

**CITIZEN'S REPORT ON  
STATE OF "RIGHTS OF THE CHILD" IN ODISHA  
2010-11**



**ODISHA ALLIANCE ON CRC  
(CONVENTION ON RIGHTS OF THE CHILD)**

**OACRC -an alliance of child rights advocates , groups and networks**

## Acknowledgement

The present report is an abridged version of the citizen's report generated and prepared during the year 2007-2008 through an elaborated process at the regional and state level. The partner Organisation of Odisha Alliance on Child Rights (OACRC) and Children from different districts actively participated in the workshop and expressed their views and concerns, shared their experiences highlighting the violation of child rights. They also suggested measure to be taken up by the civil society organisations and the Government to promote and protect the rights of the child. I therefore, on behalf of OACRC acknowledge the contributions made by the children and the civil society organisations to generate this report.

Many people have contributed at the organisation and individual level to enrich the quality of the report. Though it is not possible to mention to all those who have immensely contributed in the process.

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I hope this report along with other state reports and national report will have an impact on protecting the rights of the children in Odisha vis-à-vis India and will influence necessary policy decisions and programming priorities.

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## ABBREVIATIONS

<b>AIDS</b>	<b>: Acquired Immuno Deficiency Syndrome</b>
<b>ARWSP</b>	<b>: Accelerated Rural Water Supply Programme</b>
<b>ASHA</b>	<b>: Accredited Social Health Activist</b>
<b>AWC</b>	<b>: Anganwadi Centre</b>
<b>AY</b>	<b>: Antodaya yojana</b>
<b>BCC</b>	<b>: Behavior Change Communication</b>
<b>BGY</b>	<b>: Biju Gramina Yajana</b>
<b>BPL</b>	<b>: Below Poverty Line</b>
<b>CACL</b>	<b>: Campaign Against Child Labour</b>
<b>CARA</b>	<b>: Central Adoption Resource Agency</b>
<b>CCRP</b>	<b>: Coalition on Children's Right to Protection</b>
<b>CHC</b>	<b>: Community Health Centre</b>
<b>CLF</b>	<b>: Child Line Foundation</b>
<b>CSYD</b>	<b>: Centre for Science &amp; Youth Development</b>
<b>CWC</b>	<b>: Child Welfare Committee</b>
<b>DLHS</b>	<b>: District Level Household Survey</b>
<b>DPT</b>	<b>: Diphtheria Polio Tetanus</b>
<b>ECCE</b>	<b>: Early Childhood Care &amp; Education</b>
<b>FACE</b>	<b>: Forum Against Child Exploitation</b>
<b>HFWD</b>	<b>: Health &amp; Family Welfare Department</b>
<b>HIV</b>	<b>: Human Immunodeficiency Virus</b>
<b>ICDS</b>	<b>: Integrated Child Development Scheme</b>
<b>ICMR</b>	<b>: Infant &amp; Child Mortality Rate</b>
<b>ILR</b>	<b>: Ice Lined Refrigerator</b>

<b>IMR</b>	<b>: Infant Mortality Rate</b>
<b>JAA</b>	<b>: Jana Adhikar Abhijan</b>
<b>JE</b>	<b>: Janani Express</b>
<b>JJB</b>	<b>: Juvenile Justice Board</b>
<b>JSY</b>	<b>: Janani Surakshya Yojana</b>
<b>KSY</b>	<b>: Kishori Shakti Yojana</b>
<b>MGNREGS</b>	<b>: Mahatma Gandhi National Rural Employment Guarantee Scheme</b>
<b>MMR</b>	<b>: Maternal Mortality Rate</b>
<b>MPY</b>	<b>: Madhubabu Pension Yojana</b>
<b>NBCU</b>	<b>: New Born Care Units</b>
<b>NCLP</b>	<b>: National Child Labour Project</b>
<b>NFHS</b>	<b>: National Family Health Survey</b>
<b>NGO</b>	<b>: Non Governmental Organisation</b>
<b>NIFCC</b>	<b>: Non Institutional Forum for Child Care</b>
<b>NRHM</b>	<b>: National Rural Health Mission</b>
<b>OACRC</b>	<b>: Odisha Alliance on Convention on the Rights of the Child</b>
<b>OCLN</b>	<b>: Odisha Child Line Network</b>
<b>ODP</b>	<b>: Odisha Disability Pension</b>
<b>OriEAN</b>	<b>: Odisha Education &amp; Action Network</b>
<b>OLS</b>	<b>: Open Learning System</b>
<b>OPEPA</b>	<b>: Orissa Primary Education Programme Authority</b>
<b>OSA</b>	<b>: Orissa Siksha Abhijan</b>
<b>OSCW</b>	<b>: Orissa State Commission for Women</b>
<b>OTELP</b>	<b>: Orissa Tribal Empowerment &amp; Livelihood Programme</b>
<b>OVHA</b>	<b>: Orissa Voluntary Health Association</b>
<b>PC &amp; PNDT</b>	<b>: Pre Conception &amp; Pre-Natal Diagnostic Techniques</b>
<b>PGCD</b>	<b>: Peoples Group of Children's Development</b>

<b>PHC</b>	<b>: Primary Health Centre</b>
<b>PTGs</b>	<b>: Primitive Tribal Groups</b>
<b>RBDRO</b>	<b>: Registration of Birth &amp; Deaths Rules of Orissa</b>
<b>RCH</b>	<b>: Reproductive &amp; Child Health</b>
<b>RTI</b>	<b>: Reproductive Tract Infection</b>
<b>SC</b>	<b>: Scheduled Caste</b>
<b>SJPU</b>	<b>: Special Juvenile Police Unit</b>
<b>SJSY</b>	<b>: Swarna Jayanti Swarojgar Yojana</b>
<b>SR</b>	<b>: Sex Ratio</b>
<b>ST</b>	<b>: Scheduled Tribe</b>
<b>STI</b>	<b>: Sexually Transmitted Infection</b>
<b>TBA</b>	<b>: Traditional Birth Attendants</b>
<b>TT</b>	<b>: Tetanus Toxide</b>
<b>UIR</b>	<b>: Universal Immunisation Programme</b>
<b>UNCRC</b>	<b>: United Nations Convention on the Rights of the Child</b>
<b>UNIFEM</b>	<b>: United Nations Development Fund for Women</b>
<b>VCRO</b>	<b>: Voice for Child Rights Odisha</b>
<b>VHND</b>	<b>: Village Health Nutrition Day</b>
<b>DWCD</b>	<b>: Department of Women &amp; Child Development</b>
<b>WORLP</b>	<b>: Western Orissa Rural Livelihood Programme</b>

## PREFACE

United Nations' Convention on the Rights of the Child (UNCRC), 1989 is a policy decision mutually agreed upon by the state parties and countries that calls for protection of the rights of children through legal provisioning. The four major pillars of the UNCRC are Right to Survival, Right to Development, Right to Participation, and Right to Protection. The twin approach of UNCRC aims at making appropriate laws at one end and to develop contextually relevant policy programming in the spirit of the convention. It also urge upon the state parties and signatories to initiate and implement programmes to address the issues of the children in the mainstream development process. The strategic approach envisaged through policy programming emphasises on programming priorities, programming planning and implementation in line with the objective of survival, protection, participation and development. In order to keep a track and monitor the progress made by different countries, the convention has made a provision for submission of the country reports in every five years to the UN Committee on CRC.

The Government of India has signed on 1989 and ratified the Convention in 1992. Subsequently a number of policy decisions have been made, new policy, laws and legislations have been formed, necessary amendments and changes have been made in existing laws and legislations to promote and protect the rights of the children. Different rights based flagship programmes have been launched at national level as well as the state level and implemented by the central & state government. Institutional frame work like Commission for Protection of Child Rights, Commission for Disabled, National Rural Health Mission, National Commission for Scheduled Caste and Scheduled Tribe, National Rural Livelihood Mission, Juvenile Justice Board, Child welfare Committee etc. have been set up at the national and state level to monitor the protection of child rights and redress the violation of child rights within the purview of legal provisions.

However, even after two decades of UNCRC resolution, nothing tangible progress has been visualised at grass root level. In the wake of globalisation, the rights of the children seem to be least cared and more often violated. Even after progressive policies, there have been more instances of violation than adherence to it making it a daunting task for child rights activist to safe guard the child rights. At the present juncture, the time bound project based attempt

to safeguard the child rights or ensure an enabling environment for children whereby a child can grow without surrendering his basic rights doesn't seem to be suffice.

The government of Odisha besides implementing centrally sponsored programmes, launched state level programmes to incentivise girl child education and education of the most backward tribal and Scheduled Caste children through devising special area/community specific programme and financial support. Programmes and interventions were also planned and implemented by the civil society organisations to protect the rights of the children and to advocate for progressive rights based programmes. Help Desk for Women and Children have been set up in the police Stations. Yet, violation of child rights is manifested in different forms and wide spread at all level i.e family, community, social groups and programming planning by the government. The type of violation of child rights include gender discrimination, child sexual abuse, child labour, corporal punishment, abandoned, child marriage, lack of access and opportunity for education and skill development, female foeticide, discrimination on the basis of caste, community, gender, social groups, orphans, children of unwed mothers, differently able children and children of parents affected by or living with HIV/AIDS and children of Leprosy affected/cure parents etc.

Keeping in view of the above, Odisha Alliance on the Convention of the Rights of Child organised a series of regional and state level process/workshops involving children and civil society organisations to identify the issues related to violation of child rights in the state during the year 2007-08. Secondary data from various sources i.e government, NGOs, INGOs etc. and state level consultation of core group of OACRC were held to identify the policy programmes and measures undertaken by the government to address the child rights. The issues identified and highlighted are collected from the views and expression of children and the organisations working on child rights. It has also documented and quoted informations and case studies from secondary sources and information available from government departments.

