sup> Frank Snowden, *Epidemics and Society: From Black Death to the Present*, (revised edition 2019).



# INTRODUCTION



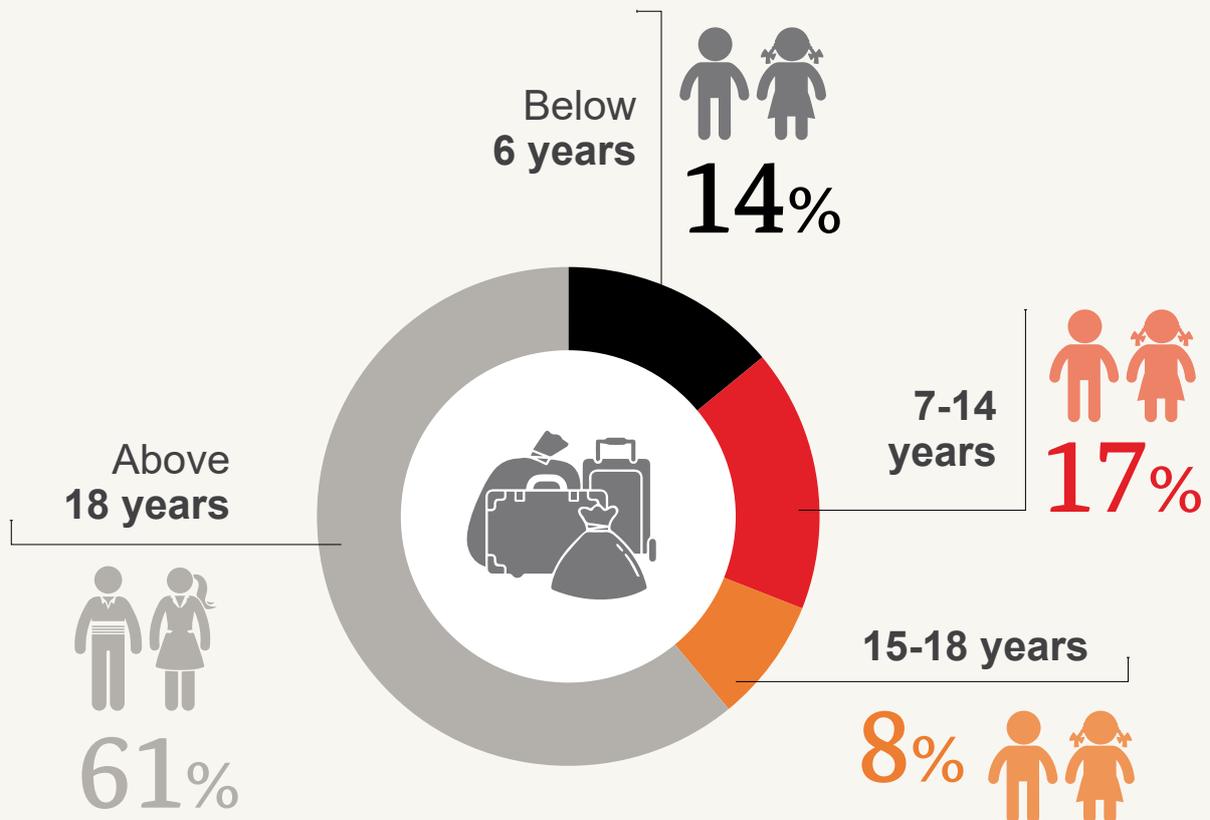
What India is witnessing today in the wake of COVID-19 will continue to disrupt life, aggravate vulnerabilities, and erode the dignity of those already living on the margins. COVID-19 and how it has panned out has resulted in gross violations of fundamental rights, exacerbated existing vulnerabilities, and unleashed a pandemic of hunger and poverty where there was none.

ndelible images of the toddler trying to wake his dead mother on a railway platform and the 12-year-old girl who worked on a chilly farm in Telangana, and died an hour before reaching home after having walked hundreds of kilometers to her home in Chhattisgarh, are heart wrenching examples of the immeasurable losses of life, livelihoods, and breakdown of families that each day brings.

Childhoods stand threatened by the unprecedented social and economic disruption. Among those severely impacted are children of migrant workers, children of daily wage earners, child labourers, children in street situations, child care institutions (CCIs), or conflict zones, children in need of care and protection, children in conflict with the law, pregnant girls, children with disabilities, transgender children, children living with HIV/AIDS, children living in poverty, children in abusive, violent or exploitative situations, children of sex workers and prisoners, refugee children, foreign children residing in CCIs, children affected or likely to be affected by other natural disasters, such as Amphan, floods in Assam, etc. The lockdown period will also forever be marked by the millions of people who in a bid to survive, undertook mass distress migration back to their native villages.

# Children Account for 39% of the Population

(Census 2011)



While derogations from human rights are permissible during lawfully declared emergencies, the right to life with dignity is an inalienable right under the Constitution of India and the International Convention on Civil and Political Rights, 1966 that India has ratified. Obligations to ensure children's rights under the UNCRC also remain. It is critical that all children, across age groups, irrespective of caste, religion, tribe, sex, gender identity, disability, place of birth, language, or other status are reached.

Urgent attention is therefore required to prevent the situation from worsening for children, who constitute 39% of our population. Societies and families' inherent desire to care for and protect children must be harnessed to prioritize them in our national budgets, policies, and action to deal with COVID-19.



## To protect children's well-being during and after COVID-19, Central Government and State Governments need to ensure:

01

**An assessment of the situation of children as a result of the impact of COVID both in the short and long term and make such data available in the public domain.**

02

**Funding** for children is **not cut**, existing resources are **effectively utilized** and **augmented** where there is a shortfall, and **flexibility in utilization** of Central Government funding.

