

A Study

Mapping the Shelter Homes...

Baseline Assessment of Government Shelter Homes in Hyderabad, Vizag and Tirupati Andhra Pradesh

Study conducted by:

Supported by:



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Study Report on :

Baseline Assessment of Government Shelter Homes In
Hyderabad, Vizag and Tirupati
Andhra Pradesh

April 2014

Supported by :



Field Research & Report

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FOREWORD

The Child Care Institutions (CCIs) serve as the primary care giving units for the children in need by providing them basic necessities of life such as food, shelter and clothes. These institutions also play a lead role in preparing children as “future citizens” by insulating them from the social taboos and derisions associated with abandoned or left out children.

The CCIs namely Children Homes, Observation Homes and Special Homes are carved out as child protection and care measure mandated by Juvenile Justice (Care and Protection of Children) Act, 2000 and Amendment Act, 2006. Although the J.J Act is a central provision it has been subsequently customized by the States with number of amendments annexed to it later on. The Juvenile Justice Rules, 2002 under the 2000 Act have already been framed by the Government of Andhra Pradesh. The Juvenile Justice Boards (JJB) and Child Welfare Committees (CWCs) have been constituted in almost all the Districts.

HELP, a Non Government Organization (NGO) based in Ongole in Andhra Pradesh (AP) with support from Terre des hommes Foundation has been implementing an anti-trafficking intervention towards improving the State run rehabilitation and reintegration services of child victims of trafficking in AP. This anti trafficking intervention is funded by Human Dignity Foundation (HDF). An important component of this project includes strengthening the care giving standards of Government run CCIs located in Vishakapatnam (for boys) and Tirupathi and Hyderabad (for girls). While implementing the project, one of the key and fundamental activities is to assess the knowledge and practice of the CCI staff and their areas of needs for capacity building in the context of their care giving services to the children in these homes. Accordingly a baseline assessment was commissioned through i-Concept a Consulting Agency with long standing experience on quality care services for Children in Institutions.

The assessment would provide specific indicators of intervention that require strengthening and support with respect to the quality of standards of these CCIs. The assessment is also expected to contribute to measuring the impact of the CCIs' capacity building actions on the children under the care and protection during the course and end of the project period. The assessment is expected to develop an information system that will allow the Government of Andhra Pradesh and childcare agencies to better monitor (and subsequently improve) the situation of children within the care giving system.

HELP and Tdh extend their sincere thanks to the Directorate of Juvenile Welfare, Correctional Services and Welfare of Street Children and Home Superintendents and the staff members of the CCIs in Vizag, Tirupathi and Hyderabad for sharing information and valuable support. We sincerely hope that this assessment will become an important resource for strengthening the functioning of the CCIs towards providing quality care and protection to the children under their care and finally creating a protective environment for the vulnerable children in the State of Andhra Pradesh.

HELP and Terre des hommes Foundation

March 2014

Acknowledgment

The present study has been undertaken with a view to take stock of Child Care Institutions registered under Juvenile Justice (Care and Protection of Children) Act 2000 (as amended in 2006)" with their respective State Governments and to ascertain the status of Child Care Institutions in the context of minimum standard of care. The other purpose of the study was to have an assessment of the training needs of functionaries / frontline workers of these Child Care Institutions.

The present document is a compilation and analysis of the responses received from nine shelter homes in three locations (Vishakhapatnam, Hyderabad and Tirupati) of Andhra Pradesh. The information included under profiles has been authenticated by the respective Shelter Homes included in this baseline assessment. It is felt that the document, besides the stakeholders of ICPS, will be of immense benefit to the training/ research Institutes, funding agencies and other organisations dealing with children in their future work.

I would like to place on record our gratitude to HELP and TDH for their valuable feedback to make the study more qualitative. More particularly we owe to Ms Lopa Bhattacharjee and Mr Subrata Panda from Terre des hommes Foundation (Tdh) and Mr Ram Mohan and Ms Jessy from HELP for the overall guidance and direction to make the study successful.

I thank Mr Survi Srinivas, Mr Viswo Varenva Samal and Soumendra Nayak for their support and valuable inputs for preparing the document. I also appreciate the untiring efforts put in by Ms Suryakanti Dash and Ms Sarita for their support for data compilation and analysis. Ultimately I thank Ms Joyce, an independent researcher who joined the study team in Vishakhapatnam for her participation in understanding and interpreting the voices of children.

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December 2013

List of Abbreviations

CCI:	Child Care Institutions
SC:	Schedule Caste
ST:	Schedule Tribe
OBC:	Other Backward Caste
JJA:	Juvenile Justice Act
JJB:	Juvenile Justice Board
CWC:	Child Welfare Committee
PRI:	Panchayat raj Institutions
CDMO:	Chief District Medical Officer
DM:	District Magistrate
ADM:	Additional District Magistrate
DRDA:	District Rural Development Agency
DSWO:	District Social Welfare Office/ Officer
NGO:	Non Government Organisation
W&CD:	Women and Child Development Department
NCLP:	National Child Labour Project
MNC:	Multi National Company
RWSS:	Rural Water Sanitation Scheme
PPP:	Public Private Partnership

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EXECUTIVE SUMMARY

The present study commissioned by HELP and supported by Tolh has been assigned to i-Concept Initiative with a purpose to make a baseline assessment of nine Child Care Institutions (CCI) and map the quality of care services, systems and procedures in managing the cases of the children, provisions for human resources and their skills in dealing with the care and protection issues of the children as well as infrastructure provisions available in these institutions. The study also aims to examine the skill required and present capacity building initiatives to effectively manage these institutions.

The study covered twelve CCIs in purposive sampling manner to make it more in-depth. These institutions were physically verified for generating primary database. A mix of observation, Focused Group Discussion (FGD) as well as personal interview tools were used to elicit responses (answers) on a host of study questions. The data generated through the questionnaires as well as field visit has been organized into six chapters.

The first chapter introduces the readers to the study along with the research methodology.

Chapter two points out the geographical distribution of the CCIs along with the capacity (child strengths per institution) and their available infrastructure

Chapter three analyses the care and protection services provided to the children of these institutions. It highlights basic amenities such as accommodation, food and diet, clothing and bedding, sanitation and hygiene, education, health and medical facilities, sports and entertainment, counseling, legal aid and after care support. Although there needs to be a Children's Committee as per the JJ Act, we found them to be lacking or non-functional.

Chapter four has elaborated the systems and procedures maintained in these institutions and its functionality. It delineates the procedures under the JJ Act and the CWC, the admission process, case management mechanism and data management system.

Chapter five includes the knowledge and skills of staff on child rights and child care, children's perception towards services and training needs. This chapter also proposes capacity building initiatives.

The final chapter concludes with highlighting of challenges and suggests recommendations for further action.

The key findings:

- The study points out that there is a need to review the institutional delimitation and demarcation of the CCI. The distribution of the CCI over their geographical space does not properly justify the population size and does not take the geographical extension into account.
- In Vizag, homes are operating in older building and rented building where as for all three homes in Hyderabad and Tirupati, they have their own buildings;
- Similarly, the water leakage from roof is reported in 6 out of the 9 units surveyed. The report mentions that due to poor coordination between water supply and water Sanitation dept., the choking of drainage line is a big problem and is ever persisting;
- Spaces in these units are grossly inadequate. In all these units, the room doubles up as clinics, class room, dining hall in Tirupati. Similarly, in many units the children do not have separate playgrounds;
- Coming to the issue of water supply, the participants pointed out that they bank on tube-wells for drinking water purpose. However, in 4 out of 9 units, the drinking water problem is ever persisting. The tube-well is often found damaged and they have to rely on water supply of the municipality tankers;
- Children are provided with one pair of dress every year which is not sufficient. They should be at least provided three sets of dresses every year;

- The worst hit fronts in homes are sanitation and hygienic practices. Lack of knowledge, improper and untimely supply as well as poor budget allocation for this remains as a huge barrier in giving children qualitative sanitation services;
- The beds, bed nets, cots supplied to children are not adequate at some places. Hence children are accommodated on a sharing basis;
- The budget allocated for recreational activity is quite low. Again at most of the places absence of play ground, in door gaming facility halts the psycho-social development of the children;
- The vocational training provisions aim to link the children with that of the future livelihood options. But in most of the homes the training is limited to tailoring only;
- The decision making as well as monitoring of these institutions are being done following a top down approach. Even though there are children committees at few institutions yet, these are only limited to maintaining discipline as well as looking after other petty household things;
- Apart from paltry budget, timely release of funds, record keeping, retaining qualitative manpower at fewer salaries, adaptation of girl child are the other issues faced while managing these institutions;
- The study also suggested some action points which need to be harped on immediately. These action points seem to act as guiding principle in introducing a lot of change so that the institutions are invigorated. The key action points are:
 - Increased allocation: Increasing the resource allocation
 - Development of Infrastructure and service provision
 - Inter dept convergence and linkage: converging with Health, sanitation, rural development, Education dept for leveraging resources for these institutions
 - Building capacity of the human resources as well as staff engaged in service delivery at the institution through exposure, orientation as well as tough training.

However, the study cautions that the recommendations done through suggested action points need to be implemented as soon as possible. A further time lag between the study and implementation may result in changing the dynamics between resource allocation rationale as well as study objectives.

Chapter One Introduction and Research methodology

1.1 Background

The Juvenile Justice (Care and Protection of Children) Act, 2000 and Amendment Act 2006 is to consolidate the law relating to juveniles in conflict with law and children in need of care and protection. The Act emphasises on appropriate care, protection and treatment of children by catering to their development needs; adopting a child friendly approach in the settlement and disposition of matters in the best interests of children and for their ultimate rehabilitation through various established institutions under this Act. Many facets of juvenile justice have been addressed in the Act and due emphasis has been placed on integration of children from deprived sections into the social mainstream. The Act also lays down the modalities for effective involvement of informal social arrangements at family, voluntary organizations and community levels towards ensuring their reintegration.

