

NATIONAL INSTITUTE OF PUBLIC COOPERATION AND CHILD DEVELOPMENT

Research Studies 2011-2012

1.Designing Group Work intervention for Adolescents: A Training Strategy (PART A & B)

The period of adolescence is of special significance in the life of an individual and it is marked by many important life transitions on various fronts. Trends reveal that adolescents are indulging in pre-marital sexual activity which in term lead to early pregnancy, STD infections including HIV/AIDS, maternal morbidity and mortality, unwanted pregnancies and unsafe abortions, thus, endangering the physical and reproductive health and productivity of adolescents.

Keeping this in view, the Institute undertook this project. The module is an attempt to provide training content, tools and methods to design growth group interventions with adolescents. It also enables the learner to become sensitive to observing and modifying group dynamics in order to build a cooperative climate for learning and actualization of potential. The emphasis is placed on both structuring of the content and facilitating the process of intervention. In addition the module has a component on theoretical base of group work which is again brought out through active learning methodologies.

The module is a comprehensive package comprising of Training Modules, Facilitator Guide, Information Sheets and a list of Resources for further reading and reference. The module has been divided into two parts - **Part A: Group Work Method: Principles and Practice:** It includes thirty one hours of training agenda designed to experience Group Work Methodology and develop an understanding about its principles and practice. It also aims at developing among the participants the art of facilitation and observation of group dynamics and handling difficult behaviour. **Part B: Planning Group Work Interventions:** It includes thirty six hours of training agenda, contains eight modules providing step by step instructions to the members of the Group to plan and structure Group Work Interventions based on the needs of a group of Adolescent from different backgrounds.

The developed module was field tested by conducting training for students of Advanced Diploma in Child Guidance and Counseling running at the Institute. The module was revised and modified based on the feedback and learning of the students and observations of the trainers.

The Group Work module is designed for counsellors, social workers and development workers, who are involved in designing and implementing group work interventions for young people. The module can be used in Training of counsellors for planning Developmental and supportive Group Work Interventions; Teaching Group Work in the Post Graduate Courses of Social Work and NGO's training in Life Skill Education for teachers, development workers etc.

2.Database of the Institutions Licensed under Women's and Children's Institution (Licensing) Act, 1956

The project was undertaken by the Headquarters of the Institute with the major objectives of the database to: used as a reference document by other organizations; facilitate the process of building capacities of personnel involved in planning and execution of programmes for the care and protection of these children; and facilitate coordination among different institutions with special reference to child protection.

Major Findings

- It was seen that only 30 % of institutions were registered under this Act and these institutions were mainly dealing with orphan and destitute children while other type of children needing care and protection were also visible.
- Different institutions were catering to the needs of different age groups starting from 0 to 18 years of age. It was seen that to sustain their activities and providing care to children, these institutions were mostly relying on cash, kind, donations and government grants with a annual budget ranging from 1 lakh to 30 lakhs with few institutions having budget of 1-3 crores.
- Making orphan and destitute children independent and constructive citizens of the country as their main aim, these institutions provided them facilities and engaged them in various activities like education, vocational training, inculcating moral values and maintaining discipline etc.
- Managing Committees were found to be present with meetings of members at regular intervals in most of the institutions for effective functioning and management.
- It was astonishing to know that most of these institutions maintained the minimum standards of care for children in terms of having separate facilities of boys and girls, providing neat and hygienic food and meeting their medical requirements in the limited resources that they had. It indicated their knowledge of managing the institutions as per prescribed rules.
- In case of girls, marriage was considered to be the good option for their settlement whereas boys were given the choice of being independent and make their life purposeful. Institutions also helped all the children to find jobs after being trained in trades of their choice. It was seen that most of the institutions practiced follow up programme after the release of the child to see whether they are settled and stable. The information has also been uploaded on the website of the Institute.

3.Data Base of Child Care Institutions Registered under Juvenile Justice (Care and Protection of Children) Act 2000 (as amended in 2006)

The Juvenile Justice Act is to consolidate the law relating to juveniles in conflict with law and children in need of care and protection. The Act provides for proper care, protection and treatment of children by catering to their development needs; adopting a child-friendly approach in the settlement and disposition of matters in the best interest of children and for their ultimate rehabilitation through various established institutions under this Act. The Institute undertook this project with the main objectives were to: take stock of Child Care Institutions (Govt. and Voluntary Organizations) registered under Juvenile Justice Act with the State Govt.; ascertain the status of Child Care Institutions in the context of minimum standard of care including their infrastructure, staff strength, health, education, recreational facilities etc; and have an assessment of the training needs of functionaries / frontline workers of these Child Care Institutions.

The present documentation is a compilation and analysis of the responses received from 185 Child Care Institutions (CCIs) in India. It includes responses from 99 Voluntary Organisations and 86 Government run CCIs respectively. It is divided into two parts: Part A - the Main Report which focuses on Introduction, Overview of researches on children in need of care and protection, Status of CCIs, Summary and conclusions and Part B containing the profiles of 123 child care institutions registered under Sec 34(3) of the JJ Act with their respective State Governments. Part C- contains the profiles of all (185) respondent CCIs. It is felt that the document, besides the stakeholders of ICPS, will be of benefit to the training/ research Institutes,

funding agencies and other organisations dealing with children in their future work. The complete report has been uploaded on the website of the institute. Database of Child Care Institutions Registered under Juvenile Justice (Care and Protection of Children) Act 2000 (as amended in 2006) - A Documentation of Responses.

4.Orientation Workshop for Chairpersons and Members of Child Welfare Committees-Syllabi/Curriculum

The Institute undertook this project with the main objectives to: strengthen the work of Committee, Chairperson and Members of the Committee; need comprehensive training on child protection issues like situational analysis of children in India, child rights, child protection, legal provisions concerning children etc. As the JJ Act; and aware them of the Juvenile Justice (Care & Protection of children) Act 2000 & amendment Act 2006 and its' Rules 2007 and Integrated Child Protection Scheme (ICPS). A two-day syllabus of the orientation workshop was designed to sensitize the Chairpersons and Members of CWCs about JJ Act 2000 & its Amendment Act 2006 and ICPS to enable them to function effectively in the best interest of children.

5.Orientation Workshop for Members of Juvenile Justice Boardsâ□□ Syllabi/Curriculum

The Institute undertook this project with the main objectives to: strengthen the work of the Board, members of JJBs need comprehensive training on child protection covering issues like situational analysis of children in India, child rights, child protection issues and concerns, legal provisions concerning children etc. As the JJ Act is an important component of ICPS, the Child Welfare Committee; and aware them of the Juvenile Justice (Care & Protection of children) Act 2000 & amendment Act 2006 and its' Rules 2007 and Integrated Child Protection Scheme (ICPS). A two-day syllabus of the orientation workshop was designed to sensitize the Members of JJBs about JJ Act 2000 & its Amendment Act 2006 and ICPS to enable them to function professionally and effectively.

