SR-22 Draft

An Exploratory Study on Nutrition and Hygiene Practices of Child Care Institutions of Western Region

A REPORT

National Institute of Public Cooperation and Child Development
Regional Centre, Indore, Madhya Pradesh

CONTENTS

List of Tables

List of Figures

CHAPTER I

THE PROBLEM AND THE STATEMENT

Introduction

Children are the future citizens of a nation. According to the UNCRC a child means every human being below the age of eighteen years unless, under the law applicable to the child, majority is attained earlier'. However, it is the responsibility of all concerns to ensure the rights of the children since very beginning when the child is in the womb of the mother. But, throughout the world the rights of children have been violated in a varied degrees and ways and many children are in danger.

The terms ***Child Protection*** indicate rendering protection to the children from or against any perceived or real danger or risk to their life, their personhood and childhood.Child Protection is about reducing their vulnerability to any kind of harm and protecting them in harmful situations. Besides, this is also about ensuring social security and safety of the children and providing necessary care, protection and support to the children who are out of the general societal safety and to bring the children back within the web of societal security. Protection is a right of every child, however, some children are more vulnerable than others and need special attention. Government of India recognizes these children as 'children in difficult circumstances, characterized by their specific social, economic and geo-political situations. In addition to providing a safe environment for these children, it is imperative to ensure that all other children also remain protected.

In continuation to the rights based approach of government of India, addressing the emerging challenges towards the situation of children, Government of India drafted

the National Policy for Children, 2013 and also committed to take affirmative measures to promote and safeguard the rights of all children. The Child Protection Scheme (CPS), then known as Integrated Child Protection Scheme (ICPS) was launched in the year 2009 in partnership with the State Governments/UT Administrations. The Scheme with a set of objectives, guiding principles and approaches, has been significantly contributing to the realization of Government/State responsibility for creating a system that efficiently and effectively protect the children under any kind of aforesaid difficult circumstances. The scheme is achieving its objectives by contributing for the improvements of the children in difficult circumstances and also in reducing the vulnerabilities towards unfavorable situations and actions as well. The target groups of the scheme are mainly the (i) children in need of care and protection and (ii) children in conflict with law as described under Juvenile Justice Act (JJ Act) along with children who come in contact with the law, either as victim or as a witness or due to any other circumstance.

Institutional care for children can be stated as a form of arrangement for care and protection of children that is provided in an organised manner under one roof responding to the physical, psychological, emotional, social, moral, ethical and spiritual needs of children in an age appropriate manner through a team of trained, skilled and motivated staff for executing, managing and supervising tasks.

A child care institution as defined under the JJ Act, 2015, means Children Home, Open Shelter, Observation Home, Special Home, Place of Safety, Specialised Adoption Agency and a Fit Facility recognized under the Act for providing care and protection to children, who are in need of such services. Various child care institutions are functioning in every district of states/UTs. Keeping the Rights of children in view, in all Child Care Institutions children are given support according to the JJ Act.

Nutrition is one of the major factors that impact a child's growth and development. Researchers said that nutrition in a child's early years is linked to their health and academic performance in later years. Inadequate supply of macronutrients like protein, fat and carbohydrates and micronutrients like vitamin A, iodine, iron, zinc, etc. may lead to illness, delayed mental and motor development that can have enduring adverse effects beyond childhood or may also lead to mortality. Some of the most common issues of undernourished children include- decreased muscle mass, changes in hair volume and texture, fatigue, irritability, etc. For example, iron is a vital component of brain tissue, iron deficiency makes nerve impulses move slower and may cause permanent damage to a child's brain, especially in the first two years of his/her life; iron deficiency during this time is linked to behaviour changes and delayed psychomotor development. Under-nutrition has been proven to decrease a child's activity levels, social interactions, curiosity and cognitive functioning. Optimal nutrition and correction of nutritional deficiencies during the early years are of particular significance that ensures survival and optimal growth and development. In order to implement a sustainable and healthy lifestyle for children, it is important to understand what good nutrition consists of, how it can affect childhood growth and development and the steps can be taken to ensure optimum nutrition for the children. This is very important for the caregivers to provide a healthy and appropriate balanced diet with facilitating exercise and plays as well as a conducive child friendly lifestyle. Diet for children should include variety of foods such as cereals, pulses and legumes, nuts and oil seeds, fruits and vegetables, milk and other dairy products, egg, fish and meat, etc. it is always good to prepare freshly cooked foods for children using locally available food stuff.

Nutrition is one of the major factors that impact a child's growth and development. Researchers said that nutrition in a child's early years is linked to their health and academic performance in later years. Inadequate supply of macronutrients like protein, fat and carbohydrates and micronutrients like vitamin A, iodine, iron, zinc, etc. may lead to illness, delayed mental and motor development that can have enduring adverse effects beyond childhood or may also lead to mortality. Some of the most common issues of undernourished children include- decreased muscle mass, changes in hair volume and texture, fatigue, irritability, etc. For example, iron is a vital component of brain tissue, iron deficiency makes nerve impulses move slower and may cause permanent damage to a child's brain, especially in the first two years of his/her life; iron deficiency during this time is linked to behaviour changes and delayed psychomotor development. Under-nutrition has been proven to decrease a child's activity levels, social interactions, curiosity and cognitive functioning. Optimal nutrition and correction of nutritional deficiencies during the early years are of particular significance that ensures survival and optimal growth and development. In order to implement a sustainable and healthy lifestyle for children, it is important to understand what good nutrition consists of, how it can affect childhood growth and development and the steps can be taken to ensure optimum nutrition for the children. This is very important for the caregivers to provide a healthy and appropriate balanced diet with facilitating exercise and plays as well as a conducive child friendly lifestyle. Diet for children should include variety of foods such as cereals, pulses and legumes, nuts and oil seeds, fruits and vegetables, milk and other dairy products, egg, fish and meat, etc. it is always good to prepare freshly cooked foods for children using locally available food stuff.

Hygiene and sanitation are two important factors for leading a sound life ... minimizing various health hazards. The term ***Hygiene*** can be described as a cumulative ... practices which is perceived by people/community towards healthy living or good health ... whereas, on the other hand, ***Sanitation*** can be illustrated as the system in which people ... promote healthy living and good health by preventing themselves from coming in to ... contact with microorganisms that cause diseases. Hygiene is a set of personal practices ... that contribute to good health. It includes actions like hand-washing, bathing, cutting ... hair, trimming nails, brushing teeth, etc. Hand-washing is the single most important ... activity we can all do to encourage the stop of disease. According to WHO, *Hygiene refers to conditions and practices that help to maintain health and prevent the spread of diseases.* Appropriate sanitation is essential for maintaining good physical as well as mental health and also for social wellbeing. It is the effective implementation of certain actions that keep our environment healthy. Such actions include use of flush or pour flush sewer system, well ventilated septic tank pit latrines, sanitation of water bodies, preparation and handling of food, washing/cleaning immediate as well as larger surroundings, effective drainage, etc. Since, Hygiene and sanitation are interrelated, appropriately adopted sanitation and hygiene practices reduce a number of illnesses like diarrhoea, typhoid, cholera, hepatitis, polio, etc. Besides, it also helps in reducing spread of intestinal worms, add benefits by reducing severity and impact of malnutrition, promote dignity and safety especially among adolescent girls and women, and so on. Lack of access to sanitation has an impact not only on public health but also on human dignity and personal safety. It is therefore very important to establish and sustain hygiene and sanitation practices individually and collectively to lead a healthy living.

A Brief Review of Literatures

Researchers/surveyors have carried out research studies/surveys in relation to the child care institutions, diet, health and hygiene. Few of such studies are discussed below:

According to the report released by the Jena Committee on Child Care Institutions (NDTV, 2019), a total of 1.8 lakh children are residing in child care institutions as their parents or guardian have been found incapable of taking care of them. Of 3.7 lakh children in need of care and protection, 5,900 children in the age group of 0-6 years were orphans, abandoned and surrendered. There were 50,267 orphan, abandoned and surrendered children aged 7-18. The highest percentage of abandonment for both boys and girls was found in Madhya Pradesh, which also sees a high occupancy of child marriage victims, the report said.

Another survey carried out by Child line India Foundation and the National Commission for Protection of Child Rights (NCPCR) of 9,589 shelters homes/child care institutions on *Mapping of Child Care Institutions under the Juvenile Justice Act, 2015*, found that, facilities for children like individual bedding, proper nutrition and diet, toys, hygiene and maintenance of the CCI/Homes, sufficient water, health check-ups, educational facilities based on the age and special needs of the child were not being adequately and satisfactorily addressed in many CCIs/Homes resulting in a failure to provide even the basic services to the children residing there. Along with other supports and care, nutrition and hygiene play a very important role for wellbeing of the children in the CCIs. Age-related needs of children are essential for caring and stable development. That raises the need for individual care plan, which is a vital need for institutionalized children to measure themselves and for fulfilling developmental needs. The care takers

should ensure that children receive adequate amounts of wholesome and nutritious food in accordance with local dietary habits and relevant dietary standards, as well as with the children's religious beliefs. Appropriate nutritional supplementation should also be provided when necessary. With respect to nutritional care, every institution under the JJ Act should strictly adhere to the minimum nutritional standard and diet scale as specified in JJ Rules, 2016, Rule No. 33, Nutrition and Diet scale. Such meals served in the child care institutions should always be nutritious and balanced. Looking at the market price hike the prescribed meals may not always supply the optimum nutrients to the children in CCIs.

In a report of a committee on *Analysing Data of Mapping and Review of Child Care under JJ (Care and Protection) Act, 2015 and other Homes*, by MDCD (September 2018) found that 76 per cent in Rajasthan, 75 per cent in Chhattisgarh, 63.3 per cent in Maharashtra, 64.4 per cent in Madhya Pradesh and 63 per cent in Gujarat CCIs staff were aware about the nutritional requirement of children. As per the report the meals provided in accordance with prescribed norms were 78.3 per cent, 75.5 per cent, 68 per cent, 66.4 per cent and 58.9 per cent CCIs in Maharashtra, Rajasthan, Gujarat, Chhattisgarh and Madhya Pradesh respectively. The report also said that, 74 per cent in Rajasthan, 40.2 per cent in Gujarat, 37.7 per cent in Chhattisgarh, 32.9 per cent in Madhya Pradesh and 19.6 per cent CCIs in Maharashtra revealed feeding babies under the supervision of caretakers.

Apart from food, personal and environmental hygiene also play very important roles for minimizing the risks of health hazards. Since children from different ages from different backgrounds stay in the CCIs, therefore the hygiene aspect assumes much more importance for wellbeing of the children. The report of the committee on *Analysing Data of Mapping and Review of Child Care under JJ (Care and Protection) Act, 2015 a*

other Homes, by MDCD (September 2018), with regard to the providing individual beds to the children in CCIs of these five states, observed that, 72.2 per cent in Rajasthan, 71.6 per cent in Gujarat, 69.2 per cent in Madhya Pradesh, 66.4 per cent in Chhattisgarh and 59 per cent in Maharashtra the children were provided with individual beds. The Committee also observed the cleanliness maintenance of the CCIs and found that, 94 per cent in Chhattisgarh, 81 per cent in Maharashtra, 78 per cent each in Gujarat and Madhya Pradesh and 77 per cent CCIs maintained cleanliness.

A study carried out in Chhattisgarh, Madhya Pradesh, Maharashtra, Odisha and Rajasthan, on parenting practices and early childhood care led by UNICEF in the year 2018 shows that children are exposed to at least 30 different forms of physical, verbal and emotional violence and abuse in households. The analysis also highlights a worrying finding that punishment turns to be a widely accepted method to discipline children – both boys and girls in families, schools and at the community level. The analysis states that girls and boys are raised very differently from very early age with the burden of household chores, day to day restrictions, being imposed more on girls. On the impact of violence and abuse, respondents in the age group of 8-10 years said 'they feel agitated and want to stop domestic fights. Some female children blame themselves for the violence and isolate themselves from their parents out of fear. Few male children feel anger towards their fathers. Most children feel scared and do not wish to be exposed to any violent and abusive act in the household" (Pandit Ankita, pg. 3).

In an article published in a newspaper, The Assam Tribune (June 6, 2020), with a headline titles "Over 1,100 adopted kids back to child care institutions in last five years", published that, over 1,100 children adopted across the country have been returned to child care institutions by their adoptive parents in the last five years. A total of 387 out

of 4,362 adopted children were returned in 2014-15, while in 2015-16 a total a total of 236 out of 3,677 adopted children were returned, in the year 2016-17, a total of 195 out of 3,788 and in 2017-18 a total of 3,927 adopted children were returned by adoptive parents (The Assam Tribune, June 6, 2020).

A pan –India survey titled "Mapping and Review Exercise of child care institutions" conducted by the centre between December 2015 and March 2017, has highlighted poor safety and security measures, inadequate monitoring of these facilities and a lack of effort to trace parents of missing children sent to these homes. The data reveals that only 46.7% of the total homes had adequate number of caregivers per child and only 28.7% centres were able to tend to inmates showing signs of hunger or illness and 65.9 per cent of homes were able to actively supervise children under trauma (Chandra Jagruti, pg 3).

The above reviews show that, in depth study in relation to nutritional status of children and hygiene practices in CCIs of western states of India are scanty. Keeping these in view, it is proposed to conduct this study with the following objectives:

The Present Study

As mentioned in the paragraphs above, nutrition is one of the important factors for maintaining physical and mental health of the children in CCIs. For supplying optimum nutrients to the children in CCIs, there are specific guidelines in the Act. The CCIs need to follow the guidelines while planning meals for the children. Besides maintaining nutritive value, such meals have to be hygienically prepared, palatable and accepted by the children. Further, food safety should also be maintained while procuring and preparing meals for children.

SR-22

With regard to hygiene and sanitation, it is imperative to maintain personal and environmental hygiene in CCIs so as to provide a healthy atmosphere and also to develop basic hygiene habits among the children. In the Act, there is provision for supplying various cleaning agents and tools. The CCIs need to provide such items like detergent powder, soap and other toiletry items to every child and one need to ensure that the children are maintaining optimum personal cleanliness. With all such provisions it is important for the management of the CCIs to maintain a clean environment in CCI. Optimum nutrition and optimum hygiene and sanitation help the CCI to prevent and minimise illnesses among the children and also support children to live with a sound mind.

In this context, keeping the above in view **An Exploratory Study on Nutrition and Hygiene Practices of Child Care Institutions of Western Region** was carried out in the states of Chhattisgarh, Gujarat, Madhya Pradesh, Maharashtra and Rajasthan with the following objectives:

Objectives

1. To study the implementation of minimum nutrition standard in child care institutions as prescribed under JJ Act;
2. to assess the anthropometric measurements and Body Mass Index (BMI) of these children and compare with the WHO Growth Standards;
3. to examine the hygiene practices adopted in the CCIs;
4. to find out the bottlenecks for providing optimum nutrition and hygiene practices; and
5. to suggest measures for improving dietary guidelines and hygiene practices in the CCIs.

Methodology

Universe and Sample

The study was carried out in various **Child Care Institutions (Children Home for Boys/Girls and SAA)** of five states of western Region, namely Chhattisgarh, Gujarat, Madhya Pradesh, Maharashtra and Rajasthan. The study included both government and NGO run CCIs. The CCIs were selected from the state capital/district headquarters and also from interior (rural/tribal) areas. From each state two districts were selected purposively based on the availability of CCIs for different age groups and for both boys and girls. In each state, out of two districts, one was of state headquarters and another was from remote district subject to the availability of required CCIs. In each district three CCIs (01 Children Home for Boys; 01 Children Home for Girls and 01 SAA) were selected purposefully considering the age, sex, number of children, etc. From each Children Home for Boy's and Girl's on ten children were selected randomly from different age groups (7-11 years and 12-18 years) for anthropometric mensurements. From each SAA, on an average five children were selected for anthropometric measurements. In every Children Home for Boy's and Girl's two Focus Group Discussions with children 7-11 years and children in the age group of 12-18 years, were conducted separately.

Interviews were carried out with the Person in-charge and Home Father/Mother/Ayah in the context of nutrition and hygiene practices. Besides, observation was also made inside and outside the CCIs using an observation check list. Further, Focus Group Discussions were also carried out among the children above 7 years. The list of CCIs visited for data collection is presented at table 1.1.