According to Juvenile Justice (Care and Protection of Children) Act 2000 and Amendment Act 2006, the State Government either by itself or in association with voluntary organizations has to establish Children Homes in every District or cluster of Districts as the case may be, for the reception of Child In Need of Care and Protection (CNCP) during the pendency of any inquiry and subsequently for their care, treatment, education, training development and rehabilitation. The Act mentions that 'All institutions for children in need of care and protection shall within a period of six months from the date of commencement of Juvenile Justice Amendment Act 2006 be registered under Sec 34 (3) of this Act in such a manner as may be prescribed'. Street and working children, orphaned, abandoned and destitute children, missing, run-away or trafficked children, children who are abused, tortured and victims of sexual exploitation, children indulging in substance abuse, children affected and infected by HIV/AIDS, children in conflict and in disaster situations, differently abled children and children suffering from terminal/incurable diseases are considered in the category of Children in Need of Care and Protection.

Children constitute principal assets of any country. Children's development is as important as the development of material resources and the best way to develop national human resources is to take care of children. India has the highest number of children in the world. The total population of India as recorded by Census 2011 is 1.2 Billion. Approximately 40% of the nation's population is children. The country has a very high rate of neo-natal deaths (around 35%) in the world. It also accounts for around 40 percent of child malnutrition in the developing world. The vulnerable categories of children include orphans, abandoned and destitute children, missing or run-away children, street children, children of sex workers, abused, tortured and exploited children, children indulging in substance abuse, children affected by HIV/AIDS, children affected by natural calamities, emergencies and manmade disasters, children with disabilities and children suffering from terminal/incurable diseases.

The Juvenile Justice (Care and Protection of Children) Act, 2000 is an Act to consolidate and amend the law relating to Juveniles in conflict with law and children in need of care and protection by providing care, protection and treatment by catering to their development needs, and by adopting a child-friendly approach in the adjudication and disposition of matters in the best interest of children and for their ultimate rehabilitation through various institutions established under this enactment. Under the Act "Juvenile" or "Child" means a person who has not completed 18 years of age. 'Juvenile in conflict with law' means a juvenile who is alleged to have committed an offence and 'Child' means a child in need of care and protection.

Andhra Pradesh is one of the first states to take few of the innovative and child friendly approaches for mainstreaming children in contact or conflict with law. Strategies such as provision of co-management of institutions in the form of shelter homes as well as creation of separate department of Juvenile Justice, correctional services and welfare of street children are only few to mention.

Broadly speaking AP Govt runs a Juvenile Justice Scheme which is supported by Central Govt on 50: 50 Ratio. The financial allocation received under this programme is spent towards infrastructure development, child welfare, recruitment of human resources and ensuring vocational training to the children etc. A broad support structure that exists at the states for the children in contact or in conflict with law are as follows:-

1.3 About Terre des hommes Foundation (Tdh) and HELP

Terre des hommes Foundation (Tdh) with headquarter in Lausanne, Switzerland, operates in more than 30 countries around the world with a mission to protect the rights of the children. Tdh supports in building a better

future for disadvantaged children and their communities, with an approach that is innovative, practical and sustainable. Tdh primarily focuses on issues relating to child health and protection. The Indian Delegation Office of Tdh is based in Kolkata, managing programmes in India, implemented only through local partners.

HELP is an organisation combating trafficking in women and children in AP since 200. Its key areas of interventions include rehabilitation, re-integration and protection of children rescued from situations of trafficking, prosecutions of traffickers and advocacy with the government line department both at the state and national level. HELP is involved with the linking up with organizations within the state of AP and outside the state to ensure a collective action against trafficking at the national level.

Since June 2013, Tdh and its implementation partner - HELP are implementing an anti-trafficking project titled improved rehabilitation and reintegration services through strengthened state run protection systems for child victims of trafficking in Andhra Pradesh. The project is funded by Human Dignity Foundation (HDF), a Switzerland based organization working to bring positive change in the lives of poor people with a particular focus on enabling children and women to fulfill their rights.

1.4 Rationale of the Study

The rationale of the study is to gain a transparent understanding on the skill, knowledge and practice of the care giver/service providers of all the CCIs. The study is also expected to bring in specific indicators related to systems and procedures of the care standards in these CCIs and overall status of all nine Shelter Homes. The finding of this study is also expected to influence the policy makers who will be in a position to take appropriate policy reform decision to enable children in these CCIs lead a better and qualitative life.

1.5 Objective of the Study

Following are the broad objectives of the study:

- To assess the knowledge and practice of the Shelter Home staff and their areas of needs for capacity building in the context of their care giving services to the children in these homes.
- To assess the operations of Government run shelter homes with respect to profile of the cases of the children handled by each of the homes: age range, type of cases and average duration of the stay of children in the Shelters care and protection services provided by the Shelter Homes – challenges; good practices;
- To assess the areas of improvement, systems and procedures to manage cases of the children under their care - case management mechanisms and individual care planning, data management systems of these cases at the homes.

1.6 Research Methodology

The research methodology selected many questions through questionnaire and tried to arrive at conclusions by analyzing the relevant data generated from this. Following are the key implementation processes adopted under the study

1.6.1 Review of Secondary Literature: Researchers collected and reviewed the secondary literature available which shaped the study outline. The document of the Andhra Govt. JJ Act 2000, subsequent amendment later and institutionalization of the children were also considered by the researcher. These review of literature helped to clarify doubts, pin pointed the objective and summarized the process to be adopted for the research purpose

1.6.2 Finalization of study design: After the review of literature the study design in consultation with members of HELP and TDH was done. The time line, the study units as well as questionnaires were finalized. While designing the framework of the study, emphasis was given to focus on female children in the CCIs.

1.6.3 Design the tools: Five tools (Annexure) were developed for the collection of information for the study. The tools were reviewed by HELP and Tdh staff for value addition and based on the feedback the tools were revised and finalized.

1.6.4 Field Visits: - In total nine units were selected with the purpose. These units were scattered in Vizag, Hyderabad City and Tirupati. The researcher went to these selected units to undertake FGD and interview with children/children groups. Similarly, interview was also done with other stakeholders who are associated with management aspects of these homes.

The study units selected for this purpose are:

Table No: 1.1
Sample and location of the center

Location	District	Unit
Vizag	Vishakhapatnam	<ul style="list-style-type: none"> • Government Children Home for boys • Government Observation Home for boys • Government Special home for boys • Government After Care Home for Boys
Tirupati	Chittoor	<ul style="list-style-type: none"> • Government Children Home for girls • Government Observation Home for girls • Government Special home for girls • Government After Care Home for Girls
Hyderabad City	Rangareddy	<ul style="list-style-type: none"> • Government Children Home for girls • Government Observation Home for girls • Government Special home for girls • Government After Care Home for Girls

1.6.5 Sampling: In each CCI, we have selected the staff and the children on random sampling basis for collection of information with the help of different tools. The details of respondents exhibited in the following table:

Table No: 1.2
Respondents covered in the study

Name of the Stakeholders	Unit Size (in Nos)
Deputy Superintendents	9 numbers
Support Staff	27 members
Opinion Survey from children	68 Children
FGD with Girls	8 numbers (73 Children)
FGD with Boys	4 numbers (37 children)

1.6.7 Desk review: Once the data from FGD and interview is available, the formats, questionnaires and schedules were scrutinized, cleaned and entered into the pre-designed excel formats. The cleansing of data ensured that garbage's related to data were well taken care and managed out-side the system.

1.6.8 Data Analysis and Report writing: - The data analysis and report writing was done following the agreed template. As it was an exploratory study importance was given on the qualitative analysis. Case studies were also provided in the middle of the report wherever normative deviations were marked. The draft report included graphs, pictures, bytes and quotes along with information tables on different key aspects.

1.6.9 Finalization of reports: The draft report was shared with Tdh and HELP and based on their technical input it was customized and report was finalized for the table.

1.6.10 Limitation of the study: The study's dimension is limited in as much as it does not study the management issues in detail. It also does not prescribe the source of resources that are required to bring in changes in the current situation. Similarly, the study also does not intend to prescribe normative changes that are also highly desirable in present context. The study is purpose specific and it intends to generate result for specific purpose.

1.6.11 Time Line: The study was undertaken following a sixty degree timeline

Table No 1.3
Time Line

Sl no	Name of the Activity	1 st Wk	2 nd Wk	3 rd Wk	4 th Wk	5 th Wk	6 th Wk	7 th Wk	8 th Wk
1	Review of secondary literature								
2	Finalization of study design								
3	Collection of data through field visits								
4	Desk appraisal and data Trimming								
5	Report Writing								
6	Finalization of report after feedback incorporation								

Chapter Two

Profile of the Child Care Institutions

Chapter two is an attempt to analyse the spatial distribution of children homes and underline the profile of the children. These participants were segmented on the basis of age group, religion and gender. The segmentation not only helps to identify the voices of the children in different age group and but also will be crucial in allocating resources to these CCIs.

2.1 Child Care Institutions: Type and Status

In order to carve out a strong protective environment for children, the Directorate of Juvenile Welfare, Correctional Services & Welfare of Street Children under the Justice, Department of women, child, Disabled and Senior Citizens has built up a strong framework for the protection of children in the state. These institutions have been trying to cover the principles laid down in the JJ Act and in line with the eleventh five year plan of the state.

JJ Act 2000 is the central government legislation, implementation of which lies with the State Government. The State Government is responsible for making rules based on the model Rules, establishing Juvenile Justice Boards (JJBs) : whose members are appointed by the state government to deal with matters relating to children in conflict with law, Child Welfare Committees (CWCs) ; appointed by the state government to deal with matters relating to children in need of care and protection. The State is also responsible for establishing institutions, setting up juvenile justice police Units; establish child protection mechanisms in the community; develop rehabilitation and social reintegration programmes. The JJ Act proposes to have Child Welfare Committees and Juvenile Justice Boards in each district for taking care of different issues related to children in need of care and protection and children in conflict with law.

2.2 Spatial Distribution of CCIs

The present study focuses on three important CCIs namely, Observation homes, Children homes and Special homes. Before further moving deep into the subject matter, we need to know what these institutions are all about how they provide circle of support to the children in need.

2.2.1 Observation Homes

Observation Homes are meant for temporary reception of any child in conflict with law during the pendency of any inquiry regarding them under this Act. For the State of Andhra Pradesh there are nine observation homes for boys at Hyderabad, Warangal, Vijayawada, Rajahmundry, Kurnool, Tirupathi, Guntakal, Nizamabad and Visakhapatnam and one observation home for girls at Hyderabad. The juveniles taken charge by the Police or authorized persons are produced before the Juvenile Justice Board for inquiry and disposal of their cases under the Act.

