

End line Assessment of Government JJ Shelter Homes 2016 In Tirupati, Vishakhapatnam and Hyderabad







End line Assessment of Government JJ Shelter Homes In Tirupati, Vishakhapatnam and Hyderabad Andhra Pradesh and Telangana State



Commissioned by

HELP

2nd Lane, Sujatha Nagar Lawyerpet Ext, ONGOLE - 523 002

Emial: helpap@gmail.com

With the support of Terre des hommes Foundation

Study conducted by: HELP Lawyer pet Ext, ONGOLE 523 002 E-mail: helpap@gmail.com

Supported by Terre des hommes Foundation

Assessment carried out by Mr Prabodh Mohanty

With the support of Ms Suryakanti Dash Mr Rabindra Sahu Mr Viswo Varenya Samal Mr Prabodh Mohanty

Year of assessment: 2016

This end line assessment has been accomplished with the financial assistance of Terre des hommes in accordance with completion of a three and half year long anti trafficking and child protection project of Terre des hommes foundation in Andhra Pradesh and Telangana state.. The assessment findings are solely the view of the consultant and do not necessarily reflect the views of Terre des hommes.

The material may be used for personal and non-commercial purposes. However, no one should delete or change the copy right, trade mark or other proprietary notices contained herein. No one may modify, alter or change any materials without seeking prior permission of Terre des hommes.

Acknowledgment

The present end line assessment has been undertaken with a view to make a comparative analysis with the baseline assessment conducted by us on the standard of care and protection services in nine shelter homes in Andhra Pradesh and Telangana State. 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 and Telangana State. The information included under profiles has been authenticated by the respective Shelter Homes included in this 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 Paromita Chowdhury and Mr Subrat Panda from Terre des hommes Foundation (Tdh) and Mr Ram Mohan, Chief Functionaries, HELP for the overall quidance and direction to make the study successful.

I thank Mr. Pavan, Mr Laxman, Ms Vimala, Ms Nilima and Ms Sathya of HELP for their support and valuable inputs during the data collection process. Lastly I would like to put my appreciation to all the team members for preparing the document.

Prabodh Mohanty 30th November 2016

Contents

Acknowledgment Abbreviations Executive summary

Chapter One

Introduction and Research Methodology

- 1.1 Background
- 1.2 Rationale of the Study
- 1.3 Objective of the Study
- 1.4 Research Methodology

Chapter Two

Profile of the Children Homes

- 2.1 Child Care Institutions: Type and Status
- 2.2 Spatial Distribution of CCIs
- 2.3 Details of children
- 2.4 Major Services provided in the CCIs
- 2.5 Type of services provided
- 2.6 Infrastructure Details
- 2.7 Operation and maintenance of infrastructure
- 2.8 Major observation in three different locations related to Infrastructure
- 2.9 Human Resource Management

Chapter Three

Care and protection services provided

- 3.1 Basic amenities
- 3.2 Education
- 3.3 Health
- 3.4 Child Participation
- 3.5 Counseling
- 3.6 Legal Aid
- 3.7 After Care Support

Chapter Four

Systems and procedures maintained

- 4.1 Admission and registration
- 4.2 Procedures under JJ Act
- 4.3 Procedures under CWC
- 4.5 Case management mechanism and individual care planning
- 4.6 Data management system and follow up mechanism

Chapter Five

Knowledge, Skill and Training Needs

- 5.1 Knowledge and skill of staff on child rights and shelter management
- 5.2 Children perception towards services
- 5.3 Training need analysis
- 5.4 Proposed capacity building initiatives

Chapter Six

Key Findings, Impact, Recommendations and Conclusion

List of Tables and Graphs

List of Graphs

- 1.1 Distribution of children in different homes
- 1.2 Age wise strength of children
- 1.3 Facilities available in the Homes

List of Tables

- 1.1 Sample and location of the center
- 1.2 Respondents covered in the study
- 2.1 Capacity of Children in different CCIs
- 2.2 Duration of stay in the CCIs
- 2.3 Support service in number of CCIs
- 2.4 Infrastructure details of CCIs in different location
- 2.5 Books Provided for Children
- 2.6 Staff details in three locations
- 3.1 Basic Facilities in the homes
- 3.2 Sanitation and Hygiene Maintained in the CCI
- 3.3 Educational Facilities
- 3.4 Vocational Training in three locations
- 3.5 Life Skill Education
- 3.6 Health services provided in the CCI
- 3.7 Diseases found in Number of Children in the CCIs
- 3.8 Children's Participation
- 3.9 Outcomes of Group work with Children
- 4.1 Procedures at a Glance
- 4.2 Criteria followed for Admission
- 4.3 Coordination and collaboration with organizations
- 4.4 Monitoring Mechanism in CCIs
- 5.1 Target Audience for capacity buildings
- 5.2 Proposed Capacity Building Initiatives

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
	District Social Welfare Office/ Officer
NGO:	
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

EXECUTIVE SUMMARY

The Child Care Institutions (CCI) namely Children Homes, Observation Homes and Special Homes serves as the primary care and protection service providing units for the children in need of care and protection and the children in conflict with law by providing them basic necessities of life such as food, shelter, clothes and psychosocial services. These institutions also play a lead role in providing reformative inputs to the children who are actual victims of abusive conditions but seen as perpetrator and prepare them as "future citizens" by insulating them from the social taboos and decisions.

These institutions are carved out as a child protection and care measure mandated by Juvenile Justice (Care and Protection of Children) Act, 2000 and the recent 2015 Juvenile Justice Act. 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 present study commissioned as an end line assessment of the anti trafficking and child protection project implemented by TDH in association with HELP. It has been assigned with a purpose to make a comparative analysis of the quality of care and protection services, systems and procedures of case management system for 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 the project operational nine Government Child Care Institutions (CCI) in comparison to the findings of the base line assessment conducted in these during the year 2013 by the same consultants.

The study covered these nine available institutions in purposive sampling manner to make it more indepth. 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 stimuli (questions) in the study.

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 in 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, after care support and presence of children's Committee as per the JJ Act.

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 the key findings with emphasis on the changes occurred in these institutions during the three year. Also this section highlights the challenges and suggests recommendations for further action.

Chapter One Introduction and Research methodology

1.1 Background

Children in need of care and protection include several categories of children with varying needs. Such children deserve to spend their days in well-designed environments that support their needs and stimulate their learning. Children in need of care and protection, taking into consideration the standards prescribed in the Convention on the Rights of the Child, the United Nations Standard Minimum Rules for the Administration of Juvenile Justice, 1985 (the Beijing Rules), the United Nations Rules for the Protection of Juveniles Deprived of their Liberty (1990), the Hague Convention on Protection of Children and Co-operation in Respect of Inter country.

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 2015, 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, abandonedand 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'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, 2015 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 for proper 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.

Undivided Andhra Pradesh is one of the first states to take few of the innovative and child friendly approaches for mainstreaming children in contact or in 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 of them to mention. Post division of the state the status remains the same as before.

Government runs 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:-

1.1.1 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 in involved with the linking up with organizations with in the state of AP and outside the state to ensure a collective action against human 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.

1.2 Rationale of the Study

Since June 2013, Tdh and 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 organisation working to bring positive change in the lives of poor people with a particular focus on enabling children and women to fulfil their rights. The key components of this aforementioned project include:

- Improved capacities and functioning of the Child Welfare Committees (CWCs) in 11 Districts of Andhra Pradesh
-) Improved and integrated care giving services for children in 9 Government Shelter Homes of Andhra Pradesh

The purpose of the end line assessment is to have a clear understanding on the knowledge and practice of care standards among the Shelter Home staff and the systems and procedures of care standards in these Shelter Homes and the overall impact of the 9 Shelter Homes' capacity building actions, and on the children under the care and protection during the course and end of the project period.

As mentioned above, the second component of improving the care giving services for children in 9 Government Shelter Homes of undivided Andhra Pradesh and in the beginning of the project Tdh and HELP carried out an assessment to assess the standard of care and protection services for children in the 9 Government Shelter Homes of cities of undivided Andhra Pradesh, with emphasis on assessing 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. In line with the findings and recommendations of the baseline assessment project executed the need based activities for improving the standard of care and protection services for children in these 9 Government Shelter Homes.

At present the project has come to the end of its time period and Tdh intends to conduct an end line assessment for assessing the changes/improvements achieved through the capacity building actions carried out in these CCIs. Also Tdh expects to understand further the way forward for future interventions in the state. In view of this Tdh engaged the same researcher, who conducted the base line assessment in these CCIs to keep uniformity with regard to the methodology, envisaged in the baseline assessment.