Table 1.1

List of CCIs visited

Sl. No.	State	District	Name of the CCIs	Type of CCI	Run by
1	Madhya Pradesh	Bhopal	Nitya Seva Society	Children Home for Girls	NGO
2			SOS Children Village	Children Home for Boys	NGO
3			Uddan Social Welfare Development Organisation	SAA	NGO
4		Hoshangabad	Mahadev Sundaram Jankalyan Shikshan Samity	Children Home for Girls	NGO
5			Jeevodaya Spark Home	Children Home for Boys	NGO
6			Indira Mahila Shiksha Prasar	SAA	NGO
7	Rajasthan	Jaipur	Deptt. of Child Rights	Children Home for Girls	Govt.
8			Deptt. of Child Rights	SAA	Govt.
9			Surman Boys Home	Children Home for Boys	NGO
10		Udaipur	Missionaries of Charity, Mother Teresa Home	SAA	NGO
11			Deptt. of Child Rights	Children Home for Girls	Govt.
12			Rajasthan Adim Jati Sevak Sangh	Children Home for Boys	NGO
13	Chhattisgarh	Raipur	Seva Bharti Matrichhaya	SAA	NGO
14			Yatim Khana Balgrih	Children Home for Boys	NGO
15			Govt. Children Home	Children Home for Girls	Govt.
15		Bastar	Seva Bharti Matrichhaya	SAA	NGO
17			Child Care Institute	Children Home for Boys	Govt.
18			Srijan Samajik Sanstha	Children Home for Girls	NGO
19	Gujarat	Bharuch	Pradeshik Bal Sangrakshan Mandal	Children Home for Boys	NGO
20			Children Home for Girls	Children Home for Girls	Govt.
21			DCPS, WCD, C/O Nari Kendra Campus	SAA	Govt.
22		Bhavnagar	Shri Tapibhai R. Gandhi Vikasnagar SAA	SAA	NGO
23			Govt. Children Home for Boys	Children Home for Boys	Govt.
24			Shri Tapibhai R. Gandhi Vikasnagar SAA	Children Home for Girls	NGO

25	Maharashtra	Mumbai City	Shelter Don Bosco	Children Home for Boys	NGO
26			The Hindu Women's Welfare Society	Children Home for Girls	NGO
27			Shree Manav Seva Sangh	SAA	NGO
28		Nashik	Regional Probation and After Care Association	Children Home for Boys	NGO
29			Srimati Garda Balsadan	Children Home for Girls	NGO
30			Adharashram Adoption Agency	SAA	NGO
Total	**05**	**10**	**30**		

Research Tools and Techniques

For gathering information for the study different types of tools and methods were used. Following are the Research tools used for the study:

A. Interview Schedules

1. **Interview Schedule for Person in-charge:** To elicit information regarding profile of the Person in-charge, basic information of CCI, staff position, about the children, his/her views about infrastructure, basic knowledge about nutrition, menu followed in CCI, his/her role in maintaining food safety, procurement, meal planning, anthropometric measurements in CCI, health check up, cleanliness of CCI, distribution of toilet items/clothings/bed linens, etc., system of waste disposal, supervision strategy for nutrition/health and hygiene, etc. In case of SAA, type of milk given, method of feeding complementary food, food for other children up to six years, cleaning of utensils for young children and others, anthropometric measurements, etc.
2. **Interview Schedule for House Father/Mother/Ayah:** Since they are directly in contact with the children, they were interviewed to collect information upon their role, practices, constraints, etc. on nutrition and hygiene practices among children.

B. Observation Check list: This tool was used to collect information through direct observation on the day of visit upon nutrition, personal hygiene among children and environmental sanitation. Observation was made to find out the condition of the building, space, ventilation, status of safe drinking water, condition of toilets and bathrooms, display of important information, food hygiene, records relating to health and hygiene of children, overall cleanliness of CCI, food hygiene, drainage system, waste management, safety measures, etc. Special observation was made in SAA about cleanliness of body parts, clothings, child friendly decoration, cradle, etc.

C. Focus Group Discussion: FGD guidelines were used to lead discussion with the children to understand their stay at Children Home, wellbeing in terms of facilities received in the Home especially in the area of nutrition, health and hygiene. Discussion was on foods they receive in CCI, their likings and dislikings, special meals during festivals, special food during illnesses, health check ups, personal hygiene, etc. Along with FGD, height and weight of randomly selected children were also measured. In SAA too length/height and weights were measured.

Sampling Procedure and Respondents

According to planning data was collected from CCIs (Children Homes for Boys and Girls and SAA) of five western states, namely Chhattisgarh, Gujarat, Madhya Pradesh, Maharashtra and Rajasthan. The study covered a total of 30 CCIs to collect information. Out of which 20 CCIs were Children Homes for Boys and Girls and ten were SAA. For anthropometric measurements ten children were randomly selected from each Children Home for boys and girls (7-18 years) and five children from SAA (0-6 years). Table 1.2 and 1.3 presents the sample size in selected state and sampling methods respectively.

Table1.2

State wise Sample Selection

States	Chhattisgarh	Gujarat	Madhya Pradesh	Maharashtra	Rajasthan
Districts	02	02	02	02	02
Child care Institutions	02 x 03=06	02 x 03=06	02 x 03=06	02 x 03=06	02 x 03=06
Children (for anthropometric measurements)	(i)10 x 04=40 (ii) 5x2=10	(i)10 x 04=40 (ii) 5x2=10	(i)10 x 04=40 (ii) 5x2=10	(i)10 x 04=40 (ii) 5x2=10	(i)10 x 04=40 (ii) 5x2=10

*Out of 50 sample size from SAA, a total of 49 were collected, as there was less children in [illegible] SAAs. However, anthropometric measurements of one additional child in the age category above six years were taken and thus a total of 250 were measured to find out nutritional status.

Table: 1.3

Sampling Method in each CCI

Sl. No	Category	Number	Sampling Method
1.	Person in-charge	01	Purposive
2.	House Father/Mother/Ayah	01	Purposive in Children Homes and randomly selected in SAA if there more than one Ayah
3.	Children (7-18 years) for measuring Weight and height	10	Random
4.	Children (0-6 years) for measuring Weight and length/height	05	Random, but where there was less children, all children were covered

Quality Assurance in Data Collection

For colleting quality data a number of steps were taken. First of all, available literatures/reports were studied. The Research tools prepared for the study were pre-tested in one of the CCIs of Indore district of Madhya Pradesh. The Project Assistant was first oriented before pre-testing the tools. On the basis of the experience in pre testing little modification was made in the tools for preparing the final ones. Finally, for ac-

data collection once again the Project Assistant was given in depth orientation regarding the study and the tools as well. He was also given training for measuring height/length and weight of children. Besides, the Project Assistant was also trained on how to conduct Focus Group Discussion with children through mock session. During data collection period also, telephonically the activities of the Project Assistant was monitored and supported accordingly. The Project Assistant collected data from two states (Madhya Pradesh and Rajasthan). After that, data collection was held up for sometimes due to COVID-19 pandemic. Data collected by the Project Assistant was checked and rectified where necessary. Remaining data from rest three states namely Chhattisgarh, Gujarat and Maharashtra was collected by the Project in-charge herself. As data collection was in progress, new experiences were also taken care of for data collection of later stage.

Data processing and analysis

A codebook of each tool was prepared for systematic entry of the collected data. Most of the responses were pre-coded in the interview schedule. In other cases additional codes were used on the basis of the responses received. After feeding the data in excels sheets, frequency tables were prepared. Collected data was analysed keeping the objectives and collected data in view. Besides, gender perspective was also kept in view while analyzing data. Frequency tables with percentages and statistical diagrams were used for presenting the data.

In order to study and understand the nutrition and diet scale followed in the child care institutions, the food stuff included in the diet, the menu pattern followed in the CCIs and the meal frequency as suggested in the Act were checked. The nutritional of children were checked by measuring weight for age (0-5 years) and BMI (6-18 years) and compared the same with WHO standards. Knowledge on nutrition of the officials/staff of

the CCIs, its implication was studied through interview, observation and FGDs. Besides, various hygiene practices adopted in terms of environmental and personal hygiene of children and kitchen staff as well was examined.

Presentation of Report

The report is divided into various chapters as shown below keeping in view the sequences:

Chapter I: **The Problem and the Statement:** This chapter covers the introduction to the problem, review of previous studies, objectives, methodology, etc.

Chapter II: The Child Care Institutions and the Present Study: This chapter includes about the background for child welfare, UNCRC, Movement at National Level (primeval times, modern times, after independence), constitution if India, Policies, Legislations, the JJ Act, Programmes for child welfare in India – Mission Saksham Anganwadi and Poshan 2.0, Mission Vatsalya and the Present study.

Chapter III: Nutritional Practices in Child Care Institutions: This chapter includes the need for nutrition for children, basic knowledge of Person in-charges upon nutrition, menu and meals for children, food safety in CCIs and nutritional status of children in CCI.

Chapter IV: Hygiene Practices in Child Care Institutions: This chapter describes the general condition of the CCIs in terms of ventilation, space, light, etc., health and hygiene practices in CCIs such as – cleanliness of dormitories, toilets and bathrooms, kitchen and dining areas, surroundings, personal hygiene of children, clothes, bed linens, etc.

Chapter V: Conclusion and Recommendations: Summaries and Recommendations of the study are presented in this chapter.

Difficulties faced during data collection

1. The prime difficulty was faced in data collection was the COVID-19 pandemic.
2. In a few cases, especially SAA, due to less number of children, samples could not be selected randomly for anthropometric measurements.
3. Due to limitation of time, precautions to be taken during food preparation, certain process of hygiene like during food preparation, cleaning vessels, use of cleaning items, etc. could not be observed since beginning of the day.

CHAPTER II

CHILD CARE INSTITUTIONs AND THE PRESENT STUDY

Any Nation in the world depends upon its future citizens, the children. Therefore, it is very important to groom the future citizens with appropriate attention, support and care. In the past, in many parts of the world, children were not given any special attention in term of their social needs in the society. They were treated as miniature adults and expected to adopt the respective social norms on their own. During wars in bygone times children had no protection from the ravages of war and suffered let alone physical and mental assaults.

India is home to 440 million children, which is about 37 per cent of its total population. The term 'child' here refers to any person who has not completed 18 years of age unless law applicable. Several studies and reports indicate that a substantial number of children in India are growing up in difficult circumstances. The 2015-16 Annual Report of the Ministry of Women and Child Development states that around 170 million or 40 per cent of India's children are "vulnerable or experiencing difficult circumstances characterized by their specific social, economic and geopolitical situations and that all these children need special attention". The vulnerabilities being faced by these children could be ranging from malnutrition and lack of education to child labour, abuse and exploitation. The 2011 Census data provides the number of child-labour in India to be 10.13 million children between 5-14 years and 33 million children between the ages of 5-18 years. The UNICEF India Annual Report 2018 estimates that 1.5 million

girls are married before attaining 18 years of age. The UNICEF State of the World's Children 2016 report estimates the number of orphans in India to be 29.6 million.

Concerned citizens, social organizations, police usually identify children in difficult circumstances and report to the Government authorities for taking suitable action for their well-being. Government of India has set up a national child helpline - CHILDLINE (1098) - where children found to be in distress can be reported. The portion of vulnerable children in India can also be estimated from the fact that in 2018-19, the helpline received a total of 6.2 million calls, which were converted into 300,000 cases. The largest number of phone calls was made to seek intervention for abuse cases, which were at 53,696 or 17 per cent of the total cases. This category of complaints was followed by those pertaining to child labour (13%), education (12%), runaways (11%) and missing children (11%). The number of calls requiring intervention has only increased after the COVID-19 pandemic. Although these data help to get some understanding about the seriousness of the problem, yet, it is widely accepted that there are many more children in need of care and protection who are not brought to the attention of the authorities due to gaps in vulnerability mapping. Taking these estimates into account, it can be estimated that at least 20 million out of the 170 million vulnerable children in India could be in situations of extreme risk and vulnerability that need immediate support from the system. Pondering to this enormous number it is important to keep in mind while developing any appropriate strategies to take care of such vulnerable children.

In India, children were often ignored and were deprived of their basic rights. Many of them were engaged in bread earning activities for their families. Some children were earning under dreadful and hazardous working conditions risking to injuries, diseases and mortality. For a long period, welfare for children was not given much importance for

fulfilling their rights in an empathetic manner in the action plans of India. In
families, children were under the control of their parents and were not treated
individuals having rights of their own.

Viewing such depriving situation of children and realizing the significance
childhood with urgent need for care and support for children, in the beginning
religious/voluntary sectors and conscious individuals extended efforts for safeguarding
and welfare of the children. Later on, International organisations brought the issue
child welfare at the global level. Subsequently, following the indication from internation
organisations and legislations, countries gradually started taking steps for welfare
their children. Today, almost all over the world, issue of the child protection and welfare
has appeared as one of the prime concerns. Following is a brief description about the
time line of child welfare activities.

United Nation Convention on the Rights of Children (UNCRC)

The Convention on the Rights of the Child (CRC) was approved by the General
Assembly of the United Nations on 20 November 1989. The Convention was formally
opened for ratification on 26 January, 1990, the Government of India ratified the CRC on
11 December, 1992. It, however, has signed the Convention, thereby indicating general
support for its principles and an intention not to take actions that would actively
undermine those principles. The CRC is the most complete statement of child rights ever
made. It takes the ten principles of the 1959 Declaration of the Rights of the Child, and
expands them to 54 articles, of which 41 relate specifically to the rights of children,
covering almost every aspect of a child's life. The objective of the United Nations
Convention on the Rights of the Child is to protect the rights of all children in the world
and look out for the civil, political, economic, social and cultural rights of every child
regardless of their race, religion or abilities. The UNCRC is guided by the four basic

principles on which fundamental rights are based i.e. Article 2 – Non-discrimination; Article 3 – Best Interest of the Child; Article 6 – Right to Life Survival and Development; and Article 12 – Right to be Heard.

The UNCRC applies equally to both girls and boys up to the age of 18, even if they are married or already have children of their own. It emphasises the importance of the family and the need to create an environment that is conducive to the healthy growth and development of children. It obligates the state to respect and ensure that children get a fair and equitable deal in society. According to the United Nations Convention on the Rights of the Children, all children have fundamental rights from birth. The fundamental rights of children are categorised into four groups of rights i.e. Right to Survival – to life, health, nutrition, name, nationality; Right to Development – to education, care, leisure, recreation, cultural activities; Right to Protection – from exploitation, abuse, neglect; and Right to Participation – to expression, information, thought, religion.

Like many other human rights treaties, the UNCRC is accompanied by Optional Protocols. These are additional treaties that can further address something in the original treaty, or address something the original treaty doesn't mention, such as an issue that didn't exist when it was first adopted. Optional Protocols give more detail about the area they discuss, and expand a state's obligations beyond those given in the original treaty. These are Optional Protocol on the sale of children, child prostitution and child pornography; an Optional Protocol on the involvement of children in armed conflict; and Optional Protocol on a communications procedure. A state that signs up to the UNCRC isn't required to sign up to its Optional Protocols. Currently, India has signed up

to two Optional Protocols, but not to the Optional Protocol on a communications procedure.

Movement at National Level

Primeval Times

On one hand India has the distinction of having had the first manual on *Kashyapsi Tantra*, on the management of children before the birth of Christ, having a chapter on *Kumara Bhartiya* i.e. service to children. Another ancient text *Kautilya's Arthasastra* also mentions details about the care of mother and the child. "Child labour was discouraged and provisions were made for maternity benefits to female slaves and labourers". There were orphanages that provided food and education to children. On the other hand *Atharva Veda* reflects the attitude towards children in a passage "Birth of a girl, grant it elsewhere, here grant a boy". Child welfare in the ancient times was entirely the responsibility of the mother and family **(Sharma, 2016)**.

Modern Times

Organised child welfare is of a relatively recent origin and dates back to the when some missionary schools in Lucknow and Poona started experiments regarding the needs and care of pre-school children and the starting of new educational movements by Rabindranath Tagore in Bengal and Annie Besant in south of India. In 1920 'Balika Bari' came into being to provide services to children belonging to the poor, unschooled and helpless families. In 1927 'The Children's Aid Society' was formed basically to take vagrant children off the streets and put them in residential care. Leaders like Raja Ram Mohun Roy, advocated for the abolition of child marriages and sati. Mahatma Gandhi and later Pt. Jawaharlal Nehru inculcated social concern for children as citizens of tomorrow **(Sharma, 2016)**.

After Independence

Following multipronged strategy was adopted to develop childhood and child welfare after independence:

Constitution of India

i. Fundamental Rights

Fundamental Rights (Part III - Fundamental Rights 2011) provided to all citizens include equality before law to every citizen under Article 14; freedom of speech and expression under Article 19 (1); prohibition of discrimination under Article 17; prohibition of trafficking of human beings and forced labour under Article 23; special provisions for women and children made by the State under Article 15 (3); free and compulsory education to children and free and compulsory education for children from 6-14 years of age under Article 21 and 21 (A) respectively (**Sharma,2016**).

ii. Directive Principles of the State Policy

Directive Principles (Part IV - Directive Principles of State Policy 2011) bars children from entering a vocation that is unsuitable for their age besides ensuring that they get all opportunities and facilities to develop in a healthy manner under Article 39; provides for Early Childhood Care and Education of children up to 6 years of age under Article 45; gives directions for promoting the interests of children belonging to the weaker section under Article 46; and provides for making laws and policies for child welfare in per the International Laws and Treaties ratified by the government under Article 51 (**Sharma, 2016**).

iii. **Fundamental Duties**

Article 51 (A) k (Part IV A - Fundamental Duties 2011) provide for ... obligations which state that a parent or the guardian should give opportunities for ... education of their child or ward between 6-14 years of age (**Sharma,2016**).

Policies

i. **National Policy for Children -1974**

Declaring its children as the Nation's supremely important assets, the Nati... Policy for Children, 1974, the government of India reiterated its commitment to see... the rights of children by ratifying related international conventions and treaties, such ... –Declaration of the Rights of the Child; Universal Declaration of Human Rights and ... Contents, the Convention on the Rights of the Child and its two optional Protocols; ... United Nations Convention on Rights of Persons with Disabilities; the United Nati... Convention against Transnational Organised Crime; the protocol to Prevent, Suppr... and punish Trafficking in Women and Children; the Hague Convention on Protection ... Children and Cooperation in Respect of Inter-Country Adoption and Convention on ... Elimination of All Forms of Discrimination Against Women. This policy was the first c... welfare policy formed by the Government of India. According to it the State has to pro... adequate services to children, both before and after birth and through the period ... growth, to ensure their full physical, mental and social development (National Policy ... the Child 1913).

ii. The National Policy for Children 2013

The National Policy for Children to help in the implementation of programmes ... schemes for children all over the country was approved by Union Cabinet on April ...

2013. The policy acknowledges the child as an individual and the subject of his/her own development, displays a quiet assurance and sense of purpose. The Policy lays down the guiding principles that must be followed by National, State and Local governments in their actions and initiatives for affecting children. The Constitution of India guarantees Fundamental Rights to all children in the country and empowers the State to make special provisions for children. The policy lays down the guiding principles that must be respected by national, state and local governments in their actions and initiatives affecting children.

The Policy reaffirms the Government's commitment to the realisation of the rights of all children in the country. It recognizes every person below the age of eighteen years as a child and that childhood is an integral part of life with a value of its own and a long term, sustainable, multi-sectoral, integrated and inclusive approach is necessary for the harmonious development and protection of children. The policy identified Survival, Health, Nutrition, Education, Development, Protection and Participation as the undeniable rights of every child, and has also declared these as key priority areas.