2.2.2 Children Homes

Children Homes are meant for reception of child in need of care and protection during the pendency of and inquiry related to their case and subsequently for their care, treatment, education, training, development and rehabilitation. There are four Children Homes for boys at Hyderabad, Vishakapatnam, Eluru and Kadapa. The

children in need of care and protection, taken charge by the authorized persons, are produced before the Child Welfare Committee (CWC) for ensuring their care, protection and development under the Act. The children are imparted education and vocational training in these Homes.

2.2.3 Special Homes

Special homes are meant for reception and rehabilitation of juvenile in conflict with law under this Act. There is one special home for boys and one special home for girls at Hyderabad. The juveniles are imparted education and vocational training in these Homes. Both the Hyderabad and Tirupati homes are comprehensive shelters termed as Government Special cum Children and Observation home for girls (GSCOH) where as in case of Vizag it is only for boys. These homes are run and managed through the Directorate of Juvenile Welfare, Correctional Services & Welfare of Street Children, under Department of women and child welfare, government of Andhra Pradesh.

2.3 Details of Children

There are no clear cut instructions or guidance on particular capacity in all the homes as the demand for institutional care and support is much higher compared to the number of homes in the State, though the perceived capacity of each home is 100 children. The following table exhibit the total present strength of children in the homes in three places:

Table No: 2.1
Capacity of Children in different CCI

Location	Type	Above 18 Years		15-18 Years		11-14 Years		10-06 Years		Total	
		Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Tirupati	Observation Homes	0	0	0	2	0	0	0	0	0	2
	Children Homes	0	0	0	28	0	50	0	28	0	106
	Special Homes	0	0	0	0	0	0	0	0	0	0
Hyderabad	Observation Homes	0	3	0	26	0	0	0	0	0	29
	Children Homes	0	0	0	30	0	29	0	13	0	72
	Special Homes	0	0	0	0	0	0	0	0	0	0
Vizag	Observation Homes	0	0	6	0	0	0	0	0	6	0
	Children Homes	0	0	13	0	38	0	30	0	81	0
	Special Homes	0	0	5	0	0	0	0	0	5	0
Total		0	3	24	86	38	79	30	41	92	209

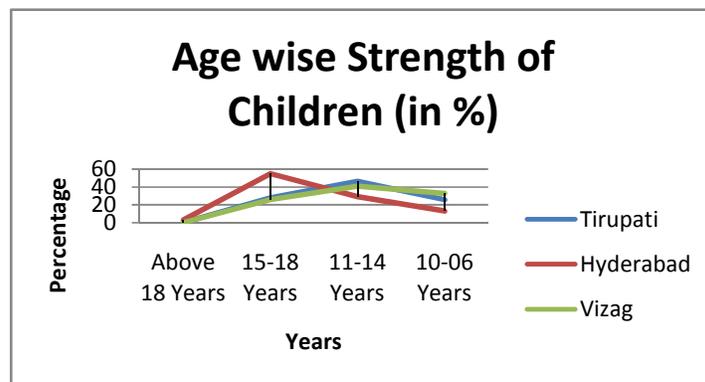
Table No: 2.1 A
Type of Children in CCI

Type	Hyderabad	Tirupathi	Vizag
Abused	1	0	0
Begging	1	0	23
Child Labour	7	0	9
Child Marriage	2	0	0
Deaf and Dumb	0	0	1
Kidnap	1	0	0
Missing	6	0	14
Orphan	3	0	2
Runaway	5	0	40
Victim Girl / Trafficked	1	2	0
Not Available	74	106	3
Total	101	108	92

Table No: 2.2**Location wise capacity of children**

Age	Tirupati		Hyderabad		Vizag	
	Present Capacity	% to Present Capacity	Present Capacity	% to Present Capacity	Present Capacity	% to Present Capacity
Above 18 Years	0	0	3	3	0	0
15-18 Years	30	28	56	55	24	26
11-14 Years	50	46	29	29	38	41
06-10 Years	28	26	13	13	30	33
	108	100	101	100	92	100

97% of the children staying in both the homes are from within their respective regions of Andhra Pradesh, while 3% of them are from States of West Bengal, Maharashtra and Jharkhand. Taking age as another parameter of the study it was found that only one percent of the total strength belonged to above 18 age group. However, the second highest number of children falls in the age group of 15-18 years. Around 37% of the children fall in this age category. Around 39% of the children fall in the age group of 11-14 years. Remaining 24% of the children fall under the age group of 6-10 years old.



When duration of children's stay was analysed it was seen that the mean average period of stay of most of the children in the CCIs, is 1 month to one year. However, the superintendent in Hyderabad homes did not provide the date beyond one year. But it was also found from sources that around 59 children barring those staying at Hyderabad stayed in these shelters for more than two years. Only 4 children in Tirupati and 3 in Vizag are staying since more than 5 years. In case of Vizag, presently 38 out of total number of children are staying since 0-6 months where as only 2 children have stayed for more than 4 years in the children homes.

Table No 2.3**Duration of stay in the CCIs**

Duration of Stays	Number of children		
	Hyderabad*	Tirupati	Vigaz
0-6 month	56	34	38
6-12 month	5	10	15
1-2 years	0	25	24
2-3 years	0	26	13
3-4 years	0	5	0
4-5 years	0	4	2
More than 5 Years	0	4	0
Total	61	108	92

*Note: Hyderabad superintendent did not provide detail information beyond this

2.4 Major Services provided in the CCI

During the primary data collection process, we focused on the services provided to the children. The following table shows the type of services provided in the CCI in the first column while the figures in the 2nd to 4th column represent the number of sample CCI.

Table No 2.4
Support services in CCI

Support services provided	Hyderabad	Tirupati	Vizag
Education	3	3	3
Counselling	2	3	2
Refer to govt./private institution	1	2	1
Legal support District Legal Aid Services (DLAS)	3	2	3
Health check up	2	1	1
Indoor game	2	1	1
Vocational training	3	2	2
Moral support	2	3	2
Self employment (Special Homes)	1	1	1

2.5 Type of services provided

Apart from basic minimum needs of food, shelter and clothing, the studied child care institutions i.e the children homes, observation homes and special homes provide support services like education, counseling, treatment of children, legal support, vocational trainings, moral support, self employment and games. Education facility is provided in most of the children homes along with counseling and legal support services. However, there are insufficient teaching staffs appointed in these homes. The district legal support cell is active and provides services as and when required. In absence of regular counselors, the homes are providing counseling to children by other trained staffs. Health check up is a regular activity in all the 3 children homes, in observation and special homes it is organized periodically as the children do not often fall ill during their very short periods of stay. In critical cases, children are sent to government and private hospitals for treatment. No homes have their own ambulance arrangements. At the time of requirement, they hire private vehicles for the purpose. Vocational training centers are opened in the campus of the children homes but now are inactive. Only one or two training courses have been provided in the centers. Presently all the vocational centers are in a defunct position due to lack of budgetary provisions.

As per the table shown above it is revealed that the education, legal support and vocational trainings supports are provided fully in Hyderabad District, in comparison education, counseling and moral support services such as Art of Living and motivational activities in Tirupati District and education and legal support services are fully provided.

2.6 Infrastructure details

The analysis of infrastructure points out to the inadequate condition these children are faced sans good infrastructure and their maintenance. In case of Vizag, the buildings which are government based and date back of centuries but in case of Hyderabad and Tirupati the scenario is completely different as they have new buildings with minimum facilities. While each of the centers are having space to accommodate around 60 children in most of the cases the number goes more than 100. This rise in number is not often supported by additional resources making it difficult to manage these children.

Of all the three units the children home at Vizag is poorly placed. In Tirupati, the Children Homes have only two dormitories out of four sanctioned. No class room was seen during the study although there was sanction for one. Similarly, the centre does not have sick room or first aid room, dining hall, recreation room, library hall, and counseling and guidance rooms. All the CCI lack playgrounds and vocational training centre facilities.

Table No 2.5
Infrastructure details of CCI in different location

Particulars	Required Strength			Actual strength		
	Hyderabad	Tirupati	Vizag	Hyderabad	Tirupati	Vizag
Dormitories	4	4	6	4	2	5
Classrooms	4	1	9	4	0	3
Sick room/ First Aid Room	1	1	3	1	0	1
Kitchen	1	1	3	1	1	1
Dining Hall	2	1	3	1	0	1
Recreation room	1	1	3	1	0	1
Library	1	1	3	1	0	0
Counseling and Guidance room	1	0	3	1	0	2
Office rooms	2	2	3	2	2	3
Separate Bathrooms	12	12	10	4	2	7
Separate Latrines	12	12	12	3	2	3
Play Ground	1	1	3	1	0	1
Vocational Training Centre	1	1	3	1	0	1

2.6.1 Library Facilities

The Children Homes under the study area have no specific provision for library facility. There is no infrastructure facility or ear marked rooms for the library but still there are books available in the institution which are kept either in the office room or in the class rooms. The following table shows the details of books available in the respective district children homes. The children are not using the books regularly; rather it is dumped in the so called library rooms and often used by the teachers and staffs. More books on General Knowledge and stories are available in all the districts whereas other books are available in less numbers.

Table No. 2.6
Books Provided for Children

Shelter Home	G.K book	Spiritual book	Sports book	Stories & rhymes	Freedom fighter book	National leaders book
Vizag	3	2	1	3	1	1
Hyrbad	3	1	2	3	1	1
Tirupati	3	2	2	3	3	2

2.7 Operation and maintenance of infrastructure

Operation and maintenance is a big issue for all of these units. The financial assistance provided by the Govt does not have provision for operation and maintenance of the infrastructure. Again the fund is so scanty that, it is difficult to run these units.

Nine number of shelter homes are having 12 numbers of computers, internet connection, printer, as well as monitor but due to lack of technical knowledge most of these remain in non-functional condition. The staffs were also not oriented on the computer operation. Hence, they do not have adequate knowledge to manage the operation.

The maintenance of the toilets and bathrooms are usually children driven. The children clean the toilets as the sweepers are on hired on outsourced basis. They usually do not turn up every day hence the children take care of these functional bathrooms and toilets. Though Phenol etc are provided by the units. However, children often

complain that the phenol, the washing and bathing soap given to them are poor in quality. Hence it should be removed. The maintenance of the office was taken up by the official staff engaged for the project.