1.3 Objective of the Study

Following are the broad objectives of the study:

Evaluate the operations of the above mentioned 9 Government run shelter homes with emphasis on the achievements/improvements resulted through the project interventions with respect to the following aspects

- 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 (special analysis on the average duration of stay for each category of children)
-) care and protection services provided by the Shelter Homes challenges; good practices; and needed areas for improvement
-) systems and procedures to manage the cases of the children under their care case management mechanisms and individual care planning
- data management systems of these cases at the homes
- Human resource: adequate number of staff with equipped knowledge and skill for providing quality services to the children

1.4 Research Methodology

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

1.4.1 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 2015, 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

- 1.4.2 Finalization of study design: After the review of literature the study design in consultation with 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.
- 1.4.3 Design the tools: Four tools (Annexed) were developed for the collection of information for the study. The tools were reviewed by Tdh staff for value addition and based on the feedback the tools were revised and finalized.
- 1.4.4 Field Visits: In total nine units were selected with the purpose. These units were scattered in Vizag, Hyderbad 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

Sumple and location of the center						
Location	District/State	Unit				
Vizag	Vishakhapatnam/Andhra	J Government Children Home for boys				
_	Pradesh	() Government Observation Home for boys				
		Government Special home for boys				
Tirupati	Chittoor/Andhra	Government Children Home for girls				
	Pradesh	() Government Observation Home for girls				
		() Government Special home for girls				
Hyderabad City	Rangareddy/Telangana	Government Children Home for girls				
	State	Government Observation Home for girls				
		() Government Special home for girls				

1.4.5 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)
Superintendents / Superintendent In Charge	4
Deputy Superintendents	2
Support Staff	18
FGD with Girls	4 (83 Children)
FGD with Boys	4 (58 children)

- 1.4.6 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 related to data were well taken care and managed out-side the system.
- 1.4.7 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.

- 1.4.8 Finalization of reports: The draft report was shared with Tdh and basing on their technical input it was customized and report was finalized for the table.
- 1.4.9 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.

Chapter Two Profile of the Child Care Institutions

This chapter describes about the spatial distribution of children homes and underlines the profile of the children. The children's profile is analyzed 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.

The best interest of the child has its base in family being the best place for child's overall development. Children are institutionalized due to a sudden collapse of support system which enables the child to develop and advance socially, psychologically, academically and professionally as a societal human being. Collapsing of support systems can be temporary or for a prolonged period depending on which the child's repatriation to support system and enabling environment should be based upon.

Shelter homes have to constantly look up for the enabling system through which the child can be repatriated to the society from where s/he comes. There are options that the child can go back to family which was dysfunctional for a time being for child's overall care and protection. It is said that institution is the last resort for the child and that child to get a family with a caring and protecting environment is her/is social, psychological and legal right which should be the supreme motto of the stakeholders giving services in the institution.

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 Seniour 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 2015 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 and Telangana there are observation homes for boys at all the districts and the observation home for girls in Hyderabad for Telangana state, Tirupathi and Visakhapatnam for Andhra Pradesh. The juveniles in conflict with law are 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. Till there is any decision taken by the JJB the children stay in the observation home and post decision either they are referred to the special home for correctional services or sent back to their families.

2.2.2 Children Homes

Children Homes strives to nurture, protect and care the children in need of care and protection. As elucidated under JJ Act, children homes means an institution established by a State Government or by non-governmental organization and certified by that Government under Sec 34. 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 yhe children at Hyderabad, Vishakapatnam, Eluru, Chittoor and Kadapa in both the states. 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.

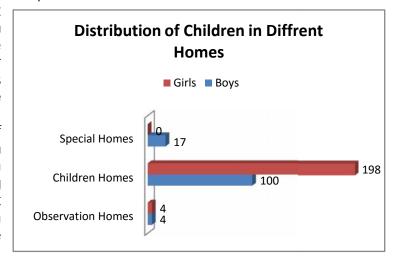
2.2.3 Special Homes

Special homes are meant for rehabilitation of juvenile in contact with law. There are four special homes for boys and girls at Hyderabad, Tirupathi and Visakhapatnam. The juveniles are imparted education and vocational training in these Homes.

2.3 Details of Children

There are no clear cut instructions or quidance on particular capacity in all the homes as the demand 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 for children homes and 50 for observation and special homes. The following table exhibits the total present strength of children homes in three places visited during the assessment.

Graph No 1.1 Distribution of children in different homes



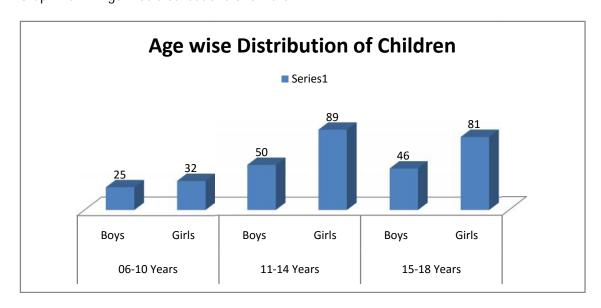
In total 323 children are staying in three locations. Except Visakhapatnam, in other two locations all type of shelter homes are within one campus and under supervision of one superintendent where as in case of Visakhapatnam, children home (Boys) premise is separated from observation and special homes.

Table No: 2.1 Capacity of Children in different CCIs

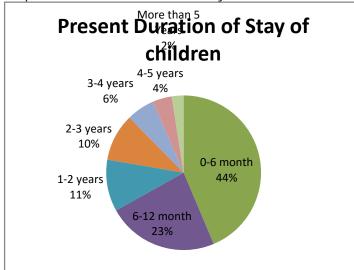
		06-10	06-10 Years 11-14		14 Years 15-18 Years		Total			
Location	Туре	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Total
	Observation Homes	0	0	0	0	0	2	0	2	2
	Children Homes	0	32	0	58	0	34	0	124	124
Tirupati	Special Homes	0	0	0	0	0	0	0	0	0
	Observation Homes	0	0	0	0	0	2	0	2	2
	Children Homes	0	0	0	31	0	43	0	74	74
Hyderbad	Special Homes	0	0	0	0	0	0	0	0	0
	Observation Homes	0	0	0	0	4	0	4	0	4
	Children Homes	25	0	45	0	30	0	100	0	100
Vizag	Special Homes	0	0	5	0	12	0	17	0	17
Total		25	32	50	89	46	81	121	202	323

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 is found that highest number of children falls in the age group of 11-14 years. Around 43% of the children fall in this age category. Around 40% of the children fall in the age group of 15-18 years. Remaining 17% of the children fall under the age group of 6-10 years old.

Graph No 1.2 Age wise distributions of children



Graph No 1.3 Present duration of stay



When the present duration of children's stay is analyzed it is seen that the mean average period of stay of most of the children in the CCIs, is six months to one year. It is also found from present occupancy of children that around (141children) 44% children have stayed for duration of less than six months while 23 % (75 children) have stayed for more than 6 months but less than one year. 35 children (11%) are staying more than one year and less than 2 year and 32 children are staying more than 2 year and less than 3 year...

19 out of total number of children are staying for more than three years whereas the 13 children have stayed for more than 4 years in the children homes. Only eight children have stayed for five years or more.

Table No 2.2
Present Occupancy of the children in the CCIs

Duration of Stays	Numb			
	Hyderabad	Tirupati	Vigaz	Total
0-6 month	54	43	44	141
6-12 month	12	37	26	75
1-2 years	5	14	16	35
2-3 years	2	21	9	32
3-4 years	2	5	12	19
4-5 years	1	4	8	13
More than 5 Years	0	2	6	8
Total	76	126	121	323

Note: An additional analysis also has been done to assess the average duration of stay of the children in these CCIs with further analysis on the average duration of stay for each of the children. The finding of this short study has been reported separately from this report.

2.4 Major Services provided in the CCIs

During the primary data collection process, we have focused on the services provided to the children. The following table shows the type of services provided in the CCIs in the first column while the figures in the 2nd to 4th column represent the number of sample CCI. Apart from basic minimum needs of food, shelter and clothing, support services like education, counseling, treatment of children, legal support, vocational trainings, moral support, self employment and games are provided to children to change the behavior and bring them back to mainstream process. During the interaction with superintendent it is revealed that for Visakhapatnam, only one counselor looks after three shelter homes (both boys and girls) and addresses the counseling needs of 121 children. In case of Hyderabad and Tirupathi shelter homes, one counselor in each home extends the services to the 76 and 126 children respectively. Only

one counselor looking after so many children presents great difficulty. After 18 years of age the children refers to after care home which has been established in Hyderabad.

Table No 2.3 Support service in number of CCIs

Support services provided	Hyderabad	Tirupati	Vizag
Education	3	3	3
Counseling	3	3	3
Refer to Govt./Private institution	3	3	3
Legal support District Legal Aid Services	3	3	3
Health check up	3	3	3
Indoor game	3	3	3
Vocational training	3	3	3

2.5 Type of services provided

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. They acknowledge that the capacity building activities organized by Tdh and HELP helped them to provide support to the CCIs. In absence of regular counselors, the homes are providing counseling to children by other trained staffs with the support of the mentor provided by Tdh project. Health check up is a regular activity in all the children homes, in observation and special homes visited. 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. In Hyderabad, the homes use the government ambulance service of "108." 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 few training courses are provided in the centers. Presently all the vocational centers are in a defunct position due to lack of budgetary provisions. There are periodical life skill orientations for the children from the Tdh project.

As per the table shown above it is revealed that the education, counseling, legal support, moral support and vocational trainings supports are provided in all the homes. Services such as Art therapy, Theatrical art, Dance Movement Therapy, life skill education such as bathik design were provided by the Tdh HELP project.

