

Research/Evaluation Studies completed during the Year 2013-14

1. Training-cum-Awareness Kit on Adverse Sex Ratio

Sex ratio is a function of socio-cultural and economic compulsions of the society. The determinants of variation in sex ratio include differentials in mortality, sex selective migration, sex ratio at birth, pre-conceptional sex selection. The skewed sex ratio has its adverse impact on social and personal attributes of the society, leading to increased crime against girl children and women, rise in trafficking and exploitation of girl children and women. It is an important indicator of the gender equity in any society at any given point of time. The Child Sex Ratio (CSR) in reference to children under 6 years is a more sensitive indicator of status of the girl child as well as the situation of survival of the girl child in any society and the attitude towards girl children in the society. Prevalence of heinous practices of infanticide, sex selective abortions and pre-conceptional sex selection are significant contributors to a low child sex ratio in any community.

Keeping this in view the Institute's Headquarters had designed a Training-cum-Awareness Kit on Adverse Sex Ratio for use of stakeholders at the grassroots level in the governmental sector and NGOs for awareness generation activities and building capacity of these stakeholders to improve sex ratio. The kit items cover the areas of gender perspective of the problem of low sex ratio; sex selection and stopping its misuse; case studies on preventing female infanticide; public private partnership in raising sex ratio; demystified version of Pre-conception and

Pre-natal Diagnostic Techniques (Prohibition of Sex Selection) Act (PC & PNDT); information on State-sponsored scheme supporting child survival and development of the girl child; and exercises related to sex ratio in 2011 and working towards improving it at the micro-level. The kit has been printed and circulated to stakeholders.

2. Parenting Education Guidebook and Facilitator Handbook

Expanding and improving comprehensive Early Childhood Education is the first goal of the six Educations For All. UNESCO Asia Pacific Regional Bureau for Education, as part of the Japanese Funds-in Trust project 'CLC Equivalency Programme and Life Long Learning to reach the unreached', took up a project to improve the quality of non-formal ECCE by supporting parenting education practice offered at the community learning centres. Two Handbooks namely Parenting Education Guidebook and Facilitator Handbook were developed for providing training on parenting education. After going through the booklets, it was felt by the Institute that both the documents were useful for training of ICDS and ICPS functionaries and these documents required adaptation to Indian scenario and translation in Hindi. Therefore, the Institute in collaboration with UNESCO, undertook a project with the objective to adapt the Parenting Education Guidebook and Facilitators Handbook into locally-relevant content, contextualise and translate it into Hindi language.

The above tasks consisted of the following:

- Adapting UNESCO's 'Parenting Education Guidebook: and 'Facilitator's Handbook' and translating it into Hindi language.

- Preparing list of Review Committee Members.
- Organising two sessions of consultations/expert group meetings in consultation with UNESCO New Delhi – in the first meeting the translated and adapted versions of both documents were reviewed, followed by the finalisation of the adaptation of the two documents in the next meeting. During the meetings: (i) participants took stock of the adapted and translated version of both Handbook and Guidebook; (ii) reviewed the needs, expectations, and approaches in different contexts; and (iii) discussed and agreed on the design for the adapted version of "Handbook" and "Guidebook" as well as the approach for its successful dissemination.
- Incorporation of the outcomes of the meeting into the adapted and translated versions of two documents.
- Printing the adapted and translated versions of both the documents.

In order to accomplish the above task, a meeting of the in-house experts of the Institute was organised followed by the first Adaptation Review Meeting on 16-17 September, 2013, the report of which had already been sent to UNESCO, New Delhi. The second meeting to finalize the documents was organised on 21-22 October, 2013 at NIPCCD. Both the documents were finalised and submitted to UNESCO.

3. Knowledge and Practices of Adolescent Girls Regarding Reproductive Health with Special Emphasis on Hygiene during Menstruation-a Trend Analysis (between 2007-2012)

In 2007, the Institute carried out a study to address the issue of understanding practices of adolescent girls regarding reproductive health and how adolescent girls maintain hygiene during menstruation and various consequences of poor menstrual hygiene that so greatly affect their life style. The study was conducted in one district each of Assam, Delhi, Karnataka, Madhya Pradesh and Uttar Pradesh.

With new interventions in the area of Reproductive and Sexual Health and other initiatives taken up by MOHFW and MWCD namely Rajiv Gandhi Scheme for Empowerment of Adolescent Girls (RGSEAG) - Sabla, Kishori Shakti Yojana, Adolescent Reproductive and Sexual Health (ARSH) and Menstrual Hygiene Programme, it was thought worthwhile to assess trends over a period of five years. Therefore, it was proposed to repeat the study, as designed earlier in 2007 for assessing changes over a period of five years with the following objectives:

- To assess present knowledge and ascertain practices adopted by adolescent girls regarding reproductive health with special emphasis on hygiene during menstruation and comparison with 2007 data;
- To find out the socio-cultural, health, nutrition, sanitation, education and related practices that are considered essential for menarche and during menstruation by the community at present and differences, if any as compared to 2007 data;
- To study the source of information and health seeking behaviour of adolescent girls and effect of media with special

emphasis on hygiene during menstruation and compare it with 2007 data; and

- To find out the effect of Menstrual Hygiene Programme under NRHM on practices of adolescent girls.

Data was collected from adolescent girls who had attained menarche, to ascertain hygienic practices adopted by them during menstruation and other relevant issues. Since this was a repeat assessment study, data was collected from the same projects with same sample size but different respondents from similar age group in ICDS rural projects studied earlier in 2007, in order to study changes in menstrual hygiene practices and reproductive health of women in general and of adolescent girls in particular in rural context and to ascertain changes if any, between 2007 and 2012.

Pre-designed, pre-tested and structured questionnaire as used in the study in 2007 were used for the study, so as to assess the changes over a period of five years. Privacy and confidentiality was maintained during each interview. The analysis of data was carried out and Chi-Square was applied for testing the significance with respect to categorical variables.

Around 500 Adolescent Girls and their mothers (500) along with 100 Women Opinion Leaders were interviewed for the study. In addition to this, 155 ICDS and health functionaries, including CPDOs (5), Supervisors (37), Anganwadi Workers (63), Medical Officers (18), Lady Health Visitors (3) and Auxiliary Nurse Midwives (29) were also interviewed.

Changes Observed Over a Period of Five Years Between 2007 and 2012.

Following changes were observed with respect to knowledge and practices of adolescent girls regarding reproductive health with special emphasis on hygiene during menstruation:

- There was a significant increase ($p < 0.05$) in literacy levels of AGs in 2012 as compared to 2007. There was a significant increase ($p < 0.01$) in AGs going to school in 2012 (67%) as compared to 2007 (49.2%). It was heartening to know that there was a significant decrease ($p < 0.01$) in the number of married AGs in 2012 (2%) as compared to 2007 (8.2%).
- There was a significant increase ($p < 0.001$) in AGs living in pucca houses in 2012 (84.8%) as compared to 2007 (50.4%). A significant increase ($p < 0.01$) was seen in toilet facility available in households of AGs (59% in 2007 and 67% in 2012).
- A significant increase ($p < 0.001$) in awareness about menstruation was seen in AGs of 2012 (72.6%) as compared to 2007 (29%). Perception of menstruation to be dirty and polluting was evident in all categories of respondents, but there was significant decrease in perception of AGs, Mothers of AGs, and WOLs and in general all women in 2012 as compared to 2007 study.
- In 2012, no AG reported any ceremony being performed on attainment of menarche as against 56.8 per cent in 2007 showing a positive change in

terms of socio-cultural practices in the society regarding menstruation. It was surprising to note that 75 per cent of AGs in 2012 reported that they did not visit the temple/place of worship during menses as compared to 77.4 per cent in 2007 showing no significant change. As high as 90.9 per cent AGs in 2007 were not allowed to enter the kitchen which has reduced to as low as 2.9 per cent in 2012($p<0.001$).