The present report is an abridged and updated version based on the Citizens Report prepared during 2007-08. Efforts have been made in this present report to highlight some of the most important and significant findings of the previous report. At the same time additional and updated informations have been generated and analysed under UNCRC scanner to review and reflect the prevailing situation in Odisha that make or mar the environment for child survival and growth. The report brings to the fore different issues, challenges that are associated with child rights. This report is intended to be used as an advocacy



tool for greater realisation of the child rights. The report not only analyses different schemes and programmes but also lays constructive suggestions which if accepted will lead to the realisation of child right movement in Odisha and India. It is also expected that some of the issues may find a place in the final submission of NGO County Report to UN Committee on CRC.

This report is largely based on information drawn from secondary sources and prior publications of similar nature. This report critically examines different policies & child centred programmes from UNCRC point of view & comes out with suggestions. This report unlike its earlier versions is going to leave a special mark among the readers.

The report has used various standard parameters such as National Family Health Survey and District level Household Survey along with host of publications from Women and Child Development Department, OPEPA as well as OSCW to make a thorough analysis of child rights and their concurrent situation. This report also points out gaps as well as opportunities that exists in different policy programming made and implemented for the best interest of the children.

The report is broadly divided into two parts. The first part of the report (Chapter I & II) includes Constitutional and other legal provisions pertaining to child rights and provisions made in UNCRC, objective of the report and the process followed for data collection and compilation. A brief description of geographical, demographic, socio-economic, administrative, political and health profile of Odisha is also given for an understanding about the state and the people.

The second part of the report deals with different programme policies that best fit within the UNCRC mandate. Efforts have been made throughout the document to give place to the case studies and voices of children to further substantiate the findings.

Chapter III is General Principles regarding the right to non-discrimination that includes gender, caste, community and discrimination on the basis of social groups etc. It also includes a list of identified vulnerable group of children, children with special needs and girl child.

Chapter IV Basic Health & Welfare is a brief description of child health, nutrition, water, sanitation and environment, adolescent health, HIV/AIDs and comparative analysis of some of the key health indicators related to children in Odisha and India.

Civil Right and Freedom is discussed in Chapter V and highlights the issues related to birth registration and right not to be subject to torture.

Chapter VI deals with Family, Environment and Alternative Care. The issues discussed is about the kind of support provided to the children within the family, children without parental care, child poverty, child migration, trafficking, child abuse, violence and mal-treatment, children in conflict with law and adoption.

Education, Leisure and Cultural Activities is included Chapter VII includes literacy rate, infrastructure, quality education, child rights education, child participation, educational opportunity and issues of most backward communities and cultural activities organised in the school.

Chapter VIII is about Special Protection Measures available and to be initiated to protect the rights of the children. The content of the chapter includes Child Line, children in conflicting situation, refugee children, children affected by disaster and natural calamities, child labour, substance abuse, sexual exploitation, street children and children in need of care and protection.

# CHAPTER- I

## INTRODUCTION & BACKGROUND

### Constitutional Provisions

The Constitution of India, enforced on 26th January 1950, is not only to be construed as a legal document but an inclusive document to establish a just, humanitarian and egalitarian society through the democratic function of government with humane governance. The Constitution of India applies uniformly to all, including children. Guided by this scheme of thing, the framers of the constitution did not feel to make special provisions for the children, in an exception to article-15 (3), 24, 39 (e) and (f) and 45, as they did for other groups like women, scheduled castes, scheduled tribes and religious minorities. In view of the general applicability of the constitutional provisions, it may be inferred that they too equally apply to all children. The 86th Constitutional Amendment Act 2002 places a legal obligation on the State to make elementary education a fundamental right in India. This is clearly embedded in Article-21 (A) of the Constitution, which speaks, that "the State shall provide free and compulsory education to all children aged between 6-14 years in such a manner as the State may, by law determine" The shift of Article-45 to Article 21 (A) in a refined version has created a vacuum for the education of under 6 years aged children. However, new provision in Article-45 for Early Childhood Care and Education for all children of 0-6 years has compensated this. But it is most unfortunate that early childhood care and education is in the directive principle of State policy and the provisions under the Part-IV of the Constitution have been at the mercy of State since 1950. Again, government has preferred to share its constitutional responsibilities of providing education to all by fixing the liability of parents for keeping their kids out of schools without understanding the causes that have kept the children out of schools. This is considered to be a flaw and clear violation of democratic ethos.

### Provisions of UNCRC

The UNCRC in its present form was first convened on 20th November 1989. This international document called upon the participating states to make necessary policy corrections through a comprehensive legal & constitutional reform process whereby basic needs & best interests of the children can be protected. The signatory states have been requested to report at UN level on

such reforms taken up by state from time to time so that a close tab on the adherence of UNCRC laid out norms can be best adopted.

Government of India as a signatory to the UNCRC has ratified it on December 12, 1992 and thereby accepting the international mandate. Three interim reports have been prepared in the year 1997, 2001 & 2008 which speaks of measures taken up in the country in the lines of UNCRC. However, UNCRC also allows civil society organisations to prepare an alternative report on the status of the child rights in their state country every five years. The current report takes into account the child rights issues in Odisha since 2007-08.

Article 51 (c) of the Constitution of the India vested the responsibility on the State to respect international law, treaty and obligations. This is a subject of union legislation under entry 14 of the union list on which the parliament is empowered to make laws for the whole of India. In conformity with the objective declared in article 51(c), the Parliament of India has the power under Article 253 to make legislation for giving effect to international agreement. Mere signature in the international agreement or declaration does not mean that it shall come into effect unless appropriate legislations are made in conformity with the principles of international obligations. To that end, the legislations made by the parliament of India shall have overriding effects on the State legislations and for the effective implementation of the international agreement the parliament shall invoke the State subject in list -II.

### **Objective of the Report**

Despite the clearly spelt out provisions of protective discrimination with affirmative action to uphold the rights of the children, plethora of laws and policies and international declarations; the rights of the children are at stake. Though schemes and policies holds that every child has equal right to health, nutrition, education, and protection from all kinds of exploitation, in practice, vast chunk of children in India have been deprived from availing the minimum basic needs of life. The present laws & polices doesn't afford adequate measures for children participation. A large number of children are still deprived of the basic needs of life. The high incidence of infant deaths, extent of malnutrition and declining sex ratio continue to be bitter realities. This is purely empirical fact and the first two are more visible in State of Odisha comparative to other states of India. The report aims to provide status of the children in walking spheres of life and to make a perceptual analysis of realities by drawing the inferences from the available information and research works.

## Methodology

The following process and methodology was adopted to collect relevant information and compiled in the form of a report.

**Finalisation of Presentation Scheme:** The presentation format of the report was discussed with PECUC & OACRC alliance members. As similar report has already been published by OACRC, it was decided that the report will be prepared taking the earlier published issue into consideration. However, it was also decided that the new report will be in short form or in a thin volume and will be an abridged version of the earlier publication.

**Collection of Secondary Materials:** The secondary data from various publications such as newsletters, annual reports as well as status reports of various child centred schemes was collected for the purpose of drafting this report

**Selection of Benchmark Programmes:** Among a host of child centred programmes selected few ( those which are implemented at par with UNCRC mandate) has been selected for analysis

**Analysis of Existing Programmes:** The existing child centred programmes were analysed/examined on the basis of their performance in recent years.

**Report writing:** taking in to consideration of the case studies, a quantitative as well as qualitative indicator in the final report was shaped.

## Limitations

The documentation also has its limitation. The current report is confined with in a size unable to cover; hence many aspects of the children rights covered elaborately. The data presented are not analysed from a mechanical point of view but it is presented in the present context just to show where the children stand in context to UNCRC mandated rights.

## CHAPTER-II

### SOCIO-ECONOMIC & DEMOGRAPHIC PROFILE OF ODISHA

#### **Socio-economic and Administrative Profile**

Odisha formed on 1st April 1936, lies on the East coast of India, along the Bay of Bengal. It extends over an area of 155,707 square kilometres accounting about 4.87% of the total area of India. According to the 2011 census, it has a total population of 41.9 million. Odisha is regarded as one of the poorest and least developed states in the country. The demographic composition reveals pre-dominance of tribal, scheduled castes and small peasants. The state has a large concentration of tribal, mostly inhabiting in the jungle and hilly regions with concentration in the district of Koraput, Kandhamal, Kalahandi, Ganjam, Keonjhar, Dehenkanal & Mayurbhanj. The socio-cultural life of this part Odisha has been greatly shaped and influenced by the long and continuing tribal traditions. Out of 62 tribes in Odisha, most important tribal groups are Gonds, Juang, Saora, Bonda and Kondh. There are 13 Primitive tribes in the state living in inaccessible and undulating hills, terrains and forest. The 2011 Census pegs the population of scheduled tribes at 22 percent of the total population, which is the second highest in the country.

Administratively Odisha has 3 revenue divisions, 30 districts, 58 sub-divisions, 171 tehsils and 314 Community Development Blocks. On the basis of homogeneity, continuity and physiographical characteristics, Odisha has been divided into three revenue divisions: Western Odisha, Southern Odisha and Central Odisha. Agriculture provides employment to 77 % of the total employment of the state with paddy being the major crop. Odisha has an enormous mineral potential with its reserves of iron ore, manganese ore, limestone and graphite. However, the recurrent natural calamities like the cyclone, drought, flood coupled with the persistent resource constraint have been the major inhibiting factors for the growth and revival of the economy.

The State is gradually building up a sound socio-economic infrastructure for self-sustaining economic growth with equity by way of adoption of new economic reforms and reorientation of district administration through successive Five Year Plans. The high concentration of population below poverty line is a major cause of concern. Close to 45% of the population are in a state of below poverty line. In spite of several innovative schemes and state specific intervention,

the BPL percentage has not gone down significantly. There are conflicting views as to the proper barometer of poverty ( saxena , tendulkar, planning commission & arjun sengupta) has confused the masses & deprived many eligible persons from getting social security cover due to this politics.

Odisha, because of its sub-tropical location is vulnerable to flood, cyclone & heat strokes on many occasions even within one year. Disasters wash away lives & livelihoods. The coastal districts of Odisha are more vulnerable than other areas. The disasters of 1982(flood) 1999 (Super Cyclone) are worth mentioning. The interior districts of Odisha such as Bolangir, Kalahandi & Koraput are more known for their vulnerability to drought. The disaster contingency plan doesn't address the specific needs of the children despite demand from civil society organisations.

