

Child Protection
District Need Assessment Study (DNA)
&
District Child Protection Plan (DCPP)
Morigaon, Assam

Conducted by  in collaboration with
the State Child Protection Society (SCPS) Assam, & UNICEF Assam

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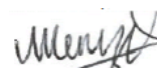
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It is hoped that this report would be used as the basis for planning and implementing and review of child protection programs and services in the district.



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ABBREVIATIONS

AG	Adult community group
AWW	Anganwadi worker
BCPC	Block Level Child Protection Committee
BDO	Block Development Officer
CDPO	Child Development Project Officer
CG	Childrens group
CMPO	Child Marriage Prohibition Officer
CWC	Child Welfare Committee
DCPP	District Child Protection Plan
DCPU	District Child Protection Unit
DNA	District Need Assessment
DRDA	District Rural Development Agency
DSP	Deputy Superintendent of Police
FGD	Focused Group Discussion
ICDS	Integrated Child Development Scheme
ICPS	Integrated Child Protection Scheme
IDI	In-Depth Interview
IEC	Information Education and communications
JJA	The Juvenile Justice (Care and Protection of Children) Act, 2000
JJB	Juvenile Justice Board
MGNREGS	Mahatma Gandhi National Rural Employment Guarantee Scheme
MWCD	Ministry of Women and Child Development
PDS	Public Distribution shop
POCSO	Protection of Children from Sexual Offences, 2012
RIPA	Recognized Indian Placement Agency
RTE	The Right Of Children to Free and Compulsory Education Act,2009
SAA	Specialized Adoption Agencies
SARA	State Adoption Resource Agency
SCPS	State Child Protection Society
SJPU	Special Juvenile Police Unit
SMC	School Management committee
SSA	Sarva Shiksha Abhiyan
VCPC	Village Level Child Protection Committee

1. INTRODUCTION

The Ministry of Women and Child Development (MWCD) introduced The Integrated Child Protection Scheme (ICPS), in 2009. ICPS recognizes the importance of creating a protective environment for children through establishing preventive child protection systems, at the state, district and sub district level, and provides a range of child protection services for children. It strengthens the implementation of the Juvenile Justice (Care and Protection of Children) Act, 2000. ICPS emphasizes partnership between state and civil society as a key strategy for child protection. It aims to strengthen the capacity of families, communities, service providers, NGOs and others to ensure effective linkages towards a well-coordinated integrated child protection system.

The district is the hub at which a number of programs and services for children converge. At the district level, the District Child Protection Unit (DCPU) is responsible for effective implementation of ICPS. The DCPU have specific budgets allocated for awareness generation, capacity building, and advocacy activities. Meaningful interventions through DCPU are possible if the specific vulnerabilities of the district are identified and a plan is made to address them. According to ICPS every district must develop a comprehensive child protection plan, based on an in-depth district level analysis of child protection concerns, vulnerability, and availability of services.

Assam was among the first states to sign MoU with center in 2009-10 for the implementation of ICPS. The State Child Protection Society (SCPS) was notified in 2010, and State Adoption Resource Agency (SARA) was set up in 2011. The DCPU have been established in all 27 districts of the state. Assam has notified state rules for Juvenile Justice (care and protection) Act, 2000 and statutory bodies in the Act, Child Welfare Committees (CWC) and Juvenile Justice Boards (JJB), have been formed. The state has 1 Recognized Indian Placement Agency (RIPA) and 10 Specialised Adoption Agency (SAA) covering 22 districts. The state has also notified Juvenile Welfare Officers and constituted Special Juvenile Police Unit (SJPU) as per the JJA.¹

Morigaon was selected for conducting the study keeping in mind a number of unique characteristics of the district. Morigaon is known to be a symbol of ferocity and extent of floods in Assam. The intensity of the floods has increased over the years leading to the destruction of crops, human settlements, roads, bridges etc. and loss of human and animal life. Every year, large areas in the district are inundated and considerable tracts of land is swallowed up by erosion.² The population in Morigaon is concentrated in the most vulnerable areas. Even *char* areas are densely populated despite harsh living conditions. Such disadvantages bring risk and vulnerability to children, migration for labour, disruption of services like education, nutrition and health for months, and early marriage, to name a few.

Leher was empanelled by State Child Protection Society, Assam, as a technical resource partner for implementation of ICPS and was requested to conduct the DNA and recommend a DCP for the district of Morigaon. The DNA study comprised a qualitative process in at the village level and with duty bearers at the block level and a review of secondary data collected from various government sources.

The data collected from the stakeholders assessed: attitudes, perceptions and understanding of various child protection issues, availability of child protection structures and complaint's mechanisms at the village level, and availability of social protection schemes targeted at children and families. The study synthesised the findings and identified issues and areas for action, which would form the basis for recommendations in the DCP.

¹ Minutes of the 45th PAB Meeting under ICPS held on 11th July 2012 to discuss the financial proposal of Assam

² Contingency Plan (Flood), 2012, Morigaon

2. OVERVIEW

2.1. Background

Assam, often described as the gateway to the north-eastern states is at the heart of the north-eastern region (between 6 of the 7 sister states). It is home to 68 percent of the total north-east population.

Although Assam is rich in natural resources, today, it ranks amongst the poorest states in the country with a per capita income (PCI) that is 60 percent of the national average; this starkly contrasts the period around Independence when Assam's PCI was 4 percent above the national average. This contrast, which slowly grew after Partition, brought around geographical isolation, strained traditional trade relations etc.

The inflow of refugees from Bengal to Assam also emerged as a cause for ethnic conflict. Thereafter, a major earthquake in 1950— which changed the topography of the region— and the fluctuating course of the Brahmaputra River caused major floods since 1954. The floods³ eroded the riverbank, displacing countless families and driving numerous villages into oblivion. Floods have impacted Assam drastically, more so being an agrarian economy with 69 percent of its population engaged in agricultural activities; Around 40 percent of Assam's land has been susceptible to annual flood damage and close to 386,476 hectares⁴ has been lost to riverbank erosion over the years, Thus development has taken a backseat leaving the state and its inhabitants to cope with losses year after year⁵.



2.2. Status of Children in Assam

Floods, poverty, economic backwardness, ethnic clashes, unemployment etc. have plagued the state for years, and this has had a direct impact on lives of lakhs of families. In Assam, 101.27 lakhs people (31.98percent) are below the poverty line⁶. Assam records the highest maternal mortality rate (390 per 100,000 live births) in the country⁷. The status of children is no better with infant mortality only marginally improving to 59 per 1000 births⁸; today, only 50.9 percent children

³ The Brahmaputra valley has experience major floods in 1954, 1962, 1966, 1972, 1974, 1978, 1986, 1988, 1996, 2000, 2004, 2007.....- Annual Report, Vol 3, 2012, Assam State Disaster Management Authority

⁴ <http://asdma.gov.in/hazardous.html>

⁵ http://sdmassam.nic.in/pdf/publication/annual_report2012.pdf

⁶ http://planningcommission.nic.in/news/pre_pov2307.pdf

⁷ <http://online.assam.gov.in/documents/218378/2d2df305-bfd4-46f5-86aa-10fcec046fa7>

<http://mohfw.nic.in/WriteReadData/1892s/6960144509Annualpercent20Reportpercent20topercent20thepercent20Peoplepercent20onpercent20Health.pdf>

⁸ <http://online.assam.gov.in/documents/218378/2d2df305-bfd4-46f5-86aa-10fcec046fa7>

http://www.nrhmassam.in/pdf/nfhs3/key_indicator.pdf

between 12-23 months are fully immunized⁹ and 40.2 percent between 2-4 years have a birth certificate¹⁰.

Furthermore, with regard to education, as per ASER 2013 Annual survey, 19.8 percent of the children above age 15 (23.1 percent boys, 16.2 percent girls) drop out of school. Keeping Right to Education (RTE) norms in mind, only 31.3 percent of schools meet the pupil-teacher ratio; around 21.6 percent of the schools have no drinking water facility, 25.7 percent have no separate toilet facility¹¹ and, 20.8 percent girls and 11 percent boys were married before they reached their legal age of marriage. Also 40 percent of women in Assam, who currently are between 20-24 years, were married before they turned 18. In a state-wise analysis, according to the 2007 Study on Child Abuse India conducted by MWCD, the percentage of children reporting physical abuse (84.65 percent) in one or more situations, corporal punishment in school (99.56 percent), sexual abuse amongst both, girls (51.19 percent) and boys (62.55 percent), was highest in Assam¹².

2.3. Child Protection Structures in Assam

The current child protection structures in Assam include Assam State Commission for Protection of Child Rights— which has been functioning since 2010¹³— Child Welfare Committees¹⁴ and Juvenile Justice Boards— which have been established in all 27 districts—special juvenile police officials and Childline 1098 helpline service in Guwahati. The state has four Observation Homes and three Children's Homes.¹⁵ The ASCPCR between January – October 2013 has taken cognizance of 31 sexual abuse cases, 25 complaints under RTE (corporal punishment, lack of infrastructure etc), 11 child labour cases and 21 other child rights violation cases. Further, as according to the Assam -State of Juvenile Justice Report 2012, while CWC and JJBs have been established there is a huge pendency of cases with 347 pending cases out of the 596 registered cases with the CWC in 18 districts and between 33-100 percent pending cases in some districts, handled by the JJB.¹⁶ NCLP schools have been set up in Nagaon, Kamrup and Lakhimpur, while between 2010 and 2012, 501 children have been mainstreamed.¹⁷

2.4. An overview and status of child protection in Morigaon

Morigaon a small district constituted by 5 development blocks with a population of 9.57¹⁸ lakhs, covers 1450.02 Km². It has a number of rivers flowing through it i.e. the Brahmaputra flows along the northern boundary while Killing, Kollong and Kapili flow through the southern part. The district is inundated by floods almost every year and this has been one of the prime reasons for its vulnerability and being named one of the country's 250 most backward districts¹⁹. Consequently the lives of many including, lakhs of children are impacted.

⁹ <http://www.jsk.gov.in/dlhs3/assam.pdf>

¹⁰ http://www.rchiips.org/nfhs/assam_report_for_website.pdf

¹¹ http://img.asercentre.org/docs/Publications/ASERpercent20Reports/ASER_2013/ASERpercent202013percent20statepercent20pagespercent20English/assam.pdf

¹² <http://wcd.nic.in/childabuse.pdf>

¹³ <http://assamchildrightscommission.gov.in/act.php>

¹⁴ http://wcd.nic.in/icpsmon/pdf/cwclist/Assam_CWC.pdf

¹⁵ <http://www.achrweb.org/reports/india/JJ-Assam-2012.pdf>

¹⁶ <http://www.achrweb.org/reports/india/JJ-Assam-2012.pdf>

¹⁷ <http://www.labour.nic.in/upload/uploadfiles/files/FAQ/FAQpercent20childpercent20labour.pdf> (No. of children mainstreamed: 2010-11- 274, 2011-12 -227)

¹⁸ Census of India, 2011

¹⁹ http://www.nird.org.in/brgf/doc/brgf_BackgroundNote.pdf

2.4.1. **Status of Child Protection Mechanisms in Morigaon²⁰:**

Mechanism/ Officer	Location	Status
Child Labour Task Force	District	Formed but not functional
Anti Human Trafficking Unit (AHTU)	District	Formed but not functional
Child Welfare Committee (CWC)	District	Functional
Juvenile Justice Board (JJB)	District	Functional
Special Juvenile Police Unit (SJPU)	District	Formed but not functional
District Child Protection Unit (DCPU)	District	Formed but not fully functional
District Child Protection Committee (DCPC)	District	Not formed
Block Level Child Protection Committee (BCPC)	Block	Not formed
Village Level Child Protection Committee (VCPC)	Village	Not formed
District Sponsorship and Foster Care Approval Committee	District	Not formed
Child Marriage Prohibition Officer	District	Not formed
School Management Committee	Village	Not formed
Parent Teacher Association	Village	Not formed
Children's Home for Boys	District	Formed not fully functional
Children's Home for Girls	District	Not formed
Observation Home	District	Not formed
Childline 1098	District	Not formed

The AHTU and the Child labour task force are formed but members are not aware of their roles and functions. Juvenile Welfare Officers have been appointed at the police stations but they are not aware of their role and function. The DCPU is formed but all staff are not appointed. Certain logistical barriers to their effective functioning need to be addressed. These are discussed below in the DCP. The Children's Home for boys has been set up but is not fully constructed and has not received all the grants applied for. There is no home for girls in the district. There is no Observation Home in the district. JJB members have to refer children to the neighboring district of Nagaon.

2.4.2. **Details of cases intervened by CWC, JJB and Police**

CWC	
Nature of Cases	No. of cases
Medical	0
Child Labour	1
Child Marriage	0
Trafficking	11
Missing / Kidnapped	9
Abandoned/ Orphaned	4
Shelter	0

²⁰ Annexure DNA & DCP – Secondary Data

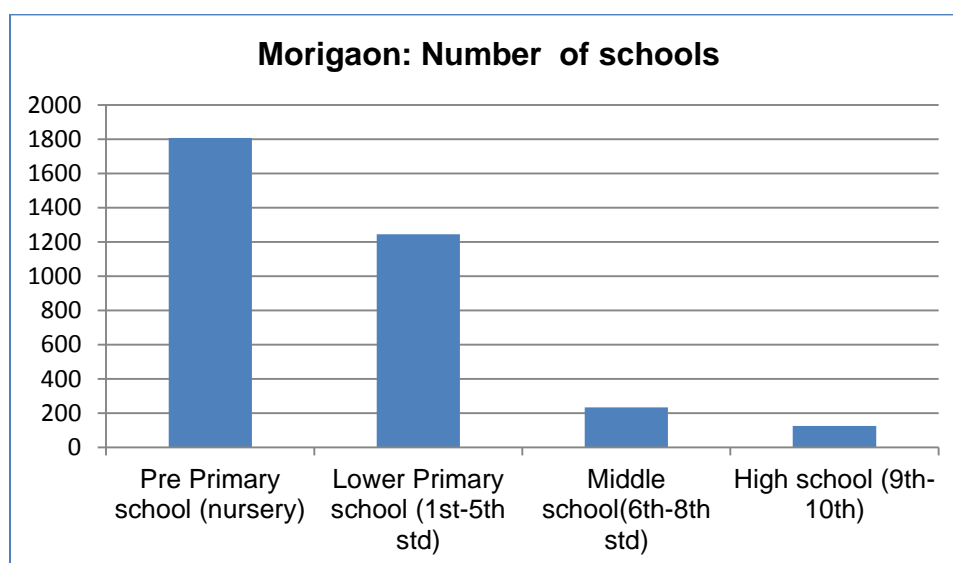
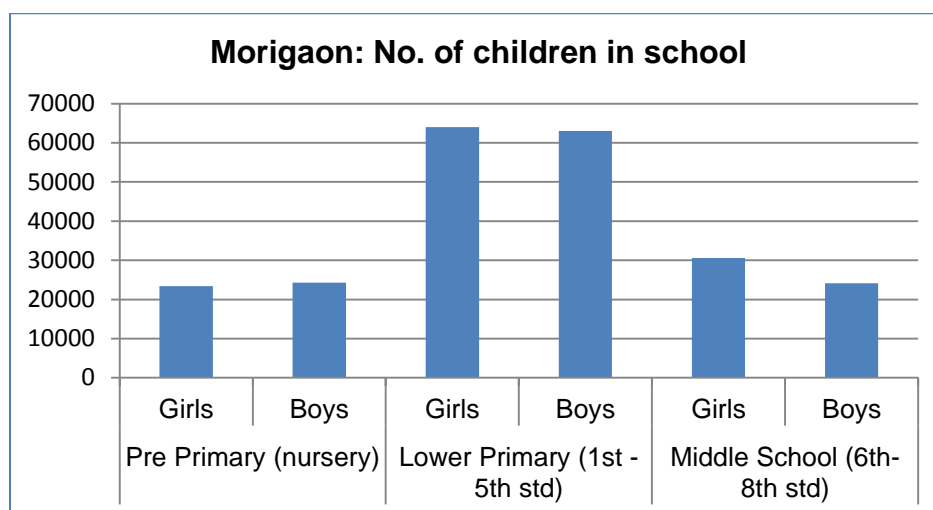
Restoration	39
Assisting Children	0
Foster Care	2
Sexual Abuse	1
Surrendered	1
Other	0
Total	68

JJB	
Nature of Cases	No. of cases
Theft	21
Rape	28
Murder	13
Kidnapping	22
Petty cases	54
Other	0
Total	138

Police	
Nature of Cases	No. of cases
Missing	0
Trafficked	3
Child Labour	0
Abuse	0
Child Marriage	0
Children in Conflict with law	0
Total	3

CWC and JJB cases reported are since 2011 till March 2014. Police data is for the period 2013-14. Of the 68 cases intervened by the CWC 39 cases are those of child labourers working outside the district being restored back to the district. There have been no cases where families approach the CWC to complain about child labour or child marriage. The police have received 3 cases of trafficking for labour. The JJB has dealt with 138 cases of juveniles. 54 cases are for petty matters. Cases of kidnapping (22) and rape (28) need to be studied more to identify a possible link to 'elopement' of teenagers.

2.4.3. Education resources availability



This data was obtained from SSA. The data obtained suggests that substantially higher number of children attend primary school. The number of middle schools and high schools available and the number of children in them are low. This could contribute to drop out of children from school and their entry into the labour force or even result in early marriage for girls. Further, study should probe the issue of adequacy of education facilities for older children.

2.4.4. Social Protection Schemes and Services

	Scheme	District Level Department	Duty Bearer accountable		
			District	Block	Village
Child Focussed Schemes and services	Integrated Child Development Scheme (ICDS)	Social Welfare Department	District Social Welfare Officer	CDPO	AWW
	Pre Primary School	District social welfare department	District social welfare officer	CDPO, Supervisor, Statistical Assistant	Anganwadi workers, anganwadi helper
	Lower Primary (1st - 5th std) (elementary education) - RTE	Department of Elementary Education and SSA	1.District Elementary Education Officer 2.District Mission Coordinator (DMC) 3.SSA	1. Block Elementary Education Officer 2. SSA	1.School Management Committee 2.Village Education Committee
	Upper Primary (6th-8th std)				
	Residential Special Training Centres		District Mission Coordinator	Block Mission Coordinator	Village Education Committee
Welfare schemes and other services	Nirmal Bharat Abhiyan	Department of Public Health Engineering	Member Secretary, District Water & Sanitation Committee	Member Secretary, Block Water & Sanitation Committee	Member Secretary, Village Water & Sanitation Committee
	Sub Centre	Department of Health and Family Welfare			Medical officer(1), ANM
	Primary Health Centre	Department of Health and Family Welfare		Sub Divisional Medical Officer	
	Mahatma Gandhi National Rural Employment Guarantee Scheme	District Rural Development Agency (DRDA) through District Programme Coordination(DC)	Project Director and DC	BDO and Accountant	President and Secretary
	Indira Awaas Yojana	DRDA	Project Director and DC	BDO and Accountant	President and Secretary
	District Disaster Information & Response Centre(DDI&RC)	Disaster Management Authority			

The vulnerabilities that children face reduces if the family unit is secure. Social protection schemes and services aid in augmenting financial and social security of families. However often families/ communities are unaware of who needs to be approached in case of dissatisfactory service provision. Keeping this in mind data was collected on certain basic schemes and services from the Department of Social Welfare, SSA, PHE division, Health and Family Welfare, DRDA etc on the stakeholders in charge for the implementation of schemes at the village/block/district level and are the basic benefits provided under the scheme. The above information can be used as a resource sheet to inform families/ communities of who needs to be approached to demand quality services which would in turn help the families.

