

# NATIONAL INSTITUTE OF PUBLIC COOPERATION AND CHILD DEVELOPMENT

## **Research Studies 2012-2013**

### **1. Evaluation of Functioning of Accredited Social Health Activists (ASHA) in ICDS Related Activities: A Study**

One of the key components of NRHM was to create a team of female health volunteers, appropriately named "Accredited Social Health Activist" (ASHA) in each village within the identified states to act as a bridge between the rural people and health services outlets. The task expected of ASHA required that she worked in close coordination with ANM and AWW for effective delivery of services. The preliminary finding of the National ASHA Mentoring Group (NAMG) has revealed that there had been confusion in many States among the ASHAs on their own role and also among the AWWs and ANMs on the role of ASHA. In order to synergize service delivery under the ICDS and health systems and maximise impact, a need was felt to assess the knowledge and skills of Accredited Social Health Activists (ASHA) on issues relating to maternal and child health and nutrition, as also, study the perception of their role with respect to ICDS related activities, for effecting corrective actions.

With the above in view, the Institute conducted a study to assess the contribution of ASHAs in ICDS related activities in two of the Empowered Action Group (EAG) states (Odisha and Uttar Pradesh), two non-EAG states (Maharashtra and Karnataka) and one North-Eastern State (Assam). The data for the study was collected through multi-stage stratified random sampling method. In all, the sample comprised 100 ASHAs; 50 health functionaries; 130 ICDS functionaries; 300 beneficiaries; and 100 community leaders. On the whole, the knowledge of ASHAs about care during pregnancy, in EAG states and the North-eastern (NE) state was better than the non-EAG states. There was a mismatch between the awareness level of beneficiaries and that of ASHAs, which can be attributed to non-transference of knowledge and awareness of ASHAs to the intended beneficiaries. Knowledge about bathing a newborn, care of low birth weight babies, cord care, how to keep the baby warm, etc., that is essential for reducing the neonatal mortality was inadequate to yield the desired results. The awareness level of ASHA was low for nutrition and health education and referral services among the services under ICDS. The Mother and Child Protection (MCP) Card had been mainly used by ASHAs and ANMs for explaining about ANC services and explaining about preparation for delivery; and by AWWs for explaining about childhood illnesses; and advising about nutrition, immunisation, etc. Large majority of ASHAs admitted conducting home visits alone. There were also some discrepancies in responses of ASHAs and AWWs on joint home visits.

Upon verification about the job performed by ASHAs, during pregnancy and delivery and in the care of mothers with children under-two, the study revealed that there was gross over reporting by ANMs, AWWs and ASHAs themselves. The responses of ANMs and AWWs on the nature of support provided by them to ASHAs in performing her job responsibilities revealed that the extent of support provided by ANMs in the work of ASHAs was greater than the support provided by AWWs to ASHAs.

### **2. Training cum Awareness Kit on Prevention of Child Marriages in India**

Child Marriage continues to be a major challenge to all efforts geared towards improving the situation of the girl child and women in India. The socio-cultural and economic factors conducive to child marriage make the task of preventing child marriage formidable to accomplish. India has one of the lowest median ages at marriage in the world and another significant fact is that performance of child marriage is not uniform in all the states of India. The NFHS-3 data (2005-06) shows that 12% women in India, between the ages 15-19 years have become mothers and the percentage of women who have begun childbearing increases sharply with age, from

3% at the age of 15 years to 36% at the age of 19 years. The fact remains that child marriages are deeply entrenched in the socio-economic context of backwardness, poverty, illiteracy, patriarchy and feudalism, declining sex ratio, poor status of women, undue emphasis on virginity, poor implementation of preventive laws and political patronage. These factors derail all efforts to curb the practice of child marriage and lead to the vicious cycle of malnutrition, illiteracy, gender-based discrimination and poverty that push the girl children, married adolescents and women towards risky domain of high maternal and child mortality, no control over their bodies, poor reproductive health, lesser socio-economic autonomy, sexual exploitation and trafficking.

Though the Government has throughout showed its concern on the issue of child marriage by enacting "The Child Marriage Restraint Act, 1929" and the more stringent legislation in the form of "The Prohibition of Child Marriage Act, 2006" but the ground reality reveals that there has existed a wide gap between intention to curb and discourage child marriage and action at the ground level to achieve it. Recently, the law related to child marriages in India has been made stringent, with well-defined machinery and provisions for prohibition of child marriage. However, for the law to be effective, the functionaries responsible for its implementation and the NGOs who are expected to support them and the community/ families have to be aware of all such steps taken for doing away with this malpractice. Further, any campaign against child marriage would be incomplete and less effective without awareness generation material to support it. The NGOs active in this area of work have to be given appropriate information and training support to effectively contribute towards prohibition of child marriages. Recognizing that it is essential to develop grass-roots friendly awareness cum training material to enable the stakeholders in the governmental as well as the voluntary sector for appropriate handling of the issues leading to and arising out of child marriage for its effective prevention and control at the grassroots level, the Institute has developed a "Training cum Awareness Kit on Prevention of Child Marriages in India", with the specific objectives of generating grassroots-friendly material for awareness generation and training regarding factors leading to and consequences of child marriage; demystifying and communicating the provisions of "The Prohibition of Child Marriage Act (PCMA), 2006" to the stake-holders; and addressing the gender and developmental issues related to child marriage. The kit comprises of small booklets and flip book on causes and consequences of child marriage, provisions of the "The Prohibition of Child Marriage Act (PCMA), 2006" and the machinery to implement it, human rights violations in child marriage and how to reduce these, frequently asked questions on child marriage, strategies to curb and eliminate child marriage and schemes to delay and eliminate child marriage. The kit is meant for generating awareness and training of Child Marriage Prohibition Officers (CMPOs), NGOs organizing campaigns against child marriage, social workers, demonstrators and field workers of Central agencies; and State Government officials dealing with the subject.

### **3. Manual for Enhancing Skills for Adolescent Parenting**

Adolescence ushers in a new era because it marks a new definition of children within the family and the parent's role in relation to their children. Parents can no longer maintain complete authority. Adolescents go through plenty of 'open' and 'secret' identity crisis dragging their families through prolonged period of stress. Real disagreements emerge for the first time as young people develop views of their own that are often different from those of their parents and as they become more independent, they want to try out new things. However, they often realize that they have little experience to fall back on, when things get difficult. Their emotional experiences are more intense and they become overly dramatic in discussing things that upset them. Developmentally, since the prefrontal lobe of adolescents is still developing, they are not able to imagine the future consequences of their actions or to appropriately gauge their emotional significance.

Being at crossroads in their life, the adolescents are in great need of direction from their parents. Parents, however, are not sure as to how to guide them and often the communication between parents and their adolescent children snap due to lack of understanding of psyche of the child and his/her manifold needs. Nevertheless, whatever the background or economic circumstances, research studies have consistently proved that adolescents yearn for parental attention and guidance for educational and career decisions, in forming a set of values and in assuming adult roles. The conclusion drawn from research is that young adolescents flourish when they have family life characterized by the warmth and mutual respect and when they have parents who show serious and sustained interest in their life and who demonstrate constructive way of dealing with conflict. Such a family atmosphere can provide powerful protection against the risks of a young person engaging in unhealthy antisocial practices or becoming depressed or alienated.

In real life, achieving this ideal situation is not easy, as with dwindling support from extended family members, parents do not find forums to discuss their issues and seek guidance on handling the transition of their children from childhood to adolescence. An extensive review of literature revealed that training protocols and material on Adolescent parenting in the Indian context is not available for mental health professionals and others working with parents in schools and other settings to conduct parent workshops to bridge this gap. The growing urgency to address these concerns and challenges led to the current effort by the Institute to bring out a training manual for adolescent parenting. This documentation is a pioneering effort in our country as we do not have any formal, structured training manual to address multifaceted problems that face parents in bringing up adolescent children.

In order to fill the gaps in parent education and training for parenting adolescents, the Institute developed the training manual that will support parent education workshops and training on enhancing skills for adolescent parenting. The framework and the content of the manual have been developed after need assessment and review of literature. There are seven thematic areas that had been identified, including communication, conflict resolution, sexuality, stress, career choices and self esteem. Each thematic area was developed with respect to content and training activities and was pretested through conducting parent workshops in the schools and community, for literate parents and for those who cannot read and write. At the final stage, the modules were pretested on counsellors and trainers who conduct parent education workshops in various settings. The modules were finalized, based on the feedback of the trainers.

The manual imparts information, awareness and skills to the participants on different aspects of parenting. It can serve as a training package for trainers, psychologists, social workers teachers and others involved in counselling parents or in organizing parent education workshops. The overall goal of developing the manual is to promote family cohesion, connectedness and family adaptability and to address developmental needs of adolescents for smooth transition. The manual has been developed to support the parents to play a role of an architect in defining career, promoting mental health, career and social development of their adolescent children. The objective of the manual is to impart knowledge and skills and to build positive attitude of individuals and organizations working with adolescents and their parents.