6.Gender Training Module for Capacity Building and Empowerment of Women

The Institute undertook this project with specific objectives to: enhance capacity of trainers/learners on practical gender analysis skills as a basis for identifying gender issues in different sectors of economy and society; provide gender mainstreaming competence development among trainers to increase common understanding among trainers the ways in which gender perspectives are relevant to the subjects they address; provide the trainer with background information on how to plan, organise and implement gender training programmes, improve facilitation skill and preparation of a training session: provide necessary training exercise in order to conduct gender training programme effectively. The overall objective of the module is to facilitate the learning on mainstreaming of the needs and concerns of women in all sectors of development.

7.Study on Monitoring Strategy of Preschool Education Component under ICDS

The above study was undertaken by the Institute with the objectives to: examine the existing monitoring mechanism of PSE component at the different administrative levels as well as assess the extent of its implementation; analyses the factors that facilitate or hinder effective monitoring of PSE component at different administrative levels ; and identify good practices, if any in monitoring; study the efforts made to involve the community in the monitoring process; and suggest specific recommendations for improving the monitoring process for ECCE/PSE. The study used

multistage random sampling procedure to select samples from 60 AWCs located in Himachal Pradesh and Uttar Pradesh.

Major Findings

- Almost all AWWs in H.P and more than four-fifths of AWWs in U.P (83.33per cent) assess the developmental progress of children from time to time to ascertain the effectiveness of PSE. However, it was observed to be random and there was no systematic, objective based and uniform pattern of assessment.
- Fifty per cent AWWs of H.P and slightly above one fourth of AWWs in U.P (26.66per cent) stated that school teachers made Supervision visit to AWC.
- Majority of Supervisors in H.P (88.89per cent) and few of them in U.P (11.11per cent) monitored PSE component through visit to AWCs.
- The average time spent by CDPOs at AWC in H.P and U.P was not uniform. The average time spent by CDPOs at AWC in H.P was 1-2.5 hours and in case of U.P, it was 30 minutes-3 hours.
- Involvement of teachers in monitoring was limited to aspects like opening of AWCs, presence of AWW, attendance of children, chart reading by children and children playing with play materials. All community leaders in H.P and majority (96per cent) of them in U.P were aware of PSE component under ICDS.
- Most of the community leaders (97per cent) in U.P and 69 per cent of them in H.P had knowledge on importance of PSE component.
- About all AWCs in H.P had guidebook and none of the AWCs in U.P had guidebook as observed at AWCs.
- Lack of proper organization of PSE activities by AWWs, wrong parental expectations and inadequate efforts by ICDS functionaries for orienting parents on PSE were observed as factors for poor attendance of children under the study.
- Maximum of school teachers in H.P (95per cent) and majority of them in U.P (89.65per cent) had knowledge about role of school in implementing PSE.

Recommendations

- Every AWC should have a usable time table indicating the activities to be conducted with its objective under the broad aspect of development and its duration. Supervisors are to be made responsible to develop the skills of AWWs for development of time table. Time table should be used as a tool for monitoring PSE at AWC.
- Keeping in view development needs of children, every child at AWC should be provided with one workbook/activity book. This work book/activity book prepared and used by some States needs to be developed /adopted in the light of the workbook (in the process of finalization) developed by NIPCCD.
- Faulty expectations of parents have been perceived as one of the factors for poor implementation of PSE component, AWWs should be made responsible to orient parents on objectives and activities of PSE under ICDS. Parental understanding of PSE component should be a monitoring indicator for PSE component. Performance of AWWs should be rated based on parental understanding of PSE component.

8.Module on SABLA (Health, Nutrition, ARSH, Life Skill [(Home Management)]

This task on preparation of the above module was undertaken by the Institute with an objective to empower the adolescent girls and generate awareness among them by providing knowledge in Health, Nutrition, ARSH and Life Skills (Home management) Education. Through this model, the adolescent girls in the age group of 11-18 years

would be provided leadership and vocational training and skills development so that they can access public services, facilities, skills and opportunities collectively or individually. The module has been printed for wider circulation and used in various training programmes.

9.Module of Training of Trainers on SABLA: A Reference Document

The Institute undertook this project with the objectives of the reference document are to enable trainers to built up effective communication skills which could open the channels of communication with adolescent girls, to strengthen the training skills of trainers of AWW, Sakhi and Sahelis and equip them with the knowledge and application of various new participatory training techniques on community participation that would be useful for class and while educating Adolescent Girls. The trainers will have a comprehensive reference document related to SABLA Scheme which will in turn improve communication skills and help in eliciting the community participation in ICDS. The reference document has been finalized. The reference document is of immense help in creating awareness among the field trainers about various services incorporated in the SABLA module.

10.A Quick Appraisal of ICDS Awareness in National Capital Region

At the instance of the Ministry of Women and Child Development, Government of India, the Institute undertook the above study with the objectives to: assess the general awareness status of various services, provisions, entitlements and resources of ICDS programme among its functionaries (AWW, Supervisor and CDPO); assess the general awareness status of various services, provisions, entitlements and resources of ICDS programme among its beneficiaries (women of 15-45 years of age, lactating and pregnant mothers and mothers of children 6 months to 3 years and 3 years to 6 years); and to recommend suitable measures/ strategies for creating general awareness about ICDS among its grass root functionaries and beneficiaries. A total of 3966 ICDS functionaries and beneficiaries were interviewed and the findings of the study are as follows :

Major Findings

- Nearly two third (65.5%) of AWWs and ICDS Supervisors (66 %) were found aware about all the five objectives of ICDS. Near about three fourth (74%) of AWWs and every eight out of ten (81%) ICDS Supervisors were found aware about all six services of ICDS.
- More than half (60 %) of AWWs, ICDS Supervisors (70%) and CDPOs (67%) have correct knowledge about caloric nutritional norms of supplementary nutrition being given for different category of ICDS beneficiaries.
- The financial norms of supplementary nutrition for severely underweight children were known to more than half (56%) of AWWs, ICDS Supervisors (60%) and CDPOs (62%) taken in the study.
- Only little less than half of AWWs (46%), little less than two thirds (64%) of ICDS Supervisors and little more than half (52%) of CDPOs taken in the study were aware about Anganwadi Karyakarti Bima Yojana Scheme.
- One fourth (25%) of AWWs, ICDS supervisors (22%) and little more than one third of CDPOs (37%) taken in the study were aware about provision of flexi funds for AWC under ICDS.
- Sizeable numbers of AWWs (90%), ICDS Supervisors (96%) and CDPOs (97%) were aware about provision of Maternity/ Miscarriage Paid Absence to AWW/AWH.
- With regard to number of days for paid absence (leave entitlements) is concerned, less than half (47%) of AWWs, 58% of ICDS Supervisors and 52%

of CDPOs were found aware about the same.

- Slightly more than three fifths (62 %) of AWWs, 40 % of ICDS supervisors and 55% of CDPOs were aware about provision of two pairs of uniform (saree/suite) every year to AWWs/AWHs.
- Three out of five (60%) AWWs, 59 % of Supervisors and 72% of CDPOs were familiar about the target group of SABLA scheme. Only little more than one third of CDPOs (38 %) associated with implementation of SABLA Scheme in their ICDS projects and also found aware about the required number of AGs in formation of Kishori Samooh.
- Only less than half of AWWs (49 %) taken in the study were found aware about various financial and programmatic provisions of IGMSY. Though sizeable number of ICDS Supervisors (88 %) was found aware about total cash incentive of Rs 4000/- per beneficiary of IGMSY, however, only three out of five ICDS Supervisors (62 %) were found aware about the number of total installments in which such amount has to be disbursed to the beneficiaries.