2.4.5. Committees

Committee		District/ Block/ Village	Members	Status of Functioning
Health	Village Level Health and Sanitation Committee/ National Health Mission	Village	ASHA(for sanitation purpose)	Formed and functional
	Sub centre management committee	Village	<ol style="list-style-type: none"> 1. Gram Panchayat President (Chairman) 2. Senior ANM (Member Secretary) 3. Junior ANM (Member) 4. Two Gram Panchayat Member out of which one will be woman 5. All Village Gaon Budha of the Sub Centre Area 6. One Government Employee like teachers, Gazetted officer or Panchayat employees 	Formed and functional
	Hospital Management Samiti / Rogi Kalyan Samiti	Block	<ol style="list-style-type: none"> 1. DM (Chairperson) 2. Medical Superintendent of the hospital (Member Secretary) 3. Chief Executive Officer, Municipal Corporation 4. Chief Medical and Health Officer 5. Director, AYUSH of the District 6. Up to 2 representatives of PRIs 7. Up to 3 eminent citizens nominated by the District 	

			<p>Collector</p> <p>8. MNGO representative</p> <p>9. Representative of local Medical College</p> <p>10. Representative of corporate sector / NGO hospitals in the city as may be nominated by District Collector</p> <p>11. Local MP/MLA</p> <p>12. Associate members : An individual who makes a one time donation of a specified amount [e.g. Rs 5,000/- or as may be determined by the District Health Society], may be made eligible to become a Member of the Governing Body of the Society</p> <p>13. Institutional members: Any institution, which donates a specified amount [e.g. Rs. 50,000/- or more or as may be determined by the District Health Society] or adopts a ward of the hospital and bears the cost of its maintenance, may be made eligible to nominate a person from the institution as a member of the Governing Body of the society</p>	
Education	School Management Committee	Village	<p>1. Seventy five percent of the strength of the School Management Committee shall be from amongst parents or guardians of children</p> <p>2. The remaining twenty five percent of the strength of the SMC shall be from amongst the following persons</p> <ul style="list-style-type: none"> • one third members from amongst the elected members of the local authority, to be decided by the local authority • one third members from amongst teachers from 	Formed and functional

			<p>the school, to be decided by the teachers of the school</p> <ul style="list-style-type: none"> • remaining one third from amongst local educationists / children in the school, to be decided by the parents in the Committee <p>✓ <i>Parents: 8members out of which 50% are ladies and one member from BP</i></p> <p>✓ <i>President</i></p> <p>✓ <i>Vice President</i></p> <p>✓ <i>Three members(Assistant teacher/Anganwadi karmi/ Gaon burha/Panchayat hodoshya)</i></p>	
	Parent Teacher Association(Lower primary and middle school)	School level	1.Guardians/ parents 2.Teachers	Formed and functional
Sanitation	Member Secretary (MS) , Village Water & Sanitation Committee (VWSC)	Village	MS VWSC	Formed and functional
	MS VWSC	Block	GP Head	Formed and functional
	MS VWSC	District	Ward member	Formed and functional
Disaster Relief	Disaster Management Committee	District	<ol style="list-style-type: none"> 1. Deputy Commissioner, Morigaon (Chairperson) 2. President, Zilla Parishad, Morigaon (Co-chairperson) 3. Addl. Deputy Commissioner (Disaster Management) (CEO) 4. Superintendent of Police, Morigaon (Member) 5. Project Director, D.R.D.A., Morigaon (Member) 6. Joint Director of Health Services, Morigaon (Member) 	

			7. Executive Engineer, PWD, Rural Roads Div, Morigaon (Member) 8. Executive Engineer, Water Resources, Morigaon (Member)	
Livelihood	Block Project Management Committee	Block	BDO and BPM	Formed and functional

Numerous social protection schemes and other services have some kind of development related monitoring/ regulatory committees' existent at the village/block/district level. In order to understand which these various committees are and who it is constituted by the above data was collected. Knowledge of the functional committees would aid in identification of other platforms where the discussion on CP can be initiated.

3. METHODOLOGY

3.1. **Purpose of the study:** To inform the child protection program in order for appropriate strategies to be employed for protection of children at the district level.

3.2. **Objectives of the study:** The study aims to provide a district level baseline for child protection by examining the following:

- Problems faced by children
- Sensitivity of communities to problems of children
- Whether communities come together (mobilize) to address issues of children
- Sensitivity and responsiveness of duty bearers on child related issues.
- Availability and access to social protection facilities
- Availability and access to child protection systems

3.3. **Universe of the study:** The study is a district level study

3.3.1. It comprises 5 Blocks and 556 villages as under:²¹

Block	No. of GPs	No. of Villages
Mayong	27	228
Moirabari	11	42
Bhurbandha	13	115
Laharighat	24	151
Kapili	5	20

3.3.2. Population

Population ²²	Male	486,651
	Female	470,772
Sex Ratio (1000) ²³		967
Child Population ²⁴	0-6 years	95,519 (excepting for Moirabari)
	6-14 years	194,518 (excepting for Moirabari)

²¹ Zilla Parishad Office

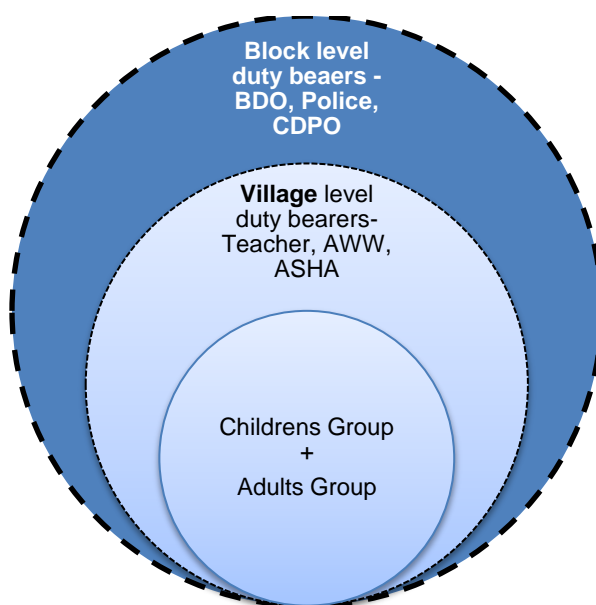
²² Census 2011 - <http://www.census2011.co.in/census/district/161-morigaon.html>

²³ Census 2011 - <http://www.census2011.co.in/census/district/161-morigaon.html>

²⁴ For 0-6 yrs –CDPO, For 6-14 yrs - SSA

- 3.4. **Tools and Methodology** Leher has an institutional review panel, which has approved the research methodology and tools used for this study. A desk review was conducted for the researchers to gain an understanding of the district-demography, geography, socio-economic conditions, culture, issues and phenomena that affect children. Providing a frame and context to the situation of children and communities in the district. It involved review of the following: published government data for the district-education, health, protection, labour, crime, research studies, media reports, opinion and position papers on issues that affect the district, state or region in which the district lies. A template formulated for collection of secondary data based on ICPS guidelines for DNA was circulated to all departments through the Deputy Commissioner for their input.

The primary study employs qualitative methods to understand the nuances of the issue. A set of participatory tools were used. Through FGD with children and communities and IDI with duty bearers, the study examines the prevalence of child protection issues, the perceptions and attitudes of community related to child protection, the reach and quality of services for children, the reach of child protection systems, the availability of welfare schemes at the village level, and the existent community level monitoring committees that exist at the village level. Evidence from children, adults and duty bearers are juxtaposed with each other, and provide a progress build-up of evidence from communities (children and adults) and duty bearers from the village to the block level, presenting a complete picture of child protection in the community.



- 3.5. **Sampling:** Owing to resource and time constraints, only 2 blocks-Mayong and Laharighat were selected for the study, after discussions at the district level. However, these 2 blocks are fairly representative of the district as a whole, as these blocks comprise a wide diversity in their demography, topography and the rural and urban mix. Laharighat is a backward riverine block, very prone to floods, and has a relatively high Muslim minority population. Mayong is relatively more urban, borders the neighboring districts of Nagaon and Guwahati. It has a mixed population that includes tribals, Hindus and Muslims.

Details	Numbers
No. of Blocks	2
No. of GP	6
No. villages	18
FDG children (10 members per group)	18
FGD Adults (10 members per group)	18
IDI Village level duty bearer (ASHA, AWW, Teacher-1 per village)	54
IDI Block level duty-bearer (CDPO, BDO, Police-1)	6

3.6. Limitations and notes:

- 3.6.1. The study used qualitative methods in setting the baseline on community and stakeholder perceptions of issues, based on discussions and systematic production of evidence. As this is not a survey-based study, it does not provide information on incidence of problems in terms of real numbers.
- 3.6.2. Since the findings of the study are based on group discussions, narratives are anecdotal in nature and communities may not have been very forthcoming in providing evidence on certain issues, which may have been sensitive at an individual level, owing to fear of stigmatization. Consequently, it is difficult to obtain information on abuse within a family such as incest, foeticide or any other kind of abuse. Nevertheless, the information obtained touches upon such areas. A separate detailed study on such issues would be ideal.
- 3.6.3. There are ethical issues around obtaining information from children. It was ensured that information was collected in a participatory manner, whereby children were encouraged to share information, which they were willing to share in the public domain. The identities of the adults and children have not been revealed to preserve their confidentiality.

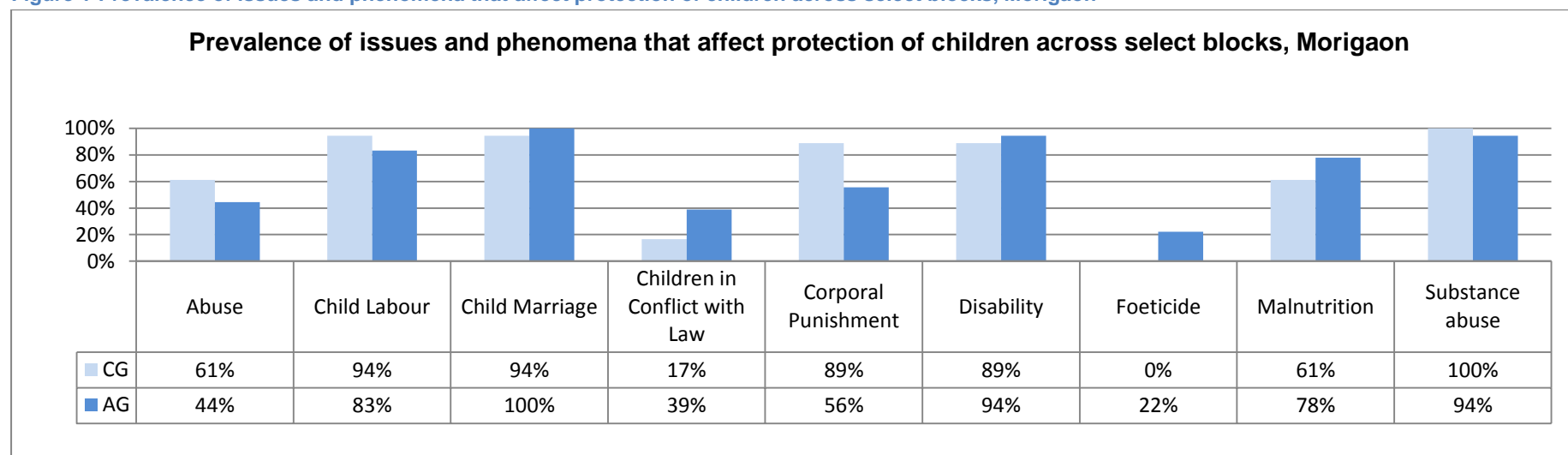
4. FINDINGS AND ANALYSIS

This section presents the status of child protection as perceived by the community (children and adults), and duty bearers, from the village to the block level, in the district of Morigaon, Assam. Communities have discussed child protection issues in the district, enabling an assessment of levels of awareness, availability and access to services and benefits meant specifically for children, and for the welfare of the community as a whole, child protection mechanisms, and governance committees to monitor and regulate development related activities at the village level.

4.1. Identification of prevalent issues that affect protection of children

- 4.1.1. **Prevalence of child protection issues:** As indicated in Figure 1 below, a number of child protection issues were found to be prevalent in Morigaon. Addiction, child marriage, child labour, disability, corporal punishment and child abuse were identified by adults and children as most prevalent. Both adults and children, in every village, flagged regular flooding as an occurrence which caused great destruction and disruption of their lives and had a direct impact on the protection and safety of children. Schools are closed for two to three months, children suffer from diarrhea, and temporary sanitation facilities constructed for women and children are inadequate. Periodic floods render land uncultivable, causing men and families to migrate in search of work. It was learned from the communities that though boys remain enrolled in schools on record, many of them joined the men of their families/communities as they migrated to cities for work.

Figure 1-Prevalence of issues and phenomena that affect protection of children across select blocks, Morigaon



4.1.2. Issues

- 4.1.2.1. **Abuse²⁵**: Abuse was discussed and interpreted as sexual abuse of children during discussions in the community.

Voices from the community

Teasing girls, touching is normal. It is not an issue.

- FGDs with AG in Banmuribeel, Lengeri, Nalgari, BaramariKacharigaon, Barmanbasti, Sunduba West and Bardubatup villages, Laharighat block

There have been close to 15-16 cases of sexual abuse in the last one year. Sometimes this results in pregnancies that have had to be terminated in secret.

- FGDs with AG in Barmanbasti, in Barduba Panchayat, Laharighat block

A 14 year old girl was duped and taken away on the pretext of marriage. She was abused. Later she was somehow able to escape and returned to the village 6-7months later.

- FGDs with CG, Kacharigaon, JagiBhakatgaon panchayat, Mayong block

3-4 years ago, a 13 year old girl was raped by a relative. Since this was (perceived to be) a family matter, they did not approach the police. Last year her marriage was arranged with another man.

- FGDs with CG, Saat-Bhoni, Baghjap panchayat, Mayong block

2 years ago, a 13 year old girl was sexually harassed by a 50 year old teacher. It came to light that he had similarly harassed many other girls. The teacher was dismissed, arrested by the police and a case was registered against him

- FGDs with CG, Dimoruguri, JagiBhakatgaon panchayat, Mayong block

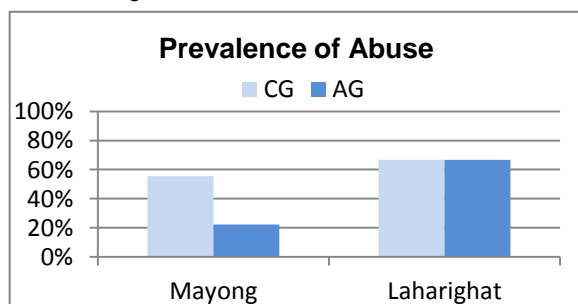
There have been cases where girls have been abused by their relatives, (such as the husband of an older sister). Sometimes the girls become pregnant and have to abort the child to avoid shame.

- IDI with Anganwadi worker, Lengeri Laharighat Block

A few years ago a girl who was in the 11th standard was grabbed by 3 boys aged 16, 17 and 28 years, while going to the toilet outside her home in the night. She was taken to a lonely spot, raped and killed. While the police came to arrest the boys, the case didn't go ahead as the boys came from well-to do, influential families

- FGDs with AG in Bardubatup, Barduba panchayat, Laharighat block

Figure 2 - Prevalence of Abuse



CG across 61% of villages reported the prevalence of abuse in their villages. Across 77%²⁶ villages in Laharighat, both CG and AG related that eve teasing, touching, using slang words etc. is common, considered normal and part of daily life. CG in Mayong were able recall and narrate with ease at least one incident of abuse and in Laharighat, AG and CG in 3 villages²⁷ reported more than 10 cases of abuse in each village, in recent times.

²⁵ Defined as sexual assault under the POCSO, 2012

²⁶ Banmuribeel, Lengeri, Nalgari, BaramariKacharigaon, Barmanbasti, Sunduba West, Bardubatup

Figure 3 - Reporting/ Complaints about abuse

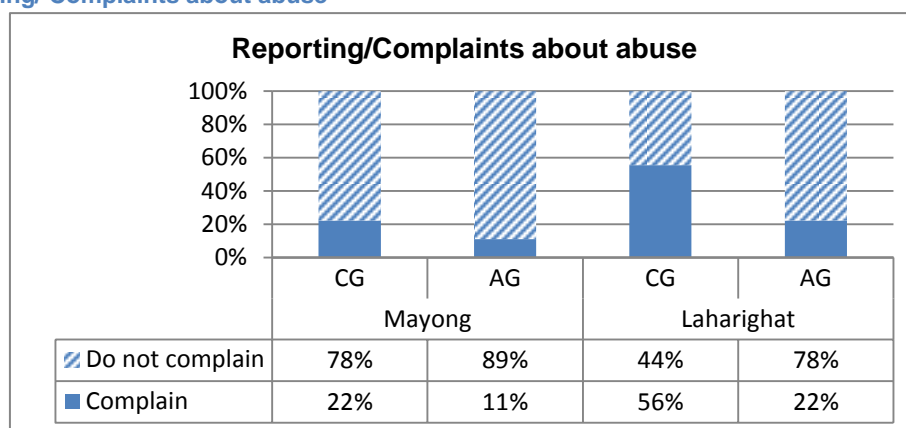


Figure 3 above indicates that 61% CG and 83% AG do not complain about abuse. It was found that children who do complain if abuse occurs, do so by informing their parents. In 22% of the villages, AG reported taking complaints forward. Their action taken involved complaining to the police (100%) and approaching the gaonbuha (11%).

- 4.1.2.2. **Child labour²⁸**: For the purpose of this study child labour has been looked at as children under 18 years of age engaged in employment. The study also examines work that children engage in at home.

Voices from the community

Girls are engaged in household chores. Boys work in the fields for daily wages, in the transport sector.

- FGDs with AG, TelahiHiragaon, Telahi Panchayat, Mayong block

Many children in the age group of 10-14 years are responsible for household chores, while others work as agricultural labourers, assistants to brick masons and carpenters. Still others do job card work (MNREGA) in lieu of parents. Also both boys and girls are seen working for daily wages with their parents.

- FGDs with children, TelahiHiragaon, Telahi Panchayat, Mayong block

We have many financial problems, and floods affect our fields every year. We are forced to look for jobs and even push our sons to work outside the village in order to survive

- Narrated by AG during FGDs in Lengeribori, BaramariKacharigaon, BarukatCaharia, Barmanbasti, Laharighat block

A boy of age 13-14 years is working as a cleaner in a hotel in Guwahati. Poverty and with eight younger siblings he was forced to leave school in class III.

- Narrated by children during FGDs in Baramari Kacharigaon, Niz- Caharia Panchayat, Laharighat block

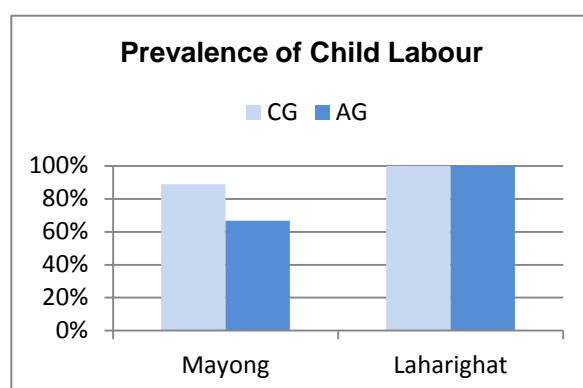
Two brothers of age 12 and 14 years were forced to work at a hotel in Bhuragaon to augment family income when their father died 5 years ago.

- Narrated by children during FGDs in Bardubatup, BardubaPanchayat, Laharighat block

²⁷ Banmuribeel, Barmanbasti, Bardubatup

²⁸ Though the CLPRA defines child as an individual under 14 years of age, this study has considered the definition of child as 18 years.

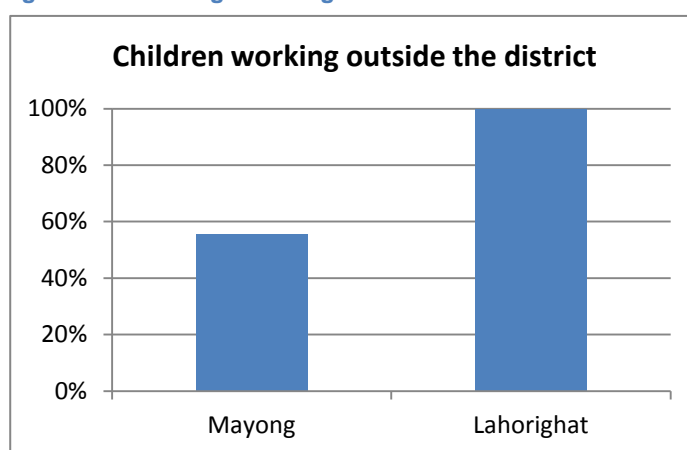
Figure 4- Prevalence of Child Labour



In Morigaon, AG in 83% of villages and CG in 94% villages reported the prevalence of child labour in their villages. From information shared by AG and CG, child labour appears to be higher in Laharighat than in Mayong. AG and CG reported a gender distinction in the nature of work undertaken by girls and boys. Girls were made responsible for household chores—washing clothes, sweeping and cleaning, preparing meals, and taking care of siblings.

Boys on the other hand went outside the village, district or state, to earn money. Around the household, boys' work included tending to cattle and shopping. Both boys and girls were found to undertake agricultural labour either with their families in their own fields or outside for a wage.

Figure 5- Percentage of villages where children work outside the district



AG in all (100%) villages in Laharighat, and 56% villages in Mayong stated that children go to places outside the district to work. Across both blocks it was stated that children who migrate outside the district for work go to places that include Guwahati, Shillong, Chennai, Bangalore, Kerala, Delhi, Mumbai, etc. In 56%²⁹ villages, CG and AG could recall at least 10 cases of children who were employed in labour from

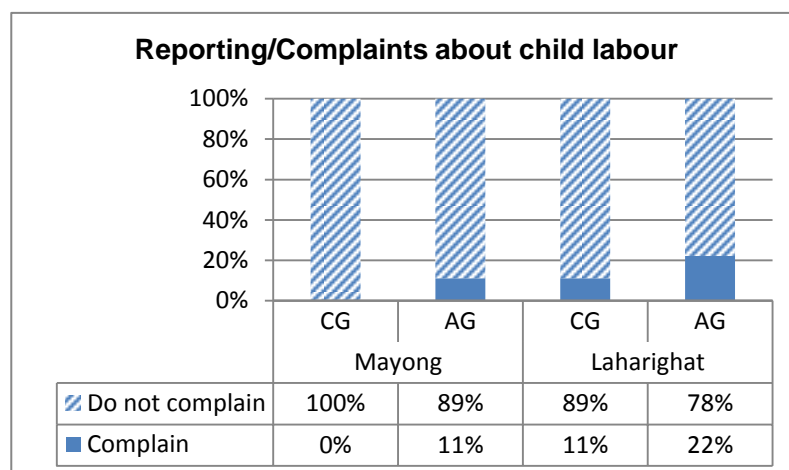
their village. The children who go outside their district to work are commonly employed as security guards, in hotels, as assistants to carpenters, in stone quarries, in the transport sector as handyman and drivers, etc. In Mayong where the community in 44%³⁰ of the villages stated that children are employed within the district, it was found that they are employed as agricultural labourers, and domestic help. Children and adults in Sunduba West, Barduba Panchayat, Laharighat block, reported the highest incidence of child labour.³¹

²⁹ Banmuribeel, Lengeribori, Barmanbasti, Sunduba West, Bardubatup, Kumoi Kacharigaon, Saat-Bhoni, Telahi Hiragaon, Purohi Telahi

³⁰ Madhupur (2), Saat Bhoni, Bangthaigaon, Telahi Hiragaon

³¹ 40-50 according to CG, 80-90 according to AG

Figure 6-Reporting/ Complaints about child labour



Complaints against child labour were not high in the district. Figure 6 indicates that children in 94% villages and adults in 83% villages stated that they do not report child labour. They explained that do not raise an alarm in such cases because the children who are engaged in labour are those from low economic background with hardly any

other means of sustenance. Of those who said that they would report a case of child labour, their action would include informing the police and parents of children.