- In case of AGs, there was a significant increase ($p<0.01$) in the use of sanitary napkins (23.8% 2007 & 74% in 2012); a significant decrease ($p<0.01$) in the use clean cloth (84.0% 2007 & 14% in 2012) and a significant increase ($p<0.001$) in use of indigenous pad made of cotton and gauze in 2012 (12%) as compared to 2007(1.6%). About 94.5 per cent AGs reported changing the pad/cloth two to three times a day on the first two days of menstruation as against 72 per cent in 2007 data showing a significant change ($p<0.001$). Similar significant changes were seen in mothers of AGs, WOLs and women functionaries ($p<0.001$).
- The awareness of AGs regarding pubertal changes in 2012 had significantly increased ($p<0.001$) in comparison to the 2007 study especially with regard to gain in height (69.6% in 2007 and 96.6% in 2012) and weight (66.8% in 2007 and 94.6% in 2012), growth of auxiliary and pubic hair (64.2% in 2007 and 97.0% in 2012), onset of menstruation (68.8% in 2007 and 96.8% in 2012) and development of body contours.
- Awareness regarding RTI/STI among AGs in 2012 revealed that only 41.0 per

cent AGs across the study areas in the selected states had heard about RTI/STI. Knowledge on RTI/STI was poor both in 2007 and 2012 and no significant change seen in any of the attributes. Majority of the AGs, nearly 78.1 per cent in 2012 had approached Medical Officers for guidance and consultation regarding vaginal infection as compared to 7.9 per cent in 2007 showing significant change ($p<0.001$).

- Regarding knowledge about HIV/AIDS among adolescent girls data of revealed that no significant change was seen in 2012 when compared to 2007 where 85 per cent AGs in 2007 and 87 per cent in 2012 mentioned that they had heard about HIV/AIDS, respectively.

4. Early Childhood Centres (ECC) in Delhi – A Critical Review

The Institute had undertaken the project with the objectives to prepare a database of all the ECE centres for 3-6 years children run by Govt. agencies in Delhi; make a critical review of the existing ECE centres run by various governmental agencies in terms in infrastructure, fee structure, age group of children, population coverage, teacher-pupil ratio, teacher qualifications/ training, teaching aids/play material and parental involvement etc.; review the existing curricula adopted by various government agencies running ECE centres in Delhi; and make recommendations on the basis of the findings of the study for improving the quality of ECE. A total number of 76 ECCE centres, including 10 AWCs from 05 ICDS Projects were selected as sample.

Recommendations

- ECCE centre buildings in dilapidated condition (in terms of leaking roofs/broken plaster in wall and floor) needed to be repaired keeping in view safety of children. Provision for adequate light in all ECCE Centre buildings must be ensured.
 - The norms of one classroom measuring 35 square meters for a group of 30 children and availability of 30 square meters of outdoor space for a group of 30 children must be adhered to. The teacher/worker and child ratio should be 1:20 from the existing 1:32. Salary/honorarium of ECCE teachers/AWWs should be paid on time.
 - All ECCE centres should have provision to display activities done/materials prepared by children and efforts should be made (raising from 66% to 100%) to ensure that every ECCE centre has black board/white board/display board at low level (as per convenient height for children) to enable better visibility for children.
 - Every ECCE centre should have separate toilets for girls and boys; every ECCE centre should be equipped with basic health care in terms of First Aid/Medical Kit.
 - There should be provision of a Helper in every unit of ECCE centre.
 - All existing ECCE teacher/workers should be properly trained in order to carry out appropriate activities and dealing with children and provided refresher training at regular interval.
- Every ECCE teacher/worker should also be oriented once in every 2 years on their role as facilitator (as suggested under Early Childhood Education Curriculum Framework, National ECCE Policy as well as on recent developments on ECCE).
- Every ECCE centre should have curriculum for addressing the interrelated domains of holistic development, i.e., physical and motor development, language development, cognitive development, social-personal and emotional development, sensory development and development of creative and aesthetic appreciation through an integrated and play-based approach which focuses on development of life skills as suggested under Early Childhood Education Curriculum Framework, National ECCE Policy.
 - Activities should be planned keeping in view principles of programme planning as suggested under Early Childhood Education Curriculum Framework and National ECCE Policy.
 - Local language should be used in ECCE Centres and it has to be ensured that language used by ECCE teacher/worker is understood by all children.
 - Every ECCE centre should have a Weekly Plan indicating time for facilitating conduction of activities, which should be supported with essential play and learning materials.
 - Every ECCE centres should organise parent orientation programme on role of parents once in a year.

- ECCE centres should assess the development of children twice a year, which may be used by teacher for further development of each child. Assessment of children should be shared with parents.
- A set of Indicators needs to be developed by each organisation running ECCE centres in order to monitor effective implementation of ECCE programme. Principal/Headmistress/Head of ECCE centre/school should be provided with the specific role for monitoring.

5. A Booklet on Preschool Activities for 3-6 year Children

The Institute had undertaken the above documentation with the objectives to have a ready reference for planning and organising activities for 3-6 years children; to develop age-appropriate, theme-based activities catering to different aspects of development; and to develop an assessment plan to evaluate the activities and progress of children. The booklet contains age-specific activities based on various themes such as Animal, Birds, Fruits, Vegetables, My Family & Neighbourhood, Environment around me, Me & Myself, Helpers around Us, and Transport. The booklet contains information related to importance of early years, principles of early learning, pre-school learning environment, pre-school programme planning on different themes, activity corners, suggested activities based on the above said themes addressing holistic development of children at pre-school stage, observation checklist for self assessment of workers at the child care centre and the assessment of school readiness amongst the children.

6. Support Services for Women in Distress in Delhi – A Resource Directory

It is unfortunate that women continue to face violence, discrimination and inequality from the 'womb to the tomb' in our country. They have been facing violence both inside and outside the home because of deep-rooted social & cultural norms and values that endorse male supremacy and authority over them in society. Gender-based violence is a manifestation of historically unequal power relations between men and women which have led to domination over and discrimination against women by men. In India where women constitute almost half the population, many of them are ill-treated and deprived of their right to life and personal liberty despite the provisions under the Constitution of India. According to National Crime Records Bureau, Delhi ranks highest among all the cities, in rape, kidnapping, abduction and domestic violence. Delhi reported the highest number of cases of spousal violence, the second highest number of rape cases and fifth highest number of dowry murders in the country. Women, who experience violence and discrimination, need a variety of support services, particularly in crisis situations. However more often, they do not know whom they can approach for help. There are numerous organisations in Delhi that provide support services but information about them is not easily available and tends to be limited. In violent situation, at home or outside of home, women need information, counselling, legal aid etc to take timely legal action and same time safe shelter to stay away from home or societal & street hassles. Comprehensive and timely information

become crucial to say 'No' to violence. The existence of support services and agencies and specific information in compiled form is not available.