As children's needs are multi-sectoral, interconnected and require collective action, the policy aims at purposeful convergence and strong coordination across different sectors and levels of governance; active engagement and partnerships with all stakeholders; setting up of a comprehensive and reliable knowledge base; provision of adequate resources; and sensitization and capacity development of all those who work for and with children.

Through this policy the State is committed to take affirmative measures – legislative, policy or otherwise – to promote and safeguard the right of all children to live and grow with equity, dignity, security and freedom, to ensure that all children have

equal opportunities; and that no custom, tradition, cultural or religious practice allowed to violate or restrict or prevent children from enjoying their rights.

Features of National Policy for Children 2013

- Child is any person below the age of eighteen years.
- Childhood is an integral part of life with a value of its own.
- Children are not a homogenous group and their different needs need differ responses, especially the multi-dimensional vulnerabilities experienced children in different circumstances.
- A long term, sustainable, multi-sectoral, integrated and inclusive approach necessary for the overall and harmonious development and protection of children

Key guiding principles of the National Policy for Children, 2013

(i) Every child has universal, inalienable and indivisible human rights.

(ii) The rights of children are interrelated and interdependent and each one of them is equally important and fundamental to the well-being and dignity of the child.

(iii) Every child has the right to life, survival, development, education, protection and participation.

(iv) Right to life, survival and development goes beyond the physical existence of the child and also encompasses the right to identity and nationality.

(v) Mental, emotional, cognitive, social and cultural development of the child is to be addressed in totality.

(vi) All children have equal rights and no child shall be discriminated against on grounds of religion, race, caste, sex, place of birth, class, language, and disability, social, economic or any other status.

(vii) The best interest of the child is a primary concern in all decisions and actions affecting the child, whether taken by legislative bodies, courts of law, administrative authorities, public, private, social, religious or cultural institutions.

(viii) Family or family environment is most conducive for the all-round development of children and they are not to be separated from their parents, except where such separation is necessary in their best interest.

(ix) Every child has the right to a dignified life, free from exploitation.

(x) Safety and security of all children is integral to their well-being and children are to be protected from all forms of harm, abuse, neglect, violence, maltreatment and exploitation in all settings including care institutions, schools, hospitals, crèches, families and communities.

(xi) Children are capable of forming views and must be provided a conducive environment and the opportunity to express their views in any way they are able to communicate, in matters affecting them.

(xii) Children's views are to be heard in all matters affecting them, in particular judicial and administrative proceedings and interactions and their views given due consideration in accordance with their age, maturity and evolving capacities.

Legislations

There are various legislations relating to children such as - The Factories Act 1948 The Plantation labour Act, 1951, Apprentices Act 1961, the Merchant Shipping Act, 1958, the Immoral Traffic (Prevention) Act, 1956; the Child Labour (Prohibition and Regulation) Act, 1986; Juvenile Justice (Care and Protection of Children) Act 2000; the Commissions for Protection of Child Rights Act, 2005 and 2006; Prohibition of Child Marriage Act, 2006; Right of Children to free and Compulsory Education Act 2009; Protection of Children from Sexual Offences Act 2012; and Infant Milk Substitutes, Feeding Bottles and Infant Foods (Regulation of Production, Supply and Distribution) and its Amendment Act 2003. Amongst all legislations meant for children, the JJ Act being the most comprehensive Act covering the entire child population of India is briefly given below:

The Juvenile Justice Act (JJA)

In India before 1960 there was no consistency regarding the age limit of juvenile delinquent, every state had their own Children Act in which age limit of a child was different, In Bombay Children Act 1948 child means a boy not completed the age of 16 year and a girl not completed the age of 18 year like that in U.P Children Act a person under the age of 16 was a Child, then on 1959 India became the signatory of the UN declaration on rights of child and in 1960 India passed the Children Act 1960 which was applicable to entire India including Union Territory except Jammu and Kashmir. According to this Act any person not completed the age of 14 years is a child. But then due to the Standard Minimum Rules for the Administration of Juvenile Justice adopted by UN countries in November 1985, India has to repeal the Children Act 1960 and bring

a new act as Juvenile Justice Act 1986. According to this Act a child or juvenile was defined that a girl who not attains the age of 18 years and a boy not attain the age of 16 years.

On 20th November 1989 the United Nations adopted a convention on right of child and this convention define that Child means a human being below the age of 18 years which is mentioned earlier. This forced the Indian legislation to revoke Juvenile Justice Act 1986 by the Juvenile Justice (Care and Protection Act) 2000. In this the age of Juvenile for both boy and girl been fixed at 18 years and categorises children into two categories i.e. Children in need of care and protection and children in conflict with law. According to this Act, maximum punishment can be given to a Juvenile upto three years but for those three years he/she will not be in regular jail but in a reformed home (Observation home/Special Home), where he/she can be retreated to be a responsible citizen of the country.

The Government of India replaced the JJ (Care and Protection) Act, 2000 with the JJ (Care and Protection) Act 2015 because of public outrage at the infamous Delhi gang-rape case (Nirbhaya Case) in 2012. The JJA, 2015 introduced many changes to the existing law based on the requirements of the day in terms of reforming the laws and making the juvenile justice system more responsive to the changing circumstances of society. The Act seeks to hold the child accused of crime accountable, not through punishments, but through counselling. The major change brought by the JJ Act, 2015 is that all children below the age of 18 would be treated equally except for one departure from the norm. That is, in the case of heinous crimes, any minor in the age group of 16 – 18 and who has been accused of committing a heinous crime can be tried like an adult. For this, the Juvenile Justice Board would assess the child's physical and mental

capacities, his/her ability to comprehend the consequences of the crime, etc. and determine whether the child can be treated as an adult.

Programmes for Child Welfare in India

The Ministry of Women and Child Development is the nodal Ministry for ensuring welfare of children. This is envisaged to be accomplished by way of legislation, policy and schematic interventions along with coordination with other Ministries and Organizations. Addressing to the child welfare in India at present two major national level flagship child welfare programmes are functioning in the country, which is described below:

i. **Mission Saksham Anganwadi** (earlier known as ICDS - Integrated Child Development Services Scheme) **and Poshan 2.0**

The scheme, as ICDS was launched in 1975 and later universalised in 2008-2009 to cover service delivering to each and every beneficiary. With a set of objectives, it provides a package of six services to all children in 0-6 years of age, pregnant and lactating mothers. The services include non-formal pre-school education; supplementary nutrition; immunisation; health check-ups; nutrition and health education (15-45 years) and referral services.

In 2022, the Ministry of Women and Child Development (MoWCD), made certain strategic shift in Anganwadi Services under Mission Saksham Anganwadi and Poshan 2.0 scheme. Saksham Anganwadi and Poshan 2.0 (hereinafter referred to as Poshan 2.0) is an Integrated Nutrition Support Programme (MWCD, 2022). It seeks to address the challenges of malnutrition in children, adolescent girls, pregnant women and lactating mothers through a strategic shift in nutrition content and delivery and by creation of a convergent ecosystem to develop and promote practices that nurture health, wellness

and immunity. Poshan 2.0 shall focus on Maternal Nutrition, Infant and Young Child Feeding Norms, Treatment of MAM/SAM and Wellness through AYUSH. It will rest on the pillars of Convergence, Governance, and Capacity-building. Poshan Abhiyan will be the pillar for Outreach and will cover innovations related to nutritional support, ICT interventions, Media Advocacy and Research, Community Outreach and Jan Andolan. Adequate health care, nutrition, security, safety, responsive care giving and opportunities for early learning are essential for children to achieve their full human potential. Therefore, Early Childhood Care and Education is an integral component of the programme. Recognizing that early childhood care constitutes the foundation of human development, the Scheme is designed to promote holistic development of children under six years of age through improved ECCE content and delivery of cognitive, emotional, social and intellectual development of the child to make all pre-schooler's school ready and for seamless integration of children in the age group of 5-6 in Grade I under the National Education Policy, 2020. The programme is specifically designed to reach disadvantaged and low-income groups, for effective disparity reduction. The current Anganwadi Services Scheme is one of the largest and unique programmes of the Govt. of India for early childhood care and development. It is a firm testament of the country's commitment to its children and nursing mothers to respond to the challenge of providing pre-school non-formal education on one hand and break the vicious cycle of malnutrition, morbidity, reduced learning capacity and mortality on the other. The beneficiaries under this scheme are children in the age group of 0-6 years, pregnant women and lactating mothers and adolescent girls in the age group 14-18 years (Poshan 2.0 guidelines, 2022).

To prepare a comprehensive strategy to address the challenge of malnutrition, the Supplementary Nutrition Programme under Anganwadi Services, Scheme for Adolescent

Girls and Poshan Abhiyaan have been aligned under Poshan 2.0 as an integra
Nutrition Support Programme. The objectives of Poshan 2.0 are - to contribute to hum
capital development of the country; to address challenges of malnutrition; to prom
nutrition awareness and good eating habits for sustainable health and wellbeing; and
address nutrition related deficiencies through key strategies. Poshan 2.0 shall focus
Maternal Nutrition, Infant and Young Child Feeding Norms, Treatment Protocols f
SAM/MAM and Wellness through AYUSH practices to reduce wasting and under-weig
prevalence besides stunting and anemia, supported by the 'Poshan Tracker', a new
robust ICT centralised data system which is being linked with the RCH Portal (Anmol)
MoHFW. Poshan 2.0 shall seek to optimize the quality and delivery of nutrition under th
Supplementary Nutrition Program (Poshan 2.0 guidelines, 2022).With a view to addres
various gaps and shortcomings in the on-going nutrition programme and to improv
implementation as well as to accelerate improvement in nutrition and child developmen
outcomes, the existing scheme components have been re-organized under Poshan 2.0
into the primary verticals such as - Nutrition Support for POSHAN through
Supplementary Nutrition Programme (SNP) for children of the age group of 06 months to
6 years, pregnant women and lactating mothers (PWLM); and for Adolescent Girls in the
age group of 14 to 18 years in Aspirational Districts and North Eastern Region (NER);
Early Childhood Care and Education (3-6 years)and early stimulation for (0-3 years);
Anganwadi Infrastructure including modern, upgraded Saksham Anganwadi; and
Poshan Abhiyaan.

ii. **Mission Vatsalya**

Mission Vatsalya is the main scheme which provides the financial resources for implementing various child protection laws, including the Juvenile Justice (Care and

Protection of Children) Act 2015 and the Protection of Children from Sexual Offences (POCSO) Act 2012. It is a Centrally Sponsored Scheme 90:10.

Mission Vatsalya is a roadmap to achieve development and child protection priorities aligned with the Sustainable Development Goals (SDGs).It lays emphasis on child rights, advocacy and awareness along with strengthening of the juvenile justice care and protection system with the motto to 'leave no child behind'. The Juvenile Justice (Care and Protection of Children) Act, 2015 provisions and the Protection of Children from Sexual Offences Act, 2012 form the basic framework for implementation of the Mission.

The vision of Mission vatsalya is to secure a healthy & happy childhood for each and every child in India, ensure opportunities to enable them to discover their full potential and assist them in flourishing in all respects, in a sustained manner. Mission Vatsalya promotes familybased non-institutional care of children in difficult circumstances based on the principle of institutionalization of children as a measure of last resort.

The mission of the scheme is to foster a sensitive, supportive, and synchronized ecosystem for children as they transit different ages and stages of their development. This is envisaged to be done by strengthening the institutional framework of child welfare and protection committees and the Statutory and Service delivery structures in all districts of the country. While children in difficult circumstances are to be addressed by the Statutory and Service Delivery Structures, equal emphasis is to be given to issues around child welfare and protection at the community level integrated with the local development plans and corresponding budgets. Thus, it is envisaged that the committees

under the institutional framework will complement the Statutory and Service ... Structures in terms of advocacy, awareness generation, capacity building, and pr... measures to build a robust child friendly ecosystem in the community. The Mission ... to Support and sustain Children in difficult circumstances; Develop conten... solutions for holistic development of children from varied backgrounds; Provide ... encouraging innovative solutions; and Cement convergent action.

Services under Mission Vatsalya

Mission Vatsalya renders services as Institutional Services and Non-Institution... Services as described below:

(1) Institutional Services

(a) Child Care Institutions for Children in Need of Care and Protection (CNCP):

(i) **Children's Homes** shall be supported/established for rehabilitation of Children ... need of care and protection for their care, treatment, education, training, develop... and rehabilitation. Separate homes based on age, gender/transgender or special needs ... children could be established/supported by the State/District.

Special Unit for Children with Special Needs: States/UTs need to focus on spe... need children in CCIs who are not able to go to school due to physical/men... disabilities. Special provisions may be made in the CCIs to provide services includ... Special Educators/therapist and Nurse required for such children in CCIs ... occupational therapy, speech therapy, verbal therapy and other remedial classes as ... the children's need. The capacity building of the Special Unit staff in sign lang... Braille, etc. shall be undertaken with help of resource institutions in States for su... Homes.

(ii) **Open Shelters** registered by the state government shall be supported to look after runaway children, missing children, trafficked children, working children, children in street situation, child beggars, and child substance abusers, children affected by any natural disaster, children living in unauthorized areas/slums, children of migrant population, children of socially marginalized groups, and any other vulnerable group of children for the short term based on the need assessment of the district. These shelters will be used for educating, counselling and imparting life skills to children in difficult circumstances, so as to keep them away from a life in the streets. The Open Shelters are not meant to provide permanent residential facilities for children but will complement the existing institutional care facilities.

iii) **Specialized Adoption Agencies (SAA)** recognized by the state government shall be supported to look after children below six years of age based on the need assessment of the district about orphans, abandoned, and surrendered children. The SAA will facilitate adoption of the children who are legally free for adoption. SAAs may also be established near or within jail premises, to provide care and protection to young children of incarcerated parents. The Mission Vatsalya will support State and NGO run Specialized Adoption Agency (SAA) where adoptable children of below six years of age are provided residential care. The SAA must be registered under the appropriate provisions of the Juvenile Justice (Care and Protection of Children) Act, 2015 and follow the Adoption regulations issued by Central Adoption Resource Authority (CARA). It shall work under the overall supervision of the District Child Protection Unit and assist District Magistrate in administering Adoption programme.

Cradle Baby Reception Centre Recognizing the fact that many districts in the country do not have facilities to receive or offer temporary shelter for children in crisis situation, especially those who are abandoned and vulnerable to be trafficked, the Mission

envisages setting up Cradle Baby Reception Centres in at least one SAA (p... government run) per District. This Reception Centre shall be run by the SAA ... premises and shall be equipped with all basic facilities for infants. The primary ... of these Reception Centres shall be to rescue the abandoned children and ... them with due care and affection till he/she is given in adoption. Each SAA shall ... one cradle with alarm bell at the doorstep to receive such babies. These Cradle ... Reception Centres will be linked to Cradle Points at Primary Health Care Centres ... Hospitals/Nursing Homes, Bus and Railway Stations, in the office of the DCPU or ... designated locations to receive abandoned babies. For every child received by the ... baby reception centre, the process of creating an individual care plan shall be ini... by the reception centre, to be further developed and prepared by the SAA in whose ... the child is to be transferred after the authorization of the CWC.

(iv) **Fit Facility** refers to facility being run by a Governmental organisation ... voluntary or non-governmental organisation registered under any law for the time ... in force to be fit to temporarily take the responsibility of a child for a specific purpose ... also includes facilities for group foster care.

(2) Child Care Institutions for Children in Conflict with Law (CCL)

i) Observation Homes are the temporary reception, care and rehabilitation of any ... alleged to be in conflict with law, during the pendency of any inquiry under the Juv... Justice (Care and Protection of Children) Act, 2015.

II) Special Homes are providing long term rehabilitation and protection of children ... are found to have committed an offence and placed thereby by an order of the JJB ... order to facilitate and expedite setting up of Special Homes in every district or gro...

districts, the scheme shall provide financial support to the State Governments and Union Territory Administrations.

III) Place of Safety is for children between the ages of 16 to 18 years and are accused of or convicted for committing a heinous offence in conflict with law. The JJ Act 2015 states that the State Government may arrange to place children in conflict with law referred to it by the Board, in a 'Place of Safety', which has been declared fit by the State Government for such purpose, and may order such child to be kept under protective custody, at such place and on such conditions, as it deems proper.

Vatsalya Sadan is an Integrated Home Complex of CCIs (Children Home, Observation Home, Special Home, Place of Safety) along with JJB and CWC is located within single premises for implementation of the Juvenile Justice Act. States may consider to set up such model complexes subject to need and availability of land. Vatsalya Sadan (Integrated Home Complex) may be proposed for unit of 50 and 25 children in each Home. Time to time, states have submitted proposals for Integrated Home Complex based on their requirement. Therefore, to address this need, it has been decided to provide for construction of "Vatsalya Sadan" under the Mission Vatsalya. The benefits of having "Vatsalya Sadan" would help to avoid/minimize disruption, travelling time for case needs and ensure security provision.

Besides, general conditions, capacity building, roles and responsibilities, etc. of the CCIs, the Mission incorporated **Swachhata Action Plan (SAP)**, where States/UTs have to prepare an Annual Calendar for take up activities of SAP in CCIs such as- Activities on personal hygiene of children and staff in CCIs such as trimming nails, washing hands, cleaning of wardrobes etc. Children to be encouraged to keep their hands clean by washing regularly with soap and water; Ensure proper cleaning and

frequent sanitization of the CCIs, particularly of the frequent touched surfa
Fumigation of premises, provision of clean drinking water regularly and cleaning
storage tanks; Ensure regular supply of hand sanitizer, soap and running water in
washrooms of CCIs; Orientation programme on Water, Sanitation and Hygiene (WAS
in CCIs; Toilets should be adequate in number, accessible, and child friendly; Nut
kitchen Garden development in CCIs. Plantation drives in the CCI; Group Discussion
Health, hygiene and Cleanliness for Children and staff of CCIs; Art and craft activity wi
children on "Best out of waste"; Display Swachhata message on the website(s) a
through wall paintings at all CCIs;) Curb the use of Single-Use Plastic (SUP) a
discourage the use of plastic in the office; Inspection of cleanliness of rooms, toilets, foo
clothing etc. by Children Committee. Use of waste material to generate energy for cooki
gas; Organize a Webinar, Workshop, Film show, Poem competition on health a
sanitation on Swachhata"; Organize a VC/meeting with field formations for th
dissemination of information and to review the preparedness, in between and at the en
of the Pakhwada; Use of Social Media (Facebook, Twitter, Instagram, Youtube etc.) t
generate awareness and any other relevant instructions issued from time to time.