The manual includes seven modules which are as follows:

- Module 1 – Needs of Adolescents
- Module 2 – Communicating with Adolescents
- Module 3 – Conflict Resolution
- Module 4 – Building Self-esteem
- Module 5 – Planning Career

Module 6 – Body and Sexuality  
Module 7 – Managing Stress and Distress

Each of the above modules has components of sensitization and tips for skill building. A basic workshop for sensitization and concept building, and an expandable workshop for deeper sensitization and skill building has been planned in every module. Further, these modules can be used individually or as a package. They are cross-referenced with each other for ease of use. This manual will also be helpful for planning Parent Education Workshops, both for parents who are literate and as well as for those who are unable to read and write. It focuses on a practical, 'hands-on' approach rather than a more theoretical in depth training.

#### **4. World Breastfeeding Trends Initiative (WBTi) – India Report 2012**

World Breastfeeding Trends Initiative (WBTi) is an innovative initiative developed by International Baby Food Action Network Asia (IFBAN Asia) as a system for Tracking, Assessing and Monitoring (TAM), under the Global Strategy for IYCF using the web-based toolkit. WBTi has emerged as an effective tool to assess the state of implementation of the Global Strategy for IYCF and to find out gaps in country's policies and programmes on IYCF in order to help nations to initiate action to bridge these gaps in IYCF for comparison within countries. WBTi assessment is done every three years. Earlier it was done in the years 2005 & 2008, wherein over 50 countries had participated. This report has been developed after a detailed study and analysis of existing policies and programme documentation. In order to finalize the Assessment Report, a meeting of experts had been called on 6th September, 2012 at NIPCCD premises. Assessment findings were also discussed with the experts and a consensus was achieved in identification of gaps and recommendations were made for bridging them. The web-based tool kit, according to WBTi guidelines, has been used to rate the findings. India scores 74 out of total of 150 and stands in YELLOW band in grid of Red, Yellow, Blue, and Green in ascending order of performance or achievement. The report has found gaps in both policies and programmes and the assessment has not shown much improvement since 2008 when a similar exercise was conducted.

Following are indicator-wise recommendations for Indicators on a scale of 1-10 related to policy and programmes:

#### **Indicator 1: National Policy, Programme and Coordination**

Recommendations:

- The National Guidelines on Infant and Young Child Feeding Practices should be reviewed, and given the shape of a National Policy with plans and budgets, implementation and operational guidelines, for capacity building on indicators to implement the remaining indicators.
- National Breastfeeding Committee should meet twice a year and review the progress
- National coordination mechanism should be developed with a secretariat and technical support for follow up on action in States.
- Budgetary provisions should be made for the activities that emerge.

#### **Indicator 2: Baby Friendly Hospital Initiative (Ten Steps to Successful Breastfeeding)**

Recommendations:

- Immediate action should be taken to revive the BFHI programme in its spirit to

implement the 10 Steps.

- BFHI should be prominently placed in all child health policies and programmes.
- Health MIS should include BFHI indicators: percent babies receiving pre-lacteal feeds, initiation of breastfeeding within an hour, and discharged on exclusive breastfeeding.
- There is a need to increase the perceived value of BFHI, so that providers and consumers both see benefits of the same. It is only when there is more awareness among consumers that providers would also like to see the benefit of accreditation.
- Interventions required providing access to counselling and support to all women regarding breastfeeding should be put in place all public and private hospitals. These included skill training of nursing staff and appointing IYCF counsellors in facilities.
- Regular monitoring of the health facilities should be in place.

### **Indicator 3: Implementation of the International Code**

Recommendations:

- Appoint more proactive organizations/have more new organizations for monitoring IMS Act.
- IMS Act should be enforced more effectively.
- Reporting mechanism for violations to be made easier and faster.
- Appoint nodal officers at state and district level for effective monitoring and implementation of IMS Act.
- Strong feedback mechanism need to be set up that can help in reporting violation of the IMS Act (2003). Also there is a need to check the use of online media by baby food industry to promote their products.

### **Indicator 4: Maternity Protection**

Recommendations:

- Uniform policy for protecting and supporting breastfeeding for mothers, including informal & private sectors.
- Contract workers/adhoc workers from both private and public sector should be entitled to maternity leave/benefits
- The six months maternity leave and paternity leave pattern to be expanded to all state governments, autonomous institutions and also private sector.
- Monitoring mechanism needs to be in place for implementation for maternity protection as a part of policy framework.
- Child Care Leave to be scrutinized and should be conditional.
- Schemes like IGMSY may be extended to all districts and use of MCP card may be promoted.

### **Indicator 5: Health and Nutrition Care System**

Recommendations:

- Training on IYCF to be included in doctors and nurses curriculum and internship.
- The in-service training programmes providing knowledge and skills related to infant and young child feeding for relevant health/nutrition care providers should be more stringent.
- Training of AWW & ASHA should be closely monitored.
- Refresher course on IYCF for community health workers should be conducted on

regular basis.

### **Indicator 6: Mother Support and Community Outreach**

Recommendations:

- Crèches at the worksite should be set-up and monitored as these are an important tool for supporting to lactating mothers and IYCF.
- Unorganized workers bill should contain provision of crèches.
- Training of Community Health Workers on counselling and listening skills on IYCF should be strengthened.

### **Indicator 7: Information Support**

Recommendations:

- Advocacy for comprehensive National IYCF policy that includes an IEC strategy.
- There should be budget allocation for IEC for IYCF (district/block level) for adequate coverage.
- There is a need to allocate a certain proportion of budget for IYCF from the media budget of NRHM so that the mandate of the Government is evident.
- There should be display of IEC material in Maternity wards and OPDs on breastfeeding.

### **Indicator 8: Infant Feeding and HIV**

Recommendations:

- There should be emphasis during training on counselling practices (PPCT) in HIV/AIDS that impact breastfeeding.
- Further research is required on transmission through breastfeeding on infant feeding practices and effects of counselling on HIV/AIDS on overall health outcomes for mothers and infants.
- There should be special efforts for creating awareness to counter misinformation on HIV/AIDS.
- There should be a comprehensive National Policy on IYCF that includes IYCF in HIV/AIDS.
- Private sector hospital staff should also be trained on IYCF in HIV/AIDS.
- Inclusion of HIV/AIDS related indicators for BFHI.
- Emphasis on Training PPCT (counselling practices), including private sector hospital staff.

### **Indicator 9: Infant Feeding during Emergencies**

Recommendations:

- Include IYCF guidelines in case of disaster (from national guidelines) in contingency action plans.
- Monitor/document use of infant milk substitutes and support to breastfeeding during disasters/emergencies.
- Monitor/document for violations of IMS Act during disaster/emergencies.
- Training and sensitization of 'disaster managers' from Govt. institutes, ICDS functionaries, NGOs and other organizations with a mandate to work in emergency situations.

## **Indicator 10: Monitoring and Evaluation**

Recommendations:

- Annual Health Survey should be conducted throughout the country.
- There should be Annual Rapid assessment surveys on IYCF with a representative sample size to help in planning and designing of capacity building programs, media strategy, and advocacy efforts, etc.
- IYCF indicators to be included in the health MIS of MOHFW and in the IVRS reporting system of AWW.
- NFHS-4 should be initiated as early as possible.

In spite of the overwhelming evidence of its role in achieving Millennium Development Goals, it is quite evident that IYCF practices have not shown considerable progress and not much has significantly changed when compared with earlier assessment conducted in 2008. The 2012 report reveals glaring gaps in policy and programmes that protect, promote and support breastfeeding.

## **Indicator 11-15**

Early Initiation Rates of Breastfeeding have shown a rise (40.5%), which is a positive development, practical support for breastfeeding at the time of birth. Women need skilled counselling on optimal IYCF practices on continued basis, beginning from conception. All working women need support at the work place in form of crèches and maternity leave for ensuring exclusive breastfeeding for first 6 months (46.8%). Median duration of breastfeeding, i.e., 24.4 months is excellent in India, which has been a traditionally breastfeeding nation. However, India is losing out on value of breastfeeding along with complementary feeding in second year of life. Bottle feeding (12.5%) is on the rise owing to urbanization and life style changes. Effective communication is required to create public awareness about the risks of bottle and formula feeding. There is a need to enhance the quality of complementary feeding (57.1%) and this requires dissemination of accurate information and skilled counselling. This is of utmost importance along with provision of food in food insecure populations. Skilled counselling is required for developing an understanding about the rationale and significance of introducing of complementary foods, their quality of quantity and frequency while feeding child.

