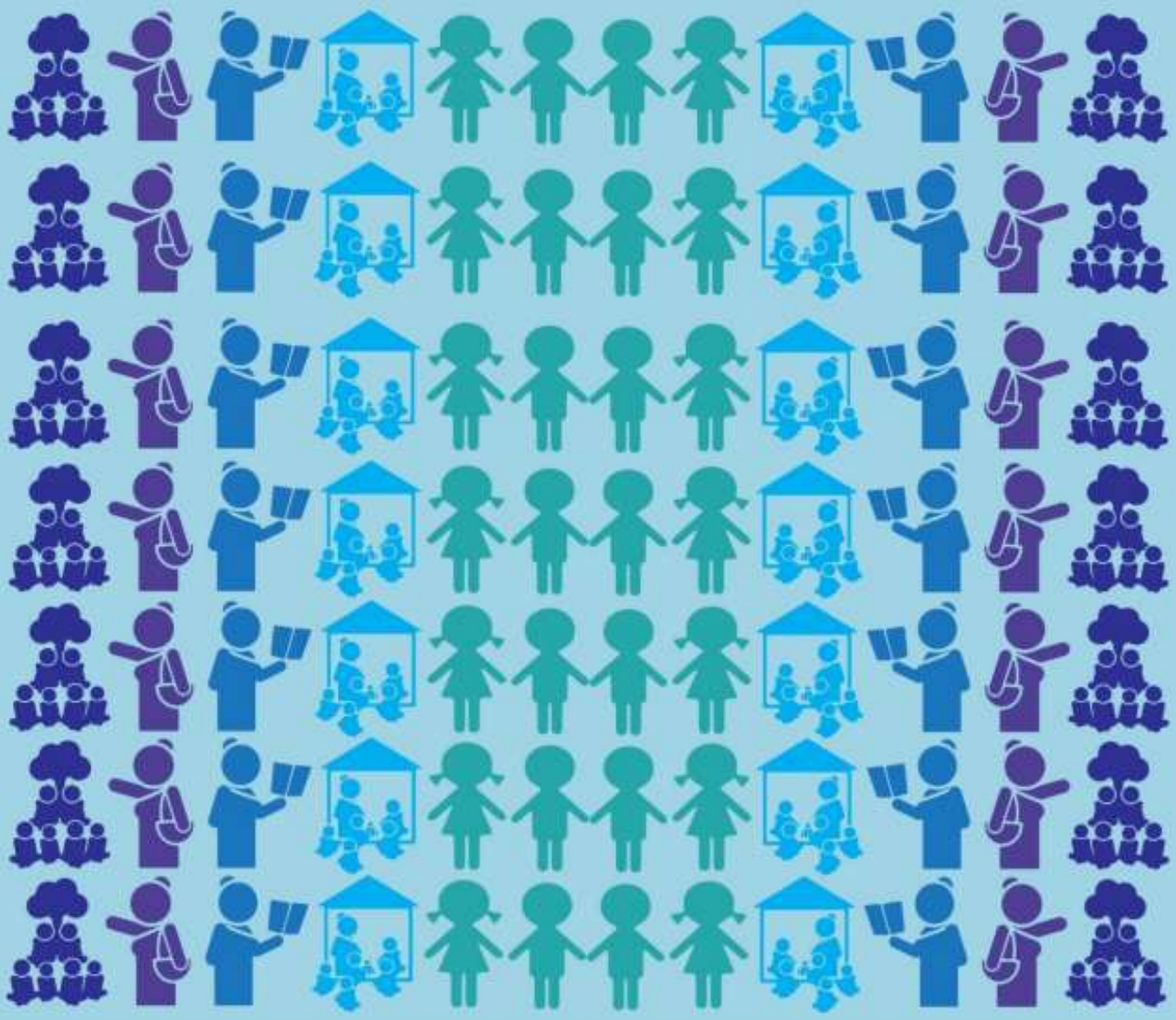


Child Protection
District Need Assessment Study (DNA)

Mumbai Suburban, Maharashtra

A Collaboration between UNICEF, AIILSG & Leher

CREDITS

Research Team

Principal Researchers
Tasha Koshi, Dr. Shrikant Khadilkar,

Research Design and Training of Research Team
Richa Nagaich, Tasha Koshi, Nicole Menezes

Data Collection and Collation
Swati Sonavane (District Coordinator); Nilam R. Nikalje, Rahul Pradipsingh Gaharwar, Rahul S. Dethe, Swapnali S. Megha

Expert Perspectives
Richa Nagaich

Analysis and Report Writing
Nicole Menezes, Tasha Koshi, Shreeradha Mishra

Design and Layout
Tasha Koshi, Nipa Bhansali

Photo Credits
Abbreviations and Definitions: Aslam Saiyad
Overview: Helen Keller Institute for Deaf & Deafblind, Mumbai
Methodology: Dhiraj Singh
Findings: Google public domain
Expert Perspectives: Google images (labeled for noncommercial reuse)
Analysis and Recommendations: Google public domain
Annexures: Google images (labeled for noncommercial reuse)

COPYRIGHTS
The copyright for the methodology and study tools is that of Leher. Any part of this study may be reproduced with appropriate acknowledgement to AIILSG, Leher and UNICEF

June 2018

unicef for every child

ALL INDIA INSTITUTE OF LOCAL SELF-GOVERNMENT

Leher

Collector Mumbai Sub Urban

FOREWORD

The Integrated Child Protection (ICPS) scheme is the flagship scheme of the Government of India for the protection of children that speaks of creating a protective environment for them. The State of Maharashtra has been implementing ICPS since 2011. Maharashtra has also been a pioneer state for child protection, through implementation of the Juvenile Justice (care and protection)Act, 2000 and re-enacted subsequently in 2015.

The ICPS has presented the district administration with an immense responsibility of reaching out to every child and ensuring his/her protection and well-being. According to ICPS every district must have a child protection plan, which is based on an in-depth study of the situation of children and their protection needs. At this juncture, to further consolidate work on child protection in the district, through mechanisms and structures under the ICPS, this study brings the voices of children and community together with that of duty bearers to identify child protection concerns most relevant to them. A district child protection plan formulated based on this study, would be well informedby the needs of the children and communities.

The study highlights multi-dimensional struggles faced by children in resourced crunched crowded urban district of Mumbai (Suburban) classifying issues as chronic and acute,further providing evidence of the under-utilization of social protection schemes and the child protection system. Significant and to be noted with seriousness, is the identification of the normative nature of a number of behaviours, practices, and patterns in poor urban communities, which cause harm to children. Sexual harassment, vicious circle of drugs, gambling and crime, drop out from school and consequently entryinto the work-force under the age of 18, vulnerability and dangers brought about by inadequate housing and sanitation, corporal punishment, and exposure to domestic violence, stood out prominently among many other issues.

The study makes a set of critical recommendations, which must evolve further into a District Child Protection Plan (DCPP) for the district of Suburban Mumbai, which the district administration must commit to work on so that we can change the situation for children in real terms. Some key areas identified for work, include developing ground level platforms for communities to interact and act on child protection issues, and engage with the child protection system, urgent cross-sectoral partnerships to address infrastructural deficits at the community level, which cause children to be unsafe, a critical reflection and prioritization of issues, articulation of strategies including both long and short-term measures, ramping up the reach of the child protection system and assess education and livelihood options for young people.

I must acknowledge the work of the dedicated teamof researchers and the collaborative efforts of UNICEF, AIILSG, AIILSG's ICEQUI-T and Leher for the efforts put in to ensure completion of the study.

I am hopeful that the district administration with effective stewardship by the DCPU would come together, to commit their best efforts towards realization of the district child protection plan.

Collector Mumbai suburban

Sachin Kurve

PREFACE

Maharashtra is the second most populous state in the country, with Mumbai Suburban district having the highest density of population. While the pace of urbanization in a city bursting at its seams has been gaining momentous acceleration, there remain significant milestones to be achieved in ensuring that benefits of the development agenda reach those who need it most. Amongst those most vulnerable are the children with limited or no access to the welfare opportunities the state provides. While the Integrated Child Protection Scheme (ICPS) provides extensive scope for various child protection services, one of its mandate is also to coordinate and network with government institutions and non-government institutions to ensure effective implementation of the scheme. In June 2017, Leher in partnership with AIILSG was given the opportunity by UNICEF to conduct this study in the Mumbai Suburban district in Maharashtra. The enduring purpose of the study is to identify the gaps in the child protection efforts in the district and to help bridge them through a constructive analysis resulting in recommendations to be implemented.

The study was conducted across three tehsils in the Mumbai Suburban district to identify and probe issues of child protection, efficiency of, and awareness regarding established child protection mechanisms and social protection schemes which have an impact on the development and growth of children. The study explores at length twenty-two child protection issues across 10 habitations in each of the 3 tehsils chosen as sample for the study. The respondents for the study included four groups - children 11-14 years, children 15-18 years, adults (mixed group across age, and gender) and duty bearers (AWW, teacher, USHA). At the tehsil level IDIs were conducted with tehsil level officials which included: CDPO, Probation Officer WCD, Education Dept, CWC, JJB, Administrative officer (ward), Tahsildar, and labor department officer. While due to the dual constraints of time and resources the sample size was limited to three tehsils of the district, one can safely argue that the issues which have surfaced during the study are representative of the district.

This study would have been all but possible without the support and enthusiasm of many individuals. We extend our heartfelt gratitude to the District Administration of the Mumbai Suburban district, with the District Collector at its helm, for their cooperation since the inception of the study. We are thankful to UNICEF represented by Alpa Vora, Child Protection Specialist, Rajeshwari Chandrasekar, Chief, UNICEF Maharashtra Field Office, Santosh Shinde and Yamini Suvarna for anchoring, advising, strategizing, communicating and supporting the team at every stage to ensure the research was completed in time and effectively.

We especially acknowledge the role and support of the duty bearers in the child protection system in the district. The study is richer because of the insights from the tehsil interviews conducted with Subhas Kakade, Tehsildar Andheri; Santosh Chavan, Assistant Education Officer (Andheri & Borivali); Sudhir Patil, CDPO (Andheri) ; Mr. Sudhir More, Probation Officer(Kurla); Pratibha Ovhal, District Probation Officer,(Mumbai Suburban District); Ajitkumar Ambi, Ward Officer (Andheri); Aruna Kakade, District Child Protection Officer (Mumbai Suburban District); Sharda Talreja, CWC Chairperson and Shyam Gorad, CWC member, Mumbai Suburban District; J.V. Pekhale Purkar, JJB Chairperson, Mumbai Suburban District and Nissar Khan Administrative Officer (Andheri).

We are grateful for deeply insightful and engaging perspective interviews on some diverse child protection issues from experts in the field. For them, we thank you Akshai Abraham, Dr. Armida Fernandez, Pankaj Joshi, Prachi Khandeparkar, Rajkumar and Raju Bhise.

We are immensely thankful to Vallabhdas Dagara Indian Society and Disha Foundation for assisting in the process of arranging FGDs and IDIs with children with disabilities and children in red light areas respectively which has added valuable insights to the study.

We are grateful for the effective partnership between our organizations and teams at AIILSG, AIILSG's International Centre for Equi-T and Leher, anchored and facilitated by UNICEF Field Office of Maharashtra and we look forward to working together more closely in the future.

And savoring the deepest acknowledgement for last, thank you, all the children who spoke to us with patience and hope about the most beautiful and vulnerable aspects of your lives.

Yours sincerely,

Devasmita Kajol Menon
Director, Leher

Prof. Dr. Mukesh Kanaskar
Deputy Director General, AIILSG

INTRODUCTION

The State Government of Maharashtra and UNICEF have been working in partnership towards strengthening implementation of the Juvenile Justice (Care and Protection of children) Act and other important child protection legislations. The Integrated Child Protection Scheme (ICPS) of the Ministry of Women and Child Development, provides an implementation framework for provisions of child protection laws. The ICPS provides a continuum of structures, services, and mechanisms for the protection of children. It promotes a collaborative approach between the State, communities, and civil society organizations towards realization of a protective environment in which children thrive. It calls for every district to have a district child protection plan based on a detailed district need assessment study which will inform actions for child protection at the district level.

The Department of Women and Child Development and UNICEF invited Leher to provide technical guidance for the District Needs Assessment for three districts of Maharashtra, starting with Mumbai Sub-urban. The purpose of this partnership was to build capacity of resource organizations to support the DWCD in conducting quality district need assessment studies that would inform child protection plans across districts of the State. We are thankful to Leher for contributing its child protection expertise particularly in the area of strengthening the preventive approach and developing a very robust methodology to undertake this child protection needs assessment incorporating ICPS guidelines with support from UNICEF.

The study was conducted by the International Centre for EQUI-T (IC EQUI-T) of the All India Institute of Local Self Governance (AIILSG) with capacity building and technical support from Leher. The IC EQUI-T as a special institution that focuses on equity, inclusion and poverty alleviation and AIILSG as a premier national organization with expertise on urban governance, capacity building, research and education have a significant contribution to make for strengthening child protection in Maharashtra.

This need assessment study for the district of Mumbai Suburban was facilitated by the Office of the Collector Mumbai Suburban who is the Chairperson of the District Child Protection Committee (DCPC) under the ICPS. It commenced in August 2017 with support from the District DWCD Office of Mumbai Suburban. This multi-layered district study presents an insightful picture of the status of protection of children in suburban Mumbai. The study has drawn the attention of stakeholders including children, communities and duty bearers across the district into discussion.

It is positive to note that the DCPC under the leadership of Mr. Sachin Kurve, Collector, Mumbai Suburban will review the findings of this study to incorporate them into the district plan and identify actions to bring changes in the lives of children of Mumbai Suburban.

We thank the research teams led by Leher and AIISLG, the district administration, community members and children who participated to make this study meaningful.

Rajeshwari Chandrasekar
Chief of Field Office, UNICEF, Maharashtra

TABLE OF CONTENTS

CREDITS

FOREWORD

PREFACE

INTRODUCTION

ABBREVIATIONS AND DEFINITIONS 1

OVERVIEW 7

METHODOLOGY 21

FINDINGS 27

1. Perception of issues that affect protection of children 28
2. Risk and threats to children in their environment 44
3. Habitation level Committees 52
4. Awareness level on child protection mechanisms across select tehsils, Mumbai suburban 53
5. Social Protection Schemes and Services 54
6. Especially vulnerable children 56

EXPERT PERSPECTIVES 59

ANALYSIS AND RECOMMENDATIONS 71

STUDY RECOMMENDATIONS FOR THE DISTRICT CHILD PROTECTION PLAN 77

ANNEXURES 79

Annexure I – Summary of research activities conducted at the Habitation level 80

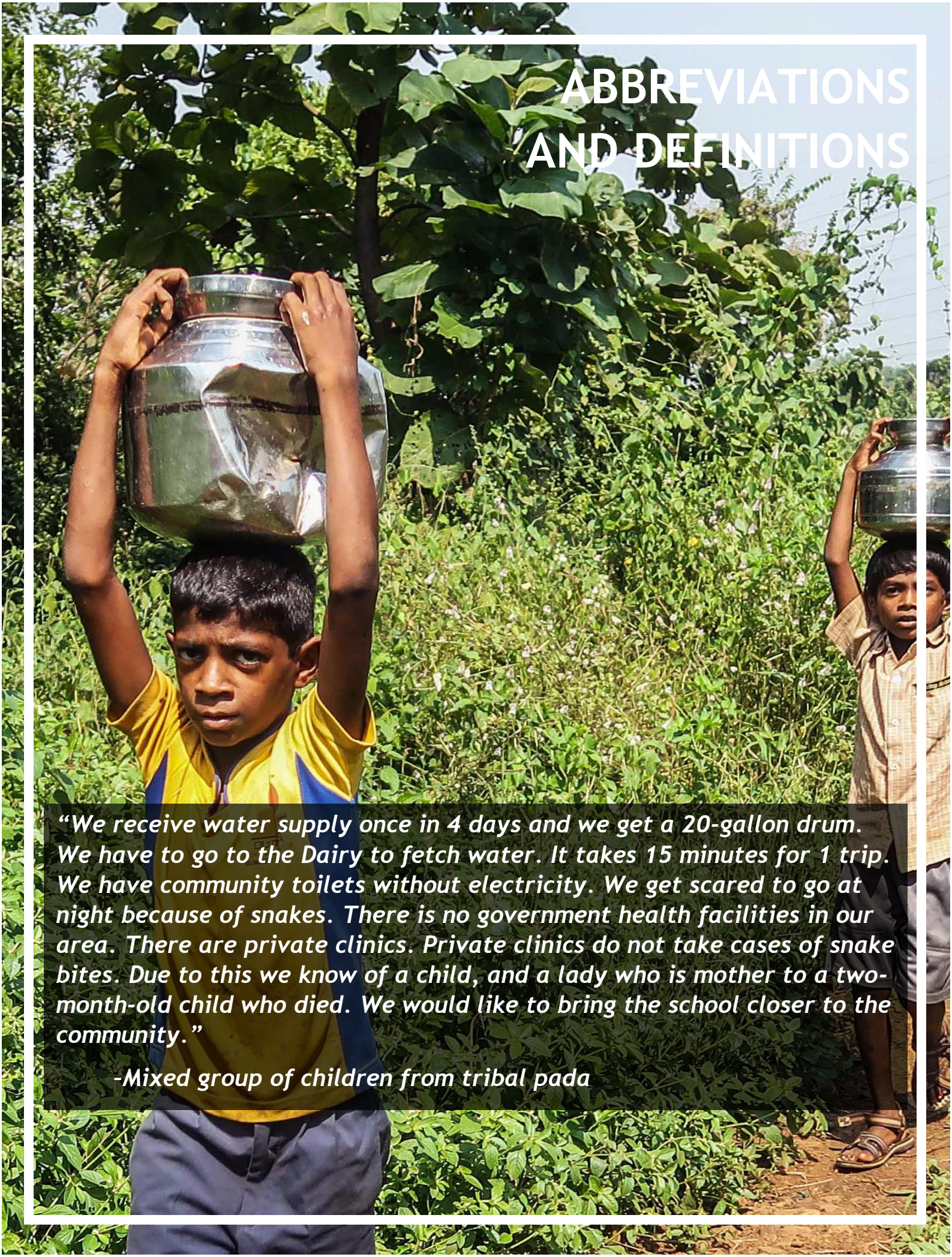
Annexure II - Child Protection issues examined by CG 80

Annexure III- Listing of habitations tehsil-wise 81

Annexure IV – Special Groups 82

Annexure V - Spaces identified by children (15-18years) as per the nature of threat/danger 83

ABBREVIATIONS AND DEFINITIONS



"We receive water supply once in 4 days and we get a 20-gallon drum. We have to go to the Dairy to fetch water. It takes 15 minutes for 1 trip. We have community toilets without electricity. We get scared to go at night because of snakes. There is no government health facilities in our area. There are private clinics. Private clinics do not take cases of snake bites. Due to this we know of a child, and a lady who is mother to a two-month-old child who died. We would like to bring the school closer to the community."

-Mixed group of children from tribal pada

ABBREVIATIONS

AG	Adult Group
AIILSG	All India Institute of Local Self-Government
AIILSG's IC EQUI-T	AIILSG's International Centre for EQUI-T
ANM	Auxiliary nurse midwife
ASER	Annual Status of Education Report
ASHA	Accredited Social Health Activist
AWW	Anganwadi Worker
BCPC	Block Child Protection Committee
BEO	Block Education Officer
BEST	Brihanmumbai Electric Supply & Transport Undertaking
CDPO	Child Development Project Officer
CG (11-18 years)	Children's group (11-18 years)
CG (15-18 years)	Children's group (15-18 years)
CG(11-14 years)	Children's group (11-14 years)
CHC	Community Health Centre
CNCP	Child in need of care and protection
CPC	Child Protection Committee
DCPP	District Child Protection Plan
DCPU	District Child Protection Unit
DHO	District Health Officer
DNA	District Need Assessment Study
DWCD	Department of Women and Child Development
FDP	Food Development Plan
FGD	Focused Group Discussion
GOI	Government of India
GP	General Practioner
ICDS	Integrated Child Development Scheme
ICPS	Integrated Child Protection Scheme
JJA	The Juvenile Justice (Care and Protection) of Children Act, 2000 and as re-enacted in 2015
JJB	Juvenile Justice Board
MAS	Mahila Arogya Samiti
MH	Mental health
MI	Mental illness
MO	Medical Officer
MSCPCR	Maharashtra State Commission for Protection of Child Rights
NCD	Non-communicable disease

NCRB	National Crime Records Bureau
NFHS	National Family Health Survey
NGO	Non-Government Organization
NSD	National Skill Development Corporation
OCD	Obsessive Compulsive Disorder
PHC	Public Health Centre
POCSO 2012	The Protection of Children Against Sexual Offences Act, 2012
PTSD	Post – Traumatic Stress Disorder
RCT	Randomized controlled trial
RTE 2009	The Right of Children to Free and Compulsory Education Act, 2009
SBC	Special Backward Classes
SMC	School Management Committee
SSA	Sarva Shiksha Abhiyan
SWO	Social Welfare Officer
ULB	Urban Local Bodies
VCPC	Village Child Protection Committee
VJNT	Vimukta Jati (denotified tribes) and Nomadic Tribes (VJNT)
WCPC	Ward Child Protection Committee
ZP	Zila Parishad

DEFINITIONS

Bullying: Bulling includes aggressive behaviour that involves unwanted, negative actions; a pattern of behaviour repeated over time; and/ or an imbalance of power or strength. A person is bullied when he or she is exposed, repeatedly and over time, to negative actions on the part of one or more other persons, and he or she has difficulty defending himself or herself.[1]

Child: A child is a person who has not completed eighteen years of age.[2]

Child Labour: The Child Labour (Prohitibition and Regulation) Amendment Act 2016[3] states that no child (under 14 years or age till which Right to Education applies, whichever is more) can be employed or permitted to work in any occupation or process. Children between 14-18 years of age, defined as adolescents in this act are permitted to work in certain non-hazardous occupations. The Child Labour Act deems the employment of minors in any occupation as a punishable offence. It also lays down the safety measures for adolescents who may be employed in permissible occupations.[4]
The JJA defines a child working in contravention of labour laws for the time as a child in need of care and protection.[5] For the purpose of this study "Children engaging in work/ labour" refer to children who engage in any form of work irrespective of whether they go to school or not, and whether they are assisting family members or others below the age of 18 years.
Children in Conflict with Law (CICL): A Child in Conflict with Law (CICL) is a child under eighteen years of age, who is alleged or found to have committed an offence.[6]

Child Protection: Child protection refers to preventing and responding to violence, exploitation and abuse against children- including commercial sexual exploitation, trafficking, child labour and harmful traditional practices, such as female genital mutilation/ cutting and child marriage[7].

