



**“Understanding Needs of
Children in India in the context
New Socio-Economic Scenario
evolved after COVID 19
Pandemic”**

Primary Research Study

Understanding needs of children
in India in the context:
New Socio-Economic scenarios
evolved after COVID-19 pandemic

Primary Research Study

Special Message



India is a home to almost 19% of the world's children. More than one-third of the country's population, around 480 million (census 2011), is below 18 years representing 39% of the total population. 29% are between the ages of 0 to 6 years. In addition, 73% of children in India are living in rural areas, often have limited access to fundamental needs such as nutrition, access to healthcare, education, and protection.

I am glad that together with Caritas India, we have been able to plan a five-year multi state cluster program, KHUSHAL BACHPAN, in India from 2023 to 2027. This program shall aim towards "Improving the quality of childhood situation in India".

I am glad that Caritas India planned this research study to establish proof of concept for the child rights programme in the selected states. The purpose of the research has helped in the conceptualisation of the 'KUSHAL BACHPAN' program.

The program will enable this collaboration to work with the vulnerable households and help create a safe and secure ecosystem for the wellbeing of children. I look forward to this program as a platform to promote local level child ambassadors to be the promoters of change and secure their childhood.

My sincere appreciations to the Kaarak team for conducting this study. I also take this opportunity to thank Caritas India for steering this process and bringing out such a fact finding study that remains as our guiding document through the program tenure.

Mr. Robert Fitzgerald
Chairman
Caritas Australia

Acknowledgement



Caritas India is strongly committed to restoration of dignity and upliftment of the marginalized children by partnering with intermediary organizations in extending support and facilitation and advocating for the rights of children. This commitment is reflected through Khushaal Bachpan program, which aims towards “Improving the quality of childhood situation in India.”

Based on study findings from this report, the problem related to child protection was analyzed at the three levels, i.e. micro, meso and macro. The theory of change is accordingly based on this analysis and proposes to change the situation at these three levels to achieve its overall goal. The program outcome at the micro level is that ‘Children of the selected households are safe from the risks of drop out, migration for labour, child labour, early marriage, abuse, and health related risks.’ At meso level, the program outcome is ‘Enabling environment is created to promote child rights at the hamlet and village levels to promote community-based child safeguarding mechanisms and community behaviour change.’ Macro level program outcome is the ‘Effective Implementation of child protection laws and policies at the district, state and national levels.’

The study findings encapsulated in this report complement the overall mission of Caritas India’s commitment to uplift the marginalized children by providing safe, happy, and dignified childhood with enabling environment promoting easy access to their rights. I thank India Child Development Index (ICDI) in identifying the most vulnerable districts among the 4 states as part of this project, i.e. Chhattisgarh, Madhya Pradesh, Rajasthan, and Uttar Pradesh. This report will also help to understand the next five-year goals of the multi-state cluster, Khushaal Bachpan program in India from 2023 to 2027.

Sincere words of appreciation to Kaarak, New Delhi who conducted this study in eight districts of the four states of India. I also show gratitude to all the 8 implementing partners who will put in their hard work behind Khushaal Bachpan programme.

My sincere gratitude to Caritas Australia for providing financial assistance and cooperation towards Khushaal Bachpan programme.

Fr (Dr.) Jolly Puthenpura
Assistant Executive Director
Caritas India

Foreword



In 2020, it was projected that approximately 150 million additional children would be living in multidimensional poverty without access to education, health care, housing, nutrition, sanitation, or water due to the COVID-19 pandemic, according to the analysis by Save the Children and UNICEF. Understanding the situation, Caritas India with the support of Caritas Australia has planned a five-year multi-state cluster program, KHUSHAALBACHPAN, in India from 2023 to 2027. It is proposed to implement the project in four states i.e., Chhattisgarh, Madhya Pradesh, Rajasthan, and Uttar Pradesh.

The overall goal of the proposed 'Khushal Bachpan: Promoting Happy Childhood' is 'Children in the project locations lead safe, happy and dignified childhood with enabling environment promoting easy access to their rights.' As part of the project conceptualization, Caritas India conducted a research study with participation of community and other key stakeholders to analyze the situation of children and their access to rights.

Khushaal Bachpan program will proactively engage with children and communities in sensitizing them about child rights and empowering them to raise their voice and demand their entitlement; Sensitize parents, service providers, and the local communities for early identification of children facing abuse and violence, and creating provisions for awareness amongst children and parents; and Invest in system strengthening and providing support in building capacities of government functionaries to bridge the critical gap in the quality of services currently available through government systems and caregivers on child rights issues. The project shall identify good practices from the different locations within the project area and shall work towards replicating it in the different states and districts. The project shall promote local level child ambassadors to voice the issues at the district levels. Further, the project shall organize campaigns to generate momentum around the issue of child rights which shall lead to proactive measures by the state to effectively implement the policies.

Caritas India planned for this research study to establish proof of concept for the child rights programme in the selected states. The purpose of the research was to inform the conceptualization of the 'KUSHAL BACHPAN' project and its Theory of Change. Kaarak, New Delhi conducted this study in the eight districts of the four states, i.e. Chhattisgarh, Madhya Pradesh, Rajasthan and Uttar Pradesh over a period of two months. Hope you find inspiration in reading how Caritas India and its partners will lead the regional effort to promote safe, happy and dignified childhood with easy access to their rights.

I show gratitude to all the eight partners from Chhattisgarh, Madhya Pradesh, Rajasthan, and Uttar Pradesh who will help in the implementation of the Khushaal Bachpan programme in their operational areas.

I sincerely thank Caritas Australia for their assistance and fulfilling the vision and mission of Caritas India in Khushaal Bachpan program.

Fr (Dr.) Paul Moonjely
Executive Director
Caritas India

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Chapter 1:

About the Study

Caritas India with the support of Caritas Australia is planning a five-year multi state cluster program, ***KHUSHAL BACHPAN***, in India from 2023 to 2027. The proposed program shall aim towards “Improving the quality of childhood situation in India”.

The broader objectives of the programme are:

- Proactively engage with children and communities in sensitizing them about child rights and empowering them to raise their voice and demand their entitlement.
- Sensitize parents, service providers, and the local communities for early identification of children facing abuse and violence, and creating provisions for awareness amongst children and parents.
- Invest in system strengthening and providing support in building capacities of government functionaries to bridge the critical gap in the quality of services currently available through government systems and caregivers on child rights issues.

Caritas India planned for this research study to establish proof of concept for the child rights programme in the selected states. The purpose of the research was to inform the conceptualisation of the ‘KUSHAL BACHPAN’ project and its Theory Of Change. Kaarak, New Delhi conducted this study in the eight districts of the four states, i.e. Chhattisgarh (CG), Madhya Pradesh (MP), Rajasthan (RJ) and Uttar Pradesh (UP) over a period of two months from mid-August.

Objectives of the study:

The broad objectives of the study are:

- To conduct a Situational Assessment Study on “Understanding Needs of Children in India in the context New

Socio-Economic Scenario evolved after COVID 19 Pandemic” in four states of India in some of the most vulnerable districts.

- To engage with the different stakeholder groups at the village, block, district and state levels to cover the child right areas of health, education, family life, and protection.
- To explore existing gaps including policy and systemic which stops the community to access their basic rights.
- To conduct the study in the vulnerable areas and groups of communities in the proposed project locations.
- To develop a theory of change (TOC) document and suggest an appropriate strategy for the proposed project.

Approach and Methodology

The study used mixed method including both quantitative and qualitative methods of data collection with the key stakeholders to assess the issues related to child rights comprehensively. As part of the quantitative approach the study conducted surveys with adolescents, i.e. children in the age group of 11 – 18 years and parents/care givers and pregnant women. The qualitative study was undertaken with the key stakeholders at the village level, block, district and state levels with government officials, field level workers and Panchayati Raj Institution (PRI) leaders.

Sampling Framework

For the quantitative study, the study used the stratified random sampling at the village level wherein the criteria of gender and age were used to define the strata. For the qualitative study, the non-probability and purposive sampling method was used to select the respondents in each district.

As part of the study, the study pre-selected four states where it is proposed to implement the ‘Kushal Bachpan’ project. The four states are Chhattisgarh, Madhya Pradesh, Rajasthan and Uttar Pradesh.

During the inception phase, the research team in partnership with the Caritas India team further selected two districts in each state using the criteria of child rights situation, operational feasibility, presence of Caritas partners and priority of donors and Caritas India. The districts where the study was conducted is as follows:

Table 1: States and districts covered in the study

State	District
Chhattisgarh (CG)	Jaspur
	Sarjuga
Madhya Pradesh (MP)	Alirajpur
	Jhabua
Rajasthan (RJ)	Dungarpur
	Udaipur
Uttar Pradesh (UP)	Bahraich
	Shraswati

In each district, the study was conducted in a cluster of 3 – 4 villages wherein it was targeted to cover 100 adolescents and 100 parents/caregivers in each state.

Coverage

Quantitative

Adolescents/Children in the age group of 11 – 18 years.

Table 2: District wise coverage of children

State	District	Male	Female	Total
UP	Shrawasti	27	27	54
	Bahraich	26	24	50
	<i>Sub-Total</i>	53	51	104
RJ	Dungarpur	30	25	55
	Udaipur	28	27	55
	<i>Sub-Total</i>	58	52	110
CG	Surguja	23	30	53
	Jashpur	26	30	56
	<i>Sub-Total</i>	49	60	109
MP	Jhabua	33	28	61
	Alirajpur	31	29	60
	<i>Sub-Total</i>	64	57	121
Overall		224	220	444

As per the age-groups, the coverage of the adolescents is as follows:

Table 3: Age group wise coverage of children

State	District	11-14 Years	15-18 Years	Total
UP	Shrawasti	30	24	54
	Bahraich	24	26	50
	<i>Sub-total</i>	54	50	104
RJ	Dungarpur	21	34	55
	Udaipur	27	28	55
	<i>Sub-total</i>	48	62	110
CG	Surguja	23	30	53
	Jashpur	25	31	56
	<i>Sub-total</i>	48	61	109
MP	Jhabua	26	35	61
	Alirajpur	24	36	60
	<i>Sub-total</i>	50	71	121
Overall		200	244	444

Parents/caregivers and pregnant women

Table 4: District wise coverage of parents/care givers and pregnant women

State	District	Male	Female	Total
UP	Shrawasti	24	35	59
	Bahraich	19	33	52
	<i>Sub-total</i>	43	68	111
RJ	Dungarpur	26	55	81
	Udaipur	24	42	66
	<i>Sub-total</i>	50	97	147
CG	Surguja	28	33	61
	Jashpur	24	40	64
	<i>Sub-total</i>	52	73	125
MP	Jhabua	26	35	61
	Alirajpur	27	38	65
	<i>Sub-total</i>	53	73	126
	Total	198	311	509

As per the different categories of the respondents, the coverage is as follows:

Table 5: Category wise coverage of parents/care-givers

Categories	CHG	MP	RJ	UP	Total
Parent/guardian of adolescent from 11 – 18 Years	31	33	39	34	137
Parent/guardian of child from 2 years – 11 years	48	37	41	27	153
Parent of a new born - upto 6 months	14	17	26	19	76
Parent of a child from 6 months to 2 years	15	23	20	11	69
Pregnant or expecting woman	17	16	21	20	74
Overall	125	126	147	111	509

Qualitative

The coverage of the IDIs as part of the qualitative study is as follows:

Table 6: State wise coverage of key stakeholders

Respondent Groups	CG	MP	UP	RJ	Total
District/ Block level Government Officials (Child Rights)	1	0	4	5	10
School Teachers	2	2	3	2	9
SMC Members	2	2	1	4	9
ASHA/Anganwadi workers	1	2	2	2	7
Village Child Protection Committee (VCPC) members	0	1	1	2	4
Police Officers	0	1	1	2	4
Mother and Child Development Officer – State Level	0	1	1	1	3
Child Line staff	1	1	2	2	6

Juvenile Justice in Charge -District Level	0	1	2	1	4
Child Labour	1	2	2	2	7
Total	8	13	19	23	63

Methodological Steps

1. Preparatory Stage

Inception meeting

An inception meeting with Caritas India was held to build a common understanding on the assignment. The agenda included selection of districts, sharing of secondary research findings already carried out by the Caritas India and selection of two districts in each of four states. The meeting also focused on finalisation of the key stakeholder groups for the research study.