Table no: 1 A Comparison between India & Odisha on Selected Indicators

**Odisha Profile( As per census 2001 , SRS 2008 & NFHS-III data)**

Indicators	Odisha	India
Population( in Million)	39	1112
U-5 Population( in Million)	3.6	
SC &ST Population ( in %)	38.5	24.4
Population Below Poverty Line	46	27.5
Literacy Rate	63.1	64.8
MMR	303	NA

**Child Population**

The total population of the state as per the Census of 2011 is 41.9 million and the Scheduled Caste and Scheduled Tribe population is 17.68 million. The child population (up to the age of 18) of the state accounts for almost one-third of

the total population, i.e. 10,398,447. The percentage of children (0-14 yrs) in Odisha is 33.2% of the total population.

Table no:-2 Children profile of Odisha

**Children Profile Odisha ( as per State Plan of Action for Children)**

Children Age Group	No. of Girls	No.of Boys
0-2 Years	948758	1004067
3-5 Years	1258901	1310187
6-14 Years	3764340	3921619

The average literacy rate of the state is 63%. Among males, the literacy percentage is 75% whereas it is as low as 50% in case of females. Khurda district tops the rank with 70% where as Malkangiri districts ranks below 30% in literacy aspects. The literacy rate among the tribal population is 37.37 percent (51.48% male, 23.37% female). General sex ratio of Odisha is 972 whereas it is 979 in case of SC & 1032 in case of ST population. Odisha was one of the few States in India having more number of female children as recorded in Census -1961 & 1971. But that gender balance which had tilted in favour of girl child has come down from 1168 females per 1000 males in 1971 to 995 in 1981 and in 2001 it has reached to a sorry figure of 952. The cruel paradox of plummeting child sex ratio in the 0-6 years of age group has been quite evident from the drastic decline of overall female-male ratio in the subsequent census enumeration. The statistics confirmed in the Census record has reflected the worst gender imbalance against the girl children in Odisha that is a drop of 83 points during the period of 1961 - 2001, which is comparatively higher than the decrease of 49 points at the national level. This needs immediate redressal in changing the patriarchal mind-set of the people.

**Child Health**

The IMR is as high as 65 per 1000 live birth which is second highest in the country. Even after many successive interventions, the state has not delivered to the expectation. The Maternal Mortality Ratio of the state stands at 303 as per the latest SRS 2009 estimate.



Table no:3 Key Child Health Information of Odisha

Child Health Information	Figures
Child Registration at Birth	87.21%
Child born through Institutional Delivery	71%
Child Covered under Vit-A Supplementation	96.16%
Incidence of Childhood Diarrhoea	19.10%
Incidence of Childhood Anaemia	74%
Incidence of Childhood Malaria	5
Child Deaths due to ARI	19

\*SRS 2009

## CHAPTER-III

### GENERAL PRINCIPLES (Articles 2, 3, 6 & 12)

Right to non Discrimination is the biggest areas of concern that put a social hurdle for the children in terms of accessibility and in spite of social welfare schemes. Even if the constitution advocates for non-discrimination against its subjects, the reality seems to be painful.

The degree & relativity of non-discriminations vary among children taking categories of children & their social positions. The vulnerable children, children with special needs as well as girl children suffer differently because of their position in the society. Lets' see how these groups of community are affected by the discriminatory attitude of the society.

#### **Vulnerable Group:-**

1. Children of parents suffering from HIV/AIDS, lower caste, as well as children of single parents are treated with stigma & prejudice;
2. Children of scheduled caste & scheduled tribes are still considered as untouchable in society as well as in institutions;
3. Orphan children, children with physical disability as well as children of migrated parents as well as beggars in most of the cases are not able to access their entitlements. Adolescent boys and girls who have lost their parents and working parents living in slums are at utmost risk of getting sexually exploited;
4. The children residing in urban slums, far off inaccessible areas as well as in rural areas are more discriminated because of limited accessibility to social schemes as well as improper knowledge to access them;
5. Tribal children- access to scholarships etc. There is a huge difference in actual spending against the budgetary allocation thereby causing delay in delivery of scholarships to the children thereby defeating the mandate of the scholarships.

#### **Children with Special Needs:**

1. The children with special needs in most of the cases are robbed of the entitlements when the mandate is to mainstream them.
2. Mal-nutrition disabled. Disability is not an issue for mal-nutrition. Yet, the disabled children are suffering from mal-nutrition need special attention.

3. Physically challenged children have no or little access to programmes specially meant for them due to lack of awareness & parental support. The prejudices & blind beliefs associated with such conditions further marginalise the children with special needs.

### **Girl children:**

- Rearing practices of female children are socio-economically designed to make the girls more vulnerable.
- The female are most discriminated in terms of access to education & selection of livelihood etc.
- The girls are also discriminated during pregnancy, menstruation cycle etc.
- The psychological need of adolescent in terms of counselling has not been institutionalised making them fall prey to inaccurate information.
- Child marriage & child pregnancy continue to haunt girls even at this modern age notwithstanding many a schemes & laws.

Most of the discrimination in the society springs from ancient caste system & dogmatic mindset that places a particular section over others. There are also few customary practices, which breeds discrimination. Women are not allowed to enter into the premise of the temple during menstruation cycle are classic examples from this category.

#### **Closure of NCLP Schools Forces Children to Go back to Square One**

National Child Labour Project was launched with an aim to provide incentivized education to the children who are engaged in the hazardous & domestic chores as child labourer. In the year 2007, NCLP school was launched with a purpose to accommodate the working children for education. Each of the children was given Rs 100/- as stipend per month. Each school was given two teachers. But now most of them have closed as funds for the same were not received from the Govt. of India. As per a Survey currently 21,002 children are out of the schools. But unofficial estimate put the figure around 30,000 which is a great concern for district. The official estimate says that drop out amounts to 15% of the enrolment. After the closure of the schools, the children have gone back to the surroundings from which once they were picked. Now they were busy in washing soiled plates as well as herding the cows in the forests.

Indecisive planning, inadequate funding provision, lack of foresight has forced children to suffer at the hands of destiny. (as published in The Sambad)

Discrimination against women starts from the womb of the mother itself. On the very day of birth of a girl child, the parents curse themselves for not begetting a son. While the birth of the son is celebrated with gay abandonment, the birth of girl child pressurises the parents. Even though the girls in the urban areas enjoy certain degree of freedom over their rural counterparts, yet it is to a large extent limited. Freedom of girls is curtailed during menstruation cycle; they are not allowed to talk with boys. Even in tribal areas, on the onset of menstruation cycle, the girls are deprived of from the higher secondary education. Providing education to the girl child is considered as a foolish investment, particularly in the rural society.

### **Special Appearance Box-1**

#### **Voices of Children & how Civil Society Responds to It?**

Numbers of children welfare agencies are working in the state to take care of the rights of the children. These agencies are working upon to build the capacity of the children as well as organisation for child rights. Because of their consistent effort, Child Welfare Committee has been formed recently. Many other attempts are on to further strengthen the child right initiatives.

However, the voices of children are least heard in the policy decisive matters. Similarly, the involvement of the children in the household & community level decisions making process is also negligible. It is perhaps the reason why most of the issues are still perceived from adult point of view.

The agencies working on child health issues consider advocacy as one of the important component to leverage resource as well as build pressure on service providers so that a better world for the children can be shaped.

The civil society working for children view that the services provided for the children to address the needs of the children are not only limited in nature but also lacks qualitative service. The Anganwadi centres, the special schools, residential schools as well as legal institutions(JJ Board, juvenile courts etc) are not only inadequate in nature but lacks proper human resource support as well as equipments to act effectively to address the issues of Child Rights.

## Recommendations & Suggestions

- Strict implementations of PC &PNDT act to punish the erring individuals engaged in sex discrimination & killing of female foetus thereof.
- Provide a complete circle of support around SC &ST individuals/children by providing them school uniform, bi-cycles as well as reading materials which would help them to complete the minimum support education
- Strict implementation of SC &ST atrocities prohibition act 1989.
- Inclusive & vocational education to the differently-abled & marginalised children
- Mass awareness & community incentivisation to break away from the taboos and stigmas associated with leprosy and HIV/AIDs.

## CHAPTER-IV

### BASIC HEALTH & CHILD WELFARE

Article 6, 18 (Para 3), 23, 24, 26, 27(Para 1-3) of Indian Constitutions and provisions therein to protect children from the exploitation

#### Child Health & Schemes/Programmes

Government of India as a signatory to UN convention has promised to achieve 'Health for All' latest by 2015. National Rural Health Mission has been set up in the year --- in the line of this agenda to bring down some of the key health indicators (IMR &MMR, Institutional Delivery % as well as Immunisation Coverage) to a standard accepting level. A host number of medical as well as non-medical interventions have been designed to provide children much required health protection cover. Special New Born Care Units, Village Health Nutrition Day, Pustikar Diwas, IMNCI, Immunisation along with Supplementary Nutrition Programme are few of the important initiatives of Health & Family Welfare Department as well as Women & Child Development Dept.

Most of the health programmes are implemented under the umbrella of NRHM which to a large extent has removed administrative blockage & put the things in a fast paced environment. The success of schemes such as Janani Surakshya Yojana as well as Janani Express has filled the scene with airs of optimism. This has not only increased the institutional delivery but also to a large extent reduced Maternal Mortality Ratio. But at the same time, quality of services offered at New Born Care Units have gone down as no special attempts have been initiated to provide quality services to the new born children apart from SNCU which has been taken up in some secondary & tertiary hospitals. Poor level of programme management, traditional financial management procedures, too much emphasis of spending rather than bringing out qualitative impact as well as non availability of doctors and paramedics mar the health sector reform. Though the NRHM has started training health service providers on IMNCI, many of them have gone back to their old practising methods due to lack of IMNCI kits.

