



National Human Rights Commission

Advisory for Protection of the Rights of Children in the context of COVID-19 (2.0)

Background

The National Human Rights Commission (NHRC), viewing the unprecedented situation imposed by the COVID-19 pandemic and the resultant lockdowns, had issued a 'Human Rights Advisory for Protection of the Rights of Children in the context of COVID-19' on 29/09/2020 to help the Government(s) in ensuring the promotion and protection of the rights of children.

While many recommendations made in the aforementioned Advisory on Children¹ continue to be relevant and, therefore, need to be continued in their implementation for the children and their families who are experiencing the long term and continuing impacts of the first and second wave of the pandemic; there is a need for greater preparedness and action for the protection of children by all stakeholders for the future especially as experts warn about the impending third wave of the pandemic. This preparedness and action will require close-coordinated, multi-sectoral, and collaborative efforts between all stakeholders.

Urgent action is required taking into account the constitutional obligations, domestic laws, the UNCRC's general principles, the SDGs, and the directions given by the Supreme Court and the High Courts as well as the Juvenile Justice Committees² to safeguard the lives and protect the rights of children in India.

Accordingly, NHRC is issuing the Advisory for Protection of the Rights of Children in the context of COVID-19 (2.0) concerning the following broad aspects: (1) Health of Children, (2) Education of Children, (3) Children in Child Care Institutions, and (4) Children orphaned during the COVID-19 pandemic.

On the basis of this advisory, the concerned Union Ministries and State Government(s)/ UT Administration(s) are requested to provide an Action Taken Report(s) on the specific measures undertaken and implemented to safeguard the rights of children in view of the conditions imposed by the pandemic.

1. Health of Children

- i. Strengthen paediatric COVID hospitals and protocols: Align them with the larger COVID management guidelines, increasing the number of paediatric beds, ensuring availability of required trained staff, facilities, equipment, and medicines. All the hospitals should prominently display

¹ NHRC Advisory on Protection of the Rights of Children in the context of COVID-19, issued on 29/09/2020.

² Press Release on the Review Meeting of the SC/JC dated 05/05/2021.

contact information of CHILDLINE (1098), local Child Welfare Committee (CWC), District Child Protection Unit (DCPU), local police, etc.

- ii. Vaccination coverage of health workers and frontline staff: As mentioned in sub-section V of the NHRC Human Rights Advisory on Right to Health in view of the second wave of COVID – 19 pandemic (2.0)³, issued on 04/05/2021, the remaining gaps in vaccination coverage of health workers and frontline staff must be bridged rapidly, and necessary personal protective equipment must be ensured to prevent transmission of the virus to children who come in contact with them.
- iii. Psycho-Social Support (PSS): Children who are isolated in COVID-care facilities and hospitals will require psycho-social support as they spend weeks away from their family in a different environment. Therefore, ensure psycho-social support to children based on their age and gender, including online or telephonic interaction with parent(s) at specific intervals. Further, ensure special care and treatment of the children with disabilities. Disseminate information regarding the toll-free telephonic counselling service SAMVEDNA⁴ available at 1800-121-2830 for psychological support to the children during COVID pandemic.
- iv. Training of ground-level workers: Recognising that the healthcare professionals are overburdened during this health emergency, and also not available everywhere, and acknowledging that persons such as paramedical staff, pharmacists, compounders are already dispensing medicines (including COVID related) to children and their families, such persons may be given crash courses to assist the community during the pandemic with proper protocols for monitoring them put in place. This could be in the form of online portals that they can register themselves on. This will enable both timely medical attention to the patients, and also help in arresting the unintended consequences of indiscriminate medication.
- v. Food & nutrition: Continuation and expansion of feeding centres/ community kitchens, continued access to ICDS and Mid-day Meal services as mentioned in Section 2 (v) of the NHRC Advisory for Protection of the Rights of Children issued on 29/09/2020, drives to link those excluded from the Public Distribution System (PDS), must be undertaken to ensure that all children have uninterrupted access to nutritious food to prevent hunger and malnutrition. Expedite direct benefit transfer and distribution of free-of-cost food grains as per the Ministry of Education's proposal⁵, in a time bound manner.
- vi. Data services: Maintain disaggregated data on the official website regarding the various categories of children tested for COVID-19, found positive, recovered and died due to the virus, special steps taken to strengthen paediatric COVID care facilities, etc., for maintaining transparency and planning various support services that are required for children.