## **5. Rajiv Gandhi National Crèche Scheme for the Children of Working Mothers: An Evaluation**

At behest of Ministry of Women and Child Development, an Evaluation of Rajiv Gandhi National Crèche Scheme for the Children of Working Mothers was conducted by Headquarters. The study was conducted in five States namely; Andhra Pradesh, Madhya Pradesh, Maharashtra, Uttar Pradesh and West Bengal. From these selected States, a sample of 200 creche centres (40 from each State) was selected randomly for the study. The rationale for selecting these five states was that these states had maximum number of creche centres run by Central Social Welfare Board (CSWB) and Indian Council of Child Welfare (ICCW). The objectives of the study were to: evaluate the extent to which the scheme has achieved its objectives; assess the adequacy of infrastructural facilities in terms of accommodation, equipment, staff, instructional and play materials; determine the extent to which crèche workers are adequately qualified/trained and equipped with necessary skills to handle young children; study the delivery of services like nutrition, day care facilities, medical facilities, pre-school education, etc; evaluate the organizational capacity of NGOs/voluntary organizations for effectively implementing the scheme; and find out the difficulties and bottlenecks in implementation of the scheme and suggest ways and means for improving the implementation and widening the coverage of the scheme. The major findings of the

study are given below:

- Majority of creche centres (37.50%) were housed in rented building but there is no provision for rent under the scheme. About 65.50 percent creche centres were located in pucca buildings. Most of the creche centres (81.50%) had sign boards for the community to identify the Centre easily.
- None of the creche centre had necessary infrastructure materials for smooth running of creche centre. Further it was also found that the available material was not adequate for children.
- It was found that the notional strength of children in each Creche as per the scheme is 25. But, the average number of children enrolled in a creche centre was 22. On the day of visit, average of about 19 children in a centre was found. The average attendance of children in the last six months was 20.04.
- About 41.50 percent creche workers and 69.50 percent helpers were untrained.
- The linkages of Anganwadi Centre and Creche was amply demonstrated as more than half of creche centres (62.50%) had tie-up with Anganwadi Centres located in their areas for services as immunisation of children, weighing of children, shared record of families in the area and involvement of AWW in events like children's Day etc.
- A majority of beneficiary mothers were agricultural/casual labourers (48.50%) and educated upto primary-level of schooling (37.50%). With regard to caste, majority of mothers belonged to other backward classes (35.25%) and 42.25 percent had monthly income of less than Rs. 2000/-.

### **Recommendations**

- Physical Setup: There should be standard norms for the creche centres such as space, equipments etc. In the present study, it is found that a majority of creche centres are running in rented buildings. Therefore, it is recommended that standards for Creches should be laid out in the scheme. Provision of rent is also recommended.
- Supplementary Nutrition: In the present study it is found that in majority of creche centres, supplementary nutrition is provided only once a day. Due to long duration (8 hours) of creche centre, supplementary nutrition should be provided for two/three times in a day. The very young children (up to one year) should be provided milk with biscuits, whereas, other children should be provided other supplementary nutrition. Under the scheme, there should be financial provision for special diet for underweight children.
- Preschool Education: Preschool education is important for the overall development of child. Most of the creche centres have inadequate play material. In view of this, it was felt that there is a need to improve the quality of preschool education in the creche centres. The creche workers also need to be trained in preschool education. Training will enhance their skills in the organization of preschool activities. It is recommended that provision of adequate funds in the schematic budgetary pattern of the scheme should be made so that creche centres can be supplied the necessary play materials for children.
- Anganwadi-cum-creche: As there is a good linkage between AWC and Creche Centre it is recommended that every fourth AWC in the village wherever population of the village is more than 2500 should be converted into AWC-cum-Creche with additional worker & Helper and provision of one more meal. The timings should be made flexible with the consent of working mothers and AWC should be open for 8-9 hours every day. All other norms as applicable to AWC should be made double in this centre e.g., rent, play material, SN, etc. The Anganwadi Workers of the village

should be put on rotational duty with additional honorarium. The Children of 6-36 months should be provided all above mentioned facilities and special facilities which were found deficient in the study.

## **6.Rehabilitation and Reintegration of Children Infected with HIV/AIDS- A Case Study of The Naz Foundation ( India) Trust**

The project was undertaken with the specific objectives to understand the philosophy and in-depth functioning of the organization, NAZ Foundation; highlight the activities/projects being implemented by NAZ Foundation; study the impact of the programmes and activities on rehabilitation and reintegration of children infected with HIV/AIDS; identify factors helping or hindering the process of rehabilitation and reintegration of children infected with HIV/AIDS; and suggest ways and means to improve the implementation process for its replication on a larger scale. The major findings are given below:

- Naz Foundation did not have a full time doctor. A part-time doctor was visiting Care Home on weekly basis. He was also available "on Call Duty" in emergency cases. There is a need to have full time doctor in the institution. Availability of own vehicle of Naz to take the children to hospital should also be ensured.
- Nutrition of the children was adequate as per WHO norms

### **Educational Facilities**

- All children were enrolled and attended schools.

### **Recreational Facilities**

- Naz Foundation did not have sufficient open space for recreation of children and there was a need to shift its Care Home in a building which can fulfill all the specified requirements, as per the specification including facility of playground. It is suggested that Naz Foundation may also consider adopting a park allotted by Government.
- It is recommended that timely release of funds should be ensured to enable Care Home programme to proceed uninterrupted.

Following are the Recommendations of the study :

- There is a strong need to set up separate child care institutions exclusively for HIV/AIDS infected children in high endemic district or group of districts in the states. Each state should have HIV Child Care Centres.
- Childcare project providing services to the children in need should also integrate its efforts for children affected/infected by HIV/AIDS also. This will help these children to deal with the stigma and secrecy surrounding HIV/AIDS
- In view of the requirements of HIV/AIDS infected children, there is still a need to increase number of staff members of various categories and budgetary provisions for them in Maintenance Grant under ICPS. A provision of two qualified counselors is essential especially for HIV children.
- Community childcare groups should be linked to ICPS or Child Welfare Committees. They should receive training and report regularly to professional supervisors to ensure that they are doing their work properly. The childcare volunteers should target the children affected/infected by HIV/AIDS for providing the training and support.
- In India, it is difficult to arrange adoption for children infected with HIV. Community group housing for these children on the pattern of SOS Villages may

- be considered as an alternative for rehabilitation.
- A component of training on HIV/AIDS should be added in the training programmes designed for all child care providers.
- A two-day training module may be formulated on HIV/AIDS related issues and training may be imparted to functionaries of child care institutions to equip them in dealing with children with HIV/AIDS.
- Vocational training may be arranged with the help of ITIs, Jan Shiksha Abhiyan and polytechnics. Department of Food and Civil Supplies should give subsidy on ration to NGOs running institutional programmes for HIV/AIDS infected people including children.
- The concerned Department of Petroleum Ministry of Govt. of India may increase the number of subsidized gas cylinders to these NGOs.

## 7. Juvenile Justice Indicators in India: An Assessment

The study was undertaken by the Headquarters of the Institute. The main objectives of the study were to: assess the existing juvenile justice system in India vis-à-vis the quantitative and qualitative indicators; ascertain the situation of juveniles who have entered into the juvenile justice system based on the indicators; and suggest changes in policy matters concerning juvenile justice system in the country by measuring various indicators.

With a formal juvenile justice system being put into place in the country, it was imperative to see how much the existing system has responded to the needs and best interests of children coming into conflict with the law. Also, it was needed to be seen when a juvenile justice system was in place, children deprived of liberty were not at a heightened risk of abuse, violence, exploitation and health related concerns. In order to understand the scenario in a better way, a set of 15 indicators were developed, which were divided into two categories: quantitative indicators (11) and policy indicators or qualitative indicators (4).

In all, 256 Observation Homes, 25 Special Homes, 4 Observation-cum-Special Home, 200 Juvenile Justice Boards, 149 Special Juvenile Police Units and 30 nodal departments from 30 States and Union territories of the country were covered under the study.

### Major Findings

- The major findings of the study have been given in the following indicator summary table:
- Indicator Summary Table (Reference Year: 2009)

SN	Indicator	Value	Applicable International Standards
<b>Quantitative Indicators</b>			
•	Children in conflict with the law	7.83 children apprehended during 2009 per 100,000 children	• "[States Parties shall ensure that:]. No child shall be deprived of his or her liberty unlawfully or arbitrarily. The arrest, detention or imprisonment of a

			<p>child shall be in conformity with the law and shall be used only as a measure of last resort and for the shortest appropriate period of time." CRC, Article 37(b).</p> <ul style="list-style-type: none"> <li>• "The prevention of juvenile delinquency is an essential part of crime prevention in society. By engaging in lawful, socially useful activities and adopting a humanistic orientation towards society and outlook on life, young persons can develop non-criminogenic attitudes." PJD, Article 1.</li> </ul>
<ul style="list-style-type: none"> <li>•</li> </ul>	Children in detention	0.94 children in detention per 100,000 child population	<ul style="list-style-type: none"> <li>• "[States Parties shall ensure that:]... No child shall be deprived of his or her liberty unlawfully or arbitrarily. The arrest, detention or imprisonment of a child shall be in conformity with the law and shall be used only as a measure of last resort and for the shortest appropriate period of time." CRC, Article 37(b).</li> <li>• "The placement of a juvenile in an institution shall always be a disposition of last resort and for the minimum necessary period." Beijing Rules, Article 19(1).</li> <li>• "Deprivation of the liberty of a juvenile should be a disposition of last resort and for the minimum necessary period and should be limited to exceptional cases."</li> </ul>