Child in Need of Care and Protection (CNCP) : A Child in Need of Care and Protection (CNCP) is any vulnerable child, child at risk, or harmed by exploitation, abuse, violence or neglect.[8]

Corporal Punishment: Corporal punishment means the subjecting of a child by any person to physical punishment that involves the deliberate infliction of pain as retribution for an offence, or for the purpose of disciplining or reforming the child.[9]

Drop-out: Temporary or permanent withdrawal from an education or training program before its completion.[10]

---

[1] United Nations Educational, Scientific and Cultural Organisation (UNESCO)
[2] Section 2.12, Juvenile Justice (care and Protection) of Children Act, 2015
http://wcd.nic.in/sites/default/files/JJ%20Act%2C%202015%20_0.pdf
[3]https://labour.gov.in/sites/default/files/THE%20CHILD%20LABOUR%20%28PROHIBITION%20AND%20REGULATION%29%20AMENDMENT%20ACT%2C%202016_1.pdf
[4] Child Labour (Prohibition and Regulation) Amendment Act, 2016
[5] Section 2.14, Juvenile Justice (Care and Protection) Amendment Act, 2015
[6]Section 2.13, Juvenile Justice (Care and Protection) of Children Act, 2015
[7] https://www.unicef.org/protection/files/What_is_Child_Protection.pdf
[8] Section 2.14 Juvenile Justice (Care and Protection) of Children Act, 2015
[9] Section 2.24, Juvenile Justice (Care and Protection) of Children Act, 2015
[10] EU Commission AL 2010, Europe, as accepted by United Nations Educational, Scientific and Cultural Organisation (UNESCO)

Domestic Violence: In the case of a domestic relationship between two persons, the following acts would qualify as domestic violence: (a) harms or injures or endangers the health, safety, life, limb or well-being, whether mental or physical, of the aggrieved person or tends to do so and includes causing physical abuse, sexual abuse, verbal and emotional abuse and economic abuse; or (b) harasses, harms, injures or endangers the aggrieved person with a view to coerce her or any other person related to her to meet any unlawful demand for any dowry or other property or valuable security; or (c) has the effect of threatening the aggrieved person or any person related to her by any conduct mentioned in clause (a) or clause (b); or (d) otherwise injures or causes harm, whether physical or mental, to the aggrieved person.[11]

Discrimination: Discrimination is the selection for unfavorable treatment of an individual or individuals on the basis of: gender, race, colour or ethnic or national origin, religion, disability, sexual orientation, social class, age (subject to the usual conventions on retirement), marital status or family responsibilities, or as a result of any conditions or requirements that do not accord with the principles of fairness and natural justice.[12]

Gender Discrimination: Discrimination is the selection for unfavorable treatment of an individual or individuals on the basis of: gender, race, colour or ethnic or national origin, religion, disability, sexual orientation, social class, age (subject to the usual conventions on retirement), marital status or family responsibilities, or as a result of any conditions or requirements that do not accord with the principles of fairness and natural justice.[13]

Sexual Harassment: A person is said to commit sexual harassment upon a child when such person with sexual intent: (i) utters any word or makes any sound, or makes any gesture or exhibits any object or part of body with the intention that such word or sound shall be heard, or such gesture or object or part of body shall be seen by the child; or (ii) makes a child exhibit his body or any part of his body so as it is seen by such person or any other person; or (iii) shows any object to a child in any form or media for pornographic purposes; or (iv) repeatedly or constantly follows or watches or contacts a child either directly or through electronic, digital or any other means; or (v) threatens to use, in any form of media, a real or fabricated depiction through electronic, film or digital or any other mode, of any part of the body of the child or the involvement of the child in a sexual act; or (vi) entices a child for pornographic purposes or gives gratification therefore.[14]

Sexual Assault: Whoever, with sexual intent touches the vagina, penis, anus or breast of the child or makes the child touch the vagina, penis, anus or breast of such person or any other person or does any other act with sexual intent which involves physical contact without penetration is said to commit sexual assault.[15]

[11] Section 3, The Protection of Women from Domestic Violence Act, 2005
[12] United Nations Educational, Scientific and Cultural Organisation
[13] United Nations Educational, Scientific and Cultural Organisation
[14] Section 11, The Protection of Children Against Sexual Offences Act, 2012
[15] Section 7, The Protection of Children Against Sexual Offences Act, 2012

OVERVIEW

"We have to spend maximum time with our children. The only time we get a break is when the child is in school. We have to constantly watch. They don't settle down in one place through the day. They keep moving, touching things like knives, scissors, that can cause them harm. They also keep putting objects (pencils, erasers) in their mouths thinking it is chocolate, tear their books, climb on to the table, fridge. They go to school but are not able to do simple tasks like hold a pencil or recognize words. They are not able to play with other children, they hit other children. We don't take them to family functions. We are unable to travel with them as they get epileptic attacks, fever or they get tired and irritated very easily. In the monsoon they are susceptible to infection skin infections, colds, fever. They are also scared to walk in water and climb down stairs that are wet. We are afraid that someone can take advantage of them. We have hopes that they will be able to write their names, say what they want and be like normal children."

-Parents of children with special needs

OVERVIEW

1.1. Background

Maharashtra, in the western region of India, is India's second-most populous state and third-largest state by area. Spread over 307,713 km^2 (118,809 sq mi), it is bordered by the Arabian Sea to the west and the Indian states of Karnataka, Telangana, Goa, Gujarat, Chhattisgarh, Madhya Pradesh and the Union territory of Dadra and Nagar Haveli.

It is also the world's second-most populous subnational entity. With a population of 11,23,74,333, the state accounts for 9.3% of India's population[16]. Of this total population, 54.7% resides in rural areas and 45.3% in urban areas. The urbanization rate has been high, with the state accounting for 13.5% of the urban population of the country, which is also the highest amongst all the states. The Konkan region, consisting of Mumbai and Thane districts, reports high urbanization with population increases in urban areas by 6% during 1991 to 2011 while the Aurangabad, Nagpur and Pune divisions report an increase of 3% in the same in the period under consideration. Presently the state of Maharashtra has 36 districts after recent addition of Palghar as a district.

Majority of the population is still involved in agriculture. Crops include cash crops like sugarcane and cotton, grains like paddy, jowar, pearl millet while fruit production includes mango, grapes, oranges and oil seeds like ground nut, soya bean and sun flower. Maharashtra is the wealthiest state by all major economic parameters and also the most industrialized state in India. Maharashtra was one of the leading producers of sugarcane and cotton in the country. The state produced 50.1 million tons of sugarcane and 8.9 million bales of cotton in 2016-17[17]. However, Maharashtra has been in a constant state of drought since 2012, especially with rainfall levels reducing. Every year the region reports thousands of farmer suicides. As per the data reported by the six divisional Commissionerate's across the state, 2,414 farmer suicides were reported in the state between 1 January and 31 October 2017 alone[18]. This yearly drought is causing migration to cities in large scale. While not all migrating people are landless laborers, during the better days when the fields flourished, they used to find work in others' fields. They could find work in their own village and all through the year. Today even the landowners are living in such dire conditions that they are not able to provide any sort of employment for others. The entire business model

[16] Census 2011
[17] https://www.ibef.org/states/maharashtra.aspx
[18] http://www.livemint.com/Politics/FYufr1MknwRyxgeYAWxgVP/Maharashtra-reports-2414-farmer-suicides-in-JanuaryOctober.html

that was once supporting whole communities has broken down due to drought, disrupting lives of everyone directly and indirectly involved in farming[19].

As according to NFHS 4 (2015-16) 80.3 % women and 92.8% men are literate. There has been a 10% increase in the female literacy rate and a nominal 4% in male literacy[20]. Percentage of women age 20-24 years married before 18 years has decreased from 39.4% to 26.3% and men age 25-29 years married before 21 years has decreased between 2005-06 to 2015-16. 8.4% women age 15-19years who were already mothers or pregnant at the time of NFHS 4 survey. The total number of workers from 5 years upwards in Maharashtra 5,15,59,318 (main workers -4,37,62,890; marginal workers – 77,96,428).

1.2. Status of children in Maharashtra

Maharashtra has a child population being 3,84,88,509 (i.e. male - 2,03,96,042 female – 1,80,92,467) which is 34% of the total population[21]. As per NFHS 4 (2015-16) institutional delivery has increased from 64.6% to 90.3%; infant mortality rate is 24 per 1000 live births and under-five mortality rate in 29 per 1000 live births. Birth registration for children under age 5 years has increased from 80% to 95.1% between 2005-06 and 2015-16. Children age 12-23 months fully immunized (BCG, measles, and 3 doses each of polio and DPT) has decreased even further from 58.8% in 2005-06 to 56.3% in 2015-16. 34.4% children under 5 years are stunted, 25.6% are children under 5 years who are wasted (weight for height), and 36% children under 5 years are underweight. 53.8% children age 6-59months are anemic[22]

As according to ASER report 2015 for Maharashtra[23], 63.9% children are in government schools, 34.6% in private, 0.1 % in others and 1.3% are not in school. And this changes in the higher classes, with 64.9% children in the 15-16 years age category going to private schools, 26.4% in government schools and the number of these children not in school increasing to 8.7%. The number of girls and boys in the 15-16 years category not in school being 9.7% and 7.7% respectively. Percentage of children in standard III who can read at least standard I level text is 63.3%[24] in government and private school. Only 23.6% children in standard III can do at least subtraction is 23.6% and 24.4% children in standard V can do division across government and private schools. As per the ASER 2016 report[25], 80.7% schools adhere to the RTE indicators with respect to the pupil -teacher ratio and 80.7%, 36.5% have office/store/ office cum store facilities, 89.9% have playgrounds, 74.4% have a boundary wall, 95.6% have a kitchen shed for cooking the mid-day meal, 67.1% have drinking water available, 68% have an available useable toilet, 62% have a useable toilet for girls. Further in 50.3% schools standard II children were observed sitting with one or more classes, in 46.1% schools standard IV children were observed sitting with one or more classes. 55.1% schools

[19] http://www.greenpeace.org/india/en/What-We-Do/Quit-Coal/Coal-water-conflict/Maharashtras-drought-stories/in-maharashtra-drought-is-causing-migration-t/blog/45480/
[20] NFHS 3- Female 70.3% , Male – 88.3%
[21] Census 2011
[22] http://rchiips.org/NFHS/pdf/NFHS4/MH_FactSheet.pdf
[23]http://img.asercentre.org/docs/Publications/ASER%20Reports/ASER%202015:%20Maharashtra/aser2015maharashtra.pdf
[24] average
[25] http://img.asercentre.org/docs/Publications/ASER%20Reports/ASER%202016/aser_2016.pdf

have computers available for children, in 94. 5% schools it was observed that the mid-day meal was served on the day of the visit

Of the child population in Maharashtra, 7,74,815 are working in the 5-14years category (4,96,916 – main workers; 54,672 – marginal workers who have worked for less than 3 months; 1,76,344 – marginal workers who have worked between 3-6months; 46,883 – marginal workers seeking work). And this number of working children further increased to 27,18,149 in the 15-19year category[26].

As per the NCRB 2016[27], Maharashtra ranks two based on incidence/ percentage share of crimes against children. 14,559 were the number of crimes against children. 13.6% of the total crimes against children were from Maharashtra

Murder (sec 302 IPC)	162
Abetment of suicide of child (sec 305 IPC)	10
Attempt to commit murder (sec 307 IPC)	149
Infanticide (Sec 315 IPC)	7
Feticide (sec 316 IPC)	7
Exposure and abandonment (sec 137 IPC)	194
Kidnapping & abduction	7,956
K&A (section 363 IPC)	6,481
K&A in order to murder (sec 364 IPC)	1
Kidnapping for ransom (sec 364A IPC)	10
K &A of girls to compel her marriage (sec 366 IPC)	754
Procuration of minor girls (sec 366-A IPC)	7
Importation of girls from foreign country (sec 366-B IPC)	0
Other Sec 363A, 365, 367, 368 & 369	703
Human trafficking (sec 370 & 370A IPC)	10
Selling of minors for prostitution (sec 372 IPC)	3
Buying of minors for prostitution (sec 373 IPC)	0
Unnatural offences (sec 377 IPC)	120
Total IPC crimes against children	8,518
Protection of children from sexual offences act (POCSO) r/w section 376, 354, 509 IPC	4,815
Juvenile justice (Care and Protection of children) act 2000	344
Immoral Traffic (Prevention) Act 1956	13
Child Labour (Prohibition & Regulation) Act, 1986	93
Prohibition of Child Marriage Act, 2006	16
Total IPC & Special & local law crimes against children	14,559
Cases pending investigation from previous year	8,405
Cases reported during the year	14,559
Cases pending trial from the previous year	29,886
Cases sent for trial during the year	7,239

[26] http://www.censusindia.gov.in/2011census/B-series/B-Series-01.html

[27] http://ncrb.gov.in/StatPublications/CII/CII2016/pdfs/NEWPDFs/Crime%20in%20India%20-%202016%20Complete%20PDF%20291117.pdf

Cases in which trials were completed	1847
Cases convicted	399
Cases acquitted or discharged	1,448
Cases disposes off by courts	1,936
Cases pending trial at the end of the year	35,189
Conviction rate	21.6%
Pendency percentage	94.8%

Status of child protection systems and structures in Maharashtra

The child protection structures in Maharashtra include the Maharashtra State Commission for Protection of Child Rights (MSCPCR) which was constituted in July 2007. There are 38 CWCs across Maharashtra. Each district has one CWC.[28] There are 34 JJBs across Maharashtra. There are 2 members in 30 boards and only one members in remaining 4 boards.[29] Special Juvenile Police Unit is formed in all 45 Police Units and one Police Officer is appointed as Child Welfare Officer in 1028 Police Stations[30]. There are 36 District Children Protection Units across Maharashtra.[31]

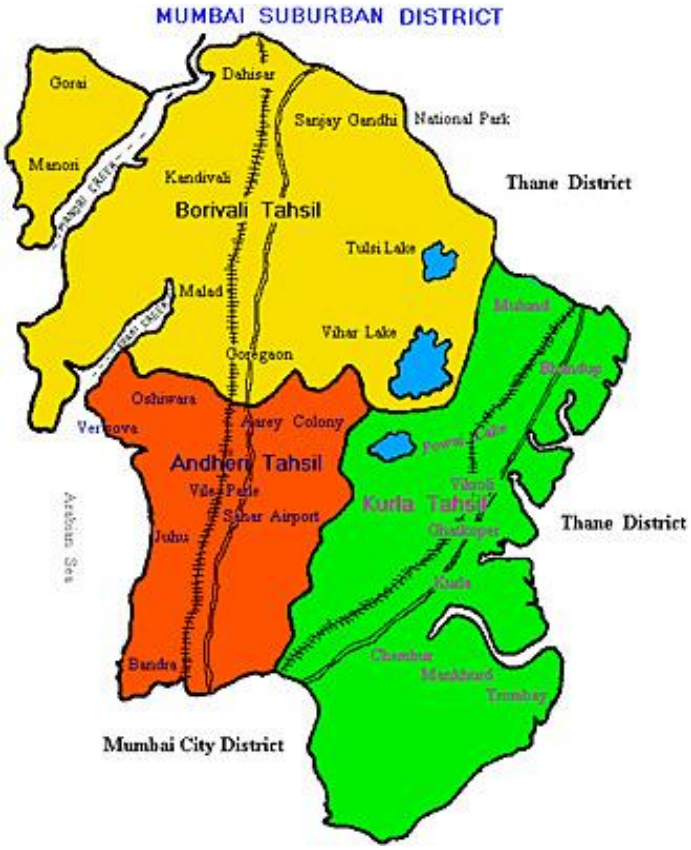
There are 12 observation homes run by government in 11 districts with intake capacity of 600 children. In addition to this, there are 48 observation homes (19 for girls and 29 for boys) run by NGOs with intake capacity of 4,275 children. Orphan, abandoned, missing, working children are admitted in these homes as per recommendations of Child Welfare Committees/Juvenile Justice Boards. There are 28 children homes run by government having total capacity of 2,990 children. In addition to this, there are 994 aided children homes run by NGO with total intake capacity of 82,859 and 63 un-aided children homes with intake capacity of 3,840 children. Foster Care[32] - At present 137 NGO provide foster care to 13,004 children[33]

The Maharashtra State has established Anti Human Trafficking Cell on 31/03/2008 under Crime Investigation Department, M.S.Pune to have effective and prompt and speedy action to solve the various problems of Human Trafficking. The Special Inspector General of Police (PAW)CID, M.S. Pune has been nominated as a nodal officer for the State of Maharashtra.12 Anti-Human Trafficking units are established in the state of Maharashtra. These units are functioning in Mumbai, Thane city, Thane Rural, Pune, Sangli, Nagpur, Ahamednagar, Navi Mumbai, Solapur City, Beed, Kolhapur and Yavatmal. 1705 Officers & 4548 men have been trained for implementation of Protection of Children from Sexual Offence Act 2012 effectively[34].

1.3. Overview and status of child in Mumbai Suburban

Mumbai Suburban is one of the 35 districts of Mumbai Suburban with a population of 93,56,962. There has been an 8.29% increase in population since last census in 2001. It accounts for 8.33% of Maharashtra's population[35]. While it is the second smallest district in the area[36], the density of

[28] http://nlrd.org/wp-content/uploads/2012/02/MAHARASHTRA-CHILD-WELFARE-COMMITTEE-ADDRESSES.pdf
[29] http://ncpcr.gov.in/showfile.php?lang=1&level=2&&sublinkid=1131&lid=1383
[30] http://www.mhpolice.maharashtra.gov.in/Citizen/MH/Women.aspx
[31] http://carings.nic.in/caraHQ/DCPU_Detail_Online.aspx
[32] Recognised as Bal Sangopan Yojana in Maharashtra
[33] https://www.maharashtra.gov.in/PDF/EcoSurvey_2015_16_Eng.pdf
[34] http://www.mhpolice.maharashtra.gov.in/Citizen/MH/Women.aspx
[35] http://www.census2011.co.in/census/district/356-mumbai-suburban.html
[36] http://www.censusindia.gov.in/2011census/dchb/2722_PART_B_DCHB_%20MUMBAI%20(SUBURBAN).pdf



population being the highest in comparison to other districts in the state and standing at 20,980 persons per sq kms[37]. The percentage of Scheduled Castes population is 6.2 and that of Scheduled Tribes is 1.1.

Mumbai has not only become the biggest city in India, population wise, but it is also poised to become the core of the biggest urban agglomeration in the country, and the world's third largest after Tokyo and Mexico. The Mumbai Metropolitan Region (MMR) encompasses 6 other rapidly growing Municipal Corporations, 13 Municipal Councils and 995 Villages.

Mumbai Suburban was declared an Independent District w.e.f. 1st October, 1990, as a consequence of the bifurcation of Greater Mumbai into two revenue districts namely, Mumbai City and Mumbai Suburban. Prior to this, Mumbai Suburban was the part of Mumbai City District. Mumbai Suburban is a district that comes under Konkan division. It consists of three administrative subdivisions (Talukas) namely - Andheri, Borivali and Kurla. It has 87 villages. The jurisdiction of Mumbai Suburban District is from Bandra to Dahisar, from Kurla (Chuna Bhatti) to Mulund and from Kurla and upto Trombay Creek. This District has 4 Parliamentary Constituencies and 26 Assembly Constituencies. Population wise, Mumbai Suburban is the one of the largest district in the country[38].

Mumbai is considered a melting pot due to all of the migrants that relocate to the city in search of employment opportunities and better living. These migrants are not only from in and around the city but from numerous other cities across the country. The drought migrants and many other migrants have no homes in the city; some make makeshift shelters on construction sites, footpaths and park benches. Many have no work and no cash, and many are forced to beg. This increasing migration to the city is increasing the burden on an overly already burdened Mumbai[39]

As according to the District Fact Sheet for Mumbai Suburban, Maharashtra 2015-16[40], sex ratio was 869 and sex ratio at birth for children born in the last five years (females per 1000 males) was 932. The number of children under age five years whose birth was registered was 93.8%. 82% women and 10% men are literate. 17.8% women age 20-24 years married before 18 years and 9.9% women age 15-19 years were already mothers or pregnant at the time of the survey. Only 50.1% children age 12-

[37] https://www.census2011.co.in/census/state/districtlist/maharashtra.html
[38] http://mumbaisuburban.gov.in/index_en.htm
[39] https://www.theguardian.com/global-development/2016/apr/27/india-drought-migrants-head-to-cities-in-desperate-search-for-water
[40] http://rchiips.org/NFHS/FCTS/MH/MH_FactSheet_518_Mumbai%20Suburban.pdf

23 months were fully immunized (BCG, measles, and 3 does each of polio and DPT). 85.4 % children age 12-23 months received vaccinations in a public health facility and 14.6% in a private facility. 70% children age 6-59months are anemic. 21.3%, 20.3%, 11.9% and 28.9% children under 5 years are stunted, wasted, severely wasted and underweight.

1.4. Status of child protection mechanisms in Mumbai Suburban[41]

MECHANISM/OFFICER	LOCATION	STATUS
Child Labour Task Force	District	Formed but does not meet
Anti -Human Trafficking Unit		Formed
Child Welfare Committee	District	Formed & meets as stipulated[42]
Juvenile Justice Board	District	Formed & meets as stipulated
Special Juvenile Police Unit		Formed
District Legal Service Authority	District	Formed
CHILDLINE 1098	District	Formed[43]
District Child Protection Unit	District	The DCPU is formed but only one person is appointed in the unit. In two wards(R/N, M/E) child protection cell has been formed[44]
Children's home for boys	District	Available
Children's home for girls	District	Available
Observation home for boys	District	Available
Observation home for girls	District	Available
Special Home for girls	District	Available

As according to the data provided by the CWC (table below), it may be observed that the CWC handles an average of 213 cases a month and restoration, missing/child lost/kidnapped cases account for 51% of the total cases dealt by it. The CWC making an observation shared that – *"More missing cases are seen in the age group of 6 to 12 years. Further, due to POCSO Act more cases are being reported in year 2017. Till September there were 74 cases."* The JJB has handled 1098 cases between 2015 and October 2017 and theft accounts for 77% of the total cases brought before it. Probing the child labour cases that have entered the system, it was found that in the last two years 114 child labour cases were received by the Children's Home. It was observed that off the 114 cases, in 48% cases the child rescued was 12 years, in another 15% the child was 10 and 13 years. Further, more than 90% of these 114 cases were cases where children came from states such Bihar, Uttar Pradesh, Jharkhand, Rajasthan, Tamil Nadu and even Nepal.

[41] Secondary data collection
[42] A new committee has been recently appointed
[43] http://childlineindia.org.in/1098/b1dcitiesngos.htm - collabs in Mumbai suburban : Committed Communities for Development Trust (CCDT), Navnirman Samaj Vikas Kendra; Railway Childline in Mumbai: Hamara Foundation, Mumbai Central, Committed Communities for Development Trust (CCDT),CST Mumbai
[44] As informed by DCPU

CHILD WELFARE COMMITTEE (2015 AND OCTOBER 2017)		JUVENILE JUSTICE BOARD (2015 AND OCTOBER 2017)	
Nature of cases	**No. Of cases**	**Nature of cases**	**No. Of cases**
Child Labour	162	Theft	849
Child Marriage	0	Rape	113
Trafficking	81	Murder	34
Missing/child lost/ kidnapped	1,060	Kidnapping	89
Abandoned	50	Arms act	1
Shelter	0	Dowry	0
Restoration	1,564	Provoking	0
Assisting children with disabilities	0	Dacoity	12
Mentally Disabled	0		
Abuse	294		
Begging	518		
Escort	261		
Transfer	404		
Surrender	128		
Application Cases	595		
Total	**5117**	**Total**	**1098**

1.5. Social Protection Schemes and Services – Mapping

Social protection schemes and services serve to boost the social security of the family, which in turn reduces the vulnerabilities that a child may otherwise face. However, often families/ communities are unaware of the presence, benefits, or how to access them. Therefore, keeping this in mind the resource sheet outlined in Table below was prepared. It provides information on key schemes for the welfare of families and children and outlines the accountability line district downwards to the habitation level.

