



Rapid Assessment of Care Reform in India with focus on Jharkhand

June 2025

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Acronyms and Abbreviations

AHTU	Anti-Human Trafficking Unit
ANM	Auxiliary Nurse Midwife
ASHA	Accredited Social Health Activist
CARA	Central Adoption Resource Agency
CCI	Child Care Institution
CCL	Children in Conflict with Law
CNCP	Children in Need of Care and Protection
CPS	Child Protection Services
CWC	Child Welfare Committee
DCPU	District Child Protection Unit
DWCD	Department of Women and Child Development
GRP	Government Railway Police
GRPF	Government Railway Police Force
ICP	Individual Care Plan
ICPS	Integrated Child Protection Scheme
ICRW	International Centre for Research on Women
JJ Act	Juvenile Justice (Care and Protection) Act 2015
JJB	Juvenile Justice Board
MWCD	Ministry of Women and Child Development
NCPCR	National Commission for Protection of Child Rights
NCRB	National Crime Records Bureau
NFHS	National Family Health Survey
NGO	Non-governmental Organization
POCSO	Protection of Children from Sexual Offences Act 2012
SARA	State Adoption Resource Agency
SCPS	State Society for Protection of Child Rights
SIR	Social Investigation Report
SJPU	Special Juvenile Police Unit
SOP	Standard Operating Principles
UNCRC	United Nations Convention on the Rights of the Child
UNICEF	United Nations Children's Fund
VLCPC	Village Level Child Protection Committee
WHO	World Health Organization

Glossary of Terms

ABANDONED CHILD

A child left by his biological or adoptive parents or guardians and has been declared as abandoned by the Child Welfare Committee (CWC) after due inquiry.

ADEQUATE CARE

Adequate care is where a child's basic physical, emotional, intellectual and social needs are met by their caregivers, and the child is developing according to their potential.

AFTERCARE

Aftercare includes making provision of support, financial or otherwise, to persons who have reached the age of eighteen years but have not reached the age of twenty-one years and have left any institutional care; with the purpose of supporting them to transition into independent living outside care.

ALTERNATIVE CARE

Alternative care is the care provided for children by caregivers who are not their biological parents. This care may take the form of informal or formal care. Alternative care may be kinship care, foster care, other forms of family care placements, residential care, or supervised independent living arrangements for children and young adults.

BLOCK LEVEL CHILD PROTECTION COMMITTEE (BLCPC)

As per CPS (previously known as Integrated Child Protection Scheme), Block level child protection committee are established in each block (ward in city), to monitor the implementation of child protection services at block level. The committees have an important role to reach out to children and engage with communities to protect children from any distressful situation such as a crisis, risk of separation, abuse, neglect, exploitation etc.

BEST INTERESTS DETERMINATION

A threefold concept which includes a substantive right, a fundamental and interpretative legal principle and a rule of procedure that is aimed at ensuring the full and effective enjoyment of all the rights recognised in the United Nations Convention of the Rights of the Child (UNCRC) and of which the primary consideration is to ensure the holistic development of the child.

CAREGIVER

A caregiver is someone who provides daily care, protection and supervision of a child. This does not necessarily imply legal responsibility. Where possible, the child should have continuity in who provides their day-to-day care. A customary caregiver is someone who the community has accepted, either by tradition or common practice, to provide the daily care, protection and supervision of a child.

CHILD

A child is any person who has not completed the age of eighteen years.

CHILDLINE

CHILDLINE is twenty-four hours emergency outreach service for children in crisis that links them to emergency or long-term care and rehabilitation services.

CHILD CARE INSTITUTIONS

Child Care Institutions (CCIs) include small and large group homes, fit institutions/facilities, (see below) and places of safety for emergency care.

CHILD PROTECTION SERVICES (CPS)

A Centrally sponsored Child Protection Services scheme (erstwhile Integrated Child Protection Scheme) under the umbrella of the Integrated Child Development Services scheme for supporting the children in difficult circumstances in all the States/UTs and implementation of JJ Act 2015.

CHILD WELFARE COMMITTEE (CWC)

The CWC is an autonomous body formed under the JJ Act, 2015 in each district as the final authority to manage cases in relation to the care, protection, treatment, development and rehabilitation of children in need of care & protection and to provide for their basic needs and protection of human rights.

CHILDREN IN NEED OF CARE AND PROTECTION

Category of children identified by the JJ Act as requiring special care from the state. This category of children includes orphans, abandoned children, street children, children in labour, missing, runaway, trafficked and other similar situations.

COMMUNITY-BASED CHILD PROTECTION MECHANISM

A community-based child protection mechanism is a network or group of individuals at the community level who work in a coordinated way to ensure the protection and well-being of children in a village, urban neighbourhood or other community.

CONTINUUM OF CARE

The continuum of care describes a range of alternative care options for children who have been separated from parental care. In keeping with evidence-based guidance from around the world, the continuum places the highest priority on care within families. This includes reunification with the birth parent(s), placement with a relative (kinship care), foster care and adoption.

The continuum recognises the role that temporary residential care and small group homes can play in the spectrum of options to meet individual situations and needs. Large-scale institutions, however, are not considered a viable option, as research has shown they fail to provide the individualised care and relationships essential to the healthy development of children.

DISTRICT CHILD PROTECTION UNIT (DCPU)

Child Protection Unit for a District, established by the State Government under section 106 of the JJ Act 2015, which is the focal point to ensure the implementation of this Act and other child protection measures in the district. An essential role of the DCPU is to facilitate family based non-institutional care through sponsorship, foster care, adoption and after care as per the orders of the Board or the Committee or the Children's Court.

FAMILY-BASED CARE

Family-based care is a form of care of a child in a family other than their biological parents. This is a broad term that can include foster care, kinship care and supported child-headed households.

FIT FACILITY

It is a facility run by a governmental organisation or a registered voluntary or non-governmental organisation, prepared to temporarily own the responsibility of a particular child for a specific purpose, and such facility is recognised as fit for the said purpose by the CWC. An institution or organisation is recognised as a fit facility for purposes which may include short term care; medical care treatment; mental health care; de-addiction and rehabilitation; education; vocational training and skill development; group foster care etc.

FORMAL CARE

Formal care includes all care provided in a family environment that has been ordered by a competent administrative body or judicial authority, and all care provided in a residential environment, including private facilities, as a result of administrative or judicial measures.

FOSTER CARE

Foster care is the placement of a child, by the CWC, in the domestic environment of a family, other than the child's biological family, that has been selected, qualified, approved and supervised for providing such care.

GATEKEEPING

Gatekeeping is the process of referring children and families to appropriate services or care arrangements with the aim of caring for children in their families and preventing unnecessary separation and entry into alternative care and reducing the numbers of children already placed in institutions. Effective and fair gatekeeping requires a system of safeguards and monitoring to prevent system abuse and access to services for the most vulnerable. It is dependent upon early identification and assessment of vulnerabilities and the availability of a range of family support services and community-based care options. Such support may include economic strengthening, social assistance programmes, and family services, including day-care and health or education provision.

GROUP FOSTER CARE

It is a family-like care facility for children in need of care and protection who are without parental care, aiming at providing personalised care and fostering a sense of belonging and identity through family-like and community-based solutions.

INFORMAL CARE

Any private arrangement provided in a family environment whereby the child is looked after on an ongoing or indefinite basis by relatives, friends or others in their individual capacity, on the initiative of the child, their parents and other people, without this arrangement having been ordered by an administrative or judicial authority or accredited body.

JUVENILE JUSTICE BOARD

The Juvenile Justice Board is the concerned authority under the JJ Act 2015 to deal with children in conflict with law. A child in conflict with law is a child who is alleged to have committed a crime. The JJB should comprise of a metropolitan magistrate or a judicial magistrate of the first class, and 2 social workers, at least one of which should be a woman.

KINSHIP CARE

Kinship care is family-based care within the child's extended family or with close friends of the family known to the child, whether formal or informal in nature.

ORPHAN

Orphan means a child — (i) who is without biological or adoptive parents or legal guardian; or (ii) whose legal guardian is not willing to take or capable of taking care of the child.

SEPARATED CHILDREN

Separated children are those who are separated from both parents or from their legal or customary caregiver but accompanied by another adult. Separated children may include those in the care of adult siblings or other adult family members.

SPECIAL JUVENILE POLICE UNIT

To coordinate all functions of police related to children, the State Government shall constitute Special Juvenile Police Units in each district and city, headed by a police officer, not below the rank of a Deputy Superintendent of Police or above and consisting of all police officers designated as child welfare police officers (as per Sec 107(i) of the JJ Act 2015) and two social workers having experience of working in the field of child welfare, of whom one shall be a woman.

SPONSORSHIP

Sponsorship is the provision of supplementary support, financial or otherwise, to the families to meet the medical, educational and developmental needs of the child. At the level of prevention, the sponsorship scheme supports families to prevent children from becoming destitute or vulnerable. The rehabilitative aspect of sponsorship supports children who are restored to their families. As per the JJ Act, 2015 sponsorship support can be extended in cases where children are orphan and are living with the extended family; where mother is a widow or divorced or abandoned by family; where parents are victims of life-threatening diseases; or where parents are incapacitated due to accident and unable to take care of children both financially and physically.

SPONSORSHIP AND FOSTER CARE APPROVAL COMMITTEE

The committee reviews and sanctions the sponsorship (for preventive settings only) and foster care fund. The committee has the authority to seek relevant documents to determine need for sponsorship assistance and also determine the duration of the sponsorship support on case-to-case basis.

SURRENDERED CHILD

A child, who is relinquished by the parent or guardian to the CWC, on account of physical, emotional and social factors beyond their control, and declared as such by the CWC.

VILLAGE LEVEL CHILD PROTECTION COMMITTEE

As per CPS (erstwhile Integrated Child Protection Scheme), village level child protection committee is established in village, to monitor the implementation of child protection services at village level. The committees have an important role to reach out to children and engage with communities to protect children from any distressful situation such as crisis, risk of separation, obvious abuse, neglect, exploitation etc.

YOUNG PEOPLE WITH LIVED EXPERIENCE IN CARE (OR CARE LEAVERS)

A person, typically over 18 years of age, who has spent all or part of their childhood in CCIs and other forms of formal and informal care and has since left the alternative care arrangement. They may be entitled to assistance with education, finances, psychosocial support, and accommodation to prepare for independent living.

Background

This report came out of the work of the Children and Families Together (CAFT) – India program, a consortium comprising Keystone Human Services International (KHSI), Hope and Homes for Children (HHC), Child in Need Institute (CINI) and Keystone Human Services India Association (KHSIA); funded by USAID and the Rural India Supporting Trust (RIST).