11. Guidebook for Mother & Child Protection Card

The Institute has undertaken the project of Revising the Guidebook for Mother and Child Protection Card (MCPC) with the objectives to revise the existing Guide Book for MCP Card incorporating the latest changes/improvements made in the card so that the card is used effectively by family members, ICDS and health functionaries in general and AWWs and ANMs in particular. The Guide Book has now been finalised and is under process of translation in to Hindi and printing in both languages (Hindi and English) for use by ICDS and NRHM functionaries in general and AWWs and ANMs in particular. The Guide Book would be a useful reference and training material under ICDS and NRHM.

12. Status of Food Safety Measures in ICDS-A Study

The study was undertaken by the Regional Centre, Bengaluru with the main objectives to: examine the Food Safety Measures adopted in SNP component of ICDS Programme; analyze the foods provided in the Anganwadi Center and undertake the testing of supplementary food for assessing its quality; assess the extent of knowledge, attitude and practice of the food handlers on food safety and hygiene; review the situation of supplementary nutrition programme in ICDS in the context of existing food laws and food standards; and suggest measures for strengthening food safety system in ICDS Programme.

Major Findings

- The prime food handlers at AWC were the AWWs .The professional experience of AWWs ranged from 1 to 16+ years with more than half (61.7%) of the workers belonging to 16+ category. Besides majority (58.9%) of the AWWs were matriculates and the number of graduates and non-matriculates were equal in percentage (7.8%). These parameters reflect the potentialities of the personnel to deliver quality services.
- It was observed that majority (74.4%) of the centers were run in the own buildings followed by community buildings (17.2%) and rented buildings (8.3%). The centers managed in the "own building" had better facilities for storage, cooking and food service as compared to rented buildings, which denotes compliance of minimum standards for food safety. Majority of the Anganwadi Centres (60.6%) had pucca building, which goes to say that the remaining could not comply with the specified standards.
- The cleanliness of the surroundings of AWCs was rated as average (62.2%) to

very poor (13.3%), which warrants improvements. Among the divisions, the data indicate that the Gulbarga Division had the highest AWCs rated as poor (51.1%), while Bangalore division (62.2%) was rated average and Belgaum division (51.1%) had of good surrounding. The outdoor space was noted to be satisfactory only in 44 percent of AWCs both in terms of outdoor space availability and cleanliness.

- The urban sector was found to have the highest number (60.9%) of Anganwadi Centers with poorly rated outdoor space. In addition only 40 percent of AWCs had sufficient indoor space, which was rated as good. The guiding factor for indoors and out door space is not merely the ambience and functionality but that governs safety or influences negatively adding risk factors for contamination and food hazards.
- The place of cooking was satisfactory only in 30 percent of surveyed AWCs as regards its utility area and cleanliness. This observation was crucial in view of the fact that the place of cooking at AWCs is fundamental since it serves as a hub for the growth and multiplication of pathogens.
- As regards the place of toilet and place of defecation in AWCs, 61percent rated as poor since there were no toilets or available but in non- usable condition. The observed situation warrants the dire need to provide usable toilets in the AWCs to prevent possible health hazards. This further aggravates with inappropriate drainage facilities. But as per the data obtained the open drainage system was rated as poor in 58.3 % of AWCs.
- It was observed that the available storage area was not satisfactory in majority of the AWCs and there were all chances of food becoming unsafe due to exposure to dust, dirt or other contaminations especially if the stored food was not properly covered. In 41.2% of the AWCs of urban areas, the foods bags were stored in a damp area/against wall/window, which is likely to cause food spoilage particularly if stored for longer duration. The storing facilities available in 50 percent of AWCs were not upto the mark in view of its non-conformity to the safety guidelines (Food Safety and standard Act 2011). It was encouraging to note from the findings that in 63.3% of AWCs the food and raw premixes were stored for less than two months, which is well within the safe period, since these mixes have a shelf life of only three months. However it was also noted that in some centres particularly in Belgaum rural the food is stored for more than three months, which indicates that there are chances that the beneficiaries may consume expired food, which may be unsafe. In addition 54.4% of the AWCs were using a poor method of a pest control system i.e. using rat poison, which may pose a threat to the safety or suitability of food for consumption.
- As part of safe food handling procedures, the status of food packets arrived in the AWCs was studied which indicated that in majority of AWCs (98.3%) the food arrived within one month date of manufacture. A majority (85.6%) of AWCs had received adequate quantity of food as per the requirement of their beneficiaries and in a few AWCs (14.4%) the quantity of food received was inadequate to meet the demand, which denotes that there may be a compromise on the nutritional requirements. As per the findings in the present study, in majority (81.1%) of the AWCs the recipes were provided as per the schedule and the same was corroborated with actual observation on the day of the visit.
- It was observed that in 76.1% AWCs the beneficiaries had received food as per the norms of SNP (300 days per year or 25 days in a month). The practice of handling of left -over premix was found to be poor in 38.9 percent of the AWCs since the opened packets were stored as such. These poor practices may likely to harbor dirt, dust pathogens and breeding of pests in AWCs, which in turn may denigrate the quality of leftover food. It was also noted that the food cooked and served at a few AWCs (22.5%) of rural Belgaum, Gulbarga (6.7%) and Bangalore (4.4%) divisions were not in accordance with the safety norms

(i.e. the foods had crossed the expiry date by fifteen days) in view of the date of expiry of the same. As per the finding of the study a majority (92.2 %) of AWWs had inadequate understanding about the safe disposal of expired food and only about 6.7 percent of the workers disposed the expired food safely.

13.Rehabilitation of Juveniles in Conflict with Law and Children in Need of Care and Protection: A Study

The Regional Centre Lucknow has undertaken this study with the objectives to: study the type and quality of services provided by the After-care Homes; assess the effectiveness of rehabilitative measures undertaken for the inmates of After-care Homes; identify the problems being faced by Aftercare Homes in rehabilitation of inmates; study the utilisation and effectiveness of the skills/trades learned in After-care homes; and suggest some corrective measures for effective implementation of rehabilitation services through After-care Homes. The study was conducted in all seven After-care Homes run in the State of Bihar (2) and Uttar Pradesh (5). All the inmates of these homes who were mentally sound and functionaries including superintendents, teachers, vocational teachers and district probation officers have been covered (census study). In the study five case studies of inmates discharged from After-care Homes have been documented to highlight the effectiveness of the retention in After-care homes.