The main objectives of preparing Resource Directory on support services for women facing violence in the State of Delhi were to: bridge the gap by pooling together information about the availability of support services in a handy format that women can keep with themselves at all times. It was an effort to provide easy access to information and assistance to women, as well as organisations working with them. The Directory includes information on Governmental and non-governmental agencies which provide support services to women in crisis in Delhi. The Directory gives detailed information about organisations - their activities including postal address, telephone, fax, website, e-mail address contact person etc. Information is also available on Women Helpline, Shelter Homes, Family Counselling Centres, Crisis Intervention Centres, Rape Crisis Cells, Crimes against Women Cells, Gender Resource Centres, Mahila Panchayat, Drug-De-addiction and Rehabilitation Centres, Institutions for aged women, Protection Officers, Legal Support, Media Contacts, and NGOs working for Women in Distress in Delhi.

7. Statistics on Women in India, 2014

The above documentation project was undertaken by the Institute as an effort to capture statistically the situation of women and girls in India, on the basis of many social indicators which are available in widely scattered sources. This endeavour was aimed

at strengthening the efforts of administrators, planners, researchers, academicians, media persons and others concerned with issues related to women's empowerment. Statistics is an important resource in the field of social sciences, and is essential for planning. The document provides information on demography and vital statistics, health and nutritional status, education, girl child, work participation of women and children, support measures for women, including women in distress, political participation of women and women in decision making, prevalence of disability, crime against women and children, women police in India, food security, household expenditure, budget outlays for women in the union budget and budget of the Ministry of Women and Child Development and voluntary organisations involved in the social development activities, related to women.

8. Effect of NIPCCD Training on Functioning and Programme Implementation of NGOs

Non-governmental organisations (NGOs) play an important role in enabling communities to develop and use their own initiative to develop themselves. NGOs have been particularly concerned with empowering the poor, the weak and the marginalised, encouraging people to take decisions themselves and become agents, rather than remaining as target groups or passive recipients of benefits. NGOs contribute towards new social movements through their intense campaigns, people's mobilisation programme and effective network.

Since its inception in the year 1966, the Institute has been organising training

programme for the functionaries of voluntary organisations, but impact of training on functioning and programme implementation of NGOs was never assessed, though there were few studies to see the impact of ICDS training. Keeping this in view, the Institute conducted research study entitled **Effect of NIPCCD Training on Functioning and Programme Implementation of NGOs** with the objectives to find out the effect of training on individual job performance, organisational performance and programme performance; assess new or improved KAS (Knowledge, Attitude and Skills) after attending NIPCCD's training and attitudinal transformation among functionaries; explore the problem areas adversely affecting the impact of training; and suggest corrective measures for strengthening the quality of training.

The universe of this study was those NGOs whose representatives received training in NIPCCD Headquarters and its four Regional Centres, i.e., Guwahati, Bengaluru, Lucknow and Indore during the last three years, i.e., 2008-09, 2009-10 and 2010-11. Participants from about 7,240 NGOs from all over the country were trained during these three years in NIPCCD Headquarters and its four Regional Centres. Ten per cent (724 NGOs) of these NGOs were taken as a sample for the study.

Major Findings

- ❖ Enhancing capacities of the functionaries was viewed as the main objective of the training by 41 per cent of NGOs rather than seeking funds. Sustainability was also a dominant concern of the NGOs (24%).
- ❖ About 60 per cent of NGOs indicated that their expectations were fulfilled to a considerable extent, while 38 per cent reported these to be fulfilled to some extent.
- ❖ Training programmes of NIPCCD were found to be very useful by 97 per cent of the respondents.
- ❖ One of the most important benefits of training for an organisation is that it provides skills within the organisation. It was found in the present study that a little less than one third of NGOs (31%) felt that after attending training in NIPCCD, their representatives mostly contributed in policy formulation. About one-fourth of NGOs (24%) indicated that their existing programmes were improved after attending NIPCCD training.
- ❖ Regarding training impact on Individual Job Performance after training, a little more than one third of representatives of NGOs (35.91%) had developed their skills and changed their attitude (20.16%). Their ability to work was improved (14.24%), their knowledge was also found to be enhanced (13.95%).
- ❖ NIPCCD training programmes were rated outstanding /very good by about 80 per cent of the respondents.
- ❖ The study revealed that 95.78 per cent of NGOs felt that training helped NGOs effectively in delivering services on the one hand, whereas on the other hand 4.22 per cent of respondents stated that training could not help in providing effective services.
- ❖ A little over one third of respondents (36.63%) felt that the contribution of NIPCCD training was outstanding in

improving the work environment of their NGOs.

Suggestions and Recommendations

1. It was recommended that NIPCCD should organise more training programmes on fund-raising techniques and management of NGOs for sustainability. Care needs to be taken to carry out training on these issues and funding agencies of National and International stature may be invited as resource persons to deliberate on the vision, mission and nature of funding on core areas of interventions pertaining to women and children.
2. The respondents felt that NIPCCD training helped them towards enhancing skills and managing the organisation. It was strongly realised that theoretical sessions coupled with practical exposure at the field are more beneficial. This enabled the participants to
- 3.
4. understand the field reality and practical application of the inbuilt theory in the field. It was therefore suggested to give substantial time for field visit.
5. The duration of the NIPCCD training is usually four or five days. During these days, heavy emphasis is laid on the technical sessions and introductory sessions on ice breaking gets less time which leaves little scope amongst them. It was suggested and felt essential to increase the duration of rapport building sessions in order to facilitate better interaction so that the participants know each other better,
6. their areas of work and also share some of the best practices.
6. It was strongly recommended that topics such as community mobilisation, participation, fund raising, management of VOs, public private partnership, Social Audit and public disclosure would be included thereby harnessing the capabilities of NGOs for better sustainability.
7. New initiatives, programmes, policies and schemes of various ministries may be circulated during the training programmes. A separate session should be kept in all training programmes organised for NGOs so that representatives would be able to understand the nature of the scheme and formulate area specific projects to get financial assistance for betterment in their target areas.
8. Keeping in view the magnitude of VOs, it was decided by the Institute that the representative of NGO will be eligible for the next training, only after two years of attending the first training programme. It was however suggested that a participant should be allowed to attend NIPCCD training at least biannually.
9. Apart from NIPCCD faculty members, experienced representatives of national or international voluntary organisations should also be invited for taking the sessions.
10. Programmes on topics like project formulation, community participation, grant management, micro-finance, and women empowerment should be organised twice in a year.
11. Some programmes should also be organised in remote areas of our

country, particularly in tribal or rural areas by the Institute.

12. NGOs which are located in remote areas should be given preference for training programmes.
13. As globalisation has changed the scenario in the field of voluntary action, NIPCCD should also make efforts to organise international programmes so that voluntary organisations of our country can get better exposure.