We are grateful to Sangita Bhatia who undertook the research and authored it.

The report has benefitted from the rigorous secondary data collection and key informant interviews (KIIs) and discussions with child protection functionaries, civil society, communities and families in Jharkhand. We are truly indebted to them for taking the time to share their knowledge and experience.

The methodology and findings of the report was presented to an expert group comprising representatives from care reform, organizations of persons with disabilities (OPDs), parents, and multilateral organizations. We remain grateful for their time and valuable guidance.

The Context

Children are safest and most protected in family environments. The United Nations Convention on the Rights of the Child (UNCRC) states that every child has the right to grow up in a loving and nurturing family environment. However, there are several children who are deprived of this environment due to the loss one or both parents. Several other children are runaways, may have been trafficked, have abusive family environments or are abandoned by their parents. Risks of family separation are exacerbated by social upheavals, armed conflict, poverty, impact of climate change, unsafe migration, and disability. In the last two decades, the overwhelming emphasis on institutional care, delivered through state, faith-based and civil society run child care institutions (CCI) and harms caused by it have been globally recognized.

Evidence has emerged that institutional care is not in the best interest of children and childcare experts have been pressing for more family and community-based options for children without parental care. Long term institutional care impedes the cognitive, physical, and emotional development of children. A Lancet Group Commission on Institutionalization and Deinstitutionalization of Children mentions that 80% of institutional children are found to be below the mean of comparison groups in physical and cognitive development.

In the unique randomized control Bucharest Early Intervention Project¹, young children living in institutions were randomly assigned to continued institutional care or to placement in foster care, and their cognitive development was tracked. The study reports that first, children reared in institutions showed greatly diminished intellectual performance relative to children reared in their families of origin. Secondly, children randomly assigned to foster care experienced significant gains in cognitive function. Lastly, the younger a child was when placed in foster care, the better the cognitive outcome. Indeed, there was a continuing “cost” to children who remained in the institution for longer periods of time. This ‘cost’ extends to society as children leaving institutional care are likely to face lifelong challenges in education, employment and developing and maintaining stable relationships.

Reports also suggest that children may be subject to physical, sexual, and emotional abuse in long term institutional care and in encounters with the system. A UN report in 2006² found that children in institutions are at high risk of violence compared to children in other settings especially verbal abuse, beatings, excessive restraints, rape, and sexual assault. A more recent UN study³ found the use of solitary confinement and isolation, restraints, emotional and psychological abuse in the form of corrective action, to be rampant in institutions for children. Children in institutions are vulnerable to violence not only from staff but also peers. The study also mentions that younger children and children with disabilities are more at risk of abuse and boys are more at risk of harsh punishments. The study highlights that separation from parents and other significant adults during childhood leads to a profound disruption of the development of child’s healthy brain, the key results being higher rates of suicide and self-harm, mental disorders and developmental challenges.

¹ <https://www.bucharestearlyinterventionproject.org/>

² World Report on Violence Against Children. Paulo Sergio Pinheiro. Independent Expert for the United Nations. 2006

³ The United National Global Study on Children Deprived of Liberty. 2019

A study from Romania⁴ examined the hypothesis that if the state invested so that these children remained in a family environment, the cost would be significantly lower which would allow the support of an increasing number of children at-risk and the results regarding the harmonious development of children would be highly optimized. The study concluded that the amount of money spent by Romanian authorities with the placement of one child is equivalent to the cost of preventing family separation of 21 children. The study also mentions that “these 21 children would remain to enjoy the safety of their natural family environment, which will lead to the exponential growth of their chances for social and professional integration, once they reach adulthood, and would ensure the quality of life and parental love that each child desperately needs”. In another study, Lumos found that despite millions of dollars being received by orphanages in Haiti, “...young adults struggle to live independently upon leaving care, facing unemployment, lack of housing, and are often unable to afford to finish school”, thereby undermining the argument that ‘better or well-funded’ institutions would lead to better results for children.

⁴ Finalizing the Deinstitutionalization Process of the Child Welfare System in Romania. Financial Impact Study. Hope and Homes for Children, Romania. 2019

International Frameworks for Promoting Care Reform

The Indian Parliament has passed several landmark laws in favor of children, including the Juvenile Justice (Care and Protection of Children) Act 2015, the Protection of Children from Sexual Offences Act 2012, the Commissions for Protection of Child Rights Act, 2005, the Prohibition of Child Marriage Act, 2006 and the Right to Education Act 2009. These are in accordance and commitment to the international treaties that India has signed, including:

The 1989 Convention on the Rights of the Child (CRC) affirmed that all children have a right to live with their families unless this goes against their best interests and that parents or other legal guardians have the primary responsibility to protect and care for the child. India is a signatory with the UNCRC providing an overall policy framework for care and welfare of children in the country. The following articles of the UNCRC recognize the role of parents, and the State in caring for children.

- ▶ **Article 5:** States Parties shall respect the responsibilities, rights and duties of parents or, where applicable, the members of the extended family or community as provided for by local custom, legal guardians or other persons legally responsible for the child, to provide, in a manner consistent with the evolving capacities of the child, appropriate direction and guidance in the exercise by the child of the rights recognized in the present Convention.
- ▶ **Article 9:** States Parties shall ensure that a child shall not be separated from his or her parents against their will, except when competent authorities subject to judicial review determine, in accordance with applicable law and procedures, that such separation is necessary for the best interests of the child.
- ▶ **Article 10:** In accordance with the obligation of States Parties under article 9, applications by a child or his or her parents to enter or leave a State Party for the purpose of family reunification shall be dealt with by States Parties in a positive, humane and expeditious manner.
- ▶ **Article 18:** States Parties shall use their best efforts to ensure recognition of the principle that both parents have common responsibilities for the upbringing and development of the child. Parents or, as the case may be, legal guardians, have the primary responsibility for the upbringing and development of the child. The best interests of the child will be their basic concern.
- ▶ **Article 20:** 1. A child temporarily or permanently deprived of his or her family environment, or in whose own best interests cannot be allowed to remain in that environment, shall be entitled to special protection and assistance provided by the State. 2. States Parties shall in accordance with their national laws ensure alternative care for such a child. 3. Such care could include, inter alia, foster placement, kafalah of Islamic law, adoption or if necessary placement in suitable institutions for the care of children. When considering solutions, due regard shall be paid to the desirability of continuity in a child's upbringing and to the child's ethnic, religious, cultural and linguistic background.

► **Article 27:** 1. States Parties recognize the right of every child to a standard of living adequate for the child's physical, mental, spiritual, moral and social development. 2. The parent(s) or others responsible for the child have the primary responsibility to secure, within their abilities and financial capacities, the conditions of living necessary for the child's development. 3. States Parties, in accordance with national conditions and within their means, shall take appropriate measures to assist parents and others responsible for the child to implement this right and shall in case of need provide material assistance and support programmes, particularly with regard to nutrition, clothing and housing.

The 2006 UN Convention on the Rights of Persons with Disabilities (CRPD) clearly states that all persons with disabilities have equal rights to live in the community. For children, this means being in a family environment and receiving quality care and protection. Moreover, it affirms that states shall ensure that children with disabilities have equal rights with respect to family life. In no case shall a child be separated from their parents on the basis of a disability of either the child or one or both of the parents (Art. 23);

The 2009 Guidelines for the Alternative Care of Children in 2009, which brought the first in-depth explanation of how the relevant articles of the CRC should be applied to children in alternative care. **The Guidelines** were adopted by the UN General Assembly in 2009 in commemoration of 20 years of the UNCRC. These have been highlighted in **Moving Forward: Implementing the 'Guidelines for the Alternative Care of Children'**⁵ in 2012. These guidelines provide further details on policy and practice regarding the protection and wellbeing of children deprived of parental care or who are at risk of doing so. The specific goals of the guideline are:

1. Support efforts to keep children in, or return them to, the care of their family or, only after failing this, to find another appropriate and permanent solution.
2. Ensure that, in cases where permanent solutions are not possible or are not in the best interests of the child, the most suitable forms of alternative care are identified and provided in a way that promotes the child's full and harmonious development.
3. Assist and encourage Governments to better implement their responsibilities and obligations to protect children bearing in mind the economic, social and cultural conditions families are facing.
4. Guide policies, decisions and activities related to social protection and child welfare in both the public and the private sectors, including civil society.

The 2015 SDGs / 2030 Agenda for Sustainable Development laid down ambitious targets for the countries to meet by 2030, promising to 'leave no one behind' as they tackle poverty, education for all, ending violence against children and many other targets. The SDGs recognize the essential role that families play in achieving their aim and call for greater disaggregation of data related to disability and other factors in order to meet the needs of those who are most vulnerable, especially children.

The 2017 General Comment Number 5 of the CRPD Committee on Article 19 of the CRPD² highlighted the prevalence of children with disabilities in institutions around the world and provided strong calls for the elimination of institutional care settings for children to be prioritized.

⁵ <https://bettercarenetwork.org/library/social-welfare-systems/child-care-and-protection-policies/moving-forward-implementing-the-guidelines-for-the-alternative-care-of-children#:~:text=This%20handbook%2C%20Moving%20Forward%3A%20Implementation,project's%20Steering%20Committee%20which%20included>

The 2019 UN General Assembly resolution on the rights of the child (A/RES/74/133) was focused on children without parental care. It contained several important articles recognizing the harm caused by institutionalization and prioritized prevention and endorsed family and community-based care over institutions⁶. This represents a landmark moment in terms of advancing the rights of children without parental care as it:

- ▶ Recognizes the harm institutions cause children and calls for institutions to be progressively eliminated,
- ▶ Recognises the critical need to invest to keep families together and calls on states to transition away from institutionalisation of children and redirect resources to family and community-based care services,
- ▶ Calls on states to make available a range of high quality, accessible and disability-inclusive alternative care options and calls for strengthening the regulation of these services, including by ensuring registration, licensing and oversight mechanisms are in place,
- ▶ Recognizes that children separated from families and those in alternative care are at higher risk of violence, abuse and exploitation than their peers and reaffirms states' responsibility to protect all children from all forms of violence and abuse, including children in alternative care,
- ▶ Recognizes the large global data gaps on children without parental care, calling on states to improve data collection, information management and reporting systems.

The 2019 Human Rights Council resolution on Empowering Children with Disabilities for the Enjoyment of their Human Rights, including through Inclusive Education (A/HRC/40/27), which spoke about the need to create inclusive education for all children to create inclusive societies;

The 2019 UN Global Study on Children Deprived of Liberty detailed the human rights violations in institutional care settings for children, including deprivation of liberty and in certain cases of torture.