SCHEME/ PROGRAMME	BENEFIT/ SERVICE RECEIVED BY THE COMMUNITY	LIST THE DEPARTMENT AT THE DISTRICT LEVEL	DUTY BEARER ACCOUNTABLE		
			District	**Block**	**Habitation**
Integrated Child Development Service (ICDS)	To promote health, nutritional status and education of young children from 0 to 6 years and to provide nutrition for children and women. Supplementary Nutrition, Health Checkup, Referral services, Immunization	DWCD	ICDS assistant commissioner	CDPO	Supervisor / AWW
Division level 1000 capacity Backward class boys and girls hostel.	• Free accommodation, food, clothes, library and many other facilities are provided to these students.	Dist- Additional commissioner social welfare, Govt school principal, DEO,	SWO	Education Officer	Principle

	• Per year 2 uniforms are provided to the admitted students. • Educational books and stationary are provided. • Medical and Engineering students are provided free educational kits according to their course like stethoscope, drawing board, apron, boiler suits and for art students color, drawing board, brush and canvas etc. are provided. • Admitted Hostel students are availing daily expenses facility as below • Regional level per month to Rs 800 / - • District level per month to Rs 600 / - • Taluka level per month to Rs 500 /	Dist -secondary school Education officer.			
Rajarshi Shahu Maharaj Merit Scholarship to Scheduled Caste Students who secured 75% and more than 75% marks in the S.S.C. Examination	Under this scheme, the SC Students who secured 75% or more than 75 % marks in the S.S.C. Examination and takes admission in the 11th Std. will get scholarship @ Rs. 300 per month for 10 months for two years i.e. in the 11th Std. and 12th Std	Dist- Additional commissioner social welfare, Gov school principal	SWO	Education Officer	Principle
Savitribai Phule Scholarship for V.J.N.T and S.B.C girls students	VJNT and SBC girl students studying in 5th to 7th standard will receive scholarship @ Rs.60 per month for 10 months. This scheme as a separate	Dist- Additional commissioner social welfare, Gov shool principal	SWO	Education Officer	Principle

studying in 5th to 7th std.	scheme apart from the other scholarships.				
Maintenance allowance to Backward Class students under training in Sainik Schools.	The entire expenditure on lodging, boarding, clothing, uniform, horse riding, pocket money, tuition fees and examination fees is reimbursed to the students admitted in old three Sainik Schools e.g. Satara, Pune and Nashik. For the remaining Sainik Schools maintenance allowance of Rs.15,000/- is reimbursed to per student for a year.	Dist- Additional commissioner social welfare**,** Gov school principal	SWO	Education Officer	Principle
Rajarshi Chhatrapati Shahu Maharaj Merit Scholarship.	Scholarship of Rs.300/- p.m. for 10 months i.e.Rs.3000/- per year for the standard 2nd & 12th is provided.	Dist- Additional commissioner social welfare	SWO	Education Officer	Principle
Meritorious Scholarships to VJNT and SBC students studying in Secondary Schools.	Rs. 200/- for 5th to 7th and Rs. 400/- for 8th to 10th standard per annum.	Dist- Additional commissioner social welfare, Gov School Principal	SWO	Education Officer	Principle
Tuition fees and Examination fees to VJNT/SBC students studying in High Schools.	Tuition fees, Examination fees, Laboratory fees, Library fees etc. fees are sanctioned and paid to concerned School.	Dist- Additional commissioner social welfare	SWO	Education Officer	Principle
National Urban Health Mission	Slums(Listed/Unlisted) and Vulnerable Population also to be included. Other Vulnerable Population like homeless, street children, rag pickers, sex workers & temporary migrants Fringe areas not to be missed • Strengthening Public Health capacity of ULB	District Health Society	Chairperson-Hon.Guardian Minister, Co-Chairpersons-President ,ZP,Member	District Colloector , CEO,ZP,DHO,CO, municipal council	commissioner,municipal corporation,Exec Health Officer,MO,MOH

	Convergence with other Communicable & Non-communicable National Health programs. • Mapping of Slum areas, UHPs, CHCs and Fringe areas as per Population Census 2011 • Identification and analysis of Gaps 5 thrust areas- Establishment of NEW Urban PHCs & CHCs; Strengthening of existing Urban PHCs & CHCs; Appt. of field staff (ANM,ASHA etc.) as per GoI norms; Establishment of Mahila Arogya Samitis (MAS); Undertaking Health Activities both at Facility & Community level		secreatry - DHO		

1.6. Social Protection Committees - Mapping

To ensure and monitor development activities at the village/ block/ district level numerous monitoring / regulatory committees have been established under various schemes and departments. While these committees may not focus on the issue of the child these committees could be spaces/ platforms to initiate discussion on child issues and specifically child protection. Thus data was collected in order to prepare a resource sheet that identifies these different committees that exist at different levels

NAME OF THE COMMITTEE	DISTRICT/ BLOCK/ HABITATION LEVEL	SCHEME/ ACT/RULE UNDER WHICH CONSTITUTED	MEMBERS	FUNCTION/ PURPOSE	STATUS
School Management Committee[45]	Habitation	RTE/SSA	Three fourth (75%) members of the SMC from the parents/ guardians. From them 50% will be women. Weaker sections will be represented in the SMC in proportion to their population. Rest one fourth (25%) will be as; (1/3rd local authorities; 1/3rd school teachers; 1/3rd academicians/ students)	1. Making School Development Plan (SDP) as per the RTE guidelines/norms 2. Management of school 3. Supervising and supporting implementation of SDP 4. Supervision/monitoring of finance, management, academic progress, distribution of entitlements & other functions 5. Ensuring accountability and transparency in the system through the social audit mechanism 6. Keeping proper accounts of the fund available and sharing its deployment and utilization with the 'Aam Sabha' 7. Creating and maintaining an educational database	Formed & meets but not as stipulated

[45] http://mhrd.gov.in/sites/upload_files/mhrd/files/upload_document/Maharashtra_2.pdf

				8. Coordinating with the local authority, generating funds from other sources for development of schools 9. Monitoring academic progress of the children 10. Instituting social audit mechanism and processes to bring transparency in the system and ensure universal participation	
District Level Advisory and Monitoring Committee[46]	District	The Swachh Bharat Mission	Member of Parliament (MP) District Collector Designated Urban Local Bodies (ULBs)	Planning, Implementation, Monitoring, Community Engagement,	Formed & meets as stipulated
Disaster Management Committee[47]	Block	Disaster Act 2005	Additional Chief Secretary- Chairman Secretary, Relief and Rehabilitation- Member Secretary Secretary, Home (Law and Order) - Member Secretary, Housing -Member Secretary, Medical Education- Member Secretary, Food and Civil Supplies- Member Divisional Commissioner (Konkan)- Member Transport Commissioner -Member Municipal Commissioner -Member Commissioner of Police- Member General Manager, Central Railway- Member	1. Issue alert to all concerned agencies 2. Provide early warning to citizens whenever possible. 3. Deploy first responders through Fire Brigade, Hospitals and Search and Rescue Teams. 4. Arrange for emergency supplies of water and food. 5. Arrange for transfer of stranded & marooned persons. 6. Arrange for emergency transport for the seriously injured. 7. Coordinate for setting up temporary shelters. 8. Coordinate with NGOs	Meets when needs arises

[46] http://www.swachhbharaturban.in:8080/sbm/content/writereaddata/SBM_Guideline.pdf(pg.30)
[47] Disaster Management Unit & CCRS, MCGM

			General Manager, Western Railway- Member General Manager, Konkan Railway - Member General Manager, BEST- Member Dy. Director General, Meteorology Department- Invitee Secretary, Industries -Member Chairman, Mumbai Port Trust- Member Director, MPCB -Invitee Secretary, Public Works- Member Director, Airport Authority of India, Mumbai- Invitee GOC, Maharashtra Gujarat Area - Invitee Commander, Mumbai Sub Area - Invitee Colonel General (Staff) -Invitee		

METHODOLOGY

"Work in the landfills involves picking up recycle-able trash (plastic bottles, metal, sorting it, and then selling it to scrap dealers at the end of each day. A family earns Rs.500/- or Rs.600/- a day from this work. The Municipal Corporation has closed the landfill to scrap pickers. The landfills are guarded by bouncers, we are scared of getting caught. We go early in the morning to reach before other scrap pickers so that we can find enough material which is worth selling. There are chances of getting diseases. The work is dangerous because garbage contains harmful things like glass and nails and we get hurt. Our limbs ache because of this work. We face taunts from peers in school. They say, your parents work in dirt, collecting waste and scrap thrown by people. I want to earn lots of money so that I or my parents do not have to be scrap pickers. I want to buy long legged shoes (boots) for my parents and myself for when we are collecting trash. I want to be a business man when I grow up."

-15-year-old boy at landfill

METHODOLOGY

1.1. Purpose of the study: The ICPS is the flagship scheme of GOI for the protection of children that speaks of creating a protective environment for children. According to ICPS every district must have a child protection plan, which is based on an in-depth study of the situation of children and their protection needs. Thus, this study is being conducted to assess the child protection needs of the district and to inform the child protection program in order for appropriate strategies to be employed for protection of children at the district level.

1.2. Objectives of the study: In addition to using other available secondary data the study aims to provide a district level baseline for child protection by examining the following:

- Problems faced by children
- Child protection concerns identified by communities
- The multi dimensionality of risk and every day struggle experienced in the urban environment
- Availability and access to social protection facilities
- Availability and access to child protection systems
- Sensitivity and responsiveness of duty bearers on child related issues/services.

1.3. Universe of the study: The study is a district level study. The district of Mumbai (Suburban) comprises 3 Tehsils, 24 wards, and 87 villages. There are 4 Parliamentary Constituencies and 26 Assembly Constituencies[48]:

Sr.No.	TALUKA	TOTAL AREA (SQ KM)	AREA UNDER FORESTRY (SQ KM)	TOTAL NO OF REVENUE CIRCLES	TOTAL NO OF VILLAGES
1	Andheri	72.17	0	3	25
2	Borivali	179.39	42.97	3	33
3	Kurla	135.00	1.46	2	29
	Total	**386.56**	**44.43**	**8**	**87**

1.4. Population[49]:

Population	Male	**50,31,323**
	Female	43,25,639
Sex Ratio (1000)		913
Child Population	0-6	930,884

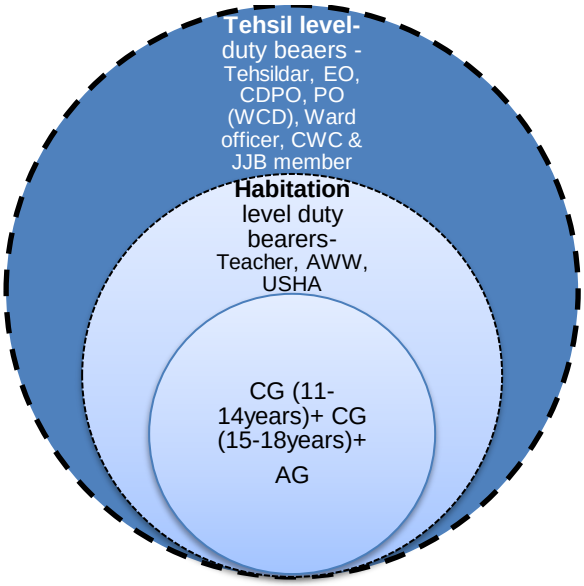
[48] http://mumbaisuburban.gov.in/html/profile.htm

[49] http://www.census2011.co.in/census/district/356-mumbai-suburban.html

1.5. Tools and Methodology: Leher has an institutional review panel, which has approved the research methodology and tools used for this study. The tools and methodology developed builds on the DCPP guidelines of ICPS to present a qualitative and quantitative study that would inform and be the basis for child protection plan developed for the district.

Desk Review: A desk review was conducted for the researchers to gain an understanding of the district-demography, geography, socio-economic conditions, culture, issues and phenomena that affect children. Providing a frame and context to the situation of children and communities in the district. It involved review of the following: published government data for the district-education, health, protection, labour, crime, research studies, media reports, opinion and position papers on issues that affect the district, state or region in which the district lies.

Secondary Study: A template formulated for collection of secondary data based on ICPS guidelines for DNA was circulated to all departments through the office of the District Collector.



Primary Study: The primary study employs qualitative methods (FGDs, IDIs) to understand community how and what communities perceive as child protection issues, their awareness and access to services for children, welfare schemes towards strengthening families, awareness of child protection structures, services, and mechanisms, and awareness of formal and informal development, welfare and protection committees. A set of participatory tools were designed to elicit a detailed and nuanced response in an urban context. Data from children, adults and duty bearers was juxtaposed with each other, transparently for all respondents to see, to provide a progress build-up of evidence from communities (children and adults) and duty bearers from the habitation level to the tehsil level, presenting a complete picture of child protection in the community.

Respondents: Four sets of respondents were identified to participate in the FGDs at the habitation level[50], which included: children 11-14 years, children 15-18 years[51], adults (mixed group across age, and gender) and duty bearers (AWW, teacher, USHA). At the block level IDI were conducted with block level officials which included: CDPO, Probation Officer WCD, Education Dept, CWC, JJB, Administrative officer (ward), Tahsildar, and labor department officer.

[50] Annexure I – Summary of activities conducted at the habitation level
[51] Annexure II—Child protection issues examined with CG

Additionally, the district of Mumbai (Suburban) is home to many communities living on the districts periphery in situations of acute vulnerability, and also to groups who face marginalization, discrimination. Children who belong in these groups and face multiple risks and harms. Taking note of this, a set of special FGD and IDI were conducted with nine such group[52]s identified to include their voices and issues in the study. These FGD and IDI are represented separately and are not part of the analysis of data covering 30 habitations.

Perspective interviews: The district of Mumbai (Suburban), has a vibrant civil society network which has been working on child protection related issues for many decades. To capture insights, obtain critical feedback and recommendations for further work in the district, interviews were conducted expert practitioners in the field of child protection. These have been presented as a separate section in the study.

1.6. Sampling: Owing to resource and time constraints, three tehsils – Andheri, Borivali and Kurla were selected for the study, after discussions with the district administration. Within each tehsil, 10 habitations were selected, which are representative of the characteristics of the whole district. The habitations displayed the diversity of the district in their demography, topography and the cultural mix. To ensure that the sample was representative, habitations were selected from the different categories of housing which included: pavement dwelling, un-organized slum, organized slum, chawl, MHADA Colony, transit camps, and building[53].

DETAILS	NUMBERS
No. of districts	*1*
No. of Tehsils	*3*
No. of habitations	*30 (10 per tehsil)*
Average no. of CG 11-14years (10 per group) across 30 habitations who participated in FGDs conducted	300
Average no. CG 15-18years (10 per group) across 30 habitations who participated in FGDs conducted	300
Average no. AG (10 per group) across 30 habitations who participated in FGDs conducted	300
IDI Habitation level duty bearers (USHA, AWW, Teacher-1 per habitation)	90
IDI Tehsil level duty bearers (Tehsildar, EO, PO (WCD), CDPO (2), CWC and JJB member, Ward officer, Administrative Officer)	10
6 participants per group across 9 special groups who participated in FGDs conducted	54
Grand Total[54]	1054

[52] Annexure IV – Listing of Special groups
[53] Annexure III- Listing of habilitations tehsil wise
[54] Row 4+5+6+7+8+9

1.7. Limitations and notes:

- The study used qualitative methods in setting the baseline on community and stakeholder perceptions of issues, based on discussions and systematic production of evidence. As this is not a survey-based study, it does not provide information on incidence of problems in-terms of real numbers.
- Since the findings of the study are based on group discussions, narratives that are anecdotal in nature and communities may not have been very forthcoming in providing evidence on certain issues, which may have been sensitive at an individual level, owing to fear of stigmatization. Consequently, it is difficult to obtain information on abuse within a family such as incest, feticide or any other kind of abuse. Nevertheless, the information obtained touches upon such areas. A separate detailed study on such issues would be ideal.
- 22 child protection issues were identified to probe with CG. Due to age appropriateness and ability of children to respond to issues, all 22 issues were taken up for discussion with the 15-18 years age group, and a sub-set of 12 issues were issues were taken up with the 11-14 years age group. The list of 22 issues was prepared based on the desk review, discussions with the district administration, and the research team. It is a comprehensive but not exhaustive listing, however, given the time at hand it was effective and it elicited relevant and meaningful responses.
- There are ethical issues around obtaining information from children. It was ensured that information was collected in a participatory manner, whereby children were encouraged to share information, which they were willing to share in the public domain. The identities of the adults and children have not been revealed to preserve their confidentiality.
- All members of the research team signed a child protection code of conduct.

FINDINGS

"We are engaged in activities related to drying of fish. It involves climbing up thin bamboo rods, putting fish to dry on strings high up. We get scared of falling off the bamboo. The thorns (bones) and the head of the fish poke into our hands and hurt us. We have to stand through the day as a result our legs hurt us. The smell of drying fish is foul and is very strong and it gives a head ache. We would like to continue our education alongside with our work. We do not get time to play. We watch television at night. Aspirations? We don't get time to think."

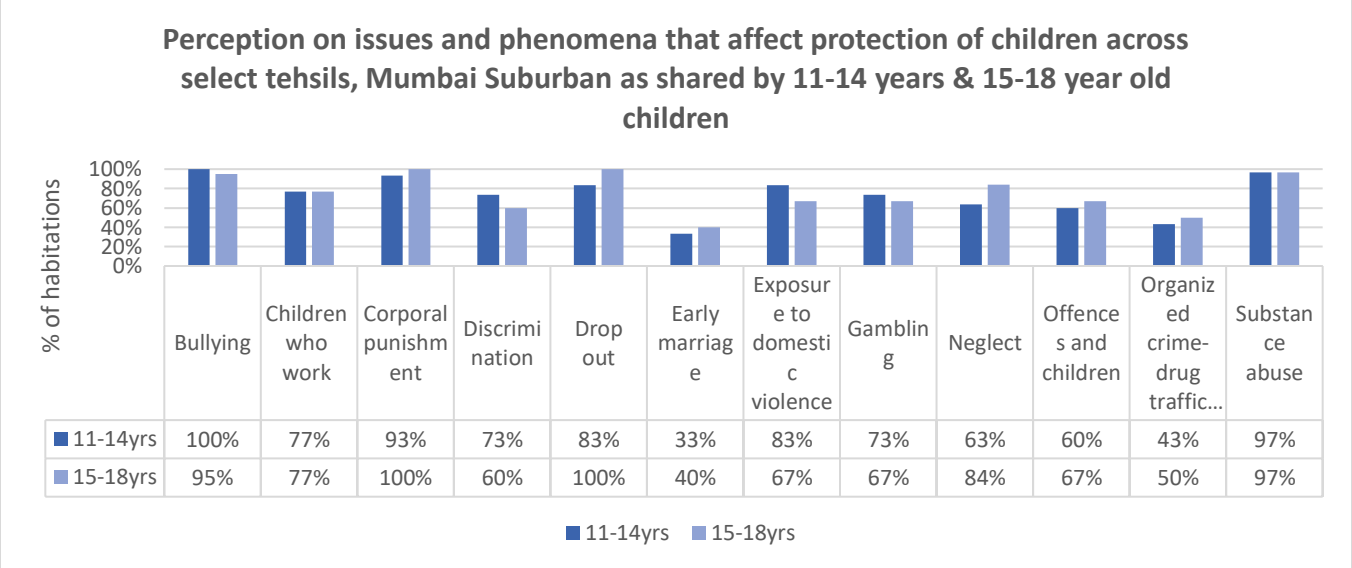
-Group of 15-18-year-old girls

FINDINGS

This section presents the status of child protection as perceived by the community (children and adults), and duty bearers, from the habitations to the tehsil level, in the district of Mumbai Suburban, Maharashtra. FGD were conducted with children to understand issues which affect their safety and protection. A set of 12 issues were probed amongst CG (11-14years) and an additional 10 more were probed amongst the CG (15-18years). Figure 1 below covers issues discussed by children in the age group of 11-14 years as well as children in the age group of 15-18 years. Figure 2 covers issues discussed with children in the age group of 15-18 years. *An example of how the findings should be read: children in the age group of 11-14 years in 100% habitations reported bullying as prevalent.* Of the 22 child protection issues discussed with the CGs, a set of 10 issues which were found to be prevalent in majority habilitations was selected by the discussion facilitators and was placed before the AG for a further prioritization and problem solution analysis (as seen on page 45). To examine risks and threats in the environment to their safety and protection, a body mapping exercise was conducted with children in the 11-14 age group, and a community mapping activity was conducted with children in the 15-18 years age group. FGD with AG examined levels of awareness, availability and access to (i) services and welfare benefits meant specifically for children, families, and for the community as a whole, (ii) child protection mechanisms and services, and (iv) formal and informal committees to monitor and social development/protection activities. Further, 9 FDG were conducted with children belong to especially vulnerable communities in the district.

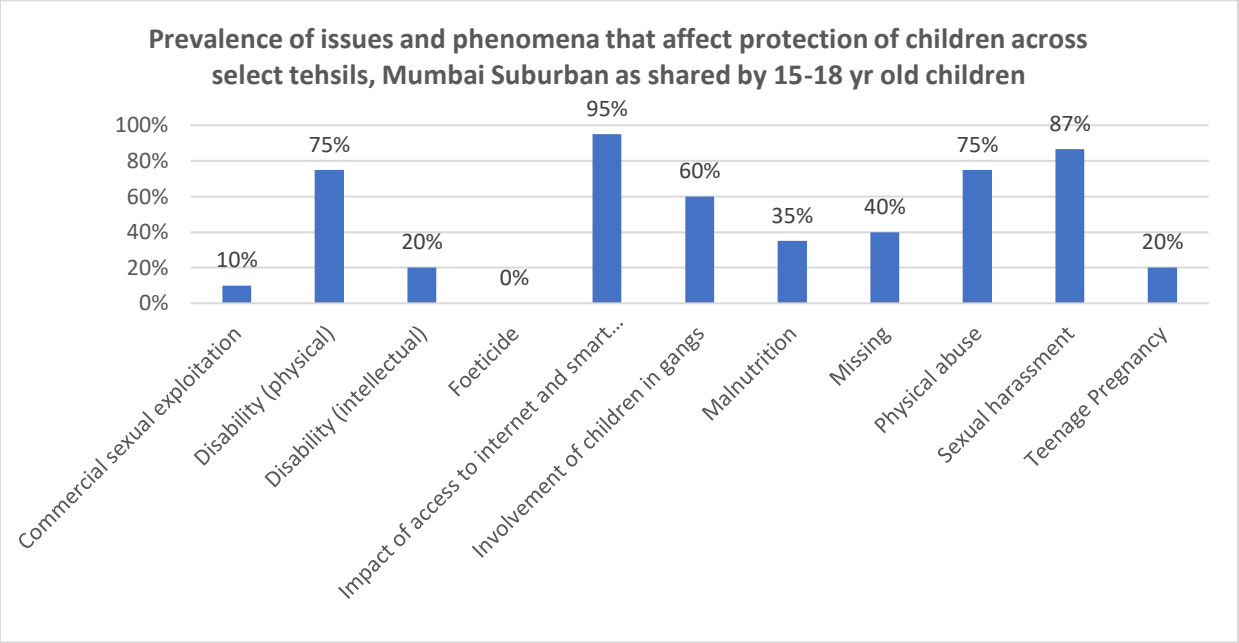
1. Perception of issues that affect protection of children

Figure 1 Issues which were placed before both groups of children for discussion



	Bullying	Children who work	Corporal punishment	Discrimination	Drop out	Early marriage	Exposure to domestic violence	Gambling	Neglect	Offences and children	Organized crime-drug traffic...	Substance abuse
11-14yrs	100%	77%	93%	73%	83%	33%	83%	73%	63%	60%	43%	97%
15-18yrs	95%	77%	100%	60%	100%	40%	67%	67%	84%	67%	50%	97%

Figure 2 Issues discussed with 15-18 year olds



Interpretation of findings:

- **Issues discussed with children across both age groups:** Bullying, addiction/substance abuse, and corporal punishment were issues identified by children in more than 90% of the habitations across both age groups 11-14 years and 15-18 years. Presence of discrimination, gambling and impact of domestic violence was reported more by the younger children than the older children, while neglect, and children committing offences, drop out and early marriage was reported significantly higher by the older age group of children as compared to the younger age group of children.
- **Issues discussed with children in the 15-18 years age group:** Impact of exposure to technology and internet (95%), sexual harassment (87%), physical abuse (75%), physical disability (75%) was identified as commonly prevalent in their habitations. Involvement of children in gangs was reported in 60% of habitations.
- **Other issues discussed:** Early marriage (37%), neglect (74%), organized drug trafficking (47%) malnutrition (35%), teenage pregnancy (20%) were some other issues discussed amongst both CG groups and reported to be prevalent in their communities. While these issues were raised in fewer habitations they continue to exist and impact children.
- **Issues identified by AG**: Bullying, substance abuse, sexual harassment, domestic violence, increasing use of technology/ mobile phones and its impact on children were identified by AG as concerns to be prioritized.