2.6 Infrastructure Details

A specific tool was developed to collect information related to all the infrastructure facilities available in the shelter homes. In all the locations the shelter homes operate in well furnished buildings with minimum facilities. While each of the centers are having space to accommodate around 60 children yet in most of the cases the number goes to more than 100. This rise in number is not often supported by additional resources making it difficult to manage these children. During the field visit, it is observed that in dormitories all the children do not have adequate mattress and bed materials. This is one of the grey areas in all the shelter homes. More provisions from Government should be made to provide minimum mattress to all the inmates in the shelter homes. During the discussion with all the Superintendents, it is revealed that they give more importance on the moral education of the children by which they can easily reintegrate in to mainstream however accessibility to books and other literature is very limited in all the homes. The only library books found in all the shelter homes are provided by the Tdh HELP project otherwise none of the homes have a separate library to store books. This is another gap in the homes to work for the children.

Similarly, the centers do not have separate sick room or first aid room, dining hall, recreation room, library hall, and counseling and guidance rooms. All the CCIs lack playgrounds and vocational training centre facilities.

The following table shows the infrastructure facilities in three locations:

Table No 2.4 Infrastructure details of CCIs in different location

Particulars	Req	uirement			Actual	
	Hyderabad	Tirupati	Vizag	Hyderabad	Tirupati	Vizag
Dormitories	1	4	6	1	5	4
Classrooms	4	1	9	4	2	4
Sick room/ First Aid Room	1	1	2	1	0	1
Kitchen	1	1	2	1	1	2
Dining Hall	2	1	2	1	0	1
Recreation room	1	1	2	1	0	1
Library Room	1	1	2	0	0	0
Counseling and Guidance room	1	1	2	0	0	0
Office rooms	2	2	2	2	2	2
Separate Bathrooms	12	12	10	22	0	12
Separate Latrines	12	12	12	6	0	12
Combined toilet	0	0	0	0	9	0
Play Ground	1	1	2	1	0	0
Vocational Training Room	1	1	2	2	0	1

2.6.1 Library Facilities

The Children Homes under the study area have no specific provisions for library facility. There is no infrastructure facility or ear marked rooms for the library but still there are books which provided from the Tdh project 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 using the books but not regularly. More books on general knowledge are available in all the homes whereas other books are available in less numbers. The following table shows the response of Superintendents on the type of books provided to children.

Table No. 2.5 Books Provided for Children

Book Type	Vizag	Hyderabad	Tirupati
General knowledge	3	3	3
Moral	3	3	3
Stories & Rhymes	3	3	3
Freedom fighter book	3	3	3
Biography	3	3	3

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 state government is not sufficient to manage the need of the children. Government fund provision for operation and maintenance is not adequate to run these units without any difficulties.

All the shelter homes are having computers, internet connection, and printer of which one set of computer and the printer provided from the Tdh project, but due to lack of technical knowledge among all the staff the data management is done manually. Except the case worker not all staff members do have access to computer or 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 mostly children driven. The children clean the toilets as the sweepers are hired or outsourced. They usually do not turn up every day hence the children often take care of the 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. However it is found that now children complain about the underrated services which we did not find during the time of baseline assessment. The maintenance of the office was taken up by the official staff engaged for the shelter home.

Similarly, to ward off mosquitoes the windows are sealed with mesh or nets in spite of mosquito nets being available. 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.

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 needs renovation or repair as they are constructed more than 50 years back.
- The dormitory facilities are found to be very poor in condition and more than 30 children have put up in each room with poor bedding facilities.
- The number of toilets and bathrooms are not according to prescribed guidelines. Though there are 22 bathrooms (6 in the dormitory, 6 in the class rooms, 4 in the recreation hall and 6 are outside) the 6 bathrooms situated outside are not in usable condition
- Though there are 6 latrines only 4 are brought in to usable condition by the Tdh project with some renovation work and there is need for more latrines from the government.
- Faulty drainage system leads to choking of drains. The drainage syetm with in the premises has been renovated by the Tdh project. However the pit inseide the premises need to be connected to avoid further blockage. Drainage choking has been a perennial issue as it requires coordination between HWSSSB, GHMC and the institution.
- Mosquito nets / mesh are found to be damaged and may lead to spread of vector borne diseases
- Water storage tanks are leaking, even one of the major water tank mainly used for bathing and washing clothes was renovated by Tdh but others and the sump closer to the kitchen needs serious repairs.
- Space of dining hall is insufficient especially when children from residential schools return back during vacation periods. For this Government should focus.
- 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. Owing to one of the complaint from children the Tdh project renovated the internal electrification in entire dormitory and in the office. However there is still need for further improvement.

Institution has 12 computers with internet, printer and scanner, but the staff members are not 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 2500 sqft, 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 124 children between 6-18 years in the home and 2 children are in the observation 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 provides tailoring classes to 22 girls; sewing machines are available but are not sufficient;
- There are just four bathrooms and lavatories combined which were renovated recently by the Tdh project. But these are insufficient; for the children as per the JJ act.
- No bore well. The institution has to depend on the daily water tanker supply from the municipal corporation, Many a time tanker does not come on time leaving the children to face severe hardship
- The water filter centrally fitted in the institution has been repaired by the Tdh project thus brought in to working condition.
- 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. Recently all the children provided shoes from the Tdh project but in long run the department needs to look in to this.
- As it is on the first floor children have very little free space to move around hence are forced to be confined to their rooms; no specific place for playing;
- Apart from the sports material provided by the Tdh project there was no support from the Government for recreational activities.

Visakhapatnam

- All the homes operate in a new building (children, observation and special). The carpet area of the children home is very big but lack basic facilities;
- Insufficient space for dormitory, class rooms, dining hall in comparison to children's capacity.
- No permanent library. The only library support the children received from the Tdh project.
- There is however separate dining hall and kitchen.
- Even at places, where dining hall is available, it is not spacious enough for the children especially when all of them have dinner together at night;
- 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;
- Footwear are provided by the Tdh project.

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, case workers, teacher, counselors, cook, administrative as well as management staff.

2.9.1 Role and Responsibility

During primary data collection process, we interviewed 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.

- Hold periodic meetings with the representatives of non-governmental organizations concerned and social workers/ case workers, Special Juvenile Police Unit/ Child Welfare Police Office/ Anti-Human Trafficking Unit officers to discuss specific issues that may arise. There are periodic meeting organised by Tdh/HELP for the CCI staff along with the CWCs, DLSAa and other CP stakeholders in the state.
- Depending on the season, the Superintendent shall have the discretion to alter the time for distribution of food. Some time the CPC formed by the Tdh project involving the children suggests menu and superintendent makes necessary provision as per the availability of the groceries and vegetables.
- On the advice of the Institution Doctor or at the discretion of the Superintendent, every sick child who is prevented from taking regular food, on account of his ill-health, may be issued with medical diet as per the scale for sick children.
- The primary responsibility of the staff is of maintaining the Child Care Institution and of providing care and protection to the children.
- Staff shall stay within the premises to be readily available as and when required by the children
- Ensure compliance with the provisions of the Act and the rules and orders made there under;
- Ensure compliance with the orders of the Board or the Committee or the Children's Court;
- Supervise and monitor discipline and well-being of the children and the staff; Strive for the development and welfare of the children;
- Plan, implement and coordinate all activities, programs and operations, including training and programs or correctional activities as the case may be;
- Ensure observance and follow-up of daily routine
- Organize local and national festivals in the home;
- Organize trips or excursions or picnics for children; This has been started since last two to three years.
- Maintain standards of care in the Child Care Institution
- Maintain the buildings and premises of the Child Care Institution
- Conduct periodical inspections, including daily inspection and rounds of the Child Care Institutions
- Ensure prompt, firm and considerate handling of all disciplinary matters;
- Ensure proper and timely maintenance of the case files;
- Maintain all records and registers required under the Act and these rules;
- Prepare the budget and maintain control over financial matters;
- Organize the meetings of the Management Committee set-up under rule 65 of these rules and provide necessary support;

- Description of all the records and registers by the Management Committee set-up under rules of J. J. Act;
- Liaise, co-ordinate and co-operate with the State Child Protection Society and the District Child Protection Unit as and when required;
- Co-ordinate with the legal cum probation officer in the District Child Protection Unit or the District or State Legal Services Authority to ensure that every child is legally represented and provided free legal aid and other necessary support.
- Ensure the production of the child before the Board or the Committee or the Children's Court on the date of such production and to ensure that the dates for the said purpose are recorded
- Where a problem of urgent nature has not been resolved within two working days, the Board or the Committee or the District Child Protection Unit shall be informed.

