



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

Focus on Rehabilitation Services and Linkages with the POCSO Act, 2012





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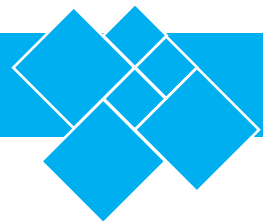
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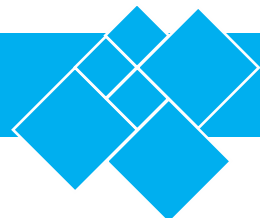
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Bangalore**

**Consolidated Report
of
Third Round of Regional Level Round Table Consultations
August 2017**







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BDO	Block Development Officer	DCPO	District Child Protection Officer
BLPCPC	Block Level Child Protection Committee	DLSA	District Legal Services Authority
CCI	Child Care Institutions	FIR	First Information Report
CH	Children's Home	HCC-JJ	High Court Committee on Juvenile Justice ICP Individual Care Plan
CICL	Child/ren alleged or found to be in conflict with law	ICP	Individual Care Plan
CJM	Chief Judicial Magistrate	ICPS	Integrated Child Protection Scheme
CMM	Chief Metropolitan Magistrate	IPC	Indian Penal Code
CINCP	Children in Need of Care and Protection	JJ	Juvenile Justice
CrPC	Code of Criminal Procedure	JJ ACT	Juvenile Justice (Care and Protection of Children) Act, 2000 or Juvenile Justice (Care and Protection of Children) Act, 2015, where applicable
CWC	Child Welfare Committee	JJB	Juvenile Justice Board
CWO	Child Welfare Officer	JMFC	Judicial Magistrate of the First Class
CSR	Corporate Social Responsibility	LSA	Legal Services Authority
DCPU	District Child Protection Unit	MIS	Management of Information Systems

List of Abbreviations



NGO

Non-governmental organization

OH

Observation Home

PO

Probation Officer

POCSO

Protection of Children from Sexual Offences Act, 2012

RTE

Right of Children to Free and Compulsory Education Act, 2009

SAA

Specialised Adoption Agency

SARA

State Adoption Resource Agency

SCPCR

State Commission for Protection of Child Rights

SCPS

State Child Protection Society

SH

Special Home

SIR

Social Investigation Report

SJPU

Special Juvenile Police Unit

SLSA

State Legal Services Authority

SOP

Standard Operating Procedure

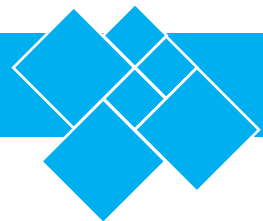
UNCRC

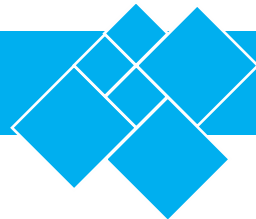
United Nations Convention on the Rights of the Child, 1989

VLCPC

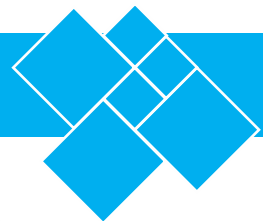
Village Level Child Protection Committee

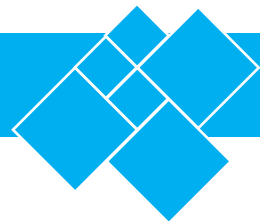






Consolidated Report
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The Round-table Consultations were born out of the Supreme Court's deep concern about the implementation of the Juvenile Justice (Care and Protection of Children) Act, 2000 (JJ Act, 2000). The need to bring all relevant stakeholders on one platform to map the problems and emerging issues, as well as identify workable solutions was one of the ways of triggering change on the ground. The focus has continued with the enactment of the Juvenile Justice (Care and Protection of Children) Act, 2015 (JJ Act, 2015).

The Round-table Consultations have been conducted under the aegis of the One-Person Committee on Juvenile Justice headed by Hon'ble Justice Mr. Madan B Lokur with the support of UNICEF India and technical support of the Juvenile Justice team at the Centre for Child and Law (CCL), National Law School of India University (NLSIU), Bangalore, assisted by law students¹.

Under the aegis of the Supreme Court Committee, regional consultations culminating in a National Conference were held with various stakeholders on the **Effective Implementation of the JJ Act** between July 2014 and April 2015 (Round I); and on **Strengthening Restoration and Rehabilitation of Children under the Juvenile Justice System** between August 2015 and July 2016 (Round II).

While the emphasis of the first and second consultation was primarily on the establishment of physical structures and institutions under the JJ Act, 2000, the need to focus on rehabilitation services was keenly felt as though it is the principal objective of the JJ Act (2000 & 2015), it is highly ignored area of implementation. Alongside rehabilitation, issues concerning the linkages between the JJ Act, 2015 and the Protection of Children from Sexual Offences Act, 2012, also began emerging. The focus of Round III of the regional consultations was therefore on **Rehabilitation Services and Linkages with the POCSO Act, 2012**. Consultations were held between November 2016 and July 2017 (Round III) in five regions. The details of the five Regional Round-table Consultations held in Round III and the profile of participants is contained in **Annexure 1**.

This report captures the progress reported by State Governments and Union Territories since Round II and the challenges and solutions identified by participants for rehabilitation of children in conflict with the law (CICLs); children in need of care and protection (CINCPs) and child victims of sexual offences; and linkages between the JJ Act and the POCSO Act. It reflects the key highlights of presentations/interventions that were made during this Round III and is indicative of the status of the functioning of the Juvenile Justice System around the country. It also highlights challenges that States continue to face and new challenges that have arisen and that demand concerted efforts to overcome.

This report merely illustrates the range of issues raised during the consultations and is not a comprehensive or evidence backed status report on the issue.

¹The members of the Team at the Centre for Child and the Law (CCL), NLSIU, Bengaluru who participated in the Regional Round-table Consultations and prepared reports are Arlene Manoharan, Swagata Raha, Shraddha Chaudhary, Monisha Murali, Anjali Shivanand, Aneesh Johny, Ganga Nair, Shreyas Rao. Law students who assisted in the report writing are Shreedhar Abhijit Kale, Palash Shrivastava, and Harjas Singh from NLSIU Bangalore; Roubie Sorkkar, School of Law - Christ University, Bangalore; and Priyamvada Singh, NALSAR, Hyderabad. The National Report has been written by Arlene Manoharan, Swagata Raha, Shraddha Chaudhary, and Monisha Murali.

II. Highlights of the Progress made on Effective Functioning of the Juvenile Justice System and Strengthening Rehabilitation and Restoration

One of the most tangible outcomes of the consultations has been the intense monitoring of the implementation of the JJ Act by the **High Court-Juvenile Justice Committees (HCC-JJ)** in all States, through regular review meetings with the concerned departments, functionaries, NGOs, and others. **Secretariats** have been set up or are in the process of being established to provide administrative support to the HCC-JJ.

Effective functioning of CWCs and JJBs

Most States reported having **constituted CWCs and JJBs** in all districts and making efforts to ensure that they were **fully functional**. **Vacancies** were **filled** in several States and steps were also taken to **reduce pendency**, by increasing the number of days of sittings, constituting additional CWCs and JJBs, ensuring that Principal Magistrates work full-time, and conducting **quarterly reviews** of pendency. **Adequate space, staff and infrastructure** was made available to CWCs and JJBs in some States. An effort has been made to ensure that **JJBs operate away from regular court premises** in some States. JJBs are also being **monitored** by the HCC-JJ in some States. **Capacity building** programs were conducted for CWCs and JJBs in many States.

Effective functioning of Child Care Institutions

Efforts to ensure **registration of Child Care Institutions (CCIs)** under the JJ Act were reported by several States. While **additional CCIs** were established in some States, establishment of the statutorily mandated CCIs were reported by other States. Few States have identified and established the 'Place of Safety'. **Management and Children's Committees** have been formed and requisite staffs and counsellors have been appointed within the CCIs in some States. To ensure **monitoring**, some States have constituted Inspection Committees. **Inspections** are also being conducted by judicial officers, DCPUs, SCPS, DSLAs, CWCs, JJBs, SCPCR, or BDOs in several States. Some HCC-JJ's are actively monitoring the functioning of CCIs. **Social audits** of CCIs have also been considered by few States. **Training and capacity building** of staff in CCIs has been conducted by several States. **Aadhaar cards and/or birth certification** has been done for children living in CCIs in few States. To improve the quality of care and services within CCIs, **MOUs** have been signed with **corporate entities** in some States.



II. Highlights of the Progress made on Effective Functioning of the Juvenile Justice System and Strengthening Rehabilitation and Restoration

Effective provision of Legal Services

Legal aid clinics and panels are attached to JJBs and CWCs in several States. **Legal awareness generation and sensitization programs** were conducted by SLSA/DLSA at the community/taluk level, and in schools and colleges. In some States, SLSAs extended support in the **rehabilitation of victims** of sexual offences by providing **compensation**. Some SLSAs have also taken the initiative to involve corporations and banks to support the rehabilitation of children .

Rehabilitation measures

Some States reported that **ICPs** are being **mandatorily prepared** for all children in the CCIs. Some States have involved the Management Committee, civil society organisations, or used a self-assessment tool for the preparation of the ICP. In few States, **training programs** were conducted for POs, LPOs, social workers, counselors and others to enable them to prepare SIRs and ICPs.

As regards rehabilitation of CICLs, **de-addiction Centres** and services are being provided for them in some States. Some States have ensured **linkages between different departments** to promote rehabilitation of CICLs through vocational training or skill development programs. Other rehabilitation measures include establishing programs to provide training in baking, electricals, painting, weaving and spinning Khadi, mobile repair, etc. **Right to education** is being ensured and **psycho-social services, medical care, and recreational activities** are being offered to CICLs in CCIs in several States.

As regards rehabilitation of CINCPs, de-addiction centres and services are being provided to them in some States. **Alternatives to institutionalization** such as adoption and foster care have also been resorted to in several States. **Right to education** is being ensured, and various **rehabilitative services** such as vocational training, medical services, and recreational activities are being offered to CINCPs within CCIs in several States.

Efforts were reported by States for **the repatriation and restoration** of children under the JJ system in coordination with other States and stakeholders. **Child Tracking System** was established in some States. **SOPs and guidelines** on different themes such as repatriation and restoration of trafficked children, child labour, non-institutional services, sexually abused children etc., and for the police have been developed by some States. Attempts have also been made to create **child-friendly police stations** and counselling centres within the police station in few States.

Steps have been taken by several states to **establish SJPU, SCPS, DCPUs, and Child Protection Committees** (CPCs) at the district, taluk and village level. **Training and awareness raising** through workshops on JJ Act and POCSO Act have been conducted across different target groups.

Details of the progress reported on the below-mentioned themes by individual States are contained in **Annexure 2**. The good practices that emerged from States and Union Territories is contained in **Annexure 3**.

III. Highlights of the Regional Round Table Consultations on Rehabilitation Services and Linkages with the POCSO Act, 2012

The focus areas of Round III were on the challenges faced in the course of linkages between the JJ Act, 2015 and the POCSO Act, 2012, rehabilitation of CINCP including child victims of sexual offences, and the rehabilitation of CICL including children alleged or found to have committed a sexual offence.

The need for coordination and convergence between the criminal justice system and the child protection system in aspects of compensation, age verification, care and protection, and the treatment of children in conflict with the law in cases under the POCSO Act emerged as key areas requiring attention. The narrow and rudimentary construction of rehabilitation for CICLs and CINCPs was also challenged by many stakeholders and experts working on child rights.

A detailed explanation of the issues and solutions are contained in **Annexure 4**. The highlights are as follows.

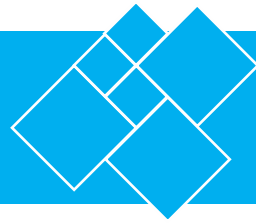
3.1. Issues and Recommended Solutions: Challenges in JJ Act -POCSO Act interlinkages

Several systemic, operational and attitudinal challenges that hindered linkages between the JJ system and the criminal justice system in the context of the POCSO Act, 2012 were identified by participants in the regional consultations. An overview of these challenges is as follows:

- **Lack of coordination** amongst stakeholders.
- **Need for linkage between Special Court/Magistrates and CWCs.**
- **Non-production of victims** before the **CWC** in requisite cases as per Rule 4(3) POCSO Rules and failure to report all cases to the CWC by police.
- **Social stigma** acts as a barrier for victims in accessing the criminal justice system.
- Delays in award and disbursement of **compensation**.
- Challenges presented by **“love” cases** i.e., cases in which the victim and the accused claim to be in a relationship.
- Problems related to **age verification** of victims and CICLs.
- **Acute support gap.**



III. Highlights of the Regional Round Table Consultations on Rehabilitation Services and Linkages with the POCSO Act, 2012



- **Multiplicity of proceedings** causing trauma to the victim.
- **Conflict between laws:** Whether the presumption under Sections 29 and 30, POCSO Act should be applied in cases involving a child in conflict with the law? Whether a child who is a victim under Sections 77 and 78, JJ Act, 2015 can be treated as a child in conflict with the law for possession of drugs under the NDPS Act, 1985? Treatment of two children involved in a relationship under the POCSO Act. Child marriage among tribals.