9. Role Effectiveness of Care Givers of Child Care Institutions (CCIs): A Study of CCIs of Northern India

Children are among the most vulnerable sections of society and need utmost care and protection in all spheres of their lives. The responsibility of child care institutions (CCIs) and role effectiveness / performance of their care-givers become more important in view of our commitment to child rights, best interest of the child, survival and overall development of children. Thus, it is considered necessary to find out how effective the care-givers of child care institutions, such as Probation Officer, Welfare Officer, Case Worker, House Father/Mother and Caregivers of open shelter in discharging defined roles and tasks assigned to them. Studies showed that care-givers in the child care institutions are not performing their job responsibilities in an efficient manner due to various reasons. The studies also revealed that care givers are working in isolation due to lack of guidance and supervision, overburdened with work, lack of administrative support, lack of team work and lack of skills and knowledge. Effectiveness is considered as a positive phenomenon and therefore, it was thought

appropriate to study the factors affecting role effectiveness/ performance of care givers such as gender, age, marital status, work experience, educational level, training, workload/ distribution of work, major responsibilities undertaken and time spent, distance travelled, etc. with the objectives to: study the performance of the caregivers in terms of their defined role and responsibilities; analyse factors influencing the role performance of care givers in child care institution; and suggest strategies for better management of child care institutions.

A sample of 29 child care institutions (CCIs) comprising of 20 per cent of 141 total registered CCIs in four States of Northern India, namely Haryana, Himachal Pradesh, Punjab and Rajasthan, were selected. Categories of care-givers included Probation Officer/ Welfare Officer/Case Worker, House Father/Mother/Care Givers of Open Shelter in each selected institution. As such a proportionate number of care-givers had been selected in accordance with the available number of care-givers.

Major Findings

- ❖ It was found that many child care institutions were overcrowded or with shortage of staff and the strength of children was not proportionate to the capacity of child care institutions. Therefore, accessibility of care givers in particular and supervisory staff, in general was missing in most of the CCIs.
- ❖ The study clearly indicated that the number of House Fathers/ Mothers and care givers of open shelters belonging to young age performed

their tasks better than those belonging to middle and old age categories. Further, category of Probation Officer, Child Welfare Officer and Case Workers with higher educational qualifications, performed better. It is important, too, to note that in the category of house Mother/Father of Homes and caregivers of Open Shelters with low educational qualification performed better and experienced care givers performed more number of tasks. It was disappointing to note that CCIs were not maintaining records properly.

- ❖ It was revealed that most of the caregivers of CCIs in Haryana and Punjab had never allowed children to play and participate in meetings or express their concerns. A significant number of care givers in Rajasthan were found to be involved in ill-treatment and non-supportive behaviour towards children. Role confusion, lack of awareness about children's interest areas, and gender biases were some of the reasons for such kind of behaviour towards children.

Recommendations

- 1) State Government may ensure that no institution is over-crowded and in such situations, may explore alternate arrangement to accommodate children in other institutions which are under-populated or else set up new Child Care Institutions.
- 2) Fill up vacant posts in each category of staff with an emphasis on middle aged and married persons with higher

educational qualifications, who can deal with child-related problems exclusively.

- 3) The State Governments should provide timely and adequate funds to CCIs, particularly to those run by NGOs.
- 4) Adhocism, as a strategy for management of CCIs should be discouraged.
- 5) Child care programme should be implemented as per the guidelines and indicators formulated in ICPS.

10. Status of Functioning of CWCs under Juvenile Justice System in Northern Region (Himachal Pradesh, Punjab, Chandigarh, Uttarakhand)

Child Welfare Committees (CWCs) and Juvenile Justice Boards (JJBs) are important adjudicating machineries under Juvenile Justice System. CWCs and JJBs are the entry points for the child in Juvenile Justice System. Positive approach and right attitude with sensitivity towards children's issues, proper training and enhanced knowledge of members are some of the pre-requisites for the effective functioning of these statutory bodies. The studies conducted by various organisations have also indicated the need to strengthen and streamline the functioning of CWCs at the State level. Therefore, it becomes imperative to find out the gaps and the specific reasons responsible for sub-optimal functioning of CWCs and suggest options to improve the functioning of CWCs, which is crucial for shaping the future of children in need of care and protection. In view of the above, the Institute conducted the study on the Status of Functioning of

Child Welfare Committee under Juvenile Justice System in Northern Region (Himachal Pradesh, Punjab, Chandigarh, Uttarakhand) to look into the structures and functioning of CWCs as per Juvenile Justice (Care and Protection) Act and Rules framed thereafter in the Northern Region in the States of Himachal Pradesh, Punjab, Chandigarh and Uttarakhand. The objectives were to: review the implementation of Juvenile Justice (Care and Protection of Children) Act, 2000 and Amendment Act, 2006 and Central/State Rules in terms of formation and functioning of CWCs in all districts of these States; study the awareness level of Chairperson/members of the CWCs in terms of their role, responsibilities, functions and powers; understand the procedures and Intervention followed by the CWCs in the process of rehabilitation of children, including inter-state transfers; document the child participation initiatives in the proceedings of CWCs; understand the hindrances/problems faced by CWC members in performing their role; identify monitoring mechanism for the functioning of CWCs; and suggest measures for better functioning of Child Welfare Committees. A Total of 46 CWCs were functioning in these States. For the study, 15 CWCs were selected as a sample. In order to collect required information and data for the study, appropriate schedules were devised for the following categories: 1) Schedule for Chairpersons/Members; 2) Schedule for Superintendents; 3) Schedule for Welfare Officer; 4) and Schedule for District Child Protection Officer.

Major Findings

- ❖ Minimum or no infrastructural facilities, no equipment on most

occasions and bare minimum staff, all together showing the slow pace of implementation of JJ Act.

- ❖ Status of infrastructural facilities was very poor with almost 67 per cent CWCs having no separate office for their functioning. Basic facilities like waiting room for parents and safe drinking water were also lacking in the CWCs of States/UTs studied. Equipments like computer, printer, fax machine, telephone, internet connection, photocopier, etc. were required to maintain case files and data related to children. Despite provisions for setting up of a CWC under ICPS, huge shortage of required equipment was witnessed in the CWCs under study. No equipment was available in 93per cent of CWCs.
- ❖ It was observed that out of 38 chairpersons/members interviewed, 17 were women (44.73%). Looking at the age wise distribution of members of CWC in these States, it was found that maximum number of members (44%) were above 50 years, followed by 23.68 per cent members in age group of 41-45 years.
- ❖ While observing the functioning of the CWCs in these States, it was revealed that in 60 per cent CWCs studied, there was no fixed day of meeting. The study also indicated that 80 per cent of CWCs did not have any fixed duration of meetings and it was entirely dependent on the work load.
- ❖ It was observed that 76 per cent members received Rs. 500/- as sitting allowance whereas 24 per cent of members did not get any allowance at all.

- ❖ It was observed that Children's Homes were headed by the Superintendent with no Welfare Officer appointed in these Homes.
- ❖ Eighty-five per cent of Homes were registered under the Juvenile Justice (Care & Protection of Children) Act 2000 in the four States/UTs under the study.
- ❖ In Punjab, both Children's Home and Observation Homes were in the same premises and the staff was being shared by both the Homes.
- ❖ It was observed that coordination among Special Juvenile Police Unit (SJPU), Voluntary Organisations (VOs) and Health Department was largely an ignored area.
- ❖ Even though the DCPUs are the most important bodies for coordinating various tasks with CWCs at the district level under ICPS, these were conspicuous by their absence in these four States/UTs. The work related to DCPUs was given to District Programme Officers as additional work, who were looking after the work related to child protection under ICPS.
- ❖ It was a matter of great concern that almost 72 per cent of Homes did not constitute Management and Children committees and a similar proportion of homes were found without Suggestion Boxes. About 60 per cent of CWCs did not ensure preparation of Individual Care Plan.
- ❖ The facility of free legal aid was largely ignored, as only 13 per cent of CWCs talked about this aspect. Only 13 per cent CWCs were

recommending 'fit institutions' to State Government.