4.1.2.3. Child marriage³²:

Voices of the community

We do not complain because this is a normal practice in our villages

- Narrated by AG during FGDs in BaramariKacharigaonNiz- Caharia panchayat, Laharighat block

We create awareness on the legal age of marriage and the impact of early marriage on the child and try to dissuade parents from early child marriage. However, if parents still decide to go ahead with the marriage, we do not get involved.

- Narrated by teacher during IDIs in Banmuribeel&Lengeri in NizGerua panchayat, Laharighat block

Last year, there were around 9 cases of child marriage the village. 3 boys around 17-18 years married (eloped with) girls between 15-16 years within the village. Also another 3 girls between 16-17yrs, eloped with boys from neighbouring villages.

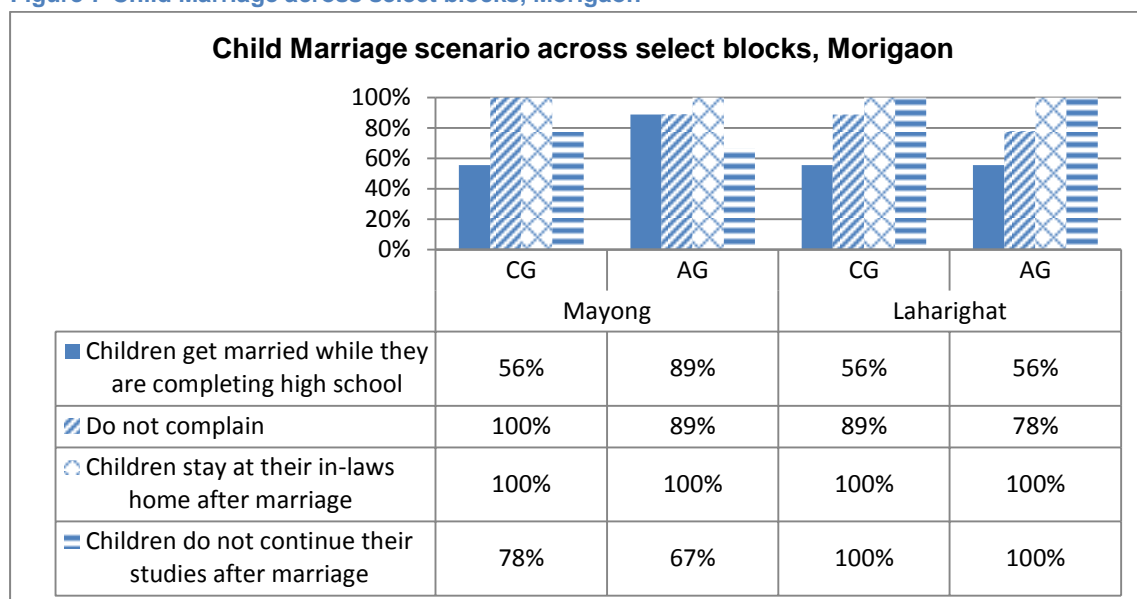
- IDI with teacher, Dimoruguri, JagiBhakatgaon panchayat, Mayong block

A 17 year old boy married (eloped with) a 15 year old girl from Nellie. Both left studies after class 8 and 9. The boy works as a driver.

- Narrated by CG during FGDs, NotunBongalbori, Baghjap panchayat, Mayong block

³² Child marriage -as defined under the Child Marriage Prohibition and Regulation Act, , 2006

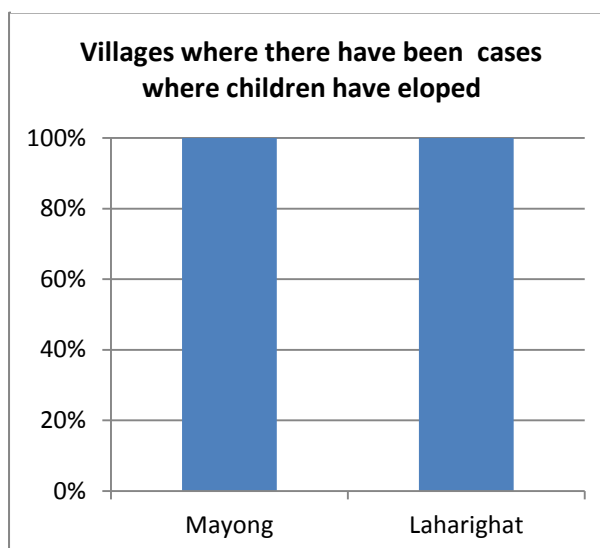
Figure 7-Child Marriage across select blocks, Morigaon



Child Marriage is viewed as a common practice and hence communities do not complain about it. 89% of AG and CG in communities said that they do not complain about cases of child marriage. During field visits, the research team gathered that in many of the communities there was no awareness about the legal age of marriage. As seen in Figure 7 AG and CG together (64%) reported that children marry around the time they complete high school. Though more commonly seen amongst girls, there have been cases where boys below the age 21 have got married.

Figure 8- Percentage of villages where there have been cases where children have eloped

CG and AG across all villages narrated cases where girls between 14-17 years had 'eloped' with boys who were 17 and above (Figure 8). Community members said that in such cases the families quickly reached an understanding and the children involved were married off to each other. In cases where families could not reach an agreement, the police would be approached. Across all villages, girls reside at their in-laws place immediately after marriage. 86% of CG and AG across both blocks reported that neither girls nor boys continue their education after marriage.



4.1.2.4. Corporal Punishment³³

Voices from the community

Girls are given lesser punishment because they are weaker than boys.

- As narrated by CG during FGDs in Banmuribeel and Lengeri, Niz-Gerua Panchayat, Laharighat block

Children who do not concentrate, fight, tease girls must be punished by teachers.

- As narrated by CG in Bardubatup, Sunduba West, Barduba Panchayat, Laharighat block

We are asked to kneel down, stand on a bench, stand outside in the sun and sometimes minor caning is also used. It is wrong to give severe punishment, but it is needed to maintain discipline.

- As narrated by CG during FGDs in TelahiHiragaon, Telahi, Mayong block

We do not give physical punishments, but only show them the stick to scare them.

- Narrated by teachers across 33% villages during IDIs

Just yesterday 5 boys and girls were caned and made to kneel down as they went to buy ice-cream from outside the school, without permission. One girl was slapped so hard by the teacher that her left ear hurt for a few hours after that.

- Narrated by CG at an FGD, Bangthiagaon, Baghpat Panchayat, Mayong block

A week ago, a 5-6 year old boy going to lower primary school was beaten by the head teacher with a stick for not paying attention in class and not studying well. The boy ran home and informed his parents. Since the boy was badly wounded on his hands and head he was taken to the doctor. Later when the parents came to school to complain against this, the teacher apologised and gave them Rs.500/- towards medical expenses incurred.

- As narrated by CG during an FGD in Lengeribori, Niz-Caharia Panchayat, Laharighat block

A few days ago, a teacher on finding love letters in the school bag of a boy to a girl in the class, punished the boy by asking him to kneel in front of the rest of the students. He was warned not to repeat this in future and instead concentrate on his studies.

- As narrated by CG during an FGD in SundubaWest, BardubaPanchayat, Laharighat block

Figure 9- Prevalence of Corporal Punishment

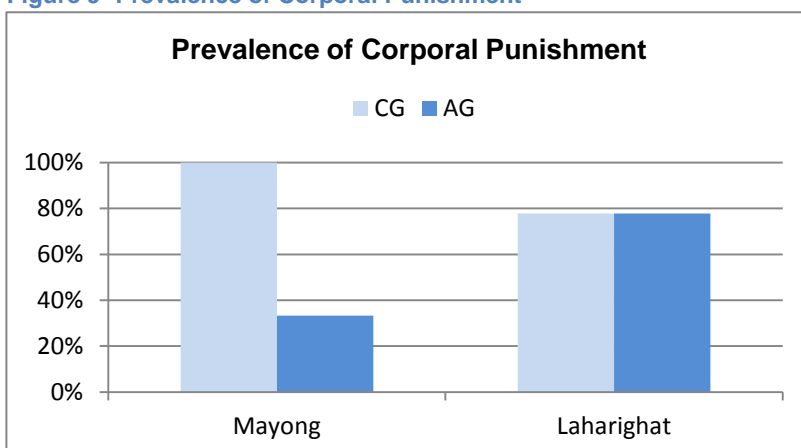
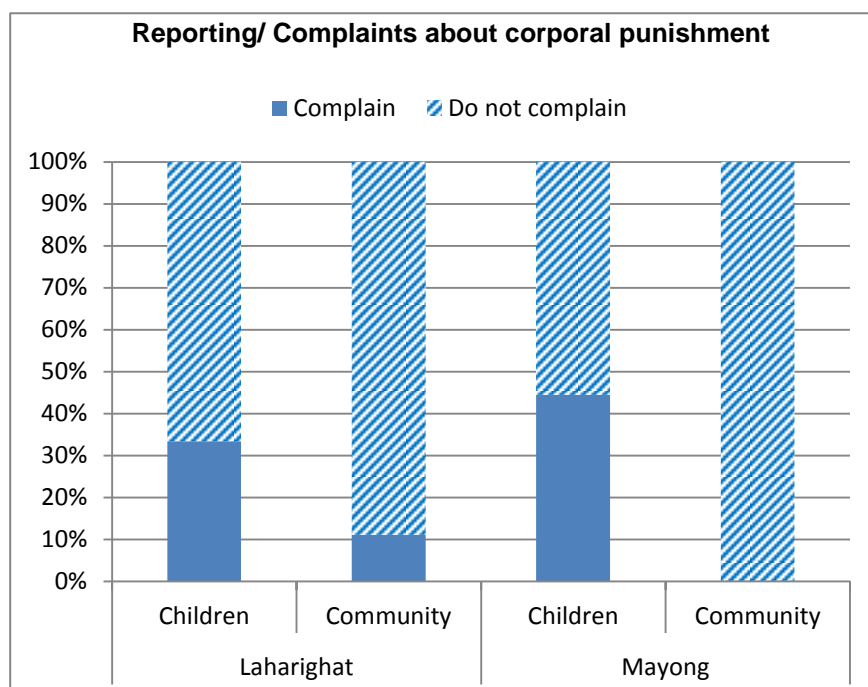


Figure 9 indicates that CG in 89% of villages and AG in 56% villages reported the use of some form of corporal punishment in schools in their villages. It was reported that holding ears, slapping, caning, kneeling down, standing out in the sun, standing outside the class, standing on the bench are the common forms of punishment across villages.

³³ Clause 17, Chapter 4, RTE Act, 2009 and as defined under Government of India advisory against corporal punishment in schools.

Figure 10-Reporting/ Complaints about corporal punishment

CG in 61% villages and AG in 94% villages did not report or raise an alarm about the use of corporal punishment in the schools in their villages. CG narrated that they confided in their parents/guardians about the use of corporal punishment in school. In the case of AGs where the issue was taken forward it was reported that the complaints were made to teachers and head masters. CG and AG expressed that they did not deem it necessary to complain because according to them use of some kind of punishment is necessary to discipline children and bring order during classes. AG stated that they were against the use of serious forms of corporal punishment.



4.1.2.5. Disability³⁴

Voices from the Community

Children with special needs should get government benefits (wheelchair, rice & money), but we haven't complained to anyone about this.

- Narrated by AG in an FGD, Banmuribeel, NizGerua panchayat, Laharighat block

There is a deaf and dumb girl in the village. Such children with special needs should get government benefits.

- Narrated by Anganwadi worker and ASHA during IDIs, Lengeri, NizGerua panchayat, Laharighat block

There are four cases of disability among children in our village currently. None of them receive any benefit from the government.

- Narrated by CG during an FGD, Dimoguri, Mayong block

There is a 16-17 year old boy in the village who has an illness...because of which he is weak and has a very thin right leg...which makes walking difficult. He used to walk 2km to attend the nearest school....but now he is very weak and isn't able to walk this long distance...so has stopped going to school. He doesn't have a disability certificate nor does he get any benefit.

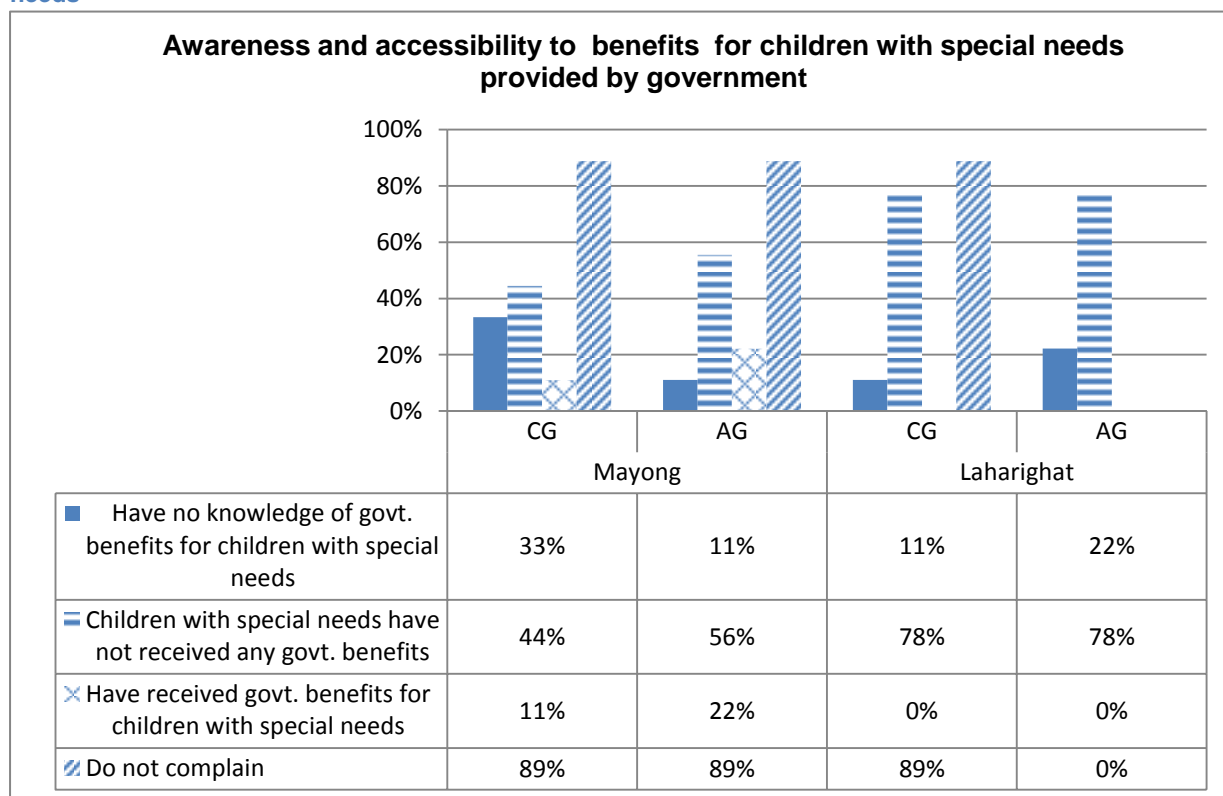
- Narrated by CG in an FGD, BaramariKacharigaon, NizCaharia panchayat, Laharighat block

A 13-14 year old girl in our village is partially blind. She has not received any help from the government. She does not attend school

- Narrated by AG in an FGD, Saat-Boni, Baghjap Panchayat, Mayong block

³⁴ As defined under the UNCRPD

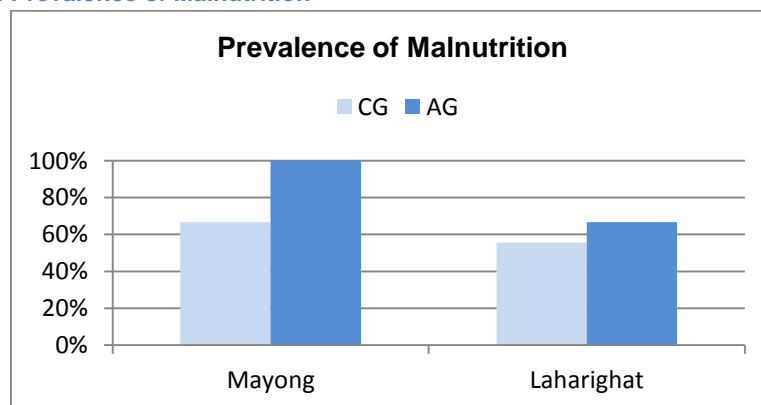
Figure 11-Awareness and accessibility to benefits provided by the government for children with special needs³⁵



As observed from the text box above and Figure 11, communities have reported the prevalence of disability across almost 94% villages. Across 44%³⁶ villages, CG and AG reported at least one case where, owing to the child being weak/ not having recovered from an illness, he/she has thin legs, making it difficult for him/her to walk. Figure 11 indicates that in 22% and 16% villages, AG and CG have no knowledge of the support they could get from the government. Across 89% villages AG stated that they had never approached any duty bearers with regard to any issue relating to disability.

4.1.2.6. **Malnutrition³⁷**

Figure 12-Prevalence of Malnutrition

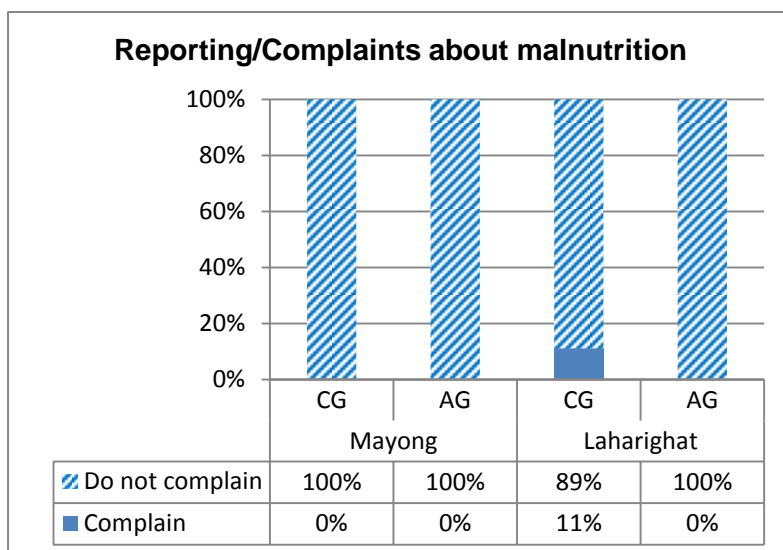


³⁵Annexure DNA & DCPD – Disability, Issue Listing- Tables worksheet, Primary Village level data

³⁶Madhupur (2), Dimoruguri, TelahiHiragaon,Naramari(2); BaramariKacharigaon, BarukataCaharia, Barmanbasti,Bardubatup

³⁷Unicef's definition of Malnutrition-Malnutrition is a broad term commonly used as an alternative to undernutrition but technically it also refers to overnutrition. People are malnourished if their diet does not provide adequate calories and protein for growth and maintenance or they are unable to fully utilize the food they eat due to illness (undernutrition). They are also malnourished if they consume too many calories (overnutrition).

Figure 13: Reporting/ Complaints about Malnutrition



CG and AG in 61% and 78% villages respectively, said that there were malnourished children in their villages. Further, discussion brought out that parents do not receive information on healthy nutrition practices. The village level AWWs commented that the lack of awareness and poor economic status of parents are two main factors for malnutrition among children in their village

4.1.2.7. Substance Abuse³⁸:

Voices from the community

80% of the boys start to smoke by age 10. Many parents send their own children to bring them cigarettes, gutka etc.

- Narrated by CG during an FGD, Lengribori, Niz-Caharia panchayat, Laharighat Block

We tried to bring this issue up at the SMC meeting, but no attention was paid to it

- Narrated by CG during an FGD, Banmuribeel, Niz-Gerua panchayat, Laharighat Block

Gutka, beedi, cigarette are easily available in our village shops. Alcohol is also available traditionally in our homes.

- Narrated by CG during an FGD, KumoiKacharigaon, JagiBhakatgaon Panchayat, Mayong block.

Close to 90% children in the village have gutka, beedi etc.

- Narrated by AG during an FGD, PurniTelahi, Telahi Panchayat, Mayong block

Many children in our village like to consume gutkha, beedi and cigarettes. Some also smoke weed (marijuana) from nearby village. 5-10 children inhale dendrite as well. Girls are seen consuming gutkha only.

- Narrated by AG during FGDs, PurniTelahi, Telahi Panchayat, Mayong block

A year and a half ago a boy, aged 13 years, studying in class eight now was diagnosed with TB. He was told that this was because he had been having gutka and alcohol. He was taken to Morigaon hospital and put on DOTs. But he still consumes gutka.

- Narrated by CG during an FGD, BaramariKacharigaon, Barduba panchayat, Laharighat Block

Many children are seen smoking. Those seen or caught are told not to ... but they do not listen.