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. The details of the staff sanctioned vrs actual are exhibited in the following table:

Table No 2.6 Staff details in three locations

SI	Details of Staff	Sanctioned				Actual		Remarks
		HYD	TPT	Viz	HYD	TPT	Viz	
1	Superintendent	1	1	2	1	1	2	In Tirupati, Superintendent in charge, looks after childrens home, observation home and special home
2	Deputy Superintended	1	1	2	0	0	2	In Tirupati and Hyderabad the Case Worker doubles up as the Deputy Superintendent
3	Psychological Counselor	0	0	1	0	1	1	One person is hiring for all three home in Vizag
4	Case Worker	1	1	2	1	1	2	
5	Doctor	1	1	2	1	1	2	
6	Paramedical Staff	1	1	1	0	0	0	Vacant in all homes
7	Educator/Teacher	0	0	5	2	1	4	Teachers are on contract basis as per outsourced services.
8	Vocational Instructor	0	0	6	2	1	2	
9	Store-keeper cum Accountant	1	1	0	1	1	1	
10	Cook	1	1	2	1	1	2	
11	Security Guard	0	0	2	0	0	0	
12	Helper/Attendant	0	0	2	1	3	2	All the helpers are on contact basis i.e. on outsourced services
13	Office Assistant	0	0	19	1	2	1	
14	Sweeper	1	0	3	1	2	2	

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 Superintendents, they opined that in absence of skilled staff members some time they face acute problem to manage the children in the homes. With the support of the mentor engaged by the Tdh project they are able to manage their work somehow. 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. There has been sliight increase in reintegration only because of the guidance of the Tdh project staff especially the mentors.
- In Tirupati the Case-worker is full time staff of the girls home doubling up as the Deputy Superintendent.
- More than 20 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; Recently there has been series of trainings conducted by the Tdh project especially on positive discipline and quality care and protection service for children.
- 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;
- However security personnel are found to be absent in the girls homes
- Most of the staffs especially the office assistants and finance staff seem to be not having any attachment towards children.
- Lack of Knowledge and skills in professional management of children resulting in poor quality of service. Though there are regular guidance from the Tdh project but due to frequent change in staff and due to no willingness from the department there has been little achievement found so far.
- 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 found little motivated in comparison to the baseline study conducted by us.
- 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 as the children could able to relieve their stress because of the dance movement workshop by the Tdh project.
- 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 as we were not shown any records, documents related to children intake, counseling sessions, prior to 2013. Most of the records and registers are maintained

- since one and half year in computers with the support of Tdh project mentor.. This needs to be strengthened in all the homes;
- 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 children domicile of children, age wise data of children, etc staff wanted time as they do it manually;
- 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

Children Homes (Boys/Girls) are set up as per the Juvenile Justice (Care and Protection of Children) Act 2000 and Amendments Act 2006 and JJ act 2015, with an objective of providing shelter to juveniles in conflict with law during inquiry process and for providing long term rehabilitation for orphan, destitute children in need of care and protection who are brought before the Child Welfare Committees. Children produced before the Child Welfare Committees are admitted in the Children Homes whereas children produced before the Juvenile Justice Board are admitted in the Observation Homes during the pendency of any inquiry regarding them under the Act and in Special Homes if they are sentenced by the JJ Board.

3.1 Basic amenities

The children admitted in the homes are provided with basic amenities such as accommodation, food and nutritional diet, clothing and bedding, safe drinking water, toilets and bathrooms, medical services, education, recreation, legal aid and counseling. There has been quite a few improvement observed in these aspects compare to year 2013. AllI the CCIs are having provision of safe drinking water for the children. They are also given after care support and vocational training for their employment opportunities and rehabilitation. Apart from the above facilities such as adoption, gifts and outings are also provided as and when required. The trend of outing and exposure for the children has been started since last one year. The Homes are located close to local amenities including markets, shops, banks and parks and is generally accessible.

Table No 3.1 Basic Facilities in the homes

Services	Hyderabad	Tirupati	Vizag
Accommodation	3	3	3
Foods four times a day	3	3	3
Adequate nutritional food per day	3	3	3
Special food during illness	3	3	3
Regular involvement of children in cooking	3	0	1
Weekly involvement of children in cooking	3	0	1
Adequate clothing and bedding	3	3	3

3.1.1 Accommodation

The children in all the three locations are accommodated on sharing basis. There are no separate living rooms and the children sleep in the dormitories on bunk beds. Due to space constraints especially in Tirupati, where there are no bunk beds, children sleep on the floor. Adequate lighting and ventilation was found in the dormitories and living guarters of the homes but there is lack of heating and cooling

arrangements. Individual mosquito nets are not provided to the children. Instead the windows of the dormitories and living rooms are covered with nylon nets or mesh.

There are no specific study rooms as such and classrooms are used for study but they are not adequate as found in the children homes at all three locations. There are separate recreation rooms in the CCIs where children play indoor games or watch TV except for Tirupati where classrooms double as recreation rooms. Although in Tirupati they do have access to computers and internet along with the music system. Children in all the CCIs are having plenty of playing materials provided by the Tdh project but 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. Fire extinguishers are provided by the Tdh project, are available but need more in number. There is a need to have one each in kitchen, dormitories, store rooms, and places near electrical installations. There is also no provision for emergency lighting in case there is a power failure.

3.1.2 Food and Diet

As per the norms of minimum standard of care laid down under the JJ act, 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 with 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.

Food is provided four times daily. For breakfast the inmates have Upama, Pongali, Pulihora, Khichdi, Popannam, etc; for lunch, Rice, leafy Dal, Rasam, Curry and Curd is given; evening snacks included boiled gram, banana and biscuits; and for dinner, Rice, Dal, Rasam, Sambhar, Curry and Curd is provided. Non vegetarian food such as egg or chicken is provided on alternate Sundays and on some special occasions. There is no special diet for mentally and physically challenged children. However milk and egg are provided when anyone becomes ill. Special diet may also be given to sick children as per the advice of doctor. All the nine homes opined that nutritional food per day is adequate and food quality is good. Although a cook is generally available to prepare food, it is revealed that there is regular involvement of children in cooking activities in the homes. Also the children some time and some cases have their say in choosing the menu.

For guidance regarding health, nutrition and 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 part time or full time, regular or contractual.

3.1.3 Clothing and Bedding

The children are provided three pairs of clothes in a year as per the JJ Act provisions. Special clothing such as winter wear and inner garments especially for girls are found to be insufficient and they have to adjust with what they have. Also no shoes are provided and they wish for more dresses, sweaters, mufflers and shoes. Recently there has been provision of shoes, sweaters, T shirt from Tdh and are ready for distribution among the children.

It is found that the children use single bed and beddings. Each child is given one rug or mattress, one bed sheet, one pillow and one blanket. However it is found that sometimes there is shortage of blankets and the children are forced to share whatever is available until that shortage is met. Although the children in all the three locations feel that clothing and bedding is adequate, they still require another

bed sheet, one pillow and one towel. It is also found that beds are insufficient in number and two or more children who are less than 10 years of age are put in one bed where they have to sleep together.

3.1.4 Sanitation and Hygiene

The children wish to have buckets, mugs, towels and napkins, soap (cut-pieces of soaps are provided that last for 2 – 4 days), and dustbins. A first aid kit is present to meet the immediate needs. They also require the services of Dhobi. The children wash their hands before having food.

They are 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. There is no facility for storage of clothes in the girls' homes. Sanitary pads are made available as and when required but the children strongly feel that they should be provided with more inner garments. A barber visits the homes every week to attend to the needs.

There is provision for safe drinking water but there are no standby arrangements for water storage. The ratio of bathrooms to latrines is also very less. Bathrooms and toilets are found to be insufficient in numbers (9 combined toilets for 126 children in the Children cum Observation and Special Home, Tirupati) and more than ten are in need of repair. Water connection is not available in the latrines. Children have to lift buckets and use them for cleaning, washing and bathing. Even buckets and mugs are inadequate. Toilets are not bleached and cleaned on a daily or alternate day basis and mostly done in a weekly basis. The children also have to clean their rooms, kitchen, dormitory and store rooms as no cleaner is available.

Proper storage and inspection of articles of food stuffs is done regularly to see that the food stuff does not go stale. Garbage wastes are disposed off every alternate day through arrangements by the municipalities. Drainage system is also found to be inadequate in all the three locations.

Table No. 3.2 Sanitation and Hygiene Maintained in the CCI

Samilation and myglene maintained in t	ile coi		
District	Hyderabad	Tirupati	Vizag
Sufficient treated and filtered drinking			
water	Available	Available	Available
Sufficient water for bathing and washing			
clothes, maintenance	Available	Available	Available
Proper drainage system	Inadequate	Inadequate	Inadequate
Arrangements for disposal of garbage	Adequate	Adequate	Adequate
Protection from mosquitoes	Inadequate	Inadequate	Inadequate
Sufficient number of latrines/toilets (at least one latrine for seven children)	Adequate	Inadequate	Adequate
Sufficient number of bathrooms (at least			
one bathroom for ten children)	Adequate	Inadequate	Adequate
Sufficient space for washing	Available	Available	Available
Clean and fly-proof kitchen	Available	Available	Available

3.2 Children in Education

The Juvenile Justice Act and its subsequent amendment provide scope for re-engagement of children in the educational set up. In most of the cases these children are admitted 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 de-motivated and abandon the schools at the newer environment. There are 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. Extra coaching shall be made available to school going children in the institutions by encouraging volunteer services or net working with coaching centres.

It is found that in all the CCI educational facilities are provided for children in different ways, e.g preschool education, primary, secondary, non-formal classes, private coaching, bridge course etc. Those institutions which are not able to provide education within the premises of the institution, are sending them to the nearest available facility outside their campus. The Superintendent of Childrens' Home Hyderabad is in favour of open schooling and Digital classes and contends that these children should not be deprived of quality education simply because they are in correctional homes.