Major Findings

- Majority (93.44%) of the inmates comprised females. Out of 7 After-care Homes, 6 are earmarked for girls only.
- Largest single group (44.26 %) has been formed by those who have been of 18 years of age followed by those who belonged to the age groups of 19 and 20 years (18.03% each), 21 years and above (17.21%) and 21 years (2.45%).
- Largest single group of inmates of After-care Homes (31.96%) has been comprised of illiterate, followed by those who have been just literate (23.77%), middle (15.37%), primary (14.75%), high school (7.37%) and above high school (6.55%).
- Majority of the inmates (55.73%) have been in the category of children in need of care and protection, with remaining (44.26%) of them in the category of juveniles in conflict with law.
- The largest single group inmates of after-care homes (47.54%) has been drawn from rural areas, followed by those who did not know where from they had come (27.86%). The percentage of urban area is 22.13 percent and only 2.45 percent of the inmates had come from semi urban areas.
- Majority of buildings (57.14 %) in which After-care Homes have been located are of the Government.
- In 57.14 percent of homes, more than four dormitories were available. Only 28.57 percent of the homes have had dormitories as per the norms set under the JJ Act, 2000. In all the After-care Homes various facilities such as proper lighting, ventilation, heating during the winters, drainage system, disposal of the garbage and drying of bedding and clothing in the sun light were available.
- Majority of After-care Homes (57.14 %) have had sufficient space for each inmate.
- All the inmates informed that they receive all three meals besides the snacks in the evening. It was found that the inmates get the varieties of meals. The inmate were satisfied the meals and whenever they felt to have something special they were provided with the given budget.

- It has been observed by the study team that in all the After-care Homes there has been adequate water facility available.
- 99.18 percent of the inmates have told that they have had facilities for the indoor and outdoor games.
- It has been found in the study that in majority of After-care Homes (71.42%) had earmarked a room for sick inmates. Out of seven After-care Homes, five had visiting doctors. In one of the Homes there were two doctors, one gynecologist and one general physician. These doctors were coming daily to the Home and were examining the health status of the inmates.
- An overwhelming majority (85.71%) of After-care Homes had no separate counselling and guidance room.
- Majority of After-care Homes (71.42%) there has not been any library facility. It has been only in case of 2 After-care Homes (28.57%) that library has been available which have had some short story books and some books on mythology.
- In all the After-care Homes the educational facility has been limited up to primary education. The inmates were given basic education by the departmental teachers as well as teachers arranged by the Basic Shiksha Adhikari. There were no facilities for higher education.
- Majority of After-care Homes had 57.14% had only one classroom and in case of 14.28% of each of After-care Homes have been two classrooms available.
- Fifty per cent of the teachers were graduates with B. Ed, 25 per cent were graduates without B. Ed and the rest were post graduates with B. Ed. The teachers in After-care Homes are by and large competent and trained. 75 per cent of the teachers have been engaged in teaching and rests of them (25%) have been engaged with library work and counselling of the inmates.
- Above 69.67 % of the inmates have informed that they had gone through trainings such as tailoring, stitching and embroidery. Besides this training, with the help of voluntary agencies also, the inmates have been imparted vocational training on beautician, toy making, candle, jewellery, hair cutting, painting and teaching them dholak by skilled teachers.
- 57.14 percent of the DPOs have expressed the view that there is need to change the training programme as per the market demand.
- 57.14 percent of the Superintendents have informed that they settle the girls in marriage after finding suitable boys.
- More than 65 percent inmates have expressed the desire that they would like to get married to settle. 7.37percent of them have expressed the desire to secure a job; and 10.65 percent of the inmates have expressed the view that they would like to have self employment.
- As many as 71.42 percent superintendents have reported that they have had coordination and support from various NGOs / Companies and Factories to organise various skills and training programmes.
- Majority of Superintendents (71.42 %) receive funds timely. Timely receiving of the funds enables the homes to function smoothly. However, 28.57 % of the superintendents revealed that they did not receive funds on time with the result the bills related to purchase of the food items, etc., remain pending for payment and thereby adversely affects the After-care Homes reputation.
- 71.42 % superintendents have pointed out that they were facing some problems / difficulties in running the home. Some of the problems expressed by them include managing the mentally challenged, hearing impaired inmates and the inmates who when brought to After-care home were pregnant and who had their babies to be looked after, etc.
- 71.42 % DPOs, have told that they were effectively running the homes as per the objectives set in the Juvenile Justice Act, 2000 while remaining 28.57 % have averred that they were not able to function due to the lack of own building.
- An overwhelming majority of (85.71 %) of the DPOs has expressed the view

that there is no need for any alteration in the Juvenile Justice Act. They felt that it is one of the best Acts and every aspect of the child has been covered. Whereas 14.28 % of the DPOs have opined that though everything is elaborately mentioned in the Act, yet there is a need for some alteration, especially in the area of vocational training by emphasising computer and other job oriented trainings to make the inmates self dependent.

- 57.14 % of the respondents have been satisfied with the services rendered in the After-care Home, whereas 42.85 % have expressed the view that they were not satisfied at all with the services provided in the After-care Home.

Recommendations

- It was found there were three After Care Homes functioning in the rented buildings which lacked sufficient space and place. Therefore there is a need for construction of own building of these Aftercare Homes as per the norms with the necessary facilities.
- Education of children should be made compulsory and mandatory to ensure that every inmate gets good quality education through formal schooling as far as possible. The inmates have limited access to education in the After Care Homes at present. Even though mostly the inmates had spent many years either in the Children's Home or After Care Home but educational level of the inmates has been limited up to primary level. Therefore there is a need to provide educational facilities beyond primary level to all the inmates of the homes. Perhaps open schools could be one of the options.
- Presently the vocational training is given to the inmates has no much market value. It would be better if they are given training in mobile repairing, AC / fridge repairing, TV repairing, auto repairing, tractor repairing, pumping set repairing, auto mobile repairing, catering and any other need based training so that they will be benefited. Skills in the above trades would provide inmates a world of opportunities for earning livelihood.
- It has been found that the differently abled persons have also been kept in these After-care Homes who were above 21 years old, whereas the After-care services are only for 18 to 21 years old children / youth. Therefore there is a need to have separate home for these inmates as they have special needs and require training from expert professionals to rehabilitate them. This will facilitate the staff to rehabilitate both the inmates separately.
- It was found that there were vacant posts of vocational teacher's in three After-care Homes, therefore, there is an immediate need to fill in these posts to facilitate the imparting of vocational training in the homes in an effective manner.
- Rewarding the inmates and the staff for their excellent performance could be a good idea to boost their morale. This incentive definitely could help in better performance of the inmates and their functionaries. The rewards may be given during special occasions, like Republic Day, Children's Day etc.
- The staff has to develop linkages with NGOs, Factories, Company's, Hospitals and other agencies to train the inmates in various skills / trades, which will help them in job placement in the same organizations.
- While there were some success stories of inmates which were reintegrated with their families', the staff of the After-care Home is required to find out the correct addresses and the location of the inmate's houses to reintegrate them with their families as most of the inmate's family addresses were not traceable. This will enable the inmates to have her / his own people whom they have left behind.
- The age 18 is a life stage during which one is still growing and becoming self-aware. At this age they search for inspiration, acceptance and guidance as they blossom into adulthood. During this period the inmates need

psychological support through guidance and counselling. Therefore it is highly recommended to provide services of counsellor as well as part time psychiatrist in After-care Homes.