- Narrated by AG duringan FGD, KumoiKacharigaon, JagiBhakatgaon panchayat, Mayong Block

³⁸ http://www.who.int/topics/substance_abuse/en/ WHO definition of substance abuse. For the purpose of the study addiction was talked about in the context of substance abuse by children. It included smoking, chewing gutka, consuming alcohol, taking drugs and other addictive inhalants.

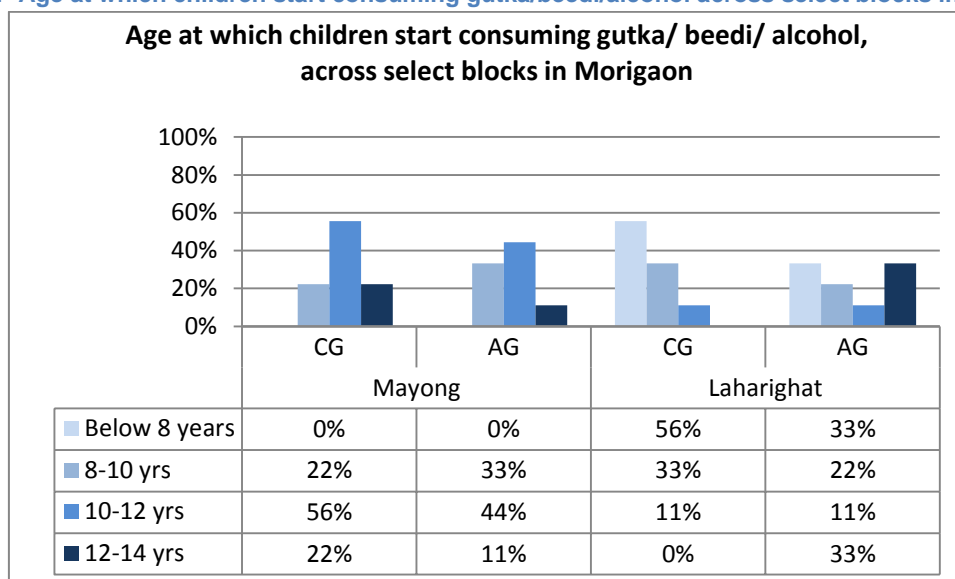
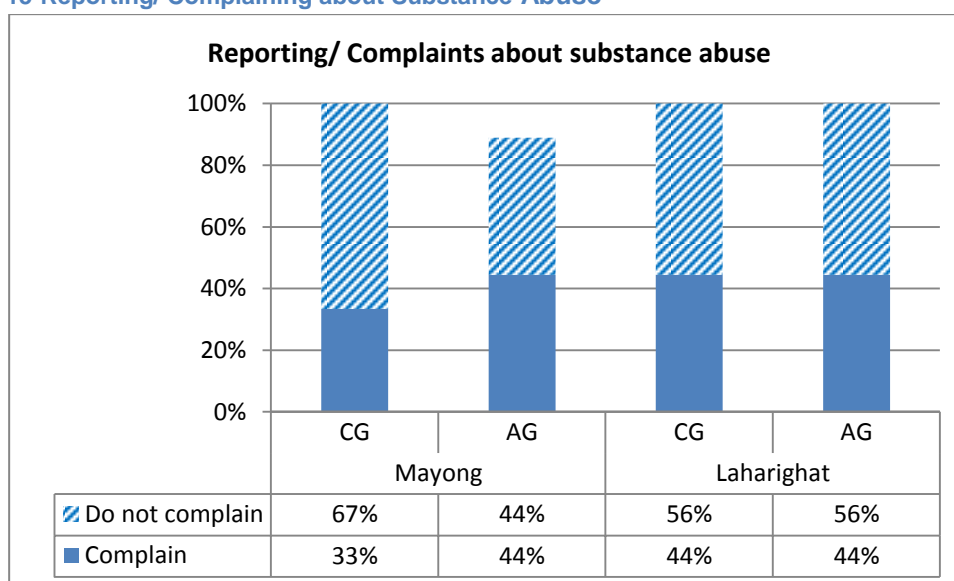
Figure 14- Age at which children start consuming gutka/beedi/alcohol across select blocks in Morigaon³⁹

Figure 14 shows that the majority of children across both blocks begin consuming gutka/ beedi/alcohol before their teen years. In Laharighat, CG and AG said that more than half⁴⁰ of children begin some form of substance abuse before they turn 8 years old.

Figure 15-Reporting/ Complaining about Substance Abuse



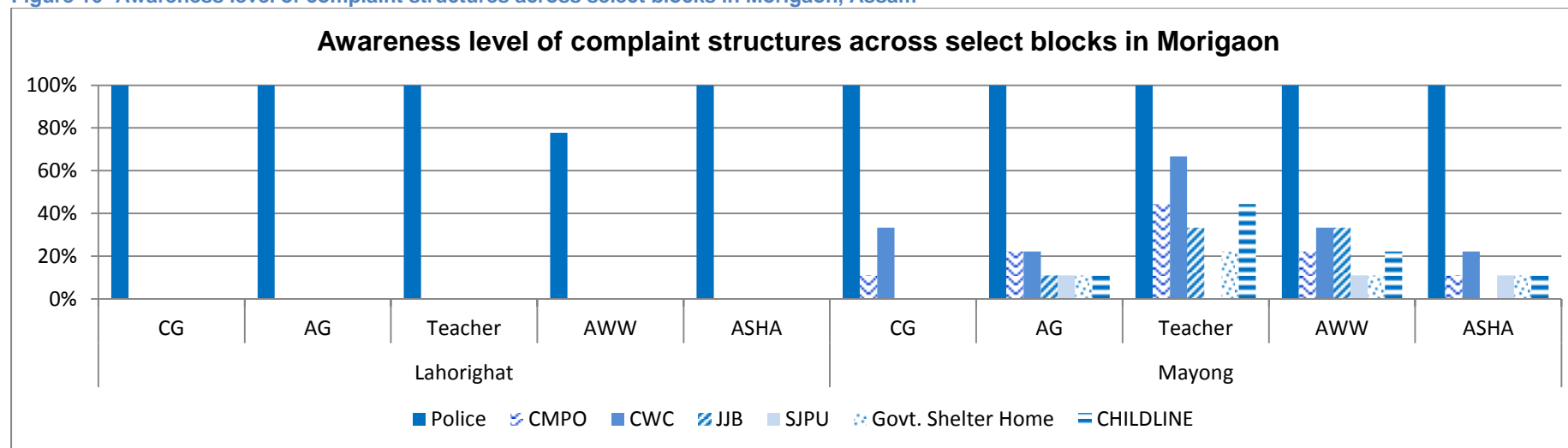
In both blocks, AG members said that there are no complaints made on this issue in more than half of the villages across both blocks. No one has ever complained to the police. CG and AG expressed that complaining to parents yielded nothing owing to many reasons that include children being contributors to the family income and being financially independent, parents feel that they cannot tell them what to do. Also there is a cultural acceptance as most adults also consume tobacco products, betel nut, etc.

³⁹ Annexure DNA & DCP – Substance Abuse, Issue Listing- Tables worksheet, Primary Village level data

⁴⁰ Annexure DNA & DCP – Substance Abuse, Issue Listing- Tables worksheet, Primary Village level data

4.2. **Awareness of Child Protection structures and systems:** This section examines the awareness of child protection systems and structures at the village level. It also studies whether communities have approached these structures for assistance.

Figure 16- Awareness level of complaint structures across select blocks in Morigaon, Assam



Voices from the community

We have approached police during emergencies like accidents, incidents related to clashes etc. A few months ago the police was approached when a 14 year old girl was brutally beaten by a lady.

- Narrated by AG during an FGD, Madhupur(2), JagiBhakatgaon, Mayong block

Have heard about CWC and JJB on the news and from conversation with people. We do not know if they exist in the district or where they are meant to be.

- Narrated by AG during an FGD, Naramari(2), Telahi, Mayong block

A few years ago, a 14-15year old girl from this village eloped with a Bengali boy from another village. The parents of the girl went to the boy's house to complain. But they began to fight and therefore the girl's parents registered a case in the local police station, situated at a distance of 4-5 kms away. The police came to the village to investigate. After a few days, the runaway couple was located and brought back to the village. The families were advised to compromise.

- Narrated by AG during an FGD, Banmuribeel, Niz- Gerua, Laharighat block

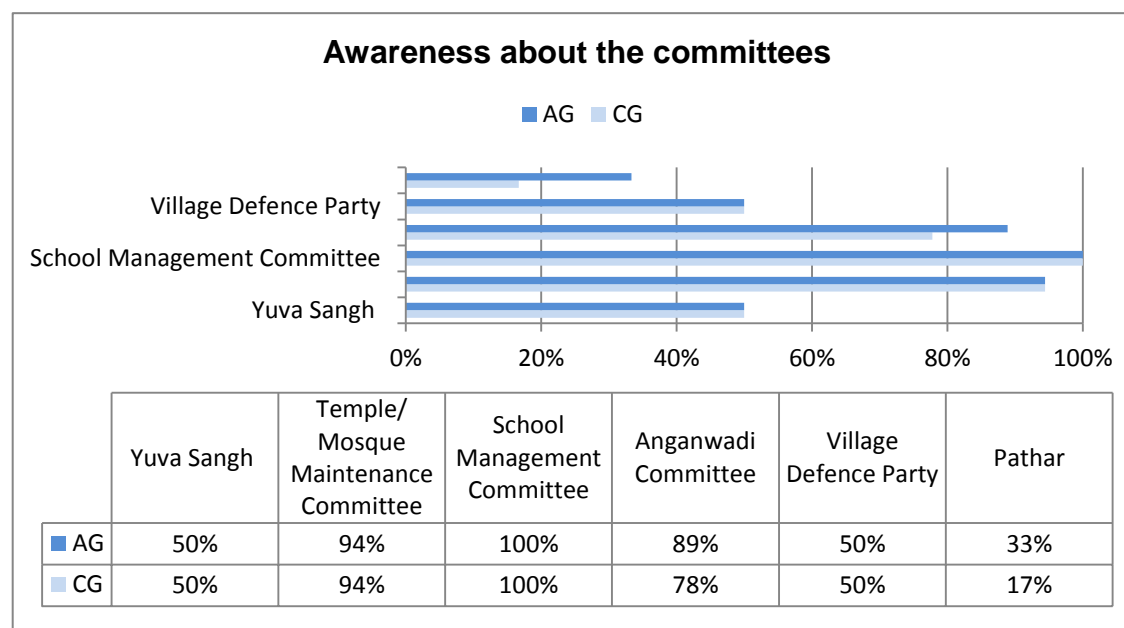
CGs, AGs and village level duty bearers across all villages in both blocks are aware of the police. AGs stated that they generally approached the police only during emergencies like accidents, clashes/fights within and outside the village. In 44% villages across both blocks AGs reported that they approached the police with regard to child related cases (of sexual assault/rape, missing child, elopement).

Further, in Mayong, CGs, AGs and village level duty bearer's awareness of the CMPO, CWC, JJB, SJPU, Government Shelter Home, CHILDLINE is based on an occasional case that gets reported in the paper or on radio/ TV etc. However, they continue to be unaware of the purpose of the structure/ and circumstances in which it can be approached etc.

4.3. Village level committees

This section contains information on the awareness about various development committees and other issue specific committees which commonly exist across Laharighat and Mayong.

Figure 17- Awareness on different committees that exist at the village level



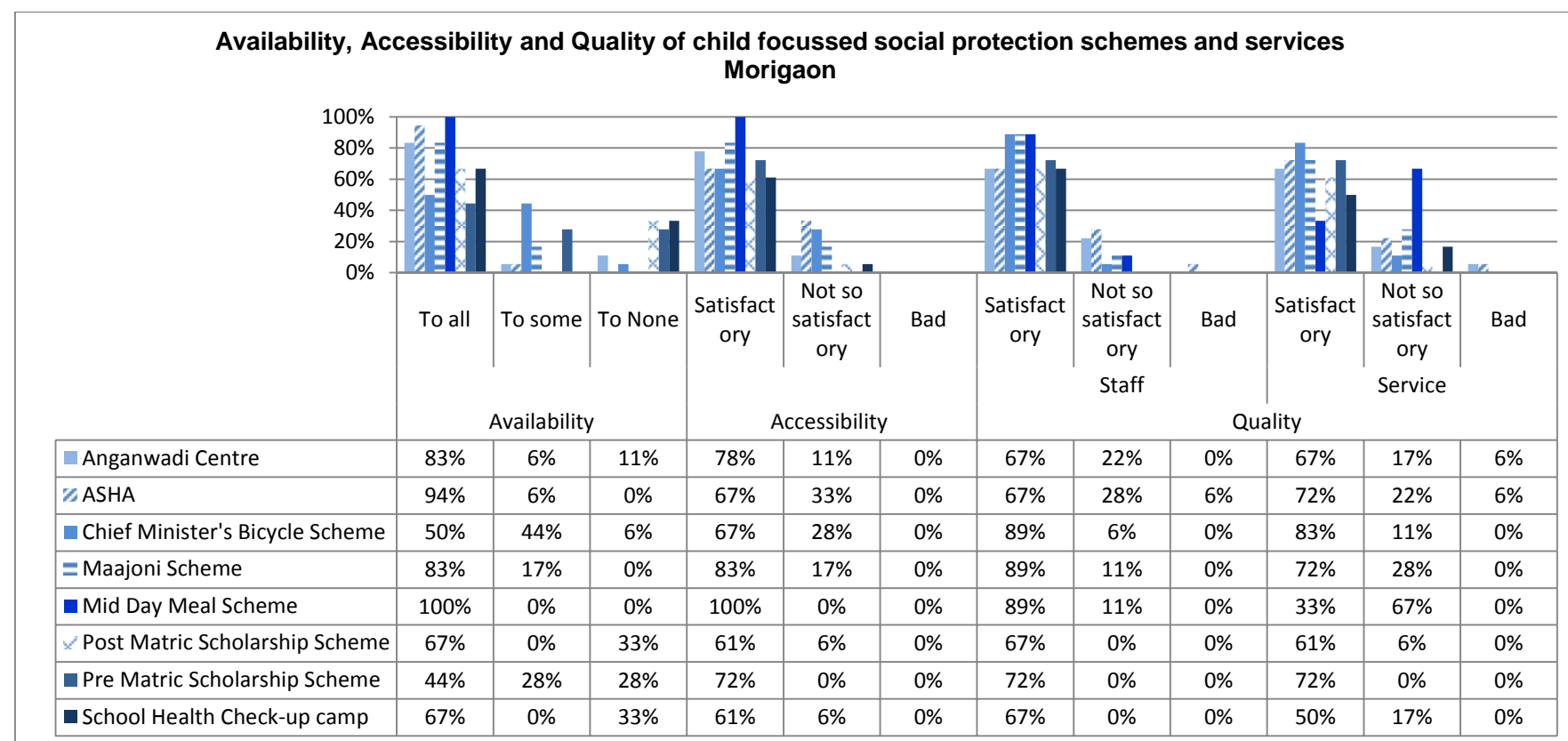
Temple/Mosque Maintenance Committee, SMC and Anganwadi Committee were the committees about which CG and AG across villages were most aware about. The SMC, Anganwadi Committee and Village Defence Party are the committees where specific issues regarding children are raised and discussed.

4.4. Social Protection Schemes and Services

Social protection schemes and services provide security which help families stay together. Some of these schemes are targeted directly at children addressing nutrition, education, health, gender disparity, and child protection. Many such schemes are targeted at families and households providing necessary buffers to families to help them cope with vulnerability brought about by poverty, disaster, unemployment etc. This section examines the availability and accessibility of certain social protection programs in communities in Morigaon.

4.4.1. Child Focused Social Protection Schemes and Services

Figure 18-Child Focussed Social Protection Schemes and Services



- 4.4.1.1. **Anganwadi Centre:** ICDS⁴¹ is a response to the challenge of providing pre-school education on the one hand and breaking the vicious cycle of malnutrition, morbidity, reduced learning capacity and mortality, on the other. These objectives are sought to be achieved through a package of services comprising supplementary nutrition, immunization, health check-up, referral services, pre-school non-formal education and nutrition and health education.

Voices from the community

There is a huge scandal in the distribution process where neither the children nor pregnant and lactating mothers get adequate nutritional supplements⁴².

- FGD with AG, Lengeri & Lengeribori villages, Laharighat block

There are almost 60 children registered in the centre's register, but only 10-15 children actually come to the centre. Also the centre remains shut for close to 2-3 months.

- FGD with AG, Lengeri, Niz-Geura Panchayat, Laharighat block

The Anganwadi centre is far away from the village and as per the population norm; we need another centre in our village.

- FGD with AG, Naramari, Telahi Panchayat, Mayong block

There is no Anganwadi centre in our village. We have informed and requested the District Social Welfare Dept. , but haven't received a response yet.

- FGD with AG, Naljari, Niz- Gerua Panchayat, Mayong block

The CG and AG in 4.1.2.6 above, reported the presence of malnourished children in their villages. The Anganwadi services play an important role in nutritional status of children in Morigaon. AG in 83% of the villages said that the anganwadi centre is available to all children between 0-6 in their village. In 11% villages adult community members said that AWC and services were available to none. In Laharighat, CG in 22% villages are deprived of the services due to absence of the AWC. While 67% villages were satisfied with the quality of services being provided and the attitude of the AWW, AG narrated anecdotes of a number of gaps in service delivery. In 22% of the villages, AG were dissatisfied with the Anganwadi services because of continual irregularities in the distribution of supplementary nutrition and opening of the centre, while in 17% of the villages, the adult community members considered the attitude of the staff as dissatisfactory.

- 4.4.1.2. **Accredited Social Health Activist (ASHA) Worker:** Under the NHRM, every village in the country is required to have a trained female community health activist – ASHA. The ASHA worker would be selected from the village and accountable to it. She plays a pivotal role as an interface between the community and the public health system⁴³. Her role in the community is to create awareness on health, motivating women to give birth in hospitals, bringing children to immunization clinics etc.⁴⁴

⁴¹ <http://wcd.nic.in/icds.htm>

⁴² The BDO did not accept this comment from the community and denied any corruption.

⁴³ <http://nrhm.gov.in/communitisation/asha/about-asha.html>

⁴⁴ <http://www.nihfw.org/ndc-nihfw/UploadedDocs/FrequentlyAskedQuestionsASHA.doc+accredited+social+health+activist&hl=en&ct=clnk&cd=3&gl=ca&client=firefox-a>

Voices from the community

The ASHA is not always available, she lacks knowledge and is not aware of her duties because of which we are deprived of many government facilities that could otherwise benefit us.

- FGD with AG, Lengeri, Niz-Gerua panchayat, Laharighat block

When my child was born, I neither received the birth certificate nor the vaccination card. It's been 6 months since my child was born, and I still haven't received it even after reminding the ASHA numerous times. I also haven't received Rs.1000/- entitled under the Maamoni scheme either. Also the ASHA asks for Rs.100/- as travel cost to Bhuragaon Hospital almost every week.

- Community member narrates his experience with the ASHA, Lengeribori, NizCaharia panchayat, Laharighat block

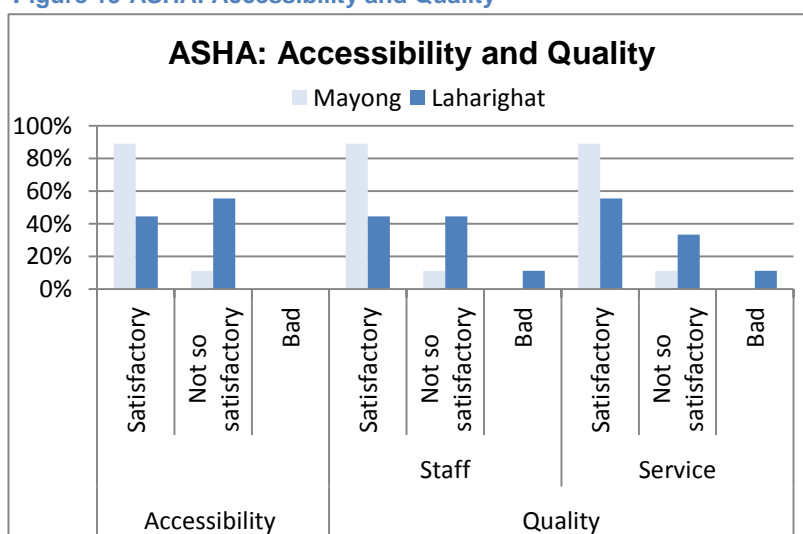
The ASHA comes from the adjacent village, but she is not always available. There have been numerous instances when she has not been available even at the time of delivery. Further, the 108 Ambulance Service does not reach our village since the road leading to our village is in a bad condition. Therefore there are more home deliveries.

- FGD with AG, BaramariKacharigaon, Niz-Caharia panchayat, Laharighat block

The ASHA is not always available when required.

- FGD with AG, Naramari, Telahi panchayat, Mayong block

Figure 19-ASHA: Accessibility and Quality



The ASHA's role becomes especially important in villages as seen in Laharighat and Mayong, where, to access health care community members have to walk long distances. While AGs across 94% villages confirm that an ASHA has been appointed, this drops by 27% when asked about the ease with which she can be approached. In 55% villages across Laharighat, AGs shared

that they were dissatisfied with the attitude of the ASHA worker and in 44% villages with the service provided by her. This is essentially because (i) she is not always available when required, especially at the time of delivery, (ii) she asks the community members to pay her travel cost to the hospital.

- 4.4.1.3. **Chief Minister's Bicycle Scheme:** The Chief Minister's Bicycle Scheme was introduced to motivate girl children from BPL families to continue their education after class 8, by providing them a free bicycle in order to reach school with ease.