⁶ [n1938707.pdf \(un.org\)](#)

Summary of International Policies Signed or Ratified by India

Key Relevant International Policy Instrument	Country Response
United Nations Convention on the Rights of the Child (UNCRC) (1989)	Ratified 1992
The UNCRC Optional Protocol Prohibiting the Sale of Children, Child Prostitution, and Pornography (2000)	Signed
Optional Protocol on the Sale of Children, Child Prostitution and Child Pornography	Signed
The Optional Protocol on Involvement of Children in Armed Conflict (2000)	Signed
The United Nations Convention on International Settlement Agreements (UNISA)	Signed 2019
United Nations Convention against Corruption (UNCAC)	Signed 2005 Ratified 2011
The UN Convention for the Suppression of the Trafficking in Persons and of the Exploitation of Prostitution of Others (1949)	Signed 1950
The Hague Convention on Protection of Children and Co-operation in Respect of Intercountry Adoption (1993)	Signed
The UN Convention on the Rights of Persons with Disabilities (UNCRPD) (2007)	Signed
The ILO Convention concerning the prohibition and Immediate Action for the Elimination of the Worst Forms of Child Labor 182 (1999)	Signed
UN Rules for the Protection on Juveniles Deprived of their Liberty (1990)	Signed
Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)	Signed 1980 Ratified 1993

National Child-Related Policies and Frameworks

Within India, there is a strong policy framework that emphasizes the importance of ensuring that children stay with their families, however, where that is no longer possible, the child has the right to special protection and assistance, including alternative care. India has recently been advocating for a transition from institutionalization to the deinstitutionalization of children in need of care and protection. Prevailing legislation and guidelines in India include: the Juvenile Justice Act (JJ Act) 2015, the Integrated Child Protection Scheme (ICPS), the New Adoption Guidelines 2016 and Regulations 2017, the Model Guidelines for Foster Care 2016. More recently, there are guidelines for 'After care' which outline standards and support for children who leave care.

Due to the autonomy of the 28 states in India, each state has the responsibility to 'adapt' guidelines from the central government and approve them at state level. This is particularly applicable to guidelines for foster care, after care and alternative care. There is no central list available that outlines which states have adapted the guidelines, what the adaptations are and if or when the guidelines were approved.

To more effectively roll-out the ICPS (integrated child protection system), the Government (in 2022) launched 'Mission Vatsalya' which is a road-map to achieve development and child protection priorities aligned with the Sustainable Development Goals (SDGs). It lays emphasis on child rights, advocacy and awareness along with strengthening of the juvenile justice care and protection system with the motto to 'leave no child behind'. The Juvenile Justice (Care and Protection of Children) Act, 2015 provisions and the Protection of Children from Sexual Offences Act, 2012 form the basic framework for implementation of Mission Vatsalya.

Policies and Frameworks

The National Policy for Children 2013

This Policy reaffirms that "all children have the right to grow in a family environment..." and that "families are to be supported by a strong social safety net in caring for and nurturing their children". The Government adopted the National Policy for Children, 2013 on 26th April, 2013. The Policy recognises every person below the age of eighteen years as a child and covers all children within the territory and jurisdiction of the country. It recognizes that a multisectoral and multidimensional approach is necessary to secure the rights of children. The Policy has identified four key priority areas: survival, health and nutrition; education and development; protection and participation, for focused attention. As children's needs are multi-sectoral, interconnected and require collective action, the Policy calls for purposeful convergence and coordination across different sectors and levels of governance.

The Juvenile Justice (Care and Protection of Children) Act 2015

This Act is a consolidated law relating to children alleged and found to be in conflict with law and children in need of care and protection by catering to their basic needs through proper care, protection, development, treatment, and social re-integration. The law aims to do this by adopting a child-friendly approach in the adjudication and disposal of matters in the best interest of children and for their rehabilitation through processes provided, and institutions and bodies established. The Act also attempts to create a universally accessible adoption law for India, overtaking the Hindu Adoptions and Maintenance Act (1956) (applicable to Hindus, Buddhists, Jains, and Sikhs) and the Guardians and Wards Act (1890) (applicable to Muslims), though not replacing them. To streamline adoption procedures for orphan, abandoned and surrendered children, the existing Central Adoption Resource Authority (CARA) has been given the status of a statutory body to enable it to perform its function more effectively. Processes have been streamlined with timelines for both in-country and inter-country adoption including declaring a child legally free for adoption.

The JJ Act outlines several key principles which have guided its formulation, four of which have been highlighted below.

- ▶ **Long term institutionalization as the last resort:** A child shall be placed in long term institutional care as a step of last resort after exploring and exhausting all alternatives of placing the child with her own family, in foster care or in an adoptive family. Placing a child in institutional care will only be for the duration it takes to conduct enquiries into her family, and restore her, or if these are not possible, explore and find options of alternative care,
- ▶ **Family Responsibility:** The primary responsibility of care, nurture and protection of the child shall be with the biological family, or adoptive or foster parents,
- ▶ **Best Interest of the Child:** All decisions regarding the child shall be based on the primary consideration that they are in the best interest of the child and to help the child to develop to her full potential,
- ▶ **Principle of Repatriation and Restoration:** Every child shall have the right to be reunited with her family at the earliest and to be restored to the same socio - economic and cultural status that she was in, unless such restoration and repatriation is not in her best interest.

Child Marriage Act 2006

This Act prohibits the marriage of females below the age of 18 years and males below the age of 21 years. It defines child marriage as one where either party is a 'Child' or below the age as prescribed in the act. The Act also provides for annulling the child marriage performed before or after the commencement of the Act, at the option of one of the parties if they were children at the time of the marriage, within 2 years of them attaining majority.

The Child Labour (Prohibition and Regulation) Amendment Act 2016

This Act amended the Act from 1986 which designated a child as someone who has not completed 14 years of age and aimed to regulate the working conditions of children and prohibit them from working in 18 occupations and 65 processes considered hazardous to life and health. The amended Act prohibits the engagement of children in all occupations and of adolescents in only hazardous occupations and processes, where children are defined as below 14 years of age and adolescents as below 18 years. The Act slashed the list of 83 prohibited occupations and processes to include just mining, explosives and those mentioned in the Factory Act. The other significant aspect of this Act was that it allows child labour in “family or family enterprises” or allows the child to be “an artist in an audio-visual entertainment industry”.

The Right to Free and Compulsory Education of Children (RTE) Act 2009

The key points of RTE 2009 include free and compulsory education for children aged 6 to 14, 25% reservation in private schools for disadvantaged children, norms for infrastructure and teacher qualifications, prohibition of discrimination, and emphasis on child rights and inclusive education.

The Protection of Children from Sexual Offences (POCSO) Act 2012

POCSO is a gender-neutral law that aims to protect children from offences of sexual assault, sexual harassment and pornography and provide for establishment of Special Courts for time bound trial of such offences. The law defines a child as any person below the age of 18 years.

Child Protection Budgetary Allocations in 2023-24 National Budget⁷

The share of children in the 2023-24 budget was 2.3%. In absolute terms, the total allocation for Budget for Children in 2023-24 Union Budget was INR 1,03,790.70 Crore. The budget for child protection was 0.04% of the total budget.

Children with disability remain at the peripheries of various welfare schemes run by the government. ‘Deendayal Disabled Rehabilitation Scheme’ observed an increase of INR 2 Crore with total allocations going from INR 50 Crore in 2022-23 to INR 52 Crore in 2023-24.

Mission Vatsalya is one of the biggest flagship umbrella schemes to address child protection concerns. In 2021-22, the Integrated Child Protection Scheme was merged under Mission Vatsalya and in July 2022, the Guidelines for implementation of Mission Vatsalya were approved. If the norms under these Guidelines are to be followed and going by conservative estimates, there is a need of INR 1639.94 Crores per year only to ensure care, protection and rehabilitation for children in government run CCI. The requirement will increase if the number of NGO run childcare institutions supported by the government are counted. And if the non-institutional care component is added @INR 4000/- per child per month, the budget requirement will be much more. Yet, the allocation for Mission Vatsalya remains at 1472.17 Crores.

⁷ From Marginalization to De-prioritization, Budget for Children 2023-24, HAQ

Child Protection Structures in India

The Mission Vatsalya scheme envisages defined institutional arrangement to nurture a robust implementation framework that will be monitored at different levels by the centre, state, and district.

Centre

The Mission Vatsalya Project Approval Board (PAB) under the Chairpersonship of the Secretary, Ministry of Women and Child Development (MWCD) will scrutinize and approve the annual plans and financial proposals received from the States and UTs for release of grants under the scheme.

The Scheme shall be implemented as a Centrally Sponsored Scheme in partnership with State Governments and UT Administrations to support the States and UTs in universalizing access and improving quality of services across the country. The fund sharing pattern as prescribed by Ministry of Finance shall be in the ratio of 60:40 between Centre and State & Union Territories with Legislature respectively.