- Rehabilitation is ultimate goal of the home. It was found in the study that in After Care Homes more emphasis was given on arranging marriage for girls than arranging job placement. These two are interlinked for proper rehabilitation. It is felt that, side by side, depending upon the ability of inmates, the need based vocational training may be imparted or to be assisted to set up their own business with financial support so that the inmates are rehabilitated timely and properly. Further there is a need to enhance existing rehabilitation fund from Rs. 5000/- to Rs. 25000/- per child so that after completion of their period at After Care Home the inmates could have a decent beginning.
- It was found that there is a delay in release of funds from the Department in two Aftercare Homes. The delay of the funds adversely affects the ongoing activities of the After-care Home. Timely release of the grant facilitates the functionaries in discharging their duties and promotes proper care of children at After Care Homes.
- There is a need of having transfers among the staff at least once in 5 years which will bring newness to the activities, new ideas will emerge. The inmates too will see the new face after certain years.

14. Scheme of Project Assist to Children Affected by Communal, Caste, Ethnic and Terrorist Violence/Riots- An Evaluation

Regional Centre, Guwahati had undertook this evaluation study on the request of National Council for Communal Harmony, Government of India with the main objectives to: elicit views of the destitute/orphan children, community and administrators on the Scheme; evaluate the extent to which the Project Assist has provided the physical and psychological rehabilitation of children victims of violence with special reference to their care, education and training and also to understand the impeding factors in rehabilitation of children; examine the modalities of the implementation of the Scheme; suggest corrective measures; and identify various socio-economic and cultural factors affecting national integration and communal harmony; and find out the inhibiting factors of national integration and communal harmony

Major Findings

Profile of Parents/Guardians and Families

The largest section of the beneficiary families belonged to general category (41%), followed by scheduled tribes (36%) and Other Backward Classes (21%) and there were only a few families of scheduled castes (2%). Religious affiliation wise majority of these respondent families were Hindus (67%) and there were smaller factions of Muslims (20%) and Christians (13%). A large chunk of the families of the victims were Assamese speaking (48%), followed by Bodo speaking families (31%). It has been found that cultivation, engagement in low paying jobs, petty businesses, wage labour, etc were the main occupations of the parents/guardians of the children. Thus, the study revealed that the income level of the families of the respondents came down drastically after the killing of the main earning member and almost all the families were found to have gone below poverty line. In nearly 94 per cent of the cases the surviving mothers or other female members were acting as guardians of the children.

Profile of Affected Children

Amongst 124 respondent beneficiary children there were equal number of boys and girls (62 each). Age wise, a little more than half of these children (51%) were in the age group of 11-15 years. A sizable number (32%) of the children were in the age range of 16 to 18 years. Rests of the children (17%) were between six to ten years of age. These children were studying in various classes of high school (40%), M.E. schools (30%), primary schools (15%) and the rest 15 per cent of these children were studying in intermediate classes or above. The bulk of the non-beneficiary respondents (92%) had attained the age of 18 years or more. Majority of the non-beneficiary children (54%) were continuing their studies, but a large section of the non-beneficiaries (44%) had dropped out of their studies.

Awareness about the Scheme

Only little more than 12 per cent of the parents and guardians were aware that the financial assistance for their wards was actually extended by NFCH. Large majority of the respondents (78%) thought that the assistance was being given by AASHWAS of Assam police. Like parents/guardians, 96 per cent beneficiary and 94 per cent non-beneficiary children also did not know that they were receiving the financial assistance from NFCH. However, almost all the parents and guardians (98%) and the children (95%) were aware that, the financial assistance was given mainly to enable them to meet expenses related to their education, training and other essential needs.

Usefulness of the Scheme

Although most of the respondent parents/guardians and children stated that the financial assistance received by them was useful and particularly enabled the children to continue with their education, yet, almost all the parents/guardians (97%) and the large majority of beneficiary (87%) and non-beneficiary (84%) children found the amount of assistance to be insufficient to meet the educational as well as other essential expenditures of the child. The bulk of the parents/guardians (97%), and beneficiary (91.0%) and non-beneficiary children (90.5%) desired enhancement of the present amount of assistance. It was found that, for each child on an average Rs.1436/- is required to meet the minimum expenses for education, food, clothing and some other miscellaneous needs.

Aspects of Mechanisms of Implementation of Project Assist

In Assam, AASHWAS, a project under Assam Police takes the lead role in identifying the eligible children to receive the financial assistance. Usually, at the initiative of AASHWAS, the officials at the different Police Stations identify and collect the details of eligible children from their records and help and guide the parents and guardians of these children to carry out the required procedures like filling and submission of the application forms. It also assists the parents/guardians to procure the necessary certificates and documents. After the applications are received, the Office of the Deputy Commissioner sends these to the NFCH. A large number of the parents and guardians (42%) pointed out that they had difficulties in obtaining the Income Certificate from the concerned authorities. Parents/guardians also reportedly faced some other problems in one or other step of the process of application like filling-up the prescribed form, lack of adequate cooperation from some of the district officials and the police officials, non-cooperation. Ideally, the financial assistance is to be paid in advance annually in the first quarter of the academic year as per the norms of Project Assist so that the parents/guardians can meet the expenditures of the child's

education for the current year. However, in most cases the disbursement of the assistance is usually delayed by about six months or so. It could be learnt that the delay occurs due to some procedural reasons.

Views for Effective Implementation

Two major suggestions that came from the parents/guardians was enhancement of the amount of assistance (99%) and timely disbursement of the assistance amount (90%). There were also suggestions for checking red-tapism and procedural complications, increasing the upper age limit of eligibility, continuation of assistance for students upto post-graduate level, better disbursement procedure, employment opportunities for beneficiary children, etc. The officials and functionaries of AASHWAS including members of NGO involved with implementation of Project AASHWAS also made a few suggestions like increasing the upper age limit from 18 to 22-25 years and favored continuation of the assistance as long as the beneficiary is pursuing his/her education.

Project Assist and AASHWAS

Implementation of Project Assist in Assam has been facilitated greatly by AASHWAS, which is a project of Assam Police. One of the major land marks of AASHWAS had been linking the orphan children whose parent(s) were killed during communal, ethnic or terrorist violence with Project Assist of NFCH to enable these children to avail financial assistance. AASHWAS identified such children all over the state and helped their existing parents/guardians to do the necessary formalities for availing the financial assistance under Project Assist.

Follow up of Beneficiaries of Project Assist

Although under Project Assist there are no such built-in mechanisms for follow up of beneficiary children, AASHWAS has initiated some steps to follow up the children. Project AASHWAS has associated an NGO named Society to Save Victims of Violence and Terrorism in Kokrajhar district of Assam to keep in touch with the families and liaise between the functionaries of AASHWAS and the district officials. However, the activities of the NGO in this regard were sometimes hampered since Project Assist does not have any provision of financial support either to AASHWAS or this NGO for meeting some unavoidable essential expenditure like travel cost to interior areas. However, AASHWAS has been making efforts to compensate such expenses through different sources.

A very unique approach adopted by AASHWAS to follow up the beneficiary children of Project Assist was organization of Sishu Shanti Samaroh (Children's Peace Conclaves) in different places of Assam. A variety of activities for children and parents and guardians were under taken during the three days Samaroh. Of late, AASHWAS mobilized some eminent and noted social activists, journalists, dramatists, actors and industrialists, etc, and motivated them to follow-up beneficiary children in different parts of districts.