				JDL, Article 2.
•	Children in pre-sentence detention	0.74 children in pre sentence detention per 100,000 child population		<ul style="list-style-type: none"> <li>• "Detention pending trial shall be used only as a measure of last resort and for the shortest possible period of time." Beijing Rules, Article 13(1).</li> <li>• "Whenever possible, detention pending trial shall be replaced by alternative measures, such as close supervision, intensive care or placement with a family or in an educational setting or home." Beijing Rules, Article 13(2).</li> <li>• "Each case shall from the outset be handled expeditiously, without any unnecessary delay." Beijing Rules, Article 20(1).</li> <li>• "Pre-trial detention shall be used as a means of last resort in criminal proceedings, with due regard for the investigation of the alleged offence and for the protection of society and the victim." RNCM, Article 6(1).</li> </ul>
•	Duration of pre-sentence of detention	1 month	58.8%	<ul style="list-style-type: none"> <li>• "Detention pending trial shall be used only as a measure of last resort and for the shortest possible period of time." Beijing Rules, Article 13(1).</li> <li>• "Whenever possible, detention pending trial shall be replaced by alternative measures, such as close supervision, intensive care or placement with a family or in an educational setting or home." Beijing Rules,</li> </ul>
		1 month – 4 months	27.7%	
		4 months – 6 months	5.9%	
		6 months – 12 months	5.6%	
		12 months – 18 month	1.5%	
		18 months – 24 months	0.2%	
		24 months – 30 months	0.2%	
		30 months – 36 months	0.0%	
		> 36 months	0.1%	

			<ul style="list-style-type: none"> <li>Article 13(2).</li> <li>“Each case shall from the outset be handled expeditiously, without any unnecessary delay.” Beijing Rules, Article 20(1)</li> </ul>																											
<ul style="list-style-type: none"> <li></li> </ul>	Duration of sentenced detention	<table border="1"> <tr> <td>&lt; 1 month</td> <td>122</td> <td>51.3%</td> </tr> <tr> <td>1 month – 4 months</td> <td></td> <td>22.1%</td> </tr> <tr> <td>4 months – 6 months</td> <td></td> <td>4.5%</td> </tr> <tr> <td>6 months – 12 months</td> <td></td> <td>9.7%</td> </tr> <tr> <td>12 months – 18 months</td> <td></td> <td>7.2%</td> </tr> <tr> <td>18 months – 24 months</td> <td></td> <td>1.1%</td> </tr> <tr> <td>24 months – 30 months</td> <td></td> <td>1.8%</td> </tr> <tr> <td>30 months – 36 months</td> <td></td> <td>0.8%</td> </tr> <tr> <td>&gt; 36 months</td> <td></td> <td>1.5%</td> </tr> </table>	< 1 month	122	51.3%	1 month – 4 months		22.1%	4 months – 6 months		4.5%	6 months – 12 months		9.7%	12 months – 18 months		7.2%	18 months – 24 months		1.1%	24 months – 30 months		1.8%	30 months – 36 months		0.8%	> 36 months		1.5%	<ul style="list-style-type: none"> <li>“[States Parties shall ensure that:]. No child shall be deprived of his or her liberty unlawfully or arbitrarily. The arrest, detention or imprisonment of a child shall be in conformity with the law and shall be used only as a measure of last resort and for the shortest appropriate period of time.” CRC, Article 37(b).</li> <li>“The placement of a juvenile in an institution shall always be a disposition of last resort and for the minimum necessary period.” Beijing Rules, Article 19(1).</li> <li>“Deprivation of the liberty of a juvenile should be a disposition of last resort and for the minimum necessary period and should be limited to exceptional cases.” JDL, Article 2</li> </ul>
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<ul style="list-style-type: none"> <li></li> </ul>	Child deaths in detention	0 child death in detention during a 12 month period, per 1000 children detained	<ul style="list-style-type: none"> <li>“States Parties recognize that every child has the inherent right to life.” CRC, Article 6(1).</li> <li>“[States Parties shall ensure that:] No child shall be subjected to torture or other cruel, inhuman or degrading treatment or punishment. Neither capital punishment nor life imprisonment</li> </ul>																											

			<p>without possibility of release shall be imposed for offences committed by persons below eighteen years of age." CRC, Article 37(a).</p> <ul style="list-style-type: none"><li>• "Every juvenile shall receive adequate medical care, both preventative and remedial." JDL, Article 49.</li><li>• "Juvenile detention facilities should adopt specialized drug abuse prevention and rehabilitation programmes administered by qualified personnel." JDL, Article 53.</li><li>• "The director of the detention facility should notify immediately the family or guardian of the juvenile concerned, or other designated person, in case of death, illness requiring transfer of the juvenile to an outside medical facility, or a condition requiring clinical care within the detention facility for more than 48 hours." JDL, Article 56.</li><li>• "Instruments of restraint and force can only be used in exceptional cases, where all other control methods have been exhausted and failed, and only as explicitly authorized and specified by law and regulation. They should not cause humiliation or degradation, and should be used restrictively and only for the shortest</li></ul>
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			possible period of time." JDL, Article 64.
<ul style="list-style-type: none"> <li>•</li> </ul>	Separation from adults	0.8% of children in detention (on a specified date) not wholly separated from adults	<ul style="list-style-type: none"> <li>• "Every child deprived of liberty shall be treated with humanity and respect for the inherent dignity of the human person, and in a manner which takes into account the needs of persons of his or her age. In particular, every child deprived of liberty shall be separated from adults unless it is considered in the child's best interests not to do so." CRC, Article 37(c).</li> <li>• "Juveniles in institutions shall be kept separate from adults and shall be detained in a separate institution or in a separate part of an institution also holding adults." Beijing Rules, Article 26(2).</li> </ul>
<ul style="list-style-type: none"> <li>•</li> </ul>	Contacts with parents and family	44.8% of children (who have completed 3 months in detention) have been visited by, or visited, parents, guardian or an adult family member in the last 3 months	<ul style="list-style-type: none"> <li>• "States Parties shall respect the right of the child who is separated from one or both parents to maintain personal relations and direct contact with both parents on a regular basis, except if it is contrary to the child's best interests." CRC, Article 9(3).</li> <li>• "[States Parties shall ensure that:]. shall have the right to maintain contact with his or her family through correspondence and visits, save in exceptional circumstances." CRC, Article 37(c).</li> <li>• "In the interest and well-being of the</li> </ul>

			<p>institutionalised juvenile, the parents or guardian shall have a right of access." Beijing Rules, Article 26(5).</p> <ul style="list-style-type: none"> <li>• "Detention facilities for juveniles should be decentralized and of such size as to facilitate access and contact between the juveniles and their families." JDL, Article 30.</li> <li>• "Every juvenile should have the right to receive regular and frequent visits, in principle once a week and not less than once a month, in circumstances that respect the need of the juvenile for privacy, contact and unrestricted communication with the family and the defence counsel." JDL, Article 60.</li> <li>• "Juveniles should be allowed to leave detention facilities for a visit to their home and family." JDL, Article 59</li> </ul>
<ul style="list-style-type: none"> <li>•</li> </ul>	Custodial sentence	2.4% of children receive a custodial sentence	<ul style="list-style-type: none"> <li>• "The arrest, detention or imprisonment of a child shall be in conformity with the law and shall be used only as a measure of last resort and for the shortest appropriate period of time." CRC, Article 37.</li> <li>• "Restrictions on the personal liberty of the juvenile shall be imposed only after careful consideration and shall be limited to the possible minimum." Beijing</li> </ul>

			<ul style="list-style-type: none"> <li>Rules, Article 17(1)(b). • "Deprivation of personal liberty shall not be imposed unless the juvenile is adjudicated of a serious act involving violence against another person or of persistence in committing other serious offences and unless there is no other appropriate response." Beijing Rules, Article 17(1)(c).</li> <li>• "A large variety of disposition measures shall be made available to the competent authority, allowing for flexibility so as to avoid institutionalisation to the greatest extent possible." Beijing Rules, Article 18(1).</li> </ul>
<ul style="list-style-type: none"> <li>•</li> </ul>	Pre-sentence diversion	6.2% of children diverted in a 12 month period	<ul style="list-style-type: none"> <li>• "[States parties shall seek to promote.] Whenever appropriate and desirable, measures for dealing with such children without resorting to judicial proceedings, providing that human rights and legal safeguards are fully respected." CRC, Article 40(3)(b).</li> <li>• "Consideration shall be given, wherever appropriate, to dealing with juvenile offenders without resorting to formal trial by the competent authority." Beijing Rules, Article 11(1).</li> <li>• "The police, the prosecution or other agencies dealing with juvenile cases shall be empowered to dispose of such cases, at their</li> </ul>