Review of secondary literature

The research team initially conducted a review of relevant documents, including research reports, child right reports and other publications which helped in drafting of the data collection tools. The secondary research was further carried out to complement the findings of the primary research in the later phase.

Development and finalisation of study tools, districts, sampling strategy and data analysis plan

Based on the findings of the desk review and inception meeting, the research team developed study tools. Based on Caritas's feedback and inputs the research tool was finalised. The study also developed safeguarding protocols in line with 'Do No Harm' principle.

Following are the list of tools that were developed:

1. Survey Tool for children and their parents
2. IDIs schedules for key informants and other stakeholders like government school teachers, AWW, VCPC, SMC staff, Child Line staff, DCPU staff, CWC staff and others.

The finalised tools were then translated into *Hindis* as it was the local language in all the four states. Applications were developed to electronically collect the quantitative data using smart mobile phones. A detailed consent forms per the Caritas norms were prepared for all the respondents.

2. Primary Data Collection

Data Collection Management

The data collection team comprised of the project manager at the national level, state level coordinators, qualitative data collection experts and investigators for quantitative surveys. The data was collected over a period of three weeks in September where the data collection teams visited villages and districts to conduct in-person surveys and interviews. A two-day training of data collection teams were carried out which included detailed explanation of the purpose of the study, child rights context, study tools and safeguarding protocols. The training also included field practice in which the research team visited an illustrative village and conducted surveys with similar respondent groups before their application in the study villages.

3. Data Analysis & Report Writing

The research team used statistical software to analyse the quantitative data wherein the lens of gender, age and state was used to analyse the findings. All the qualitative interviews were transcribed and translated for its analysis as part of the research study. The team also organised an internal debriefing with each of the state teams to understand the key findings and their contexts.

As per the objectives of the project, the findings of the primary data were brought together as per the analytical framework. The research team made a presentation of the key highlights of the research to Caritas Australia, Caritas India and the senior members of the CRS India. The final report includes feedback and inputs of Caritas.



Chapter 2:

Context Analysis

India is a home to almost 19% of the world's children. More than one-third of the country's population, around 480 million (census 2011)¹, is below 18 years representing 39% of the total population. 29% are between the ages of 0 to 6 years. In addition, 73% of children in India are living in rural areas, often have limited access to fundamental needs such as nutrition, access to healthcare, education, and protection. India's commission for the protection of children's rights (act 2005) (amended in 2006), has had some impact in promoting children's rights in India particularly in eliminating child labour and in protection of children. Despite this, children in India continue to face challenges in attaining these rights, particularly those related to access to education, forced labour, and child marriage.

India – Status of key indicators on children²

Child Health and Nutrition

- Child birth registration - 89%
- Child sex ratio is 929 per 1000 male births (NFHS-5) shows improvement against 919 in census 2011.
- Infant mortality is 35.2 (NFHS-5)
- Under 5 mortality is 42 (NFHS-5- 2019-20) has improved from 50 per 1000 live births (NFHS-4 - 2015-16)
- 36% children (under 5 years) are stunted, 7% are severely wasted and 32.1 are underweight.
- 84% children (12-23 months) are fully immunised. BCG (95%), Polio (80%), DPT (88%), measles (88%- 1st dose and 32% for 2nd dose) (NFHS-5)
- 95% child vaccinations are received in public facilities. (NFHS-5)
- 67% children (6-59 months) are reported being anemic. (NFHS-5)
- Colostrum feeding and exclusive breast feeding is only among 42% (NFHS-5)
- Institutional births have improved from 79 % (NFHS-4) to 89% in 2019-20 (NFHS-5)

¹ <https://toybank.in/children-in-india-statistical-information/>

Education

- Children age 5 years who attended pre-primary school during the school year 2019-20 is 14% (NFHS-5)
- Gross enrolment ratio decreases from elementary education (90%) to Secondary education (78%) and Senior Secondary education (51%). This suggests children losing educational opportunities, as they grow older. (U-DISE 2019-20)
- In upper primary or middle schools in India, the gender parity index was highest at 1.11, while it was the lowest at 0.97 for higher education in 2018. In the school upto secondary levels, gross enrolment has been favourable to females³.
- Close to 80% (as per UNICEF report 2020) in India in the age group of 14- 18 years reported lower levels of learning during COVID-19 pandemic. During March 20, schools were shut impacting approximately 286 million students (48 per cent girls) from pre-primary to upper secondary education. This is in addition to the more than 6 million children (48 per cent girls) who were already out of school prior to the COVID-19 pandemic.
- There is a shift of children from private schools to government schools which is quite evident in the recent ASER report 2021. This may be due to closure of private schools due to pandemic and also parents not able to pay the fees in private schools.
- Enrolment of children with disabilities has increased by 7% over 2018-19.

Child marriage

- 15% Women (20-24 years) reported being married before the age of 18 years while 1 % men (25-29 years) reported being married before the legal age of 21 years (NFHS-5)
- Adolescent fertility is 27% and 4% women (15-19 years) reported pregnancy/ being mothers. (NFHS-5)

Child Labour

- According to census 2011 nearly 4% children are engaged in work for pay.

According to UNICEF report, India has shown significant progress in in the sphere of global human development. Extreme poverty in India reduced to head count ratio of 25 per cent², other indicators like infant mortality, child immunisation and institutional delivery practices have also improved. However, the developmental challenges, especially related to child rights, still remain. It is noteworthy that India's economic successes in recent decades has not been equitable as it has not improved quality of life for majority of the population, especially women and children.

The recent pandemic, which took a toll on lives of people, not only impacted the lives but also placed majority of the population at a stand -still situation. The evidences suggest that a large number of families at the borderline were pushed into poverty, making the situation of children further vulnerable. Apart from loss of life, a large section of population lost their jobs and livelihood leading to migration from urban pockets of country back to their native villages. As per estimates, this reverse migration was second largest internal movement in the country post -independence. Even though children were not reported as getting infected by COVID yet it directly impacted their survival, and health and nutrition.

It is assumed that reduced household income due to pandemic is forcing poor families to cut back on essential health and food expenditures. Malnutrition among children continues to be a pressing public health challenge in the country. Employment Rate in India averaged 44% from 2012 until 2021, reaching an all -time high of 51% in the fourth quarter of 2012 and a record low of 36% in the second quarter of 2020. This downfall was primary due to pandemic and closure of business across the states. As per CMIE (Central for monitoring India Economy) report dated June 22, unemployment rates were 7.8%, which led to loss of 13 million jobs from the market. The unemployment rate has further increased to 8.28% (in August 2022)³.

² https://www.niti.gov.in/sites/default/files/2021-11/National_MPI_India-

³ <https://unemploymentinindia.cmie.com/>

Context- States and Districts

This section attempts to assess the situation based on the UN's child rights indicators (UNCRC) in the study states and districts.

- The 4 states are among the lowest 8 states as per the Multi-Dimensional Poverty Index scores and incidence of head count poverty ratio. Uttar Pradesh (37.79%), Madhya Pradesh (36.65%), Chhattisgarh (29.91%) and Rajasthan (29.46%)
- As per the NFHS 4 2015-2016 report for the 10 Indian states, Madhya Pradesh, Rajasthan and Uttar Pradesh have alarming situations with respect to health performance indicators.
- As per 'Statistics of child labour in India State Wise' (developed by Save The Children, May 2016), Bihar, Uttar Pradesh, Rajasthan, Madhya Pradesh and Maharashtra have highest number of child labour. All the five states together constituted more than 55% of child labour in the country. Uttar Pradesh all alone accounts for 20% of India's Child Labour.
- According to the recently released Child's Well-Being Index Report, 2021 "Kerala, Tamil Nadu, Himachal Pradesh & Puducherry topped the charts, while Meghalaya, Jharkhand and Madhya Pradesh featured at the bottom⁴.

Selection of Districts

The study used India Child Development Index (ICDI)⁵ to identify the most vulnerable districts among the 4 states as part of this project. The Index ranks all the 640 districts and have categorised them as per four broad categories, i.e. Very High ICDI, High ICDI, Medium ICDI and Low ICDI. The best performing district in the country as per this Index is Kottayam in Kerala (Score - 0.917) whereas Jhabua in Madhya Pradesh ranks the lowest (Score - 0.447).

Selected Districts and their ICDI scores and rank

Table 7: Selected districts and their ICDI scores

States	Districts	ICDI scores	ICDI rank out of 640	ICDI category
Chhattisgarh	Jashpur	0.651	495	Low
	Sargujja	0.570	615	Low
Madhya Pradesh	Alirajpur	0.506	636	Low
	Jhabua	0.447	640	Low
Rajasthan	Dungarpur	0.661	474	Medium
	Udaipur	606	579	Low
Uttar Pradesh	Bahraich	0.533	634	Low
	Shravasthi	0.505	638	Low

Note: Dungarpur was selected in place of Pratapgarh in Rajasthan due to absence of local partner presence.

Further, the study tries to unpack the ICDI parameters in the present context for each of the districts and states to assess the situation.

⁴ <https://www.drishtiias.com/daily-updates/daily-news-analysis/india-s-child-well-being-index-report>

⁵ https://www.nipfp.org.in/media/medialibrary/2022/02/WP_371_2022.pdf. The India Child Development Index (ICDI) is a summary measure that can be used for assessing progress of children up to the district level. , ICDI has been estimated for 640 districts in India for the year 2015. It has taken 12 indicators under broad themes of Health, Nutrition, Education, Children and work, Child marriage, children having children and Children and violence.

Table 8: District and state wise key child development indicators

Parameters	Head count ratio of poverty (source: MPI)	Child sex Ratio (source: NFHS-5)	Birth registration (Children under 5 years)- source NFHS-5	IMR (source NFHS5)	Under 5 Mortality rate (source: NFHS-5)
India	25.01	929	89.1	35.2	41.9
State- Uttar Pradesh	37.79	941	79.5	50.4	59.8
Shravasthi	74.38	971	75.5		
Bahraich	71.88	848	78.8		
State - Chhattisgarh	29.91	960	96.6	44.3	55.8
Jashpur	45.85	951	97		
Sarguja	47.37	1139	97.2		
State - Madhya Pradesh	36.65	956	94.1	41.3	38.2
Jhabua	68.86	1156	90.3		
Alirajpur	71.31	942	87		
State- Rajasthan	29.46	891	91.4	30.3	37.6
Udaipur	47.86	833	97.8		
Dungarpur	44.69	843	94.5		

Key Highlights

Poverty

- All states have poverty head count ratio more than the national average of 25%.
- The poverty ratio of the selected districts is much higher than their state average. Districts like Shravasti , Bahraich, Jhabua and Alirajpur have very high poverty ratio (over 60%) and almost double of the state average.

Child Sex Ratio

- Except Sarguja and Jhabua, all districts have adverse child sex ratio suggesting a general preference of male child.
- Districts like Udaipur, Durgapur, Bahraich have child sex ratio much lower than the national average of 929 per 1000 male births.
- The status of birth registration of children under the age of 5 years is good which can be attributed to increased demand for registration of births for linkage to schemes and services, improved status of institutional deliveries and ease of registration services and a general consciousness among communities for the same.