(Ministry of Women and Child Development; Ministry of Health and Family Welfare; Ministry of Education; Ministry of Consumer Affairs, Food and Public Distribution; and all States /UTs.)

³ NHRC Advisory on Right to Health in view of the second wave of COVID - 19 pandemic (2.0), issued on 04/05/2021.

⁴ Tele Counselling through SAMVEDNA

⁵ Press Release- Ministry of Education dated 28/05/2021

2. Education of Children

- Universalization of digital facilities to ensure access to online education for all children: Ensure accessibility of online classes for all children, especially those from lower socio-economic sections of the society, through provision of suitable devices and resources including internet connectivity. An adequate budget should be allocated specifically for this purpose.
- Monitoring mechanism: Develop a mechanism to monitor whether the budget allocation and provision of required devices/resources have enabled children from the vulnerable socio-economic background to participate fully in online classes.
- School drop-out: Take all necessary steps to ensure that children do not drop out of school due to the circumstances imposed by the pandemic forcing them to enter into child labour, child marriage, or fall prey to mishaps such as trafficking. Collect data on drop-out children and create a mechanism to bring such children back to the education system.
- Training to teachers: Impart training to teachers in a time bound manner so that they may effectively conduct online classes and carry out everyday school functioning through the digital mode until such time physical presence in schools is possible.
- Online safety of children: Take appropriate measures for online safety of children in line with the PRAGYATA Guidelines for Digital Education⁶ issued by the Ministry of Human Resource Development.
- Children within institutional care: Ensure provision of education through digital technology for all children within institutional care according to the COVID-19 framework for online education till the schools are reopened.
- Children with disability: Ensure that online classes are inclusive for and accessible to the children with disabilities.
- Mental health professionals/ counsellors: As schools have been shut down and children are unable to socialize with their peers, this creates a requirement for psycho-social support for the children during this period. Therefore, train and create a cadre of mental health professionals/ counsellors for children & adolescents as recommended in the NHF.C Advisory on Mental Health (2.0) issued on 31/05/2021.⁷
- Data services: Maintain disaggregated data on the official website on the percentage of children availing online education at various levels, number of children who have dropped out of the education system, number of children traced and enrolled back into schools, number of digital devices distributed, etc.

(Ministry of Education, Ministry of Women and Child Development, and all States/UTs.)

⁶ PRAGYATA Guidelines for Digital Education

⁷ NHRC Advisory on Right to Mental Health (2.0), issued on 31/05/2021.

3. Children in Child Care Institutions (CCIs)

Establishment of Special Quarantine Centres for Children from CCIs: Recognizing that most CCIs across the country do not have requisite space or facility to ensure adequate arrangement for isolation of children; identify and establish quarantine centres for children tested positive for COVID that are equipped with all essential facilities including oximeters, piped oxygen, medicines, and regular visits by trained health workers. Specialized paediatricians and mental health professionals to be consulted as per need and availability.

Protocols for Prevention and Safety: Take measures to ensure adequate supplies and protective gear for maintaining sanitation, ensuring hygiene, disinfection, and safety of children in the institution. Awareness about the virus and its contagious nature should be effectively disseminated among the staff members in CCIs to prevent the children from getting infected by strictly following COVID protocol. As a precautionary measure, conduct COVID tests of children who are to be sent to CCIs.

Access to support persons: Ensure that children have access to family members/ lawyers/ counsellors either through visits while maintaining COVID protocols, or through telephone/ video conferencing.

Proceedings through digital mode: CWCs and JJBs should conduct proceedings through digital mode while ensuring data security, physical distancing, and adherence to the principles and procedures prescribed under the JJ Act and Model/ State Rules. Necessary infrastructure required for video conferencing including the budgetary support must be provided.

Social Audits and Inspections of CCI: State Governments should prepare protocols for social audits and inspections of CCIs so that the same are conducted safely during the pandemic.

Frontline Workers: Frontline workers providing core child protection and health services including the members and personnel of the JJBs, CWC, DCPUs, SJPU, CCIs, workers from CHILDLINE, ANMs, ASHAs, AWWs, etc., may be vaccinated on priority basis, provided with passes for restriction-free movement during lockdowns/ curfews, and necessary protection material.