			<p>discretion, without recourse to formal hearings." Beijing Rules, Article 11(2).</p> <ul style="list-style-type: none"> <li>• "Any diversion involving referral to appropriate community or other services shall require the consent of the juvenile, or her or his parents or guardian." Beijing Rules, Article 11(3).</li> <li>• "Restorative processes should be used only where there is sufficient evidence to charge the offender and with the free and voluntary consent of the victim and the offender. Agreements should be arrived at voluntarily and should contain only reasonable and proportionate obligations." RJP, Article 7.</li> </ul>
<ul style="list-style-type: none"> <li>•</li> </ul>	<p>Aftercare</p>	<p>0.0% of children released from detention receiving aftercare</p>	<ul style="list-style-type: none"> <li>• "All juveniles should benefit from arrangements designed to assist them in returning to society, family life, education or employment after release. Procedures, including early release, and special courses should be devised to this end." JDL, Article 79.</li> <li>• "Competent authorities should provide or ensure services to assist juveniles in reestablishing themselves in society and to lessen prejudice against such juveniles. These services should ensure, to the extent possible, that the juvenile is provided</li> </ul>

			<p>with suitable residence, employment, clothing, and sufficient means to maintain himself or herself upon release in order to facilitate successful reintegration.” JDL, Article 80.</p> <ul style="list-style-type: none"> <li>• “Efforts shall be made to provide semi-institutional arrangements, such as half-way houses, educational homes, day-time training centres and other such appropriate arrangements that may assist juveniles in their proper reintegration into society.” Beijing Rules, Article 29(1).</li> </ul>
<b>Policy/Implementation Indicators</b>			
<ul style="list-style-type: none"> <li>•</li> </ul>	Regular independent inspections	System of regular independent inspections is moderately protected by law or policy	<ul style="list-style-type: none"> <li>• “Qualified inspectors or an equivalent duly constructed authority not belonging to the administration of the facility should be empowered to conduct inspections on a regular basis. and should enjoy full guarantees of independence in the exercise of this function.”JDL, Article 72.</li> <li>• “After completing the inspection, the inspector should be required to submit a report on the findings. The report should include an evaluation of the compliance of the detention facilities with the present rules and relevant provisions of national law, and recommendations</li> </ul>

			regarding any steps considered necessary to ensure compliance with them." JDL, Article 74.
•	Complaints mechanism	System of complaints mechanism is moderately protected by law or policy	<ul style="list-style-type: none"> <li>• "Every juvenile should have the opportunity of making requests or complaints to the director of the detention facility and to his or her authorized representative." JDL, Article 75.</li> <li>• "Every juvenile should have the right to make a request or complaint, without censorship as to substance, to the central administration, the judicial authority or other proper authorities through approved channels, and to be informed of the response without delay." JDL, Article 76.</li> <li>• "Efforts should be made to establish an independent office (ombudsman) to receive and investigate complaints made by juveniles deprived of their liberty..." JDL, Article 77</li> </ul>
•	Specialised juvenile justice system	Specialised juvenile justice system exists and is extremely well protected by law or policy	<ul style="list-style-type: none"> <li>• "States parties shall seek to promote the establishment of laws, procedures, authorities and institutions specifically applicable to children alleged as, accused of, or recognized as having infringed the penal law." CRC, Article 40(3).</li> <li>• "Efforts shall be made to establish, in each national jurisdiction, a</li> </ul>

			<p>set of laws, rules, and provisions specifically available to offenders and institutions and bodies entrusted with the functions of the administration of juvenile justice and designed:</p> <p>(a) To meet the varying needs of juvenile offenders, while protecting their basic rights;</p> <p>(b) To meet the needs of society;</p> <p>(c) To implement the following rules thoroughly and fairly." Beijing Rules, Article 2(3).</p> <ul style="list-style-type: none"><li>• "There should be a comprehensive child-centred juvenile justice process." Guidelines for Action, Article 14(a).</li><li>• "...special strategies are required for child victims and witnesses who are particularly vulnerable to recurring victimization or offending." CVWC, Article 38.</li><li>• "States should establish juvenile courts with primary jurisdiction over juveniles who commit criminal acts and special procedures should be designed to take into account the specific needs of children. As an alternative, regular courts should incorporate such procedures, as appropriate." Guidelines for Action, Article 14(d).</li></ul>
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<ul style="list-style-type: none"> <li>•</li> </ul>	<p>Prevention</p>	<ul style="list-style-type: none"> <li>• No direct national plan exists for prevention of child involvement in crime though various measures exist to mainstream children which are moderately protected by law or policy</li> </ul>	<ul style="list-style-type: none"> <li>• "Member States shall endeavour to develop conditions that will ensure for the juvenile a meaningful life in the community, which, during that period in life when she or he is most susceptible to deviant behaviour, will foster a process of personal development and education that is as free from crime and delinquency as possible." Beijing Rules, Article1(2).</li> <li>• "Comprehensive prevention plans should be instituted at every level of Government and include the following: <ul style="list-style-type: none"> <li>• (a) In-depth analyses of the problem and inventories of programmes,.</li> <li>• (b) Well-defined responsibilities for the qualified agencies, institutions and personnel involved in preventative efforts;</li> <li>• (c)Mechanisms for the appropriate coordination of prevention efforts.</li> <li>• (d) Policies, programmes and strategies based on prognostic studies to be continuously monitored and carefully evaluated.</li> <li>• (e)Methods for effectively reducing the opportunity to commit delinquent acts;</li> <li>• (f)Community involvement through a wide range of services and programmes;</li> <li>• (g)Close interdisciplinary cooperation.</li> </ul> </li> </ul>
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			<ul style="list-style-type: none"> <li>• (h) Youth participation in delinquency prevention policies and processes.</li> <li>• (i) Specialized personnel at all levels." PJD, Article 9.</li> </ul>
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### **8. Annotated Bibliography of Studies on Integrated Child Protection Scheme Components**

NIPCCD has been assigned the responsibility of training, research and documentation on ICPS by the Ministry of Women and Child Development. Accordingly, it was essential for the Institute to have a collection of various research studies available on the subject, to begin with. A number of studies have been undertaken during the last decade on the various components of Integrated Child Protection Scheme. These studies are scattered in a number of journals and it becomes difficult to have access to them at one single place. Specifically after the implementation of JJ Act, a number of studies have been conducted in the area of street children, stakeholders of ICPS, NGOs and working for ICPS, children's home, Child Welfare Committees, JJ Boards, adoption, foster care, sponsorship, rehabilitation and social integration, etc. It has, therefore, become necessary to compile all the available information at one place. A project titled "Annotated Bibliography of studies on ICPS components", was undertaken by the Institute's Headquarters with the main objectives to: compile research information generated by various agencies in the Government/NGO sector as well as at the International level, related to various components of ICPS scheme; attempt an analytical review of the research done in this area; and identify the gaps for future research policy. About 50 studies were collected for compilation over the period 2000-2011.

### **9. Manual for Orientation Workshop for CWCs**

The objectives of the project were to: draft Training Manual for the Orientation Workshop for Chairpersons/Members of CWCs; and finalize the Training Manual after consultation in a Workshop consisting of faculty and stakeholders. The project was completed during the year 2012-13.

### **10. Manual for Orientation Workshop for JJBs**

The objectives of the project were to: draft Training Manual for the Orientation Workshop for Members of JJBs; and finalize the Training Manual after consultation in a Workshop consisting of faculty and stakeholders. The project was completed during the year 2012-13.

### **11. Manual for Orientation Training Programme for Programme Managers and Programme Officers (SCPS/SPSUs and SARA)**

Programme Managers in the State Child Protection Society (SCPS) play a key role in effective implementation of ICPS in the State. Hence, comprehensive orientation on child protection issues, situation analysis of social problems, including child labour, child marriage, child trafficking, female foeticide, female infanticide and child abuse along with legislative support is necessary to ensure effective child protection. It is imperative for Programme Managers to develop an in-depth understanding of the implementation framework and strategy of implementing ICPS at State and district levels. Since they

hold responsible positions in the ICPS structure, they should also understand the need for networking and partnership with other stakeholders, including CSOs/NGOs, academic institutions, credible leaders and elected representatives, etc. This will not only enable them in effective implementation but also aid in monitoring ICPS at the State-level effectively. The manual was completed.

### **12. Manual for Orientation Training Programme for District Child Protection Officers (DCPOs) of District Child Protection Units (DCPUs) Training**

District Child Protection Officers (DCPOs) play a key role in effective implementation of ICPS at the district level. Hence, the officers need comprehensive training on child protection covering issues like situational analysis of children in India, child rights, child protection issues and concerns, International Conventions, legal provisions concerning children, etc. Additionally, a DCPO also executes roles in the administrative domain of ICPS. An in-depth understanding of implementation framework of ICPS at State level and District level is necessary for the DCPO to implement the scheme (ICPS) effectively. Understanding the legislation related to children including the Juvenile Justice (Care and Protection of Children) Act is imperative for providing a safety net to children. DCPOs are assigned the task of monitoring of Specialized Adoption Agencies (SAAs) as well. These officers also head the Sponsorship and Foster Care Approval Committee to facilitate the process of alternative care. The Training Manual would build capacities of DCPOs to enable them to function professionally and effectively. The Training Manual was completed during the year.