Academic Performance and Aspirations of Children

It was revealed during the present study that, the bulk of the beneficiary children of Project Assist have done fairly well in their studies. Analysis of the average marks scored by these children in the last two qualifying examinations placed 44 per cent children in category 'good' (scoring 50-69% marks), five per cent in 'very good' (70-89% marks) and two per cent in 'excellent' category (90-100% marks). However, a large 48 per cent could be categorized in 'average' category only who scored between

30 to 49 per cent marks.

Views on Communal/Ethnic and Armed Conflicts in Assam

The present study generated views of parents/guardians of the children and selected community leaders on various aspects of communal/ethnic/terrorist violence in Assam and the ways and means to prevent recurrence of such violent incidences. Both parents/guardians and community leaders had a common opinion that strong administrative and police action, spread of education, awareness generation among the community and economic security particularly among the youth, mutual respect and tolerance among communities, etc. can bring down the incidences of violence to a large extent.

15. Study of Children's Institutions in Assam

Regional Centre, Guwahati undertook this study with the main Objectives to: study the basic infrastructural facilities made for children prescribed under the JJ Act (central rule); understand the functioning and management of the Institutions for children; assess the appropriateness and quality of different services rendered to children and identify gaps and problems in the implementation of the Act; and offer suggestions to the State Government for improving the conditions of the institutions

Major Findings

Accommodation

All the Children Homes and Observation Homes and the institutions for special children visited by the Research team have spacious accommodation. The kitchen, dining halls and the store rooms of the Homes were found appropriate. There is adequate indoor and outdoor space.

Enrolment of children in the institutions

In all, 600 children were enrolled in five Homes for children being run by Govt. of Assam under JJ Act in 10 months starting from April, 2008 to January, 2009. On an average, 60 new children were admitted every month in these five institutions. Average monthly figure was 12 for individual Home. In the three special schools there were altogether 339 children. Their enrolment figures remain almost static throughout an academic year and release or discharge occurs only at the end of their studies.

Occupancy pattern

Though, the number of children who were enrolled in five Children Homes between April, 2008 and January, 2009 was 600, however actual occupancy was much more than that. There were in all, 1983 number of children in 10 months in five Homes under JJ Rules. Since new arrival and discharge/restoration go on simultaneously and also because of children's running away from the Homes, the number of actual occupants vary frequently.

Age of Children

Only 27 per cent of the children were below 12 years of age and 69 per cent were between 12-18 years. A small percentage were found to be above 18 years also. For not having After Care Home, inmates above the age of 18 years are also kept in these Homes.

Disable children in the Homes

Physically and mentally challenged children were found to be present in these Homes at the time of visits. There were all together 23 children with special needs. Fifteen of them were mentally retarded and eight had physical disabilities. It is also noteworthy that none of the Homes has specially trained teacher/staff to look after such children, nor there is any facility to cater to the special needs of these children. As a result, these children do not get proper care in these Homes.

Children's opinion about the Institutions

Some selected children in every institution were asked if they liked their stay there, if they were happy with the staff, whether they were satisfied with the services like food, health care, etc. The question evoked mixed responses. It was interesting to find that some children desired a longer stay in the Homes. At the same time, there were some who did not want to stay further.

Socialisation of Children

Most of the children were socialized; they made friends with fellow inmates. They liked to play in groups. They play indoor games like ludo, carrom, chess and out door games like kabaddi, kho kho, badminton, cricket and football in the evening. They like the caretaking staff, warden or matron and stated them to be understanding, loving and caring. Some of the children wanted to stay in the Homes until they become self dependent.

Standard of care

Educational facility

Of the five institutions under JJ rules, only two children's Home at Nagaon and Ambari, Guwahati were found to have arranged educational facilities in a proper way. Most of the children in these institutions were found to attend schools. Of the remaining, Jalukbari Children Home was providing only alternative schooling (SSA) to some of the children. While Observation Home, Jorhat was providing non-formal education and functional literacy classes, Observation Home, Boko was found to have no arrangement at all.

Educational facilities in the Institutions for Disabled

Education in respect of type of schooling, enrolment of children in different classes in the institutions for special children was found to be appropriate. All the children in these institutions were attending different classes.

Vocational training

Except Observation Home, Boko and Hearing Impaired School, Jorhat, all others impart vocational training to the inmates. However, there is great deal of variation in the manner this training is organised.

Health checkup

Only half of the institutions namely, Children Homes at Nagaon and Jalukbari; Deaf

and Dumb school, Blind Institution reported to have regular health checkup for children. In rest of the institutions, health check up does not take place regularly.

Emergency health care

All the institutions take appropriate measures whenever there is any sudden illness in children or there is an emergent situation. Whenever a child falls sick, he is taken to the nearby hospital or a doctor is called from outside. Since most of the institutions are located in district Head Quarters, so, making a suitable arrangement for ailing children is usually not a problem.

Medical care unit

Except for the Children Home of Jalukbari, none of the other institutions has a Medical Care Unit. Children Home of Jalukbari has a medical care unit with facility of one bed and an in-house-nurse to look into the health needs of the inmates.

Stock of Medicine

In regard to stock of medicine, barring Boko Observation Home, Fatasil Ambari Children Home and Hearing Impaired school at Jorhat, remaining five institutions had the stock of medicine for treating common ailments at the time of visits.

First - aid kit

All the institutions were found to have the First- aid kit; but Observation Home, Boko did not have any medicine in the kit.

Immunization

Only Children Home of Nagaon reported to have immunised their inmates. Children below the age of six years are immunised at the AWC which is located within the campus.

Health problem of children

The diseases of children as reported by the staff of visited institutions are mostly due to various viral and bacterial infections. Children mostly suffer from measles, diarrhoea, mumps, cough and cold, gastritis, abdominal pain and fever. A few cases of T.B. was also reported by a few institutions.

Nutrition

Menu

Almost all the institutions follow more or less similar kind of menu and similar meal pattern. Barring the institution for Hearing Impaired, which did not have residential facilities at the time of visit, others provided regular meals. Most of the institutions provided three meals â Lunch, Evening Snacks and Dinner.

Recreational facilities

Almost all the institutions provide some recreational facilities to children. Children are engaged in sports and cultural programs. Children also watch T.V. programme

regularly. Sports activities consist of both outdoor and indoor games. Outdoor games include playing foot ball/volley ball/ cricket/ kabbadi ,etc. Indoor games include primarily luddo and carrom.

Provision of clothing, bedding and other miscellaneous items

Except Hearing Impaired school, all others provide these items. Blind school provide school uniform and shoes. Nagaon Children's Home provide Sanitary Napkins to the adolescent girls.

Management

Staff

Staff position was different in different institutions. There was no uniformity or proper procedure for recruitment of staff in the Child Care Institutions under JJ Rules. Most of the Homes did not have their own staff. They were using the staff of other institutions located in the same premises and being run by the parent (SW) Department.

Maintenance of Registers/ Records

In all the institutions covered by the present study registers are more or less maintained well. Registers such as Admission & Discharge, Individual case file register, Attendance Register, Visitors' Book, Stock Register are maintained by all regularly.