Data Services: Data should be made available in the public domain on the numbers of children currently residing in CCIs, released from CCIs and/or restored to family/guardians, provided sponsorship, and placed in foster care, adoption, and in kinship care, apart from the data on children in CCIs who tested positive, are in quarantine facilities, etc.

(Ministry of Women and Child Development, Ministry of Health and Family Welfare, Ministry of Home Affairs, and all States/UTs.)

4. Children orphaned during the COVID-19 pandemic

i. Kinship care: In view of Section 3 (xii) Juvenile Justice (Care and Protection of Children) Act, 2015, that states the principle of institutionalisation as the last resort, every effort must be made to absorb a child who may have lost both parents during the pandemic within kinship care. In case of

death of both parents where family or kinship care is not available and the child(ren) is found orphaned without any support, ensure that the child is immediately produced before the CWC as per procedures laid down under Section 31 of the JJA, 2015 and reiterated by NCPCR's letter addressed to all Chief Secretaries dated 02/05/2021.

- ii. Adoption: District authorities should ensure that adoption should only be as per the rules prescribed by Central Adoption Resource Authority (CARA).⁸
- iii. Rehabilitation of children: District Magistrate to ensure that immediate rehabilitation of all children orphaned during the COVID-19 pandemic are undertaken in accordance with the provisions of the JJ Act, 2015, and in consonance with the 'Procedure and Recommendations of NCPCR to deal with Children who have become orphan or have lost either of the parent due to COVID-19' issued to all Chief Secretaries and concerned authorities dated 26/05/2021. District Magistrate must leverage the facilities funded as per Section 105 of the JJA, 2015, and provide action taken reports on the rehabilitation of these children as per MoWCD's D.O. dated 30/04/2021. A Committee may be set up in each district composed of a nodal officer (the DM or SDM), a representative of the concerned CWC, and the District Legal Service Authority representative to review and streamline implementation of child protection schemes.
- iv. Strengthening sponsorship and foster care: The nodal department for children in coordination with the State Government must work to strengthen sponsorship and foster care to prevent institutionalization of children who lost their parent(s) during the pandemic, who might have been the sole bread-winner of the family. The required budget should be made available to strengthen sponsorship schemes.
- v. Social protection: District Magistrates to take steps for supporting families economically that have lost either of the parents by linking them to existing social protection schemes and policies within 4-6 weeks of the death of the parent. Steps should include expediting the benefits announced by the Prime Minister under the 'PM-CARES for Children' scheme on 29/05/2021.⁹
- vi. Ensure that all COVID hospitals are instructed to collect information from the admitted parent(s) as to whom their children are to be handed over in case of any untoward incident as per MoWCD's D.O. dated 04/05/2021.
- vii. Information dissemination: Information about the services and facilities available for children who have lost their parent(s) due to COVID including contact information of CWC, CHILDLINE, and DCPU, and appropriate procedures for legal adoption should be displayed widely and prominently at suitable locations at the district, block and village level, as well as on state and district government department websites.
- viii. Abandoned children: If a child(ren) is found abandoned or orphaned in the hospital premises, the hospital administration must inform CHILDLINE or the police. For the duration that the hospital is in charge of the child(ren) who are found abandoned or orphaned, they must be provided with

⁸ Information and guidance regarding legal adoption can be found at: [CARA's Official Website](#).

⁹ [Press Release on 'PM Cares for Children'](#)

food, water, and a safe place to rest under supervision until the child is handed over to the concerned authorities.

Data: Indicate state-wise progress in the rehabilitation of all children orphaned during the COVID-19 pandemic, including the number of orphans identified (children who have lost one or both parents during the pandemic) and rehabilitated in accordance with the provisions of the law, in compliance of the Supreme Court's order dated 28/05/2021¹⁰ and instructions of NCPCR to all Chief Secretaries dated 26/05/2021.¹¹

Ministries and departments at the centre and state level should also set up a page pertaining to COVID on their website immediately and prominently to share all important circulars and orders related to safeguarding children's rights during the COVID pandemic and inform of progress in implementation.

(Ministry of Women and Child Development, Ministry of Health and Family Welfare, Ministry of Education, Ministry of Home Affairs, and all States/UTs)

¹⁰ Supreme Court Order on SMW (C) NO. 4 OF 2020, dated 28/05/2021

¹¹ Press Release on Bal Swaraj Portal