03

Children and families receive their **statutory entitlements** (for adults) to livelihood for adults, food, and supplementary nutrition, health, education, care and protection, and efforts are intensified to cover those currently outside the net of social protection.

04

Children, especially girls, children with disabilities and transgender children, are not pushed out of education, **children of migrant families are enrolled and supported to continue their education wherever they are.**

05

**Childcare** through provision of **crèche and daycare facilities** so that children are protected and cared for, as poor families rejoin the workforce for their livelihood.

06

**Local authorities and bodies** ensure children are not exploited, physically/ sexually/ emotionally abused, trafficked for labour/ sexual exploitation/ other purposes, forcibly married, or discriminated against, or separated from their families.

07

**Core child protection services, service providers and authorities** (Childline, JJBs, CWCs, DCPUs, SJPU and police, Child Care Institutions, lawyers, frontline workers in CSOs/NGOs, counsellors) and **Anganwadi workers are declared as 'essential'** during any lockdown or declared emergency<sup>2</sup>.

08

**Sponsorship Guidelines should be framed in a consultative manner and the fund** enhanced to enable gatekeeping, and provide support for children in the Juvenile Justice system.

09

**Systems for reporting violence against children** are strengthened and accessible to all children, including children with disabilities, children living in CCIs, and children in police custody.

10

**Safety and wellbeing of frontline workers/ caregivers** responsible for children's care and protection against COVID risks, provision of PPE, timely payments, additional hazard pay, insurance, adequate and ongoing training, supervision and psychosocial support.

## The judiciary should ensure:

11

**Priority** is given to **cases involving children in conflict with the law and cases of crimes against children.**

12

While adopting **video-conferencing** or practice physical distancing, children's rights are protected, their right to be heard is ensured, and **due process** is followed during trials by courts or inquiries by JJBs or CWCs.

## National and State human rights institutions should:

13

Monitor children's situation and State action to assess whether responses to COVID-19 are compliant with children's rights under the Constitution, domestic laws, and international human rights law.

<sup>2</sup> Committee on the Rights of the Child, "The Committee on the Rights of the Child warns of the grave physical, emotional and psychological effect of the COVID-19 pandemic on children and calls on States to protect the rights of children" 8 April 2020, para 1, available at: <[https://tbinternet.ohchr.org/Treaties/CRC/Shared%20Documents/1\\_Global/INT\\_CRC\\_STA\\_9095\\_E.pdf](https://tbinternet.ohchr.org/Treaties/CRC/Shared%20Documents/1_Global/INT_CRC_STA_9095_E.pdf)>

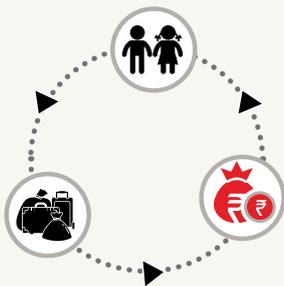


# GENERAL RECOMMENDATIONS



## 1. Ensuring Rights of Children

The restrictions imposed by the lockdown have deprived several groups of children and families of their right to a dignified life. The pandemic is also having a discriminatory impact on children based on their identity, location or situation and aggravating their vulnerabilities. Children's voices have been absent and efforts need to be made by the government to hear their views. The government should consider children's best interests and ensure measures are taken to mitigate adverse impact on children, particularly those experiencing vulnerabilities. Further, all functionaries need to apply the fundamental principles of child rights ensuring that no child is stigmatized or discriminated against based on their COVID-status and/or their sex, caste, religion, tribe, disability, gender identity, sexual orientation, ethnicity, language, social origin, place of birth, HIV/AIDS status, or the identity or status of their parent or their political or other opinion etc.



**The COVID crisis demands much higher investment for children if we are to stem the intergenerational impact that this country will witness.**

## 2. Ensure Adequate and Appropriate Resources

COVID-19 has pushed the government to prioritise its expenditure. The budget for children (BfC) in 2020-21 in the Union Budget is only 3.16%. This share has been declining over the years as has the share for education, health and child protection. The COVID crisis demands much higher investment if we are to stem the intergenerational impact that this country will witness.

The basic entitlements for children have so far been delivered through a number of centrally sponsored schemes (CSS).<sup>3</sup> The result is a fragmented system that fails to account for the linkages between nutrition and gender, water and sanitation, child protection, education, etc. This situation is exacerbated by the peculiarities of CSS as instruments of social policy financing; its centralised nature with fixed norms and unit costs usually set at the national level which does not allow for flexibility at the state and local levels. To ensure effective protection of children's rights while responding to COVID-19:

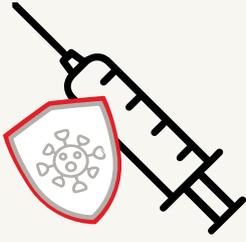
- ✔ **There should be no cuts in existing budgets for children.**
- ✔ States need to ensure **effective utilization of existing resources and flexibility needs to be provided to them in utilization** of Central Government funding.
- ✔ **Investments in public health, education, and child protection need to be enhanced** and augmented where there is a shortfall. Efforts to enhance resources at the local level should be intensified.
- ✔ With migrants returning to their home States, livelihood generation, expansion of public health facilities and increased social security for vulnerable groups is exigent. Therefore, the extent of **vertical distribution of tax proceeds needs to be revised upwards** and more flexibility needs to be given to State Governments in the CSS to address COVID-19 related challenges<sup>4</sup>.
- ✔ Allocations must be made to enable **urgent filling of vacancies/re-purposing** of additional human resources in the health, education, and child protection systems.
- ✔ Budget provisions need to be made for **protection of frontline workers, functionaries, CHILDLINE 1098**, statutory bodies and authorities against COVID risks. PPEs, additional hazard pay, insurance, ongoing training and supervision to ensure their well-being the provision of quality services.
- ✔ Budgetary allocations are necessary to **prepare schools** for classroom teaching while ensuring physical distancing, filling of all vacancies, and provision of adequate facilities for handwashing, sanitation, and safe drinking water.
- ✔ Additional financial resources must be provided to **Child Care Institutions (CCIs)** for provision of additional items such as sanitization supplies, protective gear, medication, additional nutrition to boost immunity, additional clothing and bedding; capital costs to add infrastructure and equipment to ensure health and safety of children.
- ✔ Additional financial resources must be provided for infrastructural modifications, PPE, and other materials required for courts, Juvenile Justice Boards (JJBs), Child Welfare Committees (CWC), District Child Protection Units (DCPUs), Special Juvenile Police Units, police stations, and CHILDLINE 1098 to meet the physical distancing requirement and safety protocols.