16. Health and Nutritional Status of Women and Children of Pahari Korwa Tribe in Chhattisgarh

Regional Centre, Indore conducted this study with the objectives to: study living conditions, social and cultural practices of Pahari Korwa Tribe; assess health and nutritional status of women and children in Pahari Korwa Tribe; and analyze factors responsible for high morbidity and mortality among women and children of Pahari Korwa Tribe.

Major Findings

The major findings of the study covers socio economic profile of Pahari Korwa tribe, their living conditions, health and nutritional status of Pahari Korwa women and children. The major findings of the present study are discussed below:

Socio Economic Profile of Pahari Korwa Tribe

- Majority of the women were in the age group of 20-25 years. The age wise distribution of men shows that majority of them were in the age group of 25-30 years. The fertility behaviour is highest for women of age group 20-30 years. Most of the children (51.5%) were in the age group of 0-5 years. It can be attributed to the fact that majority of their parents were in the younger age group.
- Literacy rate of Pahari Korwa tribal women was found to be 13 percent which is very low when compared with the literacy rate of Sarguja (50.88%) as per Census 2011. This shows that female literacy in Pahari Korwa tribe is very poor in comparison to other communities in the district. On the other hand literacy rate of men was around 33.3 percent. This reveals a wide gap between male and female literacy in the area. Out of total 333 children in the age group 5-15

years, only 40.8 percent children were attending school and 53.8 percent were not going to school and engaged in household activities and working as paid labour. It is vital to note that half of the children in the school going age have never been to school and are engaged in household activities.

- Child marriage was found to be common among Pahari Korwa tribe. The average age of marriage was found to be 15 years for girls and 19 years for boys, which are lower than the legal age of marriage for girls (18 years) and boys (21 years). It was interesting to note that 89.7 percent females and 80 percent males got married before attaining legal age at marriage.
- Nuclear family structure was found among Pahari Korwa tribe. The average family size was found to be five.

Living Conditions of Pahari Korwa Tribe

- Pahari Korwa tribe generally dwells in 'Kuchha' and temporary structures (99.4%). Normally the houses are made of mud with thatched or tiled roofs. There is no provision of window in houses for ventilation.
- Hand pump (56.6%) and well (33.4%) were found to be the major source of drinking water. On an average 23 minutes were spent by women to fetch water for daily use in a day.
- Toilet facility is widely not available in houses of Pahari Korwa tribe. Around 82 percent families use open field as toilet. Open defecation poses threats for safety, health and hygiene especially for women. Electricity was also not available in majority of the Pahari Korwa households (64 percent).
- Pahari Korwas generally do not own much of household durables and whatever they have are made by them or purchased from the weekly markets. Around 37 percent of the respondents owned bicycle for commuting. Majority of the respondents sleep on the ground as cot was owned by only 15 percent of the respondents.
- It was encouraging to note that 80 percent families under survey own land for agriculture purposes. Majority of the families (87%) were marginal farmers. Depending upon the availability of land holding with family, crops were grown such as Rice, Maize, Arhar, Sarso, Urad, Wheat etc. Rice, maize and Arhar are the main crops grown by Pahari Korwa Tribe.
- Livestock plays a significant role in the life of tribal community. Majority of families (70 percent) have bulls as they are used in ploughing the fields. Almost 69 and 55 percent families domesticated hens and goats respectively in their houses.
- Agriculture was found to be main occupation of Pahari Korwa tribe. In the slag season, they generally work as labourer. The average daily wages of women and men were Rs 50/- and Rs 80/- respectively. The average days of employment for women in a month was found to be 14 where as men get work for 18 days on an average in a month in agriculture fields. About 69 percent and 18 percent children are engaged in household activities and cattle grazing respectively.

Health and Nutritional Status of Pahari Korwa Women

- Utilization of ANC services by Pahari Korwa women was found to be satisfactory but it is lower than State and National averages. It was interesting to note that 61.3 percent woman had received antenatal checkup and almost 71.3 percent of women had received Tetanus Toxoid (TT) vaccination during their last pregnancy. Almost 42 percent women reported consumption of IFA tablets during pregnancy.
- Pahari Korwa women do not take any special care during pregnancy and consider it as a normal phenomenon. They continue all their routine activities,

such as cooking, fetching water, bringing firewood, care of children and family etc. till labour pain starts.

- About 58.3 percent women worked as agriculture labourer even during their pregnancy. It is alarming to note that 66 percent women performed heavy works during the last month of their pregnancy.
- Around 35.3 percent women consumed additional or special food during their pregnancy, which includes Dalia, locally available fruits, eggs, and green leafy vegetables. The percentage of consumption of food items other than rice and pulses was found to be relatively low. The diet of majority of women during pregnancy was deficient in micronutrients and it has direct bearing on the development of children.
- About 41.6 percent women faced complications during their last pregnancy. Excessive weakness (32 %), swelling on face, feet and hands (28 %), fever (28 %), vaginal discharge (10 percent) were common complications reported by women. Interestingly 65 percent women took treatment for the complication during pregnancy.
- It is vital to note that more than half of women (55 percent) had experienced still births during their reproductive span.
- About 91.7 percent deliveries were conducted at home out of which 76 percent were done by untrained Dai. Only 8.3 percent deliveries were conducted in institutions.
- Safe delivery kits were used only in case of 21.6 percent home deliveries. It is a matter of great concern that bamboo splinter was used to cut umbilical cord in case of 42.3 percent deliveries.
- The aspect of post natal care of mother and child was almost missing in the Pahari Korwa Tribe. It was found that after delivery the mother and the child are given bath with warm water. The mother is then given turmeric powder mixed with water to drink and 'Kulthi Dal' (a local lentil) and rice to eat.
- About 33 percent and 51.3 percent of women took rest for less than 15 days and 15-30 days respectively after delivery. Most of them responded that they had not taken any additional or special food after delivery and resumed their routine activities after delivery.
- Around 64.7 percent women carry their young children to worksite (Agriculture fields), which is a major hurdle in providing complementary nutrition to children.
- It was found that 45.3 percent women have fallen ill during last one year of the reference period. When enquired in detail regarding various health problems, it was found that fever, cough & cold and back pain were major health problems faced by women.
- Faith healers are first line health service providers in the area. In multiple responses, more than half of the women (52.9 %) agreed to have consulted faith healers, followed by 42.7 percent women consulting untrained doctors. About 29.4 percent women went to government health centre for treatment followed by 21.3 percent women preferring self treatment with the help of local herbs and home remedies.
- It is interesting to note that only 15 percent women could take decisions on their health care needs. In 78.7 percent cases, decision was taken by males (husband).
- The prevalence of Reproductive Tract infections among women is common in our country and it has ill effect on overall health of women. It was difficult to gather information on this issue due to poor education & awareness and hesitation in responding to such questions. Almost 41 percent women responded on this subject. Vaginal discharge (40.3 %) was most common symptom followed by urine infection (30.6 %) among women. Other symptoms reported were itching, irregular periods and heavy bleeding during menstruation.
- Nutritional status of women was found to be poor. Approximately 74 percent

women were having weight less than 45 kg which shows that majority of women were underweight. Around 46.6 percent women were under 145 cms in height which depicts stunting and long term deprivation. BMI analysis shows that only 26.4 percent women were underweight with BMI less than 18.5 kg/m sq.