Voices from the community

We had no difficulty in accessing the scheme. However, because the path leading to school is sand laden, our children find it difficult to cycle. They are forced to push their cycles at multiple stretches on route to school.”

- FGD with AG, Leneribori&BaramariKacharigaon, BarukataCaharia, NizCaharia panchayat, Laharighat block

A number of girls in our village have succeeded in getting the cycle however there are still quite a few girls who haven't received the cycle as they do not have their BPL cards.

- FGD with AG Bardubatup, Barduba panchayat, Laharighat block

It has been made available to the target population across only 50% villages in both blocks (Figure 15). In Mayong, AGs in 56% villages stated that they are dissatisfied and find it difficult to avail of this scheme. Also, though AGs in Laharighat are able to procure the cycle provided under the scheme, their girls across 33% villages find it difficult to reach school as they have to push their cycle on multiple stretches as the path leading to school is sand laden making it difficult to ride the cycle.

- 4.4.1.4. **Maajoni Scheme:** This scheme of the Government of Assam provides financial assistance to women incentivizing them to have regular health check-ups, and to keep their girl children.

Voices from the community

Some money needs to be paid in order to avail the benefits of the scheme”

- FGD with AG, Banmuribeel, Niz-Gerua panchayat, Laharighat block

The number of home deliveries is more than institutional deliveries since the road is in a bad condition and we not able to reach the hospital easily. Also we have not been made aware of the benefits of the scheme. So only the few who go to the hospital are able to avail of this benefit.

- FGD with AG, BaramariKacharigaon&BarukataCaharia, NizCaharia panchayat, Laharighat block

It is almost 1 ½ years and we still haven't received the sum of Rs 5000/- due to us under the scheme.

- FGD with AG, Bardubatup, Barduba panchayat, Laharighat block

The AG reported that the Maajoni Scheme is available in (83%) villages across both blocks in Morigaon. However 28% villages (33% in Laharighat and 22% in Mayong) reported that long distances, corruption etc. as voiced in the text box above, hinder their ability to avail of the scheme with ease.

- 4.4.1.5. **Mid-Day Meal Scheme** The National Programme of Nutritional Support to Primary Education, popularly known as the Mid-Day Meal Scheme (MDM) was started in 1995 in an attempt to enhance enrolment, retention and attendance while simultaneously improving nutritional levels among children in school. It currently covers nearly 12 Crore children.⁴⁵

⁴⁵<http://www.childlineindia.org.in/Mid-day-Meal-Scheme.htm>

Voices from the community

SSA always provides rice in sufficient quantity but there is always a delay in releasing funds to purchase other essentials like *dal*, *sabji*, soya, eggs, etc. Often we have to borrow these from shops on credit. When the delay increases, shopkeepers avoid giving credit and we are not able to give the meal for close to 2 months. This delay extends sometimes to 2-3 months.

- IDI with teacher, Madhupur (2), Dimoruguri, SaatBhoni, NotunBongalbori, Bangthaigaon, TelahiHiragaon, PurniTelahi, Mayong block

While SSA provides a menu that is budgeted day-wise from monday to saturday, this budget is not adequate to provide all that is on the menu which in turns affects the quality of the meal provided.

- FGD with AG, Bardubatup, Barduba Panchayat, Laharighat block

AG in all the (100%) villages stated that the Mid-Day Meal scheme was available and accessible to all primary school children in their village, but they registered their dissatisfaction with quality of services and attitude of the staff. While satisfactory rating was given by the community in 67% of the villages (Figure 1), further probing brought sharp criticism of the mid-day meal. Reasons included that although the supply of rice is regular under SSA, funds for other ingredients like vegetables, cooking oil are not always provided on time, which result in the meals not being available for prolonged periods of time. In 11% villages adult community members reported dissatisfaction with the staff.

- 4.4.1.6. **School Health Check-up Camp:** Activities during the health check-up camp include the following: general health check-up, mass de-worming, spot distribution of albandazole tablets (to treat infections caused by worms), grouping of cases, proper supervision, health education, distribution of IEC materials, follow up cases, computerized monitoring and evolution and monthly reporting to the state government.⁴⁶ In the absence of health sub-centre in a number of villages, regular screening of children in health check-up camp in schools is significant for early identification of health issues if any.

Voices from the community

A school health camp was conducted only a few days ago. Why was it conducted only now, after so many years?

- FGD with Community, Banmuribeel, Niz-Gerua Panchayat, Laharighat block

We are not aware if a health camp is meant to be conducted. Till date a health camp has not been conducted.

- FGD with Community, Sunduba West, Barduba Panchayat, Laharighat block

While a health camp was conducted a few days ago, it was only a check-up, no medicines were provided.

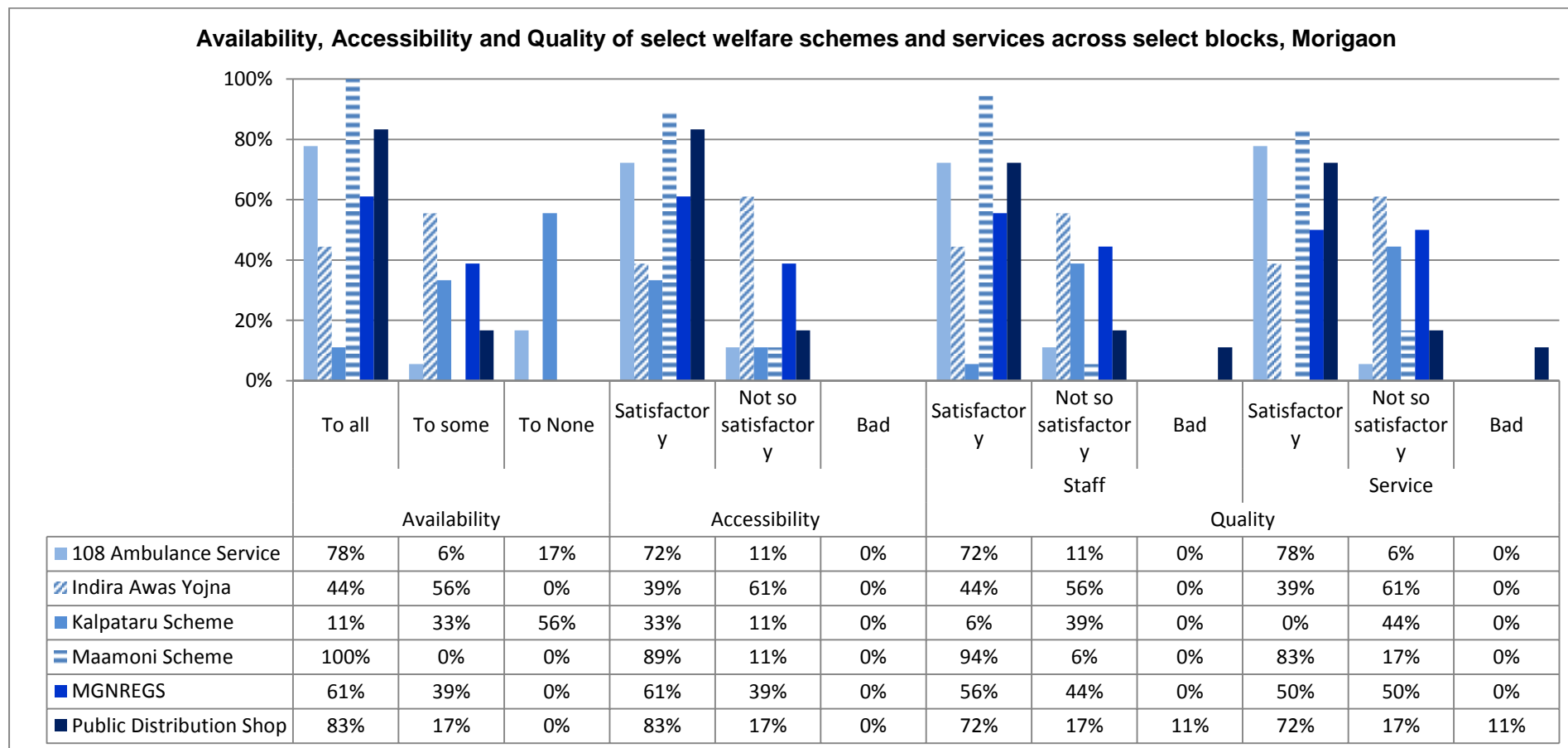
- FGD with community, Bardubatup, Barduba Panchayat, Laharighat block

AG in 67% of the villages said that school health check-up camps has been organized in schools in their villages, while AG in 33% of the villages reported that a school health check-up camp has never been conducted in their villages.

⁴⁶<http://www.schoolindia.org/article/assam.html>

4.4.2. Social protection schemes targeted at families/households

Figure 20 Availability, accessibility and quality of select Social protection schemes targeted at families/households, Morigaon



Voices from the community

108 AMBULANCE SERVICE

The 108 Ambulance Service do not come to our village due to the bad conditions of the road. We have to bring the patient till Pachali road where the villages road gets connected which is the point where the 108 reaches us. There are times when community members and the ASHA have to arrange a hand cart (thela) or bullock cart to bring the pregnant women to that point.

- FGD with AG, Baramari Kacharigaon, Niz-Caharia, Laharighat block

Sometimes the ambulance of Bhuragaon Hospital comes to our village but the driver always demands Rs.300/- from the patient's family towards the fuel cost."

- FGD with AG, Lengeribori, Niz-Caharia, Laharighat block

The 108 Ambulance Service does not reach our village since the road leading to our village is in a bad condition. There are more home deliveries.

- FGD with AG, Baramari Kacharigaon, Niz-Caharia panchayat, Laharighat block

INDIRA AWAS YOGNA

Sometime 2 houses under IAY get allotted to two different members in the same family. Only those who are close to the panchayat president & secretary get allotments"

- FGD with AG, Lengeribori, NizCaharia panchayat

We have had to give money in order to get our allotment under the scheme"

- FGD with AG, NotunBongalbori, Bangthaiga, Baghjap panchayat

MAMONI SCHEME

The attitude of the ASHA is not good. She demands Rs.100/- every 4-5 days for accompanying us to the health sub-center.

- FGD with community members, Lengeribori, Niz-Caharia, Laharighat block

We have not got the amount of Rs.1000/- against check-up as per this scheme for the past 4-5 months.

- FGD With community members, Barmanbasti, Barduda Panchayat, Laharighat block

MGNREGA

Despite intimating the panchayat, we have not received our job cards till date...”

- *FGD with AG, Naljari, BarukataCaharia, Barmanbasti, Sunduba West, Bardubatup, Laharighat block*

Job card holders are provided jobs only for 3-4 days....the brokers have collected some of our jobcards. they use our job cards to show the work completed ...take our signatures/thumb impressions on the muster roll and pay us a small amount as rent against our job cards.

- *FGD with AG, Bardubatup, Barduba panchayat, Laharighat block*

While job cards are available to all, only 5-10 days of work are provided and also payments are delayed. This delay is of 20 to 30 days sometimes.

- *FGD with AG, Bangthaigaon, Baghjap panchayat, Mayong block*

We have our job cards, but only 5 days of work are provided

- *FGD with AG, Naramari, Telahi panchayat, Mayong block*

Public Distribution Shops

Accessing the PDS is difficult as it is 5 km. away”

- *FGD with AG, Banmuribeel, Laharighat block*

We have no difficulty in accessing the PDS. There is no problem of card holders.

- *FGD with AG, Lengeribori, BaramariKacharigaon, BarukataCaharia, Barmanbasti, Sunduba West and Bardubatup, Laharighat block*

PDS distributes the commodities in small quantities and sometimes the staff here are rude.

- *FGD with Community, Naramari, Telahi panchayat, Mayong block*

The PDS is at a distance and sometimes the food commodities are not even available.

- *FGD with Community, Saatbhoni, Baghjap, Mayong block*

4.4.2.1. **108 Ambulance Service:** The 108 free ambulance service is available in 78% of the villages. In 70% of the villages AG expressed satisfaction with the service. During FGDs community members expressed their satisfaction in accessing the 108 service. In Laharighat, AG stated this service is not accessible to communities in 33% of the villages as ambulances cannot reach the village owing to bad roads. Thus a majority of the women have no choice but to opt for home delivery.

4.4.2.2. **Kalpataru Scheme:** The Kalptaru scheme which aims to provide direct self-employment to youth is not available or accessible to communities in more than 50% of the villages in both blocks. Off the 22% villages in Laharighat where this scheme is available to a few, AGs expressed that they were dissatisfied with the service. In Mayong, off the 66% villages where the scheme is available to at least some youth who are part of the community, AGs across all villages shared how they were dissatisfied with the implementation of the scheme.

4.4.2.3. Mahathma Gandhi National Rural Employment Guarantee Scheme (MGNREGS)

Table 1- MGNREGS: Availability, Accessibility and Quality

Block	Availability			Accessibility			Quality					
	To all	To some	To none	Satisfactory	Not so satisfactory	Bad	Staff			Service		
							Satisfactory	Not so satisfactory	Bad	Satisfactory	Not so satisfactory	Bad
Mayong	89%	11%		89%	11%		78%	22%		89%	11%	
Laharighat	33%	67%		33%	67%		33%	67%		11%	89%	

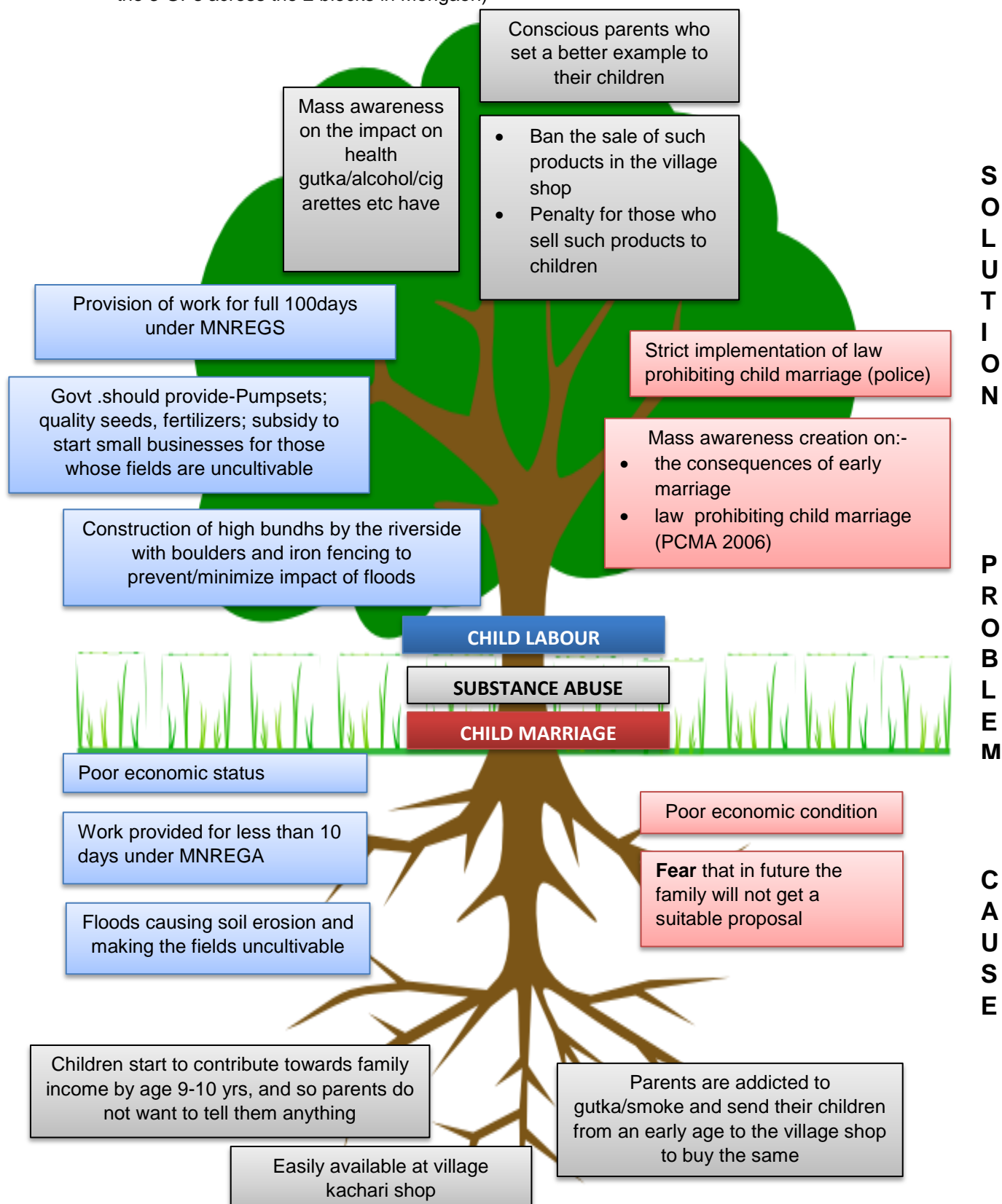
While MGNREGS aims to guarantee the right to work and ensure livelihood security in rural areas by providing at least 100 days of guaranteed wage employment in a financial year to every household, AG reported that such work has been provided for less than 10 days to community members in 61%⁴⁷ villages across both blocks.

- 4.4.2.4. **Public Distribution Shop (PDS) (Ration Shops):** PDS which are the most important food security network and responsible for distribution of major commodities (that includes staples such as wheat, rice, sugar and kerosene etc) is available and accessible to communities across 83% villages. Service provision drops in both blocks. In Mayong, AGs in 56% of the villages the response showed dissatisfaction with the attitude of the staff and service provision especially because distribution is often inadequate and irregular

⁴⁷Mayong(3):KumoiKacharigaon, Bangthaigaon, Naramari; Laharighat (8):Banmuribeel, Lengeri, Naljari,BaramariKacharigaon, BarukataCaharia, Barmanbasti, Sunduba West, Bardubatup

4.5. Problem Tree

This section presents 3 key issues that AG in Banmuribeel in Niz-Gerua Panchayat, Laharighat block identified as child protection concerns that need urgent attention. The AG identified the root causes and solutions for each issue as well. (This activity was conducted in one village in each of the 3 GPs across the 2 blocks in Morigaon)



5. ANALYSIS AND INFERENCE

5.1. Child protection issues identified by communities:

5.1.1. **Prominent Child protection issues in communities:** The primary study in communities brought out that a number child protection issues are prevalent in Morigaon. A positive finding was that communities were concerned about the protection of their children and were willing to discuss issues in an open manner. Child sexual abuse, substance abuse, child marriage, child labour, children with disability and corporal punishment featured prominently on the list of issues spelt out by both children and adults⁴⁸. The problem tree analysis shows that many of these problems exist as a result of poverty, unemployment, patriarchal attitudes towards women and girls, which have remained unchanged over years, and the lack of any effort to change thinking. Additionally, annual floods brings life to a standstill in many parts of the district, destroy land, livelihood, bringing public services to a halt, exacerbating problems in the district and putting children in more vulnerable situations.⁴⁹

5.1.2. **Child protection issues which feature less prominently in communities:** Issues which featured less prominently in the communities included feticide, gender discrimination, missing children, and kidnapping⁵⁰. Issues like foeticide and gender discrimination probably featured less prominently as these issues are “sensitive” and that communities may not raise these in a very direct manner. Kidnapping and missing children were not flagged by the community, but the Police officials stated that a number of cases have been recorded by them at the block level. The local analysis team suggested that the cases of ‘elopement’ (where teenage children in relationships who elope), reported by communities, are generally reported to the police as missing or kidnapped.

5.2. **Community demand for intervention on issues:** Data from the communities revealed a low level complaints in cases of child protection violation, indicating that currently demand for protection of children from communities is low. A further break-down of the issue as discussed with communities is outlined below:

5.2.1. **Acceptance of certain behaviours as ‘normal’:** Findings indicate that the communities consider certain behaviours to be ‘normal’ and accept or ignore them without questioning. Parents perceive corporal punishment, to be a requirement in order to discipline children. Highly prevalent substance abuse among children is “accepted” and attributed to cultural acceptance of certain forms of substance abuse⁵¹. Additionally, it was stated that parents, many of whom are substance abusers themselves are financially dependent on their children, and feel that they do not have a right to stop their children. Communities also

⁴⁸ Figure 1- Prevalence of issues and phenomena that effect protection of children across select blocks, Morigaon, Findings Chapter

⁴⁹ “Child Labour is on rise due to poverty. The area is flood prone, which results in erosion of fertile land, making people poorer by the day. Government needs to first address these issues in order to address the Child Labour.” –IDI with Police, Laharighat block.

“Most of the fathers of a girl child try to arrange the marriage of their daughter at an early age as they do not need to reduce the financial burden of getting them married at a later age. But the mother’s do not support the marriage of her daughter at an early age as she has witnessed the problems of early marriage like deficiency of iron, vitamins and other related issues. But she is helpless in front of the decision of her husband” - IDI with DCPO, Laharighat block.

⁵⁰ “Missing cases also are present. They go for work outside the village and go missing. But these cases are not reported in the police station.” –IDI with Polcie, Mayong block

⁵¹ “Maximum villagers have the habit of consuming smokes, ganja, alcohol etc. sometimes they use their children to bring such things from the shop/market to them. As a result the children also become attracted to the same” - IDI with CDPO, Laharighat block.

perceived behaviours that include eve teasing, 'touching' as 'normal' and do not raise an alarm about it.⁵²

5.2.2. **Acceptance of certain issues due to a perceived sense of 'helplessness':**

Communities pointed that poverty forces them to send their children to work, and to marry their daughters early⁵³. From discussions in the community it is understood that a child's transition to adulthood depends on the financial resources and facilities available to the child's family. In the absence of accessible facilities for higher education, vocational training etc. families feel compelled to marry their girls and send their boys out to work. They are aware that these practices are inappropriate for their children, but state that they are constrained to change due to absence of choice.