Similarly, even though mosquito nets are available, it is not managed properly. The mosquito net need to be procured or need to be generated from the national vector borne disease control programmes which provides such medicated mosquito nets to the schools. The absence of ambulance for fetching emergency cases to medical no ambulances are available. 6 out of 9 superintendents mentioned that they spent out of pocket in case of emergency.

Lack of coordination between different line depts. poses problems. While the children are put in these age old buildings, water supply, electricity supply, sewerage etc. are still big issues. There seems to be water logging on the roof and seepage of rain water into the walls causing short circuits and electric shocks putting the children and staff lives in danger. This complaint has been reported and observed in the old blocks/building of the institution. In the absence of any financial support the maintenance of these units are becoming burden for the show managers.

2.8 Major observation in three different locations related to Infrastructure

Hyderabad

- The girl's home in Hyderabad has its own premises with total approximate area of 2-3 acres, but most of the built up area is in shambles as was constructed more than 50 years back.
- The dormitory facilities are found to be very poor in condition and more than 30 children are put up in each room with poor bedding facilities.
- Though there are 12 bathroom but only 4 are in usable condition
- Though there are 12 latrines only 3 are in usable condition
- Structural difficulties – 12 toilets available but very few are functional / in usable condition
- Faulty drainage system leading to choking of drains. The number of toilets and bathrooms are not according to prescribed guidelines.
- Drainage choking has been a perennial issue as it requires coordination between HMVSSSB, GHMC and the institution.
- Mosquito nets are damaged, may lead to spread of vector borne diseases
- Water storage tanks are leaking, even the sump needs serious repairs.
- Space of dining hall is insufficient especially when children from residential schools return back during vacation periods.
- There seems to be water logging on the roof and seepage of rain water into the walls causing short circuits and electric shocks putting the children and staff lives in danger. This complaint has been reported and observed in the old blocks/building of the institution.
- Institution has 12 computers with internet, printer and scanner, but none of them are in working condition, moreover, none of the staff members are well versed with operation of the systems.

Tirupati

- In Tirupati the Girls home is being operated from the 1st floor of Government primary school, on lease from Municipal Corporation through the District Collector. The approximate carpet area is 2500sft, with 6 rooms except for kitchen which is separate all the other rooms double up as dormitories, classrooms, vocational training centre, sick room, counseling room etc;
- Currently there are 108 children between 6-18 years in the home;
- Apart from this 12 other girls are staying in government and private hostels perusing high school and intermediate studies;
- Insufficient space – rooms double up as class rooms, dining hall, Clinic, in the morning and as sleeping space in the night;
- One vocational training centre providing tailoring classes to 22 girls, sewing machines are available but are not in working condition;
- Just two bathrooms and lavatories, grossly insufficient;

- No bore well, has to depend on the daily water tanker supply from the municipal corporation, Many a time tanker does not come on time leaving the inmates to face severe hardship;
- Need sufficient plates and glasses (this was expressed by children, while staff maintained that there are sufficient numbers);
- Pillows not available;
- Only children going to private school are given footwear – chappals and shoes;
- Those attending the government school are not given any footwear as it is just downstairs and hence may not require them;
- As it is on the first floor children have very little free space to move around hence are forced to be confined to be in their rooms; no specific place for playing;
- Insufficient play material Girls have asked for additional material;

Vizag

- In Vizag, the children home operates in a very old building where as other two homes operate from rented building. The carpet area of the children home is very big but lack basic facilities;
- Currently there are 92 children between 6-18 years in the home;
- Insufficient space for dormitory, class rooms, dining hall,
- Just one bathrooms and lavatories, grossly insufficient in the children home, there are lavatories but not a single door is in place for the same In the absence of adequate number of bathrooms and latrines the inmates are bound to attend call of nature outside. This health behavior affects the health of the children adversely;
- No library even though it has separate dining hall and kitchen;
- Even at places, where dining hall is available, it is not spacious enough to provide space to the children especially at night when at a time the children are forced to take to take the dinner at a time;
- Depend on the supply water from the municipal corporation. Many a time they face water shortage particularly in the summer season;
- Need sufficient plates and glasses (this was expressed by children, while staff maintained that there are sufficient numbers);
- No pillows for the children and the bed roll condition is very bad for almost all the children;
- Only children going to private school are given footwear – chappals and shoes.

The JJ act define certain minimum standards for provision of adequate lighting, ventilation, heating and cooling arrangement, safe drinking water and clean toilets, age appropriateness in children homes. However, out of nine homes in six homes there is mismatch as per the prescribed minimum facilities for the children. This has clearly reflected in the opinion survey result from the children.

2.9 Human Resource Management

In order to take care of the children following categories of staffs are being appointed in different children homes namely Superintendent, Deputy Superintendent, teacher, counselors, cook, administrative as well as management staff.

2.9.1 Role and Responsibility

During primary data collection process, we interviewed 27 staff members from the sample CCIs about their role and responsibility. The following table exhibits the opinion of staff members on their role and responsibility.

Table No 2.7

Role and Responsibility of Staff

Role and Responsibility	Frequency	Percentage
Staffs have clear understanding about their role & responsibility	18	67
Staffs are satisfied over their assignment	27	100
Staffs getting support from seniors to perform accordingly	27	100

Staffs face difficulties in performing their duties	10	37
Staffs face challenges in dealing with differently able children	20	74
There is lack of skill base among the staff	20	74
There is need to build capacity of the staffs for better performance	25	93
Performance appraisal mechanism is absent	27	100

2.9.2 Staff Position

Except a few homes other institutions are facing acute problem of human resource managements. So the institutions have employed the administrative and some management staffs temporarily who are unable to engage their full time for the homes. Almost all the homes are urban based. In most of the cases staffs are over burdened. The details of the staff sanctioned vrs actual are exhibited in the following table:

Table No 2.8
Staff details in three locations

Sl	Details of Staff	Sanctioned			Actual			Remarks
		HYD	TPT	Viz	HYD	TPT	Viz	
1	Superintendent	1	1	3	1	1	2	Present Supt. in HYD has additional charge of another dept. hence spends less time at home. Similarly the TPT home Supt. is also FAC of Boys home.
2	Deputy Superintended	1	1	2	1	0	0	Present Dy.Supt. in TPT is full time at Boys home and has additional charge at Girls Home also.
3	Psychological Counselor	0	0	1	0	0	0	1 Person has been hired under out sourced services
4	Case Worker	1	1	2	1	1	1	
5	Doctor	1	1	3	1	1	2	Fulltime in both the homes
6	Paramedical Staff	1	1	1	0	0	0	Vacant in both the homes
7	Educator/Teacher	0	0	5	0	0	6	In HYD 4 teachers are on deputation from RGV and in TPT 2 teachers are on contract basis as per outsourced services.
8	Vocational Instructor	0	0	6	1	1	5	in HYD she is on deputation from another department while in TPT the position is out sourced
9	Store-keeper cum Accountant	1	1	0	1	0	0	in TPT the accountant from Boys home is handling additional responsibility of girls home also
10	Cook	1	1	2	1	0	1	In TPT the cook is also on outsourced service basis i.e. is on fixed salary and yearly renewable contract
11	Security Guard	0	0	2	0	0	5	
12	Helper/Attendant	0	0	2	0	3	2	All the e helpers are on contact basis i.e. on outsourced services
13	Supervisor	0	0	19	0	0	17	
14	Sweeper	1	0	3	0	0	1	In HYD Superintendent has sought approval for appointment. One sweeper on contract basis in TPT
15	Ayya	1	0	1	0	0	0	
16	Dhobi	1	0	2	0	0	0	

The above table depicts about the staff for the management of the centres. From the table one can easily come to a point that the number of vacant positions is higher than the actual strength. During the interview with Deputy

Superintendent, they opined that in absence of skilled staff members some time they face acute problem to manage the children in the homes. For better representation of issues at three locations we have put our observation in each location in the following paragraphs.

2.9.3 Major observations related to Human Resources

- Shortage of sufficient staff for providing quality services to children in all the three districts;
- Many sanctioned positions are vacant – Assistant Superintendent, ANM, guarding staff, etc
- Reintegration, transfer, timely releases are severely affected due to lack of sufficient staff, leading to discontent, depression and unwarranted behavior like escaping, self harming behavior, etc.
- Many long pending/ difficult cases were listed during the assessment discussions with the Superintendents;
- Deputy Superintendent has full charge at boy's homes and additional charge of the girls home in Tirupati; Case-worker is only full time staff of the girls home, even the ministerial staff have additional charge for boys home.
- As many as 15 staffs including matrons/wardens, helpers, attenders, sweepers are contractual and outsourced;
- Matrons/ guarding staffs are technically not trained on child care / child management, but have experience since majority of them are present from the beginning of the homes;
- At any given time only three guarding staffs are available in one shift (morning and night shifts) and in case of court or hospital visits, practically only one staff is available at the institution;
- Most of the staffs seem to be insensitive towards children.
- Lack of Knowledge and skills in professional management of children;
- Children as well as higher authorities are of the opinion that the guarding staff needs hands on skill to handle older children, on child rights, child management, etc.
- Children expressed that the Vocational teacher needs to spend more time at least three hours and the curriculum should include latest embroidery, sticking patterns, etc. need for better sewing machines; vocational teachers are not motivated enough.
- Older children those who do not go to any outside schools wished for a separate math's and science teacher. All the children expressed the need for a regular dance and music class
- Children expressed that the office should not be on the same floor as their dormitory or classes and their place of stay, so that their privacy is ensured;
- Superintendent expressed concern and helplessness due to lack/insufficient budget in management of the institute – like in the areas of providing clothes to children, purchase of specific drugs, etc;
- Insufficient funds, Superintendent and his team pool in resources from local philanthropists for dress material, bedding material, water purifier, etc;
- Very poor data management (though we were not shown any records, documents related to children intake, counseling sessions, etc). All the records, registers being maintained are manual and not in computers. None of the staff members are computer literate and are not comfortable using computers;
- Retrieval of data every time a specific data requirement comes from the head office or any other higher authority of the department, it is being done manually. When asked basic information like profile of the inmates – domicile of children, age wise data of children, etc staff wanted 1 week's time;
- Have good linkages with other government departments and NGOs – Rajiv Vidya Mission / Sarva Siksha Abhiyan, Municipal Corporation, RASS, etc.
- Medical Doctor comes regularly on afternoons;

Chapter Three Care and protection services provided

Introduction

The Homes are situated close to local amenities including markets, shops, banks and parks and is generally accessible. The children admitted in the homes are provided free shelter, food, education, recreation, medical facilities, legal aid and counseling. They are supplied with required textbooks and note books for their academic purpose. There is provision for special coaching for the 7th & 10th class students. The children in these homes are also given after care support and training for their rehabilitation. However the study team found Children's Committees according to the JJ Act to be either lacking or non functional in any of the sample CCI.