- Pahari Korwa women have low level of knowledge regarding family planning methods (16 %) and its acceptability was also found to be very low. Only 7.3 percent women had used any family planning method during their reproductive span.

Health and Nutritional Status of Children

- All the women under study had breast fed their child and majority (89.3 %) of them initiated breast feeding within 24 hours after the birth of the child. It is also interesting to note that 88 percent women gave colostrum (first milk) to their children. Majority of respondents (79 %) adopted exclusive breast feeding of their children for six months but varied responses were received when asked about the duration of breast feeding.
- About 68 percent children were given complementary nutrition after completion of 6 months of age whereas in case of 27.4 percent children, complementary nutrition was initiated before six months.
- It was encouraging to note that 51 percent children below the age of 5 years were fully vaccinated as verified through vaccination cards of children.
- Malnutrition among children (0-5 years) was ascertained using New WHO Growth Standards. It is alarming to note that 37.3 percent boys and 42 percent girls of Pahari Korwa tribe fall under severely underweight category. On an average 60.7 percent children are underweight in the area. The proportion of severely underweight children is higher than moderately underweight children.
- The health status of children in any society can be measured by morbidity, mortality, nutritional status and overall performance of children in day-to-day life. Regarding morbidity pattern of children it was found that 58.6 percent children had fallen sick in last one year. Fever (51.3 %) was the most common health problem faced by majority of the children followed by diarrhoea (12.7 %) and pneumonia (11.7 %).
- Minor ailments such as fever, cold and cough, skin and other infections, injury etc are not taken seriously and proper treatment is not taken by the community. Most of the children who got treatment were taken to government hospital (40.3 %) followed by the faith healers (33.5 %). Distance, non availability of health facilities, discrimination by health personnel, lack of transportation facilities, lack of time and money were major problems cited by respondents in seeking health treatment.
- Approximately 31.3 percent women in the present study have experienced death of their child below five years of age and maximum death was reported in first parity births. Low age at marriage, poor nutritional status of women, illiteracy, ignorance, poverty, poor utilization of maternal and child health services, home delivery by untrained personnel etc. are some factors contributing towards high level of infant and child mortality in the area.
- It is alarming to note that 136 children died (15.9 percent) under 5 years of age out of total 852 live births registered during entire reproductive span of 300 women.
- Infant and child mortality with level 117 and 42 per 1000 live births respectively experienced by 300 women during their entire reproductive span shows a serious situation in the tribal area.
- Fever (44.8 %) was the most common cause of death of child below five years of age as cited by respondents. Diarrhoea (20.5 %), Jaundice, pneumonia,

malaria, premature birth and low birth weight were other causes for death of children.

Recommendations

- The study directed towards assessing and analyzing causes and consequences of poor health and nutrition conditions of women and children of Pahari Korwa Tribe in Chhattisgarh has provided interesting insights, facts and figures on living conditions, socio-economic status and health and nutrition conditions of the tribal community. Based on the findings, the present study makes following recommendations to improve health and nutrition of Pahari Korwa women and children in Chhattisgarh:
- The educational level of tribal women and men was found to be very low hence there is need to strengthen literacy campaigns and programmes in the tribal area especially for women and girl children.
- More than half of children (5-15 years) are not attending schools in the area. There is strong need to reinforce various literacy related government schemes for children such as Sarva Shiksha Abhiyan, Mid Day Meal Scheme to increase interest of children towards education. Though State Government has taken initiatives by opening special residential schools (Ashram Shala) in tribal areas, the response of the tribal community is not very encouraging.
- There is need to create awareness in the community towards education of children. Mobile education van could be an effective measure to provide education to out of school children in far-flung areas.
- Due to non-availability of toilets in the area open defecation was found to be common practice. Hence there is need to strengthen various sanitation programs and to construct toilets at community and individual level. The community also needs to be educated about environmental sanitation and personal hygiene.
- Malnutrition is rampant among women and children of Pahari Korwa tribe. There is urgent need at the level of state government to reorganize and strengthen ICDS Services in the area to ensure effective implementation of complementary nutrition programme for women and children. There is need to launch special campaign for therapeutic treatment of large number of severely underweight children.
- Nutritional status of women was found to be poor. Approximately 74 percent women were having weight less than 45 kg which shows that majority of women were underweight. Around 46.6 percent women were under 145 cms in height which depicts stunting and long term deprivation. BMI analysis shows that 26.4 percent women were underweight with BMI less than 18.5 kg/m sq. There is need of special nutrition programme for women of Pahari Korwa Tribe.
- As emerged in the study, majority of women carry their young children to the work site or leave them at home in the supervision of older children. In both the cases, children are deprived of complementary nutrition provided at AWC. In this case it would be appropriate to provide Take Home Ration (THR) to children of age group 3-6 years also. Moreover, State Government should establish Jhula Ghar along with complementary nutrition in Pahari Korwa areas.
- Looking to high malnutrition among women and children in the area, there is need to launch Nutrition Education Campaign in areas inhabited by Pahari Korwas.
- In Pahari Korwa tribe, deliveries are generally conducted at home under unhygienic condition by untrained dai which often leads to infection in mothers and newborn and caused high rate of infant mortality. Therefore, there is need to encourage institutional deliveries in Pahari Korwa Tribe. Home deliveries needs to be conducted in proper hygienic conditions under the supervision of

trained health personnel to reduce maternal, neonatal and infant mortality.

- State Government should launch an awareness generation campaign for Pahari Korwa area to promote institutional delivery through Janani Suraksha Yojna and other similar schemes under NRHM. Health Department, Government of Chhattisgarh should immediately provide training to all Traditional Birth Attendants (TBAs) of the area on safe delivery practices and provide them Dai Delivery kit.
- Post natal care of mother was lacking among Pahari Korwa tribe. Hence there is need to generate awareness on the importance of post natal care of mother and its implications on the health and well being of mother and the child. The community needs to be educated on proper child rearing, breast feeding and weaning practices.
- Morbidity among children and women is also very high which is largely unattended due to lack of outreach health services in Pahari Korwa areas. Faith healers are found to be first line treatment for common ailments among Pahari Korwa tribe. There is an urgent need to impart health education besides increasing the reach, accessibility and quality of health services. Simultaneously PHC should be strengthened in terms of trained manpower and other facilities. Attitude of health personnel in PHC should be positive so that common people do not feel hesitant or reluctant to go to PHC for treatment and advice.
- There is high rate of infant and child deaths reported in the area which is a matter of great concern. It has to be dealt with multifaceted approach focusing on raising age at marriage, malnutrition mitigation, promoting institutional delivery and effective health care services. Looking to the remoteness of the area, mobile health van could be more effective in providing health care needs of women and children in the area.
- Use of alcohol and poverty are deep rooted in Pahari Korwa Tribe and supplements each other. There is need to plan and initiate some concrete income generating activities for Pahari Korwa women using local resources.
- In view of deep rooted social customs and taboos, there is need to take up social awareness campaign in the area which will help improve health and nutrition status of women and children of Pahari Korwa community.