**Budget provisions need to be made for protection of frontline workers, functionaries.**

<sup>3</sup> Integrated Child Development Scheme (ICDS), National Health Mission (NHM), Integrated Child Protection Scheme (ICPS), Sarva Shiksha Abhiyan (SSA), Janani Suraksha Yojana (JSY), Pradhan Mantri Jan Arogya Yojna (PM-JAY) etc., as well as a host of state-specific schemes.

<sup>4</sup> "Numbers On the Edge: Assessing India's Fiscal Response to COVID-19"; Centre for Budget and Governance Accountability (CBGA); <http://www.cbgaindia.org/wp-content/uploads/2020/05/Numbers-on-the-Edge-Indias-Fiscal-Response-to-COVID-19.pdf>



**Additional financial resources must be provided to CCIs for provision of additional items such as sanitization supplies, protective gear, medication, additional nutrition to boost immunity, additional clothing and bedding; capital costs to add infrastructure and equipment to ensure health and safety of children.**

- ✓ Budget needs to be **allocated urgently for community level child protection mechanisms**, their training and development.
- ✓ Existing guarantees (eg., MGNREGA, PDS) need to be augmented and creatively used to enhance social security for children and families.
- ✓ The government must also improve fund utilisation under Swachh Bharat Mission – Urban (SBM-U) and build capacities of local government functionaries and Gram Panchayats.
- ✓ State Labour Welfare Boards must **use the Building and other Construction Workers Cess Fund for health, nutrition, protection, and care for children** of all construction workers irrespective of their registration in the State Labour Welfare Board.

### **3. Ensuring Monitoring of Impact of and Response to COVID-19 on Children's Rights**

Multi-stakeholder monitoring of children's situation and State responses is critical to ensure children's rights are not undermined or violated:

- ✓ The Hon'ble Supreme Court of India should **enlarge the scope of *In re: Contagion of COVID-19 Virus in Children Protection Homes***, Suo Motu Writ Petition (Civil) No.4 of 2020, to **all issues affecting fundamental rights of children during COVID-19** and monitor compliance with its directions.
- ✓ A Parliamentary Ad-hoc Committee may be constituted to study the impact of COVID-19 on children and consultations should be held to hear children from all sectors and genders directly.<sup>5</sup>
- ✓ **Juvenile Justice Committees** of the Supreme Court and the High Courts should urgently hold a **review-cum-consultation meeting** with all stakeholders including civil society organisations to assess the impact of COVID-19 on children's rights and recommend immediate measures to be taken by concerned stakeholders, including the JJBs, CWCs, relevant Departments, and the Legal Services Authority.

<sup>5</sup> As was done in Adhoc Committee of the Rajya Sabha to Study the Alarming Issue of Pornography on Social Media and Society as a Whole.

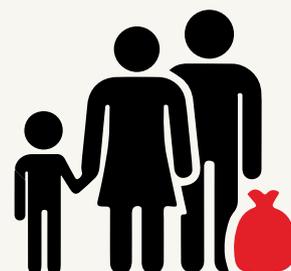
<sup>6</sup> Local authority as defined in Section 2(h) RTE Act, 2009 and Disaster Management Act, 2005.

- ✔ The National and State Human Rights Institutions (HRI), especially NHRC, SHRCs, NCPDR and SCPCRs should set up a **compliance dashboard** providing information on compliance with various administrative and judicial directions issued for COVID-19. They should **jointly examine the impact of COVID-19 on children's rights**, particularly their right to food, health, education, protection and safety, right to be heard, and access to justice; issue recommendations to the government, and approach the High Court or Supreme Court for necessary directions.
- ✔ All Ministries/State Departments involved in COVID-response, should provide **disaggregated data** on their website indicating the **impact on children** including those in CCIs, based on their caste, tribe, sex, gender identity, religion, disability, ethnicity, nationality, etc., and the **benefits they have derived** under existing schemes or response measures. It becomes essential to ensure an **integrated and effective MIS for collection, analysis and dissemination of evidence on matters related to children and COVID-19**.
- ✔ Civil society organisations and academic institutions should undertake independent evaluations and assessments of the impact of COVID-19 on children and their rights.

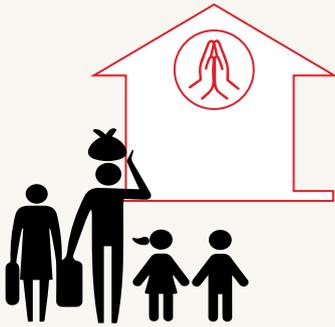
#### 4. Strengthen community-based action and oversight

There is a need to mobilize and mandate communities in a participatory manner- one that promotes their leadership in identification of needs and arriving at solutions to support children and families. This would include local authorities, functional village level groups/committees such as Village Child Protection Committees, School Management Committees (SMC), SHGs, VHSC, Nehru Yuva Kendra fellows, adolescent girls' groups, village youth groups, parents groups, local leaders, community elders, residential cooperatives, and Resident Welfare Associations. The government must provide information and tools in an audio-visual format to orient and sensitize them to enable the following.