Non Institutional Care Services

One of the guiding principles of the care and protection of children under th
Juvenile Justice Act asserts that a child shall be placed in institutional care as a
measure of last resort. In this spirit, the Juvenile Justice (Care and Protection o
Children) Act, 2015 and the Model Rules framed there under accord priority to non-
Institutional care in the rehabilitation and reintegration of children through
Sponsorship, Foster Care, adoption and After Care in a family and community based
alternatives for care. The Mission will support children through following modes of Non-
Institutional Care:

(i) Sponsorship provides supplementary financial support to such families, children's homes and special homes to meet the educational, medical, nutritional and other needs of children in order to improve the quality of their lives.

(ii) Foster care is an arrangement usually on a temporary basis whereby a child lives with an extended or unrelated family members. Financial support is provided to biologically unrelated Foster Parents for nurturing the child.

(iii) Adoption is a process, through which a child who is permanently separated from biological parents because of demise of her/his patents, or have abandoned or surrendered her/him, becomes a legitimate child of a new set of parents. Children must be declared legally free for adoption by the Child Welfare Committee. The parents can register in the website www.cara.nic.in and upload all the relevant documents.

(iv) Aftercare provides financial support to children who leave institutional care after attaining 18 years to facilitate child's reintegration into the mainstream of the society and to help them transition to independent life. Such support may be given up to 21 years and extendable up to 23 years of age to help her/him become self-dependent.

Services in the Child Care Institution

The JJ Act 2015 and Amendment Act 2021 and JJ Model Rules 2016 and Amendment Rules 2022 mandated the child care institutions to provide a quality care and services for the rehabilitation and social reintegration of children into the society. The child care institutions are to provide a safe and secured infrastructure with child friendly environment, provide age appropriate education to all the children and also provide gainful vocational training/skill development to children according to their age, aptitude, interest and ability, both inside or outside the child care institution. Further,

CCI shall provide proper nutrition and maintain hygiene and sanitation in
institution. Moreover children shall be provided medical care including mental healt
a regular basis and recreation facilities for the holistic development of the children.

Nutrition and Diet Scale

As per the Section 33 of JJ Rules, children may be provided special meals
holidays, festivals, sports and cultural day and celebration of national festivals. T
menu should be prepared with the help of nutrition experts or Doctor to ensure balanc
diet and variety in taste as per the minimum nutritional standard and diet scale. Besid
these the rule also instructs to provide special diet to infant and sick children accord
to the advice of Doctor.

(1) The following nutrition and diet scale shall be followed by the Child Care Institution
namely:

(i) the children shall be provided four meals in a day including breakfast;

(ii) the menu shall be prepared with the help of a nutritional expert or doctor to ensu
balanced diet and variety in taste as per the minimum nutritional standard and di
scale;

(iii) every Child Care Institution shall strictly adhere to the minimum nutritio
standard and diet scale suggested as specified below:

1. Rice/Wheat/Ragi/Jowar 600 gms, (700 gms for16-18 yrs age) of which at least 1
gms to be either Wheat or Ragi or Jowar or Rice.
2. Dal/ Rajma/ Chana 120 gms.
3. Edible Oil 25 gms.
4. Onion 25 gms.
5. Salt 25 gms.
6. Turmeric 05 gms.
7. Coriander Seed Powder 05 gms.

8. Ginger 05 gms.
9. Garlic 05 gms.
10. Tamarind/ Mango powder 05 gms.
11. Milk (at breakfast) 150 ml.
12. Dry Chillies 05 gms.
13. Vegetables Leafy Non – leafy 100 gms. 130gms.
14. Curd or Butter Milk 100 gms/ml.
15. Chicken once a week or Eggs 4 days 115 gms.
16. Jaggery& Ground Nut Seeds or Paneer (vegetarian only) 60 gms each (100 gms for paneer) Once in a week.
17. Sugar 40 gms.
18. Tea/Coffee 5gm.
19. Sooji/Poha 150 gms.
20. Ragi 150 gms

Following items for 50 Children per day

21. Pepper 25 gms.
22. Jeera Seeds 25 gms.
23. Black Gram dal 50 gms.
24. Mustard Seeds 50 gms.
25. Ajwain Seeds 50 gms

On Chicken Day for 10 Kg. of Chicken

26. Garam Masala 10 gms.
27. Kopra 150 gms.
28. KhasKhas 150 gms.
29. Groundnut Oil 500 gms.

For Sick Children

30. Bread 500 gms.
31. Milk 500 ml.
32. Khichadi 300 gms

(2) Children may be provided special meals on holidays, festivals, sports and cultural day and celebration of national festival. (3) Infants and sick children shall be provided special diet according to the advice of the doctor on their dietary requirement. (4) The requirement of each child shall also be taken into account including need for iron and folic acid supplements. (5) The menu for the day shall be prepared in consultation with the Children's Committee and shall be displayed in the dining hall. (6) Variation in diet may be as per seasonal and regional variations, a suggested diet variation is given below:- (i) varieties of dal e g., Toor (Arhar), Moong (Green Gram) and Chana (Bengal Gram) may be given alternatively; (ii) on non-vegetarian days, vegetarian children shall be issued with either 60 gms of jaggery and 60 gms of groundnut seeds per head in the

shape of laddus or any other sweet dish or 100 gmspuncer; (iii) leafy vege... Fenugreek (Methi), Spinach (Palak), Sarson (Mustard leaves) Gongura... other sang etc., may also be issued once in a week. If a kitchen garden is ... institution, leafy vegetables, should be grown and issued and the Superintendent ... try to issue variety of vegetables and see that the same vegetable is not repeated ... least a period of one week; (iv) seasonal fruits shall be provided in a ... manner in sufficient quantities; (v) the Person-in-charge may make temporary ... in the scale of diet in individual cases when considered necessary by him ... advice of the doctor of the institution subject to the condition that the scale ... not exceeded.

7) Meal Timing and Menu:

(i) Breakfast – 7.30 a.m. to 8.30 a.m.
(a) upma or chapattis made of wheat or ragi or any other dish;
(b) chutneys from Gongura or fresh curry leave or fresh coriander or ... Putnadal, etc., dal or vegetable may be issued as a dish;
(c) milk;
(d) any seasonal fruit in sufficient quantity.
(ii) Lunch at 12.30 to 1.30 P.M. and Dinner – 7.00 P.M. – 8.00 P.M
(a) rice or Chapattis or combination of both;
(b) vegetable curry;
(c) sambar or dal;
(d) butter milk or curd.

(8) Others: (i) depending on the season, the Person-in-charge shall have the ... alter the time for distribution of food; (ii) on the advice of the institution's doctor ... discretion of the Person-in-charge, every sick child who is prevented from taking ... food, on account of his ill-health, may be issued with medical diet as per the ... sick children; (iii) extra diet for nourishment like milk, eggs, sugar and fruits ... issued to the children on the advice of the institution doctor in addition to the ... diet, to gain weight or for other health reasons and for the purpose of calculation ...

daily ration, the sick children shall be excluded from the day's strength; (iv) special lunch or dinner may be provided to the children at the Child Care Institution at the rate fixed by the Person-in-charge of the Child Care Institution, from time to time on national festivals and festival occasions, including: (a) Republic Day (26th January); (b) Independence Day (15th August); (c) Mahatma Gandhi's Birth day (2nd October); (d) Children's Day (14th November); (e) National festivals; (f) Local festivals; (g) Annual Day of the Child Care Institution.

Medical Care

(1) In all Child Care Institutions, a medical officer shall be made available on call whenever necessary for regular medical check up and treatment of children.

(2) A nurse or a para medic shall be available round the clock in all Child Care Institutions.

(3) Every Child Care Institution may:

(i) arrange for medical examination of each child admitted in an institution by the Medical Officer within twenty- four hours of admission and in special cases or medical emergencies immediately;

(ii) arrange for a medical examination of child by the Medical Officer at the time of transfer within twenty four hours before transfer;

(iii) maintain a medical record of each child on the basis of monthly medical check-up and provide necessary medical facilities;

(iv) ensure that the medical record includes weight and height record, any sickness and treatment, and other physical or mental problems;

(x) have facilities for quarterly medical check ups including dental check-up, eye and screening for skin problems and for treatment of children;

(xi) every institution to have first aid kit and all staff be trained in handling first

(xii) make necessary arrangements for the immunization of children;

(xiii) take preventive measures in the event of out-break of contagious or

diseases;

(xiv) keep sick children under constant medical supervision;

(xv) not carry out any surgical intervention in a hospital on any child without the

consent of his parent or guardian, unless the parent or guardian cannot be

and the condition of the child is such that any delay would, in the opinion of the

officer, involve unnecessary suffering or injury to the health of the child or

or without obtaining a written consent to this effect from the Person-in-charge

institution;

(xi) provide or arrange for regular counselling of every child and ensure specific

health interventions for those in need of such services, including separate

counselling sessions within the premises of the institution and referral to

mental health centres, where necessary; and

(xii) refer such children who require specialised drug de-addiction and rehab

programme, to an appropriate centre administered by qualified persons

programmes shall be adopted to the age, gender and other specifications of

concerned.

Clothing, Bedding, Toiletries and other Articles

(1) The clothing and bedding shall be as per the scale and climatic conditions. The requirements of each child and the minimum standards for clothing and bedding shall be as under:

A. BEDDING- As per the section 30 of the JJ rule, clothing and bedding for the children shall be as per the scale and climatic condition. The requirement of each child and the minimum standards for clothing and bedding shall be as under:

1. Mattress 1 at the time of admission and subsequently 1 after every 1 year.
2. Cotton Durry 2 at the time of admission and subsequently 2 after every 2 years.
3. Cotton bed sheets 2 at the time of admission and subsequently 1 after every 6 months.
4. Pillow (Cotton stuffed) 1 at the time of admission and subsequently 1 after every 1 year.
5. Pillow covers 1 at the time of admission and subsequently 1 after every 1 year.
6. Cotton blankets/ Khes 2 at the time of admission and subsequently 1 after every 2 years.
7. Cotton filled quilt 1 at the time of admission and subsequently 1 after every 2 years (in cold region in addition to the blankets).
8. Mosquito net 1 at the time of admission and subsequently 1 after every 6 months.
9. Cotton towels 2 at the time of admission and subsequently 1 after every 3 months.

B. Clothing for Girls

1. Skirts and Blouse or SalwarKameez or Half Sari with Blouse and Petticoat 5 sets per year for girls depending on age and regional preferences.
2. Age appropriate undergarments 3 sets every quarter.
3. Sanitary Towels 12 packs per year for older girls.
4. Woollen Sweaters (full sleeves) 2 sweaters yearly.
5. Woollen Sweaters (Half sleeves) 2 sweaters yearly.
6. Woollen Shawls 1 per year. 7. Nightwear 2 sets every 6 months.

C. Clothing for Boys

1. Shirts 2 at the time of admission and subsequently 1 after every 6 months.
2. Shorts 2 at the time of admission and subsequently 1 after every 6 months for younger boys.
3. Pants 2 at the time of admission and subsequently 1 after every 6 months for older boys.

4. Age appropriate undergarments 3 sets every quarter.
5. Woollen jerseys (full sleeves) 2 yearly.
6. Woollen jerseys (half sleeves) 2 yearly.
7. Woolen Caps 1 in 1 year. 8. Kurta Pyjama for night wear 2 sets every 6 months.

In addition to the clothing specified above, each child shall be provided, once three years, with a suit consisting of one white shirt, one pair of shorts or pants, one pair of white canvas shoes and one blazer for use during ceremonial occasions. In the case girls it shall be one white half sari or one salwar kameez or one white skirt and one white blouse, a pair of white canvas shoes and a blazer.

D. Toiletry

Every resident of the Child Care Institution shall be issued oil, soap and other materials as per the following scale:

1. Hair Oil for grooming the hair 100 ml per month.
2. Toilet soap/handwash 2 bars of 100gm per month.
3. Tooth brush 1 in every 3 months.
4. Toothpaste 100gm (a tube) per month.
5. Comb 1 in every 3 month.
6. Shampoo sachets 8 in a month (10ml/ per sachet).
7. Bathing soap 2 bars of 125gm per month.
8. Hair clip/ band 2 bands in 3 month.
9. Moisturiser or cold cream (during winters) 250 ml in a month.

For washing of clothes and towels, bed-sheet, etc., the following scale may be followed.
(i) washing soap: 3 soaps for one month (125 gms) or equivalent washing powder;
(ii) whitening or bleaching agent to the extent required only for white clothing.

In JJ Rules following provisions are there with regard to Sanitation and Hygiene

(1) Every Child Care Institution shall have the following facilities, namely:
(i) Sufficient treated drinking water; water filters or RO shall be installed at multiple locations in the premises for easy access such as kitchen, dormitory, recreational room etc.;
(ii) Sufficient water including hot water for bathing and washing clothes, maintenance and cleanliness of the premises;
(iii) Proper drainage system with regular maintenance;
(iv) Arrangements for disposal of garbage;
(v) Protection from mosquitoes by providing mosquito nets or repellants;
(vi) Annual pest control;
(vii) Sufficient number of well-lit and airy toilets with proper fittings in the proportion of at least one toilet for seven children;
(viii) Sufficient number of well-lit and airy bathrooms with proper fittings in the proportion of at least one bath room for ten children;
(ix) Sufficient space for washing and drying of clothes;

(x) Washing machine wherever possible;
(xi) Clean and fly-proof kitchen and separate area for washing utensils; (xii) sunning of bedding twice every month and clothing on regular basis;
(xiii) Maintenance of cleanliness in the Medical Centre;
(xiv) Daily sweeping and wiping of all floors in the home;
(xv) Cleaning or washing of the toilets and bathrooms twice everyday;
(xvi) Proper washing of vegetables and fruits and hygienic manner of preparing food;
(xvii) Cleaning of the kitchen slabs, floor and gas after every meal;
(xviii) Clean and pest proof store for maintaining food articles and other supplies;
(xix) Disinfection of the beddings at least once a year;
(xx) Fumigation of a sick room or isolation room after every discharge in case of contagious or infectious disease; and
(xxi) Cleanliness in medical centre.

CCIs in the Present Study

The Child Care Institutions need to ensure the rights of every child by rendering all types of support and allowing children to optimally grow and develop under a child friendly environment. The Person in-charge of CCI is primarily responsible for overall smooth functioning of the CCI. The Act describes a number of duties and responsibilities for the Person in-charge. The primary responsibility of the Person-in-charge is of maintaining the Child Care Institution and of providing care and protection to the children and the Person-in-charge shall stay within the premises to be readily available as and when required by the children or the staff and in case where an accommodation is not available in the premises, he shall stay at a place in close proximity to the Child Care Institution till such time such accommodation is made available within the premises of the Child Care Institution. The general duties and functions of the Person-in-charge include to 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; provide homely and enabling atmosphere of love, affection, care and concern for children; strive for the development and welfare of the children; supervise and monitor discipline and well-being of the children and the staff;

plan, implement and coordinate all activities, programmes and operations, [illegible] training and treatment programmes or correctional activities as the case [illegible] segregate a child suffering from contagious or infectious diseases on the advice [illegible] medical officer of the institution; segregate a child wherever required; ensure [illegible] and follow-up of daily routine activities; organize local and national festivals [illegible] Institution; organize trips or excursions or picnics for children; send a list of child[illegible] Form 40 in the Child Care Institution to the Board or the Committee, as the case [illegible] every week and bring to the notice of the Board or the Committee, if no date is [illegible] the production of any child before the Board or the Committee; allocate du[illegible] personnel; maintain standards of care in the Child Care Institution; ensure [illegible] storage and inspection of food stuffs as well as food served; maintain the buildings [illegible] premises of the Child Care Institution; maintain proper hygiene in the home; [illegible] accident and fire preventive measures, disaster management within the premises [illegible] also keep first aid kit; make stand-by arrangements for water storage, power back[illegible] inverters, generators; ensure careful handling of equipment; employ appropriate se[illegible] measures; conduct periodical inspections, including daily inspection and rounds [illegible] Child Care Institutions; take prompt action to meet emergencies; ensure prompt [illegible] and considerate handling of all disciplinary matters; ensure proper and [illegible] maintenance of the case files; maintain all records and registers required under th[illegible] and these rules; prepare the budget and maintain control over financial ma[illegible] organise the meetings of the Management Committee set up under rule 39 of these [illegible] and provide necessary support; ensure monthly verification of all records and rep[illegible] by the Management Committee set up under rule 39 of the rules; liaise, co-ordinate [illegible] co-operate with the State Child Protection Society and the District Child Protection [illegible] as and when required; co-ordinate with the legal cum Probation Officer in the D[illegible]

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. Besides, the Person-in-charge needs to inspect the Child Care Institution as often as possible but not less than twice a day. S/he shall make a record of the timings of her/his inspection and also note her/his observations in a separate book maintained for the purpose, especially with regard to: maintenance of hygiene and sanitation; maintenance of order; maintaining quality and quantity of food; hygienic maintenance of food articles and other supplies; hygiene in the medical centre and provisions for medical care; behaviour of the children and staff, security arrangements and maintenance of files, registers and books. Further, the Person in-charge is responsible to - enquire and resolve anything irregular that comes to the notice of the Person-in-charge and the date, time and nature of the action taken shall be noted in the book; if 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; in case the Person-in-charge is on leave or otherwise not available, the duties of the Person-in-charge shall be performed by the Child Welfare Officer as designated by the Person-in-charge.