Table No 3.3 Educational Facilities

Services	Hyderabad	Tirupati	Vizag
Eligible students accessing primary education	3	3	3
Eligible students accessing secondary education	3	3	3
Eligible students accessing technical education	0	1	0
Adequate teachers are available for teaching	0	0	1
Vocational studies continuing in the homes	3	3	3
Qualified & trained instructors available for vocational study	3	3	2
Placement facilities available for the students	0	1	1
Infrastructure facilities are available for education	1	0	1
Teaching and learning materials provided adequately	0	0	2

Vocational education is also given to children in all the CCIs such as tailoring, beautician, crafts work, and computer for employment opportunities and rehabilitation. While training on book binding, photography and house wiring is exclusively given in Vizag, training on stitching and beautician is provided in Hyderabad and Tirupati. The case worker in Hyderabad has opined that along with providing vocational skills to the children they should be given proper certification on skills.

Table No 3.4 Vocational Training in three locations

Vocational	Hyderabad	Tirupati	Vizag
Tailoring	3	3	1
Book binding	0	0	1
Photography	0	0	1
House wiring	0	0	1
Computer	0	3	1
Painting and Mehendi	0	3	0
Beauty culture	3	3	0
Textile Designing	0	0	0
Crafts works(Flowering making, Chain beads	0	3	0

It is also found that life skill education is given in the Homes such as dance therapy in Hyderabad and self defence (Tai Kwando) in Tirupati. In Tirupati children are also given education on spoken English, Sanskrit Language and Adolescent Reproductive and Sexual Health (ARSH). Interestingly life skill education is not found in Vizaq.

Table No 3.5 Life Skill Education

Activities	Hyderabad	Tirupati	Vizag
Self defence	0	3	0
Spoken English	0	3	0
Sanskrit language	0	3	0
Dance therapy	3	3	3
Sexual & Reproductive Health	3	3	0

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.

3.3 Health

Trained staff is required in Clinic/ Dispensary/ MCU for first aid/emergencies. Qualified and experienced staff can help the patients at the time of emergency for better health care. A government doctor visits the Homes daily and first aid, medicines, and referral services are provided to the children along with care to children having chronic illness. It is found that in none of the CCI, there is facility of ambulance. In Hyderabad they use the 108 services whereas in Vizag and Tirupati they use local conveyance.

Table No 3.6 Health services provided in the CCI

Services	Hyderabad	Tirupati	Vizag
Health Check up	3	3	3
Doctors Visit	3	3	3
Reffered to Govt. Hospital	3	3	3
Provision of Medicine	3	3	3
Maintenance of Health Record	3	3	3
First aid	3	3	3
Counseling	3	3	3
Ambulance Service	3	0	0

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. Two children with HIV in Hyderabad have been handed over to the concerned NGO for further rehabilitation.

Table No 3.7
Diseases found in Number of Children in the CCIs

Blocked Found in Hamber of Chinardi in the Colo					
Diseases	Hyderabad	Tirupati	Vizag		
Scabies	8	5	3		
Fever	11	3	5		
Cold	8	5	9		

Heart problems	0	1	0
TB	1	0	0
HIV/Aids	2	0	0
Mentally & Physically Challenged	0	2	0

3.4 Children's Participation

Children's Committees for welcome, food, health, education, recreation, and gardening are present in the CCI, but these are found the TDh's initiative only. SO far there is not much attention from the Government department. The children's committees sit twice in a month in each of the homes and discuss their issues as well as they lern some new messages from their mentor (AKKA from the Tdh project). Also they discuss about any particular issue and plan how to communicate the issue to the superintendent. In all the homes the child protection committee formed five types of children committee and their role, which are as follows:

Welcome	Com	mittee
VVCICOIIIC		

Presentation on the homes and its different f	facilities;
---	-------------

- Discuss with the visitors and seek suggestion to improve upon the services;
- Coordination among all the committee
- Prepare for all the cultural and national events;

Entertainment Committee

- Scripting of different plays on issues of social importance
- Planning of different cultural programmes for festival, important dates etc. to be celebrated in Children's Home;
- Preparing of different dance and other activities for the children;
- Forming of different groups as per the interest area of inmates;

Education Committee

- Ensuring academic progress of children;
- To ensure that children are attending school regularly;
- To monitor study hours and homework hour are being followed by children;
- To ensure that newspaper is available and accessible by the children;
- To ensure that at least magazines are provided to the children to read
- To encourage children to access magazines, newspaper and other books;
- To inform the management if they require any blocks

Health Committee

- Contact all children about any illness;
- Inform the warden and superintendent about the any illness;
- Supervise the ill child and give moral support;
- Conducting monthly cleanliness drive in the home;
- Committees will ensure that the time table is followed at all times in the home
- The committee will ensure that children will behave in an appropriate
- Ensure that children of their dormitory follow a schedule
- To assist in the mess duties of serving and assisting younger children
- To ensure children come timely to the mess
- To assist children with special needs in the mess

Sports Committee

I	Forming of	different	arouns as	ner the	interest	area of	the	snorts
,	i urrilliu ur	uniciciii	uruuns as	מבו נווכ	111111111111111111111111111111111111111	ai ca ui	เมษา	งมบเง

- Regular noting down the requirements of various groups in terms of sports equipment's/ items requires
- Ensuring storage of sports equipment and need based sanction to the children
- To maintain a register of all sports items issued to the registers
- To encourage that children look after the material issued to them

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, and dance. People from different NGOs come to the homes very often to share knowledge and skill on photography and art and crafts.

Apart from this, they organize picnic and outings for the children once in a year. Yoga classes are conducted in all the study Homes. 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.

Table No 3.8 Children's Participation

SL No	Activities	Hyderabad	Tirupati	Vizag
1	Indoor games			
	Carom	3	3	3
	Chess	3	3	3
	Ludo	3	3	3
	Snake and Ladder	3	3	3
	Chinese Checker	3	3	3
2	Outdoor games			
	Foot ball	3	3	1
	Shuttle	3	3	0
	Throw ball	0	3	0
	Volly ball	0	0	1
	Kabaddi	3	3	1
	Tennikoit (Ring Tennis)	3	3	0
	Skipping	3	3	0
3	Music	3	3	2
4	Television	3	3	3
5	Picnic	3	3	1
6	Outings	3	3	1
7	Cultural Program	3	3	3
8	Yoga	3	3	3
9	Debates	0	0	1

Most of the above play materials are provided by Tdh and very few are from the department.

3.5 Counseling

Counseling is provided by a recommended psychologist and the case worker with the guidance of Tdh engaged mentor in all the shelter homes. Though there are no permanent appointed counselors at the time of study but it is inferred that counseling is provided regularly to the children in all the homes in the sample districts. They visit the homes twice a week and are not regular, and they do not reside in the home premises. This especially the additional support from the Tdh mentor has compelled the home authorities to train other support staffs for counseling. Counseling at parents' level is subject to requirement there is an improvement in this aspect since last two years. The study reveals that the children at homes are neither happy nor unhappy with their stay and overall management. Many of them expressed neutral view on their stay at the homes and feel that care services could be improved...

3.6 Legal aid

The legal aid services are satisfactory as shared by the staffs and children of the homes. The District Legal Services Cell (DLSC) is regularly visiting the homes and discussing their issues. The CWC also visits the homes every Monday. The presences of Tdh project staff in these meetings are really helpful as shared by the superintendents of all the homes. However it was felt that the children should be informed of their legal standings and the CCI should explain to the children how law can help them. Legal awareness could be provided to the children.

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

3.7 After care support

The study reveals that some children do not feel confident to spend life after institutional care although all of them want to venture outside.

As per the JJ rules, every institution shall provide gainful vocational training to children. The institutions shall develop networking with ITI, JSS, Govt. and private organizations or enterprises, agencies or NGOs placement agencies. Every children has to attend one of the vocational trade available tailoring, carpentry or shoe making etc. It is necessary to provide the skill training or vocational training to adolescent children so as to equip them to become economically productive citizens.

It is observed during the study that in all 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 became self sufficient. However, during the process of data collection we could find that the duration of training could be increased for each of the children.

Networking with placement agencies, other Non-Govt. organizations, Govt. or private institutions/ centres, 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.

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.

Table No 3.9
Outcomes of Group work with Children

	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: Banana, 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	Breakfast should include – dosa, poori, chapathi, etc Need sufficient plates, glasses
Sanitation and Hygiene	Toilets & bathrooms are available but are insufficient in numbers. Children are given one bath and washing soap every month, tooth powder is given for brushing, etc.	Bathrooms should be cleaned regularly Elder children should be allowed to take bath in the bathrooms We need hand wash in the bathroom/toilets	Need more bathrooms, mugs, buckets in sufficient numbers Need a mop; cleaner We should be given self grooming kits- comb, talcum poweder, nail cutters, bindies, cold creams during winter, etc
Clothing and bedding	Bed sheets are given; only one pair of dress is given in a year and additionally once in festival season.	Need many changes	Need dresses, mats and bed sheets
Recreation	Skipping, shuttle, tennikoit, caroms, chess, snakes & ladder, etc. Dance, songs, TV are available.	We need more sets of the same material.	Want a dance teacher who can focus on dance movements taught by the Tdh project and a Physical trainer/teacher for regular exercise.
Education	Currently few are attending school and college outside; rest of us are attending the classes in the home. Library is available.	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 Beautician course is of short duration	Should be teaching latest designs, sari painting, and embroidery work. Beautician course should be longer	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.