5.2.3. **Lack of initiative to complain or to seek help:** It appeared from discussions that communities have developed their own coping mechanisms/systems. This is largely due to the hardship they experience on an ongoing basis during the floods. When asked about state run public services and facilities, the communities mostly rated them as satisfactory⁵⁴. They accept whatever is handed to them. However, on further probing they were able to provide a lot of anecdotal information about inadequacies of public services⁵⁵. It was also realized that the communities lack awareness that entitlements can be sought for their children⁵⁶. These factors combined with other issues raised above, result in a low level of community initiative to complaint or take forward child related issues in the community.

5.3. **Issues specific to certain communities:** The findings of the study revealed that communities belonging to riverine areas, and minority communities appeared to have less access⁵⁷, and expressed more dissatisfaction with child related and other public services. A notable difference was observed in this regard between the two blocks covered by the primary study, Laharighat being a riverine, minority populated block, and Mayong, a relatively more urban block with a mixed population. It also appeared that minority communities were higher concentrated in population within the riverine areas. Communities stated that annual flooding compounded their difficulty. As a result of floods, migration increases, both in terms of migration of population of entire villages to other areas within the district because their villages get washed away, and migration within and outside the district for labour due to loss of livelihood options. Duty bearers at the block level perceived that incidence of child marriage among minority Muslim community was high.⁵⁸

⁵²Laharighat: Eve teasing, touching, using slang etc is common, considered normal and part of daily life across 77% villages (CG & AG: Banmuribeel, Lengeri, Naljari, Baramari Kacharigaon, Barmanbasti, Sunduba West, Bardubatup)

⁵³Child Labour :Children and adults explained that they do not raise an alarm in the case of a child labour because the children who are engaged in labour are often from low economic background with hardly any other means of sustenance.

⁵⁴Figure 17- Child Focussed Social Protection Schemes and Services; Figure 18 – Availability, Accessibility and Quality of select social protection schemes targeted at families/ Households, Morigaon

⁵⁵For eg : (1) CG & AG across 61% and 67% villages respectively reported that children with special needs have not received any govt. benefits

(2) Detailed in Services, Facilities and Schemes, Findings Chapter

For eg: (2a) Mid-day Meal: AG in all the (100%) villages stated that the Mid-Day Meal scheme was available. However in 83% villages, AG expressed how the mid-day meal is not provided everyday; 2b) MGNREGS: AG reported that work under MGNREGS is provided for less than 10 days to community members in 61% villages across both blocks.

⁵⁶CG & AG across 22% & 16% villages have no knowledge of govt. benefits for children with special needs

⁵⁷AG stated that the 108 Ambulance Service is in 89% villages in Mayong while in Laharighat AG stated the 108 Ambulance Service is not accessible to communities in 33% villages as ambulances cannot reach the village owing to bad roads. Thus majority of the women have no choice but to opt for home delivery.

⁵⁸It's a kind of traditional thing to get girls get married early i.e. at 12-13 years in minority communities. According to them, they can't keep their girl above 14 years. It's a kind of bad thing to them"- IDI with Police, Mayong block.

5.4. Access to social protection schemes and services: It is good to find that a number of child focused facilities are available and accessible to communities. The services which featured most prominently were the AWC with the facilities provided by it, health care through the ASHA, Mid-day meal through school, and the Maajoni scheme⁵⁹. However, Comparitively less accessible were the Chief Minister's bicycle scheme, post metric scholarship, and the school health check-up. Despite a number of schemes focused on children being unavailable and inaccessible to large proportions of the community, more than half the communities reported the quality of services to be satisfactory. However, those who were dissatisfied with the service, mentioned reasons for the same. These included inadequate supply of materials, corruption⁶⁰, politics, unavailability of personnel when needed, and large distances to be travelled to access services. A similar situation was observed with regards to availability and accessibility of social protection targeted at families. Corruption was stated most prominently as a reason for dissatisfaction with services.

5.5. State response to needs and vulnerability of communities: From the discussions with children and adults in the community, the researchers have gathered that communities find ways to cope with their problems, accepting what is given to them from the State. However, many coping methods devised by the community do not work in the best interests of children. Dependency on the State is minimal because they are not aware that they have entitlements, which can be demanded from the State.

The research team observed that on one hand, the State provides a set of services to the community, these are a one size-fits-all, central or state government sponsored programs, planned and designed far away from the community, and on the other hand, communities are affected by a set of issues that are specific to the district alone. While government services for the public are functional, they do not necessarily provide the required support to uplift and change circumstances of people in the district.⁶¹

Hence, despite efforts of government certain negative behaviors and patterns continue. Poverty continues to be an issue. Floods bring services, and life in general to a stand-still⁶². Resultant migration continues. Child protection issues arising from such patterns include child labour⁶³, child marriage, child abuse and substance abuse⁶⁴.

⁵⁹Figure 17 - Child Focussed Social Protection Schemes and Services

⁶⁰ I agree with the complaints of corruption in IWY by AG. It is difficult to take action in the absence of concrete proof.

However, with direct transfer of cash, this problem has decreased in the recent past. – IDI with BDO, Laharighat block.

⁶¹ The Central Government have provided the department normally Rs5000/- against each Anganwadi centre to provide food and nutrition to the children and pregnant mothers for 25 days in a month. Some times as per the huge population the amount would be increases up to Rs.15000/- also. But the CDPO also agreed that by this amount it is not possible to provide the same amongst the entire beneficiary. But they are helpless as the money is distributed by central government. Sometimes some villagers from other neighbour village used to migrate to a village due to flood and erosion and admitted their children in that village's centre and as a result it make increase the enrolments of that centre which affect the distribution of foods and nutrition amongst the beneficiary. IDI with CDPO, Laharighat village.

⁶² (1)“Schools shut down during floods”, (2)“There is a shortage for food, shelter, basic essentials and water”, (3) “Many children suffer from malaria, dysentery, vomiting, fever etc during floods” -*Narrated by community members during FGD, across all villages;*

⁶³ We have many financial problems, and floods affect our fields every yearwe are forced to look for jobs and even push our sons to work outside the village in order to survive -*Narrated by AG during FGD in Lengeribori, BaramariKacharigaon, BarukatCaharia, Barmanbasti, Laharighat block*

⁶⁴ Substance abuse is prevalent across all villages in both blocks

5.6. **Synthesis of findings to inform district level child protection planning:** Below is a synthesis of findings of the findings of the primary study in Morigaon, which will inform the preparation of district level child protection plans.

5.6.1. **Key stakeholders of a child protection system:** Key stakeholders of a child protection system are the community, children, duty-bearers and civil society organizations. Outlined in table 1 below is a list of problems faced by each stakeholder along with the agency they approach to resolve their problems, in Morigaon. These would have to be addressed in child protection planning.

Table 2- Key stakeholders of child protection

Key stakeholders of child protection		
Stakeholders	Most significant Problems identified by community	Significant Institution they approach for addressing the problem (Agency)
Community	Floods Migration Poverty Unemployment	Police Village head Elders and leaders (political and religious)
Children	Child labour Child marriage Corporal punishment Sexual abuse	Parents Police Teachers
Duty-bearers	No decision making ability Supplies do not reach Lack of funds Cannot take stand against their own community	Training platforms Policy Schemes Financial allocations
Civil society organizations	Few in number Mostly focused on WASH Limited to no programs on child protection	Funding Agencies Policy Schemes

5.6.2. **Child protection issues identified by the community:** Child protection issues identified by the community have been classified in columns A, B, C and D. A healthy child protection system would be one in which all child protection issues lie in Column A, where demand for intervention exists and where supply in terms of policy, systems, and services exists to address issues. Currently, in Morigaon, child protection issues lie in columns B, C and D. Prioritization and planning of interventions towards creating demand and supply need to take place keeping in mind the resources and skill available at the district level.

Table 3 - Child Protection issues identified by community

Community Members (Adult and Children)			
Analysis of issues perceived by community			
A	B	C	D
Problems identified for which according to the community, solutions exist	Problems identified for which communities have no solution	Problems perceived by communities as 'normal'	Not identified by communities as issues*
-	Child Marriage ⁶⁵	Substance Abuse	Feticide
-	Child Labour ⁶⁶	Corporal punishment ⁶⁷	Gender discrimination
-	Sexual Abuse ⁶⁸		Missing children
-	Disability		Kidnapping
Interventions required			
Demand and Supply system exists: policy, systems and services	Demand exists, supply needs to be created: systems and, services.	Demand and supply needs to be created: awareness, sensitization, systems, services	Demand and supply creation using special methods: research, awareness, special provision, systems and services

5.6.3. **Public Institutions and child protection:** As seen in table 3 below, public institutions present at the community level in Morigaon, do not provide child protection services (C and D). The police was the only public institution found to provide protection to children when approached (B). Communities are mostly unaware of mechanisms whose prime purpose it is to provide protection to children⁶⁹. Most of these mechanisms exist at the district HQ level and are not able to reach communities (D). In a robust child protection system, protection of children is mandated in all institutions that serve the public. Currently, in Morigaon only a very small number of duty-bearers who may address child protection issues in an ad-hoc manner, there are no functional systems proactively providing child protection services in the community⁷⁰ (A). Interventions required would include policy support, financial allocations, infrastructure, coordination and convergence between various systems, publicity, awareness and capacity building.

⁶⁵Do not complain: Child Marriage: CG- 94% AG -100%- "We do not complain as we do not want to interfere"

⁶⁶ Do not complain: Child Labour: CG -94%, AG -83% - "We do not complain about this to anyone as most of them have no other option in order to survive besides doing this." – Narrated by AG during FGD in Nalhari, Lenegeribori, BaramariKacharigaon, BarukataCaharia, Barmanbasti, Bardubtup, Laharighat block


⁶⁷CG in 61% villages and AG in 94% villages did not report or raise an alarm about the use of corporal punishment in the schools in their villages.

⁶⁸ In Lengri, Laharighat block while the children and community expressed how there has been no incidence of child abuse, the Anganwadi worker during the In-depth interview expressed how there have been cases where girls have been abused by relatives/persons within the family, become pregnant and have been forced to terminate / abort the pregnancy. In the FGD conducted in Barmanbasti, in Barduba Panchayat, Laharighat block the children stated that there have been close to 15-16 cases of abuse in the last one year. Further the community expressed how many a time the abuse results in pregnancies that have had to be terminated silently

⁶⁹Figure 18- Awareness of Child Protection structures and systems, Findings Chapter

⁷⁰ The researchers gathered that though the Juvenile Welfare Officer's were appointed at both the Police stations they were not aware of their roles and responsibilities – IDI with Police, Laharighat and Mayong.

Table 4- Public Institutions

Public Institutions			
A	B	C	D
Functional and Proactively/ providing child protection in community	Functional in community and provide child protection service when approached	Functional in community but not providing child protection service	Communities unaware of existence
Example: 1 teacher stated that she speaks against child marriage to children and parents.	Police	ASHA School teacher AWW	CWC JJB SJPU DCPU Government Home CIC Support Person
Interventions required			
Policy support, financial support, infrastructure, coordination and convergence	Capacity building, human resource and infrastructure.	Policy support, training, protocols, funding and infrastructure support	Publicity, Awareness, training, financial support, infrastructure support
			

5.6.4. Prevalence of child protection issues and availability of systems/mechanisms

Table 5 - Prevalence of CP issues & availability of systems/ mechanisms

			Abuse	Child Labour	Child Marriage	Corporal Punishment	Disability	Malnutrition	Substance abuse
AG	Prevalence		44%	83%	100%	56%	94%	78%	94%
	Complain to a duty bearer below 20% ⁷¹		Police, Gaonbuha	Police	Police, Mahila Samiti	Head Teacher	Zilla Parishad member, AWW	–	–
CP structures	Village	Not Formed	VCPC	VCPC	VCPC	VCPC	VCPC	VCPC	VCPC
		Functional but community is not aware	--	--	--	--	VHNSC	--	--
		Functional and community is aware of its presence but does not complain	--	SMC	SMC	SMC	AWW, ASHA	SMC	--
		Functional and community complains	--	--	--	--	--	x	--
	Block	Not Formed/ appointed	BCPC	BCPC	BCPC	BCPC	BCPC	BCPC	BCPC
		Functional but community is not aware	SJPU	SJPU,	SJPU	--	CDPO		CDPO
		Functional and community is aware of its presence but does not complain	--	--	--	--	--	--	--
		Functional and community complains	Police	Police	Police	--	--	--	--
	District	Not Formed/ appointed	Counseling Centre, Childline 1098, DCPC. Child Friendly	Childline 1098 NCLP school Vocational	CMPO, Childline 1098, DCPC	Childline 1098, DCPC	NRC	De-addiction centre, DCPC	DCPC, SSA

⁷¹ AG FGD – Abuse (17%), Child Labour (6%), Child Marriage (6%), Corporal Punishment (6%), Disability (6%),

			Court, Crisis Intervention Cell ⁷²	Training centre					
		Formed but not fully functional	Childrens Home DCPU	Child Labour Task Force	--	--	--	--	--
		Formed and functional	CWC	CWC, Anti -Human Trafficking Task Force	CWC	CWC,	--	--	--

5.7. Key issues emerging for child protection planning in the district of Morigaon based on the findings of the study:

5.7.1. The high prevalence of child labour, child marriage etc. was not reflected in data provided by the police and the CWC, indicating that very few of such cases are reported. In communities it was found that levels of complaints made to duty bearers on child protection issues is low (refer Tables 2 and 4). This is attributed to the acceptance of certain behaviors as normal, inability to find solutions to some problems, and still other issues are not recognized as issues. Awareness and dialogue among communities needs to take place on priority and must include awareness on: child protection issues and their effects on children, awareness of entitlements, services and mechanisms that exist to protect children, complaints mechanisms.

5.7.2. While education could have been further probed by the study, a possible link can be seen between the drop out of children attending school in the higher classes and the substantially lower number of middle and high schools in comparison to lower primary schools⁷³. NCLP schools were found to be absent. The communities also reported high school as the stage at which boys start to work and girls get married. Options for continuing education and skill development need to be explored as strategies to combat early marriage and child labour.

5.7.3. There is a large gap between prevalent child protection issues in the community and mechanisms available to address them. Child protection mechanisms currently available at the district level needs to be accessible to communities at the village level. At the village level: services for children, governance committees, and all key duty bearers (ASHA, AWW, Village Head, village/panchayat secretary, etc.) need to be mandated with child protection. VCPC, mandated by ICPS at the village level must be set up. Block level CPC and district level CPC also need to be set up in accordance with ICPS to ensure that there is flow of information from the district to the village level and vice versa. Setting up of structures, obtaining orders and developing protocols for child protection among duty bearers, and their capacity building would need to be addressed.

⁷² As mandated by POCSO Act

⁷³ Section 2.4.3, Overview, Chapter 2, (DNA & DCP, Morigaon, Assam)

- 5.7.4. Support systems and services for rehabilitation were found to be unavailable in the district. NCLP, Vocational Training Centres, shelters, homes, to name some were found to be absent. The absence of services increases the burden on the CWC, JJB and DCPU, who reported it difficult to intervene in cases in such a scenario. Other mechanisms for protection of children including AHTU, Anti Child Labour Task Force, SJPU were found to be appointed but not functional. The reach of the CWC, JJB and DCPU which are functional at the district level does not reach communities at the village level. A key need emerging is for systems to be set up, to publicize them, and to widen their reach.
- 5.7.5. The community members were found to be positive. Their concern for their children was appreciable. The study team infers that Morigaon is ripe and ready for a dynamic partnership between state and civil society towards the implementation of ICPS and the protection of children in the district.

6. DISTRICT CHILD PROTECTION PLAN (DCPP)

The study has demonstrated that a number of child protection issues exist at the village level, and that in order for children to be protected, there needs to be awareness and consciousness of the vulnerabilities experienced by children in communities and a demand for protection services. To cope with such demand there would need to be supply of systems and services for the care and protection of children. Since the district of Morogoro is not very large, it makes easier to manage programs within the district. If programs for child protection are implemented effectively, Morogoro has the potential to turn itself into a model district. The research team acknowledges that there will always be restrictions imposed by budgets, procedure, and other local conditions which will hinder work, but the research team urges the district administration to identify innovative solutions that can be institutionalized over a period of time.

Before initiation a discussion about the DCPP it must be accepted that child protection is a critical issue that must receive attention and priority in the district. Some necessary actions would include:

- The Chairperson of the DCPU, the Deputy Commissioner (as per ICPS) must take an active interest in the activities of the DCPU.
- The DCPU would have to be recognized as the nodal agency at the district level for child protection. The DCPO should report to the DC and be allowed access to the DC for obtaining support and approvals.
- The DCPC must be appointed quickly and through a fair selection process and it must meet on a regular basis and support the activities of the DCPU.

A sub-committee of the DCPC could be appointed to monitor and support the DCPU on a routine basis.

The DCPO plays the most critical role in weaving together the child protection system at the district level. She/he is supported by a team of 7 staff. The DCPO would have to prepare an annual plan, and delegate tasks and responsibilities among the team to ensure maximum effectiveness and reach of their support to the district.

In order for the DCPU to be able to function effectively, certain administrative hurdles would need to be overcome. It was found that although staff received their salaries in a timely manner, the DCPU does not receive cash advances for travel, and program activities, and hence, they are unable to carry out activities or implement plans. All staff of the DCPU must be appointed. It is requested that the DC gives these administrative issues special attention and identifies solutions, which will enable the DCPU to function effectively.

The DCPU must work towards achieving a plan and must undertake goal setting and have an annual plan which is monitored by the DC on a quarterly basis. The DCPU staff would work effectively if they had a plan and received the support to implement it.

Since ICPS emphasizes partnership between civil society organizations it is recommended that the district administration engages with civil society and takes benefit from their expertise and experience working in communities. If the Childline services are present, the DCPO can collaborate with the Childline team and achieve a number of activities from the plan. Childline and other NGOs could contribute their skills and support to capacity building, outreach and dialogue in communities.

Contingent to the above points being addressed, a DCPP has been suggested below. This plan is recommended taking into consideration the findings of the study and the issues which have emerged as priority areas for action. This plan is recommended in phases where Phase 1 focuses more on setting up of systems and providing basic capacity building to all stakeholders in order to get them started. Phase 2 adds the intervention and provides more in-depth capacity building. Experience of phase 1 would determine plans for phase 2. Some of these can be predicted and are outlined in phase 2 below. A

third phase of consolidation is recommended to be developed by the district after having reached the middle of Phase 2. Based on this overall plan, the DCPO would have to make annual and monthly plans for the DCPU.