3.1 Basic amenities

Basic amenities in the Children Homes include accommodation; food and diet; clothing and bedding; and sanitation and hygiene. Apart from the above facilities such as counseling, legal aid, employment opportunities, gifts and outings are also provided as and when required.

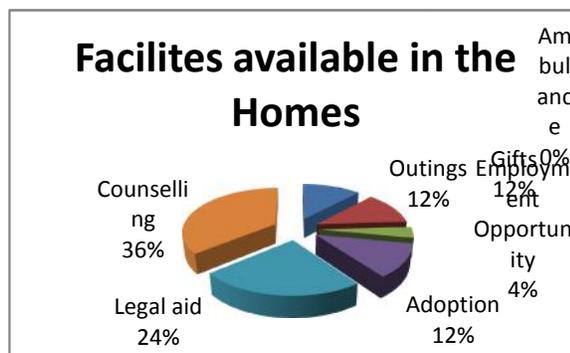


Table No 3.1
Basic Facilities in the homes

Services	Frequency	Percentage
Foods 4 times a day	9	100
Adequate nutritional food per day	6	67
Special food during illness	6	67
Regular involvement of children in cooking	3	33
Weekly involvement of children in cooking	3	33
Adequate clothing and bedding	6	67
Special clothing and bedding for girls	0	0

Note: Multiple response, N=9

3.1.1 Accommodation

The children are accommodated on sharing basis; hence, they are using single bed and beddings. Mosquito nets are not provided as they don't have sufficient nets. Similarly in the case of winter wears like blankets, the children are forced to share whatever is available to them. Children are suffering from cold since in almost all institutions have not provided sweaters. None of the homes have specific study room. They are either studying in the sleeping room or at verandah.

Children in the Homes use the dormitory as their living space where they share their companionship. They sleep on bunk beds provided to them in the Homes. However it is found that beds are insufficient in number and two or more children of less than 10 years of age are put in one bed where they have to sleep together. They complained of congestion and the stronger child often pushes the other out of the bed. There are classrooms for study accommodating 20 – 25 children or juveniles per classroom. However classrooms are not adequate in the children homes. There is a workshop where they learn sewing or stitching and other vocational subjects. Adequate lighting and ventilation was found in the dormitories and living quarters of the homes but there is a lack of heating and cooling arrangements. Fire extinguishers are present but they are not visible and are inadequate. There is a need to have one each in kitchen, dormitories, store rooms, counseling rooms, and places near electrical installations. For outdoor recreation, although sufficient area is present and can be utilized for sports

and games, yet, play ground area is found wanting in all the study Homes. Provision for emergency lighting should also be made.

3.1.2 Food and Diet

Food is provided four times daily. Normally the children or juveniles have *Upama, Pongal, Khichdi, Poppanam*, etc for breakfast; *Rice, Dal, Rasam, Curry and Curd* for lunch; boiled gram, banana and biscuits for evening snacks; and *Rice, Dal, Rasam, Sambhar, Curry and Curd* for dinner. Non vegetarian food is not provided regularly. Only on some occasion or Sundays, they are given eggs or chicken. There is no special diet for mentally and physically challenged children. However they are given special food when they become ill. Six out of the nine homes opined that nutritional food per day is adequate while in three homes non vegetarian food and quality of nutritional food is lacking as revealed by the children. Although a cook is generally available to prepare food, it is revealed that there is regular involvement of children in cooking activities in three homes.

Homes are supposed to maintain a diet scale for children. Even special diet may also be given to sick children as per the advice of doctor. In the norms of minimum standard of care laid down under the JJ act, there are some provisions of Nutrition and Diet scale have been prescribed for the institutions viz, the children shall be provided four meals in a day including breakfast; the menu shall be prepared with the help of a nutritional expert or doctor to ensure balanced diet and variety in taste as per the minimum nutritional standard and diet scale; Children may be provided special meals on holidays and festivals; Infants and sick children shall be provided special diet according to the advice of the doctor on their dietary requirement. It is evident from the field visit that all the homes were following menu chart as per the rules.

Special diet provided for sick infant or children according to the advice by state health authority, doctors from Dispensary or Govt. hospitals. For the proper health, nutrition and guidance regarding necessary supplements to be given to children, trained and qualified Nutrition and Child Development Officer or presence of dietician is required in the homes. So it is a matter of concern that although there is a provision of this staff in JJ Act but none of the homes have appointed any dietician or nutrition officer either part time or full time, regular or monthly basis.

3.1.3 Clothing and Bedding

Each child is given one rug, one bed sheet and one blanket. Out of nine Homes six expressed that clothing and bedding was adequate while three homes had complains regarding bedding. They require another bed sheet, one pillow and one towel. The children are provided three pairs of clothes in a year. However they revealed that no winter clothes were provided to them except the one blanket which they use while sleeping. Also no shoes were provided and they wish for more dresses, sweaters, mufflers and shoes.

3.1.4 Sanitation and Hygiene

There is provision for safe drinking water but there are no standby arrangements for water storage. There is a common well or tank used for bathing. Toilets are found to be insufficient in numbers (5 latrines for 81 children in Visakha Childrens Home, Visakhapatnam) and water connection is not available in the latrines. Toilets are not bleached and cleaned on a daily or alternate day basis. Children have to lift heavy metal buckets and use them for cleaning, washing and bathing. They are also provided with tooth brush, tooth powder, soaps, shampoos and detergents. They take head baths on Sundays and festivals. The children themselves clean their clothes every fourth day as there is no provision for laundry service. They also have to clean their rooms, kitchen, dormitory and store rooms as no cleaner is available. A barber visits the homes every week to attend to the children's needs. Proper storage and inspection of articles of food stuffs is done regularly to see that the food stuff does not go stale. A first aid kit is present to meet the immediate needs. The children expressed the wish to have towels and napkins and more soap (cut-pieces of soaps are provided that last for 2 – 4 days). They also require the services of Dhobi. The children wash their hands before having food.

Table No. 3.2
Sanitation and Hygiene Maintained in the CCI

District	Vizag	Hyderabad	Tirupati
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Sufficient treated and filtered drinking water	In two CCI	Available	Available
Sufficient water for bathing and washing clothes, maintenance	In two CCI	Available	Available
Proper drainage system	In two CCI	Not working properly	Available
Arrangements for disposal of garbage	In two CCI	Available	Available
Protection from mosquitoes	In one CCI	Available	Available
Sufficient number of latrines/toilets (at least one latrine for seven children)	In two CCI	Available	Available
Sufficient number of bathrooms (at least one bathroom for ten children)	In two CCI	Available	Available
Sufficient space for washing	In two CCI	Available	Available
Clean and fly-proof kitchen	In two CCI	Available	Available

3.2 Children in Education

The future of these children can only be secured if they are given proper education. In most of the cases these children are admitted to these homes after break up with the formal education set up. While some are geographically miles away from the school environment, others find it difficult to adjust to the new environment hence, give up studying. A majority of children unable to bear the trauma of separation from parents gets demotivated and abandon the schools at the newer environment. Such child needs repeated persuasion as well as counseling for re-engagement with the educational set up. There shall be a range of educational opportunities including mainstreaming them into inclusive schools, bridge school, open schooling, non- formal education and learning and input from special educators where needed, Wherever necessary, extra coaching shall be made available to school going children in the institutions by encouraging volunteer services or net working with coaching centers.

The Juvenile Justice Act and its subsequent amendment provide scope for re-engagement of children in the educational set up. All the shelter homes have to take up the educational needs of the children as an utmost important matter.

Table No 3.3
Educational Facilities

Services	Nos of CCI
All eligible students accessing primary education	3
All eligible students accessing secondary education	6
All eligible students accessing technical education	3
Adequate teachers are available for teaching	0
Vocational studies continuing in the homes	3
Qualified & trained instructors available for vocational study	3
Placement facilities available for the students	1
Infrastructure facilities are available for education	0
Teaching and learning materials provided adequately	0
Note: Multiple response, N=9	

It was found that in all the CCI educational facilities were provided for children in different ways, e.g pre-school education, primary secondary, non-formal classes, private coaching, bridge course etc. Those institutions which were not able to provide education within the premises of the institution, were sending them to the nearest available facility outside their campus. The following table shows the detail status of the education in three locations:

Table No 3.4
Status of education in three locations

Age	Number of children			Continue education		
	Tirupati	Hyderabad	Vizag	Tirupati	Hyderabad	Vizag
6-10 years	28	13	30	28	13	25
11-14 years	50	29	38	50	29	17
15-18 years	30	56	24	30	56	7
Above 18	0	3	0		3	0
Total	108	101	92	108	101	49

Most of the respondents opined that the facilities provided for children were not adequate. Lack of proper availability of budget at proper time from their concerned department was given as the main reason. It was therefore not possible to provide facilities like salary of educators, extra coaching class, stationery and books, other related material in proper time.

Case Study

Name: Karuna Kumar

Village: Tanulka, West Godavari District

Karuna a single parent child was constantly abused by his father who would come home drunk and never showed any mercy. So one day in 2008 he left his home. He got up a train not knowing where he would land up. When he reached the last destination, it was Mumbai.

There he was met with similar orphan street children who were hostile to him as they did not want another fellow to share their booty with them. He lingered on for some time without food and took rest on the platform. Unaware of the risk he had taken he wondered about his uncertain future.