Mortality rates

- Child and infant mortality both have shown improvement since NFHS 4 in 2015-16 and in NFHS -5 in 2019-20. IMR has dropped in all the four states: Chhattisgarh (from 54 to 44), Madhya Pradesh (from 51 to 41.3), Rajasthan (from 41 to 30) and Uttar Pradesh (57 to 50.6)
- As per the Sample Registration System (SRS) Statistical Report 2020 released on 22nd September 2022 by Registrar General of India (RGI)⁶, **Under 5 Mortality Rate (U5MR)** for the country has shown significant decline of 3 points (Annual Decline Rate: 8.6%) from 2019 (32 per 1000 live births in 2020 against 35 per 1000 live births in 2019). It varies from 36 in rural areas to 21 in urban areas.

⁶ <https://pib.gov.in/PressReleasePage.aspx?PRID=1861710>

Child Health

Table 9: State and district wise key child health indicators

Child Health (source NFHS-5) States and Districts	Institutional births (%)	Children age 12-23 months fully vaccinated based on information from vaccination card only (%)	Prevalence of diarrhoea in the 2 weeks preceding the survey (%)	Prevalence of symptoms of acute respiratory infection (ARI) in the 2 weeks preceding the survey (%)	Children under age 3 years breastfed within one hour of birth (%)
India	88.6	83.8	7.3	2.8	41.8
State- Uttar Pradesh	83.4	78.4	5.6	3.5	23.9
Shravasthi	80.4	69.8	9.8	6.7	14.1
Bahraich	67.7	62.2	9.8	6.6	17
State Chhattisgarh	85.7	84.8	3.6	1.5	32.2
Jashpur	85.6	94.1	1.3	0	31.3
Sarguja	85.3	89	2.6	0.3	32.3
State Madhya Pradesh	90.7	83.3	6.4	2.6	41.3
Jhabua	92.9	92.2	2.5	1.3	35.6
Alirajpur	83.2	82.7	2.4	0.7	54.2
State- Rajasthan	94.9	85.5	6.1	2.9	40.7
Udaipur	96.6	89.5	6.9	1.8	44.6
Dungarpur	94.1	89.2	5.7		47.2

Highlights

The share of India's institutional deliveries increased to 88.6% in 2019-2021 (National Family Health Survey 5 (NFHS-5) from 40.8 % in 2005-06 (NFHS 3). All the state have shown improvement from the previous period of NFHS survey, however, Chhattisgarh, Madhya Pradesh, Rajasthan and Uttar Pradesh are among the nine low performing states. As per the above table, Chhattisgarh (85.7%) and Uttar Pradesh (83.4%) are below the national average, while Rajasthan and Madhya Pradesh has over 90% coverage of Institutional deliveries. Five districts namely Alirajpur, Sarguja, Jashpur, Bahraich and Shravasthi have low coverage.

Child immunisation has also shown progress, i.e. from 77% (NFHS-4) to 83.8% (NFHS-5). Other than UP, all the study state have better immunisation coverage than the national average. Among the districts, the immunization coverage in Alirajpur, Bahraich and Shravasthi are below the national average.

According to a lancet study⁷, disruption of routine immunisation services due to COVID-19 has led to 23 million children globally missing out on basic vaccines in 2020. India also reported a drop in the coverage of the third dose of DTP (DTP-3) vaccine from 91% to 85%.

Prevalence of Diarrhea and Acute Respiratory Infection (ARI) among children presents a mixed picture. While the prevalence of diarrhea in the two weeks preceding the survey dipped slightly in NFHS-5, the fraction of children receiving ORS and zinc for diarrhea has gone up substantially. Prevalence of Diarrhea and ARI was high in districts of UP.

Children's feeding practices have largely improved – except for the percentage of children younger than 3 years who were breastfed within an hour of birth, which remains unchanged from NFHS-4. The largest improvement is in the percentage of children who were exclusively breastfed when under six months – from 55% in NFHS-4 to 64% in NFHS-5. The districts under study have all lower performance than the national average (except Udaipur and Dungarpur)

⁷ [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(21\)00406-X/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(21)00406-X/fulltext)

The average out of pocket expenses ranged from INR 602 in Alirajpur to highest INR 1960 in Shravasthi. Overall, the expenditure on health was lower than the national average in all the districts.

Schemes like Janani Suraksha Yojana: Janani Suraksha Yojana (JSY) is aimed to reduce maternal and infant mortality by promoting institutional delivery among pregnant women. Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) to ensure regular ANC, Pradhan Mantri Matru Vandana Yojana (PMMVY) for maternity benefit, LaQshya Programme: LaQshya (Labor room Quality Improvement Initiative) is intended to improve the quality of care in the labor room and maternity operation theatres in public health facilities, Poshan Abhiyaan: To achieve improvement in the nutritional status of Children (0-6 years) and Pregnant Women and Lactating Mothers in a time-bound manner are some of the efforts from the government to improve the health indicators. But these have also been affected by pandemic, which may have negatively affected the health seeking behaviour of community members.

Child Nutrition

Table 10: District and state wise key child nutrition indicators

{Parameters	Children under 5 years who are stunted (height-for-age)18 (%)	Children under 5 years who are underweight (weight-for-age)18 (%)	Children age 6-59 months who are anaemic (<11.0 g/dl)22 (%)	All women age 15-19 years who are anaemic22 (%)
India	35.5	32.1	67.1	59.1
State- Uttar Pradesh	39.7	32.1	66.4	52.9
Shravasthi	50.9	40.8	61.2	46.4
Bahraich	52.1	38	71.7	52.6
State Chhattisgarh	34.6	31.3	67.2	61.4
Jashpur	35.8	33.6	54.1	60.3
Sarguja	29.4	30.6	51.4	54.3
State Madhya Pradesh	35.7	33	72.7	58.1
Jhabua	49.3	41.7	80.1	63.7
Alirajpur	34.6	31.6	76.4	76.5
State- Rajasthan	31.8	27.6	71.5	59.4
Udaipur	34	26.6	76.9	63.3
Dungarpur	31.4	25.9	79.8	77.3

Highlights

- The NFHS-5 data shows that the percentage of children who are stunted (low height-for-age), wasted (low weight-for-height) and underweight (low weight-for-age) has gone down. There is a slight increase in the percentage of severely wasted and overweight children.
- The more alarming thing is the 8 percentage points' rise in the proportion of children suffering from anaemia – from 59% in NFHS-4 to 67% in NFHS-5. Also alarming is the adolescent anaemic status where all districts have reported over 50% women as anaemic. Similarly over 50% women in the age group 15-49 years are anaemic across the study states and districts.

According to Centre for Budget Governance and Accountability, while provisioning adequate levels of resource support for crucial government interventions in this domain is essential to address the challenge of malnutrition, an increase in the budget allocation alone would not necessarily result in any desirable change in the ground as far as nutrition outcome are concerned; effective implementation of schemes and proper utilisation of available funds will be imperative in this regard.

Indian government in 2022-23 has allocated a budget of Rs. 20,264 crores for nutrition schemes of Saksham Anaganwadi and POSHAN 2.0. However, this is an increase of a meagre 1.31 per cent from the revised estimate of Rs. 19,999.55 crore for the year 2021-22.

The Rashtriya Bal Swasthya Karyakram scheme- led by AYUSH is meant to specifically address nutritional deficiency and disabilities related issues in newborn babies and young children through early detection and management. Rashtriya Bal Swasthya Karyakram provides care and treatment to children below 18 years through screening and early detection.

Education

Table 11: State wise status of key education indicators

Education	Gross enrolment ratio (2019-20)- Elementary school	Gross enrolment ratio (2019-20)- Secondary school	Gross enrolment ratio (2019-20)- Sr.Secondary school	Out of school children (children not enrolled in schools in 2021)
India	97.8	77.9	51.4	48.6
Uttar Pradesh	95.1	65.8	46.9	53.4
Chhattisgarh	95.5	86.9	54.3	39.8
Madhya Pradesh	92.4	75.5	45	45.1
Rajasthan	99.7	84.2	58.5	40.9

Highlights

- The gross enrolment ratio across elementary, secondary and senior secondary shows a sharp dip in the children accessing education. Over 20% across all states do not complete secondary education and over 50% do not complete senior secondary schooling.
- Covid-19 lockdown impacted about 264.5 million children throughout the country as a result of closure of schools and consequent disruption of the formal school education system in 2020-2021⁸
- According to the Department of School Education and Literacy (DoSE&L), Ministry of Education (MoE) released the **Centre's first-ever Performance Grading Index for Districts (PGI-D)**⁹ for 2018-19 and 2019-20. The PGI-D structure comprises of total weightage of 600 points across 83 indicators, which are grouped under 6 categories viz., Outcomes, Effective Classroom Transaction, Infrastructure Facilities & Student's Entitlements, School Safety & Child Protection, Digital Learning and Governance Process.

Table 12: Selected districts' status as per central government's Performance Grading Index for Districts

Districts/ PGI-D scores (out of 600)	Uttar Pradesh		Chhattisgarh		Madhya Pradesh		Rajasthan	
District	Shravasthi	Bahraich	Sarguja	Jashpur	Alirajpur	Jhabua	Dungarpur	Udaipur
PGI-D score	366	345	426	393	288	307	410	397
Performance grades ³	Pracheshtha1		Ati Uttam	Uttam	Pracheshtha1		Uttam	

⁸ Ministry of Education, Government of India Initiatives by School Education sector in 2020-21 for Continuing Teaching and Learning. Ministry of Education, 2021. https://www.education.gov.in/covidcampaign/docs/Covid_initiatives.pdf 5

⁹ <https://pgi.udiseplus.gov.in/DISTRICT-PGI-ENGLISH.pdf>

Child Marriage and Child mothers

Table 13: Selected districts and state wise status of child marriage and child mothers

Child marriage and early pregnancies	Women age 20-24 years married before age 18 years (%)	Men age 25-29 years married before age 21 years (%)	Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)
India	14.7	11.3	3.8
State- Uttar Pradesh	15.8	23	2.9
Shravasthi	51.9		5.3
Bahraich	70		7.5
State Chhattisgarh	8.1	9.8	1.7
Jashpur	21.9		5.5
Sarguja	18.1		6.4
State Madhya Pradesh	23.1	30.1	2
Jhabua	36.5		6.7
Alirajpur	30.7		5.9
State- Rajasthan	25.4	28.2	3.7
Udaipir	18.2		4.5
Dungarpur	16.9		4.4

According to UNICEF¹⁰, out of 223 million child marriages in India, 102 marriages take place before the age of 15. Uttar Pradesh is home to largest population of child brides (36 million). 25% percent are married before the age of 18 years. According to the NFHS-5 data child groom incidence is higher than incidence of child brides. Overall 4% have children become a parent in their adolescent age. Jhabua, Alirajpur, Bahraich, Shravasti, Sarguja and Jashpur have over 5% incidence of children having children.

Child labour

According to Census 2011, the number of child labourers in India is 10.1 million of which 5.6 million are boys and 4.5 million are girls (in the age group between 5 to 14 years). 3.9% of the total child population (from 5 to 14 years) was child labour in addition to 42.7 Million children who were out of school.

Industries in India where child labour is rampant are brick kilns, carpet weaving, garment making, domestic service, food and refreshment services (such as tea stalls), agriculture, fisheries and mining.