General information of the CCIs under study

Registration status

The study covered a total of 30 CCIs. Out of which 20 CCIs were Children Home for girls and boys and ten were SAAs. All 30 Child Care Institution visited are registered under Juvenile Justice Care Act, 2015. With regard to renewal of registration, in case of

20 CCIs (66.67%), renewal of registration was done. Seven (23.33%), out of 30 C there was time for renewal, two CCIs (6.67%) have submitted the required documents renewal and one CCI (3.33%) has initiated the process of renewal at the time of visit.

Accommodation

As described in previous chapter, the study covered a total of 30 CCI. Ou which ten CCIs were SAA and 20 CCIs were for Girls and boys. Out of 30 CCIs st study, 26 (86.67%) CCIs were functioning in their own complexes, whereas ten per were functioning in rented building and one CCI (3.33%) was functioning in a build on lease. In all 93.33 per cent buildings were concrete and two (6.67%) were s concrete buildings. With regard to conditions of the building, 76.67 per cent build were well built, two (6.67%) were very old building, two (6.67%) were satisfactory, (6.67%) required renovation and renovation work initinted at the time of visit and concrete building (3.33%) that required renovation.

Child Safety and Security Measures at CCIs

All 30 CCIs were secured with proper boundary walls. Except one (3.33%) CCI rest (96.67%) CCTV cameras were found and were functioning. The Child Help number (1098) was displayed in 90 per cent CCIs under study. With regard accessibility of grievance redressal mechanism including for abuse prevention, in 90 cent CCIs Suggestion/Complaint box was found. Out of 20 children homes, in 80 cent minutes of children's committee were found. Again, with regard to minutes of st children interface, in 60 per cent children home it was available. All CCIs follow s sort of child protection policies, e.g. escorting children, certain regulations for visi system of maintaining discipline of movements among children, etc.

Staff Position

Minimum staff is required for smooth functioning of CCIs. The role of CCI Person in-charge assumes much importance for overall functioning of CCI. The present study found that, in 86.33 per cent CCIs there were full fledged Person in-charges (Superintendent/coordinator/Manager) and in rest five (16.67%) the charge was given to Social Worker/Executive Member of the NGO/Officials from Deptt. of WCD. Out of 30 Person in-charges, ten (33.33%) were male and 20 (66.67%) were female.

With regard to Social Worker cum Childhood Educator in SAA and Case Worker/Child Welfare Officer in Children Home (Boys and Girls) 43.33 per cent CCIs engaged staff till the time of data collection. Out of this 13 (43.33%) CCIs 15.38 per cent were from SAA and 84.62 per cent were from Children Home (Boys and Girls). Similarly, in all, there were 21 (70%) Counselors among 30 CCIs visited, out of which 90.48 per cent in Children Home (Boys and Girls) and 9.52 per cent in SAA.

With regard to House Father/Mother/Ayah, in all, 93.33 per cent visited CCIs were having House Father/Mother/Ayah at the time of data collection. Out of this, there were Ayahs in all ten SAAs and in one Children Home interview was done for engaging the staff and in another process of engaging the staff was initiated at the time of visit. There was Balwadi Educator/Educator/Tutor in 60 per cent of the CCIs under study. Arrangement of Medical Officer either on part time basis or on call was found in 80 per cent of the CCIs. Accordingly, arrangement of Para Medical staff was found in 70 per cent CCIs under study.

With regard to Art and Craft Teacher, only in five per cent Children Homes, there was arrangement for Art and Craft Teacher in 30 per cent of Children Home. Likewise, there was PT Instructor cum Yoga Teacher. For looking after secretarial activities, in all,

there was Store keeper cum Accountant in 60 percent of the visited CCIs, ... found in 80 per cent of the CCIs and out of which, cent percent Children ... Cooks and out of ten SAAs, in four there were separate cooks and in rest the ... to prepare food for children.

From the above findings it is understood that, on an average the ... staff were found in most of the CCIs. However, it is essential to engage all ... staff for smooth functioning of CCIs.

Since the Person in-charge is mostly the responsible person for overall ... of CCIs, the educational qualification, stay and training are necessary from ... regard the study reveals the following:

Educationnl Qualification of the Person in-charge

Educational qualification of the CCI in-charges plays a very pivotal ... the CCI meaningfully, besides administrative responsibilities it is expected that ... in-charges should be able to understand the children, their needs, rights, etc. ... this in mind, data with regard to educational qualification of CCI in-charge ... collected. Out of 30 CCIs, majority (90%) of CCI in-charges had educational qual... of Post-graduation. Again, CCI in-charges with Post-graduation qualification, 9... cent CCI in-charges were from Social Work background, one (3.7%) was from C... Engineering and one CCI in-charge had qualifications of MA, MCom. and LLB. ... reveals that, all CCI in-charges are adequately qualified to run the CCIs. Howev... charge with computer engineering would require orienting towards various ... needed for children.

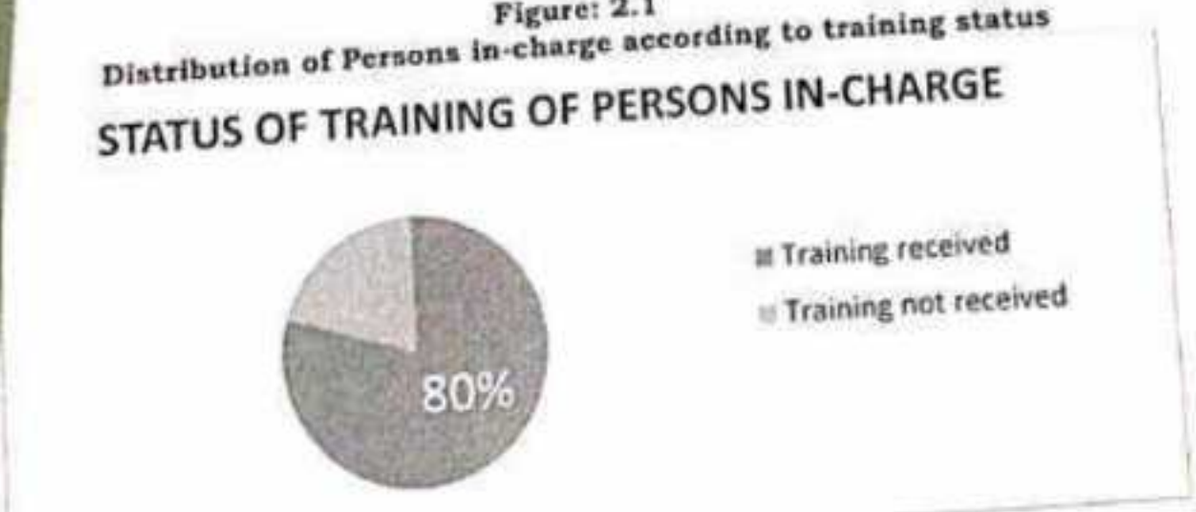
Residence of Person in-charge

Viewing the responsibilities and sensitiveness of CCIs, it is expected that the in-charges should stay within the close proximity of the CCI. Out of the 30 CCIs visited under study, ten (33.33%) in-charges stayed in the same campus, where one stayed in the same building; 18 (60%) of them stayed outside the campus but close to the CCIs and two (6.57%) used to travel from other village/town. It can be said that, 93.33 per cent CCI in-charges were easily accessible to the CCIs for 24 hours.

Training of Persons in-charge

Training is the process to enhance the skills, knowledge and capabilities of employees for executing out a specific task. It shapes the thinking of employees and also leads to quality performance. Training is continuous and never ending in nature. Training is again very crucial for development and success of the organisarion. It is fruitful to both employers and employees of an organization. An employee will become more efficient and productive if s/he is trained appropriately. Accordingly, the CCI in-charges are required to be trained in various aspects of CCIs for smooth functioning of the Institution.

Figure: 2.1
Distribution of Persons in-charge according to training status



Data (Fig. 2.1) reveals that, majority (80%) of the persons in-charge had recei
on some or the other subject. Out of this, the subjects where more training re
on JJ Act (58.33%), adoption/CARA (54.17%), POCSO act (50%), child
friendly environment (41.67%) and child protection and rehabilitation (37.
from these, six (25%) had received training on records and register mainten
(16.67%) of each attended training on foster care, strengthening CCI/mana
CCI, individual care plan, counselling, first aid/disaster management, three
each had received training on health and nutrition, COVID-19, recor
maintenance; two (8.33%) of each received training on child safety and
residential care and capacity building, child protection polity, menta
human/child trafficking, case management and one (4.17) of each had receive
on positive domains, ICPS, and youth at risk and drug abuse awareness among

From the above description it is seen that, 20 per cent CCI in-charges
trained till the time of data collection. Among the other respondents who
trainings, again everyone did not receive same trainings. Thus there is a need
sort of identical type of basic training.

Staff training

In CCIs the Person in-charge, being the most responsible functiona
expected to upgrade the knowledge/skill of staff in various aspects at her/his o
Thus, an attempt was made to understand if there is any endeavour to orga
such programmes at the CCI. It was found that, in last year preceding to data c
out of 30 CCI visited in ten CCIs some kind of effort was made by the Person in
to enhance understanding of the staff in various aspect of children. Out of these

charges had organised awareness programmes, four had organised training programmes and one each had organised workshop and training cum workshop.

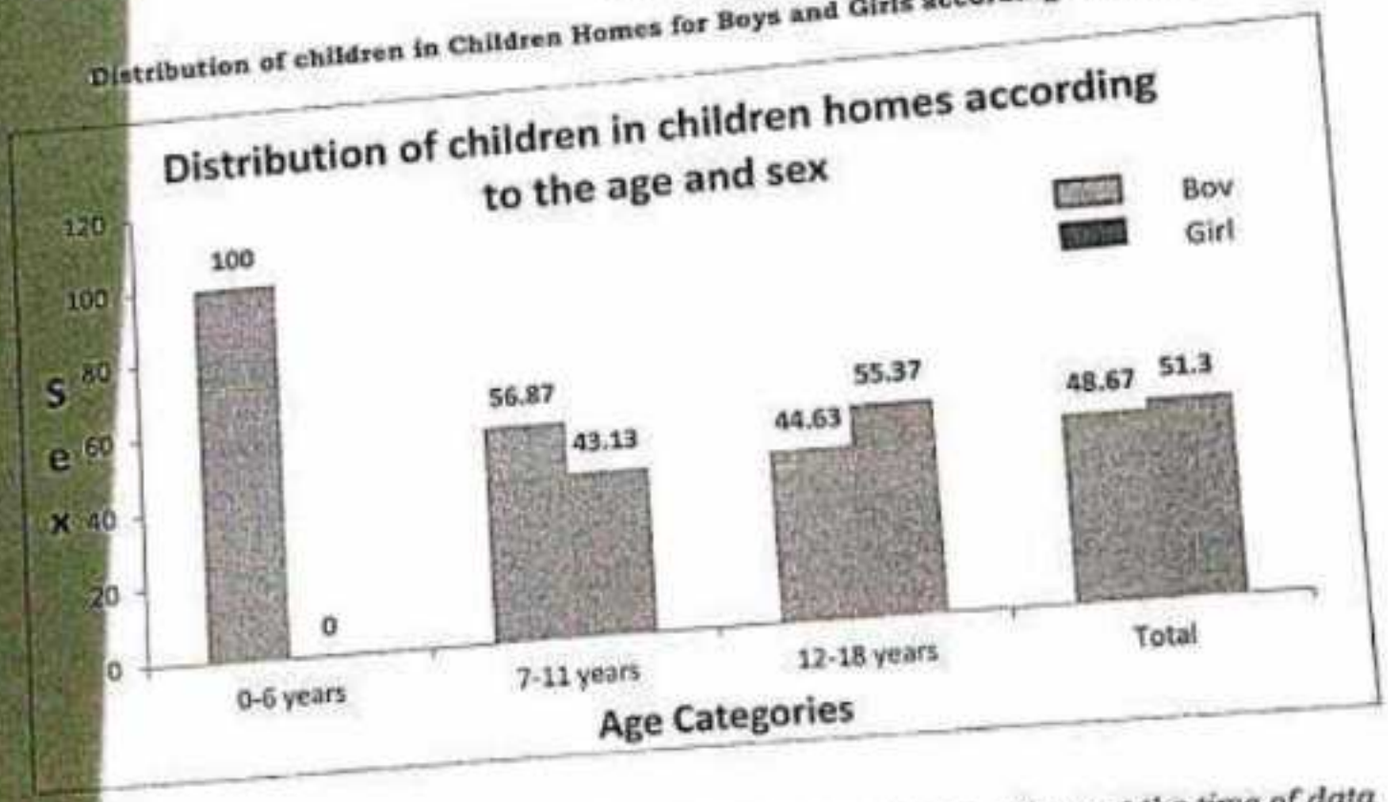
Children in CCIs under study

1. Children in Children Homes for Boys and Girls

There were a total of 690 children in all 20 Children Home for Boys and Children Home for Girls visited for data collection. Out of which 336 (48.67%) were boys and 354 (51.30%) were girls. It seems that girl inmates in children homes visited were a little more than boys. Figure 2.2 also reveals that, besides four children in the age group of 0-6 years, where all children were boys, more boy children (56.87%) were there in the age group of 7-11 years than girls (43.13%) in the children homes, but number of girls (55.37%) superseded boys (44.63%) in the age category of 12-18 years.

Fig. 2.2

Distribution of children in Children Homes for Boys and Girls according to their age



*There were four boy children in Children Home for boys up to 6 years of age at the time of data collectio

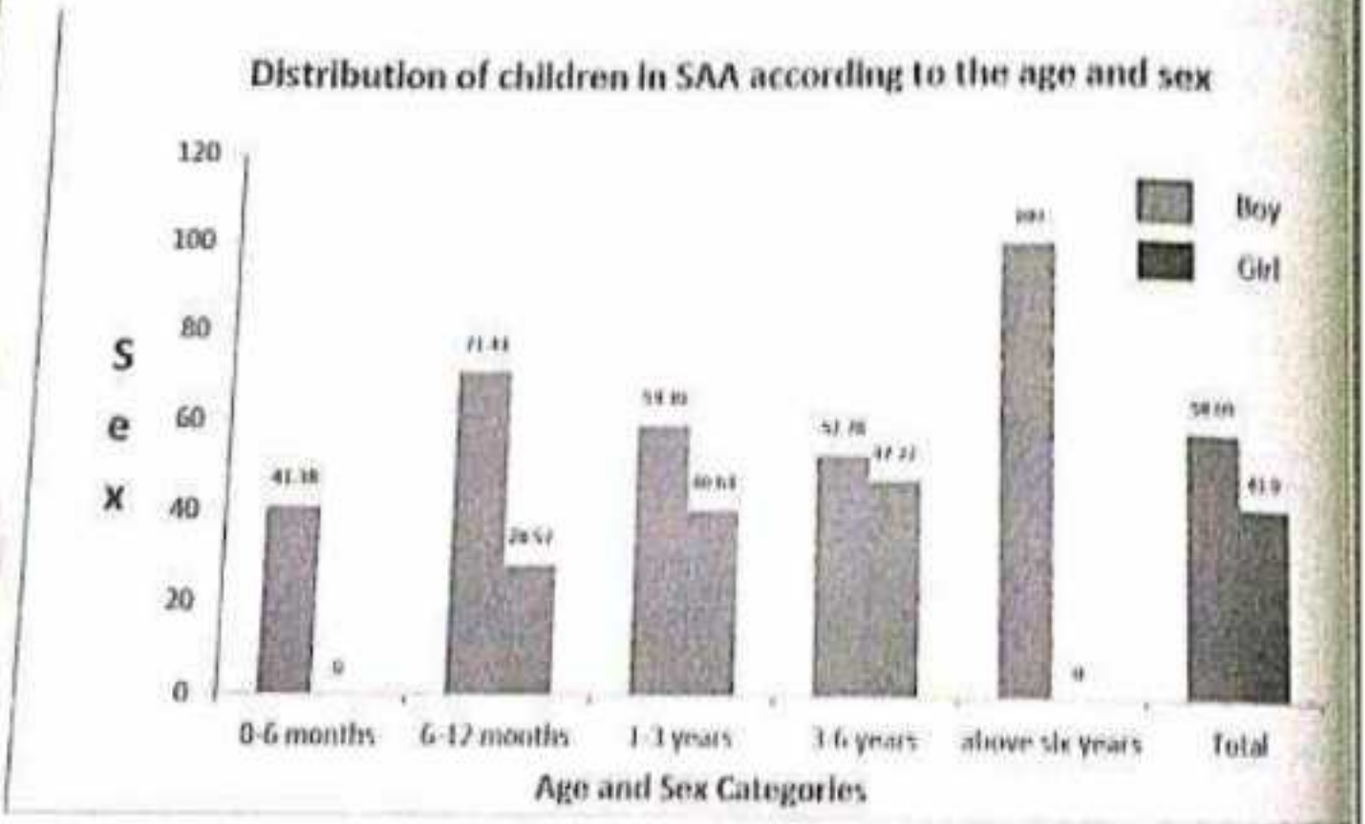
From the above data, it can be said that, boys in their late childhood period and girls in their late adolescence period need more care and protection. It can also be said that, boys in their late childhood and girls in their late adolescence is a bit challenging repatriate.

Children in SAA

The Research team visited a total of ten SAAs in five western states. In the SAAs visited, a total of 105 children were admitted at the time of data collection. Amongst the total children, 104 children were in the age category of 0-6 years and one child was above six year and was about to shift to another children home.

Fig. 2.3

Distribution of children in SAA according to the Age and Sex



Data displayed in Figure 2.3, reveals that, out of total 105 children more boys were (58.09%) were admitted in SAAs than girls (41.9%). Again, data shows that, most of the children in SAAs were in the age group of 3-6 years (34.29%) and 1-3 year (30.48%).