- ❖ It was also observed that half of the CWCs studied were being monitored either by State Government or any other Government unit like District Programme Officer, District Commissioner/Collector/Magistrate. As many as 47 per cent CWCs were not being monitored, which is likely to have an adverse effect on the situation of child protection in the State.

Recommendations

Major recommendations of the study were:

- I. Proper rules and procedure should be followed for the constitution and functioning of the Selection Committees as laid down by the Juvenile Justice (Care & Protection of Children) Act, 2000. Inadequacies in infrastructure, manpower and equipment should be addressed on a priority basis as far as the functioning of CWC is concerned.
- II. CWCs in all districts in the States need to be made fully functional. The State Government should allocate yearly budget for the functioning of the CWC alongwith clear guidelines as to how CWC should spend it. The Chairperson/members should be well informed about it.
- III. There should be regular payment of Honorarium and travel allowance to be paid to Chairperson/members.
- IV. There is a need for Standard Operating Procedures (SOPs) to be formulated for the functioning of CWC, with emphasis on the following points :

- ✓ Day to day functioning of CWC.
 - ✓ Guidelines to deal with children of different categories from beginning to disposal of case.
 - ✓ Record keeping, as prescribed.
 - ✓ Computerisation of data for linkages between CWC, SJPU, VOs, DCPUs etc.
 - ✓ Maintaining case files and ensuring SIRs, Individual Care Plan, Case History and other requirements.
 - ✓ Category-wise maintenance of records.
 - ✓ Placing children in non-institutional care.
 - ✓ Transfer of children and repatriation.
 - ✓ Maintaining case files with full records, with a summary of events at the end.
- V. Proper follow-up without breaking continuity, at least on quarterly basis, for children placed in institutional as well as in non-institutional care.
- VI. Creation of resource directories of all bodies providing care and protection to children is essential.
- VII. Children to be included in the entire process from beginning till restoration, as well as ensuring their participation in the management of the Home.
- VIII. Developing SOPs to deal with cases of child abuse, as a matter of abundant precaution.
- IX. Ensuring Individual Care Plans to be prepared for all children in institutions, as per the format provided in the Juvenile Justice (Care & Protection of Children) Act, 2000.
- X. Regular interaction and coordination with all the stakeholders (DCPU, SJPU, NGOs etc.) as well as convergence of services for providing quality care to the child. Clear, step- to-step guidelines have to be framed to inform about areas where their intervention can be obtained like, enquiry, age-verification, medical examination, case history, home visit, filing FIRs and so forth, in order to ensure better interaction among CWCs and other stakeholders.
- XI. More interaction between police and NGOs is required in these States/UTs. The list of all SJPUs and NGOs should be with CWC to understand their roles in child protection.
- XII. Training of stakeholders is also required to understand their role in child protection.
- XIII. The role of CWC should be strengthened in the management of Children's Homes in order to supervise/monitor progress of children closely and to be close to children. CWC should facilitate:
- ✓ Constitution of Management Committees.
 - ✓ Children's Committees for better child participation.
 - ✓ Setting-up Suggestion Box to address children's issues.
- XIV. Guidelines for informing, providing and encouraging free legal aid to children. List of lawyers to be maintained and step-by- step procedure to be followed.
- XV. Social Audit should be done on a regular basis. Such social audit should also deal inadequacies on the part of CWC members.
- 11. Capacity Building Needs of Voluntary Organisation: An Assessment**

The Headquarters of the Institute undertook this study with the objectives of reviewing the current status of awareness, knowledge and skills of functionaries of voluntary organisations working in the field of women and child development and identifying their capacity building/training needs; assessing the efforts made by the voluntary organisations to address the capacity building/training needs of functionaries; analysing the job responsibilities/tasks of key functionaries associated with women and child development programmes of voluntary organisations; identifying barriers to workforce development in voluntary organisations; and suggesting areas in which capacity building needs of functionaries of voluntary organisations need to be focused and strengthened. About 5000 voluntary organisations working in the field of women and child development representing all the regions of the country were requested to send information related to the study. A questionnaire was developed to facilitate the voluntary organisations to furnish the required information and sent to each of these organisations. These organisations were identified by consulting lists of voluntary organisations available with the Ministry of Women and Child Development, Planning Commission of India, NIPCCD and the internet. In response, 185 voluntary organisations sent back filled-in questionnaire to the Institute.

Major Findings

- ❖ Maximum number of voluntary organisations (85.41%) mentioned 'social action' to be their working area. This response was followed by

'children of weaker sections' (81.08%); 'community participation' (72.97%); 'child rights, policies and legislations' (54.05%); 'child care - institutional' (49.73%); 'child care - non-institutional' and 'community resource mobilisation' (48.65% each). Another significant response was given by 79 (42.7%) organisations which mentioned 'project formulation and management' to be their area of concern. Fifty-four (29.19%) organisations indicated they were engaged in 'fund-raising' activity.

- ❖ In response to a question as to whether capacity building is essential for key functionaries of voluntary organisations, 177 (95.68%) voluntary organisations responded in affirmation, only eight organisations responded in negative. As the findings revealed, the most required area of training for key functionaries was 'fund-raising' (75.14%). This was followed by 'child right, policies and legislations' (70.81%); 'project formulation and management' (66.49%); issues related to 'children of weaker sections' (62.16%); 'community resources mobilisation' (61.62%); 'social action' (58.38%); and 'community participation' (51.35%).
- ❖ Quite a few respondent voluntary organisations viewed that the key functionaries needed to be trained in the area of child care (both institutional and non-institutional). In the area of institutional child care, the respondent organisations opined that the key functionaries needed training specifically on the management of:

'children's home' (49.19%); 'orphanage' (44.32%); 'open shelter' (43.78%); 'drop-in-centre' (35.68%); 'shelter home' (35.14%); 'night shelter' (30.81%); and 'after care home' (29.73%). The respondents who opted for training in non-institutional child care suggested areas such as 'sponsorship' (45.41%); 'adoption' (37.3%); and 'foster care' (35.14%).

- ❖ A very significant finding shared by seven organisations was that the workforce was required to help in determining what skills, knowledge and abilities an organisation needed and therefore, capacity building programme must aim for realising such a purpose effectively. The findings also pointed towards the areas that needed to be explored wherein workforce could be encouraged to become more involved with the organisational functioning. Therefore, workforce also needed to be trained to work for good governance in the organisation. Another finding was the need of training for the workforce to bridge the existing gaps that acted as barrier to growth of the organisation.
- ❖ Data clearly indicates that the respondent organisations, amongst various capacity building initiatives undertaken by outside agencies, preferred mostly to send the key functionaries for training programmes (72.43%). This was followed by workshops (63.24%) and seminars (57.3%). Twenty-one (11.85%) organisations, however, reported that they never deputed key functionaries

for any capacity building programmes organised by an outside agency. On the other hand, in response to the query as to what types of capacity building initiatives were undertaken by the organisation itself for the key functionaries, most of the organisations (66.49%) reported that they conducted group discussion/talk as a measure to build up capacity of the key functionaries. This was followed by other measures such as 'on the job training' (52.97%); 'exposure visit' (49.73%); 'self-study' (42.16%), etc. Twelve organisations reported that they did not carry out any capacity building initiative for the key functionaries on its own.