Bullying

"There is a boy in our class, he is weaker than other boys in his group. Other children tease him by saying whatever they want. They hit him on the head. Because of this he cries many times."

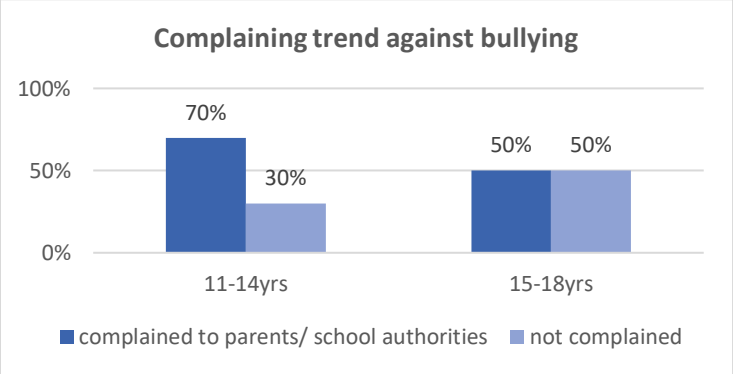
- CG (15-18years), Golibar (Transit camp), Andheri

"Yes, they command us to complete their homework, command us to do any work they want, they pressure us to do what they want. They shout on us."

- CG(11-14years), Aarey colony, Borivali

"One of my friends is teased by a group of boys. They call him by offensive names such as {Puncture, sukada (very thin)}. He is very sad by hearing this. And he is afraid of the boys, so he does not even complain."

- CG(15-18years) Bailbazar, Kurla



98% CG (11-18 years) said bullying takes place in their habitations. Teasing, use of abusive language, taunting, name calling are some of the common forms of bullying. Children also shared that bullying is also accompanied by physical abuse. It is observed that complaining against bullying reduces amongst the older children (50%) in comparison to the younger children (11-14years) – 70%. CG across 11-18 years shared that bullying takes place as the bully assumes he is smarter and wants to assert power.

Corporal punishment

"Make us stand outside the class during the lecture, hit us with hands, make us stand in bend down position, murga pose, …sometimes we have to keep a book on our back and bend down… if the book falls then we are hit, using a pen give pains between fingers or also use pencil for the purpose."

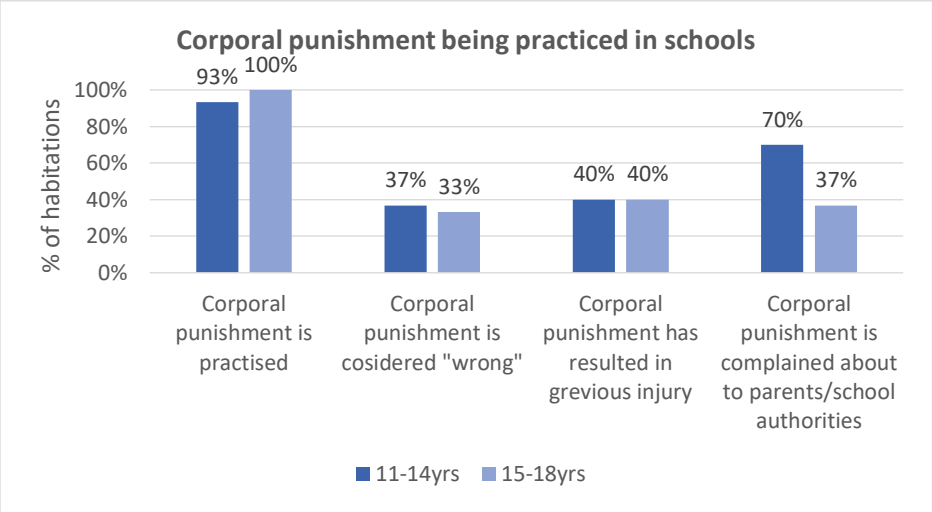
- *CG (11-14years), ASLFA Maharashtra Nagar, Kurla*

"Rich kids are not punished frequently. Usually, poor kids are punished more."

- *CG (11-14years), Andheri (SRA Janata Colony), Andheri*

"In punishment, only light slaps on the head (tapali) are given ,nothing other than that."

- *Teacher, Bandrekarwadi (Jogeshawari) , Andheri*



***CG (11-14years) & (15-18years) were from both government and private schools*

97% of the CG (11-18 years) shared that corporal punishment is practiced. Majority CG feel that corporal punishment is 'right' especially when a child has done something wrong. A wide range of punishments are given to children: kneeling, beating with a cane/ duster/ scale, standing outside class, murga, squats, written impositions. 40% of CG shared that there have been instances where children have been grievously injured. Across 70% habitations, children in the age group of 11-14 years do make an effort to complain to either parents or school authorities, however this falls to 37% in the 15-18 year age group.

Substance abuse

"Sulli, tobacco, cigarette, gutkha, Button (tablet), charas, ganja alchohol"

- *CG (15-18years), Rafi Nagar, Kurla*

"An 8th class girl was consuming a button (drug) which she had taken from the boys. We called her parents, now the girl has stopped coming to school"

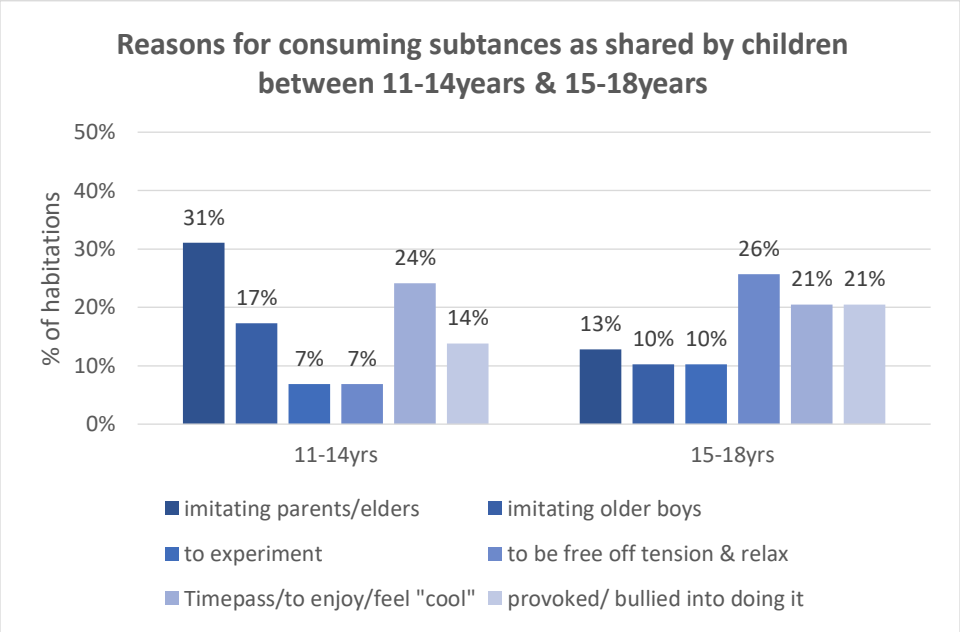
- *Teacher, Rafi nagar, Kurla*

"There are many children in our community who smoke near toilets by hiding themselves there. The same group also use school toilet to consume Gutkha during school hours."

- *CG(11-14years), Bhimnagar, Borivali*

CG across 97% habitations shared that substance abuse was common. *Gutka, beedi, hukka, cigarette, whitener, charas, alchohol, button, afeem, ganja, nashechi goli, beedi, Iodex in handkerchief* are some substances reported as consumed by children. As seen in the figure below reasons for consumption of substances reported by CG included negative influence of observing elders/parents consume, for 'time-pass' (recreation), to be part of the 'cool' category of children, to calm self, to feel free of tension, peer

pressure, bullied and taunted by peers till they gave in. CG shared that these substances were easily available from the local pan, liquor shop and other small stores in their communities.



[55]

Drop -Out

"Parents don't have fees for school. Sometimes kids left because they don't have interest in studying. If teacher scolds them. Girls are forced to leave the school, because their economic- condition is not good."

- *CG (15-18 years), Sarvodaya nagar, Andheri*

"When children drop-out…they start abusing substances and slowly get addicted. They get into bad company. They start bullying."

- *CG (15-18 years), Bhimnagar, Borivali*

"In the last 1 year 10-15 children have dropped out of school."

- *CG (15-18 years), Lallubhai Compound, Kurla*

CG across 92% habitations shared that cases of children dropping out were common. CG shared of close to 10-15 cases in Golibar Transit camp in Andheri, 50-60 cases in Rafi Nagar in Kurla and 10-20 in Arrey colony in Borivali. The children shared that of the children who drop out from school, majority of the girls drop-out between 6th-8th standard while boys drop-out between 8th-10th standard. CG across both age groups perceived that girls drop-out to take care of younger siblings and take charge of household chores while boys drop -out to augment family income and often because they lack interest in studying.

Exposure to domestic violence

"There is a fight in my neighbour's house due to TV. Ammi (mother) said "all day you watch TV ". Then Abba (father) said "I have bought it with my own money ". Then there was a huge fight and Ammi left the

[55] Multiple response

house and gone to her father's house. Their daughter who is just 15 years old is now doing all domestic work in that family. "

- *CG(11-14years), Rafi Nagar, Kurla*

"It happens in my neighbour' s home. They are always quarreling. The family have two to three children in their home. One of them is my friend. One day I asked him about the reason for the conflict. He said that his father is an alcoholic and always wastes his earnings or borrowed money on alcohol and gambling. Hence his mother shouts at his father. He also explained that he wishes to stop his studies and start working to support his family."

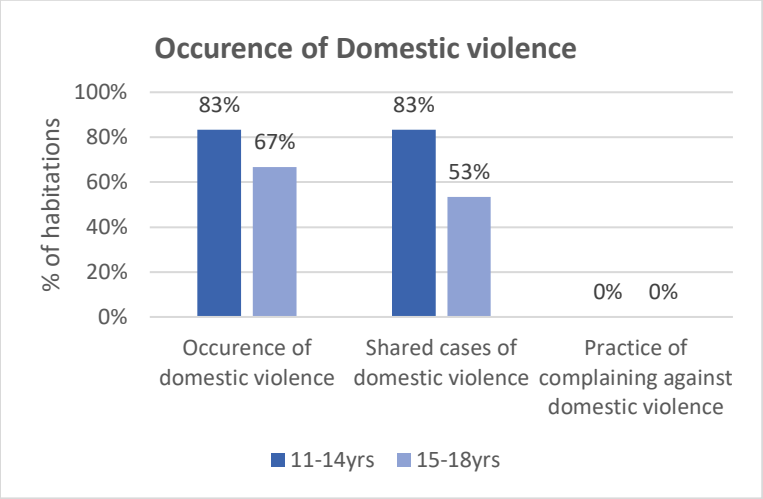
- *CG(15-18years), Parerawadi, Kurla*

"if there are fights in the building then children get problems/ feel disturbed, …they don't feel like studying anymore, that's why I don't go home the whole day."

- *CG (15-18years, Sangharsha Nagar,Kurla*

"Physical abuse, verbal and usage of abusive language, harassment are some common forms of domestic violence"

- *CG(11-14years), Ambuj wadi, Borivali*



CG across 70% habitations spoke freely about the occurrence of domestic violence in their communities. Physical abuse, verbal abuse and use of abusive language, emotional harassment are some of the common forms domestic violence. CG 11-14 years across 83% habitations and CG 15-18 years category across 53% habitations shared numerous stories of domestic violence. All those who gave information were either exposed to domestic violence in some form (saw or heard a quarrel) or were given information by peers experiencing domestic violence at home. CG across all three tehsils said that the children are severely impacted by domestic violence. Some become extremely silent and stop talking, others are scared, get depressed, avoid going home, use abusive language, get angry and into fights easily, many find it difficult to concentrate on their studies and still others feel helpless and feel the need to drop -out of school unable to cope with academics or to earn to augment family income.

Children who work[56]

"*Girls make hair rubber bands, hanging lace, assist in production of various show items at home. They also work as housemaids. Boys work in garages, hotels, offices, shops and for sale of vegetables."*

- *CG (15-18 Years) Bhimnagar, Borivali.*

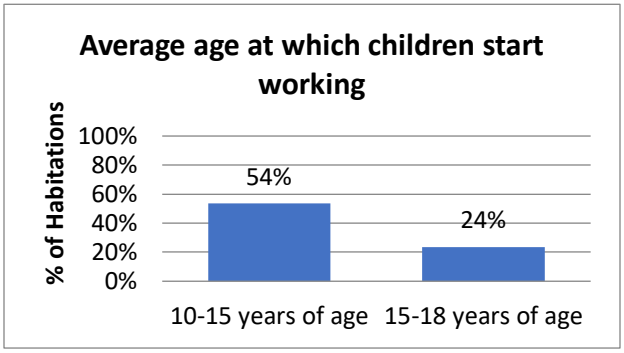
"There is one boy on the sixth floor, he does not have parents. His uncle and aunty make him work and they beat him. They have a toy shop, he has to work in that toy shop."

– CG (11-14 Years), Sarvodaya Nagar, Andheri.

"There are many children in our community who go to work. They collect cloth waste, sell utensils, plastic materials and mango leaves (during festival time). There is also a group of boys who do any kind of work they get and use the money they earn to buy solution and ganja.

- *CG (11-14 Years), Pavement, Kurla*.

CG in 54% of habitations was observed that children begin to work in the younger age range of 10-15 years. Some common reasons for the causes of child labour were found to be poverty, absence/ death/ negligence of parents and need for money to be able to support their addictions.



Boys are commonly employed at ports, garages, hotels, houses (for domestic work), as office boys, carpenters, garbage collectors, vendors on trains, to polish shoes, for newspaper distribution and daily wage laborers; girls are employed as maids for household work, to clean fish on jetties, to sell vegetables, to wash vehicles, to collect garbage, for stitching, making imitation jewelry and vending on trains. 93% and 97% of the CG, 15-18 years, and 11-14 years respectively across all three tehsils have never complained against child labour/children at work to anyone. Children across both age groups gave information which suggested that education of children is affected once a child begins to work. Some children manage to work and stay in school, while others give up education entirely.

Offences and children

"*They do it for money and then they go from committing small thefts to big thefts."*

- *CG (15-18 years), Versova, Andheri.*

"Children commit crimes because their parents do not give attention to their children, due to bad company or because they don't have parents."

- *CG (11-14 years), Golibar Transit Camp, Andheri.*

[56] For the purpose of this study " Children who work/ engaging in labour" refer to children who engage/ are involved in any form of work irrespective of whether they attend school or not, and whether they are assisting/working with family members or others below the age of 18 years

"Poverty and ignorance may cause this, but here it is different. Stealing bikes, vehicles are not done by children from poor families. This is specific in affluent families, not in poverty."

- *Teacher, Ambewadi, Andheri.*

"The nature of crime is mostly theft, eve teasing, selling drugs. They steal jewelry by beating anyone. They are also influenced by TV serials showing murder and other crimes."

- *CG (11-14 years), ASLFA Maharshtra Nagar, Kurla.*

"Another boy of 17-18 years had killed his cousin by putting him in a sack and throwing him in a creek. He was found dead after some time. CID did the investigations and caught him. It is told that he did it for greed of money and anger on his uncle (father of the deceased)."

- *CG (15-18 years), Bhimnagar, Borivali.years*

Poverty, peer influence, drug addiction, non- availability of time for parenting, violent television, are factors identified by children which make children vulnerable to committing offences. CG across 63% habitations had heard of cases of children who had committed offences. Nature of offences reported by CG included theft, peer fighting/abusing, sexual harassment of girls and selling or consuming drugs.

Gambling

"They start drinking alcohol when they don't win and lose money. They begin stealing so they can use the money to gamble."

- *CG (11-14 years), Behraum Bagh slum, Andheri.*

"Gambling happens in the evenings in this area a lot. They put down a chart on the table and they choose some numbers on it and gamble. Surrounding environment affects the children. It happens due to elders."

- *AWW, Andheri SRA Janata Colony, Andheri.*

"They put their mother's jewelry, father's wrist watch, anything from home, as stakes for gambling."

- *CG (11-14 years), Parerawadi, Kurla.*

CG across 70% of the habitations in the three tehsils of Andheri, Kurla and Borivali, knew of children who gamble in their communities. According to the responses[57] from both categories of the CGs (70% of the habitations for the 11-14years CG and 67% of the habitations for the 15-18years CG), children start gambling between 10-15 years of age[58]. While at first they may play without any stakes, they advance to offer money, jewelry, and other valuables like watches, bicycles as stakes. Majority of the children across habitations expressed that children steal valuables to gamble with. Getting into fights over losing money, alcohol and substance addiction, loss of interest in studies, dropping out from school, and developing habits of theft were seen in children who gambled. It was found that the children learn gambling and play from and with elders, friends, peers who gamble in the community.

[57] The habitations of Versova and Ambewadi (Andheri), Mhada Building -Chandivali, Parerawadi (Kurla) and Appa Paada, Goregaon Station Pavement, Shashtri Nagar, Ambujwaadi and Indira Nagar (Borivali) recorded no instances of gambling.

[58] In the Rafi Nagar and Jarimari habitations (Kurla) and the Kharodi and Ambujwaadi habitations (Borivali) it was found that children start gambling when they are as young as 8 or 9 years of age.

Gender Discrimination

During the FGD, the issue of discrimination was probed amongst the CG. CG identified and shared about discrimination based on gender in their habitations.

"In our community all the tasks and chores are done by only girls, like fetching water. Boys are never told to do any work or anything at all. They are always roaming around for the whole day. Girls are not allowed to go to the temple."

- *CG (11-14 years), Vakola, Andheri.*

"In my house first my father and brother will have dinner, my mother and I have dinner later. I asked my mother why it was like that, she said good girls always show this kind of behavior."

- *CG (11-14 years), Jarimari, Kurla.*

"I was attending tuition classes regularly. One day I got delayed while returning from there. I was talking to my friend and getting some clarifications from her. I got delayed by twenty minutes for which my brother without asking me anything, started beating me for being late. I had pains for next two days. My parents did not stop him. The same brother keeps moving out till 11.00 pm many times and no one objects. I felt bad and shared this with my school mate.

- *CG (11-14 years) Bhagat Singh Nagar, Borivali*

CG across 67% of the habitations said that they were aware of cases of gender discrimination from within their communities. They expressed that while girls were made to do all the household chores, boys were allowed more freedom and were not needed to participate in any household/other work. Parents send boys to private schools or English medium schools while girls are sent to government vernacular medium school. In some homes girls eat after the men folk of the house have eaten. Girls are not allowed out late, while boys have no restrictions. The duty bearers across the habitations who expressed that they knew of cases of discrimination which corroborated the information given by the CGs.

Impact of access to internet and smart phones on children

"There is one boy who is always busy with his mobile. Because of mobile that boy does not go out of his house, and never comes to play. He always plays games on his mobile. Due to continuous use of mobile, he has to wear glasses now."

- *CG (15-18 years), Behram Baug (slum), Andheri.*

"Children don't have any interest in playing. They are stuck all day to their mobile phones. Some also see bad videos (pornography), and websites in their phones. Because of using mobile all day in their homes they become irritated."

- *CG (15-18 years), Building, Andheri.*

"One of our friends we call him 'keeda', he is always stuck to his phone. If he starts any game he will complete all the levels and then only puts down the phone. He has a collection of that kind of (pornographic/explicit) videos. It has affected him badly. He is not attentive about his studies. He is not even aware to take food on time. He uses the phone more to take notes instead of notebook."

- *CG (15-18 years), Bailbazar, Kurla.years*

CG across 95% of the habitations stated that there were cases of children who had been impacted by access to internet through smart phones. Based on the data collected from the CG (15-18years) of all habitations, it was found that children start using mobile phones/ internet when they are between 2 to 5 years old. The CG (15-18years) expressed that children used the mobile phone and internet to listen to music, watch pornography, use WhatsApp, Facebook and for educational purposes as well. They recognized some adverse impacts of information technology on children as being loss of focus on studies, diminished eye sight, aggressive behavior including use of bad language, addiction to gambling and pornography. Duty bearers like teachers, AWWs and USHAs, from across habitations expressed that children were becoming increasingly addicted to using internet and smart phones, which is having a bad effect on their behavior, health and education.

Sexual offences (sexual abuse, sexual assault, sexual harassment, child pornography) against children

"We feel very bad and uncomfortable. If we tell about this to our parents then they get angry, and ask us who the boys are. Sometimes they tell us to take an alternative to main road instead."

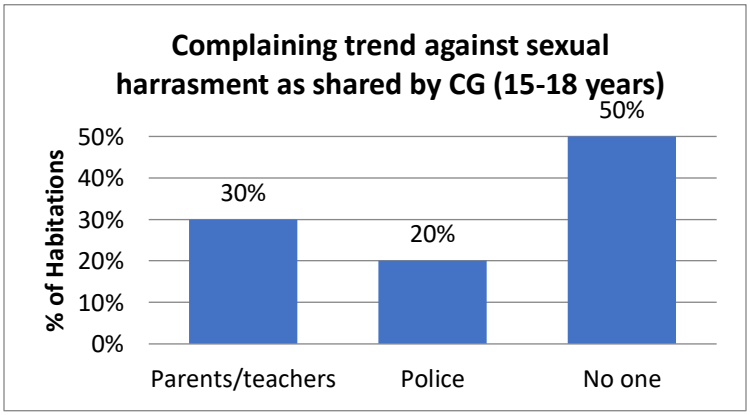
- *CG (15-18 years), Building, Andheri.*

"There is a garden in our area where older boys stand in the night and drink liquor and consume narcotic substances. One of my friends (a girl) was passing from there, these boys were whistling at them and passing comments on them."

- *CG (15-18 years), Behram Baug, Andheri.*

"An elderly tenant in our colony invited a boy from the colony to his flat saying "I have lot of branded clothes, you come to my home , I will give you some." When that boy went to his house he tried to sexually harass the child. The boy got scared and ran out of the house. After that, fearing defamation the man also started shouting and lying that he himself is mentally unstable, he has diabetes. A police complaint was lodged against him and he was let out of the jail after some days."