In the tribal districts, in spite of several attempts, institutional delivery rate has not gone up While still women are delivering on the advice of the Traditional Birth Attendants (TBA)s, the girl child, women as well as small children are worst sufferer from accessing health services.

## Infant Mortality Rate (IMR)

State ranks bottom but one position in the entire country as far as Infant Mortality Rate is concerned. According to SRS estimate 2009, IMR stands at 65 per 1000 live birth. Anaemia, malnutrition, diarrhoea, ARI as well as low birth weight are few of the important reasons for high IMR in the state. Poor child rearing practices as well as lack of parental knowledge on vaccination are reasons which also contribute to the higher children deaths among the new born.

### Special Appearance Box-2

#### Infant Mortality Rate: Key Milestones to Achieve

1. Reduce the IMR from 69 to 50/1000 live birth
2. Reduce the incidence of Low Birth Weight by 50%
3. Reduce under five Mortality from 95 to 75
4. Improve Immunisation from 58 to 80 %

In fact, the SRS data over the years shows that infant mortality rate has declined in Odisha, but the rate of decline has been very slow. The IMR in Odisha has dipped from 124 in 1991 to 87 in 2002. It only slipped to 22 point within 8 years and now is 65 by 2010. This implies that an average annual rate of declining of 3.4%. It is to note that if this rate of decline continues, an IMR of 45 per 1000 live birth shall be achieved by the year 2014. IMR below 10 indicates a high level of development and to achieve that level shall be a dream for Odisha. As per NFHS-II data regarding to measure causes of infant deaths, pre-maturity resulting in low birth weight babies has contributed about 38.5 percent, Pneumonia 15.4%, respiratory infection of new born 8.7%, anaemia 8.1%, bronchitis and asthma 5.3%, tetanus 2.9%, diarrhoea of new born 1.8% and others 19.3% are prominent causes of infant deaths.

## Maternal Mortality Rate (MMR)

The health and nutritional status of mother has a positive co-relation with health of the children. But the travesty is that health and nutritional status of women is much worse than that of the general population. Even this cruelty is crueller to rural women and women belonging to scheduled caste and schedule tribes. The key indicators of maternal health are extended antenatal check up, delivery characteristic and care. According to SRS 2009 estimate, the MMR stands at 303 from earlier estimate of 358. Poor referral facilities, inadequate service

provisions at the service points & delivery at home has been considered as reasons for maternal mortality. The indifferent attitude to the menace has to be addressed with proper BCC ( Behaviour Change Communication)

### **Special Appearance Box-3**

#### **SRS 2009: MMR reflects initial Impact of NRHM programmes**

The latest estimate of SRS 2009 which points out that MMR was reduced to 303 per one lakh live birth is because of macro level intervention taken up by National Rural Health Mission. Two specific programmes namely Janani Surakshya Yojana as well as Janani Express have been quite successful bringing pregnant ladies to the institutions. Efforts have been taken up to provide maternal care at the institutions through dedicated service corridor such as improved maternity ward, renovated labour room etc.

### **Immunisation**

The children are provided immunization services through the health worker in a given PHC/CHC area with the help of Anganwadi worker & ASHA in the sub-centres or ILR points. The Universal Immunisation Programme is being implemented in Odisha, like other parts of India, with objective of reducing Infant and Child Mortality. Under the programmes children below 5 years of age are given DPT, BCG, OPV, Measles, Diphtheria. Children who have received one dose each of the BCG and Measles Vaccines and three doses each of the DPT and Polio vaccines are considered fully vaccinated. At present, immunisation coverage of children is lagging behind the goal set for universal immunisation programme. As per NFHS-III 51.8% of the children in Odisha are fully vaccinated. Earlier as per NFHS-II it was 43.7%. Similarly, 83.6% of the children are vaccinated against BCG whereas 67.9% of the respondents were vaccinated against DPT (As per NFHS-III). Efforts notwithstanding, the polio vaccination has not gone beyond 65% as per latest NFHS report. Only 66.5% of the children are vaccinated for measles prevention. However situation is gradually improving as zero dose of immunisation has been taken up at institutional level from the first day of birth.

During the year 2008-09, 6.8 lakhs pregnant women have been covered under TT immunization. 6.3 lakhs children have been immunized against DPT; 6.4 lakhs against Polio; 6.6 lakhs against BCG and 5.8 lakhs children have been immunized against Measles. The poor immunisation coverage is largely because of lack of adequate awareness & long span of immunisation does administration.



Again most the parents are not aware about the doses and point from which these doses are available. Parents who are regular wage earner find it difficult to immunise their children by dropping one day's wage. Similarly, many of the wage earners migrate to cities because of limited opportunity at the village level. The agricultural workers also migrate to cities in the off season, because of which their children are not properly immunised. Government need to address this challenge of poor & illiterate migrants to access this universal programme. Immunization services are poorly monitored & are generally left at the mercy of health workers who have to travel long distances to collect the vaccines from ILR (Ice Lined Refrigerator) points. Health workers take the advantage of poor monitoring to inflate figures.

## **Nutrition**

Children between 1-6 years look to Anganwadi centres for receiving the Supplementary Nutrition. About 54% of the children in the state are in the malnutrition category. 36.92% of the children are in category one, 16% are in category two & 1.09% are in category three & four. Only 54% of the children are breast fed within one hour of birth & only 42% of the total malnourished category received at least one Vitamin A dose (RCH, NFHS-2). Malnutrition is largely responsible for stunted growth & under weight. The food habits, particularly in rural Odisha is high on carbohydrates & less in proteins. Persistent malnourishment aggravates morbidity & catalyses other health problems of children, particularly the girl child.

### **Special Appearance Box-4**

#### **Mamata Diwas: Ensuring Nutrition to Every Child**

In the year 2009, Health & Family Welfare Dept. has launched Mamta Diwas which is held on every Tuesday & Friday of month at one Anganwadi centre. This important programme is also known as VHND and is largely responsible for bringing in adequate service support for eradication of malnutrition following a need based approach. The under-nourished children within Grade 3 & Grade-4 are referred to nearby PHC or CHC on 15th of every month. The scheme provides support in terms of referral transportation as well as medicine procurement along with incentivising the ASHAs who are engaged in the set up to facilitate the process.

Annual report of the W&CD dept for the year 2009-10 reveals that there is a perceptible decline in the percentage of moderate and severely malnourished children both among the 0-3 & 3-6 year age groups. In the 0-3 year group, the

percentage declined from 22.5% in March 2005 to 17.1% in March 2009. The corresponding decline among the 3-6 year age group is from 20.1% in March 2005 to 15.2 % in March 2009. As per NFHS-I (1992-93) and NFHS-III (2005-06) malnutrition of children under 3 years has been reduced, stunted (%) from 49 to 44, wasted (%) from 30 to 24 and underweight (%) from 50 to 40 respectively.

**Table no:4**

**Nutrition: A comparative Figure from India & Odisha**

Indicators	Odisha	India
Underweight(u-3)	44%	46%
Wasted(u3)	19%	19%
Stunted	38%	38%
Anaemia (6-35m)	74%	79%
Breast feeding within one hour(u3)	38%	19%
0-5 months exclusive breast fed	50%	46%
Children under 6 years receiving any services at AWC	66%	33%

\*Source NFHS III

**HIV/AIDS**

As many as 169 children below the age of 14 have been detected as HIV positive in a span of eight months in Odisha, from July 2010 to February 2011. Out of the 169, 83 were female & 6 died of AIDS. Ganjam district tops the list with 70 children (41 male and 29 female) being identified as HIV/AIDS afflicted followed by 15 in Balasore. The others were from Sambalpur, Koraput and Cuttack. While four children from Ganjam died, one death each was reported from Kendrapara and Khurda districts.

The state is considered as a low priority state in the NACO map as it comes under low prevalence category. However, because of long stretch of high ways, poor knowledge of the community on HIV/AIDS as well as lack of appropriate support service, make the districts of Odisha vulnerable to HIV/AIDS.

In the absence of proper rehabilitation package, children of deceased parents face an uphill task for survival. Stigma removal programmes have to be broad

based to mainstream & address discrimination of children. However, the children of the HIV deceased are included in the Madhubabu Pension Yojana whereby they are entitled to draw an amount of Rs 200/- every month as pension.

### **Differently Able Children**

According to the Census of 2001, there are 10.21 lakhs disabled persons in the state out of which 5.14 lakhs are Disabled in sight, 0.69 lakhs Disabled in speech, 0.84 lakhs Disabled in hearing, 2.81 lakhs Disabled in movement and 1.64 lakhs are mentally challenged. The number of persons with Disability per one lakh population in Odisha is 2459. It is 2586 for males and 2330 for females. 23 Out of the total Disabled population of 10.21 lakhs, Only 1,25,000 have been covered under the Odisha Disability Pension (ODPS) Scheme during the year 2006-07.<sup>24</sup> Persons who are five years of age or above and are totally blind, orthopaedically handicapped, mentally retarded or affected by cerebral palsy, received an amount of Rs.100/- per month as pension under the scheme. This amount was increased to Rs. 200/- wef 1 April 2006.<sup>25</sup> Eligibility to avail pension is subject to an annual income of Rs.11, 000/- or less is discriminatory. The children aged 0-6 years are not included in the ODPS.

The Department of Women & Child Development, Government of Odisha has implemented a number of schemes which aims at providing assisting aids, training & capacity building through training programme, provision of scholarship disabled children etc. However, in reality most of the assistance is given to the disabled people who are having access to such information. The effort of the state to popularise the impacts are limited in nature. Similarly, obtaining the disability certificate from the authorities is a big challenge. In the absence of this certificate, in most of the cases, the disabled find it difficult to enjoy the entitlements.

The Disabled children are discriminated against, ignored, neglected and often abandoned by the parents and the community. People refer to them by their physical Disability instead of their names. It is often reported that mentally challenged persons are chained or tied to pillars or confined inside the houses for years together. Low esteem for persons with Disability within the community and in the family is a matter of grave concern.