- ✔ **Monitor the protection and safety of children**, including those with disabilities, within quarantine facilities seeking segregated living facilities with sanitation for women and children are provided.
- ✔ Work towards ensuring that all children, families, expectant mothers, in the community, including those without ration cards, have **access to food grains and cooking supplies**, drinking water and milk, or make these available through **locally run community kitchens**.
- ✔ **Facilitate access of all children and families outside the current net of social protection**, particularly migrant workers returning to their homes, to benefits such as ration card, PDS, MGNREGA, ICDS, Anganwadi services (immunization and nutrition, Supplementary Nutrition Program (SNP), Take Home Rations (THR) neonatal care, Mid-Day Meal, schemes for girls under the 'Beti Bachao – Beti Padhao' umbrella, cash transfer schemes such as sponsorship, pensions (for disability, widow, senior citizen) scholarships, Indira Aawas Yojana (IAY); schemes under the Swachh Bharat umbrella, school enrolment, civil registrations, skill development for youth.



**Facilitate access of all children and families outside the current net of social protection, particularly migrant workers returning to their homes, to benefits such as ration card, PDS, MGNREGA, ICDS, Anganwadi services (immunization and nutrition, Supplementary Nutrition Program (SNP).**



## Map, anticipate and act to prevent and respond to prevent children from falling out of family and community safety nets.

- ✔ **Map, anticipate and act to prevent and respond to children falling out of family and community safety nets** particularly for school drop-out, trafficking for labour or sexual exploitation, domestic violence, family conflict, emotional violence and structural discrimination based on sex, gender identity, disability, religion, caste, sexual orientation, and class. Report cases, make referrals, monitor and follow-up cases of children in the community. Display information on CHILDLINE 1098 and other key services and helplines to report cases.
- ✔ **Facilitate the formation of children's groups** where they share their concerns and raise their voices.
- ✔ **Liase with the local authority on issues which require intervention/ support**, especially related to health (functioning of health Sub-centers and PHC, access to reproductive health services), education, anganwadi services (restarting with adequate safeguards to prevent spread of Covid-19, ensuring space for all children), and child protection (access to block CPC/police/CWC/courts/JJB,/DCPU, compensation, and other child protection services).
- ✔ **Proactively facilitate a supportive environment for children and families** returning to the village, provide peer support to parents and emotional support to children. Encourage sharing of resources to help families settle and cope with the emotional and financial shocks
- ✔ **Create awareness to ensure that no one is stigmatized or discriminated against based on their identity or COVID-status.**



# SPECIFIC RECOMMENDATIONS



## 1. Ensuring Children's Right to Health & Nutrition

- ✔ **Universalise health and nutrition services for all children without attaching any conditionality or eligibility requirements.** Ensure equity and inclusion of all children irrespective of gender, caste, class, ethnicity, rural-urban-tribal geographies, disability conditions, and other differences.

“A fistful of rice with sugar or salt is a standard meal for 10-year-old Asha Yadav these days. On better days, her mother adds some potatoes or dal to her plate. A resident of Eastern Uttar Pradesh's Gonda district – among the most backward and poorest in the state's agricultural belt – Asha is among the 95.1 million children whom the lockdown has deprived of midday meals at school.

On school days, Asha would get at least one wholesome meal – rice, vegetables, milk and fruit – under the Indian government's Midday Meal Scheme. Since March 24, school has been shut due to the Covid-19 lockdown, and with it, midday meals.”

Sadhka Tiwari, Indiaspend.com, et.al, “The fallout of India's lockdown on child malnutrition will be felt long after the Covid-19 crisis”, Scroll.in, 9 June 2020, <https://scroll.in/article/964033/the-fallout-of-indias-lockdown-on-child-malnutrition-will-be-felt-long-after-the-covid-19-crisis>



## Recognise ICDS as essential service and Anganwadi workers as essential workers

- ✔ Recognise **ICDS as essential service and Anganwadi workers as essential workers** and reopen anganwadi centres immediately to provide crucial growth monitoring, immunisation, cooked meal, and nutritional counselling services, with adequate safety protocols to prevent COVID infection for anganwadi workers, and women and children. Ensure home delivery of services home, especially for SAM children, if Anganwadis are closed. Support the workers with all necessary protection, payment, training and supervision needed in this pandemic.
- ✔ Provide sufficient quantities of dry rations (food grains, eggs, milk powder and medicines) and **take home rations** to children under three years, as well as pregnant and lactating women, irrespective of registration with anganwadis.
- ✔ **Ensure routine immunisation and other essential child health services** are not disrupted.
- ✔ **Urgently restart monitoring of growth and tracking of malnourished and SAM (Severe Acute Malnutrition) children**, provide additional nutrition and energy DENSE food for severely malnourished children, supplementary nutrition/mid-day meals for children, pregnant and lactating mothers and adolescent girls.
- ✔ **Re-start MDMS** to provide one hot cooked meal or dry rations to every child, including children who have migrated, during school closure on account of COVID pandemic, to **ensure children receive at least one full meal daily**.
- ✔ The State Department of Education, State Food Commission, SMCs and village vigilance committees should proactively monitor the delivery of services on the ground.
- ✔ Create a cadre of para mental health workers at district level, trained in giving emotional first aid, and identify severity, which could be reported to specialists. Make mental health services available and accessible to all children.<sup>7</sup>
- ✔ **Ensure health and nutrition requirements of adolescent girls** through regular supply of iron supplements, RCH services, menstrual hygiene products, and supplementary nutrition through ICDS.
- ✔ No child victim of sexual offences should be denied free first aid or medical treatment, including medical termination of pregnancy (MTP) in accordance with the MTP Act, 1971. No legal or magisterial requisition or other documentation should be demanded for rendering emergency medical care in cases under POCSO Act, 2012.<sup>8</sup> If the pregnancy exceeds 20 weeks, legal aid should be provided to the child to petition the High Court for termination.
- ✔ Ensure the **right to food** and adequate nutrition, health, care and protection **of children without parental care, living in child care institutions, young persons living in aftercare homes or independently and children in street situations** by linking them with existing mechanisms or creation of newer channels.
- ✔ Provide crèche and daycare facilities so that children are protected and cared for, as poor families rejoin the workforce for their incomes and sustenance.