Counseling	Counselling is being provided by Psychologist, Akka (Tdh mentor) and the Case worker madam. Rest of the staff not behaves always in proper manner but there is a change in their attitude recently.	Rest of the staff should always 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
Legal support (wherever applicable)	We those who arenot having parent 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 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 us lovingly	-

3.9 Level of Satisfaction of Children

During the FGD with the children (4 with girls and 4 with boys), an attempt was made to explore their level of satisfaction of children on different services in different homes on a five point scale namely very good, good, average, poor and very poor as shown in the graphical interpretation at the end.

Food: Most of the children are greatly satisfied with the food they get. The food items are sufficient and cater to all the children. The quality of the food is also good. However, they want a slight change in the breakfast menu as they are bored of the same items. In six FGDs children have stated that food is very good and in other two FGDs they say that the food is good.

Sanitation: On sanitation the children have expressed mixed feeling ranging from poor to good. Incidentally the girls homes have raised questions regarding proper sanitation and personal hygiene. In three FGDs especially at girls homes, they have stated that the services are either poor or average. There is no specific provision to dispose off sanitary pads. Also, sufficient toiletries are not available to the girls.

Recreation: Fifty percent FGDs have expressed satisfaction over recreation facilities whereas another fifty percent have given average rating. This is mainly due to the non availability of play grounds and sufficient playing materials along with lack of regular access to media such as TV and internet.

Education: It is found that there is overall satisfaction regarding education among the children in all the homes. While five FGDs have rated education good or very good, three have rated average. This is mostly related to shortage of subject teachers.

Vocational Training: Level of satisfaction is not very high in vocational training services as most of them have given average ratings. They opine that vocational training is not for long enough duration

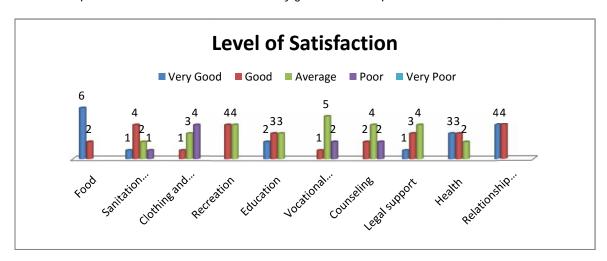
and there is no support after completion of the course. There is also no certification of their skills. They want training in the trades that would help them earn a good income after they leave the institutions.

Counseling: It is clear that counseling does not fare well among the children. Since one counselor attends to so many children their issues are not addressed as they wanted. In view of shortage of counselors the staff most often do the work of counseling and often they are rude to the children.

Legal Support: This area is not very clear to the children even though they have expressed some satisfaction. In four FGDs they have rated average while in other four they have given good ratings to legal support.

Health: Most have expressed their satisfaction over health services. There is regular health check ups and satisfactory medical services.

Relationship with staff: All the children have very good relationship with the staff.



Chapter Four Systems and procedures

In this chapter we have tried to capture various procedure and systems maintained in the Child Care Institutions. During the field visit it was observed that the following procedures have been adopted by all the CCIs.

Table No 4.1 Procedures at a Glance

Nature of Service	Service delivery standards & time limit
(A) Children in need of Care & Protection:	
Identification & production of child before the Child Welfare Committee	Within 24 hours
Communication to parents/relatives and to the Dist. Probation Officer concerned	within 5 days

Adjudication of the issue and completion of enquiry and disposal of case by the Child Welfare Committee	Within 4 months
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 officer5 days)	
(receipt of the report 5 days)	
(grant of leave 5 days)	
After-care planning before release	Within 3 months
(B) Juveniles in Conflict with Law:	
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
Disposal of the case of juvenile by the Juvenile Justice	Within 4 months
Board	
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, runaways, sexually abused children, single parent, children of prisoners, missing child, separated, street children, prolonged illness, child beggars, child marriage, 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, children with charges of rape, murder and theft, children booked under Arms act 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, individual care plan, etc.

Various types of Registers are maintained to record the 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 of each child is 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, counsellor'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, and psychological reports.

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 except during the baseline study done earlier.

As per the minimum standard of 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	9	100
Order of JJB	9	100
Nabbed by Police	6	66.7
Identified by NGOs	6	66.7
Note: Multiple response, N=9		

4.2 Procedures under JJ Act Findings against the standard

During the field visit the team members emphasized to observe the procedures laid down as per the JJ Act. In the following paragraphs we have captured our observations related to the implementation of JJ Act by the CCIs.

Observation Homes

Observation Homes are meant for temporary reception of any juvenile in conflict with during the pendency of any inquiry regarding them under the Act. The following procedure is followed in respect of newly admitted juveniles.

- Counsel the child and the parent or guardian, to help the child to grow up as a good citizen

 Provide and facilitate useful skills including education and vocational training in the Observation

 Home.
- Provide for the child continuing the education, vocational training etc., after leaving the Observation Home by networking with other Agencies, Fit Institutions, Fit Persons, the community etc;
- Inculcate self discipline and emotional stability in the child and
- Help in the all round development of the child

The child is initially accommodated in the reception unit and later segregated as per age, as required under section 8 (4) and separated from old acquaintances and bad influences. In respect of newly admitted children, the name and address of the parent / guardian of the child was being ascertained and immediately informed of the detention of the child wherever possible. The procedure prescribed in schedule 4 is followed in respect of newly admitted Children.

A schedule orientation for the newly admitted child is followed for:

- a. Counseling the child and parent / guardian
- b. Self improvement opportunities, short term vocational training, academic education and library
- c. Institutional discipline, standards of behaviour, respect for elders, teachers etc.,
- d. Health, sanitation, hygiene

All residents in the Observation Home are given work like:

- a. Self-help in maintaining their own Establishment
- b. Cleaning of open spaces and gardening
- c. Preliminary operations for crafts

The Superintendent supervises, advises and ensures control over the above issues and records the same in the Daily journal.

Special Home

Special Homes are meant for the juvenile who have been sentenced by the Juvenile Justice Boards. The objectives of the special home are:

- to provide and facilitate academic educational and vocational training to the child;
- to inculcate self discipline and emotional stability in the child
- to help in the all round development of the child
- to ensure that the child becomes self reliant on his or her discharge from the Special Home to provide for the child continuing the education, vocational training etc., after leaving the Observation Home by networking with other agencies, fit institutions, fit persons, the community etc.

Special Home has been set up in the manner prescribed below:

- Separate facilities are maintained for boys and girls above 7 years of age
- Separate special homes are set up for boys and girls in the age group of 10-18 years
- The procedure prescribed in schedule 4 is followed in respect of newly admitted Children

The Special Home promotes an integrated approach to child care by involving the community and local NGOs. The activities of the center include establishing linkages with organizations and individuals who can provide support services to children. These centers should encourage volunteers to provide for various services for children and their families

The special homes have the facilities as prescribed in schedule 5:

- Education: The Home provide education to all children according to the age and ability either both inside the Home or outside, as per the requirement
- Vocational Training: Each Home shall facilitate useful vocational training under the guidance of trained instructors. The Home shall develop networking with institute of technical instruction of trained instructors (ITI), Jan Shikshan Sanstan, community polytechnic schemes, Government and private organization / enterprises, agencies / NGOs with expertise, or placement agencies
- Counselling: Each Home have the services of a trained outsourced counselor. Services of Child Guidance Center, Psychology and Psychiatric Departments or similar agency may also be availed of
- Recreation facilities: There are indoor game facilities and music system is available. It must include outdoor games, picnics and outing, cultural programmes etc., on a regular basis
- Visitors are allowed to visit Observation Homes and Special homes with the permission of the Commissioner / Superintendent of Home / Home Committee

4.3 Procedures under CWC

Children Homes under CWC are meant for reception of children in need of care and protection during the pendency of any inquiry and subsequently for their care, treatment, education, training, development and rehabilitation.

The objective of the Children's Home is to restore the child to the parent / guardian. The child and parent / guardian shall be appropriately counselled for the effective reintegration of the child with the family. Where it is not practicable to restore the child to the parent / guardian, the child shall be provided all facilities for all round development, education, vocational training and inculcating self-discipline and emotional stability in the child, to make the child self-reliant on leaving the childrens home. The emphases in the children's home shall be on the reintegration of the child with the family

and the all round development of the child and not on the child's detention in the home. They shall also network with other agencies to help in the child's education vocational training etc.

As soon as a child in need of care and protection is brought to a children's home, every effort is made to ascertain the name and address of the parent / guardian of the child. The case worker and the NGO working with the children tries to contact the parent / guardian of the child directly, or through the local networks, police, childline as well as through the District Probation Officer and the intake procedure in sub rule (5) (c) of rule 14 is followed. The child is counseled to rejoin the parent or the guardian. During the interregnum, the newly admitted child is placed in a reception unit and is given short-term vocational training as well as academic educational appropriate to the child's age.