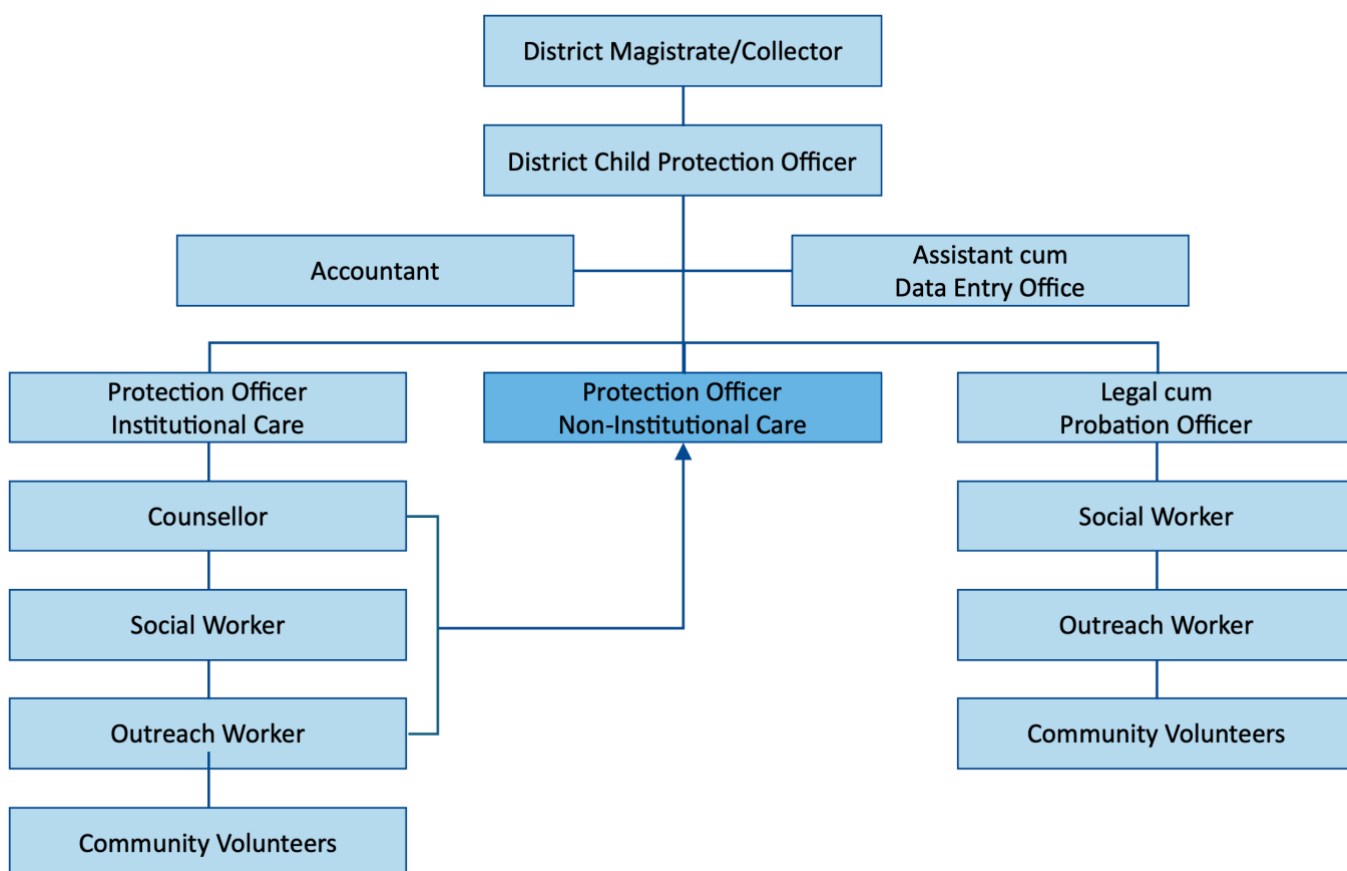
Central Adoption Resource Authority (CARA)

Central Adoption Resource Authority (CARA) is a statutory body of Ministry of Women & Child Development, Government of India. It functions as the nodal body for adoption of Indian children and is mandated to monitor and regulate in-country and inter-country adoptions. CARA is designated as the Central Authority to deal with inter-country adoptions in accordance with the provisions of the Hague Convention on Inter-country Adoption, 1993, ratified by Government of India in 2003.

State

At the state level there will be a multi-sectoral committee headed by the Chief Secretary to monitor, review and promote convergence in the implementation of the scheme. This committee will comprise of Principal Secretaries from Departments of WCD, Health and Family Welfare, Panchayati Raj, Rural Development, Social Justice and Empowerment, Education, Skill Development, Urban Development amongst others.

- ▶ **State Level Child Protection Society (SCPS)** as established under the Juvenile Act, 2015, ensures the implementation including mapping, planning of Mission Vatsalya scheme. The SCPS shall assist the State Child Welfare and Protection Committee, for coordinating and ensuring effective implementation of all legislations, policies, and schemes for child welfare & protection in the State like - the Juvenile Justice (Care and Protection of Children) Act, 2015; Protection of children from Sexual Offence Act (POCSO), 2012; The Prohibition of Child Marriage Act, 2006; along with Rules and Regulations made there under and any other Act, Rule, Regulation and policy that comes into force for protecting child rights. The SCPS shall be headed by the additional Chief Secretary/Principal Secretary/Secretary of the Department of Women and Child Development/Social Justice Empowerment of the State identified to implement the Mission Vatsalya as State Mission Director.
- ▶ **State Adoption Resource Agency (SARA)** is mandated by Mission Vatsalya in every State/UT. The SARA shall coordinate, monitor and develop the work related to non-institutional care including adoption in the state. SARA shall be headed by the Additional Chief Secretary/Principal Secretary/Secretary of the Department of Women and Child Development/Social Justice Empowerment of the State identified to implement the Mission Vatsalya as State Mission Director.
- ▶ **District Child Protection Unit (DCPU)** works under the overall supervision of the District Magistrate and ensure service delivery and care and protection of all children in the district. The composition of the DCPU is as below



Child Welfare Committee (CWC)

There should be one or more CWC at every district, comprising of a chairperson and four members, one of whom must be a woman and another an expert of children's issues. All members shall have a minimum of seven years of experience of working with children in the field of education, health, or welfare activities, or should be a practicing professional with a degree in child psychology or psychiatry or social work or sociology or human development or in the field of law or a retired judicial officer.

Juvenile Justice Board (JJB)

Juvenile Justice Board (JJB) consists of a Metropolitan Magistrate or a Judicial Magistrate of First Class having at least three years' experience to be designated as the Principal Magistrate of the Board and two social worker members, of whom one shall be a woman, forming a Bench.

Special Juvenile Police Units (SJPU)

Special Juvenile Police Units (SJPU) are mandated to be set up in every district and city to coordinate and upgrade the police interface with children. The police officers, designated as Child Welfare Officers in the district or city by the Home Department, and social workers are members of the SJPU. Each SJPU has two social workers, deployed by DCPU to SJPU based on requirement and availability of such staff. Of the two Social Workers, at least one should be a woman social worker.

Child Care Institutions (CCI)

The JJ Model Rules mandate that all institutions running institutional care services for children (CNCP or CCL), whether run by government or NGOs shall be registered under sub-section (1) of section 41 of the Act, irrespective of being registered or licensed under any other Act for the time being in force.

Types of Institutions for CNCP

- ▶ **Children's Homes:** for rehabilitation of children in need of care and protection for their care, treatment, education, training, development, and rehabilitation. Separate homes based on age, gender/transgender or special needs of children could be established/ supported by the State/District. The JJ Model Rules mandate separate homes for girls and boys above the age of 6 years.
- ▶ **Open Shelters:** to look after runaway children, missing children, trafficked children, working children, children in street situation, child beggars, and child substance abusers, children affected by any natural disaster, children living in unauthorized areas/slums, children of migrant population, children of socially marginalized groups, and any other vulnerable group of children for the short term based on the need assessment of the district. These shelters will be used for educating, counselling and imparting life skills to children in difficult circumstances, so as to keep them away from a life in the streets. The Open Shelters are not meant to provide permanent residential facilities for children but will complement the existing institutional care facilities.
- ▶ **Specialized Adoption Agencies (SAA):** for children below 6 years of age (orphans, surrendered and abandoned children), to actively promote adoption for those legally free for adoptions.

Types of Institutions for CCL

- ▶ **Observation Homes:** Observation Homes are temporary facilities for children allegedly in conflict with the law, providing them with care and rehabilitation while an inquiry is pending. State governments are mandated to establish and run observation homes for each or group of districts. Observation homes are residential facilities designated for the temporary care and custody of juveniles during the pendency of inquiries or trials. Their primary purpose is to provide a safe and nurturing environment for juveniles, ensuring their protection, well-being, and rehabilitation. These homes serve as an alternative to incarceration in regular prisons, recognizing the unique vulnerabilities and developmental needs of children in conflict with the law
- ▶ **Place of Safety (above 18 or between 16 and 18 but heinous):** Place of Safety is an institutional mechanism in the JJ system which provides a safe place of stay for children in conflict with law who are in the 16 to 18 years age group, who have alleged to have committed or have committed a 'heinous' offence. Individuals above the age of 18 years who are alleged to have committed or have committed an offence when they were children are also housed in these places of safety as other residential arrangements may not be in their best interest.
- ▶ **Special Homes:** Special homes under the JJ Act 2015, are residential facilities that provide housing and rehabilitative services to children who have been found to have committed an offense and are sent there by the Juvenile Justice Board. These homes, established and maintained by state governments are crucial for the rehabilitation and social reintegration of these children

Structures at the State and District Level

- ▶ **State Child Welfare and Protection Committee (SCWPC):** The State Child Welfare and Protection Committee (SCWPC) works under the Chairpersonship of the Principal Secretary/Secretary WCD/DSJE to supervise implementation of Mission Vatsalya with the help of the SCPS. This Committee closely monitors and reviews the working of structures, services and progress under various components of Mission Vatsalya and holds quarterly review meetings with District Child Welfare and Protection Committees for effective implementation of the scheme.
- ▶ **District Child Welfare and Protection Committee:** The District Child Welfare and Protection Committee chaired by the District Magistrate is responsible for the effective implementation of Mission Vatsalya. The members of this committee include the Superintendent of Police, Civil Surgeon, representative of DALSA and District level officers from departments of Education, Sports, Labour, Social Welfare etc.
- ▶ **Child Welfare and Protection Committees:** Under Mission Vatsalya the function of child welfare and protection issues can be assigned to the existing committees of urban local body/Panchayati Raj Institution/Gram Panchayat which deals with issues of social justice/welfare of women and children. Under the Panchayati Raj system these bodies can be at the Zilla Panchayat, Block, and Gram Panchayat levels. In urban areas these can be at the Municipal and Ward level.

Situation of Child Protection in India

Children have been accorded a distinct status in the Constitution of India with the recognition that young lives require nurture, protection, and an enabling environment to grow and develop well. Yet not all children in the Indian context are able to lead a such a life. While popular imagery treats children as special, factors such as poverty, structural inequalities, discrimination, lack of access to resources, tacit approval of harmful cultural practices, and adult approach towards children, often embedded in adultism and patriarchy, severely impacts many children's growing up years. An extension of the system that marginalizes women, children are often not seen as individuals but as objects within the family, similarly dispensable. Children are pulled out of school, pushed into work, trafficked and abused, often by those who are supposed to be their protectors. Adequate safety nets are not in place for children who are orphaned, abandoned and without family support. Trafficking and sexual exploitation of children has assumed large proportions with trends like sex tourism and paedophilia (including online platforms) increasing the demand. Labour intensive industries like embroidery and carpet weaving also generate large scale demand for low-cost child workers, as does the need for domestic workers, which especially contributes to the trafficking of many young girls.

According to Census 2011, there were 10.1 million **child labours** in the age group of 5-14 years (3.9% of the child population in the referred age group). According to the National Education Policy 2020 there are 32.2 million out of school children in the 6-17 years age group in India. Many of these children are likely to be engaged in work. This number may have increased manifold due to the COVID pandemic. A rapid assessment by UNICEF indicated that approximately 40% children could not access online learning classes during the lockdown.