<sup>7</sup> For example, the Delhi Commission for Protection of Child Rights had put together a panel of counselors from NGOs who provided phone counselling through the lockdown in Delhi.

<sup>8</sup> POCSO Rules, Rule 6(3) states "No medical practitioner, hospital or other medical facility center rendering emergency medical care to a child shall demand any legal or magisterial requisition or other documentation as a prerequisite to rendering such care."

## 2. Ensuring Children's Right to Education

"There are 24 crore children in the school education system across the country who have been affected by the closing of schools." Anita Karwal, Secretary, Department of School Education and Literacy

Sukrita Baruah, "24 crore children in education system affected by school closure," The Indian Express, 6 June 2020, <https://indianexpress.com/article/education/24-crore-children-in-education-system-affected-by-school-closure-6444960/#:~:text=%E2%80%9CThere%20are%2024%20crore%20children,of%20resources%20for%20psychological%20support>

The Right to Free and Compulsory Education is an inalienable right and is closely linked with children's right to health, food and nutrition, and protection from violence. The likelihood of children, particularly girls, dropping out from school at all levels, and being pushed into child labour, forced marriages, or being at risk of trafficking or coming in conflict with the law, increase manifold when schools are closed for a long time and there is prolonged economic distress. It will inevitably deny millions of children opportunities to advance and break the chain of generational illiteracy and poverty, thus widening the prevailing inequality gaps.

While digital education was introduced during the lockdown, without access most children find themselves left out. This includes children without smartphones, poor internet connectivity, and electricity.<sup>9</sup> Children with disabilities are particularly disadvantaged, because apart from the lack of devices, they require accessible software and hardware, inclusive education, differentiated teaching and peer support.<sup>10</sup>

- ✓ State Governments must **facilitate the enrolment of children of migrant families** who have returned to their home states in the local schools, irrespective of these children having official school records.
- ✓ Existing **data on out of school children should be revised** to factor in the current status of children who have dropped out of school to join the informal labour force; children who have returned to their home states and are out of school through a rapid survey of **(reverse) migrant population movement**.
- ✓ Schools must **track all enrolled children, especially girls, transgender children, children with physical and intellectual disabilities, to ensure that no child drops out** and is in school once they open.
- ✓ **Educational materials should be provided along with relief** and dry food packages.
- ✓ **Inclusive learning solutions** are an imperative for the most vulnerable and marginalized children to **bridge the digital divides** in our society.

<sup>9</sup> MOSPI, Key Indicators of Household Social Consumption on Education in India, NSS 75th Round (July 2017-June 2018), [http://mospi.nic.in/sites/default/files/publication\\_reports/KI\\_Education\\_75th\\_Final.pdf](http://mospi.nic.in/sites/default/files/publication_reports/KI_Education_75th_Final.pdf); Abhiroop Mukhopadhyay, "Who goes online to study in Covid times? 12.5% homes of Indian students have internet access", ThePrint, 9 April 2020, <https://theprint.in/opinion/who-goes-online-to-study-in-covid-times-12-5-homes-of-indian-students-have-internet-access/398636/>

<sup>10</sup> Press statement by National Platform for Rights of the Disabled, 7 June 2020.



**Schools must track all enrolled children, especially girls, transgender children, children with physical and intellectual disabilities, to ensure that no child drops out and is in school once they open.**



**Existing community mechanisms should be activated and encouraged to focus on protecting children against violence, abuse and exploitation.**

- ✓ **Staggered reopening of schools** should be considered, in view of physical distancing and COVID-19 related protocols.
- ✓ The **academic year should be re-organized** as a number of States may have staggered opening of schools. For students up to 9th standard, there need not be an examination and the students can be assessed according to their academic and extra curricular performance throughout the year.
- ✓ **Modifications should be made to ensure compliance with COVID-19 related protocols before schools reopen.** Schools used for quarantine should be disinfected properly before they are reopened.
- ✓ **Education of children and young persons within the JJ System** must be continued.
- ✓ **Vocational skill and entrepreneurship training programmes should be extended to include children between 15-18 years** and all available platforms should be used to maximise reach.

### **3. Protection of Children from Violence, Abuse and Exploitation**

The lockdown and its socio-economic ramification has aggravated existing vulnerabilities and exposed children to a higher risk of child labour, child marriage, trafficking, physical and sexual violence and exploitation in different settings - within family, custodial institutions, and online. To ensure the prevention of violence, abuse and exploitation, robust and accessible child-friendly reporting and response mechanisms, effective access to justice, and rehabilitation of children, the following recommendations need to be considered.

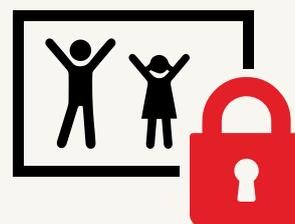
#### **Prevention**

- ✓ DCPUs, Childline and civil society organisations should conduct **needs assessment of vulnerable children and their families** and connect them to available social protection schemes.
- ✓ **Existing community mechanisms** should be activated and encouraged to **focus on protecting children against violence, abuse and exploitation.** Gram Panchayats, village and block level committees, School Management Committees, para legal volunteers, etc., should be oriented on child protection risks due to COVID-19
- ✓ **Capacities of families to be safe and nurturing spaces for children** should be built through discussion forums for parents, caregivers and children, imparting life skills, physical education for children, through use of radio, television, and other digital platforms.
- ✓ Set up drop-in shelters and open shelters near railway stations, bus stands, mandis, to provide temporary care for street children.