Followed by this, 27.61 per cent children were in the age category of 0-6 months and 6.67 per cent children in the age group of 6-12 months.

Education of Children in CCIs

It was tried to understand the educational status of the children in the CCIs visited (Table 2.1). Among the children in CCIs, 88.84 per cent children were studying in various standards starting from primary to college level. Two children (0.29%) just completed 12th standard at the time of visit, admission was due for eight (1.16%) children, three children (0.43%) below six years were attending ECCE and one child (0.14%) used to go to special school. In all, 8.41 per cent children did not go to school either due to over age for admission or staying for short duration in the CCI. A small section of girl children (0.72%) were receiving vocational training. However, over aged children for school and who were staying for long duration were informally supported by the staff of the CCIs with respect to CCIs.

Table 2.1
Distribution of children according to their education

Standard/class	Boys (%)	Girls (%)	Total (%) (%)
ECCE	-	3	3 (0.43)
Primary (Class I-V)	128 (63.68)	73 (36.32)	201 (29.13)
Middle(Class VI-VIII)	88 (45.49)	105 (54.40)	193 (27.97)
High school(Class IX-X)	88 (51.46)	83 (48.53)	171 (24.78)
10thPass	12 (25)	36 (75)	48 (6.96)
12thPass	1 (50)	1 (50)	2 (0.29)
Do not go to school	18 (31.03)	40 (68.97)	58 (8.41)
Vocational Training	-	5 (100)	5 (0.72)
Admission due	1 (12.5)	7 (87.5)	8 (1.16)
Special school	-	1 (100)	1 (0.14)
Total	336 (48.70)	354 (51.30)	690 (100)

Most of children in SAA too were receiving ECCE at the time of visit. However, s
needs to be given for early stimulation of younger children below three years.

Status of admission and adoption of children

This was also tried to find out the status of children admitted and adopted in
and CCI visited under study. Secondary data was collected of last two years before
collection. Data reveals that, in SAAs in the year 2019-20, a total of 184 children
admitted in the ten SAAs visited. Out of which, 96 (52.17%) were given for adop
Whereas, in the year 2020-21, 119 children were admitted and 58 (48.74%) chil
were given for adoption. Again in Children Homes (Boys and Girls), in the year 201
964 children were admitted and out of this 13 were given for adoption, adoption pro
of two children was completed, but children did not go and adoption process of one
was initiated at the time of data collection. In 2020-21, a total of 593 children
admitted, out of which till the time of data collection, 17 children were given
adoption, adoption procedure of three children was completed, adoption process of
children was going on and one child was adopted, but later returned back to CCI.

The CCIs generally receive children from Child Welfare Committee, Police, C
line, parents/family members, women helpline, volunteer, cradle, hospital, Staff of C
Protection Scheme and also transfer from other CCIs. CCIs admit children through
CWC with an order. In all visit sites CWCs were available. Out of 30 CCIs/SAAs u
study, office of 73.33 per cent CWC was outside the CCIs, 23.33 per cent CWCs use
sit in the premises of CCIs and one (3.33%) at a place in proximity to the child
home.

Miscellaneous

With regard to various displays in the CCIs, data reveals that in 90 per cent CCIs the emergency contact numbers were displayed in the place that is easily visible. List of daily duty chart of staff was displayed only in 26.67 per cent CCIs. Again, the daily activity chart was found displaying in 56.67 per cent CCIs. Likewise, the daily attendance status of children was found displaying in more than half (53.33%) of the CCIs. Display of daily routine was observed in 56.67 per cent CCIs. Further, more or less art activities of children in Children home were found displayed at the time of data collection.

CHAPTER III

NUTRITIONAL PRACTICES IN CHILD CARE INSTITUTIONS

Nutrition is one of the most important contributory factors for human development in any country. Appropriate nutrition assumes much more during certain periods of life for ensuring proper growth and development and in turn human resource development of the nation. Besides, many immunological are dependent on various nutrients to provide a protective environment in the physical and mental health and nutritional care together play a very crucial childhood and adolescence growth and development. Children are the nation. It is important to provide a conducive environment to every child optimum growth and development. The mental health and physical health interdependent and thus all stakeholders and caretakers are responsible to optimum health care with child friendly environment for the children. Nutrition the prime requisites at all stages of human life. It is the focal point for the wellbeing of an individual. For children and adolescents, nutrition assumes importance as it plays a vital role in growth/development and building strengthening the immune system which lessens the frequency of illnesses and for leading a healthy life.

As described in the previous chapter, according to the JJ Act, there is a menu for the children in CCIs. The Act, in a detailed manner mentioned the various ingredients for children. Keeping this in view, the CCIs require an supply of food items for maintaining the nutritional status of children in the

regard to ensuring proper nutrition CCIs should measure height and weight of children in addition to regular health check-up and providing treatment to illnesses.

With regard to ensuring optimal growth and development of children, nutrition plays a pivotal role. The Person in-charge of the CCI has a great role to play for ensuring optimum nutrition. Thus, the study made an attempt to find out the nutritional practice adopted under the guidance of Persons in-charge in the CCIs.

Nutrition and the Persons In- charge

Keeping the nutritional aspect of CCI children in view, the JJ Act specifically allotted various ingredients for the children in CCIs, which was mentioned in *chapter II*. Persons in-charge of CCIs are basically responsible for ensuring optimum nutritional care to the children in CCIs. In addition to fulfilling hunger of children with ensuring specified quantities of ingredients, the CCI should also look into the quality of nutrients and accordingly need to provide optimum nutrition. Therefore, it is important for the Persons in-charge to have basic knowledge upon nutrition. Keeping this in mind, the study tried to understand the basic knowledge upon nutrition of Persons in-charge. The respondents were asked to mention few food items of three basic food groups as energy giving, body building and protective foods. Accordingly, out of 30 CCIs under study, 25 (83.33%) of them answered correctly with regard to energy giving foods. However, their answers in terms of number of food stuff were varied in nature, i.e. mention of one to four food items basically provide energy and so on. Again, with respect to body building foods 86.67 per cent respondents answered correctly, but again their answers were ranged between two to six food items. However, along with names of other body building foods, one has also mentioned about commercially prepared food. Likewise, in respect of protective foods, 86.67 per cent respondents answered correctly by mentioning names of

food items rich in vitamins and minerals. Among them, eight (26.67%) respon
mentioned about benefits of sprouted grains.

It is very important to follow certain precautions during food prepa
conservation of nutrients as nutrients get lost at various stages of food pre
Such losses are basically certain micronutrients, deficiency of which are
hidden and are visible only in advanced stage. Thus precautions need to be
minimise such losses. In this context, attempt was also made to find
understanding of Person in-charge regarding type of precautions to be take
food preparation for conservation of nutrients. Responses are presented at Table

Table 3.1

**Distribution of respondents according to their knowledge regarding precautions ne
taken while food preparation for conservation of nutrients**

precautions need to be taken while food preparation	Number
Washing vegetables before cutting	16 (5
Washing and soaking rice, dal, etc. before cooking	15 (5
Covering pan/saucepan, etc. while cooking food	12 (4
Freshly cooked food should be given/Freshness of Fruits and Vegetables	12 (4
Using only iodised salt	10 (3
Chopping vegetables in medium sizes	08 (2
Using just enough water to cook food	06 (2
Food should not be overcooked	05 (1
Pressure Cooker should be used	03 (1
Outer layer of fruits and Veg. should not be removed	02 (0
Rice water should not be discarded	02 (0
Keeping iodised salt in an airtight container	01 (0
Whole pulses to use	01 (0
Food should be cooked in low flame	01 (0
Avoiding too much spices	01 (0
Avoiding cooked food keeping in fridge	01 (0

Data presented in table 3.1 shows that, most known precaution was washing vegetables before cutting (53.33%), the second most (50%) popular precaution was washing and soaking rice, dal, etc. before cooking and 40 per cent of each responses were covering pan/saucepan while cooking and maintaining freshness of foods in terms of cooked food and fresh fruits and vegetables. Besides, use of only iodised salt, was mentioned by 33.33 per cent, 26.67 per cent of each reported upon chopping vegetables in medium sizes and using just enough water to cook food. Again, 16.67 per cent responses were upon - food should not be overcooked and 10 per cent as pressure cooker should be used. One (3.33%) of each mentioned of outer layers of fruits and vegetables should not be removed thick, storing iodised salt in air tight container, whole pulses to use, food should be cooked in low flame, avoidance of too much spices while preparing food and avoidance of cooked food keeping in fridge. Data presented in table 3.1 reveals that, most of the respondents were not aware about most of the precautions to be taken for nutrients conservation during food preparation.

Attempt was made to understand the perception of Persons in-charge towards nutritional knowledge acquired by staff at CCI. In this regard, it was found that, 90 per cent Persons in-charge of CCIs felt that, staff members are aware about the nutritional requirement of children of various stages of growth, two respondents (6.67%) mentioned that, the staff are unaware and one (3.33%) reported they are aware to some extent. Among them, whom the persons in-charge felt of having knowledge upon nutritional requirement of children, 57.14 per cent persons in-charge felt that, all staff members are aware, 28.57 per cent felt half of the staff members are aware, two (7.14%) persons in-charge mentioned one fourth of staff are aware, one (3.57%) mentioned about nursing staff and one (3.57%) felt except the cook rest of the staff are aware about basi nutritional requirement of children.

Data presented in table 3.1 shows that, most known precaution was washing vegetables before cutting (53.33%), the second most (50%) popular precaution was washing and soaking rice, dal, etc. before cooking and 40 per cent of each responses were covering pan/saucepan while cooking and maintaining freshness of foods in terms of cooked food and fresh fruits and vegetables. Besides, use of only iodised salt, was mentioned by 33.33 per cent, 26.67 per cent of each reported upon chopping vegetables in medium sizes and using just enough water to cook food. Again, 16.67 per cent responses were upon - food should not be overcooked and 10 per cent as pressure cooker should be used. One (3.33%) of each mentioned of outer layers of fruits and vegetables should not be removed thick, storing iodised salt in air tight container, whole pulses to use, food should be cooked in low flame, avoidance of too much spices while preparing food and avoidance of cooked food keeping in fridge. Data presented in table 3.1 reveals that, most of the respondents were not aware about most of the precautions to be taken for nutrients conservation during food preparation.

Attempt was made to understand the perception of Persons in-charge towards nutritional knowledge acquired by staff at CCI. In this regard, it was found that, 90 per cent Persons in-charge of CCIs felt that, staff members are aware about the nutritional requirement of children of various stages of growth, two respondents (6.67%) mentioned that, the staff are unaware and one (3.33%) reported they are aware to some extent. Among them, whom the persons in-charge felt of having knowledge upon nutritional requirement of children, 57.14 per cent persons in-charge felt that, all staff members are aware, 28.57 per cent felt half of the staff members are aware, two (7.14%) persons in-charge mentioned one fourth of staff are aware, one (3.57%) mentioned about nursing staff and one (3.57%) felt except the cook rest of the staff are aware about basic nutritional requirement of children.

The Meals/Menu in CCI

With regard to the menu followed by the CCIs, it was found that, under study, 26 (86.67%) of them used to follow certain menu. Among (23.08%) found following centrally prescribed menu (as per JJ Act), ten (3 state prescribed menu, four of them (15.38%) customised the menu in doctor and keeping the JJ Act in mind, two (7.69%) CCIs mainly follow prescribed menu with inclusion of egg/*paneer* daily, two (7.69%) other CC menu prepared by dietician, one CCI (3.84%) followed the menu prescribed nurse and one CCI (3.84%) used the central menu but customised by dut charge and other members. In all, four CCIs did not follow any prescrib each used to prepare as per the wish of the children, as per the wish of convenience of staff, according to wish of children and also keepi requirement in view and according to the decision of staff of CCI. In 25 (8 the menu were displayed. In one (3.33%) CCI it was not displayed but every day's menu on board and in four (13.33%) CCIs it was not displayed.

In the context of meal frequency, all CCIs under study found f frequencies either as per the menu or as they decided the scheduled time t four times a day. The aforesaid four CCIs who found not following any stu also found providing all four meals per day to the children with variety. (73.33%) CCIs followed meal frequencies as per the scheduled time, 2 (6.6 followed the scheduled time and also gives food as and when children w (3.33%) responded as following scheduled time and also sometimes convenience. In all, one CCI reported that, sometimes, meal frequency g when donor brings meals. In this context it was found that, out of 30

(16.67%) no donors/visitors bring foods to the CCI. In 26.67 per cent CCIs donors/visitors bring foods weekly, 13.33 per cent each found receiving foods from donors/visitors fortnightly and occasionally, in case of ten per cent CCI, they bring food daily, in 6.67 per cent CCIs donors/visitors bring food monthly and 3.33 per cent each receives food bimonthly and rarely. In SAAs, children up to two years of age were given milk/complementary (as required) foods every 1½ hour to 3 hours keeping the feeding pattern of children in view and children above two years were given three meals and two snacks.

In 20 Children homes (Children homes for boys and girls) visited, in each two FGDs (with children 7-12 years and 12-18 years in each CCI were conducted (total 40 FGDs) and had interactions with the children with regard to nutrition, health and hygiene. Children were found to be happy in the environment of Children homes under study. During interactions, they were asked the meals they received one day prior to the visit, where children recalled and reported the same. Following tables (3.2 and 3.3) reveal the food items they received:

Table 3.2

Distribution of responses of FGDs according to the early morning drinks received one day prior to visit

Name of the drinks	Responses (%)
Bed Tea	02 (5)
Karha	02 (5)
Not received any drinks	36 (90)
Total	**40 (100)**

In 90 per cent Children homes there was no system of giving bed tea or any such drinks. Children only in two Children homes, each reported of receiving tea and *Karha* (an immunity boosting drink). *Karha* was introduced to boost immunity to fight against

COVID-19/Omicron pandemic. Since portion of data was collected ... 19/Omicron wave was partially subsided, the practice of giving Kadha ... menu for children in one CCI. However, it was not in their regular menu.

Table 3.3

Distribution of responses of FGDs according to the breakfast item received ... visit

Breakfast Items	Respo...
Poha and Tea for older children and Poha and turmeric milk for younger children	06 (...
Bread and Milk	
Bhakhdi (crispy masala roti) and Milk	
Upma/Poha Milk	06 (...
Upma	04 (...
Idli Chutney	04 (...
Polao/Fried Rice	02 (...
Poha/Pakoda and Milk	02 (...
Idli and Milk	02 (...
Jam/Butter Pao	02 (...
Sabudana Khichidi (with potato and ground nut)/Sabudana porridge (for younger ones)	02 (...
Tea and Biscuits	02 (...
Polao/Fried Rice and Tea/Milk	02 (...
Total	02 (...
	40 (10...

Table 3.3 shows that breakfast items were varied in nature. As reported ... two FGDs, in rest of the Children homes breakfast items were found filling ... prepared. Children reported receiving varieties in breakfasts. The Children in ... children in both FGDs, received biscuits and tea was not a healthy breakfast ... this CCI used to give non vegetarian item in every lunch.

Table 3.4

[illegible] of responses of [illegible] according to the lunch item received one day prior to visit

Lunch Items	Responses (%)
Rice, roti, dal and vegetables (fried/curry)	14*(35)
Rice, dal and vegetables (fried/curry)	10**(25)
Rice, roti, dal, vegetables (fried/curry) and salad	07(17.5)
Rice, roti, dal and vegetables (fried/curry)	01(2.5)
Rice, dal, paneer, vegetables with chicken and salad	01(2.5)
Rice, roti, dal, vegetables (fried/curry), salad and pickle	01(2.5)
Rice, roti, dal, 2 vegetables curry, salad/keri (tender mango), [illegible]	02(5)
Rice, dal, vegetables (fried/curry), salad and halwa	01(2.5)
Rice, [illegible] e.g., papad and pickle	01(2.5)
Khichdi, roti, kadhi/[illegible], vegetables (fried/curry) and salad	01(2.5)
Rice, roti, dal, vegetables, sprouts, pickle, gulab jamun, papad, salad	01(2.5)
Total	**40(100)**

*[illegible] rice and [illegible] with wheat flour

**[illegible] children [illegible] of MDM in school

As data reveals in table 3.4, lunch items too were reported varied in nature. Rice/roti, dal and vegetables were given to all. Salad was not served in all Children homes. In one of the Children homes children received sprouts along with salad. Again, in another Children home keri (tender mango) was given in lieu of salad. Non vegetarian item was given to only one of the Children homes. However, a few Children homes used to give non-vegetarian items sometimes. With regard to non-vegetarian meals, some children expressed their wishes for non-vegetarian items sometimes. In all, sweet dish was given in two Children homes. Besides, papad and pickle were too given in a few CCIs. Few children also mentioned of carrying tiffin (roti and rajmah) to school.

Table 3.4

Distribution of responses of FGDs according to the lunch item received one day prior to visit

Lunch Items	Responses (%)
Rice, roti, dal and vegetables (fried/curry)	14* (35)
Rice, dal and vegetables (fried/curry)	02** (5)
Rice, roti, dal, vegetables (fried/curry) and salad	07 (17.5)
Rice, roti, dal and vegetables (fried/curry)	01 (2.5)
Rice, dal, paneer, vegetables with chicken and salad	02(5)
Rice, roti, dal, vegetables (fried/curry), salad and pickle	02(5)
Rice, roti, dal, 2 vegetables curry, salad/keiri (tender mango), curd/chhanch	04(10)
Rice, dal, vegetables (fried/curry), salad and halwa	02(5)
Rice, sambhar (with veg.), papad and pickle	02(5)
Khichidi, roti, karhi/curd, vegetables (fried/curry) and salad	02(5)
Rice/roti, dal, vegetables, sprouts, pickle, golab jamun, papad, salad	02(5)
Total	**40(100)**

*One CCI made Bajra roti and rest with Wheat flour

**A few children mentioned of MDM in school

As data reveals in table 3.4, lunch items too were reported varied in nature. Rice/roti, dal and vegetables were given to all. Salad was not served in all Children homes. In one of the Children homes children received sprouts along with salad. Again, in another Children home *keiri* (tender mango) was given in lieu of salad. Non vegetarian item was given to only one of the Children homes. However, a few Children homes used to give non vegetarian items sometimes. With regard to non-vegetarian meals, some children expressed their wishes for non-vegetarian items sometimes. In all, sweet dish was given in two Children homes. Besides, papad and pickle were too given in a few CCIs. Few children also mentioned of carrying tiffin (roti and rajmah) to school.