### **13. Manual for Superintendents of Child Care Institutions & Project Coordinator/Counsellors of Open Shelters**

Superintendents of Child Care Institutions and Project Coordinator cum Counsellor in Open shelters play a key primary role in maintaining the institution effectively and have the responsibility of being readily available as and when required by the Juveniles/Children. Hence, comprehensive orientation on Juvenile Justice Act, ICPS, understanding the self-attitude to deal with children, child protection issues, situational analysis of different social problems, viz., child labour, child marriage, child trafficking, and child abuse along with legislative support is necessary to ensure effective child protection. It is imperative for Superintendents to develop an in-depth understanding of Juvenile Justice Act and strategy of ICPS at the State and district levels. Since they hold responsible position, they should also be satisfied to the need for networking with Management Committees and District Board. This will not only enable them to effectively implement JJ Act and ICPS. The Manual was completed.

### **14. Evaluation of ICDS Programme in Minority Concentrated District – A Study**

At the instance of Ministry of Women and Child Development, the Institute carried out the above study with the objectives to: assess the status of the operationalization of Anganwadi Centres (AWCs) and expansion of ICDS projects in the identified minority concentrated districts; assess the extent of outreach of population of the minority community & utilization of services of ICDS programme by the beneficiaries of minority population in the minority concentrated districts; impact on health and nutritional status of children & women based on delivery of services under ICDS programme in the identified minority districts. A total of 6,134 respondents including ICDS functionaries, beneficiaries and community leaders were interviewed. The major findings are given below:

#### **Major Findings**

- The present study found that 96 percent AWCs were accessible to the minority

community and 87.25 percent AWCs were located amidst the minority community.

- The present study revealed that 68.9 per cent AWCs were placed in pucca houses and 23 per cent in Kutcha house.
- The present study revealed that 70 percent AWCs in the minority concentrated districts had adequate indoor space to carry out cooking, storage of food items and space to conduct PSE activities.
- With regard to storage of Supplementary Nutrition (SN) items, it was found that 66 percent AWCs had adequate space to store SN food items/materials, etc.
- The present study depicted that 56.3 percent AWCs had supply of tap water/PHED connection followed by hand pump (20.0%) and tube well (12.3%) which was adjacent to the AWC in the minority community. The present study also revealed that 39 percent households in the area had hand pumps and 61 percent had tube Well facility as the major sources of drinking water.
- Slightly less than two fifths i.e., 38 per cent AWCs did not have toilet facility for children and 58 percent AWCs had such facility, as was revealed by present study.
- The present study found that 78.3 per cent women beneficiaries to be availing SNP at AWCs, and type of SN included Hot Cooked Meal (94%) and Take Home Ration (85.74%) and Ready-to-Eat (69%) food for the women beneficiaries under ICDS.
- As per the present study, 67.48 percent of pregnant women and 71.08 percent lactating women expressed immense satisfaction over the quantity and quality of food given at AWCs.
- Seven out of ten AWCs, i.e., 70 percent AWCs had Growth Charts (both old & new) out of which only 58.33 percent AWCs were using the New the Growth Charts. More than four-fifths of AWCs, i.e., 84 percent AWCs located in minority community, weighing scales were available.
- As far as correct plotting as per the new WHO child growth standard is concerned, it was evident from the present study that only 29 percent AWCs knew correct plotting of weight in new WHO child growth charts and rest 71 per cent of AWCs were not aware of correct plotting on new growth chart.
- About three fifth (56%) of AWCs were able to plan & organize counselling sessions with the mothers of underweight children.
- The study found that 46 percent children were found in the Normal category whereas 11.67 percent were underweight on assessing their nutritional status by using WHO child growth standards.
- The health functionaries reported that health services such as monthly Health Check-up (80%) and Immunization (79%) were consistently/regularly provided to the beneficiaries of ICDS at AWC. Slightly less than three fourth, i.e., 73 per cent of AWCs reiterated that involvement of health functionaries (ANM, ASHA and LHV) has increased at AWCs.
- The present study found that more than three fifth of (66%) of AWCs had Medicine Kits and the same were replenished regularly in time in as many as 71 percent of AWCs located in minority community.
- Joint visits were made by ANM/ASHA and AWCs (72%), LHV & ICDS Supervisors (60%) followed by CDPO & MO (35%), as reported by the ICDS functionaries. However, the joint visits made by CDPO & MO were quite inadequate.
- Two fifths (40%) of AWCs did not have adequate materials/aids to conduct NHED sessions with the mothers and which in turn compel the AWCs to conduct the sessions with lecture methods only.
- Nearly seven out of ten i.e., 69 percent of AWCs conducted home visits regularly and the purpose of nearly home visits were confined to early registration, care of pregnant and lactating mothers.
- The study revealed that 61 percent of AWCs were aware of the use of Mother &

Child Protection Card, introduced in ICDS programme.

### **15. Statistics on Children in India: Hand Book 2012**

The Institute has been bringing out pocket book/hand book on statistics on children in India since 1990 as an effort to present a consolidated statistical database on child survival, protection and development. This endeavour is aimed at strengthening the efforts of policy planners, voluntary organizations, researchers and administrators towards holistic development of children. The hand book provides information on children covering the demographic profile, health status, nutritional status, information about various programmes for welfare and development of children, status of child labour, etc. The information is collected from different sources like the Registrar General of India, National Sample Survey Organisation, National Institute of Nutrition, National Crime Records Bureau; International Institute for Population Sciences, international organizations like UNICEF and UNDP and different Ministries and Departments of Government of India. The data contained in the Hand Book was updated and a revised 13th edition was published.

### **16. Status of Child Care Institutions in the North Eastern Region.**

In an era of child rights, the country enacted a pioneering legislation called the Juvenile Justice (Care & Protection of Children) Act, 2000 and its Amendment Act, 2006, wherein the nation made a legal commitment to give its children for protection of their basic rights. Juvenile Justice System in India is a non-penal protective legislation for the Juvenile in Conflict with law. This includes treating juveniles in conflict with the law with respect, and focusing on their rehabilitation rather than on punitive actions. It also includes the development of 'family restoration based care plan' in a non-legalistic setting for children in need of care and protection. However, despite having an adequate system in place, there are lacunae in the implementation and operationalisation of the system. Procedural institutions that have been mandated by the Juvenile Justice Act such as the Juvenile Justice Board, the Special Juvenile Police Units and the Child Welfare Committees have in many instances fallen short of performing in a manner that reflected the spirit behind the juvenile Justice Act to uphold their dignity and rights. The children who are in the Institutions do not have even minimal care in terms of absolute basic needs such as food, shelter and clothing. Indeed, in several instances, the custodial and procedural institutions that have been established to protect children have become violators of children's rights. In view of this, the need for a comprehensive study to assess child care institutions at the regional level has been felt. Such an exercise, undoubtedly, has been considered essential in order to improve delivery system, ensure its optimal outreach and take decisions on matters concerning its future thrust in the policy making exercise. Accordingly, the study was contemplated and carried out in the states of Arunachal Pradesh, Meghalaya, Manipur, Mizoram, Nagaland, Tripura, Orissa, West Bengal and Sikkim. The state of Assam was excluded, as a similar study was already being carried out in the state by NIPCCD, Regional Centre, Guwahati. The main objectives of the Study were to: assess the existing status of Child Care Institutions in the context of JJ System & ICPS; assess adequacy of infrastructure prescribed in the Act and Rules framed under the Act by the respective States; assess the appropriateness and quality of different services rendered to children; identify gaps and problems in the implementation of JJ Act; and offer suggestions to the State Government for improving the conditions of the child care institutions.

The study covered nine States of Eastern Region, namely, Arunachal Pradesh, Meghalaya, Manipur, Mizoram, Nagaland, Orissa, Tripura, West Bengal and Sikkim and focused on Child Care Institutions prescribed under JJ System and ICPS. However, in

the states where the Child Care Institutions were not many (equal or less than 10 like in Arunachal Pradesh and Sikkim (there were only one and five institutions respectively)), five out of six (85%) Child Care Institutions were selected for in-depth study. Similarly, more than 30 per cent of the institutions under each category were covered from the states where the existing child care institutions were more than ten, viz; Meghalaya (13 out of 18) Manipur (08 out of 12), Mizoram (18 out of 30), Orissa (17 out of 53), Tripura (09 out of 11) and West Bengal (25 out of 48). Thus, a total of 103 Child Care Institutions were selected from nine states. The study covered 17 Observation Homes, 06 Special Homes, 64 Children Homes, 13 Shelter Homes and 03 After care Organizations. Focused Group Discussions (FGDs) were also held with functionaries of Homes and children. The nodal departments implementing the JJ Act were contacted for their views on various issues related to the study.