### **Adolescent Girls**

Adolescent girls constitute 22 % of the total child population in Odisha (as per OPEPA report). There are usually vulnerable to social pressure & thus are subject to exploitation and STI/RTI diseases. In the absence of proper

understanding of adolescent needs, a conflict exists between children & parents, as a result of which, run away cases are reported. Compared to the boys, adolescent girls are more vulnerable in terms of health and physical development, sanitation and personal hygiene is a major issue for adolescent girls, which determines their reproductive health. Substance abuse among the adolescent boys and girls is alarmingly high in the state.

Two major programmes of Women & Child Development Dept. must be made in this context. The first one is Kishori Shakti Yojana (KSY), which is being implemented by the Ministry of Women & Child Development using the infrastructure of ICDS. The Scheme targets adolescent girls in the age group of 11 to 18 years, for addressing their needs of self development, nutrition and health status, literacy and numerical skills, vocational skills etc. Balika Mandals are constituted at Anganwadi level to implement the scheme. 22, 16,794 Adolescent Girls are covered in all 326 ICDS Projects under Kishori Shakti Yojana from the year 2006-07 onwards. Adolescent girls in the age group of 11 to 18 years are being provided with iron and deworming tablets.

The second one is Nutritional Programme for Adolescent Girls(NPAG). Undernourished Adolescent Girls with body weight less than 30 kg in the age group of 11 - 15 years and 35 kg in the age group of 15 - 19 years are covered under the Scheme. Free food grains @ 6 kg. per beneficiary per month, is provided to these undernourished adolescent girls. The scheme is implemented in Koraput and Kalahandi districts. Health & Family Welfare Dept. has also established fixed day clinics in all DHH, SDH, CHC and PHCs to counsel and discuss issues of adolescent health.

### **Adequate Standard of Living**

The standard of living of the children in most cases, are directly linked with the standard of living of the community. In Odisha around 47% of the total population is living below poverty line. In most of the cases, the children's needs are curtailed & are usually compromised. Hence, children suffer from lack of qualitative education & health care. In most of the cases, the childhood is spent in thatched houses in unhygienic conditions. Similarly, most of the children don't have access to clean drinking water as well as electricity. This has a direct bearing on the growth of the children. The children living in the urban slums, street and working children do not enjoy adequate standard of living. Forceful demolition of the slums and re-location affects the standard of living of the families and the children in the urban slums. There are around 5 lakhs (.5 million) children displaced due to various development programmes

in Odisha, both rural & urban. Majority of these children are forced to join the workforce which not only curtails their rights but also set into motion their exploitation. Most of the children living in the tribal areas don't have access to good communication & transportation system as well as good habitat. They still have to rely on subsistent economy.

The government of Odisha is implementing a number of programmes and schemes for rural employment, poverty alleviation and improvement of rural livelihoods. These include Swarna Jayanti Swarojgar Yojana for women entrepreneurship, Annapurna Yojana for families living Below Poverty Line (25 k.g rice is provided at subsidies rate to the families in a month), Antodaya Yojana for distressed people like old aged and people without family support, Western Odisha Rural Livelihood Programme (WORLP), Odisha Tribal Empowerment & Livelihood Programme (OTELP), Mahatma Gandhi National Rural Employment Guarantee Schemes (provides 100 days employment or allowance in case of unemployment to the rural poor families) and Biju Gramina Yojana. However, there have been hardly any child specific programmes to ensure adequate standard of living.

### **Water, Sanitation & Environment**

The water & sanitation aspects speak about the civilisation. Water is a basic physiological necessity of human beings. Thus access to safe and non-polluted drinking water is a potential measure of preventive health care because most of the diseases such as gastroenteritis, diarrhoea, dysentery, enteric fever etc. are water-borne and prevail due to the consumption of contaminated water. Supply of safe drinking water, free from microbial or chemical contaminations, in adequate quantities to all has to be recognised as a desirable minimum need of every human being. Nearly 60% children don't have access to drinking water in Odisha.

Clean and Safe water, open defecation, personal hygiene & nutrition are four critical factors of child survival and growth. Currently in Odisha 33% of girls school & 24 % of boy's school are having access to drinking water. Hand washing facilities are available 2131 co-ed schools only in 19 girls' schools & 10 Boys schools. As per the water & sanitation mission report only 61.58% of girls schools, 15.76% of boys schools & 20.25% of co-ed schools are having drinking water facilities. Only 22% of the rural households are having drinking water within their premises & 25% of the households are having self toilets. Most importantly, many girls in schools where there are toilets don't have access to it as their caretakers have them locked them. Due to this unsanitary conditions, many of them fall prey to RTI/STI infections.

In order to supply drinking water a number of schemes like Accelerated Rural Water Supply Programmes (ARWSP), Swajaldhara etc. are being implemented in the rural areas of Odisha. As per Government' Report, out of total 136399 identified habitations in the State, 124127 habitations have been fully covered under drinking water supply programme at the end of March 2004. These habitations have been provided 2, 27,277 tube-wells, 7,079 sanitary wells and 121 spring based water supply projects. 79% of the total Urban Populations is being supplied Pipe water through 1, 73,752 number of house connection and 17,183 public water supply stands. Of late, huge public investments have been made in providing drinking water to majority of the populations in India. But still there is mismatch between spending and outcomes.

According to the report of District Level Survey and Facility Survey (2002-04) on RCH; IIPS, that in Odisha 25.6% of household having drinking water facility either from piped or hand pump as against corresponding figure of 88.5% in India.

### **View & recommendations of the Civil Society**

- The major national flagship programmes have been unable to achieve the mandate because of improper community involvement as well as lack of ownership development among community for the programme mandate.
- The programmes are largely based on the quantitative achievements but qualitative improvement of civic life has neither been emphasised nor been monitored.
- Lacks of vision in implementing the programmes have worsened the situation. In many cases, the programmes are launched because of financial spending & political compulsions.
- Inadequate remuneration, myopic human resource policies etc. has been the reason, why most of the national flagship programmes continue to suffer.
- Water, sanitation, environmental problems should be addressed in a missionary mode.
- The government should ensure adequate standard of living by improving the livelihood of the people and addressing the issue of land rights.
- The government should make Livelihood Implementation Plans at the district level. In the urban slums the government should make similar plans with municipalities to improve the standard of living of the people living in the urban slums. They should involve the slum neighbourhood committees.
- There has to be a different parameter all together to monitor grade IV & III children even amongst malnourished children.
- There should be an impact assessment of Kisori Shakti Yojana & mid way corrections should address the needs adolescents.

## CHAPTER-V

### CIVIL RIGHTS & FREEDOM (article 7, 8, 13-17 & 37(a) of UNCRC)

#### Birth Registration

Birth registration is the official recording of the birth of a child by the administrative wing of the government. Registration of birth is the State's first acknowledgement of a child existence. In fact, a proper birth registration is considered to be the "First Right" of a child. A birth certificate is a child's proof of identity and ticket to citizenship. The privilege of having birth certificate opens floodgates to the fulfilment of rights and other entitlements that a nation provides to its citizens. It is the right of the every child born in the country to have its birth registered and accordingly it shall be the duty of every State to make birth registration accessible and available to all without having any administrative inconveniences.

As per NFHS III, in the State of Odisha, 57 percent of children under age of five years have got their births registered with the civil authorities. However the government data pegs it at 87%. Not only birth certificate is significant for an individual, it is vital for the State also. A complete civil registration system is the sole way to generate reliable information on various demographic indicators like births and deaths rates, infant mortality rate, maternal mortality rate, and child sex ratio at the micro and macro level. Without a proper and efficient registration system, the State does not know about birth rate or death rate. An effective system of birth registration is a fundamental tool to the rational operation of good and human governance. Complete, timely and accurate registration of births and deaths shall enforce the government for accurate planning with adequate budgetary allocation and implementation of developmental policies and programmes, particularly in health, education, housing, water, sanitation and employment.

There are two important dimension of the above discussion. One is birth registration & the second is issue of certification. In Odisha Deriving the power from Section-30 (1) of the Act, the Government of Odisha has made the rules namely, Registration of Births and Deaths Rules of Odisha, 1970 in subservient to the Central Act. The Director of Health Services, Odisha has been declared as Chief Registrar of Births & Deaths. He is the Chief Executive Authority of the State for Implementation of provisions of Registration of Births & Deaths

Act, 1969. He is assisted by the Additional Chief Registrar of Births & Deaths (Joint Director of Health Services, Odisha), Deputy Chief Registrar of Births & Deaths (Deputy Director, Vital Statistics, Odisha), Assistant Chief Registrar of Births and Deaths (Assistant Director, Vital Statistics) and Technical Staff's at the State Level.

At the District level, Chief District Medical Officers and the Assistant District Medical Officers have been declared as District Registrar of Births and Deaths and Additional District Registrar of Births and Deaths, respectively, and they discharge their function for their districts. The Medical Officers In-charge of the Primary Health Centres and Health Officers has been functioning as Registrar of Births and Deaths, respectively for rural areas and Municipal Corporation/ municipality/notified area council.

Babies born in hospitals are likely to be registered because under the Registration of Births and Death Act, 1969, it has been mandatory for the medical officer-in-charge to give information to the Registrar of Birth either orally or in writing. In the event of delivery at home, more often it constitutes two-third percentage to the total child born in Odisha, people are not coming forward to register the events either voluntarily or grassroots mechanism have not been well equipped to make the systems effective.

A report of the DHS, Odisha shows although the level of birth registration has progressively increased from 79.43 percent in 2003 to 86.24 percent in 2006, yet the level of certification remained only 34 percent in 2006. In the absence of birth certification, the registration is not said to be complete. The figure hardly reaches above thirty percentage in only three to four districts.

Registration procedures get complicated with lapses of time for reporting of birth to the appropriate authority. If the information of birth and death is reported within the prescribed period to the appropriate registrar, certificate can be obtained free of charge. When the informant declares the event of birth and death after the expiry of the prescribed period, it is considered as delayed registration. A very tedious legal procedures need to be followed if reporting is made after one year of birth.