- *CG (15-18 years), Mhada building, Chandivali, Borivali.*



Children reported only on sexual harassment. CGs (15-18 years) across 87% of the habitations shared that incidents of sexual harassment were common. CG (15-18 years) identified spaces such as demolished buildings, gardens, bus stops, isolated areas, main roads, schools and colleges, and home/residences as areas where they have known incidents of sexual harassment to have occurred. CG (15-18years) from a majority of the habitations expressed that the victim get very scared, depressed, and the incidents make the families of the victims feel ashamed. Post incident, families restrict the girl's movement outside the house. Many shared that the families even stop the education of the girl (victim) and try to get her married as soon as possible. Few said that the victim may feel compelled to take a drastic step such as suicide, and that they had heard of such cases. For cases of sexual harassment, CG

(15-18 years) across majority habitations felt no complaints were made, but across 30% and 20% habitations children said that parents/ teachers and the police were complained to respectively[59]. Some of the common reasons shared for not complaining/escalating the issue were shame, fear of being scolded by parents, or being afraid of being harmed by the perpetrators/ abusers. It was found that CGs (15-18 years) across 60% and 27% of the habitations felt that incidents of sexual harassment had adverse impacts only on the girl, and both boys as well as girls respectively.

CG (15-18 years) across 47% habitations were of the opinion that those who harass are both known persons as well as strangers. CGs (15-18 years) across 47% habitations are of the opinion that no legal action was taken against those who harassed.

Disability

"They cannot go to play, they can't roam like us, can't go to melas (fairs). They face difficulties to go to the washroom."

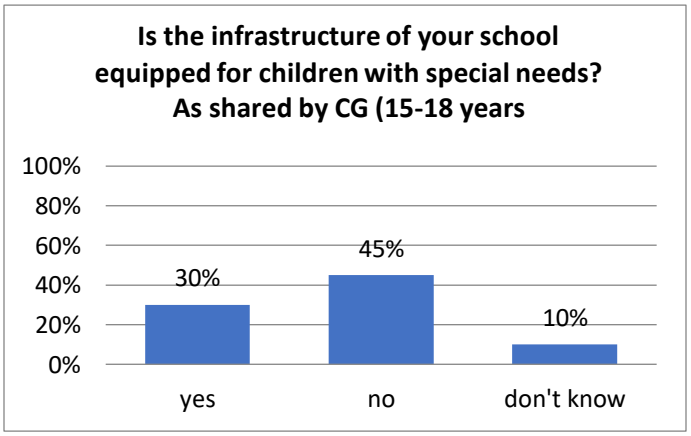
- *CG (15-18 years), Rafi Nagar, Kurla.*

"There are 8-10 children here who suffer from forms of physical disability. They don't get any kind of benefits, they don't even go to school. We had done a survey for this. They were told that they will get wheelchairs, hearing aids, etc. But nothing has been given."

- *USHA, Sangharsha Nagar, Kurla.*

"There are physically disabled children in this community. People do not come to health post for immunization."

- *USHA, Rafi Nagar, Kurla.*



CGs (15-18 years) from 75% and 20% of the habitations were aware of cases of children with physical and intellectual disabilities respectively. CGs (15-18 years) who were aware of cases of children with special needs observed that while these children were studying the same syllabus as the others, there should be a special curriculum for them. Many stated that children with special needs faced difficulties in day to day activities, and could not play or move around freely. Visual impairment, hearing impaired, speech impaired (deaf and dumb), crippled (physical impairment) and intellectual disability were recognized in the community. Some duty bearers observed that while the government had schemes for children with special needs, the benefits did not really reach them. CG (15-18years) across 45% habitations shared that

[59] CGs (15-18 years) across the habitations of pavement dwellers at Ghatkoper in Kurla expressed that such cases were handled by their own community and not through a formal system.

schools were equipped for children with special needs while across 30% habitations CG shared that schools were not prepared.

Physical abuse

"To vent their anger or if the child is not doing studies. They get angry early and hit for small mistakes."

- *CG (15-18 years), Andheri SRA colony, Andheri.*

"Children are beaten with broom, burnt with candle or incense stick, or beaten with hands."

- *CG (15-18 years), Sambhaji Nagar, Andheri.*

"Children are hit with belts, given burns with cigarettes and kicked."

- *CG (15-18 years), Rafi Nagar, Kurla.*

"Father beats his children only when he returns home drunk. If the children are staying with relatives, they are physically harassed."

- *Teacher, ASLFA Maharashtra Nagar, Kurla.*

CG (15-18 years) across 75% of the habitations, were familiar with cases of physical abuse from within their communities. Many of the children expressed openly that their parents/ teachers/ relatives/ siblings physically abuse (in the form of hitting, beating, burning, kicking) them as a method of disciplining them, or beat them as a way of venting their personal frustration. Many (including duty bearers) also expressed that children are beaten by the father if he is under the influence of alcohol.

Involvement of children in gangs

"Politicians support these gangs for gathering mobs for rallies. They also handle police in case of riots."

- *CG (15-18 years), Andheri SRA Janata Colony, Andheri.*

"They get involved in activities such as eve teasing, fighting, sexual exploitation, watching pornography /bad videos, substance abuse, using offensive language, theft."

- *CG (15-18 years), Rafi Nagar, Kurla.*

"They have to do whatever their gang members tell them. They have to complete challenges laid out by the gang – for example beating family members, demanding money from parents, theft."

- *CG (15-18 years), Lallubhai Compound.*

CG (15-18 years) from 60% of the habitations across the three tehsils expressed that they knew of involvement of children in gangs within their communities. CG across this age group gave information that induction into gangs takes place above 10 years. The kinds of activities that gangs usually conduct or get involved in was found to be substance and alcohol abuse, violence (physical and verbal) against other children/ older boys, arranging large groups of people for political rallies, collecting donations, sexually harassing girls, theft, viewing and sharing pornography and gambling. The idea that they would feel stronger, be recognized, have political support and be able to dominate their peers/ others were found to be some of the common reasons attributed to children joining gangs. CG across habitations stated that these gangs were supported by 'big shots': politicians, builders, rich persons, other gangs and sometimes even parents/families. The CG shared when children join gangs it is observed that they begin to bully and

fight with other children, lose their friends, lose interest in studies and get into substance abuse. Many duty bearers (teachers, AWWs, USHAs) from the habitations also acknowledged the existence of gangs in their neighborhoods and stated that they usually caused violence and were involved in activities such as theft and substance abuse.

Missing

"A girl was playing and she was kidnapped. She hasn't yet been found."

- *CG (15-18 years), Indira Nagar, Borivalli.*

"There is a boy who left his home due to some conflict at home and has not been found yet. His parents filed an FIR at the police station but they haven't been able to locate the missing boy. This happened two years ago, the boy was in 9th standard then."

- *CG (15-18) years, Lallubhai Compound, Borivalli.*

"Two children (between 10-12 years of age) were baited by someone and kidnapped by the person. They were later found dead."

- *CG (15-18 years) Bhimnagar, Borivalli.*

"A boy had fallen in love with a girl, who later went missing. It is said that the parents of the girl he loved did not like him and hence they made him vanish. But even after the police investigations he was not found till date."

- *CG (15-18 years), Bhimnagar, Borivalli*

CGs (15-18 years) from 40% of the habitations stated that they knew of cases of children going missing from their communities. Majority of the CGs and duty bearers from the habitations expressed that they did not know of such cases, or that they had decreased over the years. CGs (15-18 years) in the habitations who had knowledge of such cases, gave reasons which included kidnapping, the child leaving his home in anger or the child getting lost.

Focus group discussion amongst CG (11-14years) on child protection issues

Problem and solution analysis by AG

	ISSUES IDENTIFIED AS KEY CONCERNS	CAUSES IDENTIFIED BY AG	SOLUTIONS IDENTIFIED BY AG
More than 50% habitations	**Bullying**	- To establish power/ authority - Imitating elders	- Parents /teachers need to be watchful/ alert and correct children - Parents should ensure their children are not in bad company
	Impact of access to smart phones and internet	- Easily available (everyone has a smart phone) - Children begin to use the mobile phone from a very early age and it soon becomes an addiction - Children compare with other children and push for the mobile to be given to play games, surf, see videos, homework - Children spend innumerable hours - According to parents children feel if they have/ use mobile phones their value amongst friends increases	- No internet should be provided when the child is using the mobile phone/ Avoid keeping internet packs - Parents should ensure that time children spend on the mobile is limited - Parents should ensure their own usage of mobile phones in front of children in minimal - Mobile phones should be provided only for school homework - Parents and teachers must help children understand the pros and cons of mobile usage - Parents must give attention to children - Encourage children for outdoor activities
	Sexual harassment	- Boys have nothing to do, and do this as time-pass. Also while in company of other boys - Influenced by movies/ songs - Girls wear provocative clothes - Under the influence of alcohol & other substances	- Boys need to be involved constructively - Harsher punishments - Parents need to be alert - Such boys need to be explained –"just as you have a sister, that girl too is someone's sister" - Police need to be pay attention. No. of police units should be increased
	Substance abuse	- Imitating elders/ peers - Asking children to go buy cigarettes/ gutka from the store - As time-pass	- All substances should be banned - Adults should not smoke/drink in front of children. They should be better examples - Shopkeepers shouldn't sell substances to children

			- Children should be informed of the consequences on addiction & its impact on health
30%-50% habitations	**Corporal punishment**	- Children are naughty, disobey the teacher - Children do not complete their homework	- Children should listen to the teacher - Children should concentrate on studies and complete their homework - Teachers should hit only when the student has made a mistake - Parents should make sure that children complete their homework
	Domestic violence and its impact on children	- Domestic violence takes place because of difference in opinion, alcoholism, unemployment, financial problems	- Parents shouldn't fight in front of children - Parents should make an attempt to understand each other - Fathers should not have alcohol - Anger needs to be controlled and disputes need to be settled peacefully
	Gambling	- Children are curious and learn from elders - Initially they are attracted for the fun of it and then slowly attracted for easy money - Parents give money to children and do not ask how/ on what the money has been spent - Seeing peers - Easy money/ greed	- Gambling should be banned all together - Police should take action - Elders should set a better example in front of children. They shouldn't play in front of children - Parents should engage and pay attention to children - Parents shouldn't give extra money to children - Children need to be informed and made to understand the negatives of gambling
Below 30% habitations	Children who work, drop out, involvement in gangs, neglect, organized drug trafficking, children and offences, early marriage, gender discrimination, malnutrition, missing		

2. Risk and threats to children in their environment

Body Mapping (CG 11-14years)

The physical environment the child grows up in, has a strong influence and impact on his/her learning and development. Outside the child's immediate family, it is the community/ habitation the child lives in that influences and molds the child. Children are keen observers. To a large extent the environment the child grows in influences their habits, vocabulary and manner of speaking, perceptions etc. Through a discussion on how children's body are affected by aspects of the environment, risks, threats, discomforts, children experience or are exposed to a daily basis were examined. This activity was conducted amongst CG (11-14years). The following issues were raised:

- The issue of garbage and sewage was raised across all habitations. Across 63% habitation children shared they detest the sight of it; across 88% habitations they complained about the overpowering stench of it; and across 23% habitations children stated that they hated walking through garbage. This situation worsens especially during monsoon season. Girls assigned with the task of throwing away the household garbage, across 63% habitations shared that they disliked the task.
- Another issue identified, was the consumption of substances (Gutka/ beedi/ alcohol/ cigarettes). Children complained about disliking the sight (45% habitations), smell (50% habitations) of the same.
- CG (11-14 years) across 42% habitations shared they dislike seeing individuals break into a fight.
- Across 83% habitations children shared that use of foul language (abusive /bad words/ verbal abuse) was common and it has become part of everyday conversations they hear/ are a part of.
- It is important to note that girls across 23% habitations complained that they had to see girls/women getting sexually harassed. Across 20% habitations, girls complained about unfavorable touch on the mouth / cheek and across 30% on the hand.
- Girls and boys in 23% and 10% habitations said they did not like seeing bad films and videos (pornography)

Access to spaces and amenities (CG 15-18 years)

A clean, healthy, stable environment is key ingredient for any individual's emotional wellbeing and especially that of children. Keeping this in mind that this section examines the with regard to mobility, safety and security in community spaces; it assesses the availability of water, proper sanitation, play space, housing and the impact of lack of the same on the child. A community mapping exercise was conducted through an FGD amongst children (15-18years).

CG (15-18years) discussing and preparing safety map, marking the safe and unsafe spaces in their habitations

Safety mapping

"I feel very unsafe on the road because there are lots of vehicles going and there are lots of fights going on in that area so am afraid of that area." – Veera Desai road

- CG (15-18 years), Beheram Baug (SLUM), Andheri

"A child was put in jute bag and thrown in creek. He was found dead later."

- CG(15-18years), Bhimnagar, Borivali

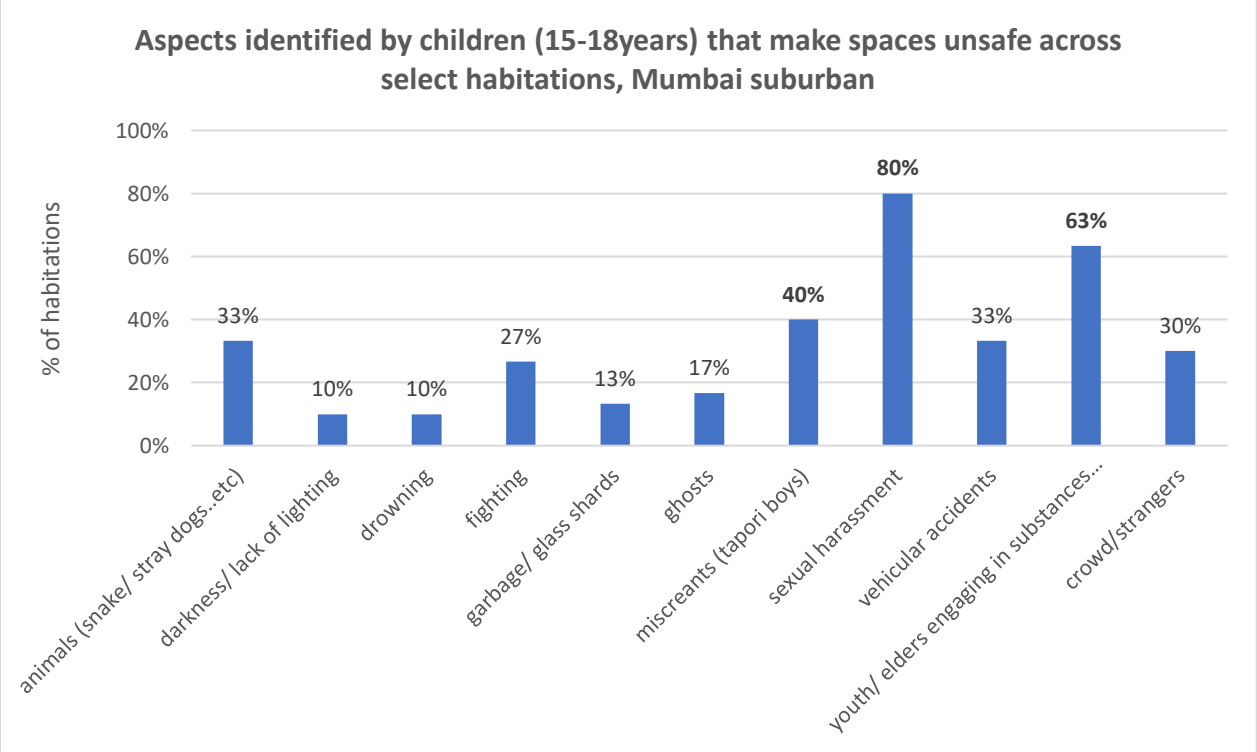
"yes, when my friend was going to college and she was dressed Maharashtrian saree as there was a cultural function in her college. The boys on route commented at her -patakha, kadak etc."

- CG (15-18years), Ambujwadi, Borivali

"The place gets haunted by ghosts in night. The plastic there frequently catches fire, and we fall sick. There is lot of garbage there, and on the ground there are glass shards, broken glass bottles which injures the leg. We fear falling from the garbage heap. There are a lot of muddy lakes which is not visible due to all the garbage … and we can drown in it."

- CG (15-18years), Rafi Nagar, Kurla

60



Children across 80% habitations, are conscious and fearful of sexual harassment when they move around the community. In 63% habitations children stated that they feared crossing areas where

[60] Multiple responses

groups of adults are found drinking alcohol, doing drugs, and gambling. In 40% habitations children were scared of 'taporis'/rowdies. Children in 33% habitations reported fear of vehicular accidents and dog bites. They also reported fear of accidents caused by vehicles in 33% habitations. Unsafe spaces include parks, gardens, open spaces, space around alcohol shops, main roads, lanes, drains, creeks, railway tracks

Across 56% habitations to protect themselves children do not access these spaces unaccompanied. They either go in groups, or with responsible adults. CG across 33% habitations avoid these unsafe spaces all together.

A detailed list of unsafe spaces for children in each community covered by the primary study is placed in the Annexure. Some of the spaces avoided altogether as informed by the children are outlined below:

Andheri : Versova (Garden near port, Khadaan, Garden, area near construction site) Ambewadi Reliance garden, Viraj garden (Golibar road), Bandrekarwadi Jogeshwari (railway colony area);

Borivali: Bhimnagar (Creek (khadi), bridge), Kharodi (Rathodi gaon), Appa Pada (Ground), Goregaon station pavement (Railway track), Shashtri Nagar building (Samadhan bar, Sampada building, Forest), Ambujwaadi (market), Nutan Nagar (behind the building, rajesh ground), Indira Nagar (building gaps, G.S school)

Kurla: Rafi Nagar (Butchers wada, near community toilet, dumping area), ASALFA Maharashtra Nagar 2 (Forest), Parerawadi (Zunjar Maidan), Lallubhai compound (open space, Govandi rickshaw shop, 63no., cremation ground), Sangharsha Nagar (mountain), Bailbazar (Sandesh Nagar, Kranti Nagar, Sheetal talav, Bailbazar), Jarimari (Creek, Toilet, hill, Bijlighar), MHADA building (Savitri Bhai Phule garden)

Water

Water is one of the most important necessities of life. It is one of the most basic elements for any household on a daily basis irrespective of age / gender/ caste/ class. It is the key ingredient for almost all

domestic activities. In addition to being required by each member of the household for drinking, bathing and keeping clean it is also required for washing clothes, utensils, surrounding etc.

"We have to carry large utensils. We have to fill the drum till the water fills fully. We need to take trips near about 20 times. We don't get much time for study, we don't get food on time."

- *CG (15-18years), Rafi Nagar, Kurla*

"We miss our school time and get tired."

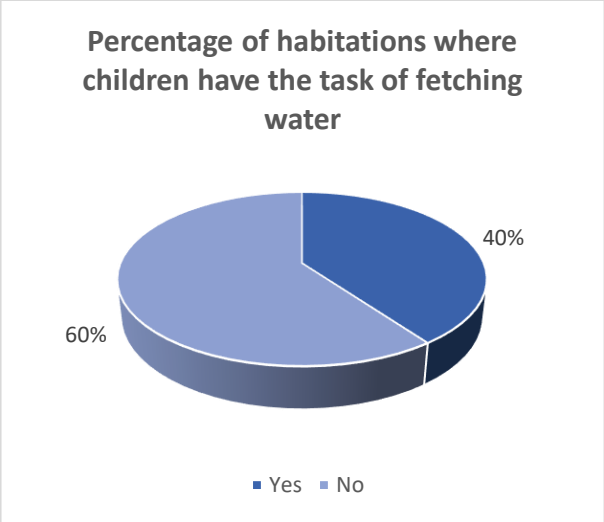
- *CG (15-18years), Lallubhai Compound, Kurla*

"We have to walk very far to fetch water. It takes us 2-3 hours to fetch water."

- *CG (15-18years), Arrey colony, Borivali*

"In rainy season, sometimes there is odour and impurities in water It causes diseases as dengue fever, vomiting, diarrhea, malaria, typhoid."

- *CG (15-18years), Beheram baug, Andheri*



Despite CG(15-18years) across 73% habitations giving information that piped water is available, CG (15-18years) across 40% shared that they assist/ and are responsible with the task of fetching water. Both boys and girls are assigned the task of fetching water. Children shared that this time spent on fetching water gets them feeling very tired and reduces their time to study. It was shared that while the water is mostly safe to drink, across 40% habitations there have been cases where children and adults have fallen ill (vomiting, diarrhea, jaundice, stomach pain etc). This peaks during the monsoon season.

Sanitation

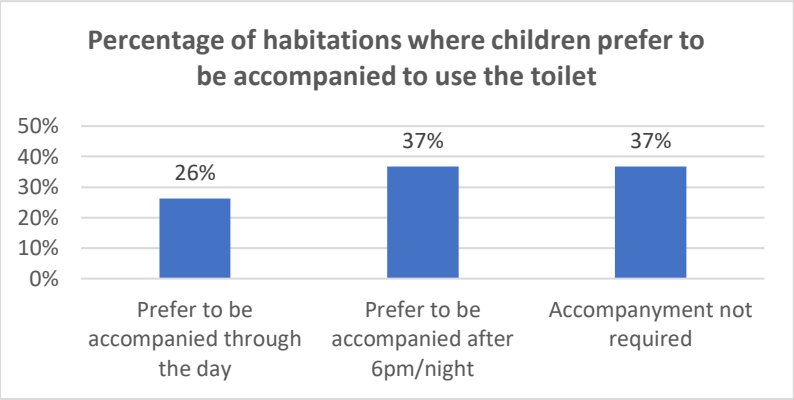
Proper sanitation is necessary for basic hygiene, to maintain health and prevent the transmission of diseases. In addition to probing the availability to proper sanitation, the study probed the safety in accessing the same.

" There is a group of boys standing near the toilets we get scared. One girl in the community got hit on her chest"

- *CG (15-18years), Rafi Nagar, Kurla*

"We also fear to bath in this bathroom because there have been incidences where men try to see ladies while she(the ladies) is bathing."

- *CG(15-18years), Ghatkopar pavement dwellers, Kurla*



CG(15-18years) across 66% habitations shared that they use community toilets. Children across 26% habitations shared that they prefer to be accompanied through the day to use the community toilet, while CG (15-18years) across 37% habitations shared that they need to be accompanied after 6pm. The main reasons children prefer to be accompanied/ go in a group are to feel safer (i) against the advances of *tapori (street)* boys/ drunkards across 43% habitations in Kurla and 17% in Borivali and (ii) walking in the dark across 29% habitations in Kurla and 50% in Borivali

Play Space

Children have a right to play. Play promotes cognitive, physical, social and emotional well-being, offering the necessary conditions for children to thrive and learn[61]. And therefore, play space is important. Playgrounds have numerous benefits[62] – exposure to sunlight even for just half hour helps the body to make vitamin D which is important to development; playgrounds provide a place for "full body" workout that include exercises to strengthen the arms, legs, torso, shoulders; unstructured physical play reduces stress; playgrounds open the door to imagination; playgrounds are one of the few places open to children that are not limited by income; such spaces provide a break from the pace of modern, daily lives; good and bad experiences happen at the playground, and each of them helps a child to develop coping mechanisms. Recognizing this, the study probed availability and the risks children faced while accessing the play space

"We go to play near station, otherwise we play in the area on the road."

- *CG (15-18years), Vakola*

"Andheri due to lack of adequate space, children get involved in other bad habits like substances and addicted in mobile use."