KEY ACTIVITIES TO BE UNDERTAKEN	STEPS INVOLVED/CONTENT BLOCKS		ACCOUNTABLE OFFICERS AND COLLABORATORS
	PHASE 1	PHASE 2	
SETTING UP AND STRENGTHENING SYSTEMS FOR CHILD PROTECTION			
Protection Homes for Children <ul style="list-style-type: none">Strengthening the NGO run boys homeSetting up a children's home for girls and strengthening the children's home for children below 10 years recognized as Specialized Adoption AgencyTemporary shelter home separate for boys and girls	<ul style="list-style-type: none">Assessment of requirement and capacity of homes to be set upInfrastructure and human resource to be assessed in keeping with JJ norms and standardsInclude in district budget proposalUndertake development after receipt of grantsSet up the Home Inspection Committee as per JJ Rules	<ul style="list-style-type: none">Set up the Home Management Committee in all homesAll homes must follow standards of care as outlined in JJA Rules.All children in each home must have an individual care plan.There must be children's committees set up in each home where children have a say in how the home is managedUpdate the Track the Missing Child softwareEvery home must have a child protection policySchedule regular visits by the Home Inspection Committee to all the homes to monitor their functioning and progress	DC, DCPU, SWO SCPS, DCPO, NGO Head running the home, CWC
Strengthening of DCPU	<ul style="list-style-type: none">Appointment of remaining staffResolution of administrative hurdles (funds in advance for programs and transportation)Supervision and monitoring of DCPO and DCPU staffSetting annual plans for the DCPU with deliverables for each staff member	—	DC, DCPC, SWO SCPS
Making non-functional child protection	<ul style="list-style-type: none">Notifications to be issuedMembers to be appointed	<ul style="list-style-type: none">Annual plans to be made for each of the task forces/duty bearers	DC, Labour Department, DCPO,

structures functional <ul style="list-style-type: none"> District Child Labour Task Force Anti-human Trafficking Unit Designating CMPO at the district, block and village level 	<ul style="list-style-type: none"> Meetings to be held Invite members of district level task force from near-by districts to orient the task force 	<ul style="list-style-type: none"> District Child Labour Task Force: <ul style="list-style-type: none"> To identify children working in contravention of Child Labour (Prohibition and Regulation) Act. Undertake rescue of children identified in the step above. Chalk out a rehabilitative plan for children thus rescued in collaboration with CWC, DCPU, and local NGOs’. Anti-Human Trafficking Unit: <ul style="list-style-type: none"> Coordinate rescue of trafficked victims with multi-department stakeholders To map the most vulnerable sources of trafficking depending on the trend of cases and work with DCPU and CWC for preventive measures To undertake restoration and follow-up of the rescued victims of child trafficking with NGO involvement wherever necessary. Child Marriage Prohibition Officer: <ul style="list-style-type: none"> To work on mandatory registration of marriages with Panchayat To map the geographical prevalence areas with child protection committees’ at various levels Make the various schemes for empowerment of adolescent girls more accessible in the areas identified above. Collaborate with local NGOs in the areas identified to work on awareness strategy. 	SWO, CWC, DCPU
Setting up Childline 1098	<ul style="list-style-type: none"> Approach state government and Childline India Foundation (CIF)to initiate its preparatory activities for Childline 	<ul style="list-style-type: none"> Work in close collaboration with Childline once established 	DC, SCPS, Department of Social Welfare,

			Childline team
Sponsorship and foster care	<ul style="list-style-type: none"> Budget for sponsorship and foster-care in ICPS budget proposal submitted to SCPS Set up Sponsorship and Foster-care Committee Put down a plan for implementation Implement a pilot in 2 blocks Publicize the service 	--	DC, DCPO, CWC, SWO
Setting up child protection committees under ICPS <ul style="list-style-type: none"> DCPC BCPC VCPC 	<ul style="list-style-type: none"> Notification from State Government Notification from DC to BDO Notification from BDO to Panchayat Heads Development of guidance on roles of committees at the 3 levels Use the UNICEF guidelines for setting up VCPC⁷⁴ Preferable to set up VCPC at the GP level 	--	SCPS, State WCD, DC, SWO, DCPO, BDO, Panchayat head, NGOs
Including the mandate of child protection in key governance committees at village level/block level/district level <ul style="list-style-type: none"> SMC Village Defense Committee VHNSC Any other 	<ul style="list-style-type: none"> Notification from State Government Notification from DC to block level departments Notification from block level departments to village heads 	--	State departments (education, health, WCD, others), SCPS, NGOs, DCPO, SWO, Panchayat heads
Data base of vulnerable children and their families	--	<ul style="list-style-type: none"> Each VCPC to identify families which are extremely vulnerable Such a list may be filed with the BDO 	Sarpanch, Panchayat Secretary, DCPU

⁷⁴http://www.unicef.org/india/resources_8611.htm

		<ul style="list-style-type: none"> It must be ensured that these families receive maximum support possible through available schemes and facilities for families and children at the village level This may be implemented in a few villages monitored by the DCPU staff and then gradually extended to all blocks 	staff, BDO
Follow-up and tracking of children who have had contact with CWC or JJB or who have been rescued and restored to their families	--	<ul style="list-style-type: none"> The social workers/outreach workers must conduct home visits and follow-up of cases of children who have been reunited with their families, or who have been in contact with a CWC or JJB A norm for how this should be conducted and would need to be determined by the DCPO, CWC and or JJB Home visits should be documented in a standard template 	DCPO, CPO, CWC JJB
Engaging civil society organizations in the community for <ul style="list-style-type: none"> Setting up of AGG/children's clubs Identification of youth ambassadors/volunteers Organizing awareness events in the community 	--	<ul style="list-style-type: none"> Development of guidance for setting up AGG/Children's clubs in schools NGOs/Childline could provide technical support while teachers, ASHA could manage logistics⁷⁵ NGOs working in communities could link youth to the VCPC to play the role of volunteers 	DCPO and DCPU staff
CWC and JJB visits to blocks	--	<ul style="list-style-type: none"> CWC and JJB must visit the blocks to conduct awareness programs and to dialogue with communities 	DC, CWC, DCPO

⁷⁵ Teachers can make space and groups accessible in schools, ASHAs if working with AGG on reproductive health could permit the group to discuss child protection issues.

		<ul style="list-style-type: none"> Necessary support should be provided by the district administration 	
Protocols for escalation of cases from village level to CWC/JJB/Childline/DCPU	--	<ul style="list-style-type: none"> Analysis of roles and responsibilities of each stakeholder in the community Development of protocols that cover role of each stakeholder of the system from preventions, identification, intervention, rehabilitation and follow-up 	DCPU, SCPS, NGOs, UNICEF
CAPACITY BUILDING			
Developing a resource pool of trainers	<ul style="list-style-type: none"> Identify and develop and pool of trainers from government representatives, NGOs, and from the DCPU 	<ul style="list-style-type: none"> Expand the pool of trainers Upgradation of their skills 	SCPS, DCPU, NGOs, UNICEF
Intensive training of CWC and JJB members	<ul style="list-style-type: none"> Bi-annual training of CWC JJB members <ul style="list-style-type: none"> Send members for training programs organized by National Institute of Public Cooperation and Child Development (NIPCCD) and other such agencies Invite resource persons into the district for training Exposure visits to districts who have mature CWC and JJB Develop a resource bank of JJ training manuals, training material case studies, SOP, etc. and make the same accessible to all members 	<ul style="list-style-type: none"> Refresher trainings on various aspects of child rights 	SCPS, UNICEF, DCPU, NGOs, SWO
DCPU	<ul style="list-style-type: none"> Regular capacity building of DCPU staff <ul style="list-style-type: none"> Child rights, child protection Legislation Program management Documentation 	<ul style="list-style-type: none"> Monitoring and management Legislation and guidelines for implementation of legislation Case management Documentation 	SCPS, UNICEF, NGOs, National Institute of Public Cooperation and Child Development

Police	<ul style="list-style-type: none"> • Training on JJA, child protection, dealing with cases of crimes against children, crimes by children • Preparation of briefing notes, and resource kits for police 	<ul style="list-style-type: none"> • Ongoing training on JJA, POCSO, engaging with children and families 	DCPO, SCPS
Residential home staff	<ul style="list-style-type: none"> • Annual training on various aspects of caring for children • Training on the Track Child Software • Developing and making accessible in Assamese a resource bank of manuals, training material, SOP on caring for home staff 	--	DCPO, CWC, DCPC, SCPS
Health Department	<ul style="list-style-type: none"> • Training on JJA, child protection • Orientation on POCSO Act-do's and don'ts during medical examination, non-reporting of cases etc. • Brief on guidelines for conducting age determination to establish juvenility 	--	CMPO, DCPO, CWC, DCPC, SCPS
Education Department	<ul style="list-style-type: none"> • Training on JJA, child protection • Orientation on child protection issues and child rights laws and legislations-identification and reporting 	<ul style="list-style-type: none"> • Training of Trainers: <ul style="list-style-type: none"> ○ Train teachers to facilitate child protection risk analysis in schools 	BEO, DCPO, CWC, DCPC, SCPS
Key duty bearers at the village level <ul style="list-style-type: none"> • Police • AWW • ASHA • Teacher • Panchayat Head • Any other influential duty bearer 	<ul style="list-style-type: none"> • Training to be organized at the block level once in a year • Basic orientation on child protection and expectations for key functionaries at the block level • Protocol for addressing or escalating issues • Role and functions of village level child protection committees • Handouts to be given with expectation and roles clarified for each stakeholder 	--	DC, DCPO, CWC, SCPS, NGOs, UNICEF

Civil society organizations/NGOS	<ul style="list-style-type: none"> • Training to be organized on an annual basis to develop capacities of NGOs so that they can work together with government 	--	DCPO, SCPS, NGO
Sensitization of the media	<ul style="list-style-type: none"> • Sensitization meetings with the representatives of the media • Issues of child protection • Brainstorm on how coverage can be given to issues in a manner that media will change perspectives of community on certain problematic issues eg. Child marriage, child labour, substance abuse etc. • Prepare briefing notes for media 	--	DCPO, SWO
VCPC	--	<ul style="list-style-type: none"> • Block level interactions of VCPC members <ul style="list-style-type: none"> ○ On issues and problems in the community ○ Inputs on protection and rights of children and child protection issues ○ Collation of village level data • Influencing different sections of the community <ul style="list-style-type: none"> ○ Parents (men and women) ○ Elders ○ Persons of influence (religious leaders, priests, political leaders) 	BDO, DCPU staff
BCPC	--	Training of BDO/head of the BCPC <ul style="list-style-type: none"> • Monitoring of VCPC • Development of block level child protection plans based on issues emerging at the village level • Developing a list of actions required from different department at the block level in support of child protection activities at the village level 	

AGG and Youth Groups	--	<ul style="list-style-type: none"> • With support of NGOs train young people on <ul style="list-style-type: none"> ○ Communication and negotiation skills ○ Organizing campaigns ○ Perspectives on child protection issues 	SCPS, NGOs, UNICEF
DLSA	--	<ul style="list-style-type: none"> • Orientation to Child protection and obtain free legal services for children • Conduct training on JJA and other child rights laws and legislations for CWC, JJB and SJPU– as mandated by NLSA. 	DCPO, DC, CWC, JJB, SJPU, DLSA, SCPS, NGOs
PUBLICITY AND AWARENESS			
Awareness in Communities	<ul style="list-style-type: none"> • IEC materials child protection, complaint's mechanisms, • Messages to be developed on the 3 most prominent issues child marriage, child labour, and substance abuse and to be taken up for awareness through IEC materials in communities⁷⁶ • Wall painting, stickers, posters 	<ul style="list-style-type: none"> • Messages that focus on impact of different child protection violations on children • Focus on 2-3 priority issues • Incorporate use of different media <ul style="list-style-type: none"> ○ Radio ○ Local TV channels • Develop word of mouth methods using various means <ul style="list-style-type: none"> ○ Puppet shows ○ Stories ○ Songs 	DCPU, NGOs, DC, SCPS, UNICEF
Public community events	--	<ul style="list-style-type: none"> • Use of neutral public platforms provided by community gatherings at festivals, melas etc. to dialogue with communities on child protection issues 	
Public Audit of services for children	--	<ul style="list-style-type: none"> • Organize and capacity build communities to audit services available for children at the village level 	

⁷⁶ Refer to issues raised by communities on child labour, child marriage, and substance abuse, in the chapter of the study on Findings while developing messages on these key issues.

		<ul style="list-style-type: none"> Public meetings with duty bearers to share findings and make changes 	
MAKING SOCIAL PROTECTION SERVICES FOR CHILDREN MORE EFFECTIVE			
<p>Making basic services available for children in the village more effective and accessible</p> <ul style="list-style-type: none"> School (address protection issues) Mid-day meal in school Nutrition at AWC Health check-up in school Other services 	<ul style="list-style-type: none"> Meetings at the district and block level Meetings at the village level with duty bearers Meetings with the community 	--	DCPO, BDO, BEO, SMC Panchayat Head, Teacher, AWW
MONITORING			
District level	<ul style="list-style-type: none"> Quarterly review meetings DCPO with the DC Quarterly meetings of DCPC organized by the DCPO Monthly review meetings with Sub-committee of the DCPC with the DCPO Internal review meetings of DCPU on weekly basis chaired by DCPO Six-monthly internal review and planning meeting of DCPU Quarterly/monthly meetings of Anti Child Labour Task Force/AHTU Monthly case review meetings with CWC members and DCPO. Organized by DCPO DC to add agenda on child protection in routine review meetings with village heads and BDO 	--	DC, DCPO, DCPC, CWC, JJB, BDO

Block level	<ul style="list-style-type: none"> Quarterly review of child protection in meetings of BCPC, DCPU staff to attend and ensure that meetings take place Child Protection issues to be added to all routine block level meetings. DCPU staff to ensure 	--	DCPO and BCPC Staff
Village level	<ul style="list-style-type: none"> Monthly meetings of VCPC-social worker/outreach workers to ensure meetings take place and attend as many as possible Child protection issues to be added to all routine village level meetings-SMC, VHNSC, PTA and others (to be identified) 	--	VCPC, SMC, VHNSC, PTA
DOCUMENTATION			
Standard documentation templates	<ul style="list-style-type: none"> Standard template for documentation of all key meetings steered by the DCPO <ul style="list-style-type: none"> DCPC meetings Quarterly review meetings with DC Monthly review meetings in the presence of sub-committee of DCPC Weekly meeting of DCPU Standard templates for documentation of CPC meetings at village and Block level so that collation of data is possible Every staff member of DCPU needs to have a goal sheet with a six-monthly plan broken up into monthly targets. This must be signed off by the DCPO Standard template of documentation for annual report of DCPU 	--	DCPO, CPO, SCPS, UNICEF, NGOs

7. BUDGET

7.1. Summary Budget

S.no	Item	Amount (Rs)
7.1.1	DCPU- recurring expenditure	57,17,000
7.1.2	Specialised adoption agency (SAA)	10,80,000
7.1.3	Estimated cost for a single unit of 10 children	17,85,000
7.1.4.	Home for boys	1,30,75,000
7.1.5	Home or girls	1,30,75,000
7.1.6	CWC-recurring expenditure	9,60,000
7.1.7	JJB - recurring expenditure	7,20,000
	Total	3,64,12,000

7.1.1.DCPU Recurring Expenditure

	Item	Amount (Rs)
1	Staff Salary	
	One District Child Protection Officer (DCPO) @ Rs. 33,250 per month ¹	3,99,000
	One Protection Officers, Institutional Care @ Rs. 21,000 per month	2,52,000
	One Protection Officer, Non-Institutional Care @ Rs. 21,000 per month	2,52,000
	One Legal cum Probation Officer @ Rs. 21,000 per month	2,52,000
	One Counsellor @ Rs. 14,000 per month	1,68,000
	Two Social Worker @ Rs. 14,000 per month	3,36,000
	One Accountant @ Rs. 14,000 per month	1,68,000
	One Data Analyst @ Rs. 14,000	1,68,000
	One Assistant cum Data Entry Operator @ Rs. 10,000 per month	1,20,000
	Two Outreach Workers @ Rs. 8,000 per month ²	1,92,000
	Total Salary	23,07,000
2	Rent for hiring the space at district level (if not provided by the District Administration) @ Rs 15,000 per month x 12 months (as per actuals)	1,80,000

3	Travel allowance for DCPU staff at State/UT Government rates	4,50,000
4	Fund for repatriating children– (subject to actuals)	4,00,000
5	District Sponsorship and Foster Care Fund	10,00,000
6	Advocacy and awareness- organizing camps, melas for community awareness and sensitization	2,00,000
7	Sensitisation and capacity building of all stakeholders such as Police, PRI members etc.	4,00,000
8	Administrative Expenses (water, electricity, postage, stationary, telephone with STD, Xeroxing, etc.)	1,80,000
9	Contingency Fund including internet connection, hiring of watchman, vocational training in Homes etc.	6,00,000
	Total	57,17,000

7.1.2. Specialized Adoption Agency (SAA)

Item	Amount (Rs)
One Manager/Coordinator@Rs.17,500per month	2,10,000
One Social Worker cum Early Childhood Educator @Rs.14,000per month	1,68,000
One Nurse@Rs.9,000per month	1,08,000
One Doctor (Part time) @Rs.7,500per month	90,000
Six Ayahs@Rs.6,000per month	4,32,000
One Chowkidar@Rs.6,000per month	72,000
Total	10,80,000

7.1.3. Cost for a single unit of 10 children (estimated)

S.no	Item	Amount (Rs)
A	Non-recurring Expenditure (once in five years)	
	One Computer with UPS and Web Cam (including cost of software license) and One printer cum scanner	45,000
	Furniture including 10 Cradles	1,50,000
	Equipments for kitchen (Gas stove with connection, utensils, water filter, etc.)	40,000
	Total (A)	2,35,000

B	Recurring Expenditure		
	Staff Salary (as given in Table 1. above)	1080000	
	Maintenance grant for ten (10) children @ Rs. 2000 per child per month to cover expenses on food, milk powder, feeding bottles, clothing, soap, oil, medicines, play materials, etc.	2,40,000	
	Rent (up to Rs.12,000 p.m.) ¹	1,44,000	
	Payment of legal expenses to the advocate engaged in adoption case @ Rs. 2,600 per child in case the adoptive Indian parents are not in a position to pay subject to a maximum of 10 children. The sanction will be based on actual number of adoptions and production of Lawyer's receipt.	26,000	
	Contingency (water, electricity, telephone, stationary, photocopy, postage, etc.) @ Rs. 5,000 per month	60,000	
	Total (B)		15,50,000
	Total (A+B)		17,85,000

7.1.4. Home for Boys

S.no	Item	Amount (Rs)	
A	Non-recurring Expenditure (once in five years, except construction)		
	Cost of construction - 8745 Sq. ft. @ Rs. 1000 per Sq. ft.1	87,45,000	
	Furniture including 60 beds (including 10 for sick room) for children, cupboards/steel lockers, tables and chairs for dining & class rooms, library & home staff, cupboards for library & staff, etc.	9,00,000	
	For buying books/audio-visual aids for library	75,000	
	Three Computers with UPS (including cost of software license) and one printer cum scanner cum fax	1,35,000	
	Two Televisions (one for every 25 children)	30,000	
	Equipments for kitchen and utensils including gas stove and gas connection, water filter, etc.3	50,000	
	Total (A)		
	99,35,000		
B	Recurring Expenditure		
	Maintenance @ Rs. 2000 per child per month (food, @ Rs. 1400 and Rs. 600 for clothing, medicine, soap, oil, etc.)-	12,00,000	

Bedding including mattress, bed sheets, pillow, blanket, dari/mats, etc. @ Rs. 800 per child / year	40,000	
Water and electricity charges @ Rs. 10,000 per month (subject to actuals)	1,20,000	
*Staff Salary	*14,40,000	
Transportation (Transportation cost will cover travel expenses for children for the purpose of vocational training/schools, field visits, enquiries, and production of the child before CWCs, JJBs, etc.)	80,000	
Miscellaneous for outings, magazines/books for library, sports equipments, etc. @ Rs. 5,000 per month (subject to actuals)	60,000	
Contingencies (including internet connection, services of watchman and / or data entry operators)	2,00,000	
**Total (B)		**31,40,000
Total (A+B)		1,30,75,000
Note 1. In table 1 on page 120 of ICPS revised scheme at serial no 3 the computation of 12 month salary @ Rs 13000 per month has been erroneously taken at Rs 2,10,000 instead Rs 1,56,000. With this correction the total salary would reduce by Rs 54000 i.e instead of Rs 14,94,000 it would be Rs 14,40,000 2. In Table 2 on page 121 of ICPS revised scheme Total (B) is erroneously shown as Rs 30,50,000 instead of Rs 31,94,000. After considering the correction referred to in Note 1 above, Total (B) would be Rs 31,40,000		

7.1.5. Home for Girls

S.no	Item	Amount (Rs)
A	Non-recurring Expenditure (once in five years, except construction)	
	Cost of construction - 8745 Sq. ft. @ Rs. 1000 per Sq. ft.1	87,45,000
	Furniture including 60 beds (including 10 for sick room) for children, cupboards/steel lockers, tables and chairs for dining & class rooms, library & home staff, cupboards for library & staff, etc.	9,00,000
	For buying books/audio-visual aids for library	75,000
	Three Computers with UPS (including cost of software license) and one printer cum scanner cum fax	1,35,000
	Two Televisions (one for every 25 children)	30,000
	Equipments for kitchen and utensils including gas stove and gas connection, water filter, etc.3	50,000

	Total (A)	99,35,000
B	Recurring Expenditure	
	Maintenance @ Rs. 2000 per child per month (food, @ Rs. 1400 and Rs. 600 for clothing, medicine, soap, oil, etc.)-	12,00,000
	Bedding including mattress, bed sheets, pillow, blanket, dari/mats, etc. @ Rs. 800 per child / year	40,000
	Water and electricity charges @ Rs. 10,000 per month (subject to actuals)	1,20,000
	*Staff Salary	*14,40,000
	Transportation (Transportation cost will cover travel expenses for children for the purpose of vocational training/schools, field visits, enquiries, and production of the child before CWCs, JJBs, etc.)	80,000
	Miscellaneous for outings, magazines/books for library, sports equipments, etc. @ Rs. 5,000 per month (subject to actuals)	60,000
	Contingencies (including internet connection, services of watchman and / or data entry operators)	2,00,000
	**Total (B)	**31,40,000
	Total (A+B)	1,30,75,000
Note 3. In table 1 on page 120 of ICPS revised scheme at serial no 3 the computation of 12 month salary @ Rs 13000 per month has been erroneously taken at Rs 2,10,000 instead Rs 1,56,000. With this correction the total salary would reduce by Rs 54000 i.e instead of Rs 14,94,000 it would be Rs 14,40,000 4. In Table 2 on page 121 of ICPS revised scheme Total (B) is erroneously shown as Rs 30,50,000 instead of Rs 31,94,000. After considering the correction referred to in Note 1 above, Total (B) would be Rs 31,40,000		

7.1.6.CWC – recurring expenditure

Item	Amount (Rs)
Traveling/meeting allowance or honorarium @ Rs. 1000 per meeting for Chairperson (Rs.1000 x 12 meetings per month x 12 months)	1,44,000
Traveling/meeting allowance or honorarium @ Rs. 1000 per meeting per member for 4 members (Rs. 1000 x 12 meetings per month x 12 months x 4 members)	5,76,000
Salary of One Assistant cum Data Entry Operator @ Rs. 9,000	1,08,000
Child related expenses including medicine, transportation, food, etc. during the process of production of a child to the committee @ Rs. 6,000 per month (Subject to actuals)	72,000

Contingency (water, electricity, telephone, stationary, photocopy, postage, local travel, etc.) @ Rs. 5,000 per month (Subject to actuals)	60,000
Total	9,60,000

7.1.7.JJB – recurring expenditure

Item	Amt (Rs)
Traveling/meeting allowance or honorarium for 2 Social Workers @ Rs. 1000 per sitting (Rs. 1000 x 20 meetings per month x 12 months x 2 social worker)	4,80,000
Salary of One Assistant cum Data Entry Operator @ Rs. 9,000	1,08,000
Child related expenses including medicine, transportation, food, etc. during the process of production of a child to the Board@ Rs. 6,000 per month (Subject to actuals)	72,000
Contingency (water, electricity, telephone, stationary, photocopy, postage, local travel, etc.) @ Rs. 5000 per month (Subject to actuals)	60,000
Total	7,20,000

8. ANNEXURES - LETTERS

8.1. Annexure – Letter from SCPS introducing Leher as a technical agency to undertake DNA and DCPD in Morigaon district under ICPS

STATE CHILD PROTECTION SOCIETY, ASSAM

(A Government of Assam Organization)

46, Survey Bus Stop, Beltola Road, Guwahati-28

Ph:-0361 (2229275 / 2265385), Fax: - 0361-2229275, Email-scpsassam@gmail.com

SCPS (G) 158/2013-14/23

Dated, Guwahati, the 16th January 2014

TO WHOM THIS MAY CONCERN

Dear Sir / Madam,

This is to inform you that Leher, an organization working in the area of children, has been empanelled by the State Child Protection Society (SCPS) Assam to as a resource agency for activities towards the implementation of the Integrated Child Protection Scheme (ICPS).