Following are the major gaps identified during the registration process

1. Registration of birth of babies born to a unwed mother, orphan & abandoned is impossible
2. Dearth of funds, budgetary allocations & staff mar the birth registration process



3. The birth registration is not tightly monitored & is in the least priority category as no-community demand exists for this purpose

### **Recommendation**

- Notifying agency should have exclusive responsibility for reporting of birth and follow up activities unlike the present system of Female Health Workers or others who are primarily entrusted with other responsibilities in addition to birth and death reporting.
- Necessary administrative fees shall be paid in cash not through Treasury Challan.
- Single lineage system from reporting to distribution of certificates at the door steps of households.
- Freezing year after that production of birth certificate shall be compulsory at the time of first admission in school.
- There is a need to involve the panchayats in the birth registration process.

### **Right not to be subjected to Torture**

Since 2004, corporal punishment in the schools is banned through an administrative circular brought by School & Mass Education Dept. However, no separate laws to punish the errand teachers exist. But this circular has not created enough administrative ground for itself. Even after 6 years of the circular, corporal punishment as a lead story is carried on the front page almost every week. Instead of banning the punishment from the school only, steps could have been taken to ban the same from the educational set ups by legislation & with support from the community stakeholders.

### **Recommendations:**

- Sensitisation programme should be carried out for all the stakeholders to scrap the corporal punishment
- Sexual harassment cell at the school level must be institutionalised to give ground to the affected children
- Child protection norms should be formulated in all schools.

## CHAPTER-VI

### **FAMILY, ENVIRONMENT & ALTERNATIVE CARE** (Articles 5, 18 (Para 1-2), 9-11, 19-21, 25, 27 (Para 4) and 39) of the UNCRC.)

#### **Family Support**

The State Govt. is implementing Integrated Child Development schemes for providing health & nutrition support to the children all across the state. This centrally sponsored scheme which is in operation since 1975 today covers 314 Blocks & 12 Urban Local Bodies. The service is extended through 41,997 Anganwadi Centres<sup>1</sup>. Anganwadi centres are instrumental in providing day care & pre-school education. The Centres' together have provided supplementary nutritional support for 300 days in a year to 48.79 lakh children<sup>2</sup>.

Apart from the above, the NGOS as well as other civil society organisations with external support are also implementing the pre-school education from children 3-6 years through Balwadis & other day care centres. However, paucity of funds as well as lack of infrastructure at the Anganwadi centres mar the quality of the supplementary nutrition programme.

#### **Children without Parental Care**

The children without parental category can be placed under "in need of care & protection" category. Mainstreaming these categories of vulnerable community within the social mainstay is a big challenge. In order to cater to the schemes, 86 child care institutions accommodating 5628 inmates between the age group of 18 and 25 years both boys and girls are managed by different NGOs including O.S.C.C.W. all over the State except Deogarh district. An amount of Rs.500/- per inmate per month is being provided by the State Govt. Similarly, the children who are residing with their mothers in jails & short stay homes which are also known as deemed orphanage. A sum of Rs 250/- is provided per inmate/month for these children. There are 2 placement agencies and one coordinating agency in the state carrying out intra-country and inter-country adoption of such children without parental care. The most vulnerable of all the children without parental care are the street children living in the towns and cities.

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<sup>1</sup> State of Plan of Action for the Children 2009-12, W&CD Dept.

<sup>2</sup> Annual Report 2008-09, W&CD Dept.

## Child Poverty

Even though 47 % of the total population reel below poverty line hardly any attempt has been made to cater to the needs of poor children. No scheme is being implemented currently to address other needs of the children apart from nutritional needs. Because of this poverty, the children are bound to comprise on quality food & education. In the absence of financial muscles of the parents, the children are forced to assist parents instead of getting education. Distress migration is one of the most recurring phenomena in the dry lands of KBK every year. Children are subjected to migration along with parents. Because of low wage, these children are engaged in hazardous sectors such as brick kiln making, fire cracker units etc. Because of regular migration episodes (one episode last four to six months), the education is discontinued. The children at migrated destinations lack access to health care, education as well as welfare set ups.

### **Samara Recalls Scary Times: Recounts Past Experience**

Samara Majhi of Semiliguda Block moved to Kerala along with 14 others few years back. They were accompanied by a middle man & worked in an iron rod factory. They were promised nutritious food, shelter and regular payments in return. For initial three months the contractor lived upto the promise & expectation. But soon after, the scary life for all of these began. They were pushed to the store room of the factory and were forced to work for 12 hours a day. Rest, drinking water, timely food vanished from the scenario so as the timely payment. In case of any mistake, they were beaten black & blue by the supervisor. Whenever they tried to complain about the same to the owner of the factory, they were threatened by the supervisor. They also could not contact the middlemen who brought them here. They somehow came to know that the contractor had taken huge amount by pledging them with the supervisor. Lastly they are able to flee from there by saving Rs 10.00/- per day which was given to them as breakfast & reached the nearby station. Again this amount is not sufficient for purchasing the train ticker. They over stayed at station & reached the local police station. Because of language problem, they again stayed there for a period of 8-10 hours. Only after a higher order officer intervened, samara & his friends reached home safely.

( A Study on Migration in Koraput District, Undertaken by Aide-at-Action)

## Trafficking & Illicit Child Transfer

The transfer of the children for few hundred rupees from one hand to other is often brought up in media. In the last six years over 3568 women have been reported missing. There are 818 married women, 1418 girls and 1342 minors. Out of the total missing women and girls, only 1061 have been rescued by the family members and by the police. Despite of the existence of a Central Law on Adoption, illegal transfer of children through Court Affidavit is being done which raises great amount of concern. In order to avoid the long legal procedure of adoption, people often preferred the easiest route.

### Violence against Children Some Classic Examples

On 27 May 2005, the police detained Jagannath Bag(12) for interrogation on charges of stealing Rs 3,000 from the house of Umakanta Pradhan, where his mother Diptirani Bag worked. When the boy denied his involvement, the police squeezed his right palm with a pincher and even applied electric shock on his private parts to extract a confession. Under duress the boy named his friend Shankar Harijan (8), who was later arrested by the police. When Shankar Harijan expressed ignorance, police allegedly applied electric shock to his private parts as well and made him kneel-down on the varandah of the police station. Jagannath Bag had to be admitted to Muniguda Project Hospital on 28 May 2005 in a critical condition.

There were also reports of sexual assault. On 13 July 2005, a 5-year old minor girl, daughter of a daily wage labourer, was reportedly raped by one Manguli Oram, inside the Vishwa Hindu Parishad's office premises near College Square under Malgodown police station while she was playing inside the premises. The girl was later sent to the SCB Medical College and Hospital for medical examination.

Trafficking is also rampant in Odisha. A study conducted by the Bhubaneswar-based Institute of Socio-Economic Development in collaboration with United Nations Development Fund for Women (UNIFEM) revealed that the holy place of Puri remained the main destination of victims of trafficking with 43.83 per cent, followed by capital city of Bhubaneswar with 30 per cent. The study covered 13 out of the State's 30 districts and identified 559 cases of trafficking from 275 villages in 83 blocks under 21 districts. These districts include the coastal ones of Ganjam, Puri, Khurda, Kendrapara, Jagatsinghpur, Cuttack, Jajpur, Bhadrak and Balasore and the districts bordering other States- Koraput, Rayagada, Nuapada and Mayurbhanj with industrial and mining

towns, tourist spots and large urban centres. The study further revealed that sex work was the primary means of survival for most of the victims within the age group of 18 to 35 years. The reasons behind falling victim to trafficking were poverty, lure of employment, promise of marriage, betrayal of lovers and domestic violence. About 49 per cent of the victims were brought through promise of marriage, while nearly 11 per cent of them fall victims to poverty and 7 per cent were lured by promise of employment. Of the victims of trafficking 69.08 per cent in the state were illiterate. Muslim women, accounting to 3 per cent of the victims, were all illiterate. ( Source: Asian Human Resource Centre )

### **Abuse, violence and Maltreatment**

Child abuses as well as violence against children are few of the most observable situations in the society. Large scale movement to urban areas in search of jobs by rural girls as maid servants has exposed them to sexual violence. In rural areas, the children are duped by false promises & are dragged to unwed motherhood. Few of the girl children are also sold as sex slaves in Kolkata & other states against the false promise of getting jobs. Because of social stigma and association of upper segment of community in most of these violence and abuses are not brought to lime light. The violence against the girls are more than boys.

#### **ODISHA: WILTED CHILDHOOD**

When police rescued Saraswati Pradhan, an eleven-year-old tribal girl, from Prem Nagar area of Berhampur, a southern Odisha town, she was in a bad shape. She was unable to see properly as both her eyes were swollen. It looked that somebody had beaten her up mercilessly. This was confirmed by a police report.

Besides, she was ruthlessly beaten up and branded with hot iron rod. Such incidents of torture are unfailingly reported by the media. This incident too hogged limelight and most of the newspapers ran it on July 16. The dust had yet to settle down when another incident of torture surfaced from Kishan Nagar of Cuttack district. This time a seven-year-old girl was at her employers' mercy. She too was branded with hot iron rod and beaten up. In both these cases, the police arrested the culprits and jailed them. Despite stringent laws, children continue to be tortured and forced to work as domestic servant. Some 21,5222 children in Odisha are forced to work as labourers. It is not

only child labourers who are tortured, even schoolchildren are at the receiving end. Recently, a teacher mercilessly thrashed a Class I student in Khantapada area in Balasore district.

Teacher Sandhyarani Panda punished Laxmidhar Majhi, a six-year-old student of Bistupur Upper Primary School, for ignoring her order of not blowing whistle during school hours. The government has failed to curb such incidents. 'More than 200 cases of atrocities against children have been reported in Odisha in 2009.

( Source: Blogger-Knowledge)

## **Children in Conflict with Law**

Juvenile delinquency refers to the engagement of children who are less than 16 years old in crime scene. Petty theft and burglary by children are increasing in the state. In the absence of strict monitoring agency, police usually sends the minor children to the Juvenile Home meant for the children instead of Swadhar homes.