Some of the relevant findings of the report, 'Statistics of child labour in India State Wise' (developed by Save The Children, May 2016) are:

- Five states with highest number of child labour are: Bihar, Uttar Pradesh, Rajasthan, Madhya Pradesh and Maharashtra. All the five states together constituted more than 55% of child labour in the country. Uttar Pradesh alone accounts for 20% of India's Child Labour in the country.
- Involvement in child labour in hazardous work is higher for boys than girls.
- 62.8% of children engaged in hazardous work are in the age group of 14 to 17 years.
- Most of child labour, both boys and girls, work in agriculture sector.
- Child labour is frequently associated with children being out of school.

In 2016, NCLP (National Child Labour Project) was merged with Samagra Shiksha Abhiyan. NCLP scheme had been monitoring the situation of child labour for the last three decades. However, NCLP has not conducted child labour survey recently and such there is no official data on child labour after census 2011.

¹⁰ <https://data.unicef.org/resources/ending-child-marriage-a-profile-of-progress-in-india/>

Children and Violence

Table 14: Selected state and district wise status of crime against children

Crime by and against children	Total crime against children (NCRB 2021)	Rate of Total crimes committed by Juveniles (2018-20)	Rate of Total crimes committed against Juveniles (2018-20)
India		6.7	28.9
State- Uttar Pradesh	18943	1.5	74
Shravasthi	55		
Bahraich	227		
State - Chhattisgarh	5665	21.4	51.9
Jashpur	191		
Sarguja	200		
State - Madhya Pradesh	19028	16.8	59.1
Jhabua	131		
Alirajpur	186		
State- Rajasthan	7385	8.5	23.4
Udaipir	432		
Dungarpur	236		

The NCRB report of 2018-20¹¹ highlighted juveniles' vulnerability to conduct and be victims of various crimes.

- The average rate of crime against children is 29 percent at the national level, whereas 3 study states reported high than national average crimes against children rates, i.e. Uttar Pradesh (74%), Chhattisgarh (52%) and Madhya Pradesh (59%).
- The crimes committed by children are higher than the national average in Chhattisgarh (21.4%), Madhya Pradesh (16.8%) and Rajasthan (8.5%). Most of the child offenders are boys.
- 3/4th of the crimes are committed by children in the age group of 16-18 years and majority of them are living with their guardians and parents.

Children with Disability (CWD)

Table 15: State wise status of disability data

Children with Disabilities (Source Census 2011)	Total	Boys	Girls	CWD (5-19) years who attend school (%)	CWD (5-19) years who never attend school (%)
India	65,72,999	36,92,554	28,80,445	61.2	26.7
Uttar Pradesh	12,88,308	7,21,695	5,66,613	59.2	29
Chhattisgarh	1,31,122	72,400	58,722	59.6	26.8
Madhya Pradesh	3,89,139	2,21,012	1,68,127	64	23.1
Rajasthan	3,06,750	1,81,780	1,24,970	56.0	31.4

According to a report by UNESCO, 2021¹², there are 26,810,557 persons with disability in India constituting 2.21% of the country's population.

¹¹ https://ncrb.gov.in/en/crime-in-india-table-additional-table-and-chapter-contents?field_date_value%5Bvalue%5D%5Byear%5D=2020&field_select_table_title_of_crim_value=6&items_per_page=50

¹² <https://gdc.unicef.org/resource/n-nose-state-education-report-india-2019-children-disabilities>

- The total number of children with disabilities (in the 0–19 year age group) is 7,864,636, making up 1.7% of the total child population.
- About 1% of children aged between 0 and 4 (numbering 1,291,637), about 1.5% of children aged between 5 and 9 (numbering 1,418,969) and over 2% of children between 10 and 19 (numbering 4,617,073) live with disabilities.
- Of the total children with disabilities in the 0-14 year age group, 72 per cent reside in rural areas and 28 per cent in urban areas.
- More boys are reported to have disabilities than girls.
- According to the 2011 Census of India, only 61% of CWDs aged between 5 and 19 were attending an educational institution²⁸, compared to the overall figure of 71% when all children are considered.
- The percentage of children attending schools is the lowest among those with multiple disabilities, mental illnesses and mental retardation.

¹³ http://rchiips.org/nfhs/NFHS-5_FCTS/India.pdf

¹⁴ statista.com/statistics/661204/gender-parity-index-india-by-school-types/

¹⁵ PGI- grades are based on percentage scoring in all category. Daksh- (having score 90% and above), Utkarsh- (score of 81-90 %), Ati uttam (71-80%), Uttam (61-70%), Pracheshta-1 (51-60%), Pracheshta 2- (41-50%), Pracheshta 3 (31-40%), Akanshi 1 (21-30%), Akanshi 2 (11-20%) and Akanshi 3 (less than 10%).



Chapter 3:

Key Findings

The key findings of the primary research is presented in the following sub-sections:

- Demographic profile of the respondents
- Education
- Health and Nutrition
- Mother and Child Health
- Water and Sanitation (WASH)
- Child Labour
- Discrimination
- Child Protection Institutions

The quantitative data is presented for two category of respondents wherever relevant.

The first category named as 'children' refers to children/adolescent in the age group of 11 – 18 years. The secondary referred to as 'Parents' include all the sub-categories, i.e. parents of children in the age groups of 0 – 6 months, 6 months – 2 years, 2 – years to 18 years and pregnant or expecting women. The findings of the sub-categories are presented wherever relevant and applicable.

3.1 Demographic Profile

The findings in the demographic profile consists of the caste categories covered, types of houses, source of lighting and cooking, type of family and their major source of livelihood.

Caste

The study largely covered Scheduled Tribe (ST) as they are the most vulnerable communities. As per the table below, overall more than 70% of the respondents belong to the ST community, more than 15% to the OBC community and 2 – 5% other communities like Scheduled Caste (SC), General caste and minorities. In MP and RJ, almost all the respondents are from ST community while in UP most of the respondents are from OBC community. It is important to note that the districts in the three states are largely tribal except Uttar Pradesh.

Table 16: State wise coverage of samples as per caste groups

Caste Category										
	CG		MP		RJ		UP		Overall	
	Children (%)	Parents (%)	Children (%)	Parents (%)	Children (%)	Parents (%)	Children (%)	Parents (%)	Children (%)	Parents (%)
<i>n</i>	109	125	121	126	110	147	104	111	444	509
General	1	0	6	1	0	1	15	14	5	3
SC	3	4	0	2	1	3	13	14	4	6
ST	83	78	94	95	98	89	16	15	74	72
OBC	14	18	0	2	1	5	47	48	15	17
Minority	0	0	0	0	0	1	9	9	2	2
Total	100	100	100	100	100	100	100	100	100	100

Source of lighting

The majority source of lighting in all the locations is electricity. In some of the locations of CG and UP, where the villages are quite remote, solar and other sources are also being used. In some of the villages, due to irregular electricity supply, kerosene and other oils are also being used.

Table 17: Source of lighting

	CG		MP		RJ		UP		Overall	
	Children (%)	Parents (%)	Children (%)	Parents (%)	Children (%)	Parents (%)	Children (%)	Parents (%)	Children (%)	Parents (%)
<i>n</i>	109	125	121	126	110	147	104	111	444	509
Electricity	86	79	99	98	98	97	80	72	91	88
Kerosene, gas, oil	1	11	1	2	1	2	8	21	2	8
Other including solar	13	10	0	0	1	1	13	7	6	4

Source of fuel for cooking

Wood is major source of fuel for majority of the families especially in CG, MP and RJ where the population is largely tribal and economically deprived. In UP, other forms of fuel are also used like coal, kerosene etc. alongwith LPG. While LPG cylinders have been provided to the rural households as part of the central government scheme, however, due to high price of the LPG, majority of the households still prefer to use traditional sources like wood, which is free or cost effective.

Table 18: Source of fuel for cooking

	CG		MP		RJ		UP		Overall	
	Children (%)	Parents (%)	Children (%)	Parents (%)	Children (%)	Parents (%)	Children (%)	Parents (%)	Children (%)	Parents (%)
<i>n</i>	109	125	121	126	110	147	104	111	444	509
Electricity, LPG or biogas	2	6	2	0	27	22	36	30	16	15
Coal, charcoal, kerosene, agricultural waste	5	4	0	2	13	12	29	41	11	14
Wood	94	90	98	98	60	65	36	29	73	71

Type of family structure

In majority of the households, i.e. more than 70% the families are nuclear and in some cases there are joint families as well. In UP, the proportion of joint families is more due presence of other caste groups like general and OBC communities. Traditionally, the family structure of the tribal families is nuclear which is reflected in the data.

Table 19: Family structure

	CG		MP		RJ		UP		Overall	
	Children (%)	Parents (%)	Children (%)	Parents (%)	Children (%)	Parents (%)	Children (%)	Parents (%)	Children (%)	Parents (%)
<i>n</i>	109	125	121	126	110	147	104	111	444	509
Nuclear	83	85	74	64	89	67	53	58	75	69
Joint	16	15	26	31	11	33	44	40	24	29
Extended	1	0	1	5	0	1	3	3	1	2

Source of livelihood

Agriculture is the main source of livelihood for most of the households wherein more than 70% carries out farming in their own land. However, it is mostly subsistence farming due to small size of the landholdings. Accordingly, households supplement it with income generating activities like wage labour, both on farm and non-farm, and also by migrating to other locations either near their villages or even to distant locations. In UP, due to landlessness, majority of the households reported to be undertaking non-farm wage labour in the villages.

Table 20: Source of livelihood

	CG		MP		RJ		UP		Overall	
	Children (%)	Parents (%)	Children (%)	Parents (%)	Children (%)	Parents (%)	Children (%)	Parents (%)	Children (%)	Parents (%)
<i>n</i>	109	125	121	126	110	147	104	111	444	509
Farming in own land	72	80	100	97	73	80	30	23	70	72
Farming in someone else's land	17	21	24	37	0	10	6	10	12	19
Nonfarm wage labour in the village	58	63	54	59	43	44	46	50	50	54
Farm labour	42	46	32	54	25	22	19	26	30	37

Migration related wage labour	4	11	25	10	76	57	23	26	32	27
Fixed job (teacher, health worker etc)	2	2	2	0	6	5	1	1	3	2
Self-employed (shops/small units)	13	11	2	5	5	10	16	8	9	9
Others	1	7	0	2	2	1	1	4	1	4

Key summary points - demographic profile

- The demographic profile of the respondents in the study area represents two distant type of groups of Indian society, i.e. tribal and of the mainland population which comprises of different caste groups of Indian society. In the tribal areas, the population is quite homogenous, as evident from the data in CG, MP and RJ. While UP represents another society where the households largely are from the OBC group. The caste groups are diverse in such situations where households from different castes categories like General, SC, and minorities also form part of the demography.
- The major source of lighting is electricity in most of the locations indicating expansion of electricity services even in the distant and remote rural locations. However, the major source of fuel for cooking still remains wood, as it is either free or inexpensive. This also signifies economic deprivation of the households as they do not have the capacity to purchase modern cooking fuel, i.e. LPG cylinders.
- The family structure is mostly nuclear which is a common characteristic of tribal society across the country. Joint family structure was also found in caste groups of OBC, General, SC and minorities.
- The households are all dependent mostly on agriculture which is typical situation in rural India. Alongwith subsistence farming in one's own lands, the families also undertake wage labour to supplement their income. Seasonal migration is also common considering the economic vulnerability of the households.

Education

This section covers children's access to education in the study area and also the situation with regard to drop out and their reasons, absenteeism, vocational training and aspirations of the students.

Access to schools

As already mentioned, the study surveyed children and parents/caregivers whose children are of school going age. Amongst children, 68% are going to school, while 79% of the parents reported that their child was attending school. In Rajasthan, 84% children and 88% parents reported that they are attending school, while it was low, i.e. 60 to 70%, in other states. Overall, the drop out rate was 20 to 29% while a small proportion of children (1-3%) reported to have never been enrolled.