- ✓ The Ministry of Electronics and Information Technology should create a **protocol in line with global standards for collection and processing of data from children, while ensuring their rights**. The protocol should also provide for basic minimum cyber security measures for all platforms developed specifically for children.
- ✓ Campaigns for greater awareness of violence against children risks including online risks reporting mechanisms and remedies available should be undertaken.

## Reporting and Response Mechanisms

- ✓ **Core child protection services, service providers, and authorities** i.e., CHILDLINE1098, functioning of JJBs, CWCs, DCPU, SJPU and police, Child Care Institutions, lawyers including Legal Aid Lawyers, and mental health service providers, **should be declared essential during any lockdown or declared emergency**.<sup>11</sup>
- ✓ **Police helplines** for women and children and CHILDLINE 1098 should be strengthened and all **distress calls should be responded to promptly and effectively**. **Access to CHILDLINE 1098** through a phone instrument should be available for **children in Child Care Institutions** on a 24x7 basis
- ✓ **Online reporting mechanisms** for child abuse should be **child friendly and accessible to persons with disabilities**. These should be available via SMS and in multiple languages. The **cybercrime reporting portal (cybercrime.gov.in) should be re-envisioned in line with best practices of global online reporting portals** and enable remote reporting
- ✓ Outreach services should be provided through DCPU and CHILDLINE1098 to ensure **rescue and rehabilitation of especially vulnerable groups of children such as children with disability, ragpickers, children in a street situation, child labour, transgender children**, commercially sexually exploited children, urban poor children in unorganized slums.
- ✓ Information about the **reporting system and recourse available for violence against children should be publicized** on various mediums (radio, Doordarshan, Cable TV, newspapers, and social media platforms, etc) and on the website of the State police, nodal department dealing with children, and NCPCR/SCPCR.



**Core child protection services, service providers and authorities should be declared essential during any lockdown or declared emergency.**

## Children's Access to Justice

- ✓ COVID-19 has impeded children's right to access effective remedies for violation of their rights, including their rights under the juvenile justice system. To ensure children's continued access to justice, the following need to be considered:

<sup>11</sup> Committee on the Rights of the Child, "The Committee on the Rights of the Child warns of the grave physical, emotional and psychological effect of the COVID-19 pandemic on children and calls on States to protect the rights of children" 8 April 2020, para 1, available at: <[https://tbinternet.ohchr.org/Treaties/CRC/Shared%20Documents/1\\_Global/INT\\_CRC\\_STA\\_9095\\_E.pdf](https://tbinternet.ohchr.org/Treaties/CRC/Shared%20Documents/1_Global/INT_CRC_STA_9095_E.pdf)>



**SOPs should be issued for JJBs, CWCs, Special Courts under the POCSO Act, Children’s Courts, and police, SJPU for production of children, conduct of inquiries or trials - as the case may be, while ensuring physical distancing, and adherence to due process as well as principles of juvenile justice.**

- ✔ The **judiciary should give priority to cases of children** in conflict with the law and crimes against children when it scales down its functioning due to COVID-19.<sup>12</sup>
- ✔ **SOPs** should be issued for JJBs, CWCs, Special Courts under the POCSO Act, Children’s Courts, and police, SJPU for **production of children, conduct of inquiries or trials - as the case may be, while ensuring physical distancing, and adherence to due process as well as principles of juvenile justice.**
- ✔ JJBs, CWCs, and Children’s Courts should apply the principle of best interest and utilize all available statutory options for release and **alternatives to detention/institutionalization** so as to minimize the risk of harm in CCIs.<sup>13</sup>
- ✔ While adopting **video-conferencing or practicing physical distancing**, courts, JJBs, and CWCs should ensure that children’s rights are protected, their right to be heard is ensured, and **child-friendly procedures and due process** is followed during trials, inquiries, or preliminary assessments. Where proceedings are being conducted in-person, travel should be arranged or reimbursed for the child and the accompanying escort, so as to effectively enable the child’s right to be heard.
- ✔ **Access to free and high quality legal aid for children deprived of their liberty and child victims** should be considerably **expanded** by State/District Legal Services Authorities and empanelment of NGOs and law firms willing to provide pro bono legal services should be considered.
- ✔ With court proceedings and records going **online, privacy and confidentiality of child parties and victims should be protected**, while also ensuring access to information and court records.

### Ensuring Children’s Rights within Child Care Institutions (CCIs)

“It appears that 35 out of 57 children in a Protection Home at Royapuram, Chennai have been infected with COVID-19 and are hospitalized. The remaining children have been shifted to an adjacent building.

In re: Contagion of COVID-19 Virus in Children Protection Homes, *Suo Motu Writ Petition (Civil) No.4 of 2020.*

- ✔ **Data** should be available in the public domain on the numbers of children currently residing in CCIs, released from CCIs and/or restored to family/guardians, provided sponsorship, and placed in foster care, adoption, and kinship care.

<sup>12</sup> UNODC & UNDP, Ensuring Access to Justice in the context of COVID-19: A joint Guidance Note by UNODC and UNDP, p.14, available at : <[https://www.unodc.org/documents/Advocacy-Section/Ensuring\\_Access\\_to\\_Justice\\_in\\_the\\_Context\\_of\\_COVID-191.pdf](https://www.unodc.org/documents/Advocacy-Section/Ensuring_Access_to_Justice_in_the_Context_of_COVID-191.pdf)>

<sup>13</sup> OHCHR, COVID-19 Guidance, available at : < <https://www.ohchr.org/EN/NewsEvents/Pages/COVID19Guidance.aspx>> ; *In re: Contagion of COVID-19 Virus in Children Protection Homes, Suo Motu Writ Petition (Civil) No.4 of 2020*, order passed by the Supreme Court on 03.04.20.

