

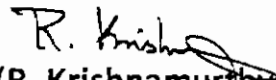
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No.UP-11016/18812/2010-Comp
Government of India,
National Commission for Protection of Child Rights,
5th Floor, Chanderlok Building,
36/Janpath, New Delhi.

Dated: 23/12/2010

CIRCULAR

Minutes of the Commission's meeting held on 21/09/2010 at 3.30 p.m. in the chamber of the Chairperson, NCPCR is enclosed for information and necessary action (wherever applicable).


(R. Krishnamurthy)
Assistant Director

To

- i) The Registrar, NCPCR.
- ii) PPS to Chairperson, NCPCR.
- iii) PPS/PA to all Members, NCPCR.
- iv) PA to Member Secretary, NCPCR.
- v) All Officers/Staff/Consultants, NCPCR.

Minutes of the Meeting of the Commission held on 21.09.2010 at 3.00 p.m. in the Chamber of the Chairperson, NCPCR

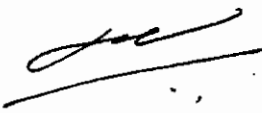
A Meeting of the Commission was held on 21st September, 2010 at 3.00 p.m. under the Chairpersonship of Prof. Shantha Sinha, Chairperson, NCPCR and was attended by the Member Secretary as well as Registrar, NCPCR.

The matters discussed and the decisions taken thereof in the said meeting were as follows:

Sl. No.	Agenda Items	Matters discussed /decision taken
1.	Confirmation of the minutes of the Commission's meeting held on 18.08.2010	Confirmed.
2.	Action Taken Report (ATR) on the decision(s) in the last meeting held on 18.08.2010.	Action taken regarding the submission of Annual Account of the Commission for the year 2009-10 to the Office of Director General of Account (Central Expenditure) was noted.
3.	(i) Review of leave policy for consultants /contractual of the Commission.	(i) The existing leave policy for consultants / contractual / outsourced staff of the Commission was reviewed and the decisions taken to this effect as under: (a) Consultants/contractual staff of NCPCR will be entitled to 01 (one) day casual leave per month. Such leave will be accumulative within the period of engagement / extended period thereof. They can be granted such leave maximum upto 12 (twelve) days at a stretch subject to availability of such leave to their credit during the calendar year. However, neither the carrying forward of the accrued leave to next calendar year nor the encashment of such leave will be allowed. They will also be entitled for compensatory leave if they are asked to attend Office on Sundays/holidays in the exigencies of work. (b) The outsourcing employees will also be entitled to compensatory leave if they are asked to attend Office on sundays/holidays in the exigencies of work/ (c) The consultants/contractual/outsourced staff can avail either the casual leave or the compensatory leave only with the prior permission/approval of the Member Secretary, duly applied through their respective Reporting Officers and the same being vetted by the Admin. Section for certifying as to whether the leave applied for are available to their credit or not. (d) The leave will not be claimed by them as matter of right. Availing either casual leave or compensatory leave without prior permission but under intimation to the Reporting Officer as well as the Admin Section may be allowed by the leave granting authority (Member Secretary) on medical ground only. However, the Office may require for the production of evidence in such cases, if deemed necessary. (e) The above leave policy shall come into effect from 1 st January 2011 and no carrying forward of the leave so accrued as on 31 st December 2010 will be allowed.