Table 21: Educational status

	CG		MP		RJ		UP		Overall	
	Children (%)	Parents (%)	Children (%)	Parents (%)	Children (%)	Parents (%)	Children (%)	Parents (%)	Children (%)	Parents (%)
n	109	63	121	52	110	65	104	49	444	229
Currently attending school/college	65	86	61	73	84	88	65	65	68	79
Dropped out	35	14	39	25	16	12	23	31	29	20
Never been to school	0	0	0	2	0	0	12	4	3	1

43% of the school going girls and 21% school going boys mentioned that they face problems while going to schools wherein the distance of the school is the major one for girls. The other problems include rough terrain, road getting blocked in rainy season and security concerns. These factors further impact the dropout rate as well. Majority of the children, more than 96%, mentioned that when in school they do not face any problem.

Table 22: Problems being faced on way to school

	Male (%)	Female (%)	Total (%)
n	220	212	432
School is far	5	33	19
Rough terrain to reach school like crossing river/ forest	6	19	12
Scared to go alone to school / do not have company to go to	0	6	3
Do not have bicycle and have to walk long distance	3	10	7
There are security issues on the way to school (eve teasing)	0	2	1
The road get blocked in rainy season	6	5	6
Difficulty due to disability	1	0	1
No problems	79	57	68

Drop Outs

As evident from the table above, the drop out rate of the children is highest in MP and lowest in Rajasthan. The data also suggests that dropout rate amongst girls is higher than boys. The highest dropout rate was reported amongst girls in MP which is a significant 46%. In other locations as well, the dropout rate amongst girls is quite high, i.e. 27 to 33%. In CHG and MP, the drop out rate amongst boys was also quite high, i.e. 37% and 33% respectively.

Table 23: Drop out rate as per state and gender

	CHG		MP		RJ		UP	
	Male	Female	Male	Female	Male	Female	Male	Female
n	49	60	64	57	58	52	53	49
Drop out rate	37%	33%	33%	46%	7%	27%	13%	33%

A further age-wise disaggregation of data suggests that the drop out rate amongst 15-18 years is higher than 11-14 years age group wherein it is 39% in the 15 – 18 years and 16% in the 11 – 14 year age group. The qualitative discussions with the teachers further validates this finding as they mentioned that the pandemic had a further negative impact on the drop out rates, as the children in the age-group of 15-18 years are not coming back to school after the reopening of schools post-pandemic closures. In India, the schools were closed for more than 2 years and online classes were organized, however, the secondary research shows that online classes were not so successful in rural areas due to absence of smart phones and poor network connectivity.

Reasons for dropout

More than half of the children mentioned that losing interest in studies or not able to cope with it was the major reason for leaving school. Amongst girls, 31% mentioned migration for work as the reason for leaving school. Another significant reason reported is the engagement in the household work, either at home or in farms. For girls, distance of the school is also one of the key reasons for leaving school. The age-wise disaggregation of the data presents similar findings.

Table 24: Reasons for dropout as per gender

	Male (%)	Female (%)	Total (%)
<i>n</i>	43	52	95
Engagement at Home (work at home/ farms/ responsibility of siblings)	23	21	22
Migration for work	14	31	23
School far/hard to reach	9	27	19
Found it hard to cope with studies	7	4	5
Not interested in studies	56	42	48
Health reasons	2	4	3
Security Reasons	0	2	1

Survey with the parents of the children presents a similar finding wherein most of parents cited children losing interest in the study as one of the key reasons apart from engagement in household work and financial constraints. In UP, 79% of the parents cited financial constraints as one of the main reasons for leaving school.

The IDIs with the School Management Committee (SMCs) members and teachers validates the survey findings related to drop out of boys and girls. According to them, a large proportion of girls dropout after completing primary as there is greater distance of school from villages and families are concerned about their security. This was particularly highlighted in states of CG, UP and MP. After dropping out of school, girls devote their time in supporting their family in sibling care and doing household chores, which prepares them for marital responsibilities. A Greater number of boys drop out during upper primary and secondary schooling mainly due to lack of interest in studies, unable to cope with studies, need to supplement family income and children own curiosity to explore life outside their village. Parental attitude reflects that the communities do not value educating their children.

61% of the girls feel bad about leaving school in comparison to only 18% of boys. Most of the boys, i.e. 44% do not feel anything about leaving school. 28% of boys and 14 % girls felt good about being out of school.

Table 25: Feeling of dropout children

Drop Out children			
	Male	Female	Total
<i>n</i>	50	77	127
I feel bad about it (%)	18	61	44
I don't feel anything (neither good or bad) (%)	44	16	27
I feel happy or relieved. (%)	28	14	20
NA (%)	10	9	9

Interestingly, 77% of the girls and 30% of the boys are interested to return to the school.

Table 26: Interest level of dropout children to join back school

Drop out children			
	Male (%)	Female (%)	Total (%)
<i>n</i>	50	77	127
Interested to join the school again (%)	30	64	50

Career aspirations

Children in the study area have limited career ambition wherein most of them want to become doctor, teacher or police as these are the professionals they are exposed to. A significantly high proportion, i.e. 29% boys and 25% are unsure about the career they would like to pursue. This also corresponds to the children who have dropped out and are engaged in work for pay or in household chores.

Table 27: Career aspirations

	Male (%)	Female (%)	Total (%)
n	224	220	444
Teacher	10	29	19
Doctor	17	22	20
Police	20	10	15
Government Officer	4	5	4
Farmer	4	0	2
Wage worker	3	2	2
Engineer	6	1	4
Not sure	29	25	27
Others	7	6	7

Vocational training was found to be almost non-existent in the study area where none of the children reported to be attending any vocational training programme. When asked about the kind of vocational training they would like to undergo, 40% of the boys and 24% of girls were unsure. Majority of the boys want to undertake computer training while majority of the girls wants to undertake sewing course.

Table 28: Career aspirations

	Male (%)	Female (%)	Total (%)
n	224	220	444
Computer literacy	31	22	27
Sewing	1	42	21
Mobile repair	10	0	5
Vehicle repair	10	0	5
Art and Craft (Carpenter, Painter, etc.)	2	8	5
No answer/not sure	40	24	32
Others	6	5	5

School management and infrastructure

The schools located in these remote villages lack adequate infrastructure. There is a shortage of teachers where a single teacher is compelled to take two to three classes simultaneously. Further, the School Management Committee (SMC), which has the objective to ensure participation of the community, is functional only in name. Communities are not aware of their roles in this SMC and people's participation in this very important institution is completely absent. These situations further affect the quality of teaching.

Key summary points regarding education

- High drop out rates is of the one key issues related to access to education in the study area which varied from 20-29% in all the four states. The drop out rate is higher amongst girls in comparison to boys which is as high as 46% in MP. Drop out rate of boys was also higher in CG and MP where it was around 35%. Further there drop out rate is higher in 15-18 years age group than 11-14 years.
- While children losing interest in studies emerged as the major reasons for children leaving school, however, discussions with teachers and other key stakeholders suggest that pressure on boys to contribute to family's income is the key underlying reason. For girls, after completing primary, schools are generally out of the village and accordingly the drop out rate is high. They dropout and contribute to household work and also prepare themselves for their adult life. Migration out of villages in search of livelihoods along with families, lack of learning environment at home and supervision by parents are also other key reasons for dropout.
- Most of the girls feel bad about dropping out of school in comparison to boys. Overall, around half of children, mostly girls, are interested to join back school.
- There is limited awareness regarding career options amongst the children and most of them aspire to undertake professions of teacher, police, doctor and around one-third is not sure.
- Children lack knowledge regarding vocational training, however, most of them are interested in undertaking such training if offered. Boys showed more interest towards computer training and girls towards sewing.
- SMCs in the schools are mostly inactive and there is lack of awareness amongst community members about their roles as SMC members. Most of the schools do not have adequate teachers which is severely impacting the quality of teaching.

Health and Nutrition

This section covers the child rights issues related to health and nutrition including nutrition related awareness and practices, incidence of diseases and access to hospitals, and issues related to disability.

As evident from the table below, majority of children and parents have a basic and limited understanding of the factors that are critical for any one to stay healthy. While more than 80% cited consumption of adequate food regularly as one of the key factors, a large percentage of children and parents are unaware of the role of diverse and balanced diet, WASH practices, and role of exercise and sport. Lack of awareness regarding role of balance and diverse diet and role of sports and exercise is especially high amongst girls.

Table 29: Awareness regarding key factors to stay healthy

What are some important things we should do to stay healthy?				
	Children (%)			Parents (%)
	Male	Female	Total	
n	224	220	444	509
Regular and adequate food	86	74	80	83
Eating variety of food	31	16	24	27
Exercise/Play	58	25	42	30
Drink safe and treated water	47	40	43	45
Use toilets	28	25	27	37
Wash hands with soap (before handling food, eating or use of toilets)	38	50	44	40
Keep the home and community clean	42	47	45	48
Visit a ANM/doctor when sick	14	22	18	24
Feeding and care during and after illness	11	1	6	5
Don't know	4	8	6	4

Nutritional practices

Almost all the children take at least two meals as evident from the table below. Around 60 percent of children also reported to be taking breakfast and another 11 percent as taking morning snacks. Accordingly, at least 60-70 percent of children take three meals in a day. However, around 50 percent of the parents reported to be taking at least two meals. Overall, there are around 35 – 50% children who are not taking three meals in a day. This inadequate nutrition affects the development of children.

Table 30: Meals consumed in last 24 hours

	Male (%)	Female (%)	Total (%)	Parents (%)
n	224	220	444	509
Breakfast	65	55	60	35
Lunch	94	100	97	88
Dinner	100	99	99	94
Snacks - morning	13	9	11	15
Snacks- daytime	4	1	3	3
Snacks- evening	2	1	2	1

The survey findings suggest that majority of children do not have access to balance and diverse diet, which is essential for development of the children. As evident from the table below, consumption of protein rich diet in form of nuts, dairy products, meat products or eggs is quite low. Consumption of vegetables and fruits is also quite low. The evidence suggests that the limited earning capacity of the households affects their daily nutritional practices.

Table 31: Type of food consumed one day before

Type of food consumed a day before	Male (%)	Female (%)	Total (%)
n	224	220	444
Grains, white roots and tubers, and plantains	96	91	93
Pulses (beans, peas and lentils)	58	72	65
Nuts and seeds	12	21	17
Dairy	17	20	18
Meat, poultry and fish	8	10	9
Eggs	7	5	6
Dark green leafy vegetables	28	45	36
Other vitamin a-rich fruits and vegetables (For e.g. Sweet potato, carrot, pumpkin)	27	21	24
Other vegetables (Brinjal, cauliflower, etc)	47	48	48
Other fruits (Banana, mangoes, guava, etc)	29	20	24

The survey findings further suggest that while the nutritional practices are basic, incidence of hunger is absent amongst boys while it is present amongst girls wherein 4% of girls reported always feeling hungry while another 4% reported to be hungry at times. Overall, girls face more food related problems than boys. However, a large proportion of girls, i.e. 76% do not report any problems with the daily food.

Table 32: Food sufficiency amongst children

On an average day how sufficient is the food that you eat? (Children)			
	Male (%)	Female (%)	Total (%)
n	224	220	444
I always remain hungry	0	8	4
I sometimes remain hungry	1	8	4
I rarely go hungry	3	6	5
I never remain hungry as I always get sufficient food	96	78	87

Incidence of diseases

The incidence of disease is quite high in the study areas as 46% children, 53% girls and 39% boys, reported of getting ill in last three months. 42% of the parents also reported that their children got ill in last three months. State wise and age wise disaggregated data does not show any significant variation between the states or between the age groups.