- ✔ Child Welfare Committees (CWC) and Juvenile Justice Boards (JJB) should ensure that the Child Care Institutions they are required to inspect **adhere to the directions of the Supreme Court,<sup>14</sup> COVID-specific guidelines**, and the JJ Act.
- ✔ The **process for grant-in-aid transfer** should be simplified to ensure that **CCIs are able to adequately provide for the needs of children** in the context of COVID-19. 50% of the total budget for the year should be released and arrears cleared to ensure that CCIs have the financial liquidity to run for at least three months.
- ✔ For **private run CCIs** who do not receive grant-in-aid, **partial funding by the government** should be considered as donors are drying up due to COVID.
- ✔ **An SOP on COVID-19 and functioning of CCIs with physical distancing norms, quarantine norms for new admissions,** and management of cases for prevention and response should be developed.
- ✔ **Frequency of health check-ups** within CCIs should be increased, arrangements with facilities for testing of children and staff/caregivers should be made, and referral to government hospitals ensured on priority basis.
- ✔ CCIs should provide **education, life skills, restorative processes, recreation, social, emotional and cognitive stimulation** for children in CCIs with the help of digital interactive resources and with assistance from recognized civil society organisations.
- ✔ Continuous psychosocial care and support should be provided to children and staff should be trained to provide psychological first aid.
- ✔ JJBs, CWCs, Children's Courts and staff of CCIs must **ensure that children have telephonic contact with their family and allow visits** while maintaining physical distancing in keeping with government advisories. **Alternatives like** use of telephones or video to **facilitate interaction between children** and the **Support Person** assigned under POCSO Act, child's **lawyer, NGOs** authorized to work in the CCI and other **visitors** should be encouraged.



**Model Sponsorship Guidelines under the Juvenile Justice (Care and Protection of Children) Act, 2015 (JJ Act) should be developed with specific consideration for ensuring financial and other supplementary support services for children affected by COVID-19.**

## Rehabilitation and Social Reintegration of Children

- ✔ **Model Sponsorship Guidelines** under the Juvenile Justice (Care and Protection of Children) Act, 2015 (JJ Act) should be developed with specific consideration for ensuring financial and other supplementary support services for children affected by COVID-19, incorporating the active involvement of local community mechanisms in enabling children's access to sponsorship services, and monitoring their well-being in community based alternative care arrangements.
- ✔ **The Central Government should urgently increase** its contribution to the Sponsorship Fund and **double the financial support per child** in sponsorship/foster-care/kinship care/aftercare. Further, CSR contributions towards the district sponsorship funds should be expressly encouraged.

<sup>14</sup> In re: Contagion of COVID-19 Virus in Children Protection Homes, Suo Motu Writ Petition (Civil) No.4 of 2020.



**CWCs and JJBs must ensure that children who have attained the age of 18 years, are not released without a suitable pre-release Individual Care Plan (ICP). CCI staff or DCPU should enable access of Care Leavers to social protection schemes.**

- ✔ **JJBs and CWCs should take suo moto action to provide sponsorship** for children who are found to be in urgent need, including those from the community and those released temporarily from CCIs due to COVID-19. They should ensure regular follow-ups with children released from CCIs and provide supplementary psychosocial support services to them.
- ✔ Recognizing children's right to their own socio-cultural environment and the principle of institutionalization as a measure of last resort, **kinship care** - the most prevalent way of caring for children -**should be encouraged and supported through sponsorship**, unless it is not in the best interest of the child.
- ✔ **Social Investigation Reports and Individual Care Plans (ICP) are mandatory to inform the orders of the CWCs, JJBs and Children's Courts.** DCPUs, CWCs, JJBs and Children's Courts, should proactively seek assistance from community-based actors such as school teachers, Anganwadi workers, Village Child Protection Committee and recognized NGOs to provide timely information that could inform their orders.
- ✔ CWCs and JJBs must ensure an ICP is prepared for children being restored, discharged, or released after attaining the age of 18 years, and pass orders for follow-up. **Case management via review of ICP** must continue and be reviewed based on the impact of the pandemic on the child/family.
- ✔ State Child Protection Society and DCPUs should **prioritize the strengthening of convergence** between all concerned Departments through the District Child Protection Committees, **for effective prevention, rehabilitation and reintegration of children.**
- ✔ Proactive steps should be taken to involve civil society in child protection by engaging them as '**Case Workers**' and '**Social Workers**' as provided for in Rules 2(1)(iii) and (xviii), JJ Model Rules, 2016 so to supplement the existing staff and ensure individualized rehabilitation and social reintegration of every child.
- ✔ Children who have been released from CCIs, or discharged on attaining the age of 18 years should be **encouraged and supported to contact the CCI staff, DCPU or CHILDLINE1098, should they find the need for assistance during COVID-19.**
- ✔ COVID-19 has compounded the difficulties faced by **Care Leavers<sup>15</sup> and they urgently need housing, employment, and psychosocial support.** CCI Staff or DCPU should enable their access to PDS, MNREGA, Jan Dhan Yojana, IAY, PM-JAY and other social protection schemes.

<sup>15</sup> Children in institutional care are required by law to exit the institution and live independently in society upon attainment of majority (18 years of age). Young people exiting formal supervised care in CCIs are referred to as 'care leavers'.