The solutions identified by participants to address the above challenges included:

- **Improving convergence and coordination** among stakeholders **through SOPs and uniform training modules.**
- Improving **convergence between the criminal justice system and child protection system** by recognizing the CWC's role in rehabilitation of child victim and the role of DCPUs and POs in monitoring the progress of CICL in the Place of Safety.
- **Enhancing the role performance of police through** sensitization, training, institutionalizing a policy of fixed tenures and creating a dedicated cadre of officers dealing with children.
- **Regular and periodic training** for all stakeholders.
- **Sensitization of judges**, including on matters related to award of **interim compensation** and **ensuring disbursal within 30 days.**
- **Support should be enhanced** through the empanelment of **Support Persons in every district, and the initiation of a Victim and Witness Protection program in every State.** One-Stop Centres (OSC) for women and children should be considered as they can serve as a single platform for information, shelter and legal and psychological support for child victims.
- **Creation of resource directories of experts and facilitating its dissemination to all authorities.**
- **Amending the law to** ensure that the child does not have to testify multiple times in multiple fora, - ie., the victim should be made to testify only once, and this testimony should be considered for all proceedings.
- **Ensuring that additional Special Courts are established** at the sub-divisional level and that Special Courts deal exclusively with POCSO cases. Where that is not possible, POCSO cases should be heard on a specific day only. Infrastructure should be made child-friendly, instead of using ad-hoc mechanisms to make existing courtrooms child-friendly.
- Ensuring child-friendly JJBs and Special Courts where safety of the child victim is ensured.
- **Ensuring timely disposal** through time bound investigation, trial and pendency reviews, exclusive Special Public Prosecutors, video-conferencing facilities, and by constituting additional JJBs or increasing the number of their sittings.
- **Age-determination** procedures under Section 94, JJ Act should be followed.
- Absence of exclusive CWPOs and SJPU in every district affects the way in which child victims as well as CICLs are handled.
- Challenges associated with **restoration of victim to the family in incest cases.**
- Absence of **database of service providers** and experts.
- **Lack of procedural compliance** with the POCSO Act.
- **Lack of child-friendly Special Courts and JJBs.**
- **Pendency of cases** in JJBs and Special Courts.
- **Mandatory reporting** affecting privacy and access to healthcare, including mental health services.

III. Highlights of the Regional Round Table Consultations on Rehabilitation Services and Linkages with the POCSO Act, 2012

➤ **Clarity on issues:**

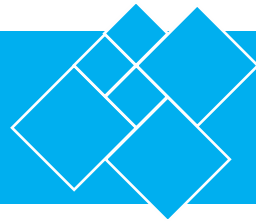
- With respect to application of presumptions, pursuant to Section 34(1), POCSO Act, and Section 1(4)(i), JJ Act, 2015, the presumptions under the POCSO Act will not apply while dealing with a CICL. Instead, the presumption of innocence under Section 3(i), JJ Act, 2015 and the best interest principle will apply.
- An exception like Rule 9(3), JJ Model Rules 2016 can be considered in the State Rules to clarify whether children used for peddling drugs can be treated as CINCP or as CICL. Section 64A, NDPS Act, 1985 on immunity from prosecution to addicts volunteering for treatment also needs to be implemented.
- Clarity is required on how to deal with cases in which the victim and the accused are both minors and willingly indulge in a sexual act, especially as to whether they are to be both to be treated as CICLs or as CINCPs, given the gender neutrality of the POCSO Act.
- To address tribal practices of child marriage, awareness about the POCSO Act and the adverse repercussions on the health and future well-being of the couple should be created among the community members.

3.2. Challenges in and Solutions for Rehabilitation of Children including Children who are Victims of Sexual Offences

- **Lack of provisions for rehabilitation** of child victims, except awarding compensation. Rehabilitation is a greater challenge when the accused or child alleged to be in conflict with the law lives in the vicinity or is a family member.
- **Rehabilitation of vulnerable groups** such as transgendered children, male victims of sexual abuse, children of sex workers, children addicted to substances, and mentally ill children is a challenge due to the absence of CCIs or expertise within CCIs to cater to their needs.
- There is confusion about dealing with **pregnant victims** as the child gets affected due to poor coordination between doctors, police, and courts. There is a need for guidelines on medical termination of pregnancy.
- **Non-institutional care programs such as Foster Care not functional** because of non-availability of foster parents and fit persons.
- **Inadequate professional rehabilitative services** due to paucity of trained Support Persons, interpreters, translators, special educators and other experts required to enable the rehabilitation of children.



III. Highlights of the Regional Round Table Consultations on Rehabilitation Services and Linkages with the POCSO Act, 2012



- The **negative attitudes** towards girls who have been victims of a sexual offence is a cause of concern as they are re-victimized after the incident and also not allowed to continue their education.
- Lack of **adequate number of CCIs, especially for children with special needs** results in poor rehabilitation and support to such children.
- **Difficulties in establishment of identity of the child** create problems during the admission of the child in various institutions like schools/colleges.
- There is a **need for a medical cell to cater to the needs of child victims** for testing for communicable diseases and HIV.
- **ICPs** prepared by the POs are of very poor quality, as they are largely prepared in a **mechanical manner without the required process work and individualized approach necessary** to ensure compliance with an ICP that is comprehensive, in the best interest of the child, and one that takes into account the views of the child.
- **Needs of children with disabilities not fully addressed.**
- **Attitudes of frontline persons** dealing with the child victim needs to be more sensitive.
- **Role confusion** impacts children's rehabilitation.
- **Restoration and repatriation** is a challenge because of poor coordination between stakeholders across States.

An overview of the Solutions identified for the above challenges is as follows:

- A **nuanced understanding of rehabilitation** is necessary. Rehabilitation should be age and case specific. A quality follow-up mechanism is necessary.
- Establishment of **Victim-Support Units**.
- **Family counselling** by trained and professional counsellors (appointed by a District level panel) to ensure the creation of family safety net to retain the child in family.
- **Rehabilitation of vulnerable children** by involving the community and linking families to poverty alleviation programs/ schemes. Homes for transgendered children and children with mental illness should be established.
- **Counselling and legal aid support** should be provided to pregnant victims. An SOP should be developed to outline the procedures to be followed in such cases.
- **Non-institutional care should be promoted.**
- **Trained mental health professionals** should be appointed in adequate numbers.
- Training should be provided on **preparation of ICPs**.
- **Medical examination** should be conducted in compliance with the guidelines issued by the Ministry of Health and Family Welfare.
- **De-addiction centres exclusively for children** should be established. Sufficient funding should be provided to these centres.
- **Attitudinal changes** should be effected through intensive training and capacity building.
- **Principle of fresh start in the JJ Act 2015** should be applied to victims of sexual offences as well.
- **Clear guidelines** will have to be provided to clarify the role of each stakeholder within the JJ system.
- **For smoother restoration and repatriation**, efforts have to be intensified for convergence and coordination between concerned stakeholders in both States.

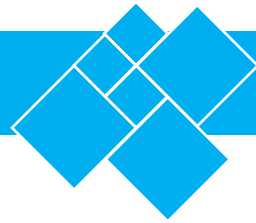
III. Highlights of the Regional Round Table Consultations on Rehabilitation Services and Linkages with the POCSO Act, 2012

3.3. Challenges in and Solutions for Rehabilitation of Children alleged and found to have committed offences including sexual offences

- **Lack of counsellors, psychologists, probation officers, special educators**, and others who can assess the emotional and mental needs of the CICL.
- **Absence of de-addiction centres exclusively for CICLs.**
- Children involved in **petty offences** fall through the cracks and do not receive any rehabilitative services.
- Non-compliance with Section 24, JJ Act 2015 dealing with the removal of disqualification on the findings of an offence affects job prospects.
- Lack of **after-care programmes**, especially given that the JJ Act 2015 does not provide for after care organizations.
- **ICPs and SIRs not prepared**; or if prepared, are not of good quality, and also not considered
- Absence of individualized **follow-up** of ICPs and rehabilitation plans.
- **Societal barriers** hinder social re-integration.
- **Delays in disposal** affect rehabilitation.
- **Absence of a professional Probation System for children.**
- CICLs involved in **adolescent relationships** are difficult to work with.
- **Preliminary assessments** are difficult because of lack of experts and scientific tools to assess mental capacity.
- **Lack of infrastructure** for CICLs such as Place of Safety, and OH in every district.
- **Lack of coordination and convergence** among Probation Officers and the police, and State Departments on vocational training and rehabilitation.

An overview of the solutions identified for the above challenges is as follows:

- Appointment of **trained and qualified Counsellors** in adequate number so as to ensure effective staff: child ratio.
- Exclusive de-addiction centres should be established for children under 18 years in every district.
- **Rehabilitative interventions** for CICLs repeatedly involved in **petty offences** should be designed and implemented.
- Section 24, JJ Act 2015 relating to removal of disqualification on finding of an offence should be strictly applied.
- States should develop an **effective after-care programme and post-release follow-up mechanism** to ensure social reintegration.
- **Rigorous training** should be provided to functionaries and stakeholders having the responsibility of preparing the SIR and ICP, including competence development in assessing, collecting information and basic communication skills..
- **Probation should be strengthened** and customized for CICLs.
- **Delays in disposal** by JJB should be addressed through constituting additional JJBs, additional sittings, etc.
- **CCIs for CICLs should be well-equipped and** provide quality rehabilitative services
- **Counselling** should be offered **to families** and community should be sensitized through the VLCPC and BLCPC so as to change their outlook towards CICLs.
- For preliminary assessment, in the absence of psychiatrist, a panel of mental health professionals should be constituted in each district to assess the mental capacity.



Challenges related to rehabilitation that continues to plague most States are:

- The **principle of diversion** under Section 3(xv) of the JJ Act, 2015 has **not been operationalized** by any of the States.
- Rehabilitation is narrowly construed to mean skills and vocational training and no efforts are made to individualize rehabilitation. **Mechanical preparation of ICPs** was highlighted as a problem that affected the individualized rehabilitation of children within CCIs. Some of the reasons stated were appointment of PO's on contract basis, POs are overburdened with other work (particularly those appointed under the PO Act) and therefore SIRs and ICPs are not prepared properly or in a timely manner. There is a difficulty in preparing SIRs for CINCPs hailing from other states, due to inadequate staff.
- Rehabilitation of **repeat offenders and children addicted to drugs/ alcohol** deserves closer attention. There is a compelling need for effective rehabilitation of these children and to ensure that de-addiction centres are created for or accessible to them.
- Non-availability of **rehabilitative facilities outside metropolitan cities** is a gap in most States.
- States stressed on the **need for strengthening education and vocational training**, enhancing medical and psycho-social facilities in homes, developing a pool of psycho-social professionals in the state, **and improving infrastructure facilities** to comply with standards of care.
- Rehabilitation of **children with disabilities** is hindered because of the low number of therapists and caregivers and the limited fund allocation for this category of children under the ICPS. There are insufficient after care homes and fit facilities for mentally challenged children. Rehabilitation and placement of special needs children in **non-institutional care** services is a challenge in most States.
- **Non-institutional care options for CICLs** such as sponsorship and after care have been difficult to implement.
- There is a **lack of an effective follow-up mechanism** to keep a check on the progress made by children who are being provided rehabilitation services, or the quality of such measures.
- Re-integration of children from other States is delayed because of lack of escorts and poor convergence and co-operation from the destination State officials.



Availability of infrastructure and adequate resources remains a challenge in several States

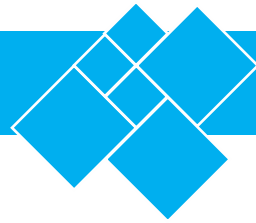
- **Lack of proper buildings for OH** in several districts and the unwillingness of people to give private buildings on rent for an OH emerged as a challenge in one state. JJBs continue to operate from regular court premises in several districts. In some States, the CH and the OH operate from the same premises and CICL and CINCP are not segregated. The **lack of proximity between the JJB** and the **OH** in some States complicates the transportation and production of children before the JJB and affects pendency.
- Most States have not identified **Places of Safety** and the identified homes have untrained staff and insufficient infrastructure.
- **Absence of adequate and trained child protection workforce** beyond the district level and at the **village and grassroots level** constricts outreach.
- **Frequent transfer** of the trained and sensitized CWPOs is a challenge in several States. There is an **inadequate number of SJPU**s in the JJ system. In some States, social workers have not been appointed in the SJPU.
- **Lack of female police officers** to investigate POCSO cases relating to girl children is also a challenge.
- There is a **lack of availability of experts** such as interpreters, translators, special educators and counsellors who can assist the CWCs and JJBs in most States.
- There is a **lack of trained and sensitive personnel, de-addiction facilities, and medical support within CCI**s. Focus of staff within CCI is on day to day affairs of the CCI; there is no vision plan for rehabilitation.
- **Prevention** of delinquency, abuse, exploitation has not received sufficient attention.