At present Leher has been entrusted to undertake a District Need Assessment Study (DNA), develop a District Child Protection Plan (DCPP) for Morigaon District, and to undertake a process documentation of the same.

In order to undertake the above, the Leher team will be required to travel extensively through the district, undertake interviews with duty bearers, members of community and children, at the village, and block level. They will also be required to collect secondary data related to children from various governments and non -government sources.

You are requested to kindly extend your cooperation to the Leher team.

Thanking you,

Yours sincerely,



(Shri D. Barthakur, IAS)

Director, Social Welfare, Govt. of Assam

8.2. Annexure – Letter from SCPS to Deputy Commissioner introducing Leher as a technical agency to undertake DNA and DCPD in Morigaon district under ICPS

STATE CHILD PROTECTION SOCIETY, ASSAM
(A Government of Assam Organization)
46, Survey Bus Stop, Behola Road, Guwahati-78
Ph:-0361 (2229275 / 2265385), Fax:- 0361-2229275, Email:-scpsassam@gmail.com

SCPS (G) 158/2013-14/24 Dated, Guwahati, the 17th January 2014

From: Shri D. Barthakur, IAS
Member Secretary
State Child Protection Society, Assam

To : To the Deputy Commissioner
Morigaon, Assam

Sub : Introducing **Leher**; a technical resource agency to undertake District Need Assessment followed by District Child Protection Plan in Morigaon District under Integrated Child Protection Scheme (ICPS).

Sir,

This is to intimate you that Leher, an organization working in the area of child rights, has been empanelled by the State Child Protection Society (SCPS), Assam as a resource agency to undertake activities towards the implementation of the Integrated Child Protection Scheme (ICPS). At present, the organization has been entrusted to undertake a District Child Protection Need Assessment Study (DNA), develop a District Child Protection Plan (DCPP) for Morigaon District, and to undertake a process documentation of the same.

As you are aware ICPS aims at establishing and strengthening a comprehensive child protection system at state, district, and community level, and provides a range of child protection services to children. It intends to build a protective environment for all children, especially those vulnerable to violence, abuse, and exploitation.

In order to undertake the above, the Leher research team would be required to travel extensively through the district, undertake interviews and focus group discussions with duty bearers, members of community and children, at the village, and block level. They will also be required to collect secondary data related to children from various governments and non-government sources. We therefore request the following support from your office as well as the District Child Protection Unit (DCPU):

- The research team would require undertaking a pre-study and posting study consultation with key duty bearers in the district (including local SJPU, police, CWC, JJB, labour department, CMPO etc.). Members of civil society (individuals and NGOs) must also be included in these discussions. In the former they would like to present their plan, and consult with all, to gain feedback child protection issues, status of the child protection system and related issues, identify sources of secondary data, and finalize the sample of study. The latter would include presentation of findings of the study, and discussions towards preparation of a child protection plan for the district. The DCPU should be requested to host this meeting in their premises. It would be greatly appreciated if the

invitation to these consultations would be issued from your office. The research team would coordinate with the DCPO and provide the draft invitations closer to the date.

- A letter would be required from you addressed to all Block level officials (BDO, BEO, CDPO, Zilla Parishad Member, Police) and Panchayat heads seeking their personal cooperation as well as the participation of community members and children in the data collection process. Please find a draft attached.
- The District Child Protection Officer (DCPO) would be required to be the main contact person for coordination of appointments and meetings at the district level and provide support if necessary for meetings with officials to be organized at the block level. The research team would also require the support of the DCPO for collection of secondary information and data. The research team would be required to work in directly with the DCPO.
- The research team would require a list of organizations working on children's issues in the district. The list could also include credible organizations with programs in the community who may not be directly working with children.

The Leher team proposes to hold conduct their first exploratory visit to the district in the week 21st - 25th January, 2013 and would get in touch with the DCPO for organization of the first consultation with duty bearers and NGOs, during the visit.

We thank you and look forward to your cooperation.

Yours sincerely,

(Shri D. Barthakur, IAS)
Director, Social Welfare, Govt. of Assam
&
Ex-officio, Member Secretary,
State Child Protection Society, Assam

Memo No. SCPS (G) 158/2013-14/24-A
Copy to: Nicole Rangel, Director, Leher,
C-252 Defence Colony, New Delhi-24

Dated, Guwahati, the 17th January 2014

(Shri D. Barthakur, IAS)
Director, Social Welfare, Govt. of Assam
&
Ex-officio, Member Secretary,
State Child Protection Society, Assam

8.3. Annexure – Letter from Leher to Deputy Commissioner introducing itself and requesting the convening of District level Pre Study Consultation

17th January, 2014
The Deputy Commissioner
Shri Vishal Vasant Solanki
Morigaon District
Assam 782105

Dear Shri Solanki,

We bring you greetings from Leher, Delhi.

Leher, an organization working in the area of child rights, has been empanelled by the State Child Protection Society (SCPS) Assam as a resource agency to undertake activities towards the implementation of the Integrated Child Protection Scheme (ICPS). At present, we have been entrusted by the SCPS to undertake a District Child Protection Need Assessment Study (DNA), develop a District Child Protection Plan (DCPP) for Morigaon District, and to undertake a process documentation of the same.

As you are aware ICPS aims at establishing and strengthening a comprehensive child protection system at state, district, and community level, and provides a range of child protection services to children. It intends to build a protective environment for all children, especially those vulnerable to violence, abuse, and exploitation.

In order to undertake the above, our research team would be required to travel extensively through the district, undertake interviews and focus group discussions with duty bearers, members of community and children, at the village, and block level. We are also required to collect secondary data related to children from various government and non - government sources.

We therefore request the following support from your office as well as the District Child Protection Unit (DCPU):

- **Convening a pre and post study consultation at the district level:** The research team would require to undertake a pre-study and post study consultation with key duty bearers in the district (including local SJPU, police, CWC, JJB, labour department, CMPO etc.). Members of civil society (individuals and NGOs) must also be included in these discussions. In the former we would like to present their plan, and consult with all, to gain feedback child protection issues, status of the child protection system and related issues, identify sources of secondary data, and finalize the sample of study. The latter would include presentation of findings of the study, and discussions towards preparation of a child protection plan for the district. We have requested the DCPU to host these meetings in their premises. After consultation with the DCPO, Ms. Surashree, 22nd of January has been proposed as the date for the pre-study consultation. It would be greatly appreciated if the invitation to these

Address: C 252 Defence Colony, New Delhi 110024,
Telephone: +911141552121, Mobile: +919818092949, Email: contact@leher.org



consultations would be issued from your office. Our research team would coordinate with the DCPO for organization of this meeting.

- **Coordination with the DCPO:** The District Child Protection Officer (DCPO) would be required to be the main contact person for coordination of appointments and meetings at the district level and provide support if necessary for meetings with officials to be organized at the block level. The research team would also require the support of the DCPO for collection of secondary information and data. The research team would be required to work in directly with the DCPO.
- The research team would require a list of organizations working on children's issues in the district. The list could also include credible organizations with programs in the community who may not be directly working with children.

The Leher team proposes to hold conduct their first exploratory visit to the district in the week 21-24th January, 2014.

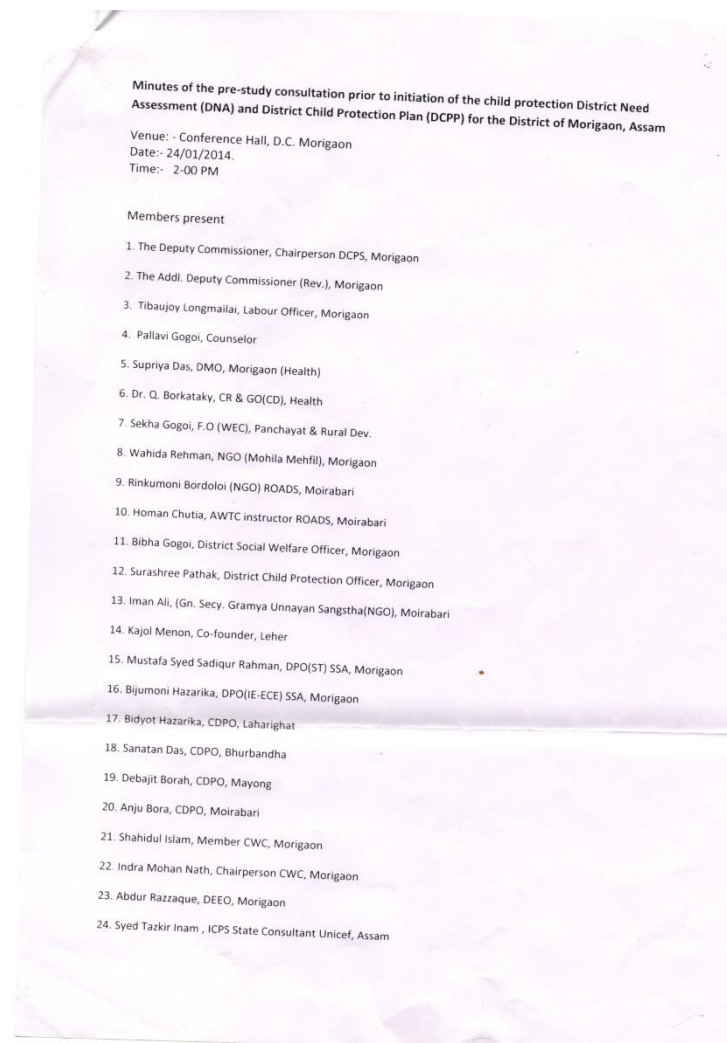
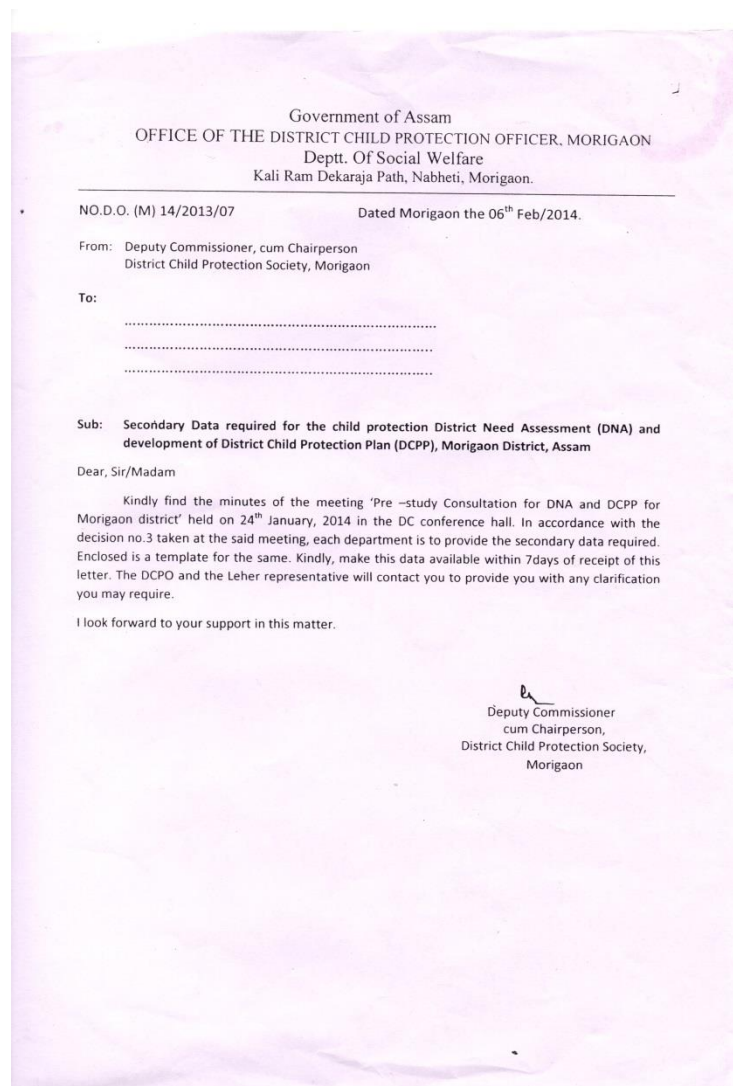
We thank you and look forward to your cooperation,

Yours sincerely,

Nicole Menezes
Co-founder and Director
Leher
+919818092949
angel.nicole@gmail.com
nicole@leher.org
website: www.leher.org

Address: C 252 Defence Colony, New Delhi 110024,
Telephone: +911141552121, Mobile: +919818092949, Email: contact@leher.org

8.4. **Annexure – Letter from Deputy Commissioner to Departments attaching Minutes of District Level Pre Study Consultation and requesting cooperation whilst collection of secondary data by Leher**



1. The Deputy Commissioner, Shri Rakesh Kumar welcomed all delegates to the meeting. He acknowledged the importance of child protection and the need to undertake serious work on issues that relate to it.
2. Ms. Nicole Menezes, Director Leher, made a presentation on the DNA DCP. Key highlights of the presentation are outlined below:
 - a. The Ministry of Women and Child Development (MWCD), introduced the Integrated Child Protection Scheme (ICPS) in 2009. ICPS recognizes the importance of creating a protective environment for children through establishing preventive child protection systems, at the state, district and sub district.
 - b. ICPS emphasizes partnership between state and civil society as a key strategy for child protection. ICPS aims to strengthen the capacity of families, communities, service providers, NGOs and others to ensure effective linkages towards and well-coordinated integrated child protection system.
 - c. ICPS provides for a District Child Protection Unit (DCPU) in every district, which is the nodal body responsible for effective implementation of ICPS. The DCPU is a statutory body under the Juvenile Justice (Care and protection) Act, 2000. The Deputy Commissioner is the chairman of the DCPU and the District Child Protection Officer (DCPO) is the head of the DCPU.
 - d. According to ICPS every district must conduct a District Need Assessment Study and prepare a District Child Protection Plan at the commencement of implementation of the scheme. This must be updated on an annual basis. The purpose of the DNA and DCP is to understand and analyze the child protection scenario of the district, to identify locations and communities/ populations in which children are vulnerable, to understand the services available for child protection at the district, and to identify local and active civil society organizations and individuals who could contribute services for child protection, facilitate a consultative process at the district level for the formulation of a comprehensive district child protection plan.
 - e. The State Child Protection Society (SCPS) (a state level body constituted under ICPS to oversee the implementation of ICPS in each state), has entrusted Leher to conduct the DNA and DCP for the District of Morigaon. This activity is also being supported by UNICEF. Leher would also undertake a process documentation of the same so that such a study may be replicated in other districts of Assam.
 - f. The Study will comprise a study and compilation of secondary data at the district and block level (covering all 5 blocks) related to children, and a primary study 2 blocks, covering 3 gram panchayats (GP) in each block, and 2 wards in each of the 3 GP. At the ward level there would be FGD with children, community members, and interviews with key duty bearers who provide services to children (ASHA, AWW, Teacher, Sarpanch). In addition, key officials at the block level and district level whose responsibilities include provision of services to children would also be interviewed as part of the primary study. Leher would present the findings of the DNA at a post study consultation, and undertake a consultative workshop for officers at the district level in order to frame the DCP.

3. The secondary data template was shared and discussed with the delegates present at the meeting. The Deputy Commissioner instructed that the template should be broken up into sections that could be sent to different departments for them to provide the required data from their records, and that he would send a letter along with the template to all departments instructing them to provide all the required data.
4. The Deputy Commissioner instructed the DCPO Ms. Surashree Pathak, that she must follow up with his office for any support required in the data collection process.
5. After deliberation, it was decided that primary data collection would take place in the following 2 blocks: Mayong and Moirabari.
6. A discussion took place on child protection issues in the district. The study would probe these aspects further. These were broadly identified as:
 - a. Floods lead to migration of children with families for labour which disrupts education
 - b. Children work with parents in agriculture
 - c. Inadequate number of high schools leads to drop out after class VIII. This increases risk of child labour for boys and child marriage for girls
 - d. A number of children elope and the families get them married underage
 - e. Annual floods disrupt education for 3-4 months each year
 - f. Hygiene is an issue with children
 - g. Different communities face unique problems specific to them which in turn make their children vulnerable. Some of these communities were identified as SC, ST and the Muslim communities.
7. The meeting ended with a vote of thanks from the Leher team.

S. Pathak
District Child Protection Officer
Morigaon

Deputy Commissioner
cum Chairperson,
District Child Protection Society,
Morigaon

8.5. Annexure – Letter from Leher to Deputy Commissioner requesting a reminder mail be sent to the Departments regarding submission of secondary data



2nd April, 2014
The Deputy Commissioner
Shri Rakesh Kumar
Morigaon District
Assam 782105

Subject: Secondary Data required for the child protection District Need Assessment (DNA) and development of District Child Protection Plan (DCPP), Morigaon District, Assam

Dear Shri Rakesh Kumar

This is reference to your letter NO.D. O. (M) 14/ 2013/ 07 dated 6 February 2014 to the different departments to cooperate and provide secondary data as required for the District Need Assessment (DNA) Study being conducted by Leher. While many of the departments have cooperated and taken time out to provide the requisite data, the data for some of the templates has still not been received despite of 6-7 visits by Leher's District Coordinator to the departments over the last one month. Since all the data would need to be collected and collated before they can be analysed for the purpose of the DNA Study to be completed in April, we request you to send a reminder letter to the departments.

A summary of the status of data collection is given in the sheet attached.

We thank you for your continued support.

Yours sincerely

A handwritten signature in black ink, appearing to read "Nicole Menezes".

Nicole Menezes
Director
Leher
www.leher.org

8.6. **Annexure – Letter from Deputy Commissioner directing Departments to make final secondary data submission to Leher**

10

Government of Assam
OFFICE OF THE DISTRICT CHILD PROTECTION OFFICER, MORIGAON
Deptt. Of Social Welfare
Kali Ram Dekaraja Path, Nabheti, Morigaon.

NO.D.O. (M) 14/2013/10 Dated Morigaon the 2nd April/2014.

From: Deputy Commissioner, cum Chairperson
District Child Protection Society, Morigaon

To:

.....


.....

Sub: Secondary Data required for the child protection District Need Assessment (DNA) and development of District Child Protection Plan (DCPP), Morigaon District, Assam

Dear, Sir/Madam

Refer my letter NO.D.O.(M)14/2013/07 dated 6th February 2014 requesting each department to provide the secondary data required for the DNA Study for Morigaon to Leher within seven days of receipt of the letter in the data templates previously circulated. Though it is now almost two months since the letter was sent, it appears data furnished by the departments has been incomplete. Please furnish the required data immediately or if such data is not available in your department state this fact in a letter. The DCPO and the Leher representative will contact you to provide you with any clarification you may require.

I look forward to your support in this matter.


 Deputy Commissioner
 cum Chairperson,
 District Child Protection Society,
 Morigaon

8.7. Annexure – Letter from Leher to Deputy Commissioner requesting convening of a meeting to share findings of DNA and present a draft DCPD for feedback from the district administration



21st April, 2014
 The Deputy Commissioner
 Morigaon District
 Shri Rakesh Kumar
 Morigaon Collectorate
 Assam 782105

Subject: Request to convene a meeting to share findings of the District Need Assessment (DNA) and present a draft District Child Protection Plan (DCPP) for feedback from the district administration

Dear Shri Rakesh Kumar,

Thank you for your support and cooperation. It has enabled us to arrive at the stage of completion of the DNA and we would also be preparing a draft DCPD for the district of Morigaon, based on the findings of the study.

As per our agreement with the State Child Protection Society (SCPS), Assam, we would now be required to visit to district and make a final presentation of the findings of the study, and to present a draft DCPD for feedback. We plan to travel to Morigaon on 21-23rd May, 2014, and therefore, request you to kindly give us a half a day, on any one of these dates, where you would convene a meeting with the district administration, in which we could present the findings of the study as well as the draft DCPD for feedback.

We request that concerned officers at the district and block level from the departments of social welfare, education, labour, health, DRDA, police, disaster management, and any other departments that you may deem to be relevant, be invited to the meeting. Additionally, we request that members of the Child Welfare Committee (CWC), Juvenile Justice Board (JJB), officers of the District Child Protection Unit (DCPU), and NGOs working in the district, also be invited to the said meeting.

We would be very grateful for a positive response from you,

Thanking you,

Yours sincerely,

Nicole Menezes
 Director
 Leher
www.leher.org
 Mobile: +919818092949



www.leher.org
contact@leher.org

Leher is a child rights organization working to make child protection a shared responsibility. We envision a society where caring families, alert communities and responsive governments come together to ensure the rights and protection of all children.