The activities of the center include:

- Family based services such as foster family care, adoption and sponsorship;
- Linking up with Integrated Child Development Services to cater to the needs of children below 6 years
- To Establish linkages with organizations and individuals who can provide support services to children

The procedure followed and the facilities provided in the children's Homes

- Physical Infrastructure: The standard of accommodation as prescribed in Rule 24 shall apply. There should be adequate lighting, ventilation, heating and cooling arrangements, drinking and toilets. The children's home shall also have the facilities prescribed in schedule 5 and under rule 14(5)
- Intake Procedure: Every new child who is brought to the Home, immediately be taken charge of by the counselor / child welfare officer / designated office / home committee, as the case may be. A brief orientation is given to the child on induction to remove any inhibition form the mind of the child. The child is immediately given bath, clothing, food etc., and medically examined. The name of the child entered in the admission register and appropriate accommodation is allocated to the child. The further procedure prescribed in schedule 4 are followed
 - a. Visitors are allowed to visit the home with the permission of the Commissioner / Superintendent of the Home / Home Committees
 - b. The Superintendent / Project manager maintains a visitors Book. The remarks of the visitors shall be considered by the Home Committee
 - c. It is being advised by the superintends to the visitors that while visiting an institution, the visitors will not say or do anything, which undermines the authority of the Superintendent / Project manager or is in contravention any law or rule or impinges on the dignity of the child
 - d. The children's Home, being a child-care center looking after children who are not accused of any offence, should not be treated as custodial institution. In the event of a child leaving the Home without permission, no proceedings of the nature of suspension shall be automatically initiated against the staff of the Home; however an enquiry shall be conducted to ascertain whether the staff have acted in good faith and disciplinary action shall be initiated only when lack of good faith is Established. The information about the child leaving the home without permission shall be sent to the family of the child, if their address is known and to the police.

4.5 Case management mechanism and individual care planning

A case history of the child admitted to an institution shall be maintained continuously which may give information collected through available sources, including home, parents or guardians, employer school, friends and community. The educational level a vocational aptitude of the child may also be assessed. The appropriate linkages may also be established with outside specialists and community

based welfare agencies, psychologist, child guidance clinic hospital and local doctors, open school, Jan shikshana samastan etc. A care and rehabilitation plan for each child shall be drawn by the Case Worker and placed before the Monitoring and Evaluation Committee.

Individual after care planning should be done with proper linkages and networks. This would enable the children to be reintegrated in to the society during their stay in these transitional homes. The children should be encouraged to move away from an institution based life to a normal one. The stay in the home is extendable up to three years, but not beyond the youth attaining the age of 20 years or till rehabilitation, whichever is earlier.

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. 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		

4.6 Data management system and follow up mechanism

In the context of visits of CWC members to the homes, all the homes agreed that CWC 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. A data management system as guided by the Tdh project has been used by the CCIs. However the CCIs lack a coherent data management system and follow up mechanism owned by the department. This is an area where the staffs need training and capacity building programs. Also either the department has to come up with a strong data management system or authenticate the Tdh project tool as the government tool. There is mostly no follow up through the child tracking system.

4.6.1 Progress Monitoring

The study did not find any robust individual care plans for the children except in some CCIs use an individual care plan format as suggested by the Tdh project. 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 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. All the nine homes used computer for data storing and report generation. However no evaluation system is incorporated by any of the homes.

Table No 4.4 Monitoring Mechanism in CCIs

Worldoning Weenanism in Cois		
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	6	
Computerized reports generated	9	
Data (Case Records) feed into Computer	6	
Regular correspondence with department	6	
Note: Multiple response, N=9		

4.6.2 List of documents checked and filled up by the superintendent

Receiving Performa

Medical of the child

DDR/FIR

Orders from Child Welfare Committee

Proceedings of CWC

Case History of the child

Quarterly Progress Report of the child

Interaction Report with the child

Individual Care Plan of the child

Updating data on track the child portal

Preparing documents for restoration of the child staying in Institution

Supervision Form (Form No.VIII)

Undertaking of a Fit Person (Form No. IX)

Format for Enquiry Report (Form No. XIII)Home Study Report (HSR) of the child

4.6.3 List of registers maintained in the home

Admission and Discharge register which will also indicate change of nature of custody

Attendance register for children

Case file of each child

Children Suggestion book

Counselling Register

Drug de addiction program enrolment and progress register

Handing Over Charge Register

Housekeeping and Sanitation Register

Inspection Book

Legal Services Register

Log Book Driver Superintendent

Staff Meeting Register

Minutes Register of Children's Committee

Minutes Register of Management Committee

Stock Register

Visitor's Book

Chapter Five Knowledge, Skill and Training Needs

Care and protection of the children can be ensured and realized only when the service providers have adequate information, capacity and motivation regarding child rights and child wellbeing. This chapter aims to highlight the existing knowledge, skill and proposed capacity building services for different stakeholders. The chapter draws inference from the focused group discussions with the stakeholders as well as discussions made with the staff of these homes.

5.1 Availability of Staff

The study finds that vacancies in many important positions still exist in all the CCIs. Some positions such as counsellors, paramedical staff, teachers, and subject matter specialists need to be filled up. These specific positions provide very critical services and shortage in staff position would in all likelihood lead to neglect of children's issues. Key positions which would have helped children to unlock their potential such as music teacher, yoga teacher, and sports teacher are not sanctioned for these homes. Positions such as house matrons, sweepers as well as helpers positions are outsourced. Positions such as Dhobi, aaya, security and drivers are not currently positioned in all these homes even if their requirement is largely felt. Other important positions like Assistant superintendent and guarding staff are also vacant that limits the smooth functioning of the shelter homes.

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

It is revealed that only the higher level staff have attended training programs 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, ICPS, etc. The lower level staffs who are more often in contact with the children have not attended training programmes and hence are not sensitive enough towards children's issues. Recently they are trained on the basics of child care and child rights, quality care services in the CCIs and positive disciplining organized by Tdh and HELP project. Based on

discussions with the staff four broad areas have been identified on which training programs may be organized for capacity building of the staff:

J	Counseling and behavioral change and communication
J	Promoting Health/Safety,
Ĵ	Understanding Child Development, and
Ĵ	Promoting Nutrition/Healthy Eating.

On further interaction with staff members they highlighted the following topics to be included in the training programs:

J	Sensitization and Stress Management
Ĵ	JJ Act (care and protection of children)
J	Problems and causes of Juvenile delinquency
Ĵ	Child Abuse, Exploitation, Child Protection, Child Rights, Integrated Child Protection Scheme
J	Child Care, Child Development and Health Related Issues, child psychology
J	Behavioral problem of children,
J	Counseling, Techniques, Intrapersonal Adjustment Managerial skills, Skills for Problematic
	Children, managing behavioral problems
J	Adoption & Sponsorship and other forms of non institutional care for the children

Most of the staff expressed that due to budget constraints and lack of financial support their hands are tight and they are unable to provide quality services to the children. They understand the importance of care and understanding in the child rearing process.

As data management is still not computerized in all the homes, retrieval and submission of data from any quarter takes time. Child tracking system is present but due to lack of technical knowhow most of time it is difficult for the staff to use it. Hence knowledge of IT technology in data storing, management and reproduction is a must. This will not only help the CCI in management but also help to track the children for their development.

Quality and quantity of services are curtailed due to shortage of funds in all three study homes. Budget constraint is the main reason of which number of child welfare initiatives could not be undertaken.

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 on one hand and service providers as well as institution in the other hand. Training need assessment is done through a consultative process following a stepwise approach mentioned below:

Identification of Target Audience: The target audience who needs training on various subjects is identified. These are the service providers who are immediately in contact with the children and remain in control of the services that are essential for the children. Their job profile is 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 are:

J	Pharmacists
	Doctors
	Deputy Superintenden
	Superintendent

Vocational DeveloperAll types of TeacherMatronsSecurity Guards

Segmentation of Target Audience: The target audiences are 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

SI no	Type of service Provider	Name of the Professional
Α	Technical Staff	Doctors,
		Pharmacists
В	Administrative Staff	Superintendent
		Deputy Superintendent
С	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 are also taken into consideration. Only those training which are taken by the participants while executing the current assignment or trainings relevant to the current job profile is taken into consideration. The training needs expressed by the staff are 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 is given both to technical staff and administrative staff by Tdh. But from the government side the 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 spanned over three years to start with. So that strategic decision can be taken in the mid course to review the work undertaken.

Case study

"Shelter home has brought me up and gave a new hope to me to live further..." a 15 year boy expressed with full of tear....

I had lost all hope in life when my mother left me alone when I was 6 years old. She never thought for a while, how I could live in a big world. She committed suicide by drowning in the sea and also took my little sister with her. I was too small and could not understand why this happened. I had great hope living with my father. He looked after me well in absence of mother. Early morning he went to the field after finishing the cooking and I used to go field with my uncle to take food for him. I tried lot to stay alive with my father but God was not kind to me. In an early morning I was just sitting in verandah when one of my neighbor uncle told me that my father was bitten by a poisonous snake. The moment I heard about it, I ran towards the field, but found that my uncle had taken him to the hospital. I took a long breath and sat down and cried a lot. I prayed to God for his recovery. I returned back home and waited for his return. After waiting for a long time till the sun set and my eyes grew tired with fear, I could see from a long distance four to five persons carrying someone on their shoulder. My uncle came up to me and said "Laxman, your father is no more in this world!" I felt completely alone and my eyes were full of tear. I cried and cried... felt like there is no hope to live.

My uncle took me with him but soon my aunty started abusing me. Neither she gave me food properly nor anything else. She used to beat me regularly without any cause. One day I decided to ran away and one early morning hopped on a train and landed at Visakhapatnam. Without food I stayed at the platform for two days. Then three people which I later learnt were from childline, took me to the shelter home.