- ❖ One hundred and twenty-seven (90.71%) organisations mentioned that they faced barrier in terms of 'inadequate/lack of appropriate funds'. Other significant factors which acted as barriers to workforce development, as spelt out by the respondent organisations, included: 'inadequate/lack of resources/equipment' (61.43%); 'inadequate/lack of training and capacity building need assessment' (59.28%); and 'inadequate/lack of awareness about services/schemes/programmes' (50.71%), etc.
- ❖ As many as 135 (72.97%) organisations suggested need for training on 'monitoring and evaluation', which, of course, an area wherein NIPCCD has been organising training programmes for the last several years. Another major suggestion put forth by 115 (62.16%)

organisations was related to training programme on 'organisation management'. This suggestion was closely followed by another area on 'human resource management' by 112 (60.54%) organisations.

- ❖ As many as 105 (56.76%) organisations strongly felt that training programme could be organised on 'behaviour psychology of children'. Ninety-seven (52.43%) organisations suggested that training might be organised on 'latest legislations concerning women and children'. 'Counselling skills' is another significant area of training suggested by as many as 85 (45.95%) organisations. Other significant areas of training, as suggested by the respondent organisations, included: 'research and analysis skills' (41.08%); 'MIS and documentation' (27.57%); 'skill development techniques' (22.7%); 'managerial skills' (18.92%); and 'family counselling' (10.81%). As many as 35 (18.92%) organisations did not give any suggestion in this regard.

The study, therefore, was of great importance to address the capacity building needs of the voluntary sector to strengthen developmental services for women and children.

12. Database of NGO's Participants from NIPCCD Training Programmes

The Institute carried out the above project with the objective to enumerate the details of

all participants attending programmes in the Institute's Headquarters and Regional Centres into an electronic database. The Institute organises about 330 programmes with over 5000 participants every year both at Headquarters and Regional Centres. Of all the participants attending programmes, approximately 70 per cent represent the non-Governmental sector. At a time when the number of programmes is on the rise and the Institute is having a mandate to enlarge its operational base, including those from the non-governmental sector (Public Cooperation), it was proposed to compile a unified database of participants who attended programmes both at Headquarters and Regional Centres to cull out data including regional representatives, profile data and other information pertinent to Institute. The reference period for the database were 2011-12 and 2012-13. The details of the participants who attended the NGO programmes for the years 2011-12 and 2012-13 were gathered through registration forms, nomination forms and list of participants provided by the Programme Directors. The data of the participants were arranged state-wise (alphabetically) and year-wise in Microsoft Excel. The detailed profile of the participants was also reflected in the data base. The database has been made available to Divisions at Headquarters and Regional Centres in Compact Disc to avoid the duplication of the participants. Major findings drawn out on the basis of information collected by the data are summarized below:

Major Findings

- ❖ During the years 2011 to 2013, 90 programmes for capacity

building were organised by the Headquarters and Regional Centres, among which 2542 participants from non-governmental organisations had participated.

- ❖ Out of 27 States and 4 UTs, highest number of non-governmental organisation participants attended the training programmes were from the States of Uttar Pradesh (17.7%) and Madhya Pradesh (12%) whereas participants from the States of Arunachal Pradesh (0.2%), Chandigarh (0.04%), Puducherry (0.2%) and Daman & Diu (0.04%) were less active in participation of training programmes during the years 2011 to 2013.
- ❖ Out of 2542 participants, women participants were 968 (38.08%) and male participants were 1574 (61.92%) who attended the training programmes. So there was a difference of 33.84 per cent in male participants as compared to the female participants, showing large difference between the male and female participation.
- ❖ The highest number of participants both, male and females were from the age group between 22-55 years (83.4%) only 4.1 per cent were below 21 years and 6.4 per cent above 56 years, attended the training programme.
- ❖ Majority of participants who attended the training

programmes were Graduates (46.46%) and Post Graduates (37.2%). Only 1.3 per cent of participants were Ph.D. It was found that 8.5 per cent participants were intermediate who were not fulfilling the norms of the Institute.

- ❖ It was found that few participants attended more than one training programme within two years by providing different names of sponsoring organisations.
- ❖ It was recommended that only participants from the background of social work and community work should attend the training programmes whereas it was seen that officials designated on the post of receptionist, stenographer, attendant, trainer at Beauty Parlour, Clerk, and Computer Operators also attended the training programmes.

13. Updating the Manual on ICDS (1984)/ Implementation Manual on ICDS

'The ICDS Implementation Manual' which was first published in 1984, was revised in the light of restructured and strengthened ICDS. The manual has been prepared with a view to provide comprehensive set of ICDS implementation guidelines so as to make it easy to understand the implementation process of ICDS, not only by policy makers but by programme implementers as well. The manual begins with the background, leading to the introduction of the scheme.

The major portion of the manual is devoted to different service delivery components- Supplementary Nutrition, Immunisation, Nutrition and Health Education, Referrals, Healthy checkup and Non-Formal Pre-school Education. The manual has taken into consideration the broad guidelines issued under restructured ICDS. It also deals with personnel management, supervision and monitoring & evaluation, training of ICDS functionaries, budgetary provisions under the scheme and other related concerns. The revised manual is under printing.

14. A Study of Mini AWCs in ICDS

The Institute had undertaken the above study with the objectives to evaluate the extent of delivery of ICDS services by Mini AWCs; assess the extent of benefit received by beneficiaries; assess the capability of beneficiary mothers on child care; ascertain involvement of community in implementation of ICDS programme; enlist problems/challenges faced in implementation of ICDS programme; and suggest action points for effective functioning of Mini-AWCs. A total number of 60 Mini-AWWs, 20 CDPOs, 56 Supervisors, 60 ANMs, 60 PRI members, 105 pregnant women, 106 lactating mothers, 236 mothers of children (up to 6 years) and 179 children in the age group of 3-6 years (around 3 children per Mini-AWC) from 05 states, 10 districts and 20 ICDS projects were taken as sample under the study.

Recommendation of the Study

- 1) Mini AWWs should be provided job training immediately after joining.
The District Programme Officer

should be made accountable in this regard.

- 2) Mini-AWC whose population is eligible for a full fledged AWC (presently 400 in case of rural and urban project and 300 for tribal project) should be considered for being converted into an AWC for getting all support/facilities to provide ICDS services effectively.
- 3) The study found that few beneficiaries approached the nearby fullfledged-AWC for availing some services of ICDS which were not available at Mini-AWCs. Therefore, it was recommended that the Mini-AWC in which population is more/equivalent to Main-AWC, the implementation strategy may be developed for providing all ICDS services by Mini-AWCs. CDPOs should be made accountable for this.
- 4) Provision for the post of Helper at Mini-AWC should be considered prudently.
- 5) Separate implementation strategy for Mini-AWCs needs to be developed at project/district level keeping in view problems experienced by Mini-AWWs. CDPOs should sort out implementation problems on priority and seek attention of DPO/district official for resolving issues if not sorted out at project Level.
- 6) Separate monitoring strategy for effective implementation of Mini-AWCs should be developed at project Level.
- 7) The present provision of PSE kit @ Rs. 1500/- per Mini-AWC per year

- needs to be enhanced and be kept at par with the Main-AWC i.e. Rs.3000/- per year. This would facilitate to have more PSE materials at Mini-AWC.
- 8) Every Mini-AWC should have adequate utensils for cooking and serving. The existing provision of Rs. 5000 per Mini-AWC for 5 years for equipment/furniture needs to be considered for enhancement at par with Main-AWC to ensure availability of adequate utensils and other necessary equipments.
 - 9) The AWWs of Mini-AWCs may prepare a list of children completing six years of age and hand over the same to the nearby primary school teachers for children to be admitted in the primary schools.