For the next two years he did all kinds of petty jobs – begging, street hawking, rag picking, small thefts - and made friends with similar boys. He seemed to be getting well in Mumbai and its spirit but before long the Mumbai police spotted him and took him to custody. After inquiry and knowing that he was a juvenile and from Andhra Pradesh, the Mumbai Police handed him over to the Andhra Pradesh Police in 2010.

He was brought under the care and protection of the Children's Home in Vizag. There he used this opportunity to good use. He became a good student and completed the 10th standard with 8.7 CGPS.

Presently he is studying in class 11 in Trinity Public School with the support of an engineer (Ms Bharathi) based in a steel company in Vizag.

Karuna has learnt to dream big and wants to make his dream come true. He dreams to become a civil engineer. He is quite popular in the Home and the staff also supports him in every possible way to realize his dream.

3.2 Health

It has been found that trained staff for first aid is available at the homes for handling emergency cases. Most of the children suffer from skin diseases, fever, cold and wounds with a high chance to become septic. Sometime the sick children are sent to local dispensaries and municipal hospitals in referral cases and treated as per the doctor's advice. Data presented in following table reveals the health scenario in the CCI.

Table No 3.5
Health services provided in the CCI

Services	Frequency	Percentage
Check up by Medical Officer	3	33
Check up by Govt. Surgeon	6	67
Daily Check up	3	33
Weekly Check up	6	67
Monthly Check up	9	100
Referred to Govt. Hospital	6	67
Provision of Medicine	9	100
Maintenance of Health Record	3	33
Treatment at Private Hospitals	3	33
Note: Multiple response, N=9		

It was found that in none of the CCIs, there was facility of ambulance. In emergency cases due to lack of ambulance or vehicles, sick children faced many health problems and health related complications.

3.4 Children's Participation

Although Children's Committees as such were not present in any of the CCI, the children have daily two hours of recreation, PT, sports and games as per Schedule 5 and Rule 14(5) of the JJ Act. They play both indoor and outdoor games and in addition they do cleaning of open spaces and gardening. They also get newspapers and magazines to read, watch television, tell stories to each other, and sing *Bhajans* and songs. Children in the homes also learn photography and preliminary operations for art and crafts. On occasions the children enjoy cultural programs, music, dance, picnics and outings to different places. However, there are no specialized teachers appointed for music, dance, art and crafts. People from NGOs come to the homes at least once a week to share knowledge and skill on photography and art and crafts. All children require adequate play and leisure for their overall development and recreational facilities and services for children of all ages and social groups must be provided in the institutions.

It was observed that there are very few recreational activities undertaken in the homes. Comparatively for girls game materials are very few. During the FGD with children it was noticed that both boys and girls have given top most importance to the gaming aspect whereas other vocational skill development comes second in the list. Apart from this, they organize picnic and outings for the children once in a year. Yoga classes are conducted in two homes at Hyderabad, in all the homes at Tirupati and in one home at Vishakhapatnam. Cultural programs and debates are organized in celebration of special days and occasions such as national holidays, children's day etc. Recreational activities are less in Vishakhapatnam compared to Hyderabad and Tirupati. However children in Vishakhapatnam get the opportunity to learn photography.

3.5 Counseling

Counseling is provided by a recommended psychologist and the case worker. Though counselors are appointed in all the homes in the sample districts their numbers are not adequate. They visit the homes twice a week and are not regular, and they do not reside in the home premises. This has compelled the home authorities to train other support staffs for counseling. No special counseling sessions have been organized in any of the homes and counseling is done as and when required by the children. Counseling at parents' level is a bare minimum and is almost non-existent. The study reveals that the children of the children homes are not happy with their stay and overall management. Many of them expressed unwillingness to stay at the homes and feel that care services do not address their concerns adequately. The Home Mothers (matrons) in the Girls homes do not treat them lovingly and often curse them instead of consoling. Children do not want to stay in the homes.

3.6 Legal aid

The legal aid services are satisfactory as shared by the staffs and children of the homes. The District Legal

Kind of Legal Services Provided

- Free Advice and Legal Representation
- Bail and Appeals
- Conclusive Enquiry
- Continuation of inquiry in respect of juvenile ceased to be a child
- Juvenility claim
- Escort
- Legal services sought by the JJB

Services Cell (DLSC) is regularly visiting the homes and discussing their issues. The CWC also visits the homes every Monday but they do not provide much help. It was inferred that the children were not informed of their legal standings and the CCI do not explain to the children how law can help them. No legal awareness is provided to the children.

3.7 After care support

The FGDs revealed that some children did not feel confident to spend life after institutional care although all of them want to venture outside. Two issues came up during discussions: (a) that some of the children aged between 16 to 18 years or above who want a decent life outside the institutions are covertly or overtly not allowed to venture out as they meet the requirements for more staff to do office errands that often go unpaid; and (b) the children are not skilled enough and they look up to the institutions for assistance in job placements.

It was observed during the primary data collection that, in some of the CCI they are providing vocational training facilities like cutting and tailoring, beauty culture, computer, photography etc. Trained Instructor is always helpful for children to learn proper vocational training by which they can be placed in a better position in society and become self sufficient. However, during the process of data collection we could observe that in absence of trained instructor and lack of machinery the training is not that much useful for the children.

Networking with placement agencies, other Non-Govt. organizations, Govt. or private institutions/ centers, consultancy agency etc is essential for child care institutions especially in the context of job placement of children for self dependence or engagement in the nearby areas.

Table No 3.6
Outcomes of Group work with Children

List of services	Current status	Ways to improve	Additional / special needs
Food	Breakfast: Upma, Pongal, Khichdi, Popannam, etc Lunch: Rice, Dal, Rasam, Curry, Curd rice, eggs. Etc. Dinner: Rice, Dal, Rasam, Curry, Curd rice, eggs, etc. Evening Snacks: Banna, Biscuits, Chocolates, sweets - are given only once in a week. Sundays Chicken curry is given	Upma and Rice should be prepared well - not too soft, not too hard. Every time same items are given We want changes in all the items – snacks, sweets, chocolates, fruits, vegetables, etc	Need at least one curry in the night – dinner Breakfast should include – dosa, poori, chapathi, etc Need sufficient plates, glasses
Sanitation and Hygiene	Two toilets & bathrooms are available 5 children's rooms Are given one bath and washing soap every month, tooth powder is given for brushing, etc. Only leaders are allowed to use the bathrooms; rest of us bath in the open that too we need to complete within the count of 100 otherwise we are not allowed to take bath next time	Bathrooms should be cleaned regularly Elder children should be allowed to take bath in the bathrooms We need hand wash in the bathroom/toilets Don't need the phenol which is given now it's useless	Need more bathrooms , mugs, buckets in sufficient numbers Need a mop; web cleaner We should be given self grooming kits- comb, talcum powder, nail cutters, bindies, cold creams during winter, etc
Clothing and bedding	Bed sheets are given; only one dress is given that too on festivals	Need many changes	Need dresses, mats and bed sheets
Recreation	Skipping, shuttle, tennikoit, caroms, chess, snakes & ladder, etc. Dance, songs, TV	We need more sets of the same material as the existing ones are very insufficient.	Want a dance teacher and a Physical trainer/teacher.

Education	Currently few are attending school and college outside; rest of us are attending the classes in the home	Need for sufficient books and stationary	Need good books in the library – joke books, magazines, etc.
Vocational training	In the class we are taught to stitch blouses, dresses, make phone mats, soft toys	Should be teaching latest designs, sari painting, and embroidery work. Only 3 machines are in working condition	All the machines has to be repaired Tailoring instructor should come for longer duration (comes just for 45-60mins) at least for 3 hrs. All the material related to tailoring should be made available in sufficient numbers to the children. We want Beautician course to be started as many of us interested in this course and this would help us once we get released.
Counseling	Counseling is being provided by Psychologist and Case worker madam.	Rest of the staff should talk to us properly and not rudely	Matrons should take care of us properly and talk to us by understanding our personal situations. They should behave similarly with all the children We should not be know by our cases / reasons we come in
Legal support (wherever applicable)	We are told to stay in this home till we attain 18yrs	CWC should give orders on early basis / ASAP in respective cases	Those who have attained 18yrs should be produced in courts; CWC should send off children attaining 18yrs ASAP.
Health and nutrition	There is one female doctor, the timings are from 10.30am to 12.30pm – tablets and syrup are given whenever necessary	Need all varieties of vegetable curries, need leafy vegetable curries so that we get balanced diet which is important for our health and growth.	
Relationship with staff	Till now all are nice to us	Staff need to be more nice and need to talk to us lovingly	

A Day in the Vishakha Valley Children's Home

The morning bell rings at 6 Am, signaling that the children have to wash and dress before their morning prayers starting at 6.30 Am. After prayers and breakfast, the children have to study in classrooms inside the home and some children go to outside schools. Lunch begins at 1 Pm and usually consists of lentils, rice, Rasam, curry and curd. When lunch is finished, the children enjoy some downtime that involves many of the younger kids taking naps while the teens relax by reading, sleeping, doing personal chores, talking, or playing. Playtime starts around 4 Pm and lasts until evening prayers begin at 6 Pm, followed by dinner and the children's formal study period. When homework is completed, the children have free time until their bedtime at 9 pm. During holidays, the children play, study, and sometimes help with chores around the campus. Occasionally a group of older children will go on a picnic or watch TV.

3.8 Children perception towards services

Children's' perceptions towards services are mixed. While in most the cases children felt fortunate for having these services, they also pointed out towards some issues in these shelter homes which need to be addressed on priority basis.

One good thing to be done in the shelter home: Children's individual opinion

- We need clean and sufficient number of bathrooms and toilets
- Need for more sets of recreational material – rackets, skipping ropes, etc
- More time for play
- Footwear should be given to all
- Sufficient number of plates and glasses
- We need guarding staff who understand us and our feelings
- Adequate number of teachers and teaching and learning materials
- Sufficient and quality food
- More vocational training courses

On food preparation and serving, the children pointed out that even though they are served food thrice a day, yet the quality of the food is always questionable. The 12 out of 15 girls pointed out that the Rice quantity is not always sufficient and the Sambhar served with is too watery in the absence of adequate vegetables. The rise in vegetable prices forces the administration to reduce the content in it.

Again the no. of chicken served in non-veg meals is also a bone of discontent among many. They are served with one or two pieces of chickens. Similarly, they also need more glasses and plates while being served. Because in the absence of glasses and plated they have to wait in line for having their lunch or dinner.