- *CG (15-18years), Ambujwaadi, Borivali*

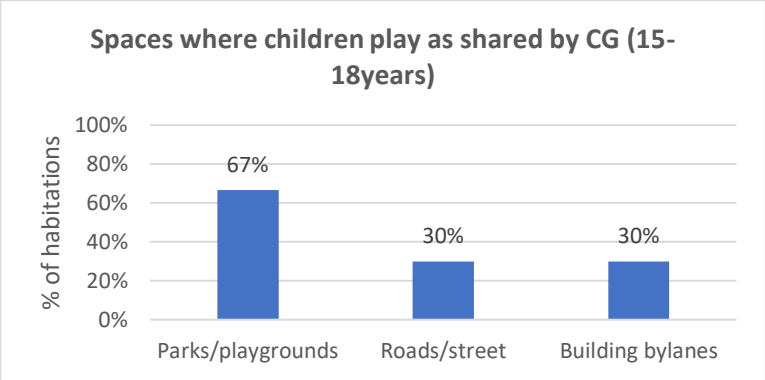
"Girls don't get to play , we feel bad , even if we want to play ,we have to play indoor."

- *CG (15-18years), Sanagharsha Nagar, Kurla*

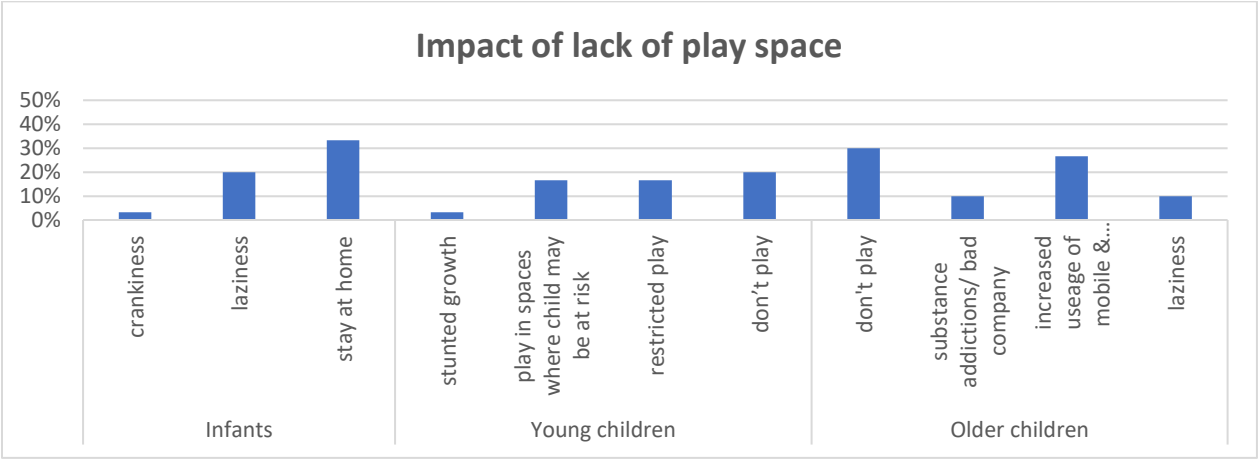
"when we play on the road we fear accidents by vehicles because some people drive their vehicles very fast, there was some incidences where children got injured in accident by a vehicle."

- *CG(15-18years), pavement dwellers, Ghatkopar station, Kurla*

[61] https://www.sciencedirect.com/science/article/pii/S2444866416301234
[62] https://www.aaastateofplay.com/77-reasons-kids-need-playgrounds/



[63]CG (15-18years) across 73% habitations shared that parks/ playgrounds are available. While CG across 67% habitations said that they play in playgrounds an almost equivalent number stated that they also play on the roads/streets and building by lanes. The children said that accidents/ injuries, getting scolded by neighbours and elders was part of everyday play when they played on the roads/streets and by-lanes. CG (15-18years) across habitations shared that the lack of proper safe play space ultimately results in 'no play' across ages. Further, as identified by CG themselves in the graph below, while laziness/ lethargy increases amongst the young children (0-6years), the slightly older children (6-14years) often are at risk of getting injured as this age group play on roads/building by lanes (open spaces/ abandoned buildings etc.) close to home, and the older children tend to start experimenting with substances or spend increasing amount of time on mobile phones. CG (15-18years) across 8 habitations additionally stated that "girls do not play".



[64]

Housing

Safe and stable housing is essential to support healthy child development and promote strong families. Children thrive in secure, stable environments. Housing instability includes precarious, unstable situations which may include poor quality housing, overcrowding, frequent mobility etc. Substance abuse, domestic violence, unemployment etc. are some other factors[65]. The study probed some of these issues (Section under CP issues) and attempted to understand the impact of poor housing on children.

" We cannot sleep on bed. We keep coughing while studying if someone is cooking at the same time, There is no door to toilet, just a curtain."

- *CG (15-18years), Versova, Andheri*

[63] Multiple response
[64] Multiple response
[65] https://csd.wustl.edu/Publications/Documents/RB15-40.pdf

"We have to study while someone is watching TV. When relatives visit us, it is so crowded that we have hardly left with any space for us."

- *CG (15-18years), Kharodi, Borivali*

"Problems are there when we want to sleep, change clothes, Girls have to change, when everyone goes out."

- *CG (15-18years), Jarimari, Kurla*

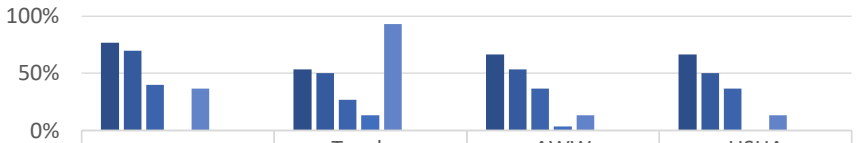
[66]CG(15-18 years) across 57% habitations shared that they do not have privacy in their homes. Children across 37% habitations shared they especially find the lack of space congesting when visitors/ relatives stay over. Concentrating on studies in the midst of the television playing in the background/ and other activities taking place at home becomes difficult. So also sleeping becomes tough, especially since many families reside in single rooms which converts to a bedroom for all by night.

[66] Multiple response

3. Habitation level Committees

The importance of assessing awareness of the habitations pertaining to various active committees within and around the habitations is to check if these committees can be used as platforms to bring up and discuss various child protection issues.

Awareness of habitation level committees across select habitations, Mumbai Suburban



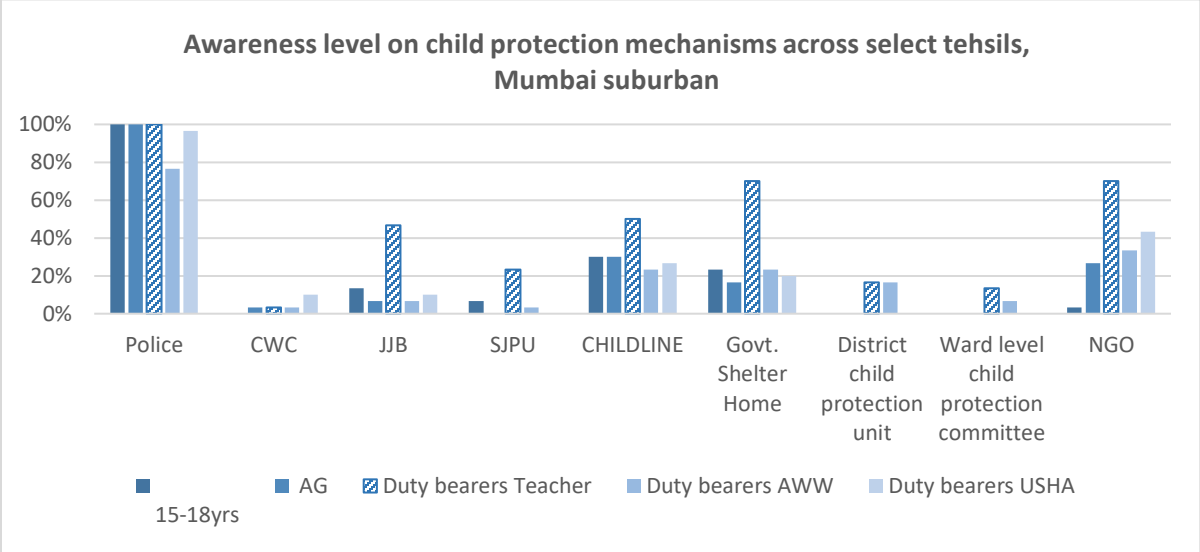
	AG	Teacher	AWW	USHA
		Duty Bearer		
Mahila Mandal	77%	53%	67%	67%
Ganesh Mandal	70%	50%	53%	50%
Mandir Trust	40%	27%	37%	37%
Mohalla Committee	0%	13%	3%	0%
School Management Committee	37%	93%	13%	13%
Mata Balak Committee	0%	0%	0%	0%
Moharram Committee	0%	0%	0%	0%

It was observed that while the maximum awareness amongst AGs and Duty Bearers across habitations is for the Mahila Mandals and Ganesh Mandals, there is negligible or no awareness regarding Mohalla Committees, Mata Balak Committees and Moharram Committees (refer to graph above). The School Management Committees and Ganesh Mandals were found to be comparatively more active and functional than the other committees mentioned.

During the course of data collection, the AGs and Duty Bearers from across habitations mentioned that NGOs such as Salaam Bombay Trust, Pratham[67], Pehel[68], AMERI Care[69] and Magic Bus[70] work with children from their communities to address issues such as menstrual hygiene, education and awareness, prevention of substance abuse

[67] Andheri SRA Janata Colony, Kharodi (Borivalli), Bhagat Singh Nagar (Borivalli)
[68] Mhada Building (Kurla)
[69] Kharodi (Borivalli)
[70] Bhagat Singh Nagar (Borivalli)

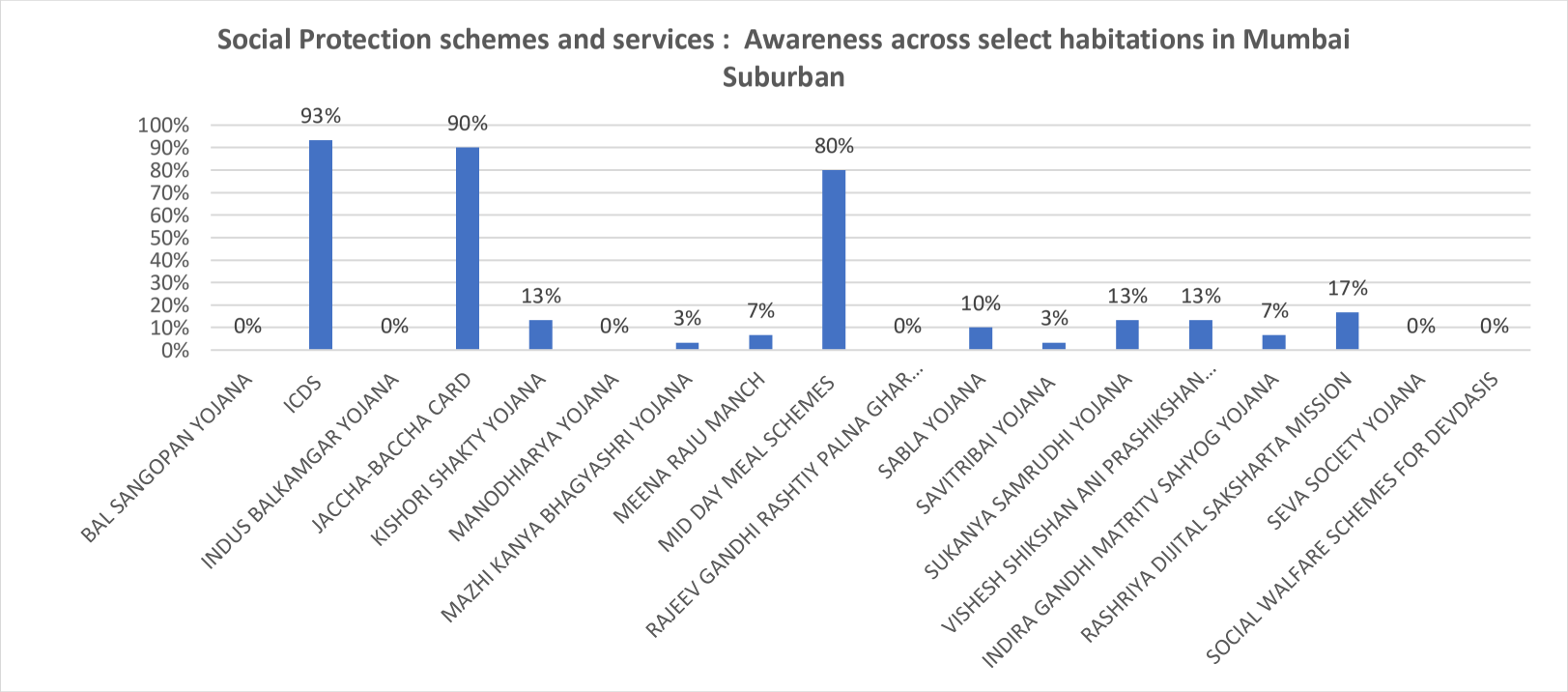
4. Awareness level on child protection mechanisms across select tehsils, Mumbai suburban



Across the 3 tehsils during the FGDs, the children (15-18 year olds), AG, duty bearers expressed that they were most aware of the Police as a mechanism to protect children. Further, children and AG across only 10% habitations and AWW and USHA across only 15% habitations on an average are aware of other child protection mechanisms i.e. CWC/ JJB/ SJPU/ Childline/ Govt. Shelter home/ DCPU/ WCPC/ NGO. The level of awareness increases amongst the teachers across 37% habitations. It has been observed that children across 30% of the habitations are aware of Childline. Also, awareness level of NGO increases across those habitations where a NGO is working/ is implementing a program. Duty bearers across three habitations in Andheri and two in Borivali shared that the Police department had organized a program in the community to introduce themselves and to inform on their role in protection.

5. Social Protection Schemes and Services

Social protection schemes and services provide material and financial support which help families stay together. Some of these schemes are targeted directly at children addressing nutrition, education, health, gender disparity, and child protection. Many such schemes are targeted at families and households providing necessary buffer to families to help them cope with vulnerability brought about by poverty, disaster, unemployment etc. This section examines the communities' perceptions on availability and quality of certain social protection programs in communities in Mumbai Suburban.



[71] [72]

18 schemes and services were probed across 30 habitations. Off these 18 schemes AG across all 30 habitations were not aware of six schemes (Bal sangopan yojana, Indus Balkamgar yojana, Manodhiarya yojana, Rajeev Gandhi Rashtriya Palna Ghar Yojana Kruti Mahilankaria 2, Seva Society Yojana, Social Welfare Schemes for devdasis); and across majority of the habitations AG were unaware of Mazhi Kanya Yojana (97%),

[71] Jaccha Baccha Card – Andheri: Golibar Transit camp; Borivali :Indira Nagaar; Kurla- MHADA building

[72] ICDS- Kurla :Ghatkopar station pavement dwellers ; Andheri : Sarvodaya Nagar Chawl

Indira Gandhi Matritv Sahyog Yojana (93%), Savitribai Yojana (97%)Meena Raju Manch (93%), Sabla Yojana (90%), Kishori Shakty Yojana (87%), Sukanya Samrudhi Yojana (87%), Vishesh Shikshan Ani Parishikshan (87%), Rashtriya Digital Saksharta Mission (83%).

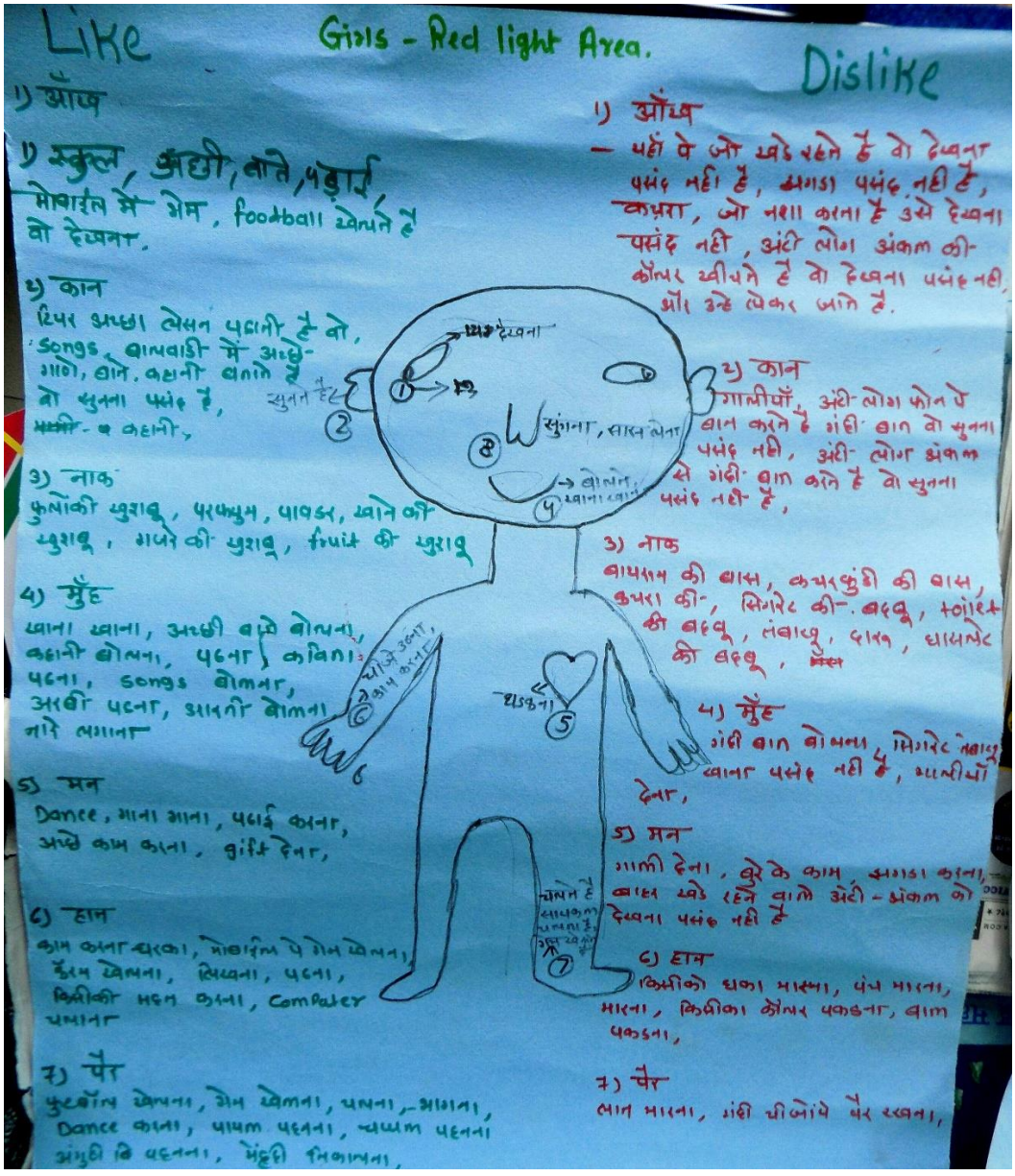
	AVAILABILITY			QUALITY					
				Staff			Service		
	To all	To some	To none	Satisfactory	Not so satisfactory	Bad	Satisfactory	Not so satisfactory	Bad
Integrated Child Development Scheme	77%	3%	13[73]%	77%	3%	0%	77%	3%	0%
Jaccha-Baccha Card	87%	3%	0%	70%	17%	3%[74]	73%	17%	0%
Kishori Shakty Yojana	13%	0%	0%	13%	0%	0%	13%	0%	0%
Mazhi Kanya Bhagyashri Yojana	3%	0%	0%	3%	0%	0%	3%	0%	0%
Meena Raju Manch	7%	0%	0%	3%	3%	0%	3%	3%	0%
Mid Day Meal Scheme	80%	0%	0%	73%	7%	0%	63%	17%	0%
Sabla Yojana	3%	7%	0%	7%	3%	0%	7%	3%	0%
Savitribai Yojana	3%	0%	0%	3%	0%	0%	3%	0%	0%
Sukanya Samrudhi Yojana	13%	0%	0%	7%	3%	3%	7%	3%	3%[75]
Vishesh Shikshan Ani Prashikshan Yojana	7%	7%	0%	13%	0%	0%	10%	3%	0%
Indira Gandhi Matritv Sahyog Yojana	7%	0%	0%	3%	3%	0%	3%	3%	0%
Rashtriya Digital Saksharta Mission	13%	3%	0%	13%	0%	3%[76]	13%	0%	3%[77]

Off the remaining 12 schemes that AG was aware of, only three schemes are available across 80% (average) of these habitations – Jaccha-Baccha Card available across 83% habitations, ICDS which is available across 77% habitations, and Mid-day meal across 80%. The other 9 schemes (as seen in table above) are available across less than 8%[78] habitations.

[73] ICDS (available to none): Borivali – Gorgegaon station pavement, Shashtri nagar building, Kurla – Jarimari, MHADA building
[74] Andheri SRA Janata Colony, Andheri
[75] Bailbazar, Kurla
[76] Rafi Nagar, Kurla
[77] Rafi Nagar, Kurla
[78] average

6. Especially vulnerable children

FGD were conducted with the following: children at landfill, transgender young persons, children in the red-light area, children with special needs (parents), children in domestic work, runaway children at CWC, migrant children in fishing community, tribal children, children of manual scavengers. Outlined below are some specific vulnerabilities which were expressed during the FGD. It should not be assumed that unexpressed vulnerabilities do not exist for a specific group of children. A child experiencing fewer vulnerabilities may still be at higher risk or experiencing more harm. This analysis presents what the children[79] have articulated.



Body map prepared by girls (11-14years) in Red light area in Vaitag Wadi, Ghatkopar

[79] Parents in case of children with special needs.

	Experience and exposed to violence	Children work	Face health issue/risk: pain, tiredness, injury, disease	Face discrimination	Face or at risk of harassment (physical, sexual)	Fear of authorities	Dropout or attend school irregularly before class X	Aspire for better/different life
Children at landfill	✓	✓	✓	✓	✓	✓	✓	✓
Transgender youth	✓	-	✓	✓	✓	✓	-	✓
Children in red light area	✓	-	✓	✓	✓	-	-	✓
Parents of Special needs children	-	-	✓		✓	-	-	✓
Children in domestic work	-	✓	✓	-	-	-	✓	-
Runaway children at CWC	✓	-	-	-	✓	✓	-	-
Migrant children working in fishing village	-	✓	✓	-	-	-	✓	-
Tribal children	-	✓	✓	-	-	-	✓	-
Children of manual scavengers	-	-	-	-	-	-	-	-

It was found that across some groups[80], there is burden on girls to earn outside the house as well as undertake domestic chores within the household at home. Girls spent more time outside at work than boys across these groups. Girls in the age group of 15-18 years who are working have discontinued their education. More boys than girls who are working remain enrolled in school, but attendance is irregular. Girls across all ages do not play. Young boys play even if the play space is unsafe, older boys gather in groups and could pick up bad company, substance abuse. Nearly all the groups of children interacted with across all ages experienced or were at risk of disease, injury, pain, fatigue. Amenities for health, education, and access to water in the tribal pada and landfill are reported as less accessible. LGBTQI young people stated that their need is for acceptance and equality from the whole society. Discrimination against them must stop.