There are 226.3 million **child brides** in India⁸, nearly a third of the global total and the largest number in any country. Indian law prohibits marriage before the age of 18 years for girls and 21 years for boys, however each year around 1.5 million girls below the age of 18 get married and currently nearly 16% of all girls below 18 years of age are married. According to the National Family Health Survey 2019-21 (NFHS-5), 23% of women between the age of 20 and 24 were married before 18 years of age. Over half of the girls and women in India who married in childhood live in five states: Uttar Pradesh, Bihar, West Bengal, Maharashtra and Madhya Pradesh⁹.

According to the National Crime Records Bureau more than 47,000 **children were missing** in India in 2022¹⁰, with 71% of these being girls. These figures for 2022 show a rising trend in the figures of missing children – a spike of 7.5% in 2022 in comparison to 2021, and a significant surge of 30.8 per cent in 2021 against 2020.

⁸ <https://scroll.in/article/1045507/the-struggle-of-child-brides-in-rajasthan-married-at-5-mother-at-13-and-widowed-by-20>

⁹ <https://data.unicef.org/resources/ending-child-marriage-a-profile-of-progress-in-india-2023/>

¹⁰ <https://theprint.in/india/more-than-47000-children-missing-in-india-71-are-girls-shows-ncrb-data/1880048/>

Children in Institutional Care in India

Children often enter institutions due to poverty, social exclusion, discrimination, violence or lack of access to essential services and support. Children with disabilities, children from ethnic minorities and other vulnerable children are particularly at risk of family separation and institutionalisation. When placed in institutions, they are exposed to a system that is inadequate to meet their needs and systematically violates their rights – out of sight and segregated from society. When they reach adulthood and exit care, without a family environment or support network to rely on, they experience further inequality and disadvantage.

The Ministry of Women and Child Development (MWCD) in 2018 carried out a mapping and review of all CCIs in the country registered under the JJ Act and others¹¹. The findings of this mapping reveal that 3,77,649 children were found to be living in 9,589 CCIs across the country.

	Male	Female	TG	Total
CNCP	1,99,760	1,70,376	92	3,70,227
CCL	5,617	1,805	0	7,422
TOTAL				3,77,649

Key highlights from the report:

- ▶ Of the total children about **15% (56,198)** were orphaned, abandoned or surrendered.
- ▶ **31% (120,118)** children had at least one single parent and Tamil Nadu had the highest number of children with single parents.
- ▶ Tamil Nadu had the largest number of CCIs (1,647) followed by Maharashtra (1,284) and Kerala (1,242). These three States together had **44% (4,173)** of all CCIs in India.
- ▶ Only **32%** CCIs were registered under the JJ Act and about 91% of homes were established and run by NGOs.
- ▶ Some children were found to be living in other home established under other laws like Ujjwala¹², Swadhaar¹³ etc which were not considered for supervision and regulation under the JJ Act.

¹¹ [https://ghcjmcc.assam.gov.in/documents/national_and_international_docs/The_Report_of_the_Committee_for_Analyzing_Data_of_Mapping_and_Review_Exercise_of_Child_Care_Institutions_under_the_Juvenile_Justice_\(Care_and_Protection_of_Children\)_Act,_2015_and_Other_Homes_Vol-I_Main_Report.pdf](https://ghcjmcc.assam.gov.in/documents/national_and_international_docs/The_Report_of_the_Committee_for_Analyzing_Data_of_Mapping_and_Review_Exercise_of_Child_Care_Institutions_under_the_Juvenile_Justice_(Care_and_Protection_of_Children)_Act,_2015_and_Other_Homes_Vol-I_Main_Report.pdf)

¹² Homes for prevention, rehabilitation, rescue of victims of trafficking for commercial sexual exploitation

¹³ Homes for women in difficult circumstances

- ▶ Maximum number of children were found to be staying in the homes for a period of 13 to 36 months.
- ▶ **1.3% (4,937)** children were recovering from sexual abuse, pornography, and trafficking
- ▶ **10,492** children were found to be mentally challenged and **9,040** were physically challenged.
- ▶ **33.2%** homes had linkages for mental health services.

The National Commission for Protection of Child Rights (NCPCR) has a mandate to compile and analyse data on children that has been provided by each state and the central government does collect data from states on the number of institutions in each state, number of beneficiaries and also the associated funds distributed to CCI's. The government portal for the Ministry of Women and Child Development (WCD) hosts reports and data which is available to the public.¹⁴

The NCPCR conducted a social audit of 7163 CCIs across the country. The key findings from this audit are:

- ▶ **90%** of the homes were for children in need of care and protection
- ▶ **88%** of these were being run by NGOs
- ▶ **71.5%** of the CCIs were registered under the JJ Act
- ▶ **50%** CCIs had counsellor
- ▶ **26.3%** CCIs had the required number of Child Welfare Officers/ Probation Officers / Case Workers
- ▶ **49%** CCIs had a written child protection policy
- ▶ **60%** CCIs were inspected by State Inspection Committee and 62% by Child Welfare Committees / Juvenile Justice Boards
- ▶ For rehabilitation of children the primary linkages of the CCIs were with the CWC, DCPU and Childline. Only 34% had linkages with other CCIs.

Another update dated March 2021 mentions 1592 CCI with 67,684 children in them¹⁵.

¹⁴ <https://wcd.nic.in/>

¹⁵ <https://pib.gov.in/Pressreleaseshare.aspx?PRID=1740740>

The MWCD Dashboard currently¹⁶ provides the following data from 31 March 2023:

Homes	Numbers	No. of resident children
Total Homes	1,663	50,525
Open Shelters	235	4,577
SAA	407	2838

Category	Numbers
Homes (CCI) for CNCP	1256
CNCP children in Homes (CCI)	40,791
Total CWC	782
Total JJB	774
Total State Child Protection Societies	35
Total DCPUs	763
Total SARA	35

¹⁶ June 2024

COVID-19 Pandemic Government Response

At the beginning of the COVID pandemic in 2020 the Supreme Court of India ordered the release of children in institutional care to their families, following all due processes. As a result, 64% children (1,45,788 out of 227,518) were returned from CCI's to their families across the country¹⁷.

The second wave of COVID-19 in April and May 2021 was especially severe in India. Several thousand persons died and there were reports of several children who were orphaned as a result. On 28 May 2021, the Supreme Court ordered district level authorities across the country to Immediately Identify children orphaned, abandoned, and traumatized by COVID-19 after March 2020, and provide them with basic needs like food, shelter, and clothing. The court further asked officials to upload details of all children on a National Commission for Protection of Child Rights (NCPCR) portal specifically created for this Issue.

At least 20 state governments launched special schemes to support children affected by the pandemic. Some of these were:

- ▶ **Gujarat:** launched the Mukhya Mantri Bal Seva Yojana which provided INR 4,000 per month to children orphaned due to the pandemic.
- ▶ **Bihar:** Financial aid of ₹1,500 per month to children who lost either of their parents due to Covid-19 under 'Bal Sahayata Yojana'.
- ▶ **Maharashtra:** The Women and Child Development department proposed to deposit a sum of INR 500,000 into those children's account who have lost both their parents to COVID-19. It also broadened the scope of the existing scheme for children 'Bal Sangopan Yojana' to provide INR 2,500 a month to the children who have lost one parent, especially the earning parent.
- ▶ **Odisha:** the state government launched Ashirbad scheme¹⁸ to provide for all children who lost one or both parents during the pandemic. Provision of INR 2,500 per month for all children, free education, state health insurance, and benefits under State Food Security Scheme were some of the support mechanisms provided to the children.

The PM CARES for Children Scheme was launched by The Hon'ble Prime Minister of India on 29th May 2021 for support to children who lost both the parents or legal guardians or adoptive parents or surviving parent to COVID-19 pandemic during the period starting from 11th March 2020. The objective of the Scheme is to ensure comprehensive care and protection of Children in a sustained manner, and enable their well-being through health insurance, empower them through education and equip them for self-sufficient existence with financial support on reaching 23 years of age. Till date 4,543 applications from 32 states have been approved.

¹⁷ <https://timesofindia.indiatimes.com/india/nearly-64-children-in-ccis-restored-to-families-since-sc-order-in-april/articleshow/79584157.cms>

¹⁸ <https://ashirbad.odisha.gov.in/website/home/content/about-us>

Status of Care Reform in India

Government Initiatives to Support Prevention and Alternative Care

Mission Vatsalya

The vision of Mission Vatsalya is “to secure a healthy & happy childhood for each and every child in India, ensure opportunities to enable them to discover their full potential and assist them in flourishing in all respects, in a sustained manner. Mission Vatsalya promotes family-based non-institutional care of children in difficult circumstances based on the principle of institutionalization of children as a measure of last resort.”

The mission statement is "to foster a sensitive, supportive, and synchronized ecosystem for children as they transit different ages and stages of their development. This is envisaged to be done by strengthening the institutional framework of child welfare and protection committees and the Statutory and Service delivery structures in all districts of the country."

Mission Vatsalya Scheme is a roadmap to achieve development and child protection priorities aligned with the Sustainable Development Goals (SDGs). It lays emphasis on child rights, advocacy and awareness along with strengthening of the juvenile justice care and protection system with the motto to 'leave no child behind'. The Juvenile Justice (Care and Protection of Children) Act, 2015 provisions and the Protection of Children from Sexual Offences Act, 2012 form the basic framework for implementation of the Mission. Funds under the Mission Vatsalya Scheme are released according to the requirements and demands made by the States/UTs.

The Scheme is implemented as a Centrally Sponsored Scheme in partnership with State Governments and UT Administrations to support the States and UTs in universalizing access and improving quality of services across the country. The fund sharing pattern is in the ratio of 60:40 between Centre and State & Union Territories with Legislature respectively.

Mission Vatsalya scheme supports the children through non-institutional care under Private Aided Sponsorship wherein interested sponsors (individuals/ institutions/ company/ banks/ industrial units/ trusts etc.) can provide assistance to children in difficult circumstances. The District Magistrates take measures to encourage individuals or Public/ Private Sector Organisations to sponsor a child or a group of children or an Institution. Such arrangements are subject to stipulations as per the Juvenile Justice (Care and Protection of Children) Act, 2015, and Rules thereof¹⁹.

Mission Vatsalya provides INR 4,000 per month to state governments for sponsorship, foster care and aftercare. State governments can add additional support amounts from their own resources.