At the shelter home they give me good food, shelter, education, things to play, and many things. I have promised myself to be a good human and become an engineer one day. Every moment I pay my gratitude to shelter home and I am really too happy because "they have given me a new life and a new hope to live."

"No, I am not alone, I also have home... shelter home..."

In the early morning when I reached at Visakhapatnam railway station with my father six months before, I was excited to see the new place because I came from UP. I have never seen Telugu people before, but I liked Telugu heroes and films. However I sat on the platform while my father offered me a chocolate and told me to stay there until he came from the toilet. Hours went by but he did not come. Meanwhile I started to worry and searched around the platform but nowhere could I find him. He had left me all alone to fight in this world and returned back to UP.

I being abused by my step mother never realized that they could do this to me. My mother passed away and left me alone three years back. After my father re-married I thought I could survive but nothing happened. The moment my new mother came to our home she denied accepting me. Most of times she had beaten me even in front of my father, but he always remained silent. She always guarreled with father.

Many questions arose in my mind as to why he left me alone and where I would go. I cried a lot...In that same evening while I was sleeping on the platform floor some people from childline took me and admitted me at shelter home. Since that day neither my father nor any relatives have ever come. I have resolved myself to be strong and learn as much as possible at shelter home. I feel, "I am not alone, I also have home...shelter home...because they care for me better than my family and relatives...I am studying, playing, getting good food and I am happy..."

Chapter Six

The key findings:

The study finds certain points which are elaborated here below:

- 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, the homes are operating in new building where as in Hyderabad and Tirupati they have also own buildings for all the homes but old ones.
- Spaces especially in Tirupati are grossly inadequate. In all the 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 since last three years because of frequent repairing of the pipelines they are now getting drinking water regularly. However, in 4 out of 9 units, the drinking water problem is still 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 to three pairs of dresses every year as per the JJ Act but there is demand for more especially inner garments;
- There has been improvement in awareness among the staff as well as the children on sanitation and hygienic practices. However, 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 food provided to the children is mostly stereo type according to the prescribed budget but there have been often changes to the daily menu as per the request from the children groups in few of the homes.
- There have been improved internal electricity connections in all the homes but need regular checkup and follow-up.

- The budget allocated for recreational activity is quite low from the department. At most of the places absence of play ground, halts the psycho-social development of the children; The children in all the CCIS received playing materials and psycho social inputs mostly from the Tdh project found to be very helpful.
- 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 and beauty culture only; There has been a recent joint effort by the CCIS and Tdh project for improving the skills of children with orientation of dress designing, bathik and magum printing which found to be useful for the children.
- The decision making as well as monitoring of these institutions are being done following a top down approach. However there has been a change in the patrn has been observed. There are children committees are formed in all the CCIs and they are only limited to maintaining discipline as well as looking after other petty issues of children and other household matters like menu of the day, monitoring the food grains at store and so on.
- There has been evidence of improvement in the staff and children relationship which is a positive sign in all the CCIs. However still improvement needed in this aspect.

Impact of the capacity building action of Tdh project on the CCIs.

The study feels there have been significant changes occurred during last three years in these CCIs as a result of Tdh's capacity building inputs.

- The change in behavior of the staff especially towards the children is one of the major impact of the Tdh project. Many of the staff during the discussion with the study team reveled openly that they have got more knowledge on child rights and child protection because of Tdh and HELP.
- Children are now more vocal then earlier in terms of expressing their feelings (both positive and negative) on the quality of service they get in the homes.
- Children have now many options of recreation in the homes which was almost nil three years back.
- Though there is still improvement needed to the sanitation facilities, because of the Tdh intervention children now are avail of functional toilets in the CCIs. Also there has been improvement of awareness among the staff and children on sanitation and personal hygiene.
- There have been less incidents of child abuse both from the staff and elder children. In many petty issues the child committees discuss these issues and bring it to the CCI authorities for solving the issues.
- There has been tremendous improvement in reunification of children with their families since last three years. The superintendents of all the homes express their happiness on the support provided by the Tdh project in this aspect and term as excellent.
- Since last two years the children have got opportunity to go out for an exposure or sight seeing visit which was never before in none of the CCIS.
- There is available of information of children in all the CCIS which was lacking prior to the Tdh project and during the baseline the study team could not find many information of children's stay in the CCIs.
- Also it is observed that the CCI staff are more open towards sharing the information with the study team which indicates the strong bonding of Tdh, HELP and the department.

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 rendered homeless because of a number of factors. 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. 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 and these are mostly for the state government to take action:

Infrastructure and Basic Services Provision

- The infrastructure developed for execution of the programme is not up to mark especially in Tirupati. Government has to 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 significant numbers to provide basic infrastructure to the institutions which is coming under the CSR activity of the corporate houses.
- Every year Delloit spends a complete day with the children. There should be more such corporate involvement with the children.
- In-house playgrounds should be in place along with appointment of sports trainer. Playing kits for girls have to be made available in sufficient numbers.
- 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.
- Water & sanitation facilities needs immediate intervention on priority. Some institutions have toilets but not properly maintained and so children aren't using and hence need immediate attention. There should also be napkin disposal units in the campus.
- The institutions need to acquire its own premises with all the provision to accommodate children in a very child friendly environment.
- The recreation and play equipment should be strengthened further.
- Kitchen gardens should be initiated to meet supplement the nutrition part 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, are not in a position to continue it further, as after getting passed out from high schools are 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.
- In order to provide quality education funds should be mobilized for digital class for the children and for those who are unable to go outside the campus for study there should be open schooling system

Therapeutic Counselling 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.
- 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 lifeskills education.

Need Based Rehabilitation and Reintegration

- Individual care plans for children should be maintained 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.
- Skills should be provided that would really help them in gainful employment

Interactive Child Participation

- 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
- Regular followup for keeping the children's committees functional for ever will sustain child participation
- Activity based psychosocial programs initiated by the Tdh project should be continued regularly for the children
- The dance therapy, art therapy conducted in the CCIs by the Tdh project should be more frequent and expanded to other homes of the state as well.
- Children have to be provided recreation, excursions and vocational training to make them more confident to face challenges in life. The recent initiative of taking the children for exposure should be continued by the department
- Children should be regularly included in decision making process regarding food and recreation and also in their case management and case planning processes.

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
- Integration with Skill India Programme

Management Information System

- Although a computerized Child profiling and tracking database software is available at the institutions but lack of technical knowhow renders it non functional. This needs to be addressed on a priority basis;
- The staffs need training and capacity building programs on coherent data management system and follow up mechanism;
- 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

Monitoring 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.

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.

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.

Terre des hommes Foundation, Lausanne (Tdh), founded in 1960, is a Swiss organization which helps to build a better future for children in difficult situations and their communities, with an innovative approach and practical, sustainable solutions. Active in more than 30 countries, Tdh develops and implements field projects to allow a better daily life for over one million children and their close relatives, particularly in the domains of health care and protection. This engagement is financed by individual and institutional support, of which 85 % flows directly into the programs of Tdh. In the protection field, Tdh is working for the rights of children to be protected against exploitation, abuse, trafficking and violence.

In India Tdh is implementing its programme intervention in Andhra Pradesh, Telangana, Jharkhand, West Bengal and Assam. The focus of these interventions includes Child Protection, Mother and Child Health and Nutrition, Water, Sanitation and Hygiene (WASH).

HELP founded in 1993 by a group of service professional from different areas of interest committed to protection of women & children from violence, sexual exploitation, abuse and trafficking. The vision of HELP is to create a safe, supportive and responsive society that upholds the protection, rights and dignity of every child in Andhra Pradesh. HELP is one of the pioneering organizations working against human trafficking through prevention strategies, direct services to the trafficked victims for their rehabilitation and re-integration and advocacy for speedy legal redressal of the trafficked victims. HELP as one of the important policy – influencing organizations in the State of Andhra Pradesh is the nodal NGO for the Department of Women Development and Child Welfare and the Crime Investigation Department (CID) in Andhra Pradesh.



ONGOLE

HELP, 2nd lane, Sujatha nagar, Lawyer pet Ext, ONGOLE - 523 002. Prakasam District, A.P Ph: 08592 - 221206/221208/270664.

Fax: 08592 - 221208 www.helpap.in

www.childprotectioninfo.in

Field offices:

HYDERABAD: D.No: 12-13-483/27/1,1st floor,

Vastra Designers, Street no:1, Taranaka, Secunderabad, A.P. CHILAKALURIPET: Lakshmi Children Hospital Road, Subbaiah Thota, Chilakaluripet - 522 616. Guntur Dist, A.P. VIJAYAWADA: # 28-20-4/1, Jani Street, Arundelpet,

Eluru Road, Vijayawada, Krishna Dist., A.P ANANTHAPUR: #1/1189-22A, NGO Colony,

KADIRI, Ananthapuram Dist., A.P.



Terre des hommes Foundation Lausanne Avenue de Montchoisi 15 1006 Lausanne, Switzerland Tel:+41 58 611 06 66 www.tdh.ch www.childtrafficking.com

India Delegation Office 12/3A Palm Avenue, Kolkata 700 019

Tel: +91 33 64508764 E-mail: info@tdh-foundation.in