Table 33: Incidence of diseases

Children				Parents (%)
	Male (%)	Female (%)	Total (%)	
n	224	220	444	509
Fell ill in last three months	39	53	46	42

High fever and common cold were the most common illnesses reported by the children and parents. Other common illnesses include headache, stomach ache, coughing, and body ache. A few children also reported serious ailments like malaria/dengue, pneumonia, and other mental illnesses like depression and anxiety. It must be noted that children and their parents lacked awareness regarding names of the serious ailments and could identify only the symptoms. Accordingly, a more intensive research is required to assess the incidence of serious ailments.

Table 34: Illness experienced in last three months

Children				Parents (%)
	Male (%)	Female (%)	Total (%)	
n	87	116	203	212
High fever	67	73	70	69
Headache	25	20	22	17
Common cold	33	25	29	48
Coughing/throat / Breathing problems	29	27	28	33
Back ache	0	3	2	3
Stomach ache	11	22	17	13
Chest pains	0	1	0	1
Body ache	10	14	12	5
Ear infection	2	1	1	0
Skin infection	0	3	1	0
Diarrhea	2	0	1	5
Anemia	1	0	0	1
Malaria/Dengue	1	3	2	0

Pneumonia	0	1	0	1
Mental illness like depression/anxiety	1	1	1	1
Other	6	1	3	4

Access to treatment facilities

Overall, 80% of the children, 85% boys and 76% girls, reported that they received medical treatment for their illnesses. Similarly, 88% of the parents reported that their child received medical treatment. This shows a significant high proportion of households has health seeking behavior.

Table 35: Access to treatment facilities

	Children			
	Male (%)	Female (%)	Total (%)	Parents (%)
n	87	116	203	218
Received medical treatment	85	76	80	88

Government hospital and clinic including the mobile clinic is the most common medical facility that the households access to avail treatment. It is also significant to note that a larger proportion of boys, i.e. 41% reported visiting private doctor or hospital for treatment while only 30% girls reported the same. This indicates underlying gender based discrimination in the society. It is also important to note that around 15% of the households still visit unregistered medical practitioners (or quacks) for treatment as they visit the villages and provide services at low cost.

Table 36: Category of treatment facilities

	Children			Parents (%)
	Male (%)	Female (%)	Total (%)	
n	74	88	162	185
Government hospital/clinic	30	26	28	42
Private doctor/ hospital/clinic	41	30	35	39
Mobile clinic	4	32	19	5
Quacks (Unregistered medical practitioners)	23	10	16	15
Ayurvedic/Homeopathic/Unani treatment	1	2	2	1
Self-medication	1	1	1	1
Pharmacist	3	0	1	3
Some known person (not a doctor) told me the medicine	0	3	2	1
Other, specify	4	0	2	3

Around 10% of the total girls reported that they have faced problems in past when they visited hospitals (government or private) which mainly related to money issues. This was also reported by 5% of the parents, however, 98% of the boys did not report any problem. Around 2% of the parents also reported poor behavior of the hospital staff.

Disability

The research used the Washington Group (WG) questions to assess the status of disability in the research area. Around 90% of the children and parents did not report any kind of disability. However, a significant 6-10% of the respondents reported disability at different category levels. Please refer to the table below. For e.g. 3 % reported some level of difficulty related to vision and another 4% reported a very high level of difficulty. This pattern is observed in all forms of disability,

i.e. hearing related, walking related, mental issues related, self care related and communication related.

The findings further suggest that majority of the children who reported to be having difficulties have either received support or they did not require any support. Majority of them reported receiving support from community members, mostly in form of financial support. As an exception, one child received support as equipment from government. Few children and parents also reported not receiving any support even though they needed it.

More than 98% children and 94% of parents who reported to be having difficulties mentioned that they were not facing any difficulty at the time of the survey.

Overall, the research team believes that a specialized study is required to understand the current status of disability amongst children in the community. A deeper investigation would be required to understand the nature of the disability with the children who report difficulties.

Table 37: Disability status as per Washington Group of questions

		Children			Parents (%)
		Male (%)	Female (%)	Total (%)	
		224	220	444	
Do you have difficulty seeing, even if wearing glasses?	No difficulty	75	91	83	83
	Some difficulty	3	8	5	3
	A lot of difficulty	0	0	0	0
	Cannot do at all	6	1	4	4
	Don't know / Did not answer	16	0	8	9
Do you have difficulty hearing, even if using a hearing aid(s)?	No difficulty	76	81	79	82
	Some difficulty	2	13	7	4
	A lot of difficulty	0	4	2	2
	Cannot do at all	7	1	4	4
	Don't know / Did not answer	15	0	8	10
Do you have difficulty walking or climbing steps?	No difficulty	76	81	79	81
	Some difficulty	1	12	7	4
	A lot of difficulty	0	5	2	2
	Cannot do at all	6	1	4	5
	Don't know / Did not answer	16	0	8	10
Do you have difficulty remembering or concentrating?	No difficulty	76	79	77	80
	Some difficulty	1	10	5	2
	A lot of difficulty	0	9	5	4
	Cannot do at all	6	2	4	4
	Don't know / Did not answer	16	1	9	10
Do you have difficulty with self-care, such as washing all over or dressing?	No difficulty	76	82	79	78
	Some difficulty	2	10	6	3
	A lot of difficulty	0	7	3	5
	Cannot do at all	7	1	4	4
	Don't know / Did not answer	16	0	8	10
Using your usual language, do you have difficulty communicating, for example understanding or being understood?	No difficulty	76	81	79	80
	Some difficulty	2	8	5	2
	A lot of difficulty	0	9	4	4
	Cannot do at all	6	1	4	4
	Don't know / Did not answer	16	1	8	10

Key summary points on Health and Nutrition

- Children and their parents have a very basic understanding of the factors responsible for a healthy life and lack awareness of the other key factors that contribute to a person's health.
- Around 35 – 50% children do not have access to three meals a day, as they are limited to having two meals. This inadequate nutrition affects the development of children. Further, the diets include basic food components like grains and pulses and most of the children do not consume dairy products, meats and eggs, green and leafy vegetables and fruits. Most of the children lack access to balance and diverse diet.
- There is high incidence of common diseases in the study area as around half of the children got ill in the last three months. While most of children had common illnesses like fever, headache, stomach ache and soar throat, the incidence of serious diseases is not clear. Children and their parents access treatment at government and private hospitals, however, a significant proportion of them (15%) still depend on unregistered medical practitioners (or quacks). Around 10% of the children faced problems in accessing treatment from government and private health clinics which were mostly related to financial constraints, poor quality of services and inappropriate behavior of the health staff.
- Around 6-9% of the children reported various levels of difficulties, as per Washington group of questions on disability, i.e. vision, hearing, walking, mental issues, self-care and communication. Most of the children reported to have received help from community members and were not facing any problems at the time of survey. However, a more focused study is required to assess the disability situation in the study area.

Mother and Child Health

This section covers awareness levels and practices related to pregnancy related services, institutional birth, breastfeeding, supplementary and complimentary nutrition and antenatal services by the frontline health workers. In order to understand this issue, the study surveyed pregnant women, parents of children upto six months and parents upto six months – two years.

Institutional births

The study surveyed 74 pregnant women in the study of whom around 70% were 12-36 weeks pregnant. Overall, more than 80% of the pregnant women were satisfied with the experience of their pregnancy so far. Around 7% were not sure, as they did not have enough information.

Table 38: Pregnancy related experience of expecting mothers

	CG %	MP %	RJ %	UP %	Overall %
n	17	16	21	20	74
Straight forward and enjoyable.	19	19	27	35	26
A few complications or anxieties but on the whole OK.	6	50	14	25	23
I have had a difficult pregnancy but feel prepared.	6	0	33	10	14
I have been given all the information I need and feel well informed	35	19	24	15	23
There are some things that I am still not sure about but don't know	12	6	0	10	7
Don't know/ no response / Other	24	6	0	5	8

The study also interviewed 76 parents of newly born babies, i.e. upto 6 months. The findings suggest that most of the families now plan for and undertake institutional birth especially in government hospitals. Government schemes that provide financial incentive to families for institutional births may be a factor that positively impacted rate of institutional deliveries in the study area. While around 93% of the pregnant women plan for institutional deliveries, 75% of actual deliveries happened in government or private hospitals. This is understandable as most of the villages in the study are

quite remote and the hospitals are at a distance leading to births at home. This was especially high in MP and RJ where the institutional births took place in case of 35% and 30% respectively of newly born children.

Table 39: Institutional birth status

Location of delivery of their child	Pregnant women (%)	Location	Parents of newly born (%)
n	74		76
At home	3	At home	25
Private hospital	1	At the Sub Centre/PHC	21
Govt. hospital	92	Block CHC/District Hospital	42
Don't know/No response	4	Any other hospital/clinic	12

Breastfeeding

The survey findings suggest a high level of awareness amongst pregnant women and parents of newly born as around 82-87% are aware about the time to start breastfeeding. It is also important to note that none of the respondents mentioned that breastfeeding should be started after 24 hours. This is also reflected in the practice wherein around 90% of mothers had started breastfeeding within 8 hours of birth. Findings also suggest that 42% of fathers or newly born and 18% of the pregnant women were not aware of the correct time when to start breastfeeding the child.

Table 40: Breastfeeding - Awareness and practice

	Pregnant woman	Parents of newly born	
	Awareness	Awareness	Practice
n	74	76	76
Within an hour of birth	62	74	72
Within 1-4 hours of birth	20	12	16
Within 4-8 hours of birth	0	1	1
After 24 hours	0	0	5
No, I don't know/Don't breastfeed	18	13	1
Don't know/No response	0	0	4

Antenatal services by the government

All the pregnant women in CG, MP and RJ reported that they are provided with antenatal services by ASHA/ANM wherein most of them reported to be receiving regular services. However, in UP, 20% of the pregnant women reported that they have not received any antenatal services or were unaware of it.

Table 41: Antenatal services by the government to expecting mothers

Antenatal services by ASHA/ANM					
	CG (%)	MP (%)	RJ (%)	UP (%)	Overall (%)
n	17	16	21	20	74
Yes, always	88	94	71	60	77
Yes, sometimes	12	6	29	20	18
No, not till now.	0	0	0	10	3
Don't know/no response	0	0	0	10	3

The most common antenatal services received by the pregnant women are antenatal checkups at hospital, information related to healthy pregnancy and childbirth and provision of Zinc and calcium tablets. However, many of the pregnant women did not report receiving IFA tablets, Take Home Ration and even mandatory house visits by ASHA/ANM. It is

possible that pandemic related restrictions may have had an impact on these services.

Table 42: Nature of antenatal services

	CG (%)	MP (%)	RJ (%)	UP (%)	Overall (%)
n	17	16	21	20	74
Ante-natal check ups at the government hospital (PHC/ANM)	53	100	52	69	67
Information related to healthy pregnancy and child birth	65	88	52	0	51
IFA tablets	6	6	24	0	10
Other tablets like Zinc and calcium tablets	29	81	57	13	46
Take Home Ration	12	0	24	0	10
House visits by ASHA/ANM	41	25	24	6	24
Don't know/No response	0	0	5	13	4

Exclusive breastfeeding practice for newly-born babies

The survey enquired about the exclusive breast-feeding practice amongst the newly-born and around 80% of the parents were aware of the good practice of giving only breast-milk to newly-born upto the age of 5 months. However, there was lack of awareness amongst 43% of the parents in CG, where they mentioned that other food items can also be given to newly-born babies (i.e. upto 5 months) alongwith breast-milk. Also, majority of the parents, i.e. more than 80% mentioned that complementary feeding should start only after completion of five months.