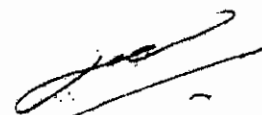
	<p>(ii) The issue of 'punctuality' in the Office was discussed and the following decisions were taken to this effect:</p> <ul style="list-style-type: none">(a) The Office hours of NCPCR will be from 9.00 a.m. to 5.30 p.m. with lunch break from 1.00 p.m. to 1.30 p.m.;(b) All staff will record their arrival and departure time in their respective attendance registers, while the security person(s) at the gate will alternatively note the arrival and departure time of all officers and staff from Office on everyday basis;(c) The officers/staff will fully comply with the specified office hours. The concerned Reporting Officers will maintain strict vigil with regard to it. Those, who are found defaulting in maintaining office hours habitually, may be warned initially. If they do not amend despite warning, appropriate administrative action may be taken by the Member Secretary.(d) If any officer/staff is asked by his/her reporting officer to stay back in the office beyond office hours by the exigencies of work, he/she may be allowed to come late on the following day, but not as a matter of routine.
<p>(ii) Approval for enhancing the limit of hospitality reimbursement for other officers of the Commission from existing Rs. 400 per month to Rs. 1000 per month in view of the enhanced prices of goods and commodities.</p>	<p>The decision in this regard was deferred and it was thought desirable to have the rules/ precedents/practice of other Commissions (such as NCW) regarding the hospitality entitlement of PPS/PO/AD/DSP/DO or officials of similar grade may be obtained and placed before the Commission.</p>
<p>4. Adoption of recommendations given by Dr. (Ms.) Vandana Prasad on malnutrition (Copy enclosed)</p>	<p>Adopted.</p>
<p>5. Any other item with the approval of the Chair</p>	<p>Member Secretary brought to the attention of Chairperson a representation made by Shri Ravinder Kumar, UDC, for the reimbursement of medical expenses as per actuals, until the Commission adopts its own medical policy (as he has surrendered his CGHS Card and he is reimbursed with a meager Rs. 60/-).</p> <p>The decision in this regard was deferred and it was thought desirable to have the rules/ precedents/practice of other Commissions/ Autonomous Bodies of MWCD (such as NIPCCD, CARA, NCW) regarding the medical facilities available to its officers and staff may be obtained and placed before the Commission.</p>

The meeting ended with a vote of thanks to the Chair.



**Findings and Recommendations of Dr.(Ms.) Vandana Prasad to NCPCR
regarding Malnutrition in the State of Madhya Pradesh**

1. Significant advances have been made by the State government since the last public hearing in Satna in February 2009 in terms of state wide expansion of the network of NRCs, improvements in the quality and distribution of THR as well as specific action taken in Satna district (see annexure-x: action taken report, Satna and annexure-y: NGO report, Satna follow up).
2. However, there is still a lack of a comprehensive policy and programme for the effective management (including prevention) of malnutrition and deaths accruing from malnutrition in the state.
Specifically, the following observations were made:
3. Many of the deaths reported at the public hearing and investigated through testimonies as well as ICDS and NRC records revealed that the children had exhibited a significant downward slope in their growth records for many months prior to death before reaching the severe grades allowing referral to the NRC. While this was assiduously recorded, the ICDS was not able to take any specific action since there is no programme to take action short of referral to the NRC. In effect, children died before they were concerned severe enough for referral to the NRC as per current guidelines and no action were envisaged at community level despite an obvious decline in the child's nutritional status and grades.
4. At the NRC, more clarity is required on criteria of discharge. Current practice is applying a conveyor-belt approach whereby children are being discharged at 14 days due to a pressure on NRC beds and long waiting lists for admission. Bed occupancy is nearing 100% in many NRCs. Some children who are being discharged would continue to still be within the criteria for admission at the time of discharge, thus making the programme illogical in programmatic terms. It can be understood that this policy is fulfilling a certain logistical need of distributing the fruits of 14 days of NRC management amongst as many children as it can reach, and cover the growing demand for admission. However, this approach may not necessarily save the lives of individual children.
5. The children being discharged from NRCs are going back to the precise same environment within which they had deteriorated with no additional inputs from the system apart from a possibly more nutritionally enlightened mother. From an investment of Rs 25 - 30 per day on additional food, they are reverting to (at best) an investment of Rs 6 per day. This is a large input-gap and may not allow the gains made at the NRC to be sustained in the community. This was evident from the follow up records that were examined which showed a tailing-off of weight gain at subsequent follow ups. For obvious reasons, with time there is an increasing drop out from follow up also.
6. The other input that is taken away at discharge from NRC is the very important input of daily supervised feeding and care. This gap is also not currently filled by the ICDS.
7. There are still some issues of non-universalisation of ICDS and lack of anganwadis in the most difficult to reach tribal areas and populations though the numbers have



increased significantly. There are also issues of giving priority to selection of AWWs from tribal groups.