As previously mentioned, around 30 children are put in one room. The younger ones complained that they have to compromise with their privacy always. Similarly on the fronts of sanitation and hygiene the children also pointed out few issues which need to be arrested immediately. The issues such as cleaning bathrooms on regular intervals, chlorinating the water sources that are used for drinking purpose figured as most prominent ones.

Similarly, the out of 90 children 72 requested to provide extra bucket and mugs at the bathroom level which means they are not satisfied with current provision and want improvement in the situation.

Similarly on clothing front 90 out of 63 children pointed out that they were given just one pair in every year which is not sufficient. Similarly, bed sheets were also not given to children. They also required mop, washing powder, tooth paste. etc in their toiletries.

The 56 out of 90 children mentioned that the services offered here are not only inadequate in nature but also poor in quality. However, 68 children out of 90 mentioned that the services could be improved with further intervention.

There seems to be water logging on the roof and seepage of rain water into the walls causing short circuits and electric shocks putting the children and staff lives in danger. This complaint has been reported and observed in the old blocks/building of the institution.

Chapter Four Systems and procedures

In this chapter we have tried to capture various procedure and systems maintained in the shelter homes.

Table No 4.1

During the field visit it was observed that the following procedures have been adopted by all the CCIs.

Procedures at a Glance

Nature of Service	Service delivery standards & time limit
(A) Children in need of Care & Protection:	
(a) Identification & production of child before the Child Welfare Committee	Within 24 hours
(b) Communication to parents/relatives and to the Dist. Probation Officer concerned	within 5 days
(c) Adjudication of the issue and completion of enquiry and disposal of case by the Child Welfare Committee	Within 4 months
(d) Grant of leave to the children of Homes from the date of application of parent/guardian by the CWC/ competent authority	Within 15 days
(referral to the probation officer ..5 days)	
(receipt of the report 5 days)	
(grant of leave 5 days)	
(e) After-care planning before release	Within 3 months
(B) Juveniles in Conflict with Law:	
(a) Communication /information to parent/relative by the police	Within 24 hrs of taking charge
Production of child before the Juvenile Justice Board	Within 24 hours of taking charge
(b) Disposal of the case of juvenile by the Juvenile Justice Board	Within 4 months
c) Grant of Bail	Not less than 5 days

4.1 Admission and registration

Various categories of children in need of care and protection are admitted to the shelter homes. Such children in difficult circumstances are orphan, single parent, children of prisoners, missing child, separated, street children, prolonged illness, child beggars, child labourers, children of leprosy affected beggars, HIV/AIDS affected and infected children and those parents who are unable to control their children, handicapped, mentally challenged, and children in conflict and contact with law etc.

4.1.1 The Process of Registration: During the field visit it was observed that various information about every child is collected/recorded in institutions viz – details of family history, health check-up, FIR report of child, separate case files of every child, case history of every child, progress activities of their behavior, educational progress, counseling report of child, income certificate, etc.

Various types of Registers are maintained at the level of homes to record details of children. Most of the homes have maintained admission and discharge register, followed by medical file or medical report, visitor's book, stock register and maintaining inquiry file. The case file was also maintained by homes. The case file of each child shall be maintained in the institutions containing a variety of information about the child viz report of the person or agency who produced the child in CWCs, child welfare officer's, counselor's and case workers reports,

information from previous institution, observation reports from staff members, regular health status reports from medical officer, drug de-addiction progress reports, psychological.

It was found during the field visit that all the CCI have meticulously maintained registers and forms but the data are not integrated or interlinked. Data is not computerized and never been analyzed.

As per the minimum standard of care in medical care, there are so many responsibilities of homes i.e. maintain a medical record of each child on the basis of monthly medical check-up and provide necessary medical facilities; ensure that the medical record includes weight and height record, any sickness and treatment and other physical or mental problem, regular medical check-ups, first aid kit with stock of emergency medicines, trained staff, tie-up with local primary health centre, Government hospital, medical colleges, other hospitals, clinical Psychologists, Psychiatrists arrangement for the immunization coverage, special care for sick children etc. Following criteria is followed for admission in the nine sample homes:

Table No 4.2
Criteria followed for Admission

Criteria	Frequency	Percentage
Nominated by CWC	3	33.3
Order of JJB	6	66.7
Nabbed by Police	6	66.7
Identified by NGOs	3	33.3
Note: Multiple response, N=9		

The table below gives a picture of the coordination and linkage of the respective children homes with other organization for different activities. Only 33% of the homes have linkage with NGOs, vocational institutions and education institutions for identification of children, trainings and education. All the government managed homes are regularly coordinated with the departments for meetings, workshops and legal aid services. For training programs, 100% of the children homes depend upon the departments, NGOs and INGOs. Out of 9 homes visited, 7 are observing child right week in coordination with the department. However, it is observed that there is more dependency on the department for coordination and collaboration of different activities. Linkage with outside agencies, research organizations, and support service agencies is less.

Table No 4.3
Coordination and collaboration with organizations

Themes	Frequency	Percentage
Identification of children	3	33.3
Training programs	6	66.6
Meetings and workshops	6	66.6
Vocational courses	3	33.3
Legal aid	6	66.6
Note: Multiple response, N=9		

4.2 Data management system and follow up mechanism

In the context of visits of CWC members to the homes, all the homes agreed that CWCs members are regularly visiting and also were giving their suggestion for proper care and protection of children in homes. The suggestions of the members were mainly in form of circulars, conveying the instructors of the State nodal departments or any other improvements to be brought about relating to facilities/services provided by the Institution. However the CCIs lack a coherent data management system and follow up mechanism. This is an area where the staffs need training and capacity building programs. There is also no follow up through the child tracking system.

4.2.1 Progress Monitoring

The study did not find any individual care plans for the children. However, the progress of the child is monitored from time to time through the following mechanism:

- Progressive report of the school examination, tutor of the institution, IQ test by the learning by playing method of the small children
- Performance of children in different examination
- Test conducted by the house mother, tutor, vocational trainer,
- Leadership skill development among the children
- From the note of the Government authority who frequents the institutions
- In some institutions, their network organizations come and monitor the progress of the children
- The special home/observation home/children homes are being monitored every six months where the review is being chaired by the District Collectors and other members such as Superintendent of Police, CDMO,D.M., DIC, Project Director of DRDA, headmistresses/headmaster of the schools, PRI representative, municipal representatives, Social activists of the areas remain present.
- In some cases the periodic monitoring is conducted by the trust board/monitoring committee
- The institutions also maintain progressive registers like health monitoring register, growth monitoring register etc.
- Distress children are counseled by external agencies or by staffs

The table below shows that all the homes in 3 Districts are regular in organizing monthly and quarterly meetings in which they discuss administrative issues, prepare financial plans, review budget and expenditures and assess progress of the homes. The CWC and JJB members monitor the homes by discussing and addressing the issues of children on weekly and monthly basis. Only 3 homes used computer for data storing and report generation, which needs to be taken care by all the homes. No such evaluation system is incorporated by any of the homes.

Table No 4.4

Monitoring Mechanism in CCIs	No of CCIs responded
Monthly Meetings	9
Quarterly Meetings	9
Visit by CWC	9
Visit by JJB	6
Evaluation of the CCIs conducted	0
Action taken reports available	5
Computerized reports generated	3
Data (Case Records) feed into Computer	3
Regular correspondence with department	6
Note: Multiple response, N=9	

Chapter Five Knowledge, Skill and Services

The mandate accepted by State to ensure care and protection of the children are met are to be realized only when the service providers are having adequate information, capacity and motivation related to child rights and child wellbeing. As the services offered to these children are many and varied the services can only be strengthened or resurrected only if the service providers in these shelter homes, observation homes as well as special homes. The chapter aims to highlight existing knowledge, skill and proposed capacity building services for service providers at different level and stakeholders. The chapter draws inference from the focused group discussions made the stakeholders with as well as discussions made with the staff of these homes.

5.1 Availability of Staff

The study identified that vacancies in large number of positions still exists in the set up. Some technical positions such as ANMs, teachers, subject matter specialist etc need to be filled up at earliest. This specific positions are very critical services are often in the very first instance were provided by these critically placed human resource and shortage in this particular category means there are every likelihood that issues of the children are going to be compromised or not attended at all.

While the all around development of children is stressed in these homes, yet the actual situation is contrary to believe. Some key positions which would have helped the children to unlock their potentialities have not been sanctioned. Music Teacher, Yoga Teachers, sports teacher are not sanctioned for these homes neither in Hyderabad homes nor in Tirupati Homes. However, Doctor, Case Worker as well as Cook are available in almost all the homes from Hyderabad and Tirupati. Similarly, positions such as house matrons, sweepers as well as helpers positions were operational on outsourced basis.

However, positions such as Dhobi, Aaya Security and Driver are not currently positioned all these offices even if their requirement is largely felt. Similarly other important positions like Assistant superintendent and guarding staff are also vacant. This has virtually crippled the management of these shelter homes at many parts.

5.2 Knowledge and skill of staff on child rights and shelter management

It was revealed that homes depute staff to attend the training programmes at State and institutional level on different aspects of Juvenile Justice like JJ Act (Care & Protection of Children) 2000 and Amendment 2006, Child Protection, JJ Rules etc. However, none of the homes organised in house training program to enhance their skill. The programmes attended by them were mostly of 3-5 days duration.

An effort was made to assess the areas/issues on which the training programmes may be organized by the institute for capacity building of the staff/ personnel of children's institutions. Almost all the staff interviewed opined that they have attended training program however not satisfied on the content of the training program. On further probe with the staff members they opined that four areas are very much important for quality child care program which are as follows:

- Counselling and behavioural change and communication
- Promoting Health/Safety,
- Understanding Child Development, and
- Promoting Nutrition/Healthy Eating.
- Stress Management
- JJ Act (care and protection of children)
- Problems and causes of Juvenile delinquency,
- Child Abuse, Exploitation, Child Protection, Child Rights, Integrated Child Protection Scheme
- Child Care, Child Development and Health Related Issues, child psychology
- Behavioral problem of children,
- Counseling, Techniques, Intrapersonal Adjustment Managerial skills, Skills for Problematic Children, managing behavioral problems
- Institutional quality care Services

- Adoption & Sponsorship
- Orientation to ICPS
- Minimum Standard of Care for Children

Similarly during discussion it was found that most of the staffs were not trained on the basis of child care and child rights in the institutions. Similarly most the service providers expressed that due to lack of financial support their hands are tight and they are barred to provide qualitative services to the children.