¹⁹ Press Release: Press Information Bureau (pib.gov.in)

Non-institutional services for children in need of care and protection (CNCP) children include:

- ▶ **Sponsorship (prevention):** financial support to vulnerable children living with extended family / biological relatives for health, education, and nutrition needs.
- ▶ **Adoption:** facilitating adoption for legally free children
- ▶ **Foster Care:** placing children with biologically unrelated family for their care
- ▶ **Aftercare:** support to children leaving CCI at the age of 18 years till the age of 21, extendable to 23 years

Sponsorship

According to Mission Vatsalya, sponsorship provides supplementary financial and other support to families of children in need, including those in biological or extended families, to meet their medical, educational, and developmental needs. Sponsorship can be provided by the government or can be privately aided.

Government sponsorship is of 2 types:

- ▶ **Preventive:** This support is provided to a vulnerable family to enable a child to continue to remain in the biological family (including extended family and blood relatives) and continue his/her education. This is an effort towards preventing children from becoming destitute, vulnerable, runaway, forced into child marriage, forced into child work, etc.
- ▶ **Rehabilitative:** Children in institutional care can also be restored to families with sponsorship assistance. Based on the Individual Care Plan, an institution shall approach the CWC to recommend a suitable case to DCPU for rehabilitation through the sponsorship fund. Such rehabilitation may accord priority to the immediate family, extended family, family known to the child, community, or to foster families. Cases are reviewed by the CWC before recommending to the DCPU for sanction of sponsorship fund.

Foster Care

On 26th April 2024, the Ministry of Women and Child Development, Government of India issued the Model Guidelines for Foster Care, 2024, revised in light of the 2021 amendment to the Juvenile Justice (Care and Protection of Children) Act, 2015, and the 2022 amendment of the Juvenile Justice (Care and Protection of Children) Model Rules. The 2024 Foster Care Guidelines has introduced several new provisions in alignment with the amended JJ Act, JJ Model Rules, and Adoption Regulations, 2022, and have simplified many other provisions which were existing in the 2016 Foster Care Guidelines.

Key highlights of the new foster care guidelines include:

- ▶ **Eligibility criteria for children:** has been simplified in the 2024 Guidelines to include all children in need of care and protection above six years living in CCIs or living in community, unlike the 2016 Guidelines which grouped children who are Legally Free for Adoption (LFA) age wise, and suggested Group Foster Care as one of the options for those in CCIs who are not LFA. Specific mention has been made in the eligibility criteria of the 2024 Guidelines to "children with no visitation", "children having unfit guardian", and "hard-to-place child".

Children with no visitation: children who have had no visits from family in the past one year

Children with unfit guardians: Defined as child whose parent or guardian is unable or unwilling for parenting, indulging in substance (drug) abuse, abuse or alcohol, known to have abused or neglected the child, having a criminal record, in need of care themselves, mentally unsound etc;

Hard-to-place-child: All children who do not get a family either in incountry adoption or in inter-country adoption and are placed under the category of hard to place or children having special needs as provided in the Adoption Regulations;

- ▶ **Foster Parents:** The 2024 Guidelines allow any person to foster a child, irrespective of their marital status, as against the 2016 Guidelines which only allowed a married couple to take a child in foster care. It also makes Prospective Adoptive Parents registered for adoption with CARA ineligible for foster care, and also introduces age criteria for married couples and individuals, making them eligible to accept only children within a specific age-bracket in foster care
- ▶ **Responsible Agency:** The 2024 Guidelines makes the CWC/DCPU responsible for identifying children from CCIs who are eligible and recommended for foster care, as against the 2016 Guidelines which made the CCI staff responsible. It requires all children identified for foster care, whether from the community or from CCIs, to be registered in the designated portal
- ▶ **Pathway to Adoption:** While the 2016 Guidelines requires child to have remained with a foster family for a minimum of five years for the family to apply for adoption of the child, the 2024 Guidelines reduces this period to two years. The 2024 Guidelines refers to the Adoption Regulations 2022 and emphasizes early deinstitutionalisation of children through non-institutional care methods. It also highlights the additional efforts required to place "Hard-to-Place Children" in adoption through foster care. The 2024 Guidelines do not make a mention of the foster parents having a "right to adopt the same child" as the 2016 Guidelines, but states that the foster families will be given a preference to adopt.
- ▶ **Preference to Extended Family:** As against the 2016 Guidelines, the 2024 Guidelines do not mention the term "kinship care". However, the 2024 Guidelines set clear order of preference of placement of children in a family, with first preference being given to extended family of the child, so that the child is placed in a similar socio-cultural milieu
- ▶ **Group Foster Care:** While the 2016 Guidelines provides for group foster care in a "fit facility" recognised under the JJ Act, the 2024 Guidelines provides for a separate registration of Group Foster Care under the amended JJ Act and JJ Model Rules of 2022. Also, while the 2016 Guidelines specified children for whom Group Foster Care may be a preferred option, the 2024 Guidelines do not mention anything such.

- ▶ **Role of SFCAC:** The 2024 Guidelines provides roles and responsibilities of the SFCAC in much more detail than the 2016 Guidelines. Among others, specifies that it is the responsibility of the SFCAC to review if the DCPU has made adequate efforts for family strengthening

Adoption²⁰

Both domestic and international adoption is managed centrally by the Central Adoption Resource Authority (CARA), which is an autonomous and statutory body of Ministry of Women and Child Development under Juvenile Justice (Care and Protection of Children) Act, 2015. It functions as the nodal body for the adoption of Indian children and is mandated to monitor and regulate in-country and inter-country adoptions. CARA is designated as the Central Authority to deal with inter-country adoptions in accordance with the provisions of the 1993 Hague Convention on Inter-country Adoption, ratified by Government of India in 2003. CARA primarily deals with the adoption of 'orphaned, abandoned and surrendered' children through recognised adoption agencies. In 2018, CARA has allowed individuals in a live-in relationship to adopt children from and within India.

Section 68 of the Juvenile Justice (Care and Protection of Children) Act, 2015 (as amended in 2021) stipulates the Central Adoption Resource Authority with the following functions:

- ▶ to promote in-country adoptions and to facilitate inter-state adoptions in co-ordination with State Agency;
- ▶ to regulate inter-country adoptions;
- ▶ to frame regulations on adoption and related matters from time to time as may be necessary;
- ▶ to carry out the functions of the Central Authority under the Hague Convention on Protection of Children and Cooperation in respect of Inter-country Adoption;
- ▶ any other function as may be prescribed.

The Government has simplified its policy pertaining to adoption under the Juvenile Justice (Care and Protection of Children) Amendment Act, 2021, the Juvenile Justice (Care and Protection of Children) Model Amendment Rules, 2022 and the Adoption Regulations, 2022.

Some of the key amendments done in the Adoption Regulations, 2022 include:

- ▶ issue of Adoption Order by District Magistrate instead of Court,
- ▶ upper age limit for Prospective Adoptive Parents (PAPs) reduced to 85 years for couple and 40 years for a single PAP in case they are adopting a child below 2 years,
- ▶ 7-day adoption effort launched by Central Adoption Resource Authority (CARA) for Resident Indian (RI), Non- Resident Indian (NRI), and Overseas Citizen of India (OCI) PAPs,
- ▶ Chief Medical Officer (CMO) to determine the health status of the child based on Rights of Persons with Disabilities Act, 2016,

²⁰ <https://pib.gov.in/PressReleaseIframePage.aspx?PRID=1907184>

▶ strict time line has been laid down for uploading LFA (Legally Free for Adoption) within maximum period of ten days,
▶ PAPs with more than two children do not qualify to get referral for a normal child,
▶ mandatory counselling has been stipulated for all the relevant stakeholders like prospective parents and older children at pre-adoption, adoption and post-adoption stages,
▶ timelines at various stages like uploading of LFA (Legally Free for Adoption) within ten days, examination of special needs children within a period of fifteen days by the Chief Medical Officer and verification of adoption application documents by District Child Protection Unit (DCPU) within five days,
▶ emphasis on foster adoption of adoptable children already in foster care after a period of two years,
▶ stringent measures have been provisioned for PAPs becoming reason for disruption or dissolution and
▶ where the child has remained with a foster family for a minimum of five years other than in pre-adoption foster care, the term has been reduced to two years for adoption of the child.

The number of orphans, abandoned and surrendered children adopted in the past few years are²¹:

Year	In-Country Adoptions	Inter-Country Adoptions
2019 - 2020	3351	394
2020-2021	3142	417
2021-2022	2991	414

Aftercare

Care leavers are youth who have lived in alternative care for a large part of their lives and are transitioning to independent adult living. Most of these children have grown up in CCIs and can have a background of abandonment, neglect, abuse and exploitation. Most care leavers at the age of 18 years have not completed their education or received adequate vocational training to be financially independent. Hence care leavers, more than other young adults, are ill equipped at the age of 18 years of joining mainstream life. Along with an incomplete education, care leavers face the challenges of housing, employment, psychosocial and health services, and the absence of a support system, which is critical in emergency situations as revealed by the COVID pandemic. The pandemic has exacerbated the challenges faced by care leavers causing loss of jobs and educational opportunities, hindering access to health and support services, increasing isolation and stress, and creating insecurities of housing and food.

²¹ Source: Child Adoption Resource Information & Guidance System (CARINGS) portal.

The JJ Act 2015 provides for support to individuals who have completed 18 years of age but not yet of 21 years and have left institutional care to join mainstream society. This support can be extended to 23 years in special cases.

UNICEF and Udayan Care carried out a study²² on care leavers across five states (Delhi, Gujarat, Karnataka, Maharashtra and Rajasthan) with significant findings on the condition of care leavers and the quality of aftercare services available in the country. The study conducted with 435 (55% male and 45% female) care leavers and more than 100 key informants found that:

- ▶ **27%** care leavers did not receive any form of aftercare support, and 67% care leavers were not aware of **aftercare services** that they could access
- ▶ **40%** care leavers had been placed in multiple CCIs during their care period
- ▶ **44%** care leavers were never consulted on their **care and rehabilitation**
- ▶ Less than half of care leavers received **housing** support. Female care leavers were especially disadvantaged due to limited aftercare hostels (one each in Delhi and Mumbai).
- ▶ Transitioning out of care had a negative impact on the **emotional wellbeing** of care leavers and about **61%** faced recurring emotional distress
- ▶ **78%** care leavers did not have **health** insurance and dealing with prolonged illness and health emergencies is a big challenge
- ▶ **40%** care leavers could not complete their **schooling** even at 18 years and 34% dropped out in the transition
- ▶ A third of care leavers did not feel confident of **independent living**
- ▶ Close to half (**48%**) care leavers did not have an independent source of **income**

In the year 2019 the organization Make a Difference (MAD)²³ conducted a study with 583 individual (60% men and 40% women), across 5 cities (Cochin, Delhi, Kolkata, Latur and Mumbai) who had lived in institutional care. This study revealed that the main drivers of entry to child-care institutions (CCI) were found to be:

- ▶ Poverty, with families unable to support their children (**36%**)
- ▶ Family breakdowns or single parents unable to cope (**32%**)
- ▶ Children being orphaned or abandoned (**20%**)
- ▶ Lost or missing children (**15%**)

²² Beyond18, Leaving Child Care Institutions. A Study of Aftercare Practices. Udayan Care, UNICEF, Tata Trusts. 2019

²³ Mapping Long-term Outcomes of Institutionalization for Children in Need of Care and Protection (CNCP) in India. Make A Difference, June, 2019

Almost half (47%) of the respondents had been placed in institutional care by family. One-third (34%) were placed in CCI by their own parents, in most cases by a single mother. A quarter (24%) were found by Police in public spaces as unaccompanied children or as child workers and placed under guardianship of the State.