8. The ASHA is not involved at all in the identification, management or follow up of children with malnutrition though she is a household-level interventionist.
9. Surrounding issues of NREGS irregularities, PDS irregularities, severe poverty, landlessness, illiteracy, corruption, displacement and (in a few cases) apathy and criminal negligence continue to persist.

Recommendations Related To Policy And Programme

1. A community-based approach for prevention and management of all severities of malnutrition is essential. This can only be accomplished by an enhanced ICDS that is equipped to the challenge. This further entails¹:
 - a. Extra frontline worker for the under-3s
 - b. Crèche cum anganwadi where required
 - c. Better nutritional supplementation using locally available foods such as oil, eggs, dairy products, soya etc. for example – for those requiring significant nutritional rehabilitation after discharge from NRC, an egg can be added to their daily diet in addition to the existing THR. If at all RTE foods are required for therapeutic feeding it is advisable that we consider a centre based production at the ICDS itself as is currently done at the NRC.
 - d. Close supervision and the utilisation of the supervisory cadre much more intensively for programmatic support rather than mere administrative monitoring.
 - e. Setting up clear cut protocols and guidelines for all grades of malnutrition and what action is to be taken at the first sign of deterioration of the growth curve.
 - f. Appropriate capacity building and provision of tools for the above
 - g. Appropriate financial allocations for the above
 - h. Close coordination with NRHM
2. The NRC must (and does) function as the valuable intense phase for management of severe malnutrition and provides the 'loading dose' of the overall intervention. It also provides baseline status through clinical assessment and treats coexisting disease. It can and should do NO more than that. To be more effective in this role, and allow better coordination with the ICDS system it must:
 - a. Immediately expand its admission criteria to include all those classified as severe by the WHO growth charts according to the ICDS system. Meanwhile, the ICDS can also be taught to include MUAC as part of their anthropometric assessment. Thus admission criteria should include all severe (weight for age) and all SAM. This will resolve the current difficulty faced because the two systems are using different classifications.

¹ please refer to EPW paper on Strategies For Children Under Six by the Working Group For Children Under Six for more details on this



The grades of severe malnutrition should be retained and treated at NRCS because there is no evidence to show that severe malnutrition (but without MUACs being less than 115mm) is a protection from mortality. The deaths audited during this public hearing showed that children died in all grades of malnutrition including moderate grades. The fact that a child is severely malnourished warrants preliminary care and investigation for a minimum period through admission to the NRC.

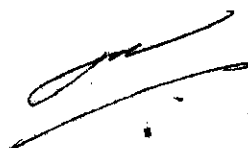
- b. Ensure that discharge criteria are substantially above the admission criteria.

3. Non punitive child death audits done jointly by ICDS and NRHM would immensely assist the reforms that are required.
4. ASHA must be fully involved with the action against malnutrition. Detailed roles etc can be worked out in collaboration with WCD and are also available with the ASHA Mentoring Group, NHSRC and Central Ministry.
5. The forgotten issue of support to breast feeding, especially the period of exclusive breastfeeding for children less than 6 months must be taken on board. This entails the provision of maternity entitlements² and crèches at worksites
6. Priority has to be given to filling staffing gaps and provision of centres in tribal areas as directed by the Supreme Court.
7. NMBS implementation must be complied with as per the directions of the Supreme Court for nutritional support to pregnant women.

Other Recommendations

1. Antodaya cards are still not universally available to the tribal population who are entitled to en-masse registration. Such families need to be proactively identified and given antodaya cards immediately with compensation for the delay.
2. Strict action including the filing of FIRs should be taken against NREGGS and PDS irregularities and corrupt implementers.
3. Poverty alleviation measures such as land reforms and protection of land-rights are urgently required
4. Total literacy campaign needs to be revived urgently with a gender focus in the tribal areas
5. The failures of rehabilitation following forces displacement need to be rectified immediately and special measures need to be taken to ensure health care and nutritional support for the families in 'doob' areas regardless of the small numbers.