Lack of funds has affected the implementation of the JJ Act, especially the rehabilitation of children in the JJ system in the following ways:

- **JJ Funds** are **not made available** for rehabilitation of CICLs and CINCPs after they **leave CCI**s in some States.
- One State found it **difficult to pay the honorarium** to CWC and JJB Members because of which applicant turnout for these positions are low.
- **Police** are **not allocated sufficient funds** for intra-state and inter-state tracing, rescuing and repatriation of children in most States.
- **Absence** of a **budget provision** for **vocational training** in the ICPS and for hiring counselors/clinical psychologists directly affects the rehabilitation of children.
- Funds allocation for sponsorship and compensation are inadequate to provide relief to children who require it.

Support lacking from families and communities

- **Social stigma and non-acceptance of children**, especially CICLs, by their families and communities affects their social-reintegration.
- Identification of **“fit persons”** and **“foster parents”** is difficult, as **people are unwilling to come forward to play this role**.



Need for better convergence and coordination was stressed by most States as children are being **denied admission** by the parent State in cases of inter-state transfers, due to lack of coordination between the CWC, DCPUs and Children's Homes of the two States. Inter-state SIRs get delayed because of poor coordination, and in turn delays the rehabilitation initiatives.

Emerging concerns

- Mental health services are largely absent in CCIs for CICL and CINCPs. Children from both these groups who are victims of sexual offences require even more specialized services, which is largely unavailable.
- State Governments and law enforcement agencies are not equipped to prevent or respond effectively to cyber offences against children. There is an urgent need to have a dedicated police force trained in the JJA, POCSO Act and cyber sexual abuse; as such cases should not be dealt with by mainstream police force. This should become an integral part of fulfilling the state's commitment to the rehabilitation of children, requiring the coordination between MWCD and the Ministry of Social Justice. Cyber-crime is a complex issue, and requires specialization, particularly given that children are becoming radicalized on the one hand, and victims of pornography, etc. on the other.
- The POCSO Act has resulted in the criminalization of boys below 18 years who are involved in a sexual relationship with a girl below 18 years.
- Clarity is required with respect to termination of pregnancy, when the victim is below 18 years.
- The staff: child ratio continues to be a serious problem, which results in children not getting the individualized attention and care they are entitled to under the law. This is particularly given that many of these duty bearers have been vested with additional roles and responsibilities across various laws and schemes, and because of the vacancies and the additional charges that functionaries hold. This is a problem that is faced at all levels, given that there are no cadres for police, lawyers, judges, JJB (Principal Magistrate and Members), CWCs, probation officers, DCPOs, etc.



Looking back over the last two rounds of the Round-tables, the focus had been on physical infrastructure and awareness generation, given the reports about the abysmal conditions in the homes, and the urgent need for all stakeholders including the general public, to engage more deeply with the concerns and rights of children. The focus had gradually shifted a little from physical infrastructure to Rehabilitation of children, and now to the effective linkages with the POCSO Act, 2012.

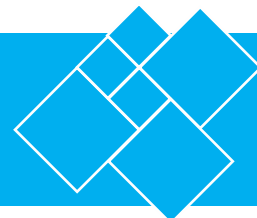
Over the two years, the stakeholders were, for the most part, able to come together and gain a sharper understanding of their role and functions in order to effectively achieve the legislative goals of the JJ Act, while also chalking out action plans and working towards their operationalization. Importantly, all duty bearers are now more open to acknowledge that there are problems and gaps in implementation, which is the first step towards transformative change. Some State Governments and civil society organizations also have taken very active interest to improve conditions, resulting in a gradual progress in terms of positive attitudinal change at the individual level, and systemic change at the macro level, both of which are incredible achievements; given that implementation of the juvenile justice law had not been a priority for decades.

There has been recognition that rehabilitation and re-integration of child victims as well as children alleged and found to be in conflict with law require much more investment in terms of human resources and individualized attention, has been a major step forward. Many research studies have been conducted by various institutions and organizations, which have added much value to informing field intervention, professional practice, policy clarity and system reform on various issues. Capacity building programs are being conducted across the states, and there is appreciation of the fact that this has to be an ongoing process in order to achieve competence, including attitudinal change and a shift in mind-sets. The need to effectively leverage technology to aid in the implementation of the Act is another issue flagged for the way forward. The efforts in moving towards Child Friendly Courts are also gaining ground. Some states have started organizing State level and/or District level consultative processes on the lines of the Regional Round-tables which augurs very well for taking forward the idea of collective dialogue and ownership of fulfilling the legislative goals through convergence. Hon'ble Justice Lokur requested the State HCC - JJ to facilitate these consultative processes with some degree of regularity, which he said will surely help to sustain and enhance the regional processes, with the kind of enthusiasm that is being generated.

Another key point that was highlighted by Hon'ble Justice Lokur was to identify the gaps and problems related to conflicting laws, to study them and identify solutions to resolve them.

While appreciating the efforts made by all the stakeholders, Hon'ble Mr. Justice Lokur also urged them to sustain their efforts in mission mode, in order to help realize the vision of the Constitution and the rehabilitative goal of the JJ Act. He also announced that UNICEF has made a commitment to continue supporting this process for one more round, which provides an opportunity to further facilitate and perhaps institutionalize these processes, in the interest of children.

Annexure 1: Details of Regional Consultations in Round III and Profile of Participants

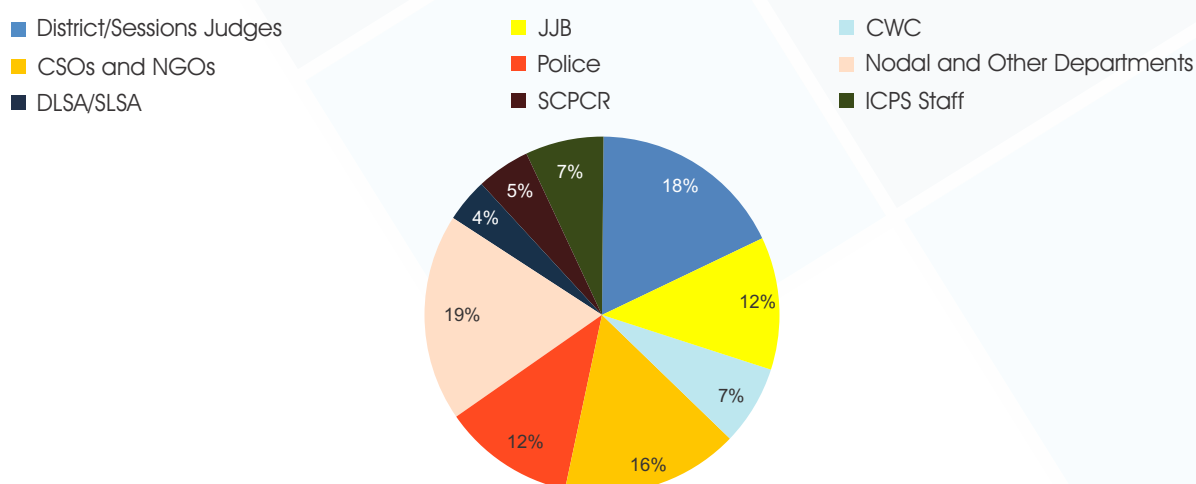


Details of Regional Round Table Consultations conducted in Round III on Effective Implementation of the Juvenile Justice (Care and Protection of Children) Act, 2015: Rehabilitation Services and Linkages with the POCSO Act, 2012

S. No.	Region	Date	Venue	Participating States
1.	North Eastern	26-27 November 2016	Assam Administrative Staff College, Guwahati.	Assam, Tripura, Nagaland, Arunachal Pradesh, Mizoram, Manipur, Meghalaya and Sikkim
2.	Eastern	11-12 February 2017	Hotel BNR Chanakya, Ranchi	Bihar, Chhattisgarh, Jharkhand, Odisha, West Bengal and Andaman and Nicobar islands
3.	West	22-23 March 2017	Gujarat State Judicial Academy, Ahmedabad	Delhi, Goa, Gujarat, Madhya Pradesh, Maharashtra and Uttar Pradesh.
4.	North	6-7 April 2017	Hotel Crowne Plaza, Sitapura, Jaipur	Chandigarh, Haryana, Punjab, Himachal Pradesh, Rajasthan, and Uttarakhand
5.	South	22-23 July 2017	Holiday Inn, Kochi	Andhra Pradesh, Karnataka, Kerala, Puducherry, Tamil Nadu and Telangana

The Regional Consultations were attended by a wide variety of stakeholders in the Juvenile Justice System. Approximately 150 participants attended each of them. Members of the respective High Court Committees on Juvenile Justice and a representative of the MWCD attended all consultations. Representatives of the nodal departments (Social Welfare, Social Defense, Juvenile Welfare, Women and Child, etc.) and judges of designated Special Courts constituted the largest group of participants followed by civil society organisations. In some consultations, representatives of the State Education Department, the Labor Department, the Department of Health and Family Welfare also attended. Participants also included Principal Magistrates and Members of JJBs, Chairperson and Members of CWCs, Chairpersons and/members of SCPCR, ICPS staff, representatives from the police, academicians, etc., working towards securing child rights.

STAKEHOLDER WISE REPRESENTATION OF PARTICIPANTS



*District/Sessions Judges includes ASJs, ADJs and Special Judges

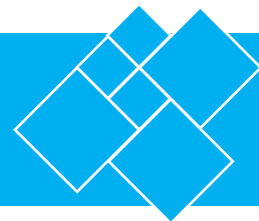
**JJB include members and Principal Magistrates.

Annexure 2: Details of Progress Reported by States and Union Territories

I. EFFECTIVE FUNCTIONING OF CHILD WELFARE COMMITTEES

- **CWCs have been constituted** in all districts of Andaman and Nicobar Islands, Andhra Pradesh, Chhattisgarh, Haryana, Himachal Pradesh, Karnataka, Kerala, Nagaland, Odisha, Rajasthan, West Bengal, and in 20 districts of Punjab. In Tripura, CWCs have been constituted in eight districts, out of which they are functional in four.
- **Adequate space, infrastructure and staff** have been provided for in CWCs in Bihar, Chhattisgarh, Odisha, and Tripura. Chandigarh has also ensured that the CWC operates in the Children's Home, in a child-friendly environment.
- **Vacancies in CWCs** have been filled in 12 districts of Gujarat. Counsellors have been appointed at CWCs in Delhi and Goa. In Assam, the process to plug the vacancies in the CWC was underway.
- Steps have been taken to **reduce pendency of cases** in Maharashtra. One additional CWC has been proposed in Khurda District, Odisha, due to case load. CWCs are sitting five days a week in three districts of Chhattisgarh. In Punjab, the pendency of cases before the CWC is reviewed on a quarterly basis. In Chandigarh and Himachal Pradesh, the pendency of cases is reviewed by the DM/DC on quarterly basis.
- **Capacity building programs for CWC members** have been conducted in Bihar, Delhi, Gujarat, Haryana, Himachal Pradesh, Kerala, Madhya Pradesh, Maharashtra, Manipur, and Rajasthan.
- **Rules pertaining to the eligibility criteria** was provided to the Selection Committees in Tamil Nadu in advance and transparency was maintained throughout the selection process.