Mainstreaming the juveniles by disposing all the cases are one of the major challenges before the community. JJ Board & CWC committee has been framed in all the districts. 30 JJ boards & 25 CWC have been formed in the districts. 15 observation homes are also set up by the Govt so that children can be put under observation for behaviour correction. Govt. has set up 46 child care institutions as Children Homes whereby reception of children in need of care & protection can be received.

## **Adoption**

The United Nations Convention on the Rights of the Child, 1989, says that a child is a deprived of parental care is entitled to the protection and assistance of the State and it is the responsibility of the State to help in establishment families (Article 20). Article 21 of the Convention says that States must recognise that inter country adoptions can be recognised as an alternative means of a child's care, if the child cannot be placed in a foster or adopted family or cannot be suitably cared for in the child's country of origin. Now all adoptions are being carried out at the central level through the state coordinating agency. The Central Adoption Resource Agency under the Ministry of Social Justice and Empowerment is the nodal agency for adoption in the country.

## Views of Civil Society

- Despite Institutional care and support, the children are still neglected and abandoned. The parents are not aware of child rights and hence neglect the child and force them to run away.
- There is hardly any monitoring of the institutional care systems in the state. The children are reported to have been tortured, neglected and abused. The government has no specific policies for such children.
- Hundreds of missing children are still not reported and no action has yet been taken by the state government.
- Illegal adoption is carried out in the state of which the government has no information
- Good practices-Govt. & civil society-only documented case studies with source and reference.

## Recommendations

- Adequate number of alternative family support and care institutions should be set up in the state Also at district level as per mandate of the act.
- The Police should be trained and educated on Juvenile Justice Act and those who violate the law should be punished heavily.
- Set up help desk for Women and Children in the Police Station
- There should be updated information on the number of missing children and necessary steps should be taken to trace them out
- The Traffickers should be nailed down and punished as per the law
- Establishment of Police Booths to keep track of trafficking at the Railway Station or major Bus Stand/ exit point.
- Picketing points should be made at major entry and exit points in the state to stop trafficking and illegal transfer of children.
- Enforcement of law strictly and efficiently.
- Reintegration programme should be incorporated for trafficked & migrant children.

## CHAPTER-VII

### EDUCATION, LEISURE & CULTURAL ACTIVITIES

#### Status of Education

As per the provisional census figures of 2011, the literacy rates have gone up in the state. Literacy rate in the State has also made a quantum leap rising to 73.45 per cent from 63.1 per cent in 2001 and is now almost on par with the national average of 74.04 per cent. Literacy rate among men is 82.40 per cent surpassing the National average of 82.14 percent while the female literacy rate has reached 64.36 per cent against 65.46 per cent nationally. In 2001 Census the literacy rates among men and women were 75.3 and 50.5 percent respectively. The gender gap in literacy in the state is 18%.

The infrastructure through which the education is offered by schools is quite poor. Infrastructure does not only refer to quality buildings or availability of water & sanitation facilities within the school premise but also refers to more important indicators such as teacher-student ratio & per student availability of space.

Few of the observations are as follows

1. While most of the schools are having Pucca building because of flagship programmes of Sarva Sikshya Abhijan yet the quality of these buildings are never checked from safety parameter
2. Most of the schools lack access to clean drinking water & don't have separate toilet for boys & girls.
3. The teacher to student ratio stands at 40 which is significantly lower than national level.
4. Basic amenities such as boundary, green campus, electricity as well as playground are missing from the fray in most of the schools
5. Even though teaching learning materials are being provided to schools they are locked & found in the office only. They are not available inside the classroom, to the students.
6. The percentage of female teacher to male is comparatively less

Even though the volumes of schools as well as school buildings have increased over period of time, the quality education imparted by these schools is always under scanner. In the absence of proper activity planning, weak monitoring &



supervision as well as inadequate teaching & learning aids are the reason because of which the quality of education suffers. The education is still more or less revolves round chalk & talk philosophy, the engagement of children in curricular & co-curricular activity is often discouraged. The over emphasis on text book learning hardly leaves any scope for increase in creativity in schools.

### **Special Appearance Box-5**

#### **Sex Slur Mars Quality Education in Nawarangpur District**

Four tribal girls of a kanyashram in Nabarangpur district have accused three teachers, including the headmaster, of sexual assault.

The incident took place at Government (SSD) Upper Primary School in Bada Ambada in Kosagumuda block of the socially underdeveloped district, about 550km from the state capital.

In a written complaint to the district collector, the students spoke of the repeated harassment they have been facing from the teachers - headmaster Pradip Sahu, Ishwar Bhatra and Padman Bhatra.

Padman is reportedly the husband of the cook of the school, more popularly known as Bada Ambada Sevashram in the area where female literacy rate is quite low.

The students, all from Classes VII and VIII, first reported the matter to an assistant teacher and sought his help in absence of a lady teacher at the school.

### **Child Rights Education**

The child rights educations in the schools are hardly discussed. At many places, teachers themselves are not aware about the child rights education & way to deliver the same. However, involvement of civil society in the education set up has triggered the debate of imparting child right education in the school. Few of the civil society institutions are also coming up with innovative projects of imparting child right education in the schools.

The participation of children in planning & monitoring education process is minimal. In class room teachers occupy more than 80% of the class room business. Children only follow commands of the teachers deviating from which attracts punishment. Hence, the entire education process is only teaching not learning orientated.

## Early Childhood Education

Currently 14.4 lakh children within the age group of 3-6 (as per annual report of W&CD 2008-09 Annual Report) are enrolled in the pre-school & attendance for the above period is 12.9 lakhs. All the 314 Blocks of the State and 12 Urban Local Bodies have been covered through 60,918 Anganwadi Centres and 10216 Mini Anganwadi Centres which facilitate education to the children. These children are enrolled in the AWCs to get supplementary nutrition as well as pre-school education. However, inadequate staffing, lack of space to accommodate children as well as poor supply chain management, the children often lack quality services.

### Special Appearance Box 6

#### State needs another 470 Crore for Primary Education under RTE

The Centre for Science and Youth Development (CYSD), a city-based non-governmental organization (NGO) has recommended that the state government needs to set aside an additional Rs 470 crore in the state budget for the establishment of new schools in the state.

The NGO has pointed out that there is only one school in every 3.2 sq km area in Odisha and 12262 villages in the state have no schools.

Hence, an allocation of an additional Rs 470 crore in the budget for 2010-11 will help to meet the ideal requirement of one school per sq km.

The teacher pupil ratio in the state currently stands at 1:3 which includes 52,000 para teachers and more budget is needed to appoint 65092 regular teachers needed for the state.

Moreover, 6.62 per cent of the schools have no buildings and only 21 per cent of the schools have separate toilets for girls.

The additional allocation will help in the effective implementation of the Right to Education Act of the Government of India.

## Education to Most Marginalised Groups

Govt. of Odisha has introduced National Child Labour Project (NCLP) in all the thirty districts of the state. Apart from education, the children enrolled in these schools are also provided a sum of Rs 100/- as stipend every month. The children are provided uniform as well as teaching & learning material as well as mid day meals in these schools. In each of these NCLP schools, two teachers are appointed. However, because inadequate supervision, poor trained

manpower as well as gap among the service providers is the reason because of which the programme is a big failure. In most of the cases, the school buildings are provided by the community. Similarly, in the absence of regular fund flow to the executing agencies, the execution gets delayed. The teachers lack appropriate skill to educate this out of school childr

Apart from NCLP & Special schools, the schools run by Govt. continue from 10.00 AM to 4.00PM. However, there is no special period whereby the children enjoy & play. During this 6 hour day, in many of the schools a 30 to 45 minutes recess session is given to the children. Once in week children are given a period to play. The first class of the Saturday is dedicated to drills & physical exercise.

### **Recommendation of Civil Society**

- Since education is the backbone, lifeline and corner stone of society and the bastion of socio-economic development, it absolutely needed to augment the provisions.
- Teachers orientation & capacity building to reduce corporal punishment in schools.
- Strong monitoring & supervision of all primary, secondary & ECC education.
- Appointment of teachers to meet the norms prescribed under RTE.
- State should devise methods to train all the teachers before the five year moratorium period.
- Enhance budgetary allocation by the state government to fulfil the mandate of RTE.
- Pedagogy in all the tribal languages to attract more tribal children to schools.
- Strong awareness programmes to change the mindset and attitude of the parents should be accelerated to improve attendance in schools and check drop outs.
- Stringent application of labour laws and enactments are to be insisted to eradicate child labour.
- The social barrier and stigma should be eradicated to send the grown up girl children to school. Their early marriage should be stopped.
- Quality education should be imbibed in Oriya medium schools to stop the flow of children to English medium schools attracting more children from local area.
- Poverty should be eradicated by spruced planning of poverty amelioration schemes and its implementation with honesty and probity.

## CHAPTER-VIII

### SPECIAL PROTECTION MEASURE

(Article 22, 30, 32-36, 37(b)-(d),38,39 & 40)

Odisha's population composition is relatively young. Around 1.25 core population as per 2011 census is well below the 18yrs age bracket. Hence, without dedicating adequate support to these groups, the situation is not going to change much. Even article 15 of constitution points out that state must lay equal emphasis on all its' citizen irrespective of age sex, colour & caste. We need to extend adequate support to the children community if we want to see a better Odisha.

#### Child Line

Toll free child line services are available at Berhampur, Puri, Cuttack, Bhubaneswar & Rourkela where distressed children & vulnerable children can dial a toll free no. & can seek help. The child line no.1098 is also popularised at all locations. Children neglected by families, abandoned children, street & working children as well as children without parental care & support constantly seek help from the above stations. However, because of limited facilities, the children of other districts are hardly having any scope to seek help in the face of severity or distress.

#### Children in Conflict Situation

Even though Odisha is a peaceful state, yet there are also sporadic instances of children getting affected conflict situation. Mob violence, Left Extremist Movement as well as caste based conflict take a heavy toll on children. Losses of livelihood, loss of parents as well as displacement are few of the consequences the children residing in Kalinga nagar as well as Kandhamal witness in recent years. Similarly, closure of schools, Anganwadi centres & medicals as well as lack of education materials ensure children remained cut off from the provisional circle of support during the days of conflict.