Children in the red-light area reported considerable social stigma in school. Their environment provides routine exposure to commercial sexual exploitation. In a body mapping exercise aimed at understanding how they are affected by their environment they said their eyes, ears, and hearts were affected by: seeing their mothers with clients, soliciting, hearing negotiations, seeing fighting, consumption of alcohol, tobacco and other substances. It was also found that each of the runaway children who participated in the discussion all shared in common an alcoholic father who was violent and poverty. They all left home because of violence. Child workers in the fishing community are from migrant families who work for the traditional fishing community. Parents of children with special needs reported that many things have changed for the better. People are more understanding, they get support from their surrounding neighbors, people do not get angry or talk rudely if special children touch them. There are more schools for children with special needs.

[80] Children at landfills, children engaged in domestic work, fishing community children,

EXPERT PERSPECTIVES

"I was 11 years when I started to feel that I am not like a boy. I like to dress like a girl. My family was upset, tense, tried to stop me. They hit me, locked me inside the house, tied me with chains. Unable to cope I tried to end my life by drinking Phenyl. A counsellor spoke to me. I told him I am like this, I behave as I am. He explained to my parents that I felt like a girl, and I was not doing anything intentionally. After this my family stopped harassing me."

-A youth transwoman

EXPERT PERSPECTIVES

(Interviews with experts from the field)

Under-nutrition

Dr. Armida Fernandez, is the founding trustee of SNEHA that works with women in slums of Mumbai to improve health and nutrition levels among children

- **Can you give us a brief overview of situation of undernutrition among children in urban slums? Are there any particular groups of children who can be identified as high risk?**
- **What are the underlying contributing factors to undernutrition among children in urban slums?**
  - **Can you also please explain how unsafe drinking water and sanitation are linked to the nutritional status of children in urban slums?**
- **How does undernutrition impact children in urban slums?**
- **We have read that in your work with communities on health you believe that a large part of the answer lies when patients become partners in the struggle to demand services and benefits? Based on your work, could you give suggestions/recommendations on the work that is required to address the issue of undernutrition among children in urban slums?**

Sneha has been working for decades now on neonatal care, maternal health, and child nutrition. I would like to look at the issue as one of health and nutrition with regards to children in urban slums rather than coining it as under-nutrition.

Children living in slums are at higher risk for poor health and are more likely to have multiple health risks which are inter-related. For example, diarrhea, dysentery, and respiratory tract infections are often seen together. Factors such as congested, closed spaces, with poor ventilation, heighten risk of transfer of infection. Inadequate water and sanitation facilities affect the ability to maintain hygiene contributing to increase in incidence and spread of infection. Repeated infections leave children immune-compromised. This contributes to malnourishment. NFHS data tells us that data related to immunization for preventable diseases is worse in urban slums as compared to rural areas.

We find that in slums people do not have adequate access to qualified health care providers. There is risk of misdiagnosis. Many times, we see that parents are not able to access the health care in time, and this increases risk of death in cases.

We have also learned that poorer the mother, higher the health risk for her, her infant and older children. Poor feeding habits lead to malnourishment among infants. We observe that mothers who exclusively breast feed do not adequately introduce top feeds such as cereals as the infant grows sticking only to milk. In other cases, we see mothers who introduce top feeds are not able to maintain hygiene. Both contribute to malnourishments and risk of infection.

The nature of the slum affects the risk posed to health and nutrition of children. Unrecognized and illegal slums are situated on the outskirts of cities. They have less access to utilities such as water, electricity, and health posts, increasing health risks for children. Inaccessible essential amenities influence avenues

of spending household income, and has a negative impact on percentage of income spent on nutrition. To explain with an example, when Sneha began its work 30 years ago in Mankurd, the community was surrounded by the dumping grounds, there was no water supply, or health care facilities. Extremely poor communities were spending 20% of their household income on water which they would source and store in large drums. Women had to travel to Deonar to access a maternity home for delivery.

We are witnessing high levels of anemia in adolescents (in the range of 30-40%). Though not directly related to malnutrition, we are observing high levels of mental health issues especially anxiety among adolescents who live in slums. With regards to younger children I have elaborated the risks and impact above, however, it must be emphasized that undernutrition impacts developments milestones, physical, cognitive development, and brain development. It reduces capacities to learn and work.

Some trends that we are observing include that the cost of food impacting quality of nutrition. Many families are not able to afford milk, fruit, vegetables, proteins. Diets are high in carbohydrates but low in nutrients. We are also observing that 2nd generation slum mothers have access to more income and seem to be getting careless. We see purchase of processed food which is low in nutrition. With increase in income we are also witnessing increase in malnutrition. We are now seeing women and children who are obese. As parents in slums are always very busy with work, in many cases both parents work, and children are given money to buy food. This is a captive market segment for junk food which comes in small packages costing as little as Rs.2/- and Rs.5/- There is a lot of junk food being pumped into urban slums.

We believe that the answers to child health and malnutrition lie in partnerships between mothers, health care facilities, civil society organizations. We believe in appreciative inquiry, and coming together of the communities to ask for services. We help women to get organized, though it is difficult. Many women believe that their lives are cut out to be difficult, that there is nothing more for them than to serve their husbands, children, families. We start by helping women believe in themselves and helping them to believe that they are and can be good mothers. It is only when they begin to believe that they find the strength to ask for themselves, their children, and they aspire to seek change. The women experience domestic violence and so our work takes the shape of helping women get organized into action groups which work at the intersection of health and violence, enabling them to speak and act for themselves and for their children. In time they have become confident to approach the police, the health posts and the ICDS system, seeking services for themselves and for their children. I feel that civil society organizations can play a key role in supporting communities to become partners with the government towards achieving good health and nutrition for children.

Play in urban slum communities

Akshai Abraham, founded Project KHEL[81] in 2012 – an amalgamation of his love for sports and co-curriculars and his interest in working for the underprivileged at the grassroots level.

- **What are the challenges to children's play in urban slums? Are there any particular groups of children in urban slums who are unable to play?**

  The two major challenges we feel in urban slums related to playing are:

  1. Space: The slum colonies are very tightly placed, with huts crammed up close to each other. There barely are enough free spaces for the children to play.
  2. Availability of children: Considering extreme poverty, most children have to be out earning for themselves (rag picking/ vending/ begging, etc.). So, with children working for most part of the day, playing takes a backseat.

  In the last 5 years of our work in Project KHEL, we have never really found a slum where children above the age of 13 years are either playing among themselves or in our session. They are almost always working or looking for opportunities to make some money.

- **When we talk of play and children in urban slums conversations get limited by the lack of play spaces. Given this, how can we promote play with available resources in the communities?**

  To be able to promote play with the available resources just requires a mix of intention and innovation. There is nothing much that we can do about space, but we can always tweak games, mix and match rules to create hybrid games that allow for the same kind of playing even in limited spaces. For this, it is important to understand the kind of energy the children possess, so that the game could cater to that and understand what the intention of the game is, so that adequate adjustments to the rules can be made in the context of resource availability.

- **Can you tell us about your organization and the engagement with children on promotion of play?**

  At Project KHEL, all our interventions are play and activity based. Three specific programmes are completely play for development based:

  1. Made in Maidaan: We meet with underprivileged children on a bi-weekly basis and impart 21st century life skills education through play, outdoor activities and sports. This is a regular long-term programme wherein we engage with 1300+ children each week at slums, shelter homes and low-income schools.
  2. JustKHELo: It is a weekend volunteering programme that runs on the principle of role modelling. The entire idea is about adding more play time to the lives of adults and children, who are not otherwise part of our life skills programme.

[81] http://www.projectkhel.org/

3. Ultimate Frisbee: We provide tri-weekly coaching to children from underprivileged backgrounds, on the sport of Ultimate Frisbee which is a unique sport that encapsulates a lot of learning because it is the only self-refereed and mixed gender team sport.

Please note that none of the three programmes mentioned above require any monetary contribution from the children.

- **Through examples/cases studies drawing from your organization's work, can you talk about**
    - **How play has benefitted and impacted children living in urban slums?**

The benefits of play have been many, here are three that stand out in the urban slum context:

- Considering that our approach is to use play to deliver important messages in super fun and contextualized manners, one of the more visible impacts have been in the general sense of personal hygiene and self-presentation. What started off as 'we're not starting our session till you kids clean up and come back at the count of 20' has led to solid impact of better dressed children in school and in their homes. One of our biggest indicator for this has been with the parents bringing in their little ones, who don't fit into our target group, and tell them that if they don't learn how to stay clean, they'll not be allowed to join our sessions when they grow up.
- Apart from delivering basic life skills as per the UNICEF definition, we cater to themes and topics that are specifically relevant to a particular group that we are working with. One such intervention has been on oral hygiene and the intake of tobacco and gutkha. After very directed interventions and thorough follow ups, we now see our children check on each other, and also if they see anyone in their homes open a pack of the same in their presence.
- We are strong believers in the Knowledge-Attitude-Practice steps to change and hold verbal abuse as one of the foremost visible act that we aim to put a check on. When we start working in a slum community, the aim remains to constantly remind them that abusing is not healthy. The first step of the impact is that children stop abusing in our presence and move to checking each other for the same. The second big step is a handful of children continuing this practice and influencing each other outside of our sessions too and finally the overall quantum of verbal abuses in a community comes down.

    - **Your engagement with urban slum communities, and the support you have received from these communities to your work?**

      Our first interaction with most slums have had a similar note, they were all expecting we are here to 'donate' and leave. Eventually when they realized we are here for good and don't really give away items, a handful of families were disappointed but most others were appreciative. They are happy how we are regular and punctual visitors to their slum and are able to engage the children through play and have specific learning outcomes**.**

- **Is there anything you would like to add in terms of perspective/experience/recommendation?**

Based on our experience all these years, we realize that a lot of people have a mental barrier of associating playing with equipment and space or facilities. As much as this thought encourages more and more people to get toys and props to the children, it restricts the implementation of the intention of getting children to play. We need to remember that having toys and equipment is a preference and not a 'must have' to run play sessions**.**

Urban governance and children living in urban slums

Pankaj Joshi, an urban planner and Executive Director of the Urban Design Research Institute[82], an urban policy think tank in Mumbai.

- **What enables children and adolescents to live well in urban slums?**
- **How can urban planning and governance help in the realization of needs of children in urban slums?**
- **Can you place the current urban planning policy in the context of the needs of children in urban slums?**
- **Do you think the focus on smart city in urban planning is going to impact children living in urban slums? In what ways?**
- **The governance structures in metropolitan cities like Mumbai are complex and layered, involving municipality, state government and others. Children's needs and issues get lost in this complex maze. What are the current gaps? How do you think that affects children living in urban slums?**
- **What are your recommendations and suggestions on urban planning and governance that focuses on the needs of children?**
- **Can you share some good practices of urban governance in slums in the global context that would be relevant to Mumbai/India?**
- **Is there anything you would like to add in terms of terms of perspective/experience/recommendation?**

It is important to acknowledge that urban slums are centres of deprivation of not just utilities and amenities but rights as well. An adequate provision of basic amenities, services and access to primary and secondary education would enable children to live well in urban slums.

Urban planning can facilitate equitable distribution of appropriate, affordable and sustainable amenities and services, which play an important role in the realization of specific needs of children. Urban planning is a vehicle for fulfilling the rights of children.

The problem with current urban planning and governance is that it largely looks at people as numbers, failing to understand the nuances of demographic and socio-economic indicators of the population. For instance, currently, urban governance looks at people below 18 years as children and above 18 years as adults. This kind of approach does not do justice to the specific needs of people of different ages within these two categories.

The approach of smart city in urban planning is extremely myopic. I am not sure to what extent does smart city even recognize the needs of children. For smart city to have a strong child friendly component, it is first important that children should be defined as a primary target.

Urban planning and governance is supposed to be complex and layered. It can be made more inclusive through structured interaction between stakeholders at different levels. The needs and rights of children

[82] http://www.udri.org/

can occupy a signification place in urban planning and governance through nuanced understanding of urban children and childhood.

There is a need for upgrading urban poor neighbourhoods, and improving urban poor neighbourhoods does not mean that we transform slums into buildings. An alternative approach could be to look at trunk infrastructure model, in which you make the services available to people for the beneficiaries to tap into it. For instance, instead of building toilets, make the provision of water supply outside people's houses so that they are motivated to tap into its benefits. This kind of approach has worked in Africa and South America and I think it will work well in our context as well.

Mental Health in urban slum communities

Prachi Khandeparkar, a clinical psychologist has more than a decade of experience working with the Sangath[83] which is committed to improving health across the lifespan by empowering existing community resources to provide appropriate physical, psychological and social therapies.

- **What are the most common mental health conditions that are seen among children and adolescents living in urban slums? What makes a child who is growing up in an urban slum more vulnerable to a mental health condition as opposed to a child being raised outside the slum environment?**
  Most common being distress, depression, addictions (alcohol, tobacco and substance use), suicide and intentional self-harm, OCDs, anxiety, PTSDs (exposure to trauma and accidental and incidental violence-groupism, bullying and peer rejection, aggressive/disruptive behaviour risky behaviours such as linked to RSH, NCDs and nutritional health (obesity, eating disorders). All these issues have direct and indirect influence on MH.

- **Mental health in the recent years has been given importance in the global health agenda. However most discussions around mental health and mental illness have been adult centric. Do you agree with this statement and feel that child and adolescent mental health is being marginalized?**
  Yes, very much. Though the onset of many mental illness is in child and adolescent age group there is very less awareness, budget allocation and services available to handle the issue.

- **What are implication of it specifically on children and adolescents living in urban slums?**
  MH is considered as a tertiary care illness and also there is lot of stigma attached to it. Stigma which is considerable barrier to mental-health service delivery, particularly among young people. Help-seeking behaviour comes less readily to young people who may be even more impacted by stigma, embarrassment and the lack of basic knowledge about mental health. The issue of stigma is further challenged by the lack of quality mental-health services in low- and middle-income countries
  Secondly there is no adequate training imparted to GPs to identify and handle MI. There are very few MH professionals available and they are concentrated in the metros and charge very high fees which may not be affordable to many. There is more help seeking from non-professionals specially quacks (babas, ojas, bhagat, maulas etc).

  Two social environmental factors, namely, social capital and social cohesion, are very important in the development of adolescents. Studies have found that when adolescents have lower levels of social cohesion, they report poorer mental health status, higher crime and homicide, and increased sexual risk behaviors. All these have critical implications on the future of the adolescent. Social determinants from outside the family become greater, with major influence of peers, media, education, and the beginning of workplace influences too.

[83] http://www.sangath.in/

- **At Sangath you advocate using community-based models of mental health care that are affordable and easily accessible. You have developed several such models of care that have proven their efficiency through RCTs. Have you developed such models of mental health care for children and adolescents particularly children and adolescents growing up in urban slum environments?**
  We have developed models working in a structured environment such as schools and as most of the children from the urban slum are admitted to the nearby school. Most of them would get the intervention barring few who may not be admitted to a school. We are in the process of developing interventions for adolescents in child care institutions and building community leaders.

- **What steps can be taken to prevent mental health problems among children living in urban slums? Or What can be done to promote positive mental health among children in urban slums?**
  - Creation of adequate awareness and de stigmatization campaigns for MH/MI. Efforts are needed to overcome stigma regarding mental-health conditions in youth across their life course.
  - Initiating health promoting interventions in the slum community which includes Social and Emotional Learning, which promotes the processes of developing social and emotional competencies in children. Adolescent health, including life skills and emphasis on physical activity, should be included in the curriculum of schools to inform and sensitize this vulnerable group
  - Enhancing the existing service networks by working closely with stakeholders and gatekeepers is important. E.g. Adolescent friendly health clinics, Asha and Anganwadi workers.
  - Early detection/assessment and management. Identification of risk and protective factors. These are then handled by developing linkages with the system.
  - Social-marketing campaigns and national programmatic efforts aimed at raising social awareness of the issues of mental health are a critical. Existing national initiatives on adolescent health need to be rolled out across the country. These address the major health issues among adolescents, namely, under-nutrition, alcohol and substance abuse, mental health, and NCDs.
  - Health education packages on adolescent health are required for family members. They need to engage with the adolescents in their families, with a clear understanding of their challenges and specific needs.
  - Networking, liasoning and mentorship-initiatives with role models in the community/local NGOs needs to be built and strengthened. E.g. gender sensitive issues such as prevention of early marriage of girls and violence can be handled through such initiatives. As such issues do affect mental wellbeing.

Prevalence and pattern of Substance abuse among children in urban slums

Rajkumar, a concerned parent who is an LED torch vendor living in a relief camp with his wife and three children in a one-room set up. His interaction with the system began in 2009 when his son who was already addicted to drugs was produced at the CWC.

Rajesh has been consuming drugs from the time he was 7 years old. Since then he has been in and out of CWC, JJB and child care institutions frequently. Yet, at the age of 16, his addiction has worsened, and he has fallen into a pattern of stealing to support his drug addiction. I also worry about his future now. He has no education and he has not learned any skill in all these years of being in and out of various homes. What I have come to understand is that the addiction to drugs has altered something in his brain, for which he requires a focused and long-term treatment. It is sad that no institution has been able to identify his real issue, failing to address his specific needs. Last year Rajesh was in a de-addiction centre for little over a year, and at the end, though Rajesh was off drugs when he was inside, I felt that the institute lacked in skills for therapy. However, it was a time when Rajesh was at his lowest, and we had lost all hope, and sending him to the de-addiction centre seemed our only option. After coming back from the centre, he was sober for barely a month before he fell back into his old pattern again. But what option do I have other than taking him back to CWC or JJB, if he falters again?

The system has both kinds of people, as is the case everywhere. There are people who have given us strength to stand by Rajesh. I would like to mention about a former CWC chairperson, and an NGO, both have always supported and guided me with regard to Rajesh. I have come across staff in child care institutions that use abusive language with children, and it has often made me question, if this is how they are going to reform and rehabilitate children. At times, the Police are rough when they catch Rajesh, and it breaks my heart, after all, he is my child. As a family, the humiliation that we have suffered at the hands of neighbours and relatives is something that we will never be able to forget.

Rajesh is now 1 month sober and I am hopeful that this time it is going to be different. No matter what happens, I am not giving up on my son.

- शहरी स्लम्स में अपर्याप्त आवास और इन्फ्रास्ट्रक्चर की सुविधाओं के आभाव का बच्चों पर क्या असर पड़ता है?
- शहरी स्लम्स में बच्चों की मूल आवास और इन्फ्रास्ट्रक्चर जरूरतें क्या हैं? इन जरूरतों की पूर्ती के लिए मौजूदा तत्व क्या हैं? इन जरूरतों की पूर्ती में क्या चुनौतियाँ हैं?
- आवास और इन्फ्रास्ट्रक्चर में किस प्रकार का इन्वेस्टमेंट बच्चों की जरूरतों को पूरा कर सकता है?

शहरी स्लम्स में अपर्याप्त आवास और इन्फ्रास्ट्रक्चर की सुविधाओं का आभाव बच्चों के हर अधिकार से जुड़ा हुआ है, चाहे फिर वो प्रोटेक्शन का अधिकार हो या फिर डेवलपमेंट का| अपर्याप्त आवास और इन्फ्रास्ट्रक्चर न होने के चलते लड़कियों की सुरक्षा खासकर प्रभावित होती है| टॉयलेट्स का उपयोग करने में sexual harassment की घटनाएं होने की संभावना भी ज्यादा होती है| बच्चों को

मूल सेवाओं जैसे की विद्यालय, स्वास्थ्य, और टॉयलेट्स का उपयोग करने में भी बहुत परेशानियों का सामना करना पड़ता है| एक ही कमरे में जब बच्चे और परिवार रहता है तो privacy एक मुख्य मुद्दा बन जाता है खासकर जब बच्चे किशोर अवस्था में पहुँचते हैं| इसका असर बच्चों की मानसिकता पर भी होता है| इन सब सुविधओं के आभाव में बच्चों का बच्चपन खत्म हो जाता है|

घर मे बच्चों और व्यस्कों के लिए अलग space होना महत्वपूर्ण है, एक कमरा बच्चों के लिए और दूसरा कमरा व्यस्कों के लिए| यह उनकी safety और privacy दोनों को प्रभावित करता है| sanitation और hygeine की व्यवस्था एक मुख्य ज़रूरतों में से एक है| खेल का मैदान होना बच्चों की एक प्रमुख आवश्यकता है जिससे शहरी स्लम्स में रहने वाले बच्चे अक्सर वंचित रह जाते हैं| खेल का बच्चो के शारीरक और मानसिक विकास में महत्वपूर्ण योगदान रहता है| लेकिन शहरी स्लम्स में मैदान मिलना काफी मुश्किल है| corproration की policy भी pay और use की है जो स्लम्स में रहने वाले वर्ग के लोगों के लिए संभव नहीं हो पाता है|

basically बच्चों के लिए एक space create करना बहुत ज़रूरी है और इसके लिय आवश्यक है की हम बच्चों के अस्तित्व को स्वीकारें| space के संदर्भ में लडकियों के अपने अलग मुद्दे हैं जिस पर की विशेष ध्यान देने की आवश्यकता है, और इस चुनौती का सामना पूरा सामाज कर रहा है|

शहरी विकास डेवलपमेंट में जितनी भी policies हैं उनमें child friendly तत्व का आभाव है| जब तक policies sustainable नहीं होगीं तब तक बदलाव लाना मुश्किल है|

जो आवास और इन्फ्रास्ट्रक्चर का मुद्दा है उसे में human settlement का मुद्दा मानता हूँ और मेरा यह विचार है कि आवास हर एक की ज़रूरत के अनुसार होना चाहिए| आवास और इन्फ्रास्ट्रक्चर केवल चार दिवारी का मसला नहीं है पर माहोल का मुद्दा भी है| इसलिए आवास और इंफ्रास्ट्रक्चर में child friendly तत्वों का होना आवश्यक है| और इसके लिए ज़रुरुई है कि हम governance में बच्चों की भागीदारी सुनिश्चित करें|

ANALYSIS AND RECOMMENDATIONS

"We work for 5 hours a day in domestic work covering multiple households, receive between Rs.1500/- and Rs.1800/- per house a month. The work includes sweeping and mopping floors, washing utensils, cleaning and tidying houses. We get tired and do not look forward to working in our own homes. Our mothers and sisters are domestic workers too. We stopped school after class 10. We don't face any danger, because the houses we work are near to our homes. We are satisfied with our lives. The best time of the day is when we watch television."

-group of 15-18 year old girls

ANALYSIS AND STUDY RECOMMENDATIONS

The findings of the study indicate the daily struggle faced by children in space and resource crunched urban habitations of the district of Mumbai (Suburban). A perusal of the findings of the study suggest that it is common for many children to: not have enough water or use a toilet at will, not have space in their homes, face sexual harassment, have access to drugs and pornography, be exposed to domestic violence, get violently punished in school, have no place to play. The testimonies of children point out that that children's personhood and agency are not considered by and institutions of governance and planning, leaving them to get by in an unfriendly environment, apathetic and inconsiderate towards their needs. This study invites the attention of government and society to consider that children in Mumbai (Suburban) maybe living through an enduring silent emergency. The city of Mumbai, often referred to as *Maximum City*, is the commercial capital of India. Though cramped crowded, Mumbai is home to among the richest and most influential in the country who together with the state and local government, can come together to effect change for children. The analysis of the findings of the study below presents a framework for thought, planning and action.

Synthesis of Protection Issues

Child protection issues identified by the CG and AG have been classified in columns A, B, C and D. A healthy child protection system would be one in which all child protection issues lie in Colum A, where demand for intervention exists and where supply in terms of policy, systems, and services exist to address issues. In this study, majority of the issues lie in column B, where while communities identify the issue, but do not have a solution.