Table 3.5

Distribution of responses of FGDs according to the snacks item received one day prior to visit

Snack Items	Responses (%)
Fruits and Biscuits	04(10)
Milk and grapes	02 (5)
Milk and biscuits	04(10)
Milk	04 (10)
Tea and biscuits	03(7.5)
Tea, biscuits and fruit	01(2.5)
Pakoda and fruit	04 (10)
Pakoda, chutney and fruit	02(5)
Fruits	02(5)
Halwa and fruit	02(5)
Lotto Choco pie and masala puri	02(5)
Sharvat, banana and masala roti	02(5)
*Bhakadwadi, biscuits and fruits	02(5)
Bhel, ice cream, fruit and chips	02(5)
Lotto Choco pie, fruit and chips	02(5)
Biscuits and chips	02(5)
Total	**40 (100)**

*snack item prepared with masalas wrapped up with rolled atta/maida, then cut into pieces and then deep fried.

Data presented in table 3.5 shows that, except three Children homes, in rest of the CCIs there were more than one item in the snacks of children. Items like biscuits, chips, Choco pie, etc. were also occupied in the snacks of children which are not healthy snacks for children if used regularly or frequently.

Table 3.6

Distribution of responses of FGDs according to the dinner item received one day prior to visit

Dinner Items	Responses (%)
Roti, dal and vegetables (fried/curry)	11(27.5)
Roti, vegetables (fried/curry) and milk	02 (5)
Roti, rice, dal, vegetables (fried/curry) and salad	02(5)
Roti, rice,dal, vegetables (fried/curry), papad and pickle	02(5)
Roti, chicken curry, papad and before bed time milk	02(5)
Roti, rice, dal, vegetables (fried/curry) and before bed time turmeric milk	02(5)
Khichidi, Bhakadwadi, vegetables (fried/curry) and milk	04(10)
Roti, rice,dal, vegetables (fried/curry) and turmeric milk	02(5)
Roti, *Dhokdi and before bed time milk	02(5)
Rice, dal, mixed vegetables (fried/curry) and fruit	02(5)
Rice, dal and chhanch (butter milk)	02(5)
Roti and bengal gram curry	02(5)
Roti, rice,dal, vegetables (fried/curry)	03 (7.5)
Roti, rice, puri and vegetables (fried/curry)	02(5)
Total	**40 (100)**

*dough made up of wheat flour and refined flour, rolled out, cut into pieces and put into dal to cook

In dinner too, varied responses were received as presented in table 3.6. Roti or rice or both was served to all in dinner. Vegetables and dal too were received by most of the children. Apart from these, milk too was served to children in seven (35%) Children homes. Out of seven, in two Children homes milk was served with turmeric.

From the above it is found that, children were given quality meals following the JJ Act in most of the Children homes. They were receiving all four meals and were served varieties. Through the FGDs it was found that, most of the children were satisfied with the food served in the Children homes.

Special Foods

Nowadays many children and adolescents are attracted towards processed/pac foods. Such foods are generally imbalanced in nutrients and often high in fat, salt, sugar and/or calories. Common junk foods include salted snack foods, fried fast foods etc carbonated drinks. Junk foods are those containing little or no proteins, vitamins minerals but are rich in salt, sugar, fats and are high in energy (calories Regular/frequent consumption of junk foods may lead to malnutrition and also to vario chronic diseases. Thus the service providers and other care takers need to ponder this issue too. In this context, during FGD it was found that, children in CCIs, especially in the age group of 12-18 years, sometimes they wished to eat such items, which were communicated to the managements. All CCIs, found fulfilling their wishes, but in a restricted manner. Except biscuits, in most of the CCIs visited, regular or frequent serving other junk foods was not found in practice.

Meals for children in CCIs should be balanced in terms of quantity and quality and should also be palatable as well. Apart from ensuring quantity, it is imperative for the persons in-charge to ensure quality of food items. Thus, the research team tried to understand the involvement of persons in-charge to maintain quality meal supply for the children. It was found that, checking raw ingredients was reported by majority (66.67%) of the persons in-charges. In all, observing children during eating was reported by seven (56.67%) in charges. Again, half of the in-charges mentioned about monitoring during food preparation. Testing cooked foods was reported by little more than one fourth (26.67%) of the in-charges, ensuring providing freshly cooked food, checking meals before serving and also checking portion size was reported only by 23.33 per cent in-charges. Besides, one each (3.33%) mentioned of ensuring incorporation of varieties in

diet and suggesting donors to bring food stuff from reputed shops. One (3.33%) person in-charge mentioned of tracking quantity issued from the store so that meals can be prepared as per guidelines without compromising palatability of meals. The research team too observed that the quantity of food served to children was adequate in quantity in all CCIs. It was also found in Focus Group Discussions that hunger of all children in CCIs used to be satisfied and children found enjoying food at CCIs except few with personal disliking towards certain food stuff. In all SAAs, young infants were fed with milk formula available in market. In all, half (50%) of the SAAs found feeding Lactogen-1/Nastrogen-1 and one each (10%) reported feeding – Lactogen 1 and Lactogen2, Lactogen and Maltogen, Dexolac, NAN, and one (10%) SAA found feeding Lactogen 1 & 2 and dairy milk.

The study reveals that, half of the studied SAAs feed young infants with small metallic glass or bowl, two (20%) found using plastic bottle and one (10%) each found using metallic glass/bowl for feeding but plastic bottle for mixing, both plastic feeding bottle and metallic bowl with spoon and use metallic glass/bowl for feeding and plastic cup for measuring. SAAs who found feeding young infants with bottles (40%), among them one each reported changing bottle/nipple weekly, fortnightly, monthly and when damaged. With regard to cleaning the utensils used for feeding young children, six (60%) reported of sterilising after washing with detergent and plain water. Two (20%) reported washing utensils with detergent and warm water and one each (10%) found using both with detergent, plain and warm water to wash utensils.

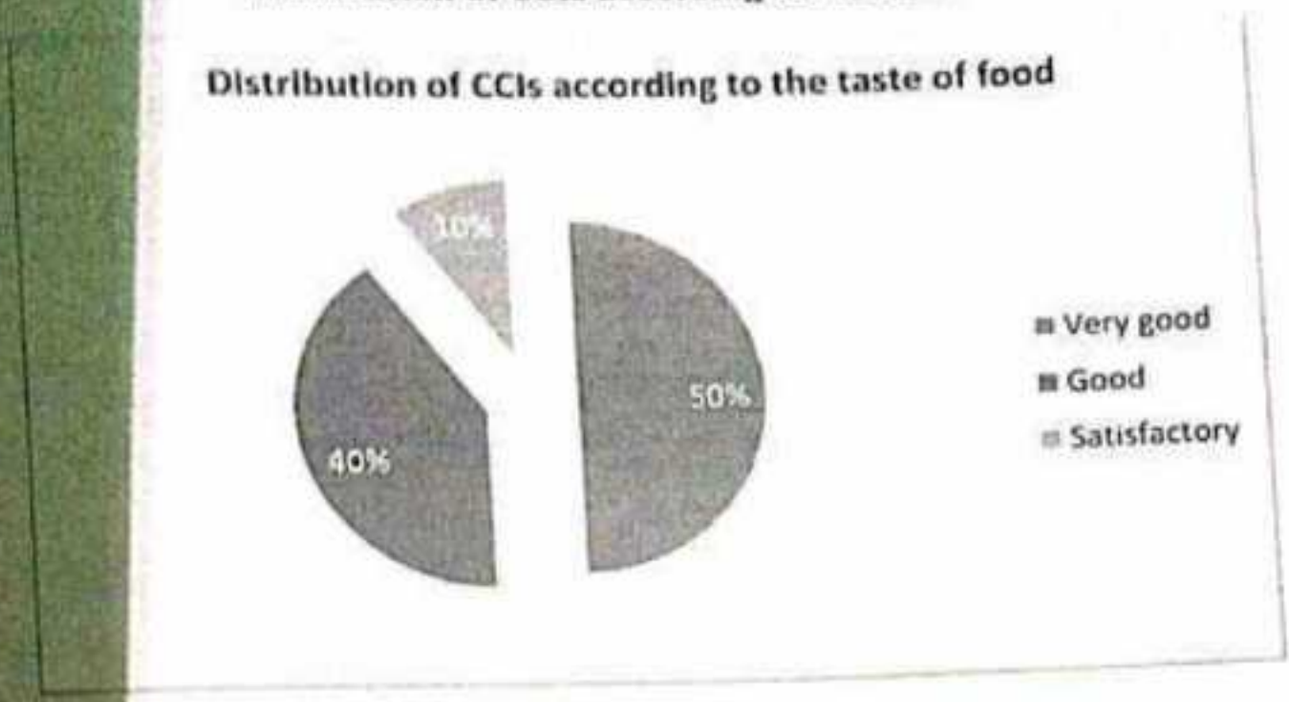
According to the national guidelines, infant should be introduced with complementary food as soon as the baby completes six months. Introducing proper complementary food at right time helps the baby to grow adequately and also to boost up

its immune system. Both early and delayed introduction of complementary food ma
disadvantageous for the baby. Pondering to this, the study found that, in 90 per
SAAs the complementary food is introduced at six months of age. Only in one SAA
it was reported as four months. Regarding type of complementary food, it was found
various types of complementary foods were served. Amongst all, 60 per cent
preferred were cereal porridge, khichidi and fruits. The second most (50%) preferred
was boiled and mashed vegetables. Feeding commercial baby food was also found
three (30%) SAAs. The other preferred complementary foods reported as dal roti
and ten per cent each as dal water, egg, modified adult food, millet soup and
(amaranth seeds) porridge (10% each).

The research team also tasted meals provided to children and found that, taste
meals in half of the CCIs was very good, 40 per cent CCI's it was good and in ten per
cases, taste of meals was satisfactory (Figure 3.1). Further, attempt was also made
find out the quality (variety, cooking methods, combination of food, etc.) of
provided to children on the day of visit the CCI and found that, in more than
(53.33%) of the CCIs, the quality of meal was very good, in 36.67 per cent CCIs it
good and in ten per cent CCI the quality of meal was satisfactory. In the state of Gujarat
there is a system of uploading pictures of each meal in WhatsApp group of one of
districts. This seems to be one of the very good practices to monitor meals provided
children.

Fig. 3.1

Distribution of CCIs according to the taste of food



In FGDs, interactions were made to understand fulfilling food related wishes of children. In this context, out of 40 FGDs, in 30 FGDs children have mentioned about discussing about food wishes in their committee meetings. Out of ten FGDs who have not discussed upon food, children of two FGDs mentioned that they were unaware about such committee. Children who had discussed about related matters in their committee meetings expressed their wishes to have certain food items at least once in a week, like – samosa, puffed rice, chocolate, biscuits, Maggie, pasta, noodles, pizza, burgers, manchurian, sandwich, dosa, golab jamun, any Chinese foods, non-veg items, more green leafy vegetables, seasonal vegetables, france fry, etc. Besides their food wishes, few of them also discussed about preparation methods. Children, who were served *karha (immunity boosting drink)* which was started giving during COVID-19 pandemic, discussed of requesting discontinuing it as the temperature was increasing. All children communicated their food related wishes to the management either dropping in the

suggestion box or through house father/mother. All children reported that their
used to be fulfilled. In all, children of 16 (53.33%) FGDs, mentioned of being fu
their food related wishes to some extent and rest (46.67%) mentioned to a large
The research team also tried to find out their food related wishes irrespective of
discussions in their committee meetings and found that, children expressed their
towards certain foods like - grapes, dates, litchi, strawberries, etc., fried rice or
with fine rice, dry fruits, ice cream, salad and fruits (salads and fruits of a few Chil
homes where not regularly served), samosa, kachouri, pani puri, pao bhaji, Pun
dishes, sweets, etc.

Besides the normal diet in the Children homes, it was also tried to find out if th
is any sick diet when children fall sick. In all, children in 37 FGDs, mentioned of fal
sick sometimes during their stay at Children home and children in three FGDs had ne
fell sick till the time of data collection. Children who had episode (s) of illness in Childr
home, nearly 95 per cent FGDs they mentioned of receiving special attention during th
illnesses. Out of the rest FGDs, children in one FGD said they did not receive su
special attention and children in other FGD said they did not ask for such special d
The FGDs with children who had suffered from illnesses reveals that, depending up
their type of illnesses they received *khichdi*, milk or milk with turmeric, butter mil
dalia, fruits, sprouts, bread or biscuits, lemon water, egg, hot water/tea/*karha*, curd
curd rice, *upma*, butter milk, curry with less spice, etc.

In the platform of FGDs, an endeavour was made to understand the dinin
environment and found that, majority (82.5%) of them used to eat food in dining hall, fiv
per cent of each mentioned of eating meals in veranda, dinning cum recreational roo
and were provided at their rooms. Children in one of the FGDs mentioned of takin

meals in kitchen cum dining hall. In all, 90 per cent of the children used to take meals in a common group and rest (10%) in age specific groups.

It was also found that, in all Children homes, birthday of children was celebrated by cutting cakes. Special meals or snacks during festivals too reported serving in all CCIs.

Table 3.7
Distribution of responses of FGDs according to the food items received by children in CCIs as special food during festivals

Name of food items	Responses (%)
Poori/bhature/puranpuli	28 (70)
Kheer/Seviyan/Halwa	28 (70)
GulabJamoon/rasgolla/laddu/burfi/jalebi/Gujia/shakkar para/Peda	19 (47.5)
Mixed Veg/special veg.	13(32.5)
Chhole	09 (22.5)
Paneer	08 (20)
Mur Mura/Namkeen /sabudanavada/samosa/Khamand/Dhokla/ground nuts/pop corn/pani puri	07 (17.5)
Shrikhand/Chhas/Amras/juice/ice cream	04(10)
Jeera Rice/ Polao	04 (10)
Dal bati	03 (7.5)
Coconut	02 (5)
Non veg.	02(5)
Paobhaji/vadapao/dosa, idli	02 (5)

The table 3.7 shows that a variety of food items received by children as special food during festivals. Amongst all, Poori/bhature/puranpuli (70%) and Kheer/Seviyan/Halwa (70%) were most preferred items. Followed by this, sweets like Golab Jamoon/rasgolla/laddu, etc. (47.5%) and special vegetables/mixed vegetables (32%) were given. Besides, chhole, pancer, variety of salty items like samosa, khamand, dhokla, vada, etc. were also reported by the children.

House Father/Mother/Ayah and Meal planning

The house mother/father/Ayah is closely associated with children. As is given i the Act, every House Father or House Mother shall abide by the directions of the Perso

in charge. Other general duties are as - handling every child in the Child Care Institu... with love and affection; taking proper care of the child and ensure her/his ... providing each child upon his reception with all necessary supplies like clo... toiletries and such other items required for daily usage; replenishing the provisio... supplies as per scale and need of the child; maintaining discipline among the chil... ensuring that the children maintain personal cleanliness and hygiene; looking ... maintenance, sanitation and maintain hygienic surroundings; implementing the ... routine of every child in an effective manner and ensure the participation of the child... looking after safety and security arrangements in the Child Care Institution; escor... the children whenever they go out of the Child Care Institution for purposes other t... production before the Board or the Committee or the Children's Court; reporting to ... Person-in-charge and to the Child Welfare Officer about the child assigned to the C... Welfare Officer; maintaining the registers, relevant to their duties; and any other duty ... may be assigned by the Person-in-charge of the Child Care Institution. In the pres... study, attempt was made to understand the involvement of House Mother/Father w... regard to nutritional aspect of the children. It was found that, most of the Hou... Mother/Father (86.67%) reported of taking part in meal planning for children. ... presented in table 3.8, in a varied way the House Mother/Father/Ayah found taking pa... in meal planning. In all, who reported taking part in meal planning, 61.54 per cent ... them reported basically following the standard menu with some modifications ... consultation with children's committee, children in general, Person in-charge, cook, e... Again, 76.92 per cent of them made effort to discuss either with children's committee ... with children in general. In all, one (3.84%) each of the respondents mentioned ... following standard menu and consulting with Person in-charge, discussing with coo... taking choice of children only at the time of illnesses, discussing with Nurse ...

Supervisor (SAA), considers choice of children (SAA) and prepares on her own choice. It was also reported by majority of House Mother/Father/Ayah (86.67%) that, all children eat all the food which is served, except certain disliking towards a few items by a few children.