Table 43: Awareness regarding exclusive breastfeeding to newly born (upto 6 months)

Parents of newly born (upto 6 months)					
What children should be given upto the age of 5 months?	CG %	MP %	RJ %	UP %	Overall %
n	14	17	26	19	76
The child should be given only breastmilk and nothing else	57	82	77	89	78
The child should be given breastmilk and other liquid items	0	0	8	0	3
The child should be given breastmilk, other liquids and some food items	43	18	12	5	17
Any other	0	0	4	5	3

Further, the findings suggest that around 95% of the households provide the supplementary nutrition to children provided by the government.

Supplementary nutrition to mothers of newly-born

Government provides supplementary nutrition to mothers of the newly-born and majority of the mothers reported that they received supplementary nutrition. In RJ and UP, many of them reported receiving it infrequently. A significant 26% in UP and around 20% in RJ and MP reported that they did not receive supplementary nutrition.

Table 44: Supplementary nutrition to newly born

	CG %	MP %	RJ %	UP %	Overall %
n	14	17	26	19	76
Yes, regularly	86	65	38	37	53
Yes, sometimes	14	18	42	37	30
No	0	18	19	26	17

Further, the findings suggest that 90% of the mothers consume the supplementary nutrition provided by the government.

Discussion with ICDS staff (AWW and CDPOs) highlighted lack of awareness of families towards care and nutritional needs for new born, pregnant and lactating mothers which greatly affects the adoption and sustaining of health seeking behavior. According to them, communities' understanding of nutrition is very low and do not give importance to regular health checkups. High incidence of anemia among women was reported by the health functionaries, which often leads to children born with anemia. Health functionaries reported to undertake door to door follow up visits for ANCs and vaccinations. Shortage of staff in ICDS centers and shortage of equipment and materials in the centers affects the work of the functionaries.

Key summary points on mother and child health

- More than 90% of the expecting mothers plan to go for institutional deliveries. Around 75% of the mothers of newly born, i.e. babies upto 6 months, had institutional deliveries. This indicates high level of awareness and overall acceptance of the good practice of institutional deliveries. Government schemes promoting institutional deliveries by offering financial incentives may also impacted this behavior.
- Pregnant women and mothers of newly born had were mostly aware of the correct practice of initiating breastfeeding to the newly born baby within 8 hours of delivery or at the most within 24 hours.
- More than 3/4th of the pregnant women reported receiving government's antenatal services delivered by ASHA/ ANM on a regular basis. In UP, around 20% of the pregnant women reported not receiving these services. The antenatal services that women mentioned mostly relate to health check ups either at medical center or at homes and information related to healthy pregnancy by the ASHA/ANM. Most of the expecting women were not aware of the other antenatal services like provisioning of IFA and Zinc tables and Take Home Ration.
- Around 80% of the parents of the newly born are aware of the exclusive breastfeeding practice for newly-born upto the 5 months, except in CG where more than 40% were not aware of this good practice. Further, parents also reported giving supplementary nutrition to children of more than 6 months age which is provided by the government.
- Around half of the parents reported regularly receiving supplementary nutrition meant for mothers of newly born while another 30% reported it receiving irregularly. Some gaps regarding this provision was reported in MP, RJ and UP.

WASH

This section presents the findings of the survey with regard to children's access to toilet, safe drinking water and handwashing (with soap) at school and homes.

Access to safe drinking water

More than 90% of the children reported handpump/tubewell to be the source of drinking water in both schools and homes. A small percentage of children also reported piped water to be source of drinking water at homes and schools.

As is evident from the table below, 74% children in schools and 82% in homes reported that water is covered properly to keep it safe. The other common ways as mentioned by children are storing it in clean vessel and changing the water daily. However, chlorination of water and use of any device to take the water out was reported by lesser number of children. The responses suggest that children have awareness regarding importance of keeping the drinking water safe and clean and are aware of the common methods used.

Table 45: Awareness regarding keeping drinking water safe

Measures taken to keep drinking water safe		
	At School (%)	At home (%)
n	304	444
Stored in a clean pot vessel	60	75
Covered properly	74	82
A device is kept to take water out	32	44
Water is changed daily	62	63
Water is chlorinated	2	1
Others – please specify.	2	0
Water is not stored	4	0

Who fetches drinking water?

At school, 70% of the children mentioned that staff of the school fetches drinking water and the findings suggest that there is no gender bias in carrying out this activity. However, in homes, more than 60% of the children and parents mentioned that female members of the household fetch drinking water. Around 25% of the respondents mentioned that both female and male members of the household fetch drinking water. The findings clearly suggest that women are largely responsible for fetching drinking water within the households.

Table 46: Who fetches drinking water in homes

	Children (%)	Parents (%)
n	444	494
Male members of the HH	6	4
Female members of the HH	64	60
Both male and female members	23	26
Not required, water source is inside home	11	12
Don't know/no response	4	6

Access to toilets

93% children reported that they have functional toilets in schools and more than 70% children reported that they have functional toilet in their homes. In schools, in UP, 19% children reported that they do not have toilet in schools in other states, almost all the children reported to be having toilets. Similarly, 47% children in UP and 35% in Rajasthan mentioned that they do not have toilets in homes while in other states around 20% reported that they do not have toilets. Both schools and homes, only 4% of the children report that they do not use toilets because of a variety of reasons including it being dirty and unclean, dysfunctional and due to absence of water. Of the children who do not always use toilet at homes, 40% of them report that they feel vulnerable when they go out in open to defecate.

The findings suggest that there is significant proportion of children using toilets both at homes and schools especially in CG and MP. In UP and RJ, there is still some gaps in the usage of toilets at homes. Considering the government's focus on this aspect, it is quite likely that the toilet usage shall further improve in the locations where children reported to be not using toilets.

Table 47: Access to toilet in schools

	CG	MP	RJ	UP	Overall
n	71	74	92	67	304
% of children reporting toilets in schools	99	96	97	81	93
n	109	121	110	104	444
% of children reporting toilet in homes	81	79	65	53	70

Access to hand-washing with soap

In schools, 81% of the children reported to be always having soap for hand-washing while 15% reported not having soaps at all. At home, 65% of the children reported washing their hands with soap before eating and 79% after using toilets. Only a small proportion of 2-6% reported to be never washing their hands with soap.

The findings suggest that there is significant improvement in the hand-washing behavior of the children both at school and homes. The data further suggests that hand-washing behavior is marginally better amongst girls.

Table 48: Access to hand-washing with soap

	At school	At homes	
	In school, have soap for hand wash (%)	At home, wash hands with soap before eating (%)	At home, wash hands with soap after using toilet (%)
n	283	444	444
Yes, always	81	65	79
Yes, sometimes	3	29	19
No	15	6	2

Key summary points on WASH

- Majority of the children are aware of some of the common methods of keeping water safe and reported those practices being adopted in schools and homes. Some of common ones include keeping the water in a clean vessel, covering the vessel properly and changing the water daily. However, awareness regarding chlorination was limited.
- At home, female members of the household are largely responsible for fetching drinking water as it is considered household work. However, in schools, it is the responsibility of the staff, male or female, who is assigned this task.
- More than 90% children have access to toilets in schools and around 70% in homes. In UP, access to toilets at homes has gaps wherein 47% reported not having toilets. In schools and homes where the toilets are available, most of the children use it on a regular basis.
- Around 80% of children reported having hand-washing facility with soaps at schools. At homes, most of the children reported using soaps for hand-washing before eating and after using toilets. However, around 10 to 20% of children do not use soaps always.

Child Labour

This section analyses the findings related to child labour, its incidence and the reasons for children to pick up work for pay.

Support to family's livelihood without pay

64% of the girls and 40% of the boys reported that they help their families in the livelihood activities and it was assumed that they do not receive any payments for this. 58% of the children in the 15-18 years age group and 44% in 11-14 years age group reported this.

Table 49: Support to family's livelihood activity by children

Children			
	Male (%)	Female (%)	Total
n	224	220	444
Help in family's livelihood related work	40	64	52

65% in MP, 58% in CG, 52% in RJ and only 29% in UP mentioned about contributing to family's livelihood activity. Majority of children reported working for 10 – 30 hours per week for this purpose.

Work for Pay – Incidence

Overall 27% of the children reported to have ever worked for pay. It was highest in MP with 36%, 33% in CG, 21% in RJ and 16% in UP. The gender disaggregation of the data suggests that more girls work for pay, i.e. 32% girls and 22% boys. Similarly, 40% of children in the age group of 15-18 years work for pay in comparison to only 12% in the 11-14 years age group. Of those who reported to have ever worked for pay, 68% were working at the time of the survey.

Table 50: Rate of child labour

	CG	MP	RJ	UP	Overall
n	109	121	110	104	444
Child labour rate (working for pay) %	33	36	21	16	27

59% of children earn Rs.100 – 200 per day, 33% more than Rs.200/day and 29% earn around Rs. 100/day. 73% of girls reported that they earn between Rs.100 – 200 per day while 53% of the boys reported that they earn more than Rs.200 per day. This suggests that the daily earning of a boy child worker is more than that of a girl child worker. Majority of the children stated that they give their earnings to their parents while around 30% of them keep some of their earning for themselves and also use them for recreation. This tendency is more in boys than girls, i.e. 44% of the boys keep some money for themselves while only 18% girls kept some money for themselves.

Further, 77% of the girls reported to be working within their villages while 61% of the boys travel outside their village for their work.

Table 51: Child labour migrating for work

	Male (%)	Female (%)	Overall (%)
n	49	71	120
Within the village	39	77	62
Outside the village	61	23	38

The findings further suggest that boys mostly migrate outside their district/state for work.

According to the key stakeholders, child labour is higher among boys in comparison to girls who are mostly engaged in household chores and in agricultural labour within the village.

Child labour especially in the age group of 15-18 years is quite normal and the peers and family members often provide information regarding jobs to boys. It is also common to find to have micro-contractors and middlemen within the network of relatives and friends.

Impact on their Studies/academics

42% of girl child workers and 8% boy child workers reported to be studying along with their work. Out of these children, 18% reported that the continuing study along with work was very difficult, 24% somewhat difficult, 32% not difficult and 26% were not sure.

Causes of Child labour

70% of children, both boys and girls, reported that they are working out of their own will to support family's income, while a significant proportion of boys i.e. 33% of boys child workers were also working to gain financial independence. Interestingly, 49% of the boys mentioned that they have been forced by their families to work to supplement family's income. The findings also suggest the underlying economic reasons, which forces the children to undertake work for pay.

Table 52: Causes of child labour

	Male (%)	Female (%)	Total (%)
n	49	71	120
Forced to work by family to supplement family income	49	8	25
Working by own will for financial independence	33	18	24
Working by own will to supplement family income	69	70	70
Don't know	6	14	11

The discussions with the key stakeholders suggest that parents also feel necessary that their children must start to work early as it helps them in gaining work experience from an early age and by the time they are adults, they will start earning better. There is also a feeling of pride associated with children who earn and take care of their families which adds up to the pressure of children, who are forced to start earning at an early age. Many of the working children also get addicted to substance abuse as they start living independently and start emulating adults who do substance abuse to deal with the work related stress.

Problems at work

In the survey, interestingly, around 80% of the children mentioned that they like working and around 83% reported that they did not face any problem at work. Some of the problems that the children reportedly faced include deception, restriction of movement, verbal abuse, intimidation and threat and undue advantage for being weak and vulnerable. Children reported that they shared these problems with their co-workers and with siblings.