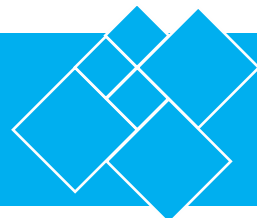
II. EFFECTIVE FUNCTIONING OF JUVENILE JUSTICE BOARDS

- **JJBs were established** in all districts of Andaman and Nicobar Islands, Andhra Pradesh, Chhattisgarh, Haryana, Karnataka, Kerala, Nagaland, Odisha, Punjab, Tripura, and West Bengal. In Chandigarh, a model JJB has been set up. 30 JJBs are functioning in Karnataka.
- **Vacancies** in the JJB were filled in Rajasthan, while new JJB members were appointed in Gujarat and Uttar Pradesh. Counsellors were appointed at the JJB in Goa and in the OH in Jharkhand. In Assam, a process of filling two vacancies was underway.
- **Adequate infrastructure** including IT equipment and manpower support has been provided to all JJBs in Bihar, Chhattisgarh, Gujarat, Haryana, Maharashtra, Odisha, and Tripura.
- An effort to ensure a **child-friendly ambience** within JJBs has been made in Chandigarh, Punjab and Sikkim. In 25 districts of Odisha, the JJBs operate away from court premises.
- States have taken several measures to reduce pendency.
 - **Sittings** of JJBs have been **increased** in districts with high level of pendency in Andhra Pradesh, Chandigarh, Chhattisgarh, Himachal Pradesh, Kerala and Punjab.
 - In Assam, a **study** was conducted on the pendency of cases before JJBs and the report was disseminated through a state level conclave.
 - **Additional JJBs** have been proposed in four districts in Odisha, based on the case load.
 - **Full-time dedicated Principal Magistrates** have been given **exclusive charge** of the JJB in Bihar and Rajasthan, in districts with high pendency.
 - In Maharashtra, the **pendency is reviewed** by the Principal District Judge and one clerk has been dedicated in JJBs where the pendency of cases is over 200. In Jharkhand and Bihar, the State High Level Committee has been constituted to monitor the pendency of cases. Special drives are conducted in Jharkhand at regular intervals to dispose cases pending for more than six months. In Himachal Pradesh, the Principal Magistrate is directed to send the monthly reports of pending case for more than three years to the HCC-JJ.
- **Measures to Monitor JJBs** include submission of periodic reports, and quarterly review meetings by HCC-JJ, SCPCR, concerned nodal departments- undertaken in Bihar, Himachal Pradesh, Jharkhand, Maharashtra, Rajasthan, Tamil Nadu and Uttar Pradesh.
- **Capacity building of JJB members** has been conducted in Bihar, Chandigarh, Goa, Haryana, Himachal Pradesh, Kerala, Maharashtra, Manipur, Odisha, and Uttar Pradesh. In Gujarat, as part of the capacity building programme, an online group forum has been created for JJB Magistrates which includes legal experts, members of judicial academy, and UNICEF. The group is meant to encourage Magistrates to share their experiences and queries.
- **Human resource gaps such as clerks**, data entry operators and other support staff in JJB have been addressed in Haryana, by appointing sufficient number of LPOs in the JJB.
- In Odisha, an **expert panel** has been constituted to identify **CICL lodged in adult jails**.

- **Selection Committee has been constituted** for appointment of JJB members in Chhattisgarh and Odisha. Rules pertaining to the eligibility criteria was provided to the Selection Committees in Tamil Nadu in advance and transparency was maintained throughout the selection process.

III. EFFECTIVE MANAGEMENT OF HOMES

- States have made earnest efforts to ensure the **registration** of the CCIs. Registration procedures for homes have been undertaken in Assam, Chandigarh, Chhattisgarh, Himachal Pradesh, Karnataka, Kerala, Nagaland, Odisha, Punjab, Telangana, Tamil Nadu, and Uttarakhand.
- **Establishment of CCIs:** 14 CCIs have been established in Punjab and 83 out of 121 homes are functional in Chhattisgarh. Observation Homes or/and Special Home have been established in Andhra Pradesh, Karnataka, Kerala, Meghalaya, Mizoram, Nagaland, Odisha and Rajasthan. Efforts towards identification and establishment of 'Place of Safety' have been undertaken in Mizoram (under construction), Nagaland, Odisha, and Punjab (under construction). It has already been established in Tamil Nadu, two districts in Andhra Pradesh, three districts in Telangana, and one district in Karnataka. In Chhattisgarh and Jharkhand, adequate infrastructure and staffs are provided in the OH for the protection of the children. Children's Homes and Observation Homes have been established in all districts except one in Kerala.
- **Additional CCIs** were established in Andaman and Nicobar Islands, Arunachal Pradesh, Bihar, Goa, Karnataka, Odisha and Uttar Pradesh. CCIs catering to **children with disabilities** and special needs have been identified/established in **Chandigarh**. Based on the direction of the HCC-JJ of Andhra Pradesh and Telangana, efforts have been initiated to establish Observation Homes in close proximity to the JJBs in both States. Construction of OH and CH is underway in two districts in Tamil Nadu.
- For the effective management of homes, **Inspection Committees have been constituted** in several States and UTs. The inspections of CCIs are conducted by a range of stakeholders such as Sub-Divisional Officer, Block Development Officer, DCPU, SCPS, DLSA, CWC, JJB, and/or SCPCR in Bihar, Chandigarh, Delhi, Goa, Puducherry, Rajasthan, and West Bengal. In Andaman and Nicobar Islands, the CCIs are monitored through a three tier committee system. In Himachal Pradesh, surprise visits are done by the judicial officers who submit the report to HCC-JJ. In Tripura, the monitoring of the CCIs is done by the Judges of the High Court. In Uttar Pradesh, the HC JJC passed a resolution in 2015 for the DWCD to conduct social audit of CCIs. In Maharashtra, Third Party Assessment and Grading of the CCIs has been proposed and a State level Social Audit Committee has been established. In Chhattisgarh, a Whatsapp group has been created for monitoring of CWCs, CCIs, DCPUs, etc. In Kerala, Observation Homes are regularly inspected by a nominated First Additional District Judge. CCTV cameras have been installed in Observation Homes in Andhra Pradesh and Telangana to monitor care and protection services provided to the children and to monitor the functioning of the staff. In Puducherry, the CCIs are monitored by JJBs/ CWCs/ Inspection Committees.

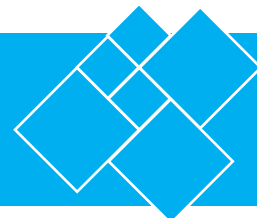


- **Establishment and regular meetings of Management Committees and Children's Committees.** In Tamil Nadu and West Bengal, Management Committee meetings are held in most CCIs. In Meghalaya, the Children's Committee was formed in the OH. Management Committees have been set up in CCIs in Haryana, Jharkhand, and Manipur.
- **Training and capacity building** of staff in CCIs is being regularly conducted in Chandigarh, Chhattisgarh, Delhi, Goa, Gujarat, Haryana, Himachal Pradesh, Madhya Pradesh, Maharashtra, Manipur, Punjab, Rajasthan and Uttarakhand. In Uttar Pradesh, exposure visit and exchange programs to other states of ICPS staffs of CCIs including LPOs, Social workers and superintendent has been scheduled at the instance of HC JJC. Counselors of CCIs are trained regularly in Karnataka.
- **Measures to improve the conditions in CCIs:** In Rajasthan, Protsahan Yojana has been launched to strengthen the CCIs. In Chandigarh, Childline number and contact details of important stakeholders are displayed in all CCIs. In Punjab, suggestion boxes have been placed in all CCIs. Gujarat has developed and implemented nutrition/diet charts in CCIs. Haryana, Himachal Pradesh, and Maharashtra have introduced biometric devices to record attendance of staffs in the CCIs.
- **Aadhaar cards for children and other such identity proof:** In Andhra Pradesh, Haryana, and Maharashtra, Aadhaar cards have been prepared for children in Children's Homes. In Delhi, measures have been taken to issue Aadhaar card and birth certificates for the children (whose age verification is done by the CWC/JJB). In Goa, birth registration of institutionalized children is facilitated.
- **CSR and civil society initiative:** MoU has been signed with various corporate entities and banks to improve the quality of care and protection of CCIs in the state of Goa, Gujarat, Maharashtra and Rajasthan. In Karnataka, the Special Home in Bangalore is run and managed by ECHO (NGO) in partnership with the WCD, along with CSR and technical support from UNICEF.
- **Appointment of requisite staff** in CCIs was reported by Chhattisgarh, Gujarat, and Jharkhand. In Delhi, 500 posts of Educational Vocational Guidance Counsellors were sanctioned to provide rehabilitation and vocational training for the children. Rehabilitation-cum-Placement Officers are designated in all CCIs in Chandigarh. In Tamil Nadu, 268 vacant posts in various categories in government CCIs were filled, and 176 of these posts were filled exclusively with discharged children of CCIs. In Kerala, counselors, educators and tutors are appointed in all state run Children's Homes and psychologists are appointed in all Shelter Homes for victims of sexual offences. In Telangana, counselors and doctors have been appointed in Observation Homes.
- The OH in Chennai, Tamil Nadu has **video-conference facility** and is linked with five JJBs.
- Efforts to establish **drug de-addiction centres** and to create awareness about drug abuse have been undertaken by Delhi. Five de-addiction centres in different hospitals are operational.
- Some states have taken several efforts to strengthen **aftercare systems:** In Uttar Pradesh, Sections 51 and 52 of JJ Act, 2015 are implemented and the DPOs have to rigorously identify fit institutions/fit persons in every district, whose credentials are then duly verified by the CWCs.

IV. EFFECTIVE LEGAL SERVICES

- **Legal aid clinics and panels** were established by SLSAs in Arunachal Pradesh, Maharashtra, Manipur, Mizoram, Punjab (certain districts), Tripura, and Uttarakhand. Further,
 - Legal aid clinics were **attached to the JJBs** in Andhra Pradesh, Chandigarh, Chhattisgarh, Delhi, Haryana, Jharkhand, Kerala, Maharashtra, Punjab, Rajasthan, Tripura, and Uttarakhand. Similar initiatives are underway in Arunachal Pradesh and Manipur. Legal aid services were provided to CICLs in Arunachal Pradesh, Delhi, Haryana, Maharashtra, Manipur, Punjab, Tamil Nadu, Tripura, and Uttar Pradesh.
 - Legal aid clinics were **attached to CWCs** in Chhattisgarh and Tripura, and efforts to establish them was underway in Manipur. Legal aid services were provided to CINCPs in Delhi, Arunachal Pradesh, Haryana, Manipur and Tripura.
 - Details of Legal Aid Lawyers deputed to the legal aid clinic in JJBs are made available to police stations, JJBs, and OH in Kerala.
- **Legal awareness generation and sensitization programmes** were reportedly conducted by SLSA/DLSA in some states:
 - Community/ Taluk level awareness camps were conducted in Haryana and Rajasthan.
 - School/College level awareness generation programmes were held in Haryana, Manipur, Punjab, and Sikkim.
 - SLSA opened Legal Literacy Clubs in schools and colleges in Sikkim.
 - Training and sensitization of empanelled lawyers was conducted/planned in Chandigarh, Delhi and Haryana.
 - Awareness programs on child marriage, child labour, and other child abuse issues all the way down to the Taluk level were conducted in Karnataka





- **Honorariums for Legal Aid Lawyers (LALs):** Uttar Pradesh plans to draw the honorarium for LALs from the ICPS.
- **Assistance in rehabilitation** was provided by SLSAs by providing compensation to the victims of sexual offences under the POCSO Act in Delhi, Himachal Pradesh, Jharkhand, Maharashtra, Punjab and Rajasthan.
- **Training** of stakeholders was conducted by SLA in collaboration with other stakeholders in Bihar, Chhattisgarh, Delhi, Gujarat, Himachal Pradesh, Jharkhand, Maharashtra, Manipur, and Sikkim.
- **Para-legal Volunteers (PLVs)** have been appointed in Jharkhand, Manipur, Punjab, Rajasthan, and Tripura. In Kerala, PLVs visit the OH/SH and CCLs to provide assistance to children residing in them. PLVs in Karnataka have been trained as Support Persons.
- Other initiatives taken by SLSAs in several States:
 - In Chandigarh, 32 children were identified inside the Model Jail of Chandigarh and were shifted to the OH with the help of the SCPCR, SLA and UT Child Protection Society.
 - In Goa, there was a scheme through SLA to involve corporate houses through their CSR requirement, for rehabilitation of children.
 - In Punjab, the SLA has assisted with the Aadhaar registration of children of construction workers employed in brick kilns under the ICPS.
 - In Rajasthan, a MoU has been signed with the Union Bank of India and the Rajasthan SLA, and as a part of CSR, the bank provides Rs. 17 Lakh for the improvement of the OH in 2 districts of Rajasthan.

V. SOCIAL INVESTIGATION REPORTS AND INDIVIDUAL CARE PLANS

- SIRs are prepared in the states of Chandigarh, Chhattisgarh (with the help of NGOs), Goa and Meghalaya.
- ICPs are prepared for all children living in the CCLs of Chhattisgarh and in all Children's Homes in Kerala. In **West Bengal, a participatory self-assessment tool "Shakti" has been developed for preparing the ICPs.** In Punjab and Chandigarh, the ICP is prepared after discussing with the Management Committee. **Civil society organizations are involved for preparing ICPs in Goa.**
- **Training programs** for the POs, LPOs, social workers, cases workers, counselors and other stakeholders on preparation of SIRs and ICPs were conducted in Andhra Pradesh, Chhattisgarh, Karnataka, Tamil Nadu, Telangana, and Uttar Pradesh.

VI. REHABILITATION OF CHILDREN IN CONFLICT WITH LAW IN HOMES

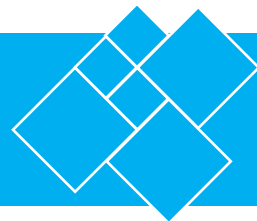
- **De Addiction Centers** and services are provided for the CCL in the state of Arunachal Pradesh, Chandigarh, Delhi, Goa, Maharashtra and Sikkim.
- In Arunachal Pradesh, instructions have been issued for creation of the JJ Fund for rehabilitation of CCLs.