² please refer to PHRN study on the Muthulakshamy Reddy Scheme (Tamil Nadu) and the EPW paper on Strategies For Children Under Six by the Working Group For Children Under Six for more details on this




F.No.C.11011/08/2009-Admn.
National Commission for Protection of Child Rights
5th Floor, Chanderlok Building,
36-Janpath, New Delhi

Date: 30.12.2010

Sub: Minutes of the meeting of the Commission held on 28th December 2010.

A copy of the Minutes of the meeting of the Commission held on 28th December 2010 as approved by Chairperson, NCPCR is circulated herewith for information and necessary action (wherever applicable).


(Lov Verma)
Member Secretary

To:

1. Chairperson, NCPCR
2. Member (DD)/Member(SB)/Member(VKT)/Member(DL)/Member(YD), NCPCR.
3. Registrar, NCPCR
4. NC(RTE), NCPCR
5. PPS(JB)/PPS(SG)/PPS(AKM)/PPS(SJ)/PPS(VS)/PPS(VK), NCPCR
6. AD/AO/DO/DDO, NCPCR
7. PA(Ms. Neerja)/PA(Mr. M.C. Madan)
8. Minute Register, NCPCR
9. Guard File.

Minutes of the Meeting of the Commission held on 28.12.2010 at 3.00 p.m. in the Chamber of the Chairperson, NCPCR

A Meeting of the Commission was held on 28th December, 2010 at 3.00 p.m. under the Chairpersonship of Prof. Shantha Sinha, Chairperson, NCPCR and was attended by the following:

1. Ms. Dipa Dixit, Member, NCPCR
2. Ms. Sukanya Bharatram, Member, NCPCR
3. Dr. Dinesh Laroia, Member, NCPCR
4. Shri Vinod Kumar Tikoo, Member, NCPCR
5. Shri Lov Verma, Member Secretary, NCPCR
6. Shri Binod Kumar Sahu, Registrar, NCPCR

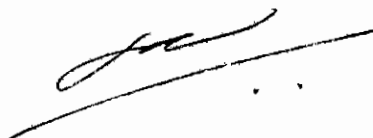
2. The matters discussed and the decisions taken thereof in the said meeting were as follows:

Sl. No.	Agenda Items	Matters discussed /decision taken
1.	Confirmation of the minutes of the Commission's meeting held on 21.09.2010	Confirmed.
2.	Action Taken Report (ATR) on the decision(s) taken in the last meeting of the Commission held on 21.09.2010.	
	(i) Review of leave policy for consultants /Contractual staff/ outsourcing staff of the Commission.	(i) The Commission was informed about the issuance of an Office Order to all concerned drawing their attention to the leave policy as approved by the Commission in its meeting held on 21.09.2010.
	(ii) The decision taken regarding the office hours and punctuality of the Officers/Consultants/Staff.	(ii) The Commission was informed about the Order issued to this effect.
	(iii) Enhancing the limit of hospitality reimbursement for other officers of the Commission from existing Rs. 400 per month to Rs. 1000 per month in view of the enhanced prices of goods and commodities.	The Commission was informed that the rules/ precedents/practice of other Commissions (such as NCW) regarding the hospitality entitlement of PPS/PO/AD/DSP/DO or officials of similar grade are being obtained (Action: General Admn. Section).