Table 53: Problems faced by children at their workplace

	Male (%)	Female (%)	Total (%)
n	49	71	23
Deception	4	3	3
Restriction of movement	0	3	2
Taken advantage for being weak and vulnerable	8	4	6
Verbal Abuse	4	3	3
Intimidation and threats	10	1	5
Did not face any problem	84	82	83
Others	2	4	3

Key summary points on Child labour

- There is high incidence of child labour in the study area as around 27% of children reported having worked for pay. Of this, 68% were working as child labour at the time of the survey. The incidence of child labour was found higher in the states of CG and MP and also in the age group of 15-18 years.
- Child workers mostly earn between Rs.100 to Rs.200 per day which is significantly less than the minimum wages for adult workers in the country.
- Most of the girl child workers work within the villages as agricultural labourers while boys migrate outside their villages to work as daily wage earners. Most of them seasonally migrate outside their villages to work in variety of industries largely in informal sector. Some of the girls also migrate outside their homes to other districts and states alongwith their families.
- While most of the children reported working out of their own will to supplement family income, it is economic vulnerability which forces them to leave education at an early age. There is also societal pressure on the boys to start taking care of their family from an early age. They also start early as it is considered that by the time they attain adulthood, they will gain significant work experience and will earn better wages.
- Most of the child workers did not report any problem and they enjoy their work, however, around 17% of them reported issues like employer taking undue advantage, intimidation and threats, verbal abuse, restriction of movement and deception.

Discrimination

This section covers the status of gender biases within the households and the caste based discrimination within the communities.

Gender based discrimination

More than 90% of the children, both boys and girls, believe that it is not a matter of disadvantage to be either a boy or a girl. Majority of the children also believe that girls and boys are treated equally.

However, 46% of children, mostly girls in UP, believe that girls are not treated in a same manner as boys of the family. These girls mentioned that girls are asked to more of household work and stopped from going out in comparison to boys. Some of them also mentioned that girls are scolded more often and also asked to look after younger siblings.

Table 54: How girls are treated differently than boys at home

	Male	Female
n	3	58
Scolded more often	0	14
Asked to do more household work	0	36
Given less food	0	10
Stopped from going out	33	34
Asked to look after younger siblings	67	17

Similarly, 45% of the children in UP, largely girls, believe that boys are not treated in the same manner as boys. The girls in UP believe that boys are asked to outside work like shopping and getting wood for fuel, scolded more often and are not allowed to enter the kitchen.

Table 55: How boys are treated differently than girls

	Male	Female
n	2	55
Scolded more often	50	29
Asked to do outside work like going to markets, getting wood	50	47
Not allowed to work in kitchen	0	13
Asked to work for pay to support the family	0	13
Others	0	4

It is important to note that other than UP, the other states are largely tribal where gender bias is less in comparison to other parts of the country, while UP is largely patriarchal where girls are expected to take care of household work including cooking and boys are expected to take care of work outside their homes. Similarly, in UP, children reported that girls and boys are treated differently in schools wherein boys are scolded more and girls are assigned easier tasks.

Community level discrimination

Majority of the children mentioned that they have never faced any discrimination at the community level, whereas 27% of children reported that they have faced some form of discrimination at the community level. These children reported that they are not allowed to attend the social functions organized by members of the other communities and also they are not allowed to draw water from the same source. Some of the children also mentioned that there is limited social interaction. Once it is important to note here that the society in UP villages is caste based with diverse group of caste living together, where in other areas the tribal society is mostly homogenous and as such community level divisions are absent.

Key summary points on Discrimination

- More than 90% of the children, both boys and girls, believe that it is not a matter of disadvantage to be either a boy or a girl. Majority of the children also believe that girls and boys are treated equally. This can be attributed to tribal society where the gender biases are not so prominent. However, in UP, which is more of a patriarchal society, around half of the girls believe that girls and boys are not treated equally.
- Boys are given more of out of house work like shopping, working in agricultural fields while girls are given more household work and also not allowed to move independently outside their villages.
- The other findings also suggest that there are other subtle forms of gender discrimination, including in tribal society, where boys are encouraged to take studies and are provided with treatment facilities in case they get sick.
- In the tribal areas, there is absence of community level discrimination as the population is largely homogenous. However, in UP, some of the children and the parents mentioned being discriminated. Some of common forms of discrimination include social exclusion in the village level events organized by other caste groups, not being allowed to draw water from the same source and also limited interaction between the caste groups.

Awareness of the Child Protection Institutions

This section covers the awareness levels of the children and parents regarding the child protection institutions like Childline and Village level Child Protection Committee.

Awareness of the Childline number

Childline number is a national level toll free telephone helpline number, 1098, which specifically deals with the children

in distress situations. This helpline is managed by Civil Society Organisations in each district who are further connected with police, child welfare officers, juvenile justice units and other child protection agencies. After receiving any complaint or distress call, the Childline directs the complaint to the police or the child welfare officer for further needful action. Accordingly, it is important for every child and his/her parent to be aware of this national helpline number. However, the survey findings suggest that more than 90% of children and their parents are neither aware of this helpline number nor its duties or responsibilities.

Awareness of the Village Level Child Protection Committee

Indian legislation on child protection mandates every village to have a Village Level Child Protection Committee (VCPC) who is to be directly connected with the district level CPC. However, study findings suggest that the villages do not have this village level committee formed. Children, their parents and even village level local leaders are unaware of the provision to form this committee or their roles and responsibilities. In some of the villages where any civil society organization has worked in past, some of the children and parents are aware of this committee.

The status of awareness regarding Childline and VCPC suggests that the child protection is not on the priority of the society at the local level. The poor educational status of the communities further aggravates the situation. The IDIs with the key stakeholders validate these findings who also mentioned that issues related to child rights and child do not feature at all in the village level discussions to plan the activities. In absence of a functional Child Protection Committee in all the states, people did not have an understanding of their role and responsibilities.

Key Summary Points on CP Institutions

- There is no awareness amongst children and parents regarding Childline, a national toll free helpline number for children and village level CPCs. Also, communities do not prioritize child protection issues at the village level for any proactive steps.





Chapter 4:

Conclusion

The key objective of this study was to assess the situation of the child rights in study area with the overall purpose of informing the Theory Of Change and the concept of Cartias India's planned 'Kushal Bachpan' project.

The key findings of the research are summarized below as per different focus areas of the research.

Demographic profile

- The studied population in the eight districts of the four states of India belong to rural India who are largely dependent on subsistence agriculture and wage labour for their livelihood. Seasonal migration is also common considering the economic vulnerability of the households.
- In the three states, i.e. CG, RJ and MP, the respondents are tribal which is a bit different from traditional Hindu society. The tribal society is quite homogenous and equitable in comparison to UP, which represents another society where the households are from the different caste groups.
- The major source of lighting is electricity in most of the locations indicating expansion of electricity services even in the distant and remote rural locations. However, the major source of fuel for cooking still remains wood, as it is either free or inexpensive. This also signifies economic deprivation of the households as they do not have the capacity to purchase modern cooking fuel, i.e. LPG cylinders.
- The family structure is mostly nuclear which is a common characteristic of tribal society across the country. Joint family structure was also found in caste groups of OBC, General, SC and minorities.

Education

- High drop out rates is of the one key issues related to access to education in the study area which varied from 20-29% in all the four states. The drop out rate is higher amongst girls in comparison to boys which is as high as 46% in MP. Drop out rate of boys was also higher in CG and MP where it was around 35%. Further, the drop out rate is higher in 15-18 years age group than 11-14 years.

- While children losing interest in studies emerged as the major reason for children leaving school, however, discussions with teachers and other key stakeholders suggest that pressure on boys to contribute to family's income is the key underlying reason. For girls, secondary schools are generally out of the village and accordingly the drop out rate is high after primary levels. They dropout and contribute to household work and also prepare themselves for their adult life. Migration out of villages in search of livelihoods along with families, lack of learning environment at home and supervision by parents are also other key reasons for dropout of both boys and girls.
- Most of the girls feel bad about dropping out of school in comparison to boys. Overall, around half of children, mostly girls, are interested to join back school.
- There is limited awareness regarding career options amongst the children and most of them aspire to undertake common professions of teacher, police, doctor and around one-third is not sure.
- Children lack knowledge regarding vocational training, however, most of them are interested in undertaking such training if offered. Boys showed more interest towards computer training and girls towards sewing.
- SMCs in the schools are mostly inactive and there is lack of awareness amongst community members about their roles as SMC members. Most of the schools do not have adequate teachers which is severely impacting the quality of teaching in majority of the schools.

Health and Nutrition

- Children and their parents have a very basic understanding of the factors responsible for a healthy life and lack awareness of the other key factors that contribute to a person's health.
- Around 35 – 50% children do not have access to three meals a day, as they are limited to having two meals. This inadequate nutrition affects the development of children. Further, the diets include basic food components like grains and pulses and most of the children do not consume dairy products, meats and eggs, green and leafy vegetables and fruits. Most of the children lack access to balance and diverse diet.
- There is high incidence of common diseases in the study area, as around half of the children got ill in the last three months. While most of children had common illnesses like fever, headache, stomach ache and soar throat, the incidence of serious diseases is not clear. Children and their parents access treatment at government and private hospitals, however, a significant proportion of them (15%) still depend on unregistered medical practitioners (or quacks). Around 10% of the children faced problems in accessing treatment from government and private health clinics which were mostly related to financial constraints, poor quality of services and inappropriate behavior of the health staff.
- Around 6-9% of the children reported various levels of difficulties, as per Washington group of questions on disability, i.e. vision, hearing, walking, mental issues, self-care and communication. Most of the children reported to have received help from community members and were not facing any problems at the time of survey. However, a more focused study is required to assess the disability situation in the study area.

Mother and child health

- More than 90% of the expecting mothers plan to go for institutional deliveries. Around 75% of the mothers of newly born, i.e. babies upto 6 months, had institutional deliveries. This indicates high level of awareness and overall acceptance of the good practice of institutional deliveries. Government schemes promoting institutional deliveries by offering financial incentives may also impacted this behavior.
- Pregnant women and mothers of newly born had were mostly aware of the correct practice of initiating breastfeeding to the newly born baby within 8 hours of delivery or at the most within 24 hours.
- More than 3/4th of the pregnant women reported receiving government's antenatal services delivered by ASHA/ ANM on a regular basis. In UP, around 20% of the pregnant women reported not receiving these services. The antenatal services that women mentioned mostly relate to health check ups either at medical center or at homes and information related to healthy pregnancy by the ASHA/ANM. Most of the expecting women were not aware of the other antenatal services like provisioning of IFA and Zinc tables and Take Home Ration.
- Around 80% of the parents of the newly born are aware of the exclusive breastfeeding practice for newly-born

upto the 5 months, except in CG where more than 40% were not aware of this good practice. Further, parents also reported giving supplementary nutrition to children of more than 6 months age which is provided by the government.

- Around half of the parents reported regularly receiving supplementary nutrition meant for mothers of newly born while another 30% reported it receiving irregularly. Some gaps regarding this provision was reported in MP, RJ and UP.

WASH

- Majority of the children are aware of the some of the common methods of keeping water safe and reported those practices being adopted in schools and homes. Some of common ones include keeping the water in a clean vessel, covering the vessel properly and changing the water daily. However, awareness regarding chlorination was limited.
- At home, female members of the household are largely responsible for fetching drinking water as it is considered household work. However, in schools, it is the responsibility of the staff, male or female, who is assigned this task.
- More than 90% children have access to toilets in schools and around 70% in homes. In UP, access to toilets at homes has gaps wherein 47% reported not having toilets. In schools and homes where the toilets are available, most of the children use it on a regular basis.
- Around 80% of children reported having hand-washing facility with soaps at schools. At homes, most of the children reported using soaps for hand-washing before eating and after using toilets. However, around 10 to 20% of children do not use soaps always.

Child labour

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Child Protection Institutions

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