Analysis of issues			
A	**B**	**C**	**D**
Problems identified for which according to the community, solutions exist	**Problems identified for which communities have no solution**	**Problems perceived by communities as 'normal'**	**Problems perceived as not very prevalent by communities[84]**
	• Access to internet and smart phones • Children who work • Physical disability • Drop-out • Gambling • Neglect • Offences and children • Involvement of children in gangs • Sexual harassment • Substance abuse	• Bullying • Corporal punishment • Discrimination (gender) • Domestic violence	• Early marriage • Commercial sexual exploitation • Feticide • Malnutrition • Intellectual disability • Missing • Teenage pregnancy • Discrimination (caste, class, sexuality, ability)[85]

[84] CG – commercial sexual exploitation (10%), Foeticide (0%), intellectual disability (20%), Teenage pregnancy (20%)
AG – early marriage, malnutrition, missing (below 10%)

[85] Other forms of discrimination including caste, class, sexuality and ability were not identified at all across CG and AG

	• Vulnerability to abuse, harm due to inadequate housing and basic amenities		
Interventions required			
Demand and Supply system exists: policy, systems and services	**Demand exists, supply needs to be created: systems and, services.**	**Demand and supply needs to be created: awareness, sensitization, systems, services**	**Demand and supply to be analyzed using special methods: research, awareness, special provisions.**

Chronic Problems:

Corporal punishment: Despite efforts to end corporal punishment since the enactment of RTE in 2010[86], the study found that it was reported by children as practiced in schools in 97% of the habitations. Harmful and violent punishments are inflicted on children. Many children complain to their parents who seldom take the matter further.

Drop-out: Girls and boys dropping out of school between classes 6 and 10 was reported in 92% of habitations. Reasons for drop-out include to augment household income, assist in household work and lack of interest in studies. Despite the impetus brought by RTE 2010, a number of CSO working consistently on quality and access to education, there is a need for deep critical reflection and action on the long and short-term consequences of having an incomplete education.

Gender discrimination: Prevalence of gender discrimination was identified by children in more than half of the communities by children. This includes girls burden of domestic chores, restricted mobility in the community, inadequate amenities (space to change clothes, and during menstruation) and parents favoring private education for boys. A status quo persists largely unquestioned in communities.

Sexual Harassment: Sexual harassment of girls was reported in more than half the communities. Sexual harassment of boys was identified in 27% communities. Girls routinely are at the receiving end of lewd comments as they walk in public spaces, peeping 'Toms' when they use public toilets, feel unsafe in many places in their community. They have complained to teachers, police and parents. Parents scold daughters and restrict their mobility. Girls protect themselves by moving in groups. Children were of the opinion that legal action was under taken seldom for sexual harassment.

Children (under 18 years of age) who work: In more than half of the communities it was reported that more children enter work in the 10-15 years age group. This age range also co-relates to the time that drop out increases i.e. standard 6-10. While the study findings did not capture how many children worked full time, it established that: many children work; while there is a distinction between work done by boys and girls; a lot of the work that both are engaged in is dangerous work; girls especially, work in home-

[86] Sec 17, RTE 2010 – (1)No child shall be subjected to physical punishment or mental harassment. (2) Whoever contravenes the provisions of sub-section (1) shall be liable to disciplinary action under the service rules applicable to such person. (http://righttoeducation.in/forums/suggest-rte-amendments/section-17-prohibition-of-physical-punishment-and-mental-harassment-to-child)

based family labour units; almost all the children stated that they were unaware of any complains made with regards to children at work. In light of the recent amendments made to the child labour law, banning child labour under the age of 14 years, while at the same time permitting children of any age to help their families in home-based work after school hours and during vacations, and permitting labour of children between 14plus-18 years in certain 'non-hazardous' occupations, there is a need for further study, and monitoring by the concerned departments.

Lack of protective environment: Issues of inadequate housing, sanitation and garbage disposal, access to water, play space create disruptions in the everyday lives of children.

- *Unfair alterations to daily routine:* Children are forced to make unfair alterations to their daily routines for inadequacies in basic amenities (giving up on study and play time to stand in line to fetch water,) or to protect themselves from dangers/threats when accessing these amenities (girls avoid use of community toilet or limit their movement in the evening and night to evade being sexually harassed). Owing to inadequate housing, children are unable to concentrate on studies (always commotion/ many persons in conversation or engaged in some activity at home/ TV), lack privacy (changing when guests are over).
- *Inadequate play space:* Inadequate/not proximate play space pushes children to play in spaces around them (include roads/ building by lanes, construction sites etc.) which make them vulnerable to accidents/ injuries etc. Children reported that girls, infants and toddlers across many habitations do not play. Older boys in the 15-18 years age-group stop playing, hanging around in groups, in street corners and parks become vulnerable to bad company, substance abuse, and other negative influences.

Especially vulnerable groups of children: There are certain communities in Mumbai (Suburban) on the periphery of the district living in highly vulnerable conditions. Some of these communities include children living in tribal padas of Sanjay Gandhi National Park, Arrey Colony, children living and working on the landfills, children living in red light areas, migrant children who work in fishing communities, among others. There are also vulnerable groups of children who experience exclusion, discrimination and violence (children living in red light areas, LGBTQI children, children with disabilities and children of manual scavengers).

Acute Problems

Vicious circle of substance abuse, theft, gambling and gangs: The study findings indicated that these behaviours are inter-connected and support each other, picking up any one eventually leads the child to take up another, locking him/her in a circle which is very hard to break out of. All these behaviours/habits are high risk causing danger to children themselves, their families and their communities. Children identified social recognition/ identity[87], belonging, recreation (time pass) and the need to feel free from tension as reasons for taking up these behaviours. Substance abuse was found in 97% of the communities. It was also found that children (including girls) abuse a very wide range of extremely harmful substances. A co-relation between the findings on education and play indicate that perhaps many children abusing

[87] Being identified as cool

substances, engaging in theft, gambling and gangs, are out of school. Communities do not have adequate resources to engage them in healthy play or recreation. Perhaps, without much education, and nothing to do there is a lack of direction and an inherent sense of hopelessness in children driving them deeper into negative influences and habits.

Exposure to domestic violence: Three quarters of the children reported that exposure to domestic violence impacts children severely and in different way. Almost every child who participated in the study had information on cases of domestic violence and observed its effects on peers: extreme silence, constant fear, depression, staying away from the home, use of abusive language, anger and get into fights, inability to concentrate on their studies, helplessness, eventual drop out of school and employment. Domestic violence is accepted and hardly reported.

Un-supervised access to the internet through smart phone devices: There is a growing trend in undeterred access to the internet used by children without adult supervision. Parents are unaware of the dangers, have no idea of appropriateness of content, do not realize that these are addictive behaviours, and do not have information on how to protect their children. Children have far more information about the internet and how to navigate virtual space than parents. While recognizing and accepting that children are natives in a digital world, the pattern of spending more and more time in virtual space could also be attributed to the following (i) lack of safe, adequate play space forcing children to stay indoors using the internet for playing violent video games/ surfing online (ii) peer pressure (need to be included even in virtual space). Both children and community members identified being constantly distracted and loss of focus on studies as outcomes, however did not do anything to address it.

Easy availability of pornographic content: When studying children's access to technology it was also learned that children are accessing pornographic content and are getting addicted to it. Shops which sell SIM cards also selling memory cards with pornography to children.

Under utilization of the system for child protection and social protection schemes for children and families.

Issues prevalent in communities	CWC (5117 cases in past 2 years)
(98%), addiction/ substance abuse (97%), corporal punishment (97%), impact of exposure to technology and internet (95%), sexual harassment (87%), physical abuse (75%), physical disability (75%)	restoration (30%), missing/ child lost/ kidnapped (21%), application cases (12%), begging (10%), transfer cases (8%)

Child protection system: Issues prevalent in communities were not reflected in the data provided by the CWC. The findings also pointed out that communities seldom made complaints on children protection issues, remained largely unaware about the child protection system (CWC/SJPU/ JJB/CPC-below 5%, Childline 30%). This despite almost two decades of implementation of the JJA in Mumbai.

However, to a large extent, information related to children and offences given by communities, found resonance in the cases dealt with by the JJB (77% of the cases brought before the JJB were cases of theft), indicating that the police take cases through the juvenile justice system.

Non-utilization of public social protection benefits: The secondary data collected from the various line departments confirms the existence of various social protection schemes/services. However, on probing in the community it was observed that excepting for about 3[88] schemes, awareness level on schemes is less than 5% amongst community members in the urban habitations. This situation worsens for pavement dwellers who are unable to access any of these schemes.

Lack of initiative to raise issues in functional committees at the habitation level: Across the habitations while there is some awareness of the SMC (37%), Mahilla Mandal (77%), mandir, ganesh mandal etc. none of these platforms have been used to raise any of the issues related to protection of children, not even in the SMC. These platforms and committees being in the community itself are best positioned to understand/ work towards finding solutions/ and escalating the issue.

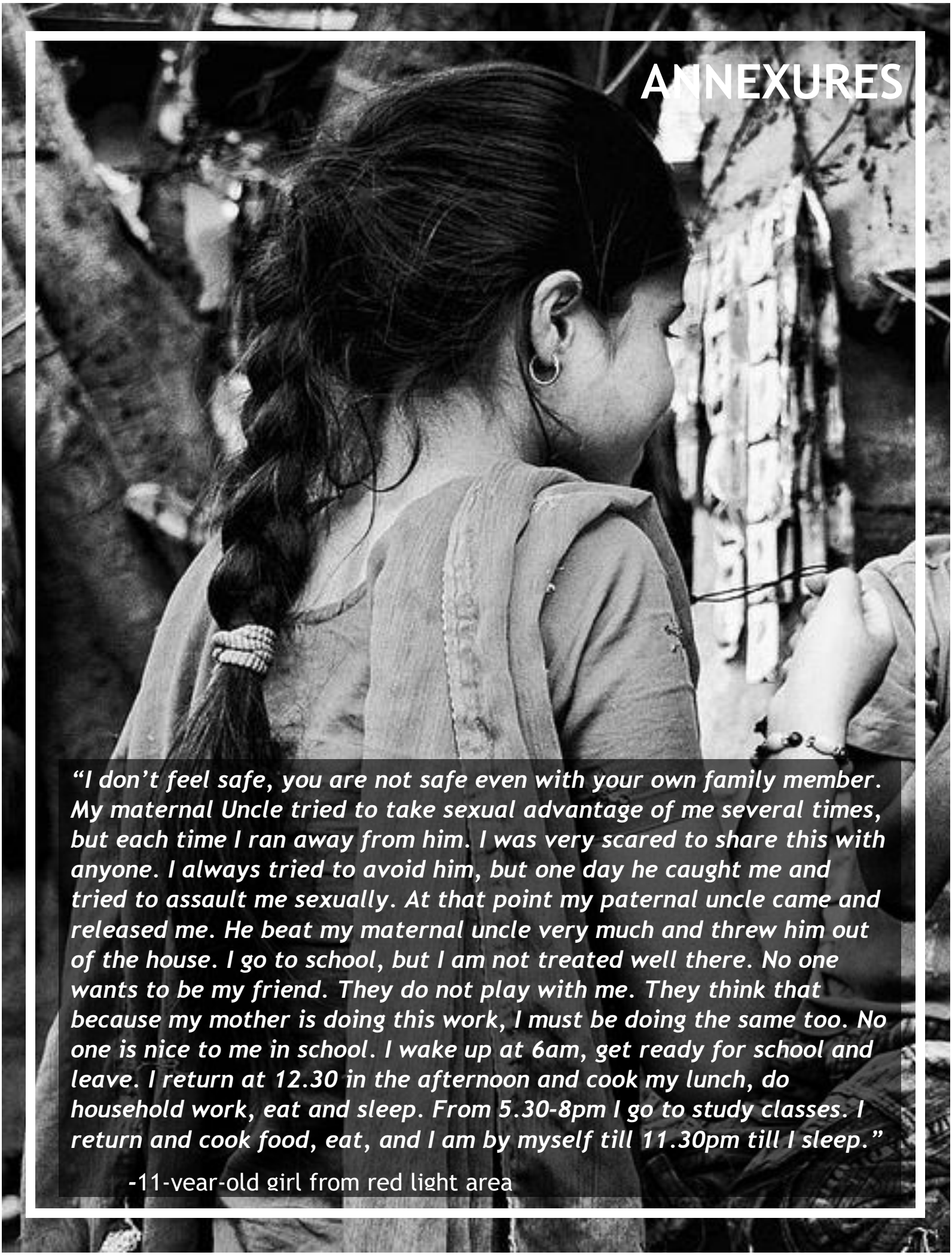
[88] Mid-day meal, ICDS, Jacca Baccha card

STUDY RECOMMENDATIONS FOR THE DISTRICT CHILD PROTECTION PLAN

RECOMMENDATION	DETAILED RECOMMENDATIONS
Develop ground level platforms whereby communities can engage with the child protection system under JJA and ICPS; work together to find solutions to child protection issues.	Partnership and collaboration between government and civil society organizations (CSOs) to scale up and strengthen habitation, ward and tehsil level CPC and children's groups to ensure that communities drive demand for child protection.
	Ensure cross department linkages and monitoring of functioning of the child protection system through scaled up functioning of the District Child Protection Committee (DCPC) and DCPU.
	Ensure appropriate linkages with municipal corporation to ensure appropriate attention and facilities are extended for protection and development of children.
Create cross-sectoral partnerships to address on an urgent basis to address the infrastructural deficits at the community level, which cause children to be unsafe at home and in their communities.	Formally institute targets and indicators for child protection in Mumbai Development Plan
	Promote collaborations with corporations, charitable trusts, and community level governance structures to address as many infrastructural deficits.
	Pursue CSR tie-ups/sponsorships partnership with civil society organizations for infrastructure for children's recreation and development at the community level.
Undertake on priority a critical reflection on child protection issues identified by the study, undertake prioritization, articulate strategies both long and short-term measures to address chronic and acute problems faced by children	Involving key stakeholders from the administration, civil society, and industry to undertake a series of discussions, prioritize and arrive at a plan outlining actions to be undertaken to respond and prevent issues faced by children: Sexual harassment, domestic violence, substance abuse, must be prioritized.
	Undertake awareness and messaging to change perceptions and attitudes around chronic and acute issues faced by children.
	Review, examine and up-scale life-skills education for children in schools; promote positive collectivization of children in self-help groups to promote positive peer influence, and collective action for their protection and development.
Education and livelihood options for young people	Study drop out in older children; review the need for vocational curriculum, skill building and work towards partnerships with government, NSDC and district centers, charitable trusts, and private sector, towards vocational training, and job placement of youth.
	Explore partnerships with civil society organizations, CSR and industry tie ups, to promote sports and recreation for young people in school and in the community.

Increase the reach of the child protection system to communities	Create awareness at the community level about the child protection system: CHILDLINE 1098, DCPU, CWC, JJB, services.
	CWC, CHILDLINE 1098, DCPU personnel must visit communities and interact with community members and children, to understand their needs, to sensitize and orient them to protection and safety of children, and to strengthen their capacity to ensure well-being of their children.
Increase access to social protection for children and families	Establish interlinkages with departments at the district and ward level to ensure that social protection schemes for children and families are accessible to families.
	Integrate children's issues into discussions and plans of formal and informal social protection and development committees at the community, ward and district level.

ANNEXURES



"I don't feel safe, you are not safe even with your own family member. My maternal Uncle tried to take sexual advantage of me several times, but each time I ran away from him. I was very scared to share this with anyone. I always tried to avoid him, but one day he caught me and tried to assault me sexually. At that point my paternal uncle came and released me. He beat my maternal uncle very much and threw him out of the house. I go to school, but I am not treated well there. No one wants to be my friend. They do not play with me. They think that because my mother is doing this work, I must be doing the same too. No one is nice to me in school. I wake up at 6am, get ready for school and leave. I return at 12.30 in the afternoon and cook my lunch, do household work, eat and sleep. From 5.30-8pm I go to study classes. I return and cook food, eat, and I am by myself till 11.30pm till I sleep."

-11-year-old girl from red light area

ANNEXURES

Annexure I – Summary of research activities conducted at the Habitation level

	11-14years	15-18years	AG	Duty Bearers
Exercises	Identification of prevalent issues that affect protection of children	Identification of prevalent issues that affect protection of children	Problem Tree (Causes, Solutions, cases (5)): Identification of 5 key concerns from issues identified by CGs during FGDs	Reactions -Identification of prevalent issues that affect protection of children
	Body Mapping	Community Mapping & Thematic discussions	Daily Activity + Parents aspiration for their children	Knowledge of Child Protection structures & mechanisms
		Daily activity schedule	Knowledge of Child Protection structures & mechanisms	Reactions - Social protection schemes targeted at families and households
		Knowledge of Child Protection structures & mechanisms	Identification of development related monitoring / regulatory committees	
			Social protection schemes targeted at families and households	

Annexure II - Child Protection issues examined by CG

	11-14 years	15-18years
1	Bullying	Bullying
2	Children who work	Children who work
3	Corporal punishment	Corporal punishment
4	Discrimination	Discrimination
5	Drop out	Drop out
6	Early marriage	Early marriage
7	Exposure to domestic violence	Exposure to domestic violence
8	Gambling	Gambling
9	Neglect	Neglect
10	Offences and children	Offences and children
11	Organized crime-drug trafficking	Organized crime-drug trafficking
12	Substance abuse	Substance abuse

13		Commercial sexual exploitation
14		Disability
15		Foeticide
16		Impact of access to internet and smart phones on children
17		Involvement of children in gangs
18		Malnutrition
19		Missing
20		Physical abuse
21		Sexual harassment
22		Teenage pregnancy

Annexure III- Listing of habitations tehsil-wise

	TEHSIL		HABITATION	TYPE
I	**Kurla**	1	Bail Bazaar	CHAWL
		2	Jarimari	UA Slum
		3	Aslfa Maharashtra Nagar	UA Slum
		4	Lallubhai Compound	SRA
		5	Sangharsh Nagar	SRA
		6	Ghatkopar Ramabai Nagar	T.CAMP
		7	Parerawadi	Auth. Slum
		8	Mhada Colony	BUILDING
		9	Rafi Nagar	UA Slum
		10	Ghatkopar Station. Pavement Dwellers	Pavement (Migrant)
II	**Andheri**	1	Gilbert Hill	SRA
		2	Sarvoday Nagar	CHAWL
		3	Beheram Baguh Jogeshwari	UA Slum
		4	Varsova Koliwada	Auth. Slum
		5	Pratap Nagar	UA Slum
		6	Durga Nagar	Transit Camp
		7	Pump House	Pavement (Migrant)
		8	Hanuman Nagar	BUILDING
		9	Teli Galli	SRA
		10	Bandra Station Slum	UA Slum
III	**Borivali**	1	Ambuja Wadi	UA Slum or Pavement dwellers
		2	Bhagat Sing Nagar	Auth. Slum
		3	Apppada	Tribal Community
		4	Arey Colony	Tribal Community
		5	National Park	UA Slum
		6	Gorai Nagar	CHAWL
		7	Shashtri Nadar	BUILDING

		8	Nutan Nagar	SRA
		9	Jay Maharashtra Nagar	T.CAMP
		10	Malad West	Auth. Slum

Annexure IV - Special Groups

		Area
1	Children at landfill	Rafi Nagar, Govandi
2	Children in the red-light area	Vaitag Wadi, Ghatkopar
3	Children with special needs	Vallabhdas Dagara School,Malad
4	Children in domestic work	Gilbert hill, Andheri
5	Children of manual scavengers	Waman Wadi,Chembur
6	Migrant children in fishing community	Koliwada ,Versova
7	Runaway children at CWC	Children Home,Mankhurd
8	Transgender youth	Baba Nagar
9	Tribal children	Jeevacha Pada, Goregaon

Annexure V - Spaces identified by children (15-18years) as per the nature of threat/danger

	Sexual harassment	Animals bites (snake/dogs..etc)	Accidents	Drowning	Fighting	gutter/garbage
Andheri	1. **Versova** - Panchwato back road, Port, Garden near port 2.**Andheri SRA Janata Colony** -Rickshaw stand, Pahaad (hill), Internet shop 3.Beheram Baug (slum) -Garden , Toilet 4.Sarvodaya Nagar - Wine shop, area in front of the wine shop, area opposite to onstruction site, area near beauty saloon, building construction area 5. Golibar Tansit Camp - Railway station, Nala Basti, Shelani school ki gali (school lane), Golibar Road, School ground 6.Building - Garden, Main road 7. Sambhajinagar -Autostand	1.Versova -Panchwato back road 2. Sarvodaya Nagar - Construction site area, Area near beauty saloon 3. Bandrekarwadi -Friend's house area, Railway colony	1.Sambhajinagar -Main Road 2. Beheram Baug slum - Meera desai road, street 3. Sarvodaya Nagar - Shamnagar road 4. Vakola - Road, Railway track 5. Building - Main Road, Ground	1.Versova - Versova beach -sea water, Ganeshwadi	1. Sarvodaya Nagar -Area near wine shop - Area near construction site 2. Golibar Transit Camp - Golibar road	
Borivali	1.Bhimnagar -Road 2.Bhagat Singh Nagar - Naka no.2 Bhagat singh nagar, Bridge near Bhagat Singh nagar no. 2, Anna Bhau Sathe Ground, Bar near Bhagat Singh Nagar no. 2 3.Appa Paada - at the hill, Ground (maidaan) 4. Goregaon station pavement - station bridge	1.Bhimnagar - Toilet blocks 2. Kharodi -Rathodi Gaon 3. Aarey colony - Baaudi - Main road 4. Shashtri Nagar building - Sampada building, Forest (behind building)	1.Kharodi -Main Road 2. Goregaon Station Pavement - Main Road - Railway Track 3. Shashtri Nagar building - Main Road 4. Nutan Nagar - Main Road			1.Kharodi -Sai baba temple 2. Appa Paada -Popat compund 3.Ambujwaadi -Khadi

	5. Shashtri Nagar Building - Samadhan Bar, Forest (behind building) 6. Ambujwaadi - Rickshaw stand, Market Road, Around mosque 7.Nutan Nagar -Rajesh ground 8.Indira Nagar - Kard Siddheshwar, Building gaps, G.S School					
Kurla	1.Rafi Nagar -Buthers wada, Baba Nagar, near community washroom 2. ASALFA Mahrashtra Nagar 2 - Sundar Baug 3. Parerawadi -Zunjar Maidan 4.Lallubhai Compound -Open place, Sathe Nagar, Govandi Rickshaw stop, Cement Maidan, Ganesh Maidan, Vehicles parking, Crematory ground 5. Sangharsha Nagar -10 No., the shed behind 14no. 6.Ramabai Nagar Transit Camp -Godam 7.Bailbazar -Shingre wadi 8.Jarimari -Tabela,Bathroom, Hill, Vijaynagar, Chabutara 9. MHADA building -Yadav nagar, Sangharsh Nagar, Bus 335, Ganesh Maidan	1.ASALFA Maharashtra Nagar 2 -Forest 2.Sangharsha Nagar -Mountain -17No. 3.Jarimari -Marshy area -Creek -Toilet	1.Pavement dwellers Ghatkopar station	1.Rafi Nagar -School area (gutter) -dumping area 2. Shingre wadi	1.Rafi Nagar -Butcherswada - community toilet area 2. Sangharsha Nagar -the shed behind 14no -9no. 3. Ramabai Nagar Transit -bunglow 4.Bailbazar -Sandesh Nagar -Kranti Nagar -Sheetal talav -Bailbazar 5. Jarimari -Hill 6.MHADA building -Yadav Nagar	1.Rafinagar -School gutter -Dumping area