15. Status of Implementation of MCP Card for Ante-natal, Natal and Child Care Services

Persistent high levels of undernutrition among women and children and its sluggish decline is a serious cause of concern. The role of health system in improving child malnutrition is well acknowledged and unless all the determinants are adequately addressed and complied meticulously with enhanced accountability, progress towards improving child malnutrition is likely to be slow, limited and iniquitous. Therefore existing policy and programme commitment to improve mother and child health needs a thorough understanding by all stake holders to provide necessary support and timely interventions at all critical points. MCP card is the only tool that enables in guiding

convergent action at appropriate stage. While the ground has been laid for rolling out of series of activities for implementation, no documentation or appraisal so far has been carried out to study the level of convergence, which is expected to be derived through MCP card. Efforts are yet to be made to sequentially look into the services vis-à-vis cardholders' behaviour. The efficacy at the field level with respect to its utility and demand for services is yet to be ascertained. The impact of the card on ANC/PNC and CCS need to be carried out to assess the extent of utility of the card. Keeping this as background, Institute's Regional Centre, Bangalore, carried out the study in two states i.e. Andhra Pradesh and Kerala. The main objectives were to: appraise the status of implementation of Mother & Child Protection Card; review the extent of functional convergence of the services provided for Maternal and Child Health; and document the community's perception on utilisation of services through MCP card.

The sample covered four districts from two states namely Nalgonda and West Godavari from Andhra Pradesh, Palakkad and Thiruvananthapuram from the state of Kerala, covering two ICDS projects from each district. From each of the selected ICDS projects, five sectors were selected and from each of them, two AWCs were selected randomly for collecting information at the village level. Thus, the study covered all eighty AWCs from eight ICDS projects. A total of 756 respondents formed the sample size comprising pregnant mothers, lactating mothers and mothers of 6 months-3 years old children. The following points were suggested:

- ❖ A comprehensive training on usage of this card is fundamental as per the time schedule, creating a relative cohesion between their lives and the direct effect of good health care practices and available services for logical continuum.
- ❖ The “Sneha Shivar” introduced under the restructured ICDS could be a potential catchment point for interactive sessions on health and well being of the child, as well as for advocacy on these issues.
- ❖ Joint trainings of AWWs and ANMs on holistic health of mother and child development, for improved commitment and mutual trust among these functionaries with more focus on communication skills to reach to maximum numbers of beneficiaries may be conducted.
- ❖ Documenting the information on services in a common register as a mandatory addition may be undertaken in order to retrieve loss of information in cases of lost cards.
- ❖ The depot-holding of the card should rest on both ANM & AWW to keep a record of storage of cards at various critical points and working out the actual assessment of quantity of cards needed.
- ❖ The MCP Card is an effective convergent tool for service delivery from the health and WCD sectors. The functionality in terms of their dual role requires more clarity. It was suggested to evolve guidelines that could strengthen the convergence mechanism both, - and intra-Department.
- ❖ Cash transfers to the individual beneficiary should be timely for realising the actual benefits that will be dividend both for mother and child health and MCP Card should navigate the process, which needs a close vigilance.
- ❖ For maximising the benefits to the individual beneficiary for realising the timely benefits, integrating Janani Sureksha Yojna through counselling the mothers using MCP Card will bring synergy, and hence functional linkage could be established more systematically.

16. An Exploratory Study of Working Conditions of Women Engaged in Weaving Industry

Women in India have been contributing substantially to the economy of the country through their participation in both organised and unorganised sectors. Weaving is one of the sectors where participation of women is remarkable. In the state of Assam almost every household in rural areas possesses at least one loom. With its commercialisation, the weaving industry has opened up new avenues, giving employment opportunities to lakhs of women. These women are engaged either as weavers or spinners with weaving industry. In the recent years various initiatives have been taken up to study the techniques used, designs, shift from hand to machines, etc. However, no study has been done on the working conditions of the women workers who are the lifeline of this weaving industry. Keeping this in view, this study was carried out with the objectives to: find out the socio economic profile of the women engaged in weaving Industry in Assam; study the

prevailing working conditions of women in the weaving sector and thereby understand the problems/constraints faced by the women weavers/spinners and to gather their suggestions for improvement; understand and examine the implementation of different schemes of government/voluntary bodies for strengthening the weaving sector; study the perception of employers regarding the problems and constraints of women and any change suggested by them; and suggest measures for improving the working conditions of the weavers and their overall status.

The universe of this study comprised of women who were engaged as workers in weaving industry in Assam. It covered weavers/spinners/other workers from hand loom (traditional) industries focusing only at Kamrup, Lakhimpur, Kokrajhar, and Jorhat districts of the state. Total 500 women workers of 47 weaving units were interviewed for gathering information through interview schedules, observation checklists and focused group discussion. Secondary data was collected through records and reports of respective Government Departments and Cooperatives.

Major Findings

- ❖ It was found that out of all the 47 units visited, almost three-fourth (74.47%) were privately run. The rest (25.53%) were run by Self-Help Groups (SHGs). Most of the units (95.74%) were running in the buildings of the owners and a small number was located in Government buildings. More than 60 per cent

- industries were not spacious enough to carry out the activities comfortably.
- ❖ In majority (72.34%) of the cases, the condition of the toilet was hardly satisfactory. In most cases (82.98%), there was no provision of running water in the toilets.
- ❖ More than half of the women workers were in the age group of 21-30 years. Except in Dhakuakhanan and other three areas, a small per centage of adolescent girls below the age of 16 years were also found engaged in weaving. Majority (65.2%) of the respondents were unmarried. As far as experience was concerned, highest number of respondents (21.0%) had experience between 1-3 years and others between 4-6, 7-9 and 10-12 years.
- ❖ The income varied between Rs. 1000 - 4000 per month. Around 30 per cent workers had a monthly income between Rs. 5000- 8000. There was no set norm for increment of the wages of the workers. Most of the women workers (97.4%) did not have any other source of income other than weaving activities.
- ❖ Nearly 71 per cent workers worked for 7-10 hours per day. Some respondents (16.4%) were also found to be working for more than 10 hours per day. All workers used to receive at least one break every day during working hours. Some informed of receiving break more than once. A large majority reported about not getting any weekly off.
- ❖ Amongst the married workers with children, more than half did not bring their children to the work place.

Nearly 20 per cent of women workers reported about the availability of crèche services in their areas. However, 22.4 per cent of them were not aware about the availability of crèches. In the areas where crèche services were available, only 40 per cent of them were availing crèche services. There were no separate rooms for feeding young children in weaving units.