# ENDORSEMENTS

No.	Name	Designation/ Organization
1	Aanchal Kapur	Board member, HAQ: Centre for Child Rights
2	Advaita Marathe	UNICEF
3	Aftab Mohammad	Child Protection Specialist UNICEF New Delhi
4	Alka	Child rights advocate
5	Alpa Vora	Child Protection Specialist
6	Ambarish Rai	National Convener Right to Education Forum
7	Amir Rizvi	Communiation Designer
8	Amit Kumar Banerjee	Founder Director Secretary-SAMPARC
9	Amitabh Behar	Director Oxfam India
10	Amor Kool	Director, Centre for Accessibility in Built Environment Foundation
11	Amrendra Srivastava	Child Rights Activist
12	Amrita Jain	Alliance for Right to ECD
13	Anant Kumar Asthana	
14	Anil Pradhan	Member-Secretary
15	Anjana Prakash	Senior advocate, Former Judge Patna High Court
16	Anuj Singh	Chief Operating Officer-SAMPARC
17	Anup Kishore Sahay	Chief Functionary, AARAMBH, Madhya Pradesh, India
18	Anup Surendranath	Project 39A
19	Anurag Gupta	Asst. Vice President
20	Anuradha Talwar	Paschim Banga Ket Mazdoor Samiri
21	Anurita	North East Network
22	Aparna Bhat	Founder, Legal Services
23	Archana Sahay	Director, AARAMBH, Bhopal
24	Archana Sivasubramanian	Policy Researcher
25	Arlene Manoharan	Consultant Restorative Justice: Rehabilitation and Re-integration, Enfold Proactive Health Trust
26	Arshad Khan	Investment Banker
27	Arupa Shukla	UNICEF
28	Asha Bajpai	Professor of Law, Tata Institute of Social Sciences Mumbai
29	Asha Singh	New Delhi
30	Ashim Das	Caseworker
31	Ashish Kumar	Advocate / HAQ Centre for Child Rights
32	Ashok Kumar	Executive Director, Baliga Trust
33	Ashok Kumar	Convener National Advocacy Unit, CACL
34	Ayesha Kidwai	Professor Jawaharlal Nehru University
35	Ayesha Sinha	EXECUTIVE DIRECTOR/TALASH Society for Inner Strength, Peace & Equality
36	Bharti Ali	Co-Founder & Executive Director, HAQ: Centre for Child Rights
37	Bharti Sharma	Honorary Secretary, Shakti Shalini.
38	Bidisha Pillai	SAVE THE CHILDREN INDIA
39	Bimal Kumar Samantaray	Consultant Offline and Online Course, Centre For Child Protection

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41	Biraj Patanaik	Director National Foundation of India
42	Chandan Desai	Prog. Coordinator- Emergency Response / terre des hommes Germany India Programme
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45	Chirashree Ghosh	Senior Manager Advocacy
46	Deepika Murali	Advocate
47	Devikasingh	Mobile Creches, Advisor
48	Dipa Sinha	Right to Food Campaign
49	Divya Vaishnava	BUD Foundation (Bachche-Unki Duniya)
50	Dr Bipasha Roy	Independent Consultant working as a Child Rights Defender
51	Dr Mansi Sharma	Assistant Professor
52	Dr Nachiketa Mittal	Founder of Virtual Law School (India's 1st)
53	Dr Nilimamehta	National Consultant -Child Protection
54	Dr. Bikash Das	President, CLAP Legal Service Institute
55	Dr. K.Shanmugavelayutham	TN-FORCES Chennai
56	Dr. Kiran Modi	Founder Managing Trustee, Udayan Care
57	Dr. Madhukar Gumble	Director Apeksha Homoeo Society
58	Dr. Ridhi Sethi	Assistant Professor/ Lady Irwin College
59	Dr. Satchit Balsari	Asst. Professor Harvard Medical School
60	Dr. Syeda Hameed	Former Member, Planning Commission
61	Dr.Sreelekha Ray	Executive Director, Voluntary Health Association of Tripura
62	Enakshi Ganguly	Co- Founder HAQ:Centre for Child Rights, New Delhi and Co-Convenor WGHR
63	G Kumaresan	UNICEF
64	Gargi Saha	Child Protection Officer
65	Geetanjali Jha Chakraborty	Board Member- Foundation for Mother and Child health
66	Gurpreet Dhaliwal	Agricultural Product Trade
67	Henri Tiphagne	Executive Director People's Watch
68	Himanshu Gupta	Individual Capacity
69	Ian Forber-Pratt	Director of Global Advocacy, CER
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72	J. B. Oli	Head of Programmes, Butterflies
73	Jasmin Shah	As independent practitioner in development sector and parent
74	Jaswinder Singh	Executive Director/ Protsahan India Foundation
75	Jhumki Dutta	Project Manager, Partners in Change
76	John Dayal	Activist and writer New Delhi
77	Jothi Chetty	Chief Executive of Asha Deep Foundation
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89	Komala Rangaswamy	State Program Manager, Rainbow Homes Program, Bangalore
90	Krinna Shah	An independent child rights defender
91	Kvk Tripathy	Consultant- Child Rights and Child Safeguarding
92	Kyra Marwaha	Country Representative, Terre des hommes foundation
93	Lalita Deka	Individual Child protection consultant
94	Lata Chaudhary	Kriti team
95	Laxminarayan Nanda	UNICEF
96	Leena Prasad	Assistant director, Advocacy, Udayan Care
97	Lolichen	Child protection specialist
98	Luis Miranda	Social Sector supporter
99	Madan B. Lokur	Individual
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118	Nawasha Mishra	Right to Food Campaign
119	Nawaz Ul Haque	BAL SAKHA
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161	Roshni Nuggehalli	Executive Director, Yuva India
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175	Shipra Jha	Girls Not Brides
176	Shuvi Sharma	Reproductive Health Consultant
177	Sidharth	Samarthya
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