Annexure 2: Details of Progress Reported by States and Union Territories

- State Governments have forged linkages with various departments, Skill Development Corporation and others for the **rehabilitation of CICL**, to provide vocational training, in the states of **Arunachal Pradesh, Jharkhand, Chhattisgarh, Sikkim, Meghalaya, Tamil Nadu, and Odisha**. In **Maharashtra** CICL were provided training in electrical and painting. In **UP**, Skill Development Programs has been initiated. In **Delhi**, a bakery unit, training centre for weaving and spinning Khadi and mobile repairing is set up within the OH. In **Chandigarh**, Special Training Centers are being run in the OH.
- In Uttar Pradesh, a three day motivational session on “Initiative of Change” was held for the functionaries of OH to address the problem of children running away from the OH.
- Various rehabilitation services are provided in the OH/ Special Homes/ Place of Safety:
 - **Educational facilities** in CCIs have been provided in the states of Chandigarh, Chhattisgarh, Delhi, Kerala, Maharashtra, Meghalaya, Odisha, and Sikkim. In Andhra Pradesh, CICLs are encouraged to focus on their studies, and some children have even qualified competitive exams and attained professional degrees. In Kerala, educators and tutors have been posted in all children’s homes.
 - **Psycho-social services** have been provided in Arunachal Pradesh, Delhi, Maharashtra, and Manipur. In Andhra Pradesh, CICLs are given regular counselling and psychiatric care. In Telangana and Kerala, all observation homes are now equipped with professional counsellors and full-time doctors.
 - **Other activities** (including sports, yoga, music, etc.) are organized in Delhi, Chandigarh and Goa.
 - In Chandigarh and Haryana, **medical services** are provided to CICLs in coordination with the Government medical college and PGI and Government Medical Specialty Hospital. In Delhi, and a Mental Health Unit exists in all homes meant for CICLs.
 - ‘Kaval’ project has been initiated in three districts Kerala for rehabilitation of CICLs with the assistance of the judiciary, DCP, Police, NIMHANS and civil society. In Kerala, CICLs booked under the MV Act are being given responsible driving training.
 - **CSR and other initiatives:** In Tamil Nadu, private citizens came together to sponsor training in bakery activities at the observation homes in Chennai
 - Himachal Pradesh provides rehabilitation assistance of Rs. 20,000/- under the Mukhya Mantri Bal Udhar Yojana to children discharged from the CCIs, including the OH/ Special Homes, to start a small enterprise for their livelihood.

VII. REHABILITATION OF CHILDREN IN NEED OF CARE AND PROTECTION IN HOMES

- **De Addiction Centers and services** are provided for the CINCP in the States of Arunachal Pradesh, Chandigarh, Delhi, Goa and Sikkim.
- **Alternatives to institutionalization:** States such as Chandigarh, Goa, Haryana, Himachal Pradesh, Jharkhand, Kerala, Punjab, Rajasthan, Uttar Pradesh, and Uttarakhand have provided rehabilitation to the CINCP through adoption or foster care. Sponsorship support (both rehabilitative and preventive), were provided to children in Odisha. The HCC-JJ in Tamil Nadu has issued instructions to District Courts to expedite adoption cases. The Karnataka Government has started a policy of focused family counselling to families of victims to ensure social reintegration is easier. Tamil Nadu has taken to foster care schemes with vigour.



- Various rehabilitative services are provided to the CINCP
 - **Educational services:** Arunachal Pradesh, Assam, Bihar, Chandigarh, Delhi, Goa, Himachal Pradesh, Kerala, Tamil Nadu, Telangana, and Uttar Pradesh (alternative education).
 - **Vocational training:** Arunachal Pradesh, Delhi, Haryana, Himachal Pradesh, Madhya Pradesh, Maharashtra, Meghalaya, Punjab, Rajasthan, Tamil Nadu, Telangana, Uttarakhand, and Uttar Pradesh
 - **Medical services:** In Haryana, medical services are provided with the help of Government Medical College and Hospital. In Himachal Pradesh and Uttar Pradesh, a Health Card is prepared for all children in the CH and in Himachal Pradesh, sanitary napkins are distributed to all girls.
 - **Mental health:** In Kerala, counselors have been appointed and trained in all Children's Homes. Psychologists have been appointed in all shelter homes for victims of sexual abuse in Kerala. Counsellors within the DCPU in Telangana are providing counselling support to victims of child sexual abuse. In Tamil Nadu, Sakhi Centre, an NGO is also providing support to the victims of child sexual abuse.
 - **Other services** (including sports, yoga, meditation, gardening, kitchen etc.): Chandigarh, Punjab, Rajasthan, Uttarakhand, and Uttar Pradesh.

VIII. ROLE OF POLICE, PROBATION OFFICERS, RESTORATION AND AFTER CARE

- **Aftercare programs:** In Mizoram, two separate aftercare homes were established for boys and girls. In Assam, sponsorship program was operationalized.
- **Repatriation and Restoration:** Efforts were reported to improve coordination between State Governments and various stakeholders for **the repatriation and restoration** of children under the JJ system by Bihar, Chhattisgarh, Gujarat, Goa, Haryana, Jharkhand, Maharashtra, Odisha, Uttarakhand, and West Bengal.
- **Child Tracking System** was established in the states of Bihar, Gujarat, Maharashtra, Uttarakhand and West Bengal for the rehabilitation and restoration of children.
- Guidelines/SOPs developed by some States:
 - **Odisha** drafted a **compendium of all police circulars** and orders related to women and children and included JJ Act 2015 in the pre-service and in-service training module for training programs conducted in the State Police Academy.
 - A SOP has been developed by Delhi government on the **expeditious repatriation and restoration of trafficked children**.
 - A SOP for **child labor, non-institutional services, sexually abused children and effective management of homes** has been prepared in Chandigarh.
- **Role of Police:** In Odisha, an Integrated Reception Centre and counselling center has been set up in Police Stations. In West Bengal, there is one child-friendly police station functioning in one police station in every district. In Kerala, child-friendly police stations have been initiated.

Annexure 2: Details of Progress Reported by States and Union Territories

- Role of Probation Officers: Regular follow up visits are being made by the outreach workers/ social workers/ POs in Chhattisgarh, Delhi, Goa, Gujarat, and West Bengal. Two Regional Probation Officers and one Chief Probation Officer have been newly appointed to strengthen the probation system in Tamil Nadu.

IX. PROGRESS MADE IN OTHER AREAS

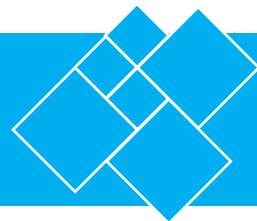
Measures to improve convergence

- Meetings of key stakeholders under the JJ Act are held on a quarterly basis at the district and regional level in Karnataka.
- The Karnataka SCPCR is facilitating the formulation of SOP on Convergence under the POCSO Act for the police, medical practitioners, CWCs, prosecutors, and Support Persons.

Establishment of statutory bodies:

- SJPU were established in all districts in Andaman and Nicobar Islands, Nagaland, Odisha, and in 39 districts in Tamil Nadu.
- CPCs were formed at District, Taluk, and Village level in Bihar, Chhattisgarh, Haryana, and West Bengal.
- DCPUs are functional in all districts of Telangana.





Establishment of dedicated Special Courts

- Two child-friendly POCSO Courts have been setup in Bengaluru (rural and urban) by the HC - JJC and the DWCD-Karnataka. Land has been allocated for setting up the exclusive POCSO Court complex in Bengaluru city.

Training and awareness raising:

- Sensitization workshops on the JJ Act and POCSO Act have been conducted across different target groups in Andhra Pradesh, Bihar, Chhattisgarh, Delhi, Goa, Haryana, Kerala, Maharashtra, Karnataka, Madhya Pradesh, Manipur, Telangana, and Uttar Pradesh and West Bengal.
- Training has been provided to SJPU by NIMHANS and the Police Academy on psychology of POCSO victims and CICLs in Kerala.

Surveys, Indicators, Guidelines, and Directions

- Delhi Government has notified the JJBs and the CWCs to issue **orders in respect of delayed birth registration of children** whose age verification is done by them. On directions from Delhi HC JJC, a survey was conducted of street children using drugs, with support of AIIMS and NGOs. The findings have been taken up by the Inter Sectoral Coordination Committee under the chairmanship of the Chief Secretary.
- **SOP on gender based violence** has been developed in Odisha.
- Rajasthan has notified **child friendly indicators for all authorities working under the JJ system**. Guidelines have also been issued to hospitals and maternity centers to curb illegal practice of adoption, and to DCPUs for compliance of minimum standard of care in CCIs.
- Maharashtra has issued guidelines on procedures to be followed by CWCs for institutionalization of children, through a circular.
- Uttar Pradesh has issued comprehensive **guidelines on foster care and sponsorship** acknowledging the Central Guidelines in December 2016.
- West Bengal has launched "The **State Plan of Action for Preventing and combating Human Trafficking in Women and Children**". A MoU has also been signed by West Bengal with the state of Maharashtra to combat human trafficking.
- State Guideline has been issued for strengthening and training the CPC in West Bengal and Bihar.

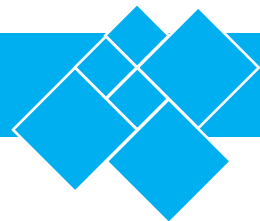
Other measures:

- In Madhya Pradesh, an **improved Management Information System MIS- Anmol 2** was introduced.
- In Uttar Pradesh, **Health Cards are designed and circulated for children** with a detailed and elaborated format to conduct health and nutritional check-up.
- The GNCT of Delhi undertook a **medical screening of school children and detected children suffering from drugs/substance abuse**.

Annexure 2: Details of Progress Reported by States and Union Territories

- **Secretariats for the HCC-JJ** has been established for effective functioning and monitoring of stakeholders in Haryana, Karnataka, Manipur, Odisha, Punjab, Rajasthan, and Uttar Pradesh, and is underway in Himachal Pradesh, Meghalaya, and Kerala. A Juvenile Justice Cell has been established in Chhattisgarh to assist the HCC-JJ in monitoring the JJ Act.
- Rajasthan has established an **independent “Department for Child Rights” which is the nodal department** for protection of children. A Child Resource Centre has been established as a joint initiative of RSCPS and HCM RIPA to address the training needs of JJ functionaries.
- A **Centre for Child Protection (CCP) has been established in Sardar Patel University for Police, Security and Criminal Justice, Rajasthan to mainstream child protection in academia. A certificate course on child protection** is run by CCP for Police and CWCs.
- The Delhi Government expanded the scope of **vocational training for children by including food production and management**, through project *Bawarchi*.
- **District Action Plans have been prepared and operationalized by DCPUs in all districts of** Telangana.
- Uttar Pradesh has signed a MoU with the Rural Livelihood Mission and National and State Development Mission for rehabilitation of vulnerable women and children.
- In Maharashtra, JJ Fund has been enhanced to 49.15 lakh in order to support medical needs, higher education and other rehabilitation needs of children.





Andhra Pradesh

- An e-learning module on the JJ Act, 2015 has been created for the police to comprehensively explain the procedures and terminology and sensitize stakeholders through video lectures, and reading materials. A test is administered in the end of which a certificate is issued, if the person passes the test. The test is mandatory for CWPOs and those within the SJPU.

Arunachal Pradesh

- Two drug de-addiction centres have been established and three more are proposed as a measure for rehabilitation of CICLs.

Assam

- IEC materials have been developed on child sexual abuse, including a radio jingle that is aired via AIR and local FM channels.
- Study on pendency of cases of CICLs IN JJBs has enabled policy and programme action to reduce pendency significantly.

Bihar

- The State Government signed a MOU with various NGOs to implement the Community Based Approach (CBA) program on pilot basis to address the issue of trafficking and unsafe migration.

Chandigarh

- A Child Protection Working Group has been created under the chairpersonship of the Secretary- Social Welfare, to develop standardized formats for stakeholders involved in cases of sexual offences, and to ensure timely intervention.

Chhattisgarh

- The Chairman & Members of the Juvenile Justice Committee have conducted random visits/inspections of Observation Homes in order to improve the living conditions prevailing there in Observation Homes. The shortcomings found during the inspections have been mentioned in the form of a Check List/Questionnaire and the same was forwarded to the State Government with the request to take expeditious steps for the removal of shortcomings.
- Ullas, an annual function for children living in CCIs is conducted during the child rights week. Children living in all CCIs in the state were called to the state capital and competitions in 36 activities were conducted. 700 children were taken on jungle safari, to the mall and for a movie.

Delhi

- Five De-Addiction Centres in different hospitals in Delhi became operational, each with five beds apart from 20 beds for referral purposes at the Institute of Human Behaviour and Allied Sciences (IHBAS). Additionally, Deen Bandhu Hospital has created a ward of 30 beds for detoxification of children, including five beds exclusively for girls.

Goa

- Several innovative models have been institutionalised such as a Going to Court Programme, a Socio Legal Cell, and a Victim Assistance Unit/ One Stop Centre for holistic support of the child victims.