	(iv) Adoption of recommendations given by Dr. (Ms.) Vandana Prasad on malnutrition (Copy enclosed)	No action required.
	(v) Provision for full reimbursement of the medical consultation fee	<p>(i) The Commission was informed that the rules/ precedents/practice of other Commissions/ Autonomous Bodies of MWCD (such as NIPCCD, CARA, NCW) regarding the medical facilities available to its officers and staff are being obtained. The Commission was also informed that the draft Medical Rules of NCPCR 2010 has been submitted to MWCD for approval notification by the Ministry, with the approval of Chairperson and the then Members in position. Reminders have been issued thereafter for expediting the approval.</p> <p>(ii) It was decided that the matter may be pursued with the Ministry for early notification of the Medical Rules of the Commission. It was also decided that a copy of the draft Medical Rules, which have been submitted by NCPCR to MWCD may be circulated to the Chairperson and Members in the mean time for their perusal (Action: General Admn. Section).</p>
3.	Discussion about the Consultant Policy of the Commission (A copy of Consultant Policy of the Commission is enclosed).	<p>The Policy of NCPCR for the Engagement of Consultants was discussed by the Commission threadbare and following decisions were taken to this effect :</p> <p>(i) The draft Revised Policy for Engagement of Consultants, as proposed by the Chairperson, were adopted after due deliberations and necessary modifications (copy enclosed).</p> <p>(ii) A list of consultants (earlier and existing), outside experts/professionals and activists whose services have been utilized, will be prepared by the Office and submitted to the Chairperson (NCPCR) within 02 weeks. Thereafter, a Committee will be constituted by the Chairperson for the initial empanelment of experts/professionals/child right activists, etc. as consultants, whose services may be utilized by the Commission on tenure based/ task-based/ short term basis for its various activities (Action: Establishment Section).</p>



		<p>(iii) When no response is received to the Expression of Interest solicited by NCPCR or when no suitable candidates are found from the applications so received, then a Search Committee will be constituted by the Chairperson to scout for suitable candidates against various positions of consultants that may arise from time to time in NCPCR (Action: Establishment Section).</p> <p>(iv) A clause may be inserted in the document for the 'Expression of Interest' solicited from the candidates for any consultancy in NCPCR, saying that 'the Commission reserves its right to accept or reject any application and/or relax any conditions in exceptional cases' (Action: Establishment Section).</p> <p>(v) The TA/DA Rules applicable to officials and non-officials on Government duties may be circulated to the Chairperson and Members within 01 week, so as to enable them in arriving at a decision regarding the fixation of TA/DA to be applicable to the Consultants whose services are/would be utilized for NCPCR's work (Action: Pay & Accounts Section).</p>
4.	Adoption of Annual Report of the Commission for the year 2009-10	The revised version of the existing draft of the Annual Report of the Commission for the year 2009-10, as edited by the Member Secretary, will be circulated to the Chairperson and Members within 03 weeks. After incorporating the comments/suggestions/amendments, if proposed by any Member, the same may be put up for the approval of Commission by circulation and its onward submission to MWCD (Action: AD/DO/AO/Concerned Consultants).
5.	The activities of the NCPCR between the earlier meeting (held on 21.09.2010 and present meeting (held on 28.12.2010)	The activities of the NCPCR between the earlier meeting (held on 21.09.2010 and present meeting (held on 28.12.2010), as was reported by the Member Secretary and the Registrar, were noted by the Commission. However, a comprehensive but concise report about the major activities of NCPCR for the said period will be circulated to the Chairperson and the Members and placed on record within 01 week.



6.	Discussion about the work plan of the Commission	<p>(i) The draft work plans of Member(DD) and Member(SB) (copies enclosed) were table and noted. The work plans of other Member present were briefly discussed.</p> <p>(ii) It was decided that they will submit their respective work plans to the Chairperson (NCPCR) at the earliest, which will be compiled by the Office and put up for the approval of Commission on circulation (Action: Members/AD).</p>
7.	Any other item with the permission of Chair.	<p>Other decisions:</p> <p>(i) The recommendations / comments by NCPCR as forwarded to MWCD along with the alternative draft of the Protection of Children from Sexual Offences Bill-2010, were ratified by the Commission (Action: Nil).</p> <p>(ii) Now since Members have joined the Commission, it was decided to convene the postponed meeting on the 'Revised National Policy for Children -2010' on a convenient date for chalking out the future course of action in the matter (Action: AD).</p> <p>(iii) It was also decided that Guest Lectures may be organized by NCPCR by inviting persons of eminence/experts/ activists on important child rights issues (Action: AD).</p> <p>(iv) It was further decided that a special meeting of the Commission may be convened on a convenient date exclusively for the review of complaints (Action: Coordination of Complaints Cell).</p>

The meeting ended with a vote of thanks to the Chair.