#### **POSCO Stir: Children Formed Baluta Sena**

Close to 200 children in the Dhenkia & Gobindapur village have formed a Baluta Sena. The motto of this mass is to protect village from the entry of police & other paramilitary forces. The children in this context are being used as shield in the stir against POSCO. POSCO wants to come out with a

steel plant in these area with 12 million dollar investment which is otherwise termed as the biggest Foreign Direct Investment of the country. The logger head continues and police is unable to enter the village because of presence of children in the front row.

At the same time 52 families since last five years are supporting the POSCO endeavour and hence are subject to torture from those who oppose the industry in the area. The children of these families find it difficult to move to the schools or village playground as they did not have adequate support of the villagers. The rights of the children to education in both the cases are curtailed.

### **Refugee Children**

A small & insignificant yet continuously rising no. of refugee children & their exploitation is also a cause of concern for activists. The no. of refugee children especially that coming in from Bangladesh has increased recently. Their presence can be significantly visible in the coastal areas of Jagatsinghpur, Puri, Kendrapada & Balasore districts. However, state Govt. lacks credible information on the actual nos. Most of them lack required legal document to stay in India. They can be seen picking rags in the towns & adjoining areas of their residence. Stay in make shift houses, poor personal hygienic conditions characterises the growth of the children.

### **Children affected by Disasters**

The children who are affected by the disasters are also run the risk of suffering from different ailments. They are also vulnerable to different psycho-social stigmas. Because of its tropical location Odisha is subject to various natural disasters every year. After a massive disaster, the wellbeing of adult in the face of reduced resources tops the list. Hence, automatically children & their rights take a back seat. The personal hygiene, education, food available for the children etc. suffer a lot because of recurrent disasters. Even though Govt. has separate provision to ensure food for the children during relief as per Odisha State Relief Code, yet only quantity is ensured. Nutritious value as well as quality of the food is never taken into consideration.

### **Child Labour**

As per the survey undertaken by State Labour institute during the year 2004-07, currently around 1.38 lakhs children suffer from the economic exploitation as child labour. However the figure has risen to 6 lakhs in the year 2010. The survey identified that these children are engaged both in hazardous & non-

hazardous sector & concentration is more in the urban areas. These children are engaged in 15 occupations & 57 processes too. The occupations such as bidi rolling, agriculture fields, eateries, food joints such as ( dhabas) take a host of such child labour enrolment. Non official estimate puts the figure more than 20 lakhs. Around 19,000 have been disengaged from the hazardous sectors & have been brought with educational contact by annexing them with formal & non-formal education set up National Child Labour Project schools, is running in 24 districts of Odisha. The Cuttack & Kalahandi districts are part of 10 districts in five States of the country where Convergence Project, an international programme of ILO for elimination of child labour, is being implemented in collaboration of Child Labour Division of Ministry for Labour and Employment. Under the Convergence Project, socio-economic situation of child's family would be strengthened and other support programmes would be taken up. As per the plan, families would be linked with social safety nets, livelihood assistance and encouragement that would help them keep their children in school and out of work.

### **Substance Abuse**

Substance abuse starts from very early age among the children. Bidi, pan, Gutka (a local substance) is very much customary in nature in the households and influenced by Grandmothers and Grandfathers. Children smoking bidi and eating of tobacco starts as early as 12 years in tribal areas.

### **Sexual Exploitation**

Sexual exploitation also happens both at home & at different institutions & the most vulnerable girl children are subject to them. While PITA 1986 is in force to prevent trafficking of women & children for sex works it is not applicable to cases, when sexual exploitation happens because of trafficking for jobs or domestic placements. Many cases have been reported & many go unreported as children are continuously send across the borders of the state and are put in the vicious circle of sex trade under false promises made by placement agencies and placement cells. Girls migrating from KBK districts face more or less same fate in the distant states of Delhi, Gujarat, Madhy Pradesh and Chhatisgarh.

### **Street Children**

With growing urbanisation & increased displacement the blot is also visible in urban areas. More and more children are moving to urban areas in search of livelihood. Many unfortunate children reside in the streets. The street children also lack access to education, health as well as nutrition. The children residing

on the street are prone to STI & RTI. They are also victim of HIV/AIDS & are often sexually exploited. More often they spend their nights in and around bus stand & railway station. However, night shelters are coming up in the states after directions from Hon'ble Supreme Court so that these children can be given protection at night.

### **Children in Need of Care & Protection**

There are eighty five orphanages in Odisha & most of the children who call to the child line request food, shelter & medical services free of cost. Similarly there are many children who come in conflict with the law because of the crime they commit. In many cases, lack of evidence on the actual age of children, police book the children under IPC. These cases demand attraction from the human rights activists.

Currently, the state has 15 observation homes including 3 special homes and one exclusive girls' home providing services to the juvenile delinquents. The Juvenile Justice Act 1986 with revision in the year 2000 have been put in place whereby Juvenile Justice Board in 28 out of 30 districts & Child Welfare Committees in all the districts have been put in place. However, the JJB board & CWC lack child friendly investigative methods & humanitarian concerns.

Though ten numbers of special juvenile police units (SJPU) have been declared , they are non functional due to lack of budgetary, infrastructural & personnel support. Similarly, all the thirty Child labour task force in all the districts have not been adhering to the mandate of regular meetings & rescue operations.

#### **Key Recommendations**

- Setting up of Child-line in all 30 districts and increasing the outreach services by creating awareness.
- Establishment of Transit Homes and observation for rescued children in all the 30 districts as per the JJ act 2006.
- Strengthening infrastructure to rehabilitate cases by child line(Promoting community mechanism or institutional mechanism)
- Better linkages among Child-line, Community-based Child Protection Structures, Child Welfare Committees, Juvenile Justice Board, Children Homes.
- Strengthening the delivery mechanism of basic minimum services in the areas where displacement takes places,
- Life skill training, Vocational training and rehabilitating the children (14-18) in Left Extremist dominated areas.

- Relief and rehabilitation package for children and infant as per the provision should be implemented (relief code to be followed)
- Expansion of disaster preparedness in schools and integrating Disaster Preparedness in schools
- Enforcement of the Act (NDPS Act / Prohibition of Tobacco and Cigar Act 2008) and creating general awareness.
- Educating adolescent children on harmful effect of substance abuse
- Community based child protection mechanism should be promoted and linked with CWC
- Public awareness, sensitization and mobilization of parents, caregivers, community and other actors in civil society
- Professional counseling services for children in psychological trauma and establishment of accredited training courses/institutions for creating a cadre of trained counselors
- To strengthen the knowledge base by undertaking research and documentation, resource mapping of services, creation of a Management Information System
- (MIS) for tracking vulnerable children, and database management

## CONCLUSION

The current development trend in Odisha over the last two decades is marked by surprisingly high levels of disparities. It shows a perennial gap between the available resources, its distribution and consumption by different communities and social groups living in coastal, central and tribal regions. Regional disparities in poverty levels are marked, with signs of divergence; human development indicators (health, education, knowledge and voice) are equally unequally distributed, though with some signs of convergence. Social group disparities are large too, on all indicators, and again few signs that such disparities are being reduced, with adivasis more than two times more likely to be in poverty than non-deprived groups (which underestimates disparities between extremes), usually suffering disproportionately from land alienation and displacement. Gender disparities are marked, with high MMR, gaps in education, worsening sex ratios, and cases of loss of livelihood opportunities. Significantly, the various forms of disparities overlap and mutually reinforce each other, with the tribal-upland vs. coastal-elite forming the extreme ends of a range of disparities, possibly creating poverty traps or 'log-jams of disadvantage'. Orissa is not only poor, and stretched by fiscal crisis, it is also a very unequal state, with large disparities between regions, social groups and classes, and men and women.



While regional and social disparities, for historical reasons, overlap to a great extent, gender discrimination cross-cuts many of the other disparities. Tribal women in 'remote' areas are among the most deprived people in the districts and there are significant and sustained gender gaps in human development indicators in Orissa. But patterns of gender discriminations vary. Recent evidence shows that one of the most important indicators of gender discrimination, the decline in female-male (under 5) ratios, has begun to be witnessed in Orissa too, and primarily in the better-off areas.

The UNCRC is one of the historic instruments in promoting the rights of the children across the world. In the context of India and Odisha, many a flagship programmes have been launched and implemented for the protection and promotion of the rights of the children. Yet, the violation of child rights and denial of rights is major concern for the civil society organisation and policy makers. Efforts should be made at all and appropriate level to streamline the programmes and schemes more child centred and strict monitoring. While making the programmes and schemes, geographical, social and economic factors of different communities and districts should be taken into consideration. There is a great deal of need to promote child participation in the decision making process. The parents should be sensitised on child rights and child rights education should be made available in all schools. The critical issues and factors identified and analysed reflects the state of children and child rights in Odisha. The recommendations made in this report by the children and the civil society organisation will definitely influence necessary policy changes and programming planning at the state level.

**ODISHA ALLIANCE ON CRC**  
**(CONVENTION ON RIGHTS OF THE CHILD)**  
**OACRC -an alliance of child rights advocates , groups and networks**

**Network Partners & Core Group Members**

Campaign against Child Labour (CACL), Bharat Gyan Vigyan Samiti, Forum Against Child Exploitation (FACE), Forum Against Child Sexual Exploitation, Jana Adhikar Abhijan, Odisha Siksha Abhijan, Odisha Voluntary Health Association (OVHA), Swadhikar Forum, Voice for Child Rights, Odisha (VCRO), WE CAN Odisha, White Ribbon Alliance, CLAP-Legal Network, People's Group for children's Development (PGCD), Coalition on Children's Rights to Protection (CCRP), SOS-Children's village, Task force for Non Institutional Forms of Child Care, Odisha Education & Action Network (OriEAN), Odisha Child Line Network, ULLASH, Child Line Foundation, Action Aid, CWS, Save the Children, Terre Des Hommes (G)-IP

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