Gujarat

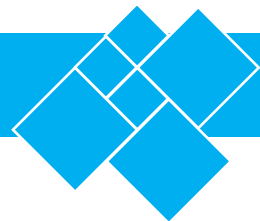
- A State wide one month long campaign against Child Labour 'Sahiyari Kooch' , i through awareness and governance in collaboration with the departments of Education, Social Justice and Empowerment, and Home, etc. has been initiated with support from UNICEF. Grievance redressal, 1098, rehabilitation mechanisms and schemes for children rescued from or identified as child labourers were widely publicized and explained to duty bearers, officials from convergent departments and trade unions, small and medium enterprises (SMEs) etc. Over 200 children were rescued from child labour during the month long campaign.
- The Social Justice and Empowerment Department has used the Public Private Partnership model to leverage CSR resources for infrastructure support to improve living conditions of children in **CCIs**. It has also actively reached out to different corporates and business houses to enhance standards of care at CCIs.

Haryana

- DWCD- Haryana organized a visit to Surajkund International Craft Mela at Faridabad for 3500 children living in CCIs. The children got an opportunity to interact with various artists from different States/countries, and an exposure to various craft items, different cultures, customs, and language.

Himachal Pradesh

- The National Institute of Electronics and Information Technology (NIELIT) is providing placement-linked computer-based vocational training to 18 CICLs in an OH at Una to equip them with skills required to earn their livelihood upon release



Jharkhand

- An E-Inquiry facility has been established in four Observation Homes covering 17 districts to facilitate time bound disposal of cases by the JJBs.
- A “Jharkhand Module” has been created to support selected CICLs in starting a partnership firm on attaining 18 years.

Karnataka

- Child Protection curriculum has been introduced in Colleges of Social Work with the objective of contributing to the building of a cadre of trained social workers to aid in the effective implementation of the Child Protection Laws.

Kerala

- “Our Responsibility to Children” project (ORC) has been implemented in 304 schools to create a safe and nurturing environment for children.
- Training on responsible driving is provided to CICLs booked under the Motor Vehicles Act.

Madhya Pradesh

- A Pilot Project was initiated in Jabalpur to provide vocational training in the area of Horticulture, Mobile Repairing, Training for work at Petrol Pumps, Band Training, Music and Cultural Training, making of Envelopes and handicrafts, preparing Rakhi and greeting cards, earthen lamps (diya), agarbattis, candles, clay art, etc., for children at the OH. The money earned is deposited in the joint account of the child.



Maharashtra

- CHIRAG (Child Helpline for Information on their Rights and Address their Grievances) a mobile application was developed by the MSCPCR which is now available on the Android platform **to popularize the** services provided by the MSCPCR and also lodge complaints on offences against children. This app. provides an easy easily accessible forum for adults and children across the state to directly connect and complain about any incidence of violation of child rights and to enable access to the recommendations and information about the Commission.
- The Manodhairya Scheme was formulated by GoM for the rehabilitation of child victims of sexual offences under the POCSO Act. A onetime financial assistance ranging from Rs 50,000 to 3 lakhs is provided to victims of acid attack, penetrative sexual assault and aggravated penetrative sexual assault, and rape.

Manipur

- Directories and standing orders of the Manipur police have been published by the Manipur SLSA. Details of JJBs, CWCs, DCPUs, CWOs, police, Children's Homes, NGOs is included in the directory.

Meghalaya

- Awareness drives and street plays on child rights and issues related to children have been conducted in public places like markets, parking lots, etc.
- DCPUs are processing birth certificates for children residing in CCIs

Mizoram

- An SSA School has been established within the premises of the Special Home in Aizawl.
- Two separate after-care homes for boys and girls have been established in Aizawl.

Nagaland

- A multi-disciplinary team has been constituted at the State level and district level to take suo-motu cognizance of incidents of child sexual abuse.

Odisha

- A ranking system has been developed for CCIs to promote standards of care and encourage the competition among the CCIs and motivate them to comply with the standards of care. The ranking system is based on four broad criteria - (i) Outcome for children (ii) Human Resource and Capacity Building (iii) Infrastructure and functionality (iv) Governance and compliances. The District Level Project Appraisal Committee (DLPAC) use the CCI ranking to recommend the best CCI in the district for Grant in Aid.

- “Shishu Suchana” is an online comprehensive IT management software which enables to multiple stakeholders under the ICPS such as the JJBs, CWCs, DCPUs and SJPU to manage the data pertaining to CINCP and CICL, aid in generation of reports and facilitate analysis of data. Agencies can track the detail record on inflow of children, their stay in CCI, exit details and other vital information

Punjab

- POCSO E-Box awareness is given in all schools and more than 875 schools were covered by the DCPU.
- The SLISA has assisted with Aadhaar registration of children of construction workers employed in brick kilns under the Integrated Child Development Scheme.
- PLVs have been deputed for identification of child labourers or bonded labourers so to ensure rescue, release and rehabilitation of such children.

Puducherry

- One Stop Counseling Centre with JIPMER and One Stop Crisis Centre for POCSO cases has been established in the Rajiv Gandhi Government Hospital.



Rajasthan

- An independent "Department for Child Rights" has been established and is the nodal Department for Protection of Children.
- A Child Resource Centre (CRC) has been established as a joint initiative of Rajasthan State Child Protection Society & HCM RIPA to address the training needs of JJ functionaries.
- A MoU was signed by the Union Bank of India (UBI) with the Rajasthan State Legal Services Authority based on which UBI will provide Rs. 17 Lakh for the improvement of facilities at Observation Homes in Jaipur and Ajmer as part of CSR.

Sikkim

- For generating awareness amongst the students, Sikkim SLSA has published text books titled 'Lessons in Law' which is a regular curriculum in all Government run Schools for Class IX and XI. Chapters on JJ Act and POCSO Act is included in the text.
- Child Protection Services (formerly ICPS) Sikkim has initiated a programme called Students against Abuse and Trafficking (SAAT) by forming Clubs in Schools and Colleges to generate awareness on sexual abuse and human trafficking

Tamil Nadu

- In Salem city, Project-Udhayam has been launched to create a model of a child-friendly police stations with support from UNICEF. The aim is to ensure that the structure, procedure, and attitude of the police personnel is child-friendly and such police stations foster community connection and coordination. 17 police stations in Salem are striving to be child-friendly based on 21 indicators. Community outreach programs are also organized by the police station on issues related to children. Trained CWPOs and personnel from SJPU have sensitized 300 peer educators in schools in Salem city as on 14.07.17 and aim to cover 3000 children.

Telangana

- Bharosa, an initiative of the Hyderabad City Police, provides integrated support and assistance to women and children affected by violence under one roof. It facilitates immediate, emergency and non-emergency access to a range of services including medical, legal, psychological, counselling and rehabilitation. It has a video-conferencing facility to record statements of victims under Sections 161 and 164, Cr.PC. MOUs are in place with NGO-run shelter homes and victims are connected to these shelter homes.

Uttarakhand

- A one day trip was organized for 58 girls of a CH. They were shown the film 'Dangal' in a theatre. Other field trips were organized for these children to different tourist places such as the Dehradun zoo, Jogeshwar temple etc.

- The state government has made convergence with various departments for the rehabilitation and repatriation of child trafficking victims.

Uttar Pradesh

- The State Government has developed Bal Samman Fund- an online process where the police, Medical Officers submit reports online and within 15 days of FIR registration, compensation is deposited directly to the victim's account. Education and medical expenses are also paid.

West Bengal

- An initiative "Swayamsiddha" by the police, NGOs, PRI representatives, schools and district administration has been developed to create awareness, obtain timely information and prevent child trafficking.



3.1. Issues and Recommended Solutions: Challenges in JJ Act -POCSO Act interlinkages

Several systemic, operational and attitudinal challenges were identified by participants in the regional consultations that hindered linkages between the JJ system and the criminal justice system in the context of the POCSO Act, 2012. An overview of the challenges is as follows:

- **Lack of coordination amongst stakeholders:** A common issue across States was the lack of coordination between various stakeholders such as the police, the CWCs, support persons, the JJBs, the DCPUs, and so on, leading to inefficiency and lack of clarity in roles. There is a multiplicity of organisations dealing with the child in some States with little coordination between them, and this hampers rehabilitation. Convergence is also required between the JJBs and CWCs for rehabilitation of CICLs who are also in need of care and protection.
- **Need for linkage between Special Court/Magistrates and CWCs:** At present, most Special Courts and Magistrates are not aware of the roles and responsibilities of CWCs towards ensuring care and protection of child victims. They have restored child victims to their families without the CWC's involvement or their inquiries.
- **Non-production of victims before the CWC and reporting by police:** A recurring issue is the police's failure to produce children before the CWC in requisite cases. Further, Section 19(6) of the POCSO Act is not being adhered to, and information about offences is not being sent to the CWC within 24 hours by the police, in most States.
- **Social stigma as a barrier in accessing the criminal justice system:** Social stigma attached to sexual offences discourages the victim as well as the family from seeking help and prevents effective rehabilitation. Compromises take place due to stigma and concerns about family honour. Further, though the JJ Act 2015 and JJ Model Rules 2016, provide for the details of CICLs to be destroyed after seven years, no such protection is extended to victims under the POCSO Act.
- **Delay in compensation:** Delay in awarding compensation despite the existence of specific State Victim Compensation Schemes causes great hardship to the victim and the families, and impacts the education and rehabilitation of the child victim. Further, JJBs do not order compensation, thus depriving victims under the POCSO Act of monetary relief. There is also a tendency to direct that the fine imposed on the accused is to be paid as compensation, making it contingent on realisation from the accused.
- **Challenges presented by "consensual" cases:** "Consensual" cases are a challenge, either because the victim girls refuse to go back to their parents, or because there are inadequate provisions for their rehabilitation, especially in cases where they are pregnant. The fairness of treating the boy in such cases as a CICL is of concern. The compulsory registration of these offences has resulted in the children involved turning aggressive towards functionaries providing support and counselling.
- **Age Verification:** Determining the age of both victims, as well as child alleged to be in conflict with the law is difficult, due to unreliable documentary evidence, and discrepancies in the testimony of the victim on the one hand, and the parents on the other. Further, most Special Courts do not apply Section 94, JJ Act 2015 to determine the age of the child victim. The margin of error of \pm two years is applied, and two years is added to the victim's age when



she is above 14 and below 16 years, or above 16 and below 18 years. Absence of adequate medical facilities in some districts also affects age-determination. Determination of the age of orphan children is also very difficult in the absence of relevant documents.

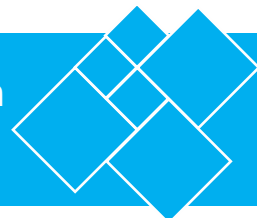
- **Acute support gap:** In several States the CWCs do not have enough empanelled qualified professionals who can be appointed as Support Persons. The staff of DCPU/CCI are given the additional duty of a Support Person, but they lack an understanding of court procedures. There is an urgent **need for an SOP for Support Persons** so that there is one earmarked channel for providing such Support Persons in each court complex/ CWC. There is **limited availability of Support Persons in rural areas**, and their timely identification is also difficult. No qualifications or requirements for Support Persons is specified. Retractions are high in court in the absence of any support system or victim protection system. Other than Delhi, no victim and witness protection scheme is in place in other States.
- **Role of the police:** Absence of exclusive CWPOs and SJPU in every district affects the way in which child victims as well as CICLs are handled. Victims and their families are not being provided copies of the FIR or being informed when the accused moves a bail application.
- **Restoration of victim in incest cases:** When children are restored to the family by the CWCs, they often turn hostile. Proper assessment of home situation is needed before children are restored. In such cases, families need to be linked up with schemes like conditional cash transfers, vocational training, self-employment opportunities, and sponsorship schemes, especially if the family is dependent on the income brought by the accused. However, institutionalization of children based on the fear that they will retract if they are restored to their families may not always be in their best interest. There is **need for a SOP** to ensure that the Special Court, Magistrate, and CWCs avoid encroaching upon the other's role.
- **Absence of database of service providers:** Most DCPUs have not prepared the database of special educators, psycho-social experts, psychologists, and other experts. There is also a paucity of trained Support Persons, interpreters, translators, special educators and other experts.