Again due to lack of training or professional management courses, the service providers find it difficult to manage children. As data management is done manually, request for data from any quarter almost takes their full time in data retrieval and data submission. Hence use of IT technology in data storing, management and reproduction is a must. This will not only help the CCI management but also help to track the children for their development. While most the staffs are with the institutions since the beginning of the homes, hence they understand the importance of care and understanding in the child rearing process. But most of them are not aware about child rights and child issues.

Quality and quantity of services are curtailed due to shortage of funds at many places in all three sample sites. The scanty fund is the reason because of which number of child welfare initiatives could not be undertaken. For example, the children are taught to learn sewing skills through instructor, but the instructor comes to these for 30-45 minute and that too once in three days.

5.3 Training Need assessment

The training need assessment is one of the critical components which need to be strengthened in a time bound manner both for the welfare of the children in one hand and service providers as well as institution in the other hand. Training need assessment in this case is done following a consultative process whereby the participants were asked to mention about their key the training needs assessment for the stakeholders are done following a multipronged approach. In order to arrive at an assessment, the training need assessment was done following stepwise approach which is mentioned below.

Identification of Target Audience: The target audience was identified who needs to be trained on the various subjects. These were the service providers who were immediately nearby the children and remain in control of the services that are essential for the children. Their job profile was also verified for this purpose to identify what type of services they are providing to the children in need. The identified target audiences that need to be trained

- Pharmacists
- Doctors
- Deputy Superintendent
- Superintendent
- Vocational Developer
- All types of Teacher
- Matrons
- Security Guards

Segmentation of Target Audience: The target audiences were then segmented on the basis of their services, as well as job profile etc. The breakup of the target audience is given below

Table No 5.1
Target Audience for capacity buildings

Sl no	Type of service Provider	Name of the Professional
A	Technical Staff	Doctors, Pharmacists
B	Administrative Staff	Superintendent

		Deputy Superintendent
C	Capacity Developer	All types of Teacher Vocational Developer
D	Care and Protection	Security Guards Matrons

The stock taking of the trainings attended by the target were also taken into consideration. Only those training which were taken by the participants while executing the current assignment or trainings relevance to the current job profile is taken into consideration. The training needs expressed by the staff were also reviewed by the researcher to ensure that a proper training need assessment is arrived at. Two respondents felt that there is no need of additional training as they have been taking care of the children since long without any training and seven staff agreed that the two days training that are being given to them after they joined these institutions need to be given to them again. However, 18 respondents mentioned that training is very much essential to give child care better in the shelter homes. The participants also mentioned that the training needs to be imparted to them in a phase-wise manner. Again in most of the cases, participants mentioned that as there is no human resource support to back them up and their presence is vital to the institutions, the trainings can be conducted at the institution only.

During the consultation it was found there are some trainings which needs to be imparted to different groups of target audience but the degree of intensity of these subjects will vary from person to person and from stakeholders to stakeholders. For Example, training on fast aid to a burn victim might be given both to technical staff and administrative staff. But technical staff may need to get the most advanced form and recent development on this subject because the basics of the subjects have already been covered by them. So this division helps in identifying the exact subject specific training need and their delivery.

Table No 5.2
Proposed Capacity Building Initiatives

Level	Requirement
Basic	Understands what the issues are; Aware of the range of possible approaches; Able to do the task in a simple environment, or with supervision.
Intermediate	Able to do the task in a medium complexity environment; Able to make a decision and choose an approach where several approaches are available
Advanced	Able to train others; Able to manage others doing the task; Able to apply the learning/do the task in a complex environment; Advanced level may count towards professional or academic qualifications (to be arranged with higher/further education institutions)

Respondents concluded that the training should be according to the level of expertise. However, the staff opined that there can be three important slots for three days. For basic courses it can be two days and for intermediate and advanced courses it can be three and four days respectively. This will give practitioner a chance to go for hands on training etc if required. The participants also suggested that training should be kept away from delivery because many time delivery of message in training is wrongly perceived by the participants as training. External agencies must be used in developing the training content and delivering the same. The materials must be in local language and trainers must be in a position to clarify the same.

A training steering committee needs to be formed taking senior management as well as development professional into consideration. This steering committee will guide the entire training process and ensure it remains following a timeline. The training timeline must be span over three years to start with. So that strategic decision can be taken in the mid course to review the work undertaken.

Chapter Six

Recommendations and Conclusion

CCIs serve as one of the major focal points for providing care, safety and secured environment to a large number of children who are virtually made homeless because of a number of reasons. These institutions not only provide living space and education but also ensure that the children are given some hands on training which later can serve as the basis for livelihood generation and security. A certain degree of security is ensured to the children in the institutions managed by the Government of AP. However, a lot needs to be done, in this regard. The present study based on the findings and prevalent gaps recommends certain action points that could be taken up at the earliest. The following are some of the recommendations:

Rehabilitation and Reintegration

- Individual care plans for children should be initiated so that their progress can be monitored from the point of entry to the point of exit
- There is a need for intervention to strengthen case management and identify the children staying for more than 1 year do the follow-up for re-integration;
- There is a need to do have a program developed by collaborating with ICPS and Child Line for providing the regular monitoring, counseling and family development services through community outreach work for preventing the reintegrated children from relapse, vulnerability and risk.

Management, Information System

- Creation of a computerized Child profiling database is very much essential as the study found that more numbers of children are in the age group of 15-18 years. However in case of Hyderabad it was observed that there were children who were beyond the age of 18 years;
- CCIs lack a coherent data management system and follow up mechanism. This is an area where the staffs need training and capacity building programs;
- There should be proper follow up through the child tracking system;
- Development of a software package for data retrieval of children's profile and its management

Counseling services

- There is a need for conducting periodical screening and behavior assessment of children and provide professional behavioral therapy
- Through meaningful participation and one-on-one relationships with counselors and therapists, children facing disruptions to their lives would begin to heal in mind, body and spirit.
- The shelter homes should distinguish itself among other child service agencies by offering a unique and child friendly environment that is therapeutic, educational, inspirational and, most importantly, alive with potential. Especially children have expressed the need of more purposeful exposure and training.
- Children have to be provided recreation, excursions and vocational training to make them more confident to face challenges in life, which prepares them to re-integrate and prevent risk of relapse
- The institutions should be able to provide the children an array of modern, professional services and programs, including residential treatment, foster care and adoption services, substance abuse services, needs-based education, counseling, and comprehensive life-skills education.
- It is also found that promoting child participation through children groups, the institutions shall instill hope among the children and provide a platform for communication and sharing

Child Participation

- Making functional the children's committees will ensure child participation
- Activity based psychosocial programs should be conducted regularly for the children
- Children should be included in decision making process regarding food and recreation and also in their case management and case planning processes.

Management System

- The JJ Act includes a guideline about each institution having a “reception unit” for new admissions. No institutions have such a unit – either because they neither have the space nor resources; or maybe because they do not understand the importance or function of a reception unit. If we were to break this concept down into operational guidelines about the kind of space, objectives, material, content, systems and personnel needed – it would be fairly straightforward to implement.
- There is need for standardized monitoring tool combining criteria related to infrastructure, interaction and activity. Various forms and registers in practice have to be reviewed and simplified for data analysis and monitoring actions.
- There should be regular review and monitoring through Vigilance Committees so that the benchmarks of quality service provision are maintained.

Capacity Building

- As the JJ Act is a comprehensive one, the refresher training needs to be organized for the people who have joined in the institutions. Effort needs to be taken at state level to involve more and more training to train the staff of CCI on regular basis.
- Need to develop capacity building plan for all staff members especially guarding staff/Matrons on child management, communication with children, understanding children.
- Capacity building of Staff in implementation of life skills education.
- Capacity building on enhancing the knowledge and skills in professional management of children

Infrastructure and Service Provision

- The infrastructure developed for execution of the programme is not up to mark. In case of Vizag the construction of new building are ongoing. In Vizag, there is no in-house playground and sports trainer children going outside for playing.. Girls have no specific playing kits and having less number of playing kits. There are no such in-house education facilities.
- Government has to make involve different departments and ministries who can work in collaboration and make out a plan to meet the infrastructure need of the institutions. Government is required to influence the corporate houses to come forward in a massive number to provide basic infrastructure to the institutions which is coming under the CSR activity of the corporate houses.
- On deputation and insufficient human resources with lack of skills in child case management and child friendly and child rights orientation found to be hindrance for the welfare of the children.
- Poor water & sanitation facilities and poor knowledge and practices of water and sanitation development indicators is another issue needs immediate intervention on priority. Some institutions have toilets but not properly maintained and so children aren't using and children aren't properly trained to use the toilets, drinking tube well/bore well water but having no purification facilities, toiletries items are provided to the children but not as per the demand of the children
- The institutions need to acquire its own premises with all the provision to accommodate children in a very child friendly environment.
- The Hyderabad Girls' Home is an age old building and needs complete reconstruction, especially bathrooms and toilets with sufficient water facilities.
- The recreation and play equipment should be strengthened further.

Increasing Resource Allocation

- A common opinion of all the Child Care Institutions are that the fund reimbursed from the government is insufficient to meet the needs and development of the children.

Education Scholarship for the Children in Higher Secondary Classes

- Even if retention from primary education level to secondary and higher secondary is low, yet there still remains a cause of concern for many. The students even if secure good percentage in secondary education, he is not in a position to continue it further, as after getting passed out from high schools he is likely to be dropped from the home. This ultimately results in discontinuation of education. The higher education is getting inaccessible to a major chunk of population because of

increasing cost and competition, hence securing the future education of these children, education stipend/scholarship provision must be made.

- A network of NGOs, CSR wings of the corporate bodies can be taken up for referral support. NGOs can take up referral support while CSR can take up fund mobilization. The money thus generated can be pulled together for generating additional resources. However, professional support service providers can be engaged for managing these initiatives.

Above all there is a need for adopting inclusive management in collaboration with civil society and child participation to protect and promote child rights for their wellbeing.