The majority (84%) entered shelter homes between the ages of 4 and 13. There's nearly a steady inflow of children in the age groups of 4-6yrs (26%), 7-9yrs (31%) and 10-13yrs (27%) in institutional care. Of those that responded, 58% were placed in non-profit shelters, a third (34%) in government run shelters and 8% in religious trust institutions.

Most respondents (90%) spent more than 5 years of their life in shelters, with over half (53%) spending more than a decade in institutional care. During their stay in CCI, 30% reported physical abuse and 10% reported sexual abuse either from shelter staff or senior counterparts. More boys were victims of both physical (38%) and sexual (13%) abuse as compared with girls (physical: 18% and sexual: 6%) but higher percent (23%) of girls refused to respond on questions related to sexual abuse when compared with boys (11%).

Access to education is mandatory and typically ubiquitous for children in shelter homes, but only a minority (25%) progressed past 12th Standard, with 25% not making it further than their 8th standard, leaving their shelter with no qualifications at all. We found that the majority (55%) left shelter homes with no employable skill or ability to progress with further education, with only a quarter (23%) entering an apprenticeship of some sort.

As adults one direct and overwhelming impact of institutionalization has been the stereotyping/stigmatization across all spheres of their lives, with 75% reporting negative stereotyping or victimization.

For every 3 adults interviewed, at least 1 of their shelter peers was reported to have died or gone missing, with the vast majority (93%) under the age of 35, and 46% lost within 10 years of leaving institutional care. From those we recorded as lost, the vast majority (76%) were reported to have died, with 24% gone missing.

Current Situation of Aftercare

Network of care leavers have been set up in several states, some voluntarily and some supported by state governments. In recent years Odisha, Assam, Madhya Pradesh, Karnataka, Rajasthan, Jammu & Kashmir, Maharashtra have formed and strengthened networks. Additionally, a National Care Leavers Network (NCLN) has been initiated by UNICEF India. Udayan Care with support from UNICEF India has piloted a care leavers fellowship to build leadership and organizational skills amongst the care leaver community.

Good Practices in Alternative Care

Examples of Family Based Alternative Care Programs in States

- ▶ **Palanhaar:** Rajasthan government supported scheme for orphans, children of widows, etc. Beneficiaries – 600,000 in 2023 (<https://timesofindia.indiatimes.com/city/jaipur/rajasthan-govt-transfers-rs-147-crore-to-6l-palanhar-beneficiaries/articleshow/101475783.cms>)
- ▶ **Patak Mata Pita:** Gujarat government's scheme for orphans and children with single parents.
- ▶ **Bal Sangopan:** Maharashtra government's scheme for orphan and other vulnerable children.
- ▶ **Ashirbaad:** Odish government's scheme for children orphaned during COVID, but now expanded to other vulnerable children.
- ▶ **Parvarish:** Bihar government's scheme for orphan, HIV affected and other vulnerable children.
- ▶ **Kaval Plus** program in Kerala aims at holistic care and support to CNCP and victims of sex abuse using a psychosocial approach.

Palanhaar

The Government of Rajasthan launched Palanhaar Yojana (2004-05), a unique conditional cash transfer scheme to provide financial assistance for foster parenting of children under certain eligibility criteria (orphaned children /children of incarcerated parents/ single mother). Direct conditional transfer is done for the child (INR 500 month for age group of 0-5 years and INR 1,000 for age group of 6-18 years). Besides, annually INR 2,000 per child is also paid for expenditure on child's education. After 15 years of age, the child can be admitted in the hostels run by the Department of Social Justice and Empowerment. The scheme has made it mandatory that the child must be going to school or connected with an Anganwadi (pre-school and maternal and child health centre under the ICDS).

Bal Sangopan

The first foster care scheme was launched in Maharashtra as early as 1965, with the help of NGOs in the State. Voluntary organisations in the State had been traditionally implementing foster care and sponsorship programmes. The pioneering first-of-its kind State foster care scheme, introduced in 1972, revised as Bal Sangopan Yojana (Foster Care or Family-based Care) (BSY) in 1995, and implemented through NGO and District Women and Child Development Office, Govt. of Maharashtra, continues to support families in crisis, thus reducing institutionalization of children. The objective is towards family strengthening of the biological parent and/or provision of kinship care. Emphasis has been on working with family in crisis thereby preventing institutionalisation. Financial assistance is given to each child per month and a small amount per child is given for administrative expenses to the NGO. Even single mothers in difficult situations can avail of this scheme. Under exceptional circumstances (such as one parent in prison, severe illness, and disability) children with both parents too can avail the benefit. This Scheme is 100% State funded.

Jharkhand Rapid Assessment

Jharkhand, the seventh largest state in India, has a population of 3.3 crore according to the 2011 Census, with current estimates placing the population at 4.06 crore. The state is home to a significant proportion of Scheduled Castes (SC) at 12.08%, Scheduled Tribes (ST) at 26.21%, and various Indigenous groups. More than 75% of the population live in the rural areas of the state.

A recent study by NITI Aayog, using the Multidimensional Poverty Index (MPI), indicates that 42.16% of Jharkhand's population lives in poverty. The state also suffers from a malnutrition rate of 47.99%. Agriculture remains the primary livelihood for over 70% of the population, further underscoring the economic vulnerabilities of the state.

Jharkhand ranks second in poverty levels nationwide, following Bihar. This widespread poverty heightens the vulnerabilities of families, especially women and children. The state's literacy rate stands at 67.33%, one of the lowest in India and female literacy rate is 55.42%, further exacerbating socio-economic challenges.

According to the National Crime Record Bureau (NCRB) 2023, a total of 168 individuals were trafficked from Jharkhand in 2022, of which 129 were children. These children were trafficked for forced labor, sexual exploitation, domestic servitude, and forced marriages, revealing the acute vulnerability of children and families²⁴.

These figures highlight the urgent need for targeted interventions to address the root causes of these risks and to protect the state's most vulnerable populations.

Situation of Children in Jharkhand

In 2021, a total of 1,49,404 crimes against children were recorded across India, averaging 409 cases per day. Among these, 1,050 cases were registered under the Prohibition of Child Marriage Act, victimizing 1,062 children. Jharkhand ranked 19th in terms of its percentage share of total crimes against children in the country during 2021²⁵.

Additionally, the number of missing children in Jharkhand saw a significant increase of 12% from 2019 to 2021, a stark contrast to the 6% rise observed at the national level during the same period.

As per the Jharkhand Economic Survey report 2023-24 only 75% and 63% of the children are progress to secondary level and higher secondary level respectively in their school. The children who are out of the schools are at risk of the abuse and exploitation. It is proven that those children who are not connected with schools are at the risk of being trafficked and engaged in the child labour and working in other exploitative conditions.

²⁴ <https://avenuemail.in/ncrb-report-exposes-disturbing-reality-of-human-trafficking-in-jharkhand-43-boys-and-125-girls-rescued/#:~:text=The%20report%20discloses%20that%20in,of%20children%20in%20the%20state>

²⁵ <https://satyarthi.org.in/wp-content/uploads/2022/09/Jharkhand.pdf>

Under Beti Bacho and Beti Padho Scheme out of 12 districts where the fund was allocated 11 districts didn't spend any single rupees on any of the activities.

As per Ministry of Women and Child Development Mission Vatsalya there are total 4305 children are supported through institutional and non-institutional care in Jharkhand.

Number of children in Jharkhand registered under Mission Vatsalya Scheme²⁶ as on 31 March 2023 were:

No of beneficiaries under institutional care	No of beneficiaries under non-institutional care	Total
1219	3086	4305

The MWCD dashboard²⁷ provides the following data about CCIs in Jharkhand:

Homes	Numbers	Beneficiaries
Homes	39	1,116
Open Shelters:	2	32
SAA	9	91

The dashboard also provides details of funds released to Jharkhand Government for Child Protection Services (Lakhs):

2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22
369.88	840.11	1714.57	1480.26	1845.80	1425.26	611.23

The state of Jharkhand was allocated INR 622 lakhs under Mission Vatsalya for the year 2022-23²⁸.

²⁶ <https://sansad.in/getFile/loksabhaquestions/annex/1715/AU155.pdf?source=pqals>

²⁷ https://wcd.dashboard.nic.in/view_detail/eyJpdil6lks1TU1LM0tpbGRYSTBPNzJORDICZHc9PSIsInZhbHVlIjoifSFNESTZSeU9tWHFRMHNkdZISzJnQT09liwibWJlIjoIMWY3OWM3ZGNkYThmNTI0ZDc3YmY3NTNiOGFiODhjOWJlMDRkM2U5ZmFkZjJlNTdkZmlwNTM4OTVhYTJhMjc0MyJ9/1

²⁸ <https://pib.gov.in/PressReleasePage.aspx?PRID=1881515>

Status of PM CARES for Children in Jharkhand

In Jharkhand, 49 applications were successfully approved, including 2 from Gumla, 3 from Khunti, and 14 from Ranchi districts²⁹ <https://word-edit.officeapps.live.com/we/wordeditorframe.aspx?ui=en-GB&rs=en-GB&lsLicensedUser=1&WOPIsrc=https://api.box.com/wopi/files/1658813348970>. The number is very low considering the Jharkhand poverty rate in 2023 was 28.81% as per Multidimensional Poverty Index (MPI) that makes it second poorest state in India after Bihar.

Role of Panchayat in Care Reform and Protection of Children

In the fiscal year 2024-25, according to the e-Gram Swaraj source from the 15th Finance Commission, 4,345 Gram Panchayats in Jharkhand proposed projects related to women and child development with a total budget of INR 5.85 crore. However, only INR 0.48 crore worth of work has been initiated.

This highlights a significantly low level of local self-governance involvement in addressing child protection and welfare issues. Despite the substantial scope for Panchayats to play a critical role in child protection and contribute to care reform, progress has been minimal. The Ministry of Women and Child Development (MWCD) has also issued guidelines outlining the role of Panchayats in child protection and welfare, but little action has been taken to implement these measures effectively³⁰.