Institution-wise major findings drawn out on the basis of field study, interviews with a wide range of respondents and observations are summarized as follows:

- There is no physical separation between Children in Conflict with the Law and Children in Need of Care and Protection in some of the Homes.
- The Juvenile Justice Board, which is a Competent Authority to handle the juvenile cases, was not found in all districts of a few states.
- The physical infrastructure was found not to be up to the mark. In some of the homes there was no provision for ventilation, kitchen etc. and found to be in dilapidated condition. In some homes, physical infrastructure in term of toilets and dining halls was found to be inadequate in comparison to the number of children housed. However, a substantial number of homes were having classrooms, dormitories, kitchens, recreation rooms, etc. as per the norms laid down in the Rules of JJ Act. Similarly, no boundary wall was found in some cases.
- It was observed that majority of homes were not child friendly. Children were kept behind locked doors inside the rooms in some of the homes.
- Children were not segregated age-wise. But degree/nature of offence wise segregation was done in three (17.64%) homes. However, sex wise segregation was found in majority of the homes. In few homes it was found that boys and girls were housed in the same home.
- It seemed that CCL cases were not handled as per the provision of JJ Act in some of the Homes.
- Low staff-child interaction is a key area of concern, which was noticed by the team during field visits. Some of the children reported that functionaries of Homes rarely interact with them. Lack of training of the staff prevented in quality care and protection services.
- There was no vehicle in majority of Homes to take the children outside to attend the proceedings and to meet other requirements.
- Probation officers were not visiting the homes. Hence, parents and guardians of inmates were not contacted. Parents of the inmates were also not visiting the homes.
- Escape rate of observation homes, was very high. Security measures at the observation home premises were found to be inadequate.
- In some of the homes, incidences of overcrowding had emerged. There were more children housed in the buildings than the sanctioned capacity.
- Hygiene and sanitation in terms of filtered drinking water, toilets, bathrooms, maintenance of cleanliness, supply of sanitary pads and mosquito nets were found to be inadequate.
- Staff was found to be inadequate in some of the homes.
- Services provided to children at home namely, educational, recreational, vocational, counseling, health check up varied amongst different homes.
- Participation level of children in day to day activities was found to be low.
- The food served to the children was found to be not of good quality and had no

nutritional value. In some of the Homes menu was not being prepared, and in case of prepared menu it was not followed properly. It was reported that the allocation of fund for maintenance and all other expenses (Rs.750) per child was grossly inadequate to maintain minimum standards of care.

- It was also noticed that few Superintendents were not residing within the premises of homes/campus.
- The Children Committees were not formed in majority of homes.
- A total of three After Care Homes were visited, out of which two were located in West Bengal and one in Tripura. However, it was observed that few children in the age of 15-16 were found in After-care home of Agartala. These children were imparted vocational education on various trades like candle making, toy making, fisheries, nursery, horticulture, grill making, etc. No stipend under ICPS and loan facilities were provided to them. The physical infrastructure was found to be satisfactory.
- It was also observed that children were preparing various items and selling in the market.
- It was observed that 90% of the Special Homes were combined with Observation Homes.
- In some of the children placed in the Homes were abused physically and psychologically.

### **17.A Study on Knowledge Attitude and Practices of Adolescent Girls on Health, Nutrition, Environment and Social Issues in selected Villages of Medak District, Andhra Pradesh**

The Dangoria Charitable Trust has been working in villages of Medak district on issues of health, nutrition, environment and livelihood security since over two decades. The focus hitherto has been on maternal and child health and nutrition and target for educational and skill interventions. As mentioned earlier, cultural biases tend to deprive adolescent girls of educational and social opportunities which would help physical and mental development and expression of full genetic potential. Considering the importance of adolescent girls as valuable human resource who are future citizens and mothers and who can be agents of change if properly nurtured, this study was conceived. Before planning intervention strategies, it was necessary to understand the knowledge attitude and practice (KAP) of young girls on subjects like health, nutrition, environment and social issues. Based on the information obtained, educational and vocational training could be planned. In general the idea was: development and empowerment of adolescent girls with scientific knowledge, appropriate skills and social engineering. Since girls cannot be seen in isolation, efforts were also made to understand the mindset of the adults in the community. Medak is a backward Telangana district. In the selected villages (mentioned later) there is no lift irrigation. Farming of marginal and small pieces of land, is the major occupation. Despite being a dry land area, water intensive crops like paddy and sugarcane are grown using ground water indiscriminately. Use of chemical pesticides is rampant. The base-line KAP survey helped to understand the demographic situation in the villages, and identify gaps in knowledge, attitude and practices of adolescent girls on issues of health, nutrition, environment (sanitation and harmful agriculture practices) and social issues. Suitable educational strategy and teaching aids were developed to improve the knowledge on the above issues. Vocational training included raising homestead gardens, backyard nurseries and back yard poultry using high egg yielding birds for better household food and nutrition security. In addition, training in green methods of farming which would help the families to adopt more environmentally benign and healthy methods of farming was also given. Such methods would also save money on chemicals-pesticides and fertilisers. For the girls who were not attending schools, training in tailoring and embroidery and food processing was given which

would help them earn some money and improve their home diets. An end-line survey was done after 18 months of intervention to examine the impact, if any. Keeping this in view Institute's Regional Centre, Bengaluru conducted this study in collaboration with Dangoria Charitable Trust, Andhra Pradesh with the main objectives to: assess the Knowledge, Attitude and Practice (KAP) of adolescent girls on issues of health, nutrition, environment and social issues; assess household food consumption of the families; impart nutritionally and environmentally promotive farm skills and non-farm skills; and develop educational material for creating awareness on health, nutrition, environment and social issues of adolescent girls.

## **Methodology**

Methodology included an initial and final KAP survey of a sub-sample of 240 girls, need-based educational inputs and skill development in farm and non-farm skills.

The study area included five randomly selected villages in Narsapur mandal of Medak district of the state of Andhra Pradesh, India. The selected villages were: Narayanpur, Ramachandrapur, PC Kunta, Reddy Palli and Avancha. The total population of the 5 villages was 6359 (census, 2011) and total number of 412 adolescent girls enumerated were in the age group of 10-18 years. Out of the 5 villages, 3 villages had high school and the rest had primary school. High schools provided easy access to adolescent girls in the selected age group of 10-18 years.

While the educational inputs and skill development activities covered at all the interested adolescent girls, the KAP survey was confined to a sub sample of 240 girls in the age group 10-18 years (more than 50%). All adolescent girls in the age group 10-18, from each village were enumerated through door to door survey and given serial numbers. Written consent was obtained from the parents regarding inclusion of their daughters in the survey.

## **Major Findings**

The present study brings out both the positive and negative aspects of KAP of adolescent girls and the community at large, and examines the impact of education and feasibility of imparting farm and non- farm skills. Some of the significant highlights are listed below:

- The information on the educational level of adolescent girls depicted that there were few school dropout girls both in initial and final surveys. This indicates that girls and parents are already aware and have realised the importance of education. Contrastingly, the illiteracy among parents was high, suggesting generation shift in education.
- It was seen that the girls resented dowry system and the preferential treatment of boys. They however, accepted gender roles at home giving more freedom and leisure to boys. They did not perceive discrimination in care given by the parents. This did not have much difference before and after awareness programmes. The adolescent girls need training in decision making processes.
- Girls' understanding of infant feeding practices, increased food requirement during pregnancy and for adolescents, good cooking methods, was good to start with and improved with further education. Their understanding of balanced diet improved after education. Understanding of nutrients and their functions, specific foods rich in nutrients and nutrition deficiency diseases also improved marginally. This highlights that there is a need for more lessons and frequent/continued education throughout the year on certain nutrition issues.
- With regard to health and hygiene practices, while they knew that malaria is caused by mosquito bite, their understanding of symptoms of malaria, food and

water borne diseases, and TB was poor. However, the level of knowledge and understanding on these areas improved with education.

- Education improved their understanding of green methods of farming, and home gardening. Education also made girls to be sensitive about their environment and they desired hygienic house and village environments.
- The information on diet consumption by food frequency data showed mixed cereal- millet diet as a common and positive feature. Though the frequency of consumption of protective foods like vegetables and milk was 2-3 times a week, the quantity consumed was very low as compared to recommended level. Lack of awareness and economic constraints both contributed to their dietary consumption. This suggests for more educational programmes on good nutrition.
- Though the farming activities improved after the training and despite inadequate homestead production of vegetables, almost 50% was sold, due to economic compulsions.
- Adolescent girls are enthusiastic about acquiring knowledge and skills and can be good agents of change. Secondary school education does not cover important topics like nutrition, health, and gender issues. Sex education also does not find a place.
- Though most families had own brick and mud houses only 33% had latrines in use. Most families had access to piped drinking water. Some even got it from reverse osmosis plants. However, the sanitary conditions in the village needed improvement. Systems for disposal of liquid and solid waste was unsatisfactory.

## **17.Appraisal of Supplementary Nutrition Programme under ICDS in Uttar Pradesh**

The state of UP universalized the ICDS services and presently, it has the highest number of operational ICDS projects of 897 in the country with a network of 1,88,259 (One lac eighty eight thousand two hundred fifty nine) AWCs spread over 75 districts of the state. In order to examine the nutrition inputs under ICDS programme in the State of Uttar Pradesh in the light of Hon'able Supreme Court's guidelines and the Central Government's enhanced Nutritional and Feeding Norms for Supplementary Nutrition to improve quality, a study was conducted by Regional Centre, Lucknow with the objectives to: study the status of supplementary nutrition provided to beneficiaries in the light of guidelines issued by Ministry of Women and Child Development (GOI); study type, adequacy, acceptability of supplementary nutrition; study the procurement, distribution, availability, regularity and storage of supplementary nutrition at various levels; and suggest measures for strengthening the supplementary nutrition services.