Annexure 4: Issues and Solutions related to Rehabilitation Services and Linkages with the POCSO Act, 2012

- **Lack of Procedural Compliance:** Special Public Prosecutors are not exclusively dealing with POCSO cases. Special Courts are not consistently protecting the identity of the victim. Evidence of the child victim is not recorded within 30 days of cognizance. Children are being questioned directly by prosecutors and defence lawyers in most States. The presumptions of guilt and culpable mental state are rarely mentioned or applied by Special Courts.
- **Lack of child-friendly courts and JJBs:** There is no infrastructure to prevent exposure to the CICL in JJBs. There is also a lack of child-friendly Special Courts under the POCSO Act. Most Special Courts do not have a waiting room or separate entrance for child victims because of which exposure to the accused takes place outside the courtroom. Absence of video-conferencing infrastructure acts as a serious impediment in completion of cases under the POCSO Act. Speedy trials are also affected because of only one Special Court in a district.
- **Pendency in JJBs and Courts:** High pendency in JJBs and Special Courts has meant that enough time and attention is not given to the child, and the guidelines in the POCSO Act, cannot be always adhered to. The time taken for the forensic reports and the absence of exclusive PPs contributes to the delay. Victims and their families often migrate to other places due to delays in filing of the charge-sheet.
- **Mandatory Reporting:** The mandatory reporting requirement under the POCSO Act conflicts with a right to privacy with many cases of child sexual abuse being mismanaged due to the requirement and the strict adherence thereto. Provision of mandatory reporting has also resulted in families not approaching qualified doctors/ hospitals in case of pregnancy and have increased the risk of girls turning to quacks for abortion. Research has revealed that children have discontinued counselling sessions because of the fear of mandatory reporting.
- **Multiplicity of proceedings:** A victim of a sexual offence could potentially have to testify in up to three fora viz. the JJB, the Sessions Court and the Children's Court. A mechanism is required to avoid repeated statements under the POCSO Act.
- **Need for training of doctors on performing medical examination for children.**
- **Conflict between laws:**
 - It is not clear whether the presumption under Sections 29 and 30 should be applied in cases involving a CICL.
 - Sections 77 and 78 of JJ Act 2015 does not provide any exception as against Section 20(b), NDPS Act. Can a child who is a victim under Sections 77 and 78 be treated a child in conflict with the law for having committed an offence under the NDPS Act? Or, should such a child be treated as a child in need of care and protection?
 - Clarity required when both the victim and the accused are below 18 years. In such cases, the boy is always treated as a child in conflict with the law and the girl as a victim irrespective of who is older or responsible for initiating the sexual act.
 - Child marriage is valid under personal laws and is void under specific conditions. How should cases in which the couple is married be dealt with under the POCSO Act? Conflict also arises when underage couples get married as per tribal practices.

Annexure 4: Issues and Solutions related to Rehabilitation Services and Linkages with the POCSO Act, 2012



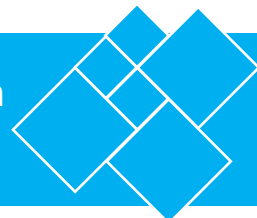
The solutions identified by participants of the Regional Round Tables to address the above are

- **Enhancing convergence and coordination:** There is a need to develop a SOP for all stakeholders to ensure clarity of roles and areas of coordination and convergence. A review mechanism should be institutionalised with the heads of key departments to ensure effective implementation of both Acts. Development of centralised and standardized training modules suitable to meet the needs of each actor can also help improve coordination among stakeholders. A compendium with all relevant rules, provisions, etc. should be prepared and made available to all stakeholders.
- **Improving convergence between the criminal justice system and child protection system:** Special Courts and Magistrates need to recognize the role of the CWC in ensuring care and protection of the child victim based on Section 1(4)(ii), JJ Act, 2015. Child victims could be referred to the CWC for institutional or non-institutional care and services by the Special Court or Magistrate. Special Courts could also rely on the SIRs and ICPs prepared by the CWC to compute compensation. Special Courts dealing with cases of children in conflict with the law transferred by the JJB should engage with the DCPU and the POs under the JJ system to prepare the ICP for the child, track the progress of the child in the place of safety, and also monitor the quality of services and rehabilitation provided to the child.
- **Enhancing implementation by police:** A fixed tenure for CWPOs should be ensured and they should be transferred to a similar post. A special cadre of dedicated policemen to deal with children's cases should be created. Child friendly procedures should be explained to all policemen at time of induction. Refresher courses should be provided at regular intervals. Better coordination between SJPU and IOs should be fostered. The police should mandatorily send complete information to the CWC and to the DCPU as well so that steps can be taken to process compensation and to provide care and protection to the child victims in a timely manner.



Annexure 4: Issues and Solutions related to Rehabilitation Services and Linkages with the POCSO Act, 2012

- **Regular and periodic training:** Capacity building programmes for CWCs/ Judicial Officers/NGOs/Community Leaders/ Legal Aid Counsels/ Doctors/ Media/ Police/ Court Staff is necessary considering the sensitivity of the cases on JJ Act and POCSO Act. Stakeholders should be imparted training on communicating with children, impact of child sexual abuse, impact of the courtroom and legal procedures on the child, adolescent psychiatry and neuroscience research on behavior and delinquency, preparation of ICPs, etc.
- **Compensation:** Judges should be sensitized about the need to award interim compensation. Special Courts should direct the DLSA to file a compliance report within 30 days of the compensation being ordered. The Central Victim Compensation Scheme as well as the State Victim Compensation Schemes should be implemented properly. Compensation under the POCSO Act should be disbursed to the victim within 30 days. States should ensure that the Victim Compensation Fund is operational. Coordination between Special Courts and DLSAs should be improved. Affidavits could be relied upon to disburse compensation instead of statements and reports. Another suggestion was that the State Victim Compensation Schemes should include offences under the POCSO Act in the Schedule of offences. Coordination between the DLSA and the DCPUs needs to be improved to ensure that victims receive compensation.
- **Enhancing Support:** A panel of qualified support persons must be identified in every district. Guidelines for support persons should also be prepared. Interested PLVs can be sensitized and the need for a support system can be publicized so that more number of interested people can be brought on board. Payments also need to be considered to attract people to come forward as Support Persons. A robust Victim and Witness Protection program should be developed by all States. One Stop Centres can be considered for children as they can serve as a single platform for information, shelter and legal and psychological support for child victims.
- **Creation of resource directories:** A resource directory of available professionals should be created and shared with the police, JJBs, CWCs, Magistrates, and Special Courts. In the interim, the DCPU should maintain a list of professionals who provide mental health and counselling services. Universities should be encouraged to start courses on mental health.
- **Amendment required:** To ensure that the child does not have to testify multiple times in multiple fora, the law should be amended.
- **Exclusive Special Courts:** Multiple Special Courts should be established in the district at the sub-divisional level. Special Courts should either be exclusive, or, where that is not possible, POCSO cases should be heard on a specific day only. An acquittal review mechanism should be put in place. Special Courts should function in courtrooms, where the infrastructure is child-friendly, instead of using ad-hoc mechanisms to make existing courtrooms child-friendly.
- **Child-friendly JJBs and Special Courts:** Procedures for special courts and special mechanisms should be devised to ensure the safety of the victims while deposing before the JJB as well. Protocol for child-friendly procedures should be prepared keeping in mind POCSO, CrPC as well as the UNCRC. Adequate infrastructural facilities should be provided and government should provide funds for it.

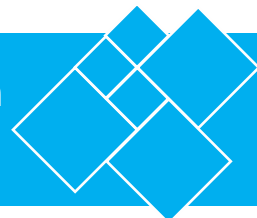


- **Ensuring timely disposal:** Investigation and trial should be time bound and pendency should be reviewed by higher authorities. Special Public Prosecutors should be appointed and should exclusively deal with POCSO cases. IOs should ensure timely production of victim. Infrastructure for video conferencing should be made available. Additional JJBs should be established and should function full-time so that pendency is reduced.
- **Age-determination:** Section 94 of the JJ Act should be applied to determine age of the victim as well as that of the CICL.
- **Clarity on issues:**
 - With respect to application of presumptions, pursuant to Section 34(1), POCSO Act, and Section 1(4)(i), JJ Act, 2015, the presumptions under the POCSO Act will not apply while dealing with a child in conflict with the law. Instead, the presumption of innocence under Section 3(i), JJ Act, 2015 and the best interest principle will apply.
 - An exception like Rule 9(3), JJ Model Rules can be considered in the State Rules to clarify whether children used to peddle drugs can be treated as children in need of care and protection or as children in conflict with the law. Section 64A of the NDPS Act on immunity from prosecution to addicts volunteering for treatment also needs to be implemented.
 - Clarity is required on how to deal with cases in which the victim and the accused are minors and willingly indulge in a sexual act, especially as to whether they are to be treated as CICLs or CINCPs, given the gender neutrality of the POCSO Act. Where there are two children involved, age and psychological development should be relied upon to determine who is the victim and who should be treated as child in conflict with the law. Since POCSO Act is gender neutral, a girl child can also be treated as a child in conflict with the law. In case of love affairs or child marriage or elopement, both can be treated as children in conflict with the law or as victims.
 - To address tribal practices of child marriage, awareness about the POCSO Act should be created among the community members and the adverse repercussions on the health and future well-being of the couple. Avenues for education and skill training should be created for tribal children residing in areas where child marriage is high. Aspects of grooming and age-gap between the parties have to be considered before any decision is made to alter the law or make romantic cases compoundable.



XI. CHALLENGES IN AND SOLUTIONS FOR REHABILITATION OF CHILDREN WHO ARE VICTIMS OF SEXUAL OFFENCES

- **Rehabilitation Challenges:** There is a lack of provisions for rehabilitation of child victims beyond awarding compensation. Victims are generally from the same area or school as the accused. The victim may be reluctant, or, due to trauma, unable to go back to the same school. Additional problems arise when the accused is a family member. No proper legal support or trauma counselling services are available for child victims. Confinement of the child victim on the pretext of safety is detrimental to the child's growth as an individual. There is a need for a long-term rehabilitation plan, especially for adolescents who are victims of child sexual abuse.
- **Rehabilitation of vulnerable children:**
 - Abuse of boys is ignored and not reported.
 - Children of sex workers are not rehabilitated to the extent necessary, because of the social stigma faced by them.
 - There is a problem of identification of CINCP because of lack of awareness of their rights and entitlements.
 - Education of children is usually disrupted because of migration, natural disasters and contingencies like insurgency.
 - There is no clarity on where transgendered children should be placed.
 - There are no CCLs specifically for children with substance abuse, mental illness, and special needs in some States.
 - Rehabilitation of very young children subjected to sexual abuse is very difficult.
- **Absence of clarity on dealing with pregnant victims:** There is confusion about dealing with pregnant victims of child marriage and so there is a need for guidelines on medical termination of pregnancy as the child gets affected due to poor coordination between doctors, police, and courts. Some CWCs are also reluctant to declare the child surrendered by a child as legally free for adoption because of the pending criminal case.
- **Non-institutional care programs not functional:** There is a lack of proper family-based rehabilitation. Non-availability of foster parents and fit persons has made the operationalization of non-institutional care options under the JJ Act difficult.
- **Inadequate professional services:** There is a paucity of trained support persons, interpreters, translators, special educators, mental health professionals and other specialized experts for the rehabilitation of children. There is a need for qualified and trained counsellors in CWCs to provide counselling to children. Most of the CCLs lack trained professional to effectively tackle the trauma that child victims and CINCPs face.
- **Social Stigma:** The negative attitudes towards girls who have been victims of a sexual offence is a cause of concern as they are re-victimized after the incident and also not allowed to continue their education. Parents in some cases do not visit their children in CCLs and that causes additional psychological trauma. Disclosure of identity of victims leads to secondary risk. Reporting is low because of the fear of social stigmatization. Lack of



awareness within the community leads family members to not report cases of sexual abuse especially if the perpetrator is a family member. In cases where it is reported, the family member often threatens the state official making home visits that s/he will commit suicide if the case is not closed, since their family honor is at stake.

- **Inadequate number of CCIs:** Lack of adequate number of CCIs, especially for children with special needs results in poor rehabilitation and support to such children. Many of the established institutions are overcrowded. Transit houses to house children, especially female children rescued between sunset and sunrise, are also not available.
- **Difficulties in establishment of identity of the child:** Income certificate, domicile certificate etc., are usually unavailable, which creates problem during the admission of the child in various institutions like schools/colleges. Quotas in engineering colleges for low income groups are also denied to orphans in the absence of income proof.
- **Need for a Medical Cell:** There is a need for a full-time medical cell for dealing with child victims as they need instant/random testing for communicable diseases such as HIV irrespective of whether an FIR is registered. Such a cell will increase health-seeking behaviour, and reduce stigma. Outmoded techniques for medical examination, such as the two-finger test, are still in vogue. There is a lack of support for mental illnesses developed as a result of trauma and violence.
- **Mechanical ICPs:** ICPs prepared by the POs are very mechanical. There is a need to the strengthen the process of preparation of the SIR and ICP because they form a crucial basis for rehabilitation of the child.
- **Needs of children with disabilities not addressed:** Lack of facilities in Children's Homes to cater to needs of victims of sexual offences, more so if the victims are also physically and/or mentally challenged. Long term rehabilitation for children with special needs especially those with mental health issues is a huge challenge and the existing services for treatment of such children is highly inadequate and ill-equipped.