Status of Sponsorship, Foster Care, and Aftercare in Jharkhand

The availability of data regarding sponsorship, foster care, and aftercare programs under the Mission Vatsalya scheme in Jharkhand remains limited. No official government documents or publicly accessible sources provide comprehensive details on these aspects. However, insights gathered from discussions with state-level activists, academics, and district-level officials reveal a concerning situation regarding foster care and aftercare in the state.

As of recent reports, approximately 18 children have been supported through foster care, and 21 children have benefited from aftercare under Mission Vatsalya in Jharkhand. Although the sanctioned number for aftercare in the state is 39, the actual number of children receiving this support remains significantly lower, indicating gaps in implementation and coverage.

Jharkhand also shows inconsistencies in its outreach to vulnerable children and families across different regions. Around 3,000 children in the state have received support under Mission Vatsalya, with notable performance differences between districts. For instance, Giridih and Gumla districts have emerged as the top performers, collectively supporting over 600 children. In contrast, Khunti district has significantly lagged, with only about 50 children receiving assistance.

System Response for Child Protection and Welfare

Jharkhand had made good efforts in child protection and welfare through various schemes and policies, most notably under the Integrated Child Protection Scheme (ICPS). One key initiative during the implementation of ICPS was the establishment of Village Child Protection Committees (VCPCs) across the state. In some instances, these committees have successfully worked to protect vulnerable children within their communities.

²⁹ <https://pmcaresforchildren.in/applicationApprovedFromDistricts>

³⁰ <https://egramswaraj.gov.in/SectorWiseAnalysisFinal.do>

International Centre for Research on Women (ICRW) ³¹ as part of Umang project ran a project on reviving VLPC in Godda and Jamtara districts of Jharkhand. The Integrated Child Protection Scheme (ICPS) was launched in 2009, and its implementation started in Jharkhand in 2011. The program introduced the concept of child protection committees (CPC), which are convergence committees designed to monitor the implementation of all schemes and programs for children up to 18 years old. These include sponsorship, foster care, adoption, and aftercare program schemes. The state of Jharkhand developed detailed guidelines to roll out these committees (approximately 29,000 VLCPC to be established across districts) in 2014.

Key responsibilities of the VLCPC include:

▶ Mapping of villages to identify the most vulnerable children
▶ Orientation of communities on violence against children, child marriage, child trafficking, and child labour
▶ Campaign on child protection in the villages
▶ Drafting annual child protection plan and communicating the same to the BLCPC
▶ Maintaining record of children who are out of school, have migrated out, are missing etc
▶ Coordinate with BLCPC for restoration of trafficked, rescued or orphan children
▶ Promote community level foster care services for children in need

However, over time, many of these committees have become defunct due to a lack of sustained support and monitoring.

Jharkhand formulated its Juvenile Justice Rules in 2017, based on the Juvenile Justice (Care and Protection of Children) Act, 2015. However, with the transition from ICPS to Mission Vatsalya, it may need to amend these rules to reflect new realities and guidelines. The state has taken a positive step by proposing a revision of its foster care guidelines. A circular has been issued to relevant stakeholders and civil society organizations, inviting them to participate in the review process.

While the number of children residing in institutional care has decreased over the years, vulnerabilities persist, particularly among marginalized communities. Though many children have been reintegrated with their families through orders issued by CWCs, there is no robust follow-up system in place to ensure the safety and well-being of the restored children. The Social Investigation Report (SIR) process, which is mandated for children going through CWC procedures, also lacks an effective follow-up mechanism. This absence of post-reintegration monitoring has contributed to cases of child trafficking and unsafe migration, placing children at further risk of exploitation. It is important to strengthen the process for non-institutional care in the state to further reduce the vulnerabilities of the children and protect their separation from their families.

³¹ <https://www.icrw.org/wp-content/uploads/2024/04/VLCPC-Brief-Web.pdf>

Discussions with child rights activists have also highlighted the diminishing role of the State Commission for Protection of Child Rights (SCPCR) in Jharkhand. Once an active body, the SCPCR's engagement has waned over time, although its importance is still recognized in terms of advocating for child protection and care reform in the state. The SCPCR developed its rules in 2011 and reissued them in 2021. However, there is a noticeable gap in their active involvement in the state's child protection mechanisms.

In addition to this, Jharkhand's government has developed rules for the formation, functioning, and operationalization of the Juvenile Justice Fund, as mandated under Section 110 (1) of the Juvenile Justice Act, 2015. Unfortunately, information on the status and utilization of this fund remains unavailable in the public domain, making it difficult to assess its effectiveness.

However, the assessment also revealed that the District Child Protection Committees (DCPCs) are either still functioning based on the outdated ICPS guidelines or have not yet been formed as per the Mission Vatsalaya framework. The same is true for the Block Child Protection Committees (BCPCs), indicating a need for immediate action to bring these structures in line with the new guidelines.

Information from KIIs in Jharkhand

As part of the rapid assessment process, several key informant interviews were conducted with stakeholders in Gumla, Ranchi, and Khunti the three targeted districts under the CAFT-I project. The main findings are provided below:

Child Protection Functionaries – CWC and DCPU Members

- ▶ All CWC members stated that they had received the mandatory 15-day training at the beginning of their tenure. This did not include a training on disability. No other training had been provided since.
- ▶ CWC members in Ranchi and Khunti mentioned the presence of children with disabilities being produced before them. This was however, less in Gumla district. The members also mentioned their inability to take the best decisions for CwD as they were not equipped to do so, and neither was the system.
- ▶ It was observed that children with physical disabilities were placed in CCIs but the CWCs were reluctant to take those with mental illness or development disorders as they 'may become violent and disturb the other children'.
- ▶ CWC Ranchi mentioned children with mental illness or developmental disorder being abandoned by parents in Ranchi when 'treatment' in Central Institute of Psychiatry (CIP) or Ranchi Institute of Neuropsychiatry and Allied Sciences (RINPAS) failed, the child did not get better, and parents realized that this was a lifelong condition. The interview team got the impression that the CWC was reluctant to address this issue as they did not have the means to do so.
- ▶ In Gumla district many children (650+) are being covered under 'sponsorship' support provided by the Central Government as part of Mission Vatsalya. This entitles the children to INR 4,000 per month.

Child Care Institutions

- ▶ A few CwD were present in the CCI in the three districts. An NGO run CCI in Ranchi had one child with cerebral palsy and another with hearing challenges.
- ▶ A CCI in Khunti had a few deaf children who were living with other boys. These children were not being provided any special services like sign language.
- ▶ Gumla had very few children in the CCIs – 8 in the CCI for girls and 12 in the CCI for boys

Families with Children with Disabilities

- ▶ Most children with disability in the community had a disability certificate – in many instances supported by the local village level health worker. This certificate entitles children to a monthly stipend of INR 1,000³².
- ▶ Children with locomotor disabilities had received aids and appliances like wheelchairs and walking crutches. No other support had been provided
- ▶ Several families mentioned that they first visited the District Hospital and later hospitals in Ranchi to seek treatment and confirm the ‘diagnosis’ on disability for their children.
- ▶ Children with disabilities did not attend school, though efforts had been made to make them do so. Lack of special educators and facilities were the key challenges in retaining children in the schools.
- ▶ In a few cases, the disability of the child had been likely caused by preventable causes like epilepsy, but lack of treatment at the right time had led to long term challenges.

Community Child Protection Committees

- ▶ The committee members shared the presence and challenges of children with disabilities in the community. Depending on the disability, the children may either be confined at home or roaming the streets. A few children have been provided aids and appliances, but no other service is available in the community. The child protection committee members felt ill-equipped to address the issue. Currently, children with disabilities or family members with disabilities was not being considered as a factor in vulnerability mapping.

³² This is for the state of Jharkhand and may vary in other states

Gaps and Challenges

- ▶ The child care in system India is largely geared towards **institutional care of children** in need of care and protection. Though the Juvenile Justice Act and Mission Vatsalya acknowledge the importance of family-based alternative care, few steps have been taken to transition the system away from institutional care.
- ▶ The sheer **size and diversity of the population** makes care reform interventions on scale incredibly difficult - India is home to over 444 million children, which is one of the world's largest child and adolescent populations - and every fifth person is between 10 to 19 years. Additionally, a significant proportion of the population are mobile / on the move for seasonal work etc. This uproots children and families, taking them outside of community structures, support and gatekeeping, and increases pressure on host communities and services.
- ▶ The child protection structures are largely focused on the **district and block level**. The child protection system does not have a cadre of frontline workers. ChildLine staff are available for emergency responses, but long-term case management support is not available at the community level.
- ▶ The government **social welfare workforce** is inadequate in numbers, technical capacity, and resources to deal with the significant scale of the issue. Staff in many states are contractual, with uncertain tenures, and limited remuneration affecting their commitment to the job.
- ▶ There are significant **gaps in data** on children and young people in institutional care, alternative care and those recently leaving care. The availability of this data also varies from state to state.

Recommendations

Family Strengthening and Prevention of Family Separation

- ▶ Support vulnerable families to stay together through linkages with social protection schemes and services, especially health and education
- ▶ Strengthen and promote gatekeeping mechanisms at family and community level
- ▶ Support parenting programmes to strengthen families

Deinstitutionalization

- ▶ Strengthen systems and awareness to prioritize family tracing, restoration and reunification of children
- ▶ Support models to promote aftercare services for youth leaving the care system through care leaver networks at national and states level focusing on linkages with career guidance, skill building and counselling amongst others
- ▶ Strengthen monitoring systems and prioritize follow-up and support to restored children

Promotion of Family-Based Alternative Care Models

- ▶ Support replicable, scalable and sustainable models for family based alternative care focusing on foster care and kinship care.
- ▶ Promote, strengthen, and engage with national and international networks of practitioners, researchers, and advocates of alternative care to gather, disseminate, and share evidence and good practices
- ▶ Work with the government to for mainstreaming family and community-based models of alternative care

Systems Strengthening

- ▶ Strengthen capacity of the social workforce, both government and non-government, to have qualified, competent, and empathetic child protection functionaries
- ▶ Strengthen functioning and coordination among departments and child protection committees at district and block level and panchayat level

Strengthen Political Will

- ▶ Increase advocacy efforts to increase political will for care reform targeting the government and judiciary and a multi-sectoral approach to promote family care
- ▶ Advocate for increase in budget allocation and effective utilization of funds for child protection including reallocation of resources from institutional care to family-based care
- ▶ Advocate for a dedicated child protection workforce at the community level.