### **Sample**

The state was divided into five zones viz. North, South, East, West and Central to have a representative sample. One district was selected from each zone and then from each district, one ICDS block therein was selected randomly. The districts included; Lucknow, Ghazipur, Lakhimpur Kheeri, Saharanpur and Lalitpur. The sample of the study comprised of 845 respondents including beneficiaries, community leaders and functionaries of ICDS.

### **Major Findings**

#### **Operational issues:**

- As regard the population at Anganwadi Centre it could be anywhere between 400– 800, however, the data with regard to the sample AWCs showed that on

an average each sample AWC had a population coverage of 1184 which was very high. Under the circumstances it becomes very difficult for the AWW to focus on her beneficiaries and it affects adversely on services like growth monitoring (weighing efficiency), immunisation coverage, etc.

- The data revealed that as against a total of 62 sanctioned posts of CDPOs in the five sample districts, only 77 per cent positions of the said posts were filled. Likewise, as against a total of 481 sanctioned posts of Supervisors only 69 per cent of the posts were filled. There is a clear gap between sanctioned and filled posts, at the managerial level.
- The data with regard to the training status of the AWWs revealed that all the workers covered in the study had undergone job training course, but only 50 per cent had also taken refresher training.
- The data revealed that 90 per cent sample AWCs were housed in pucca buildings. Probably this improvement is seen as a large number of AWCs in the state had been shifted to primary school buildings.
- The data indicated that the major source of drinking water at the Sample AWCs was hand pump (96 per cent) which was in fact very safe proposition. However, the major problem related to drinking water was its storage at AWCs as 92 per cent AWWs were storing this drinking water for children in open buckets with little or no cover on it. In fact, it remained a major concern for health.
- In the sample Anganwadi Centres this facility was almost non-existent with the result children go in an open place for relieving. Thus, the habit formation which is a major intent of preschool education was never realised.

### **The Supplementary Nutrition in Uttar Pradesh**

- Hot cooked food (HCF) to children (3-6 years) at AWC: As per the given guidelines each child attending preschool was provided a morning snack in the form of laiyya & chana and at midday the children were provided alternately Khichadi (Dal-30 gms., Rice 60 gms., Green leafy vegetables 50 gms., and Oil 2.5 gms.) and Daliya (Daliya 70 gms., Sugar 25 gms., Oil 5 gms.)
- It was found that in most of the AWCs no funds were available to provide HCF in May 2011. In a given year 2-3 gap periods ranging from 10-25 days seems to be a regular feature in the State. The main reason for these huge gaps could also be attributed to procedural delays at various levels including banks i.e. transfer of amount into joint accounts of AWWs and presidents of etc. However, in the gap period the Panjeeri was given to children that they never liked.
- Purchase and Procurement of food grains for HCF: In majority of the sample AWCs the procurement of food grains was made twice a month and each time 2000/- was spent for the purchase for local market in consonance with guidelines. The items purchased from local market in consonance with guidelines for HCF included rice, moong dal, arhar dal, wheat daliya, sugar, oil and other ingredients as per the requirement of the menu. The verification of the purchased rations both records as well as related stocks was done invariably by the respective sector Supervisor.
- Quantity of HCF given to the children: In none of the sample centres any standard was used for distribution of cooked food. The quantity of rice and dal for preparation of cooked food was decided on the basis of attendance and as per the entitlement of the children. It was AWCs, between 20-25 children were present, may be even less than these but at the time of distribution of food the number would have swelled by approximately 20-30 per cent, resulting in the same amount of cooked food was distributed to all the children, thereby reducing their calorie intake.
- Cooking of HCF: In all the sample AWCs the Anganwadi Helper was responsible for cooking the HCF and collecting firewood as at 70 per cent sample AWCs the HCF was prepared on firewood or cow dung cake (Upla) and only at 26 per cent

AWCs LPG was used. The expenditure incurred on the fuel had to be borne by the Anganwadi Workers from their pocket or adjust the same from the available HCF funds, which was improper either ways.

- Utensils supplied for cooking HCF: The State Government did not supply either cooking utensils or serving utensils to the Anganwadi Centres when the HCF was introduced in the State. Infact, either Anganwadi Worker or Helper brought their personal cooking utensils for preparation of HCF.
- Availability of separate kitchen for cooking HCF: At 74 per cent sample AWCs there was no separate kitchen with the result the HCF was cooked at variety of places, prime among these included, Helpers/AWWs house, in open space outside AWCs etc. which is undesirable. It is necessary that guidelines on this issue should be issued by the State Directorate of ICDS.
- Consumption of HCF: The HCF given to children at the AWCs was liked by the children and majority of children consumed it at AWC itself. Only a few children happened to carry left over to homes. This was quite common with small children as they could not finish off the food in a single go.
- Take Home Ration (THR) Panjeeri: The Take Home Ration was given in the form of Amylase rich energy food (Panjeeri) and each beneficiary was provided an amount of 150 gms. Panjeeri per day and a total of 900 gms. per week. The category of beneficiary; 6 months to 3 years was given a mix called weaning food. An amount of 125 gms. weaning food was given per day per child which amounts to 750 gms. per week. The distribution was done once a week on take Home Ration Day. As many as 86 percent of AWWs said the beneficiaries did not like the Panjeeri, as it was not palatable and requested for its replacement with other food items like rice, dal, chana, pea nuts, etc.
- Storage of supplementary nutrition (Panjeeri): It was found that in most of the projects there was inadequate space for proper storage of Panjeeri bags, at the project offices with the result, the concerned CDPOs were compelled to hire space (godown) for storing the supplementary nutrition (Panjeeri). At about fifty per cent AWCs the storage was improper as nutrition bags were dumped on the floor, without using wooden planks to place these to have at least some minimum food safety.
- Record maintenance of THR (Panjeeri) and HCF ration: Record maintenance pertaining to HCF and THR was reported to be a difficult and a cumbersome task for the AWWs and took quite a bit of time of the workers.

### **Growth monitoring (Adoption of new WHO child growth standards)**

Only 74 per cent sample Anganwadi Centres had new WHO child growth charts. Further, only 44 per cent sample AWWs had received training on the use of new WHO child growth standards. Out of 50 AWCs studied only 44 Centres had weighing machines. However, these machines gave wrong readings.

Basically the MCP card is supposed to be kept with the mother which is issued either by ANMs or AWWs and jointly filled up by these functionaries as the variables of the cards comprised both health and development aspects. The data in this regard revealed that only 54 per cent sample AWCs the cards were available that too in a small quantity ranging from 15 to 20 cards at each centre. The data revealed that Village Health and Nutrition Days (VHNDs) were organized only in 30 AWCs (60%) out of a total of 50 AWCs taken for the study.

### **Problems Expressed by AWWs**

A number of problems have been cited by the AWWs which were coming in the way in effective organisation of services at AWCs like delay in released of HCF funds, irregular release of honorarium to Workers (the gap ranged from 3-4 months at a stretch) no

provision of fuel for preparation of HCF, non availability of cooking and serving utensils and non-payment of cartage charges for Panjeeri up to AWCs, etc.

### **Specific Recommendations**

- Gaps in HCF should be avoided by putting in place suitable mechanisms and administrative reforms including fixing up responsibility at different levels including State Directorate so that children were not deprived of their food.
- Further it is suggested that some standard measurement for distribution of HCF for children may be adopted may be in the form of a standard katori or a plate
- State should consider some budgetary provision for fuel for cooking HCF.
- State should arrange to supply cooking and serving utensils as well as storing containers for the raw materials meant for HCF at the earliest to all the AWCs which is a basic necessity.
- The electronic weighing machines may be replaced with more dependable and durable machines like salter scale. Further, it was found that the AWWs were finding it difficult to fill up the New WHO child growth charts correctly in this regard it is recommended that the sector supervisors as well as the CDPOs should be given the responsibility of training these workers in a phased manner.
- Provision of a water container at the AWCs with a capacity of 15–20 litres could ward off any danger to the health of children attending Anganwadi.
- Wherever there is a population in excess of 1000 in an Anganwadi area, an additional AWC could be set up to intensify the focus.

### **Recommendation on supplementary nutrition**

The Central Government could directly arrange nutrition through food processing companies that have national presence with robust production line and supply chain which can even go upto the door steps of AWCs in the country. Further, these companies could also be motivated to make their contribution in the effort as a part of corporate social responsibility particularly for children and let these companies play their role in reducing mal-nutrition in children of the country who are the national asset. In turn, the Central Government could also facilitate the corporate by providing wheat and sugar on subsidized rates (PDS) to give a low cost but a quality product to the beneficiaries across the country. The nutritional details of the items could be worked out with the help of nutritionists in the country particularly from National Institute of Nutrition, Hyderabad; NIPCCD, Food and Nutrition Board and other academic and International institutions having a say on the subject along with the food processing firms mentioned above.