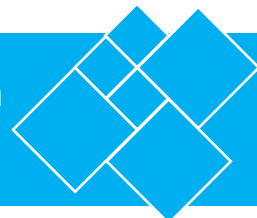


Annexure 4: Issues and Solutions related to Rehabilitation Services and Linkages with the POCSO Act, 2012

- **Attitudes of frontline persons** such as the police, staffs of CCIs, DCPOs, and CWCs dealing with children needs to be child-friendly and sensitive.
- **Role confusion** among the functionaries within the JJ system has a direct impact on the child's treatment and rehabilitation.
- **Restoration and repatriation of children to their home state/town** in cases of trafficking is particularly a challenge because of the poor coordination between stakeholders in both States.

An overview of the Solutions identified for the above challenges is as follows:

- **Nuancing the understanding of rehabilitation:** One size does not fit all and thus rehabilitation needs to be case-specific and age-specific. Multi-disciplinary teams should be put in place to assess the rehabilitative needs of children. A quality follow-up mechanism to monitor the rehabilitation of children, fit persons, and fit institutions should be instituted by the DCPU with the assistance of accredited NGOs. Systematic, accountable and efficient use of Corporate Social Responsibility (CSR), vocational training program, and State Skill Development Mission (SSDM) should be ensured. Rehabilitation of children alone cannot be seen as solution until their marginalized families are linked with social protection and livelihood programmes.
- **Establishment of Victim-Support Unit:** A Victim Support Unit (VSU) in every State modelled after the Goa VSU should be considered. Adequate number of shelter homes should be established with specially trained staff.
- **Supporting Families:** Family counselling by trained and professional counsellors (appointed by a District level panel) is required to ensure that creation of family safety net to retain the child in family. The child victim and the family should be prioritized in provision of services.
- **Rehabilitation of vulnerable children:** A participatory approach involving the community should be adopted to ensure that vulnerable children are protected and their rehabilitation is supported. Awareness about poverty alleviation programs among parents should be created. Residential schools/hostels and promotion of alternative care should be considered for children whose education has been disrupted due to migration or other contingencies. Separate CCIs for transgender children and children with mental illnesses should be established with professionally trained staff equipped to handle them sensitively. Child victims of incestuous sexual abuse have to be provided a safe environment. Special Courts should consider applying Section 26 of the Protection of Women from Domestic Violence Act, 2005 to order protection orders, residence orders, and monetary reliefs in cases in which the accused is in a domestic relationship with the victim.
- **Dealing with pregnant victims:** Counseling and legal aid support should be provided to pregnant child victims. Doctors and police need to be sensitized about these cases and the impact of delay on the health and overall life of the child should be emphasized. A SOP can be developed to outline the procedures in these cases. Early determination or identification of pregnancy is essential to ensure that the option of a safe medical termination of pregnancy is available. Guidelines should be issued for the surrender process in such cases.
- **Promotion of non-institutional care:** Adoption, foster care including group foster care, and sponsorship should be encouraged. Linkages between CCIs and SAAs should be



strengthened. States should publicize the foster care program. Vacation foster care programs should be explored.

- **Appointment of trained experts:** Specialized mental health professionals should be appointed and be a part of the DCPU team. The database of experts needs to be maintained by the CWC and DCPO and training should be offered to counsellors.
- **Training on ICP preparation:** Personnel involved in preparation of ICPs should be sensitized and trained. There is also a need for more human resources to prepare the SIR and ICP for each child.
- **Medical examinations:** Medical examination should be devised in a modern and scientific way in harmony with the principle of the best interest of the child. Compliance with the guidelines framed by the Ministry of Health and Family Welfare on medical examination in sexual offence should be ensured.
- **De-addiction services:** De-addiction centres exclusively for children should be established in every state. Sufficient funding should be provided to these centres. The JJ Act and other laws should also be invoked to effectively prosecute vendors of intoxicating substances who sell to minors as well as any middlemen and/or providers who facilitate such transactions.
- **Attitudinal changes** can be effected through intensive training and capacity building of all stakeholders.
- **Principle of fresh start** needs to be applied to victims of sexual offences as well. They should not be segregated within CCIs or kept in different CCIs. Their identity should be scrupulously protected by everyone in the system.
- **Clear guidelines** will have to be provided to clarify the role of each stakeholder within the JJ system.
- **For smoother restoration and repatriation,** efforts have to be intensified for convergence and coordination between concerned stakeholders in both States. A resource directory containing the names and contact information of the counterparts in other States should be prepared.



XII. CHALLENGES IN AND SOLUTIONS FOR REHABILITATION OF CHILDREN ALLEGED AND FOUND TO HAVE COMMITTED SEXUAL OFFENCES

- **Lack of counsellors, psychologists, probation officers, special educators, and others:** There is a troubling lack of experts who can assess the CICL's emotional and mental state for making a care plan, particularly in districts. Interpreters, translators and special educators have not been assigned to JJBs to help deal with cases of children with special needs or out of state children who are unaware of the local language. There is a dearth of proper counselling of CICLs in Special Homes/Observation Homes due to lack of expert counsellors. It is also difficult to find teachers and skilled trainers willing to impart education to CICLs. There is a lack of scientific tools for psycho-social assessment of CICLs for the purpose of transfer to the Children's Court.
- **Absence of de-addiction centres exclusively for children:** Most States do not have de-addiction centres that admit children below 18 years or cater specifically to children in conflict with the law.
- **Rehabilitation of children involved in petty offences:** Children involved in petty offences do not receive any rehabilitative services and end up falling through the cracks or graduating to serious/heinous offences. At the same time, children are repeatedly apprehended by the police in petty and bailable offences.
- **Non-compliance with Section 24, JJ Act:** The principle of fresh start is not being adhered to because of which children in conflict with the law are being denied government jobs on exiting the JJ system.
- **Lack of after-care programme:** There are no after-care programmes to ensure the rehabilitation of CICLs and prevent recidivism after they attain 18 years. Provision of vocational and educational training and skill development programmes for CICLs are inadequate. Vocational services cannot be customised for children due to financial constraints and the unavailability of external service providers. There is a lack of sufficient funds for sponsorship of CICLs.
- **ICP and SIR not prepared or considered:** These are not prepared due to shortage of human resources and this contributes to delay in proceedings as well as a mechanical rehabilitation order which does not take the circumstances of the offence into account. Besides, there is no mechanism to ensure effective implementation of ICPs. They are rarely considered before final orders are passed.
- **Absence of follow-up:** No follow up procedure is laid down to ensure proper reintegration of CICL in society. The LPO is barely involved in the supervision, follow up and rehabilitation of CICLs after final orders are passed. POs are overburdened and several times, desk reports are prepared by them and submitted to the Special Court/JJB.
- **Societal barriers:** The social stigma attached to CICLs, particularly those who commit sexual offences, makes their reintegration into society challenging. There is a bias amongst institutional stakeholders, community members, and even family members against CICLs. In certain situations, children are not re-enrolled in school due to the stigma attached to the crime committed by them. Institutional stakeholders are reluctant to accept CICLs for training programs etc. Disclosure of the CICL's identity in certain cases adds to the challenge of rehabilitation.

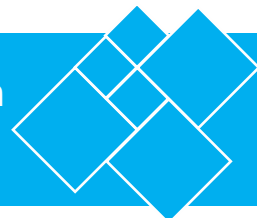
Annexure 4: Issues and Solutions related to Rehabilitation Services and Linkages with the POCSO Act, 2012

- **Delays affect rehabilitation:** Inordinate delay in disposal of cases by the JJBs and detention of a child in conflict with law (CICL) in the OH for a long period of time are serious impediments to the rehabilitation of CICL. It causes a break in the education and career of the child, which is hardly addressed subsequently.
- **No unique probation system in States:** The probation system as it exists does not consider the special needs of children.
- **Adolescent relationships:** These cases present a challenge to rehabilitation where children in the age group of 16-18 years have relationships, which renders the boy a CICL and the girl a victim. The criminalisation of such relationships leads to reluctance on the part of both parties to cooperate with rehabilitation orders. Children involved in such cases charged under the POCSO Act also tend to suffer from depression.
- **Challenges related to Preliminary Assessment:** JJBs face difficulties in determining the mental capacity of a child alleged to have committed a heinous offence under the POCSO Act because the indicators under the Act are insufficient. Availability of experts who can assist the JJB is also a concern. There is no comprehensive and scientific tool available for psychiatric assessment of CICLs between 16 and 18 years who have committed heinous offences. It is not clear how assessment can be done when a child is apprehended after attaining 18 years of age. The time allotted for preliminary assessment is not sufficient.
- **Lack of infrastructure:** The small number of CCLs for CICLs, coupled with inadequate funds and poor monitoring of the functioning of these homes, shows that the system is not fully equipped to deal with rehabilitation and reformation. Places of Safety have not been established in all States.
- **Lack of coordination and convergence:** Probation officers and the police often do not coordinate at the time of apprehension of the child itself. There is a need to coordinate with Department of Education, Department of Skill Development to ensure education and qualitative vocational training for CICLs.



Annexure 4: Issues and Solutions related to Rehabilitation Services and Linkages with the POCSO Act, 2012

- **An overview of the solutions identified for the above challenges is as follows:**
- **Ensuring trained and qualified Counsellors and mental health experts:** The State JJ Rules should provide for the definition and qualification of 'Counsellors'. Their remuneration needs to be enhanced so that there is an incentive for more qualified and motivated people to join as counsellors. Sufficient number of qualified/trained psychologists/counsellors should be appointed. Mapping and integration of mental health experts from other districts should be done. Periodical orientation and sensitization to all the stakeholders of JJ system about the significance of mental health.
- **Exclusive de-addiction centres** for children under 18 years should be established in every district. Along with counseling and rehabilitation procedures, Sections 77 and 78, JJ Act 2015 should be strictly applied.
- **Rehabilitation of CICLs repeatedly involved in petty offences:** Every child, including a child involved in petty offences, should undergo the process of assessment and rehabilitation process to prevent the involvement of child in other offences. The child could be temporarily relocated to his native or original surroundings by way of Foster care/Kinship Care, after taking consent from his parents/ family. Detailed SIR about the child should be prepared.
- **Implementation of Section 24, JJ Act:** Orders should be issued to all concerned authorities by the Central Government and the State Governments to ensure that Section 24, JJ Act is complied with.
- **After-care and follow-up:** States should develop an effective after-care programme and post-release follow-up mechanism to ensure social reintegration. After-care institutions specifically for repeat offenders should be established. Sponsorship funds should be earmarked for CICLs and should be maintained by the JJBs so that it can be paid to CICLs swiftly. For an efficient follow-up mechanism, human resources, financial resources and trainings of Probation Officers to conduct follow-up is essential.
- **ICPs and SIRs:** Rigorous trainings should be provided in assessing, collecting information and basic communication skills for stake-holders preparing the SIR and ICP.
- **Comprehensive Rehabilitation required:** After assessment, pathways should be identified which have caused the CICL to come in conflict with the law (drug abuse, poverty, etc.). Each pathway should then be addressed through specific ICPs. Collaborations with NGOs, corporations, PSUs etc is necessary to offer more vocational training programmes to children in conflict with the law. The State Rules should highlight the specific role each stakeholder plays in the rehabilitation of children alleged or found to be in conflict with the law.
- **Strengthening Probation:** The probation system should be customized for children in conflict with the law. Trained POs should be appointed so that a proper follow-up is conducted in each case, and a reliable report is submitted to the Special Court/JJB.
- **Addressing delays in disposal by JJBs:** JJBs should be strengthened by appointing more LCPOs, providing them infrastructure and fund allocation, increasing their sittings and the duration of the sittings, and by creating more JJBs.
- **Well-equipped CCIs:** State governments should notify more CCIs for CICLs, appoint qualified persons as administrators, and equip CCIs to conduct appropriate vocational training, educational programmes, and sports and recreational activities for CICLs. Sufficient emphasis on training and other activities can be a step to counter recidivism. The interests of the CCL should be explored or ascertained so as to impart specific vocational training as



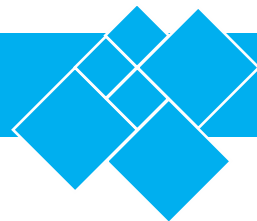
electrician, in plumbing, and pursuing hobbies like painting, gardening, art, music, drama, sports etc.

- **Counselling to families and sensitization of society:** Continuous counselling and sensitization should be done so that the stigma attached to CICLs can be countered. As far as possible, attempts should be made to rehabilitate the CICL with his/her family. Where this is not possible, the option of foster care or sponsorship should be explored. Awareness programs for parents and communities should be carried out through the aegis of the (VLCPC) and the (BLCPC).
- **Preliminary Assessment:** The child should be referred to psychiatrist in district hospital. In the absence of psychiatrist, a panel of mental health professionals should be constituted in each district to assess the mental health. A detailed procedure must be prescribed for conducting Preliminary Assessment like getting SIR & ICP on time, periodical interactions of JJB with the child, psychological and mental health report from psycho-social experts etc..



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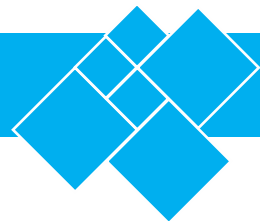
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