- ❖ Out of 47 industries visited, 38 did not have a First Aid kit for the workers. The few industries where the First Aid kit was available included Dhakuakhana, Sualkuchi, Kokrjhar and Majuli. It was also found that in case of receiving help in emergency, only 36.2 per cent workers replied in affirmative. It is noteworthy that till the time of data collection none of the industries had any incidence of accidents.
- ❖ Out of 500 respondents, a large majority (91.2%) reported of having one or the other health problems. They complained about general weakness (41.6%), weak vision (34.8%), neck pain (29.4%), head ache (21.4%), upper back pain (20.8%), joint pain (17%), lower back pain (12%), giddiness (10.6%) and blood pressure (6.6%). Many of the women workers had multiple problems.
- ❖ Out of 500 study population, 152 (30.4%) women workers had gone through pregnancy while working in the weaving industry, of which 78.95 per cent continued to work. Majority continued working till upto 6 months of pregnancy. Others continued till 7-

9 months of their pregnancy, a small number of workers worked till delivery. A large majority (78.95%) of the women workers joined the same industry after their delivery. Majority returned to the workplace after 6-8 months of their deliveries, and a very small number after 12-14 months of child birth.

17. Children Infected and Affected with HIV/AIDS: A Study from Violation of Child Rights Perspective

HIV/AIDS is not merely a medical problem but it is the manner in which the virus is impacting upon society in an intricate way whereby the social, economic, cultural, political and legal factors act together to make certain sections of society more vulnerable. Various studies have shown that children affected with HIV/AIDS are living in neglect, in terms of health, nutrition, education, etc. Stigma and discrimination associated with HIV infection in children lead to violation of basic fundamental rights. The refusal of treatment, education, denial of access to essential drugs, discrimination in the healthcare, social organisation, etc. are some of its examples. There is inadequate data available to understand the perception of children infected and affected with HIV/AIDS vis-à-vis their needs and rights. In order to have evidence-based information on this subject, Institute's Regional Centre, Lucknow conducted a study in the state of Uttar Pradesh with the main objective to: identify the types and causes of rights-based violation of children infected and affected with HIV/AIDS; assess the right-based needs of children infected and affected with

HIV/AIDS; and suggest measures for dealing with children infected and affected by HIV/AIDS.

The study was conducted on 282 children from five of the Category A districts of Uttar Pradesh which included Allahabad, Banda, Deoria, Etawah and Mau. Probability Proportional to Size (PPS) was used in this study. A Design Effect of 1.5 has been also applied to maintain the uniformity in sampling. The district-wise catchment area of Category "A" districts and registered cases of 1875 PLHAs at Drop-in Centres(DICs) during the year 2010-11 was used for data collection. Since the study population is not static in terms of its numbers as the cases who were registered as infected at Drop- in Centres of five "Category-A" districts might have either died or lost or missing, hence 10 per cent cases of the available infected (on ART and not on ART) and affected children at DICs were selected as sample at the time of data collection.

Major Findings

- ❖ It was found that 50.9 per cent of infected and 59.8 per cent of the affected children shared age cohort of 10 to 15 years followed by 5 to 10 year (42.5% infected & 34.5% affected) and 15 to 18 years (6.6% infected & 5.7% affected), respectively.
- ❖ Study revealed that 84.2 per cent of infected and 87.8 per cent of affected children received education only upto the primary level. However, 2.5 per cent of infected and 5.0 per cent of affected children were educated upto Matriculation for reasons like

deteriorating physical health, discrimination at school, coping up with family responsibility of taking care of sick parents, siblings, etc.

- ❖ About 58.3 per cent of the infected and 61.8 per cent of affected children stayed in a nuclear family set up. When probed for the reasons, it was found that their parents were denied property rights after disclosure of their HIV positive status. Besides, with parental death, children moved into reconfigured families and mostly to the families of relatives.
- ❖ With regard to economic status, it was found that majority of parents/ caregivers of the respondents were in category of "Any Other Occupation" which included taking up the job of driving, security guards, daily-wagers and labourers, etc. Thus unemployment at native place, long working hours, isolation from families were found to be major reasons for indulging in unsafe practices of sex and thus leading to transmission of HIV. The study also found that the monthly income of most of the households of the respondents was less than Rs. 3000. It clearly indicated their inability to avail the required life-long medication and supportive diet for HIV treatment.

18. Mental Health Problems of Children Affected with Insurgency in the State of Chhattisgarh

Insurgency exists in many States and cuts across boundaries of culture, class, education, income, ethnic origin and age in

the matter of adverse impact. The insurgents create terror by way of killing, abduction, extortion, destructing public property, etc. as a means to achieve their objectives. It leaves compounding effects in the mind of the child whose parents and family members encounter such heinous incidents. It is presumed that the child may develop some kind of psychotic and neurotic symptoms or some serious conduct disorders or learning problems because of loss of parents, faulty parenting styles, unhealthy interactions, undesirable dreams in the night, lack of concern or over-concern for the child. Severity of psychopathology or mental health problems may be a function of various compounding factors both internal and external, such as sex, age, family context, and other additional stressors. The state of Chattisgarh, for the last three decades has been witnessing various forms of insurgency by certain unlawful establishments. These insurgent groups are engaged in killing of people; group killings by way of attack on villages and crowded places besides ethnic violence amongst various communities. The wounds caused by insurgency on children affect all aspects of child development. The Regional Centre Indore of the Institute conducted a research study on Mental Health Problems of Children Affected with Insurgency in the State of Chhattisgarh with the major objectives to: examine the mental health status of children affected with insurgency in Chattisgarh; assess the social adjustment pattern of children affected with insurgency and compare it with the children not affected with insurgency; analyse the emotional problems of children affected with insurgency; and formulate effective intervention strategies for the betterment of children affected with insurgency.

Seventy - five children each were selected in the categories of affected and non-affected children of each district to conduct the study. Therefore, 150 children from each district were selected on a random basis from the three districts of Dantewada, Bijapur and Narainpur and thus, making a total of 450 children. The test constructed and standardised by Shri M.S.L. Saxena, Department of Psychology, Banaras Hindu University, Varanasi was administered to the subjects. This inventory was used among the school going children between the age of 9-14 years and sought to discriminate with well-adjusted and poorly-adjusted students.

Major Findings

- ❖ Children affected with insurgency were found to have emotionally instable feelings with frequent mood fluctuations. The affected children were also found to be shy, introvert, and got frightened with the idea of sudden attack/violence.
- ❖ Significant differences were found among both groups of children with regard to overall adjustment. Children affected with insurgency were found to be poorly adjusted in maintaining harmonious balance in different health, social and emotional domains of adjustment, such as in home, school, social groups, etc.
- ❖ Both young (8-10) and old (11-13 years) age groups of children affected with insurgency did not differ significantly on mental health problems but mean score tilted in favour of younger age group. Young children experienced comparatively

less mental health problems than older counterparts.

- ❖ Children affected with insurgency reported unhappy relations with parents as well as problems like sleep disturbances and fatigue.
- ❖ Mean differences between two groups of children were also found in all dimensions of adjustment such as at home, health, social, emotional, educational and overall adjustment.
- ❖ Both groups of children differed significantly on the dimension of 'autonomy'. Children affected with insurgency were less autonomous, i.e., unable to regulate his/her behaviour without depending on parents or adult caregivers.
- ❖ Children affected with insurgency performed poorly in terms of intelligence quotient indicator. They were found lagging in general mental ability that helps the child to think rationally and behave purposefully in his/her environment to solve general problems according to his/her age.
- ❖ Significant gender difference was observed with regard to mental health status of children affected with insurgency. Girls were found to be more vulnerable than boys in adjusting with life.