Table 3.8

Distribution of House Mother/Father/Ayah according to participation on meal planning

Ways of taking part in meal planning	Responses (%)
Follow Standard Menu, Discussing with cook and Choice of children (One also check availability of food stock)	08 (30.77)
Follow Standard Menu, consult with children's committee & Choice of children	05 (19.23)
Discussing with Cook, Children's committee and Choice of Children	03 (11.53)
Follow Standard Menu and Discussing with cook	02 (7.69)
Consult with Children's Committee and Choice of children	02 (7.69)
Follow Standard Menu and As per instruction of the in charge	01(3.85)
Discussing with cook	01(3.85)
Choice of children only at the time of illness of the children	01(3.85)
Prepares on her own choice (SAA)	01(3.85)
Discuss with Nurse/Supervisor (SAA)	01(3.85)
Choice of children and HF/M choice (SAA)	01(3.85)
Total	**26 (100)**

With regard to constraint faced in feeding children, 46.67 per cent of the respondents reported of not facing any constraint. Among the rest, who mentioned of facing some constraint had reported as - some children do not like to consume all foods given in the menu, problem sticking to the standard menu (eg. sometimes unavailability of certain fruits/vegetables), some young children do not know self-feeding, children's food choices change frequently, feeding the special child, few children get angry, etc. As far as inculcating good food habits/disciplines in children is concerns, the respondents found making efforts. In all, ensuring hand wash (93.33%) before eating food was on top importance. Followed by this ensuring eating all served foods (60%), ensuring clean vessels (53.33%), teaching proper eating behaviour (53.33%), ensuring prayer before eating (23.33%), motivating children with regard to goodness of certain food items if

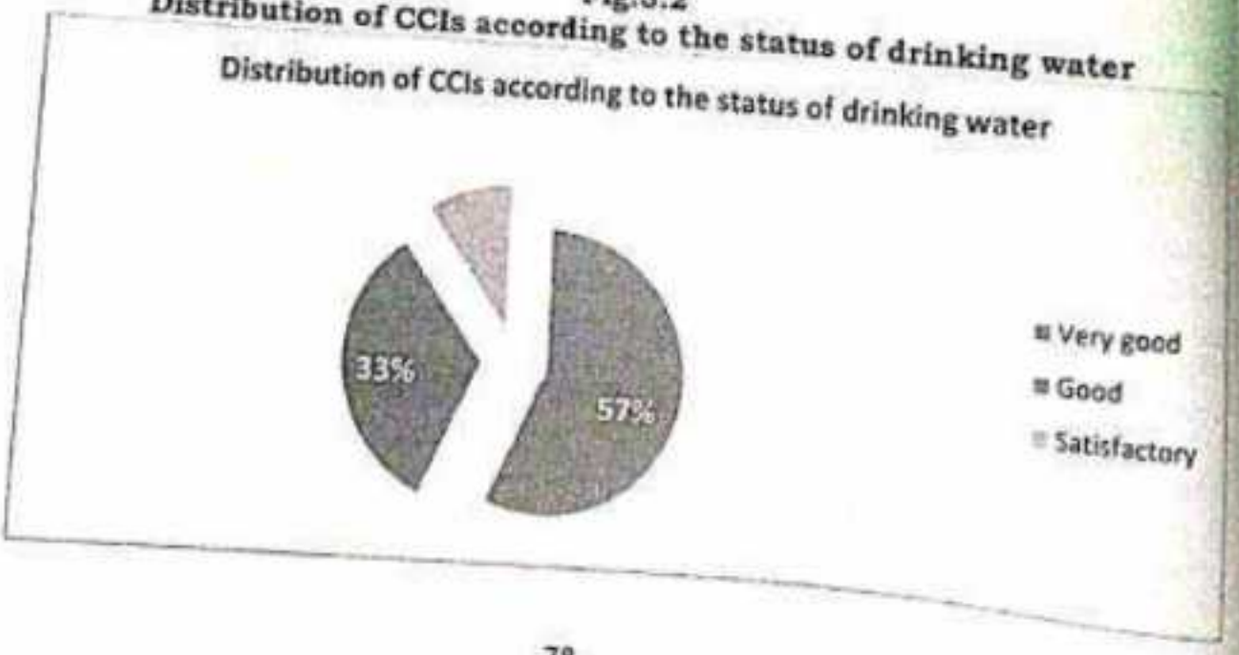
children are reluctant to eat those foods (3.33%), promoting cleanliness like [illegible] tables, etc. (3.33%) and eating together with the children (3.33%) to encourage them. It was also found that, most of the House Mother/Father/Ayah observe and motivate children to finish the served foods.

From the above description, it is seen that, the House Mother/Father/Ayahs put effort at their level for nutrition of the children in varied way. Majority of them are involved with regard to nutrition aspect of the children. It is very important for the CCIs ensuring optimum nutrition of the children, where the House Mother/Father/Ayahs are playing a remarkable role which is very praiseworthy.

Drinking water

In addition to the above, availability of safe drinking water being one of the most important aspects. The water must meet the required quality standards in terms of chemical, biological and physical at the point of supply to the users. The research team made an attempt to find out the status of the same. All CCIs had access to the drinking water facility in their accommodation.

Fig.3.2
Distribution of CCIs according to the status of drinking water



In view of maintenance of cleanliness of the surroundings of the water source, handling of water source (some people use water cooler, filter, etc. for washing hands, mouth and so on), air and ventilation in and around, location of the water source, etc. data reveals that, in case of 56.67 per cent CCIs, the status of safe drinking water is very good, in 33.33 per cent cases it was good and in rest 10 per cent cases it was satisfactory (Figure 3.2).

Food Safety and CCIs

In addition to quality and quantity of foods, food hygiene and safety aspects are should also be a matter of concern in CCIs. It refers to routines in the preparation, handling and storage of food meant to prevent food borne illnesses. From farm to factory and then to plate, food products may encounter any number of health hazards during transportation, packaging till consumption through the supply chain. Food safety is a growing concern globally. From field to plate there are several steps and food may be contaminated in between if proper care in not taken. Foods may be contaminated through physically, biologically of chemically. Different foods may get contaminated in different ways if proper handling procedures are not followed. Food can become contaminated at any point of production and distribution. Although, primary responsibility lies with food producers, yet, a large proportion of foodborne illnesses are caused by incorrectly prepared foods or mishandling foods at homes/institutions, in food service establishments or at markets. Many food handlers and consumers do not understand their roles they must play, such as adopting basic hygienic practices when buying, selling, preparing and other handling methods/processes of food to protect their health and that of the wider community.

In CCIs, the Persons in-charge require to ensure food safety for children ... minimise food borne illnesses. In the CCIs under study, with regard to food safety, ... most popular measure adopted by the CCIs was - checking the labels of packaged fo... by 80 per cent. The second most popular measure adopted by CCI was checking all ra... ingredients (56.67%). Followed by these the other measures were - restricting junk fo... at CCI (20%), checking ISI marks/branded food (6.67%), buying wh... spices/condiments and washing/drying before making into powder (13.33%), provid... seasonal, freshly cooked and warm foods (13.33%), weekly pest control (3.33%), ensur... serving fresh fruits and vegetables (3.33%), personal and kitchen cleanliness (3.33... keeping foods covered (3.33%), ensuring dry ingredients storing in airtight containe... (3.33%), checking expiry dates of packaged foods (3.33%), pest control through su... drying and using *Neem* leaves (3.33%) and ensuring clean utensils (3.33%). One CC... found mixing boric powder to rice for pest control, as at times there is oversupply by donors. However, as reported, the rice is washed 3-4 times before cooking.

In addition to these, attempt was also made to understand the freshness of foods/meals served to the children. It is desired that, the food should be consumed just after it is prepared and when it is warm, otherwise, there is every possibility of food getting contaminated with various microbs. It is utmost desired to keep the cooked foods, salads/fruits, curds, etc. under cover till it is served. On the day of visit it was found that, in majority of cases (90%) cooked foods were kept covered and most of the children observed finishing their served meals.

Observation was also made to understand whether vegetables were chopped just before preparation. In this context it was found that, out of 30 CCIs under study, the Research team could visit in eight (26.67%) CCIs before food was prepared and found

that, in all eight CCIs vegetables were chopped just before preparation. In rest of the cases (73.33%) food was already cooked before the arrival of the Research Team and thus could not be observed. Many a times, foods may be contaminated due to pests during storing if proper care is not adopted. In this context, it was observed that, all the 30 CCIs under study, dry raw ingredients were stored in airtight containers. However, only in one CCI (3.33%), some containers were not maintained properly and that require attention. Cooking and serving utensils were also checked and found clean almost in all CCIs. Refrigerator is one of the essentials in the kitchen for storing food items by reducing the growth of micro organisms. However, if it is not cleaned periodically, the refrigerator may also become a source of germs. Out of 30 CCIs visited, refrigerators in 26 (86.67%) CCIs were found clean and only in four (13.33%) CCIs it needs attention.

The study also attempted to explore if children are served with left over foods. In this context data reveals that, 33.33 per cent CCI discard the left over food if there is any. Next highest group of CCI (16.67%) reported modifying to other recipe and serve. Followed by this, 13.33 per cent CCI reported of consumption by staff if there is any leftover food. Two each (6.67%) of the CCIs reported serving in next meal and sometimes also modify to other recipe and serving in next meal. In case of one (3.33%) CCI found as - keeping in fridge and after warming serving in next meal and either modify to another recipe or keeps in fridge and serve in next meal. In one CCI (3.33%) the leftover in lunch is served in dinner but dinner leftover is discarded. In case of another CCI (3.33%), there is hardly any left over, but occasionally if it is there the older children consume. In two CCIs (6.67%) it was that, they never have any leftover foods. Again, in all, one Person in-charge (3.33%) was unaware about such leftover food. On an average, nearly one fourth (23.33%) of the CCIs found serving leftover foods to children either the food as it is or by

modifying to other recipes. This was also discussed in FGDs and found that, almost children reported receiving freshly cooked foods. Only in one FGD few chil mentioned that, sometimes leftovers are served after warming.

Food procurement

Procuring food items and period of storing also has an impact upon quality food. Besides procuring food items by CCIs, donors too supply food items to some CC Storing food for long time may reduce the freshness of the items and also to its qua Thus the study also made an endeavour to find out procurement of grocery a perishable items in CCIs. Data showed that, in 60 per cent cases, grocery items w procured on monthly basis. Such items were procured weekly and fortnightly basis ten per cent CCIs each, two (6.67%) each reported procuring generally quarterly sometimes monthly or bimonthly and one CCI (3.33%) mentioned as weekly and as p requirement. In all, one (3.33%) SAA, which was completely functioning on publ donations reported that there is no any fixed time as the donors bring food items at a time. With regard to procurement of perishable items, especially fruits and vegetable data reveals that, 46.67 per cent CCI used to procure such items daily, five (16.67 each reported weekly and every after two days, two each (6.67%) stated as twice a wee and every alternate days, one (3.33%) mentioned as every after 4-5 days and one (3.33 CCI reported that milk and fruit daily and vegetables every after three days. Th Research team also checked the expiry dates of packaged items and almost in all CCI food items were found within the expiry date. In addition to checking expiry dates, th team also checked the ingredients which were in use and found in good condition.

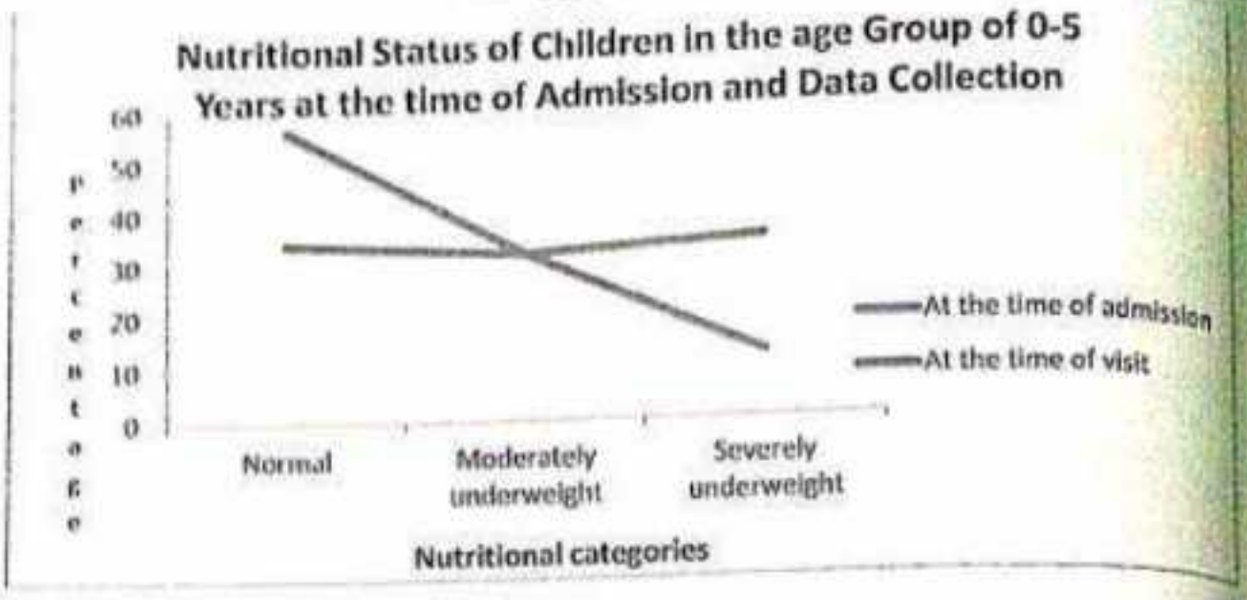
Nutritional Status of Children

As mentioned in earlier paragraph, nutrition is one of the basic needs of children. Balanced diet helps children grow optimally by maintaining the optimal weight, height, body mass in a healthy way and also reduces illnesses of children by improving their immune system. Viewing this, the research team measured the heights and weights of some of the children of CCIs to understand their nutritional status. A total of 250 children in the age group of 0-18 years were randomly selected and heights and weights were measured. Out of this, due to unavailability of data (either date of birth or height and weights or both at the time of admission) nutritional status of some children could not be calculated. However, with the available data, children up to 5 years of age plotted in WHO growth charts (weight for age) to find out the nutritional status as weight is the most sensitive measurement for children till five years of age. In case of children above five years of age BMIs were calculated and compared with new WHO standards. Below is the age specific finding of the nutritional status of children in the CCIs visited. Secondary data in terms of date of birth, height and weight at the time of admission was also collected to understand the nutritional status of children at the time of admission. However, strong comments cannot be made on such secondary data as the research team could not ensure accuracy of techniques and recording.

Graphical presentation in figure 3.3 shows the nutritional status of children in the age group of 0-5 years. The figure clearly reveals that, percentage of children in the normal category at the time of data collection was much higher than at the time of admission of children in CCIs. Accordingly, percentage of children in the severely undernourished category was very much lesser at the time of data collection compared to at the time of admission.

Fig: 3.3

Nutritional Status of Children in the age Group of 0-5 Years at the time of Admission and Data Collection



Further, data presented in table 3.9 also shows the improvement of nutri status of children in the age group of 0-5 years to a large extent at the time of collection compared to the time of admission of children. The number of childre normal category of nutritional status, at the time of admission was 34.15 per cent w was increased to 56.17 per cent at the time of data collection. Again, 34.15 per children at the time of admission were in severely undernourished category, which reduced to 12.12 per cent at the time of data collection.

Table 3.9

Distribution of children in the age group of 0-5 years according to their nutritional status

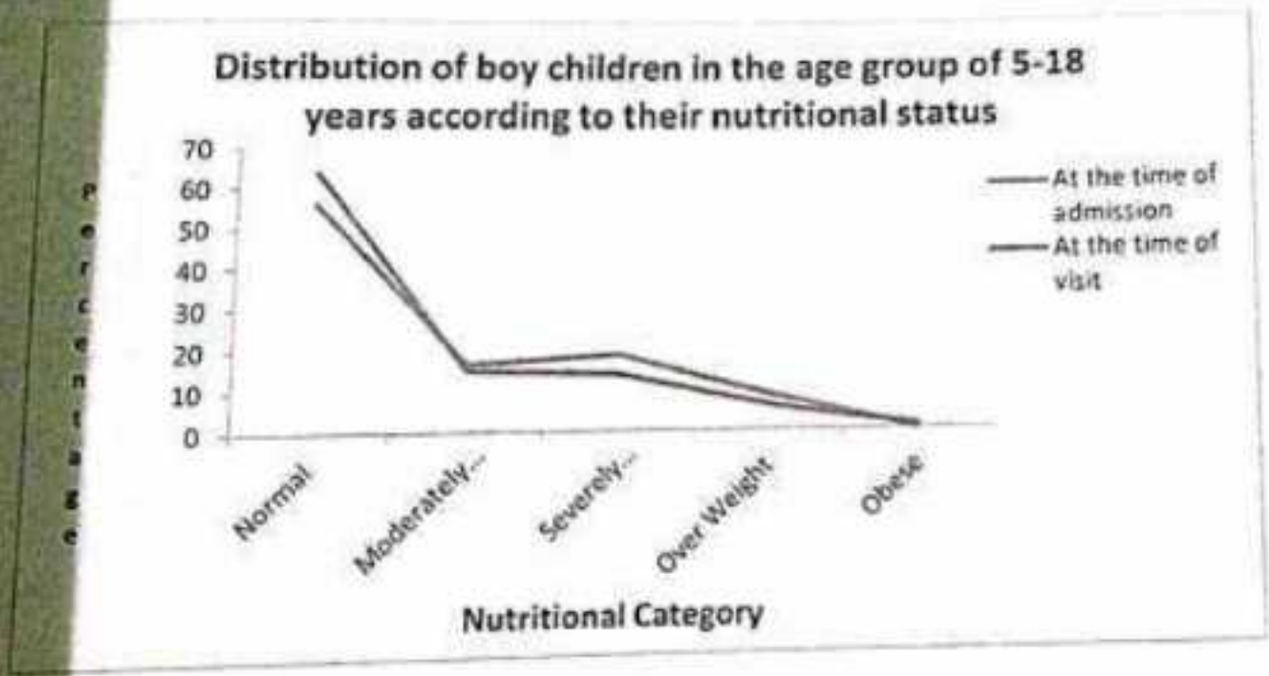
Nutritional Category	At admission (%)			At visit (%)		
	Boy	Girl	Total	Boy	Girl	Total
Normal	7 (31.82)	7 (36.84)	**14 (34.15)**	9 (40.91)	14 (73.68)	**23 (56.17)**
Moderately Underweight	4 (18.18)	9 (47.37)	**13 (31.71)**	9 (40.91)	4 (21.05)	**13 (31.71)**
Severely Underweight	11 (50)	3 (15.79)	**14 (34.15)**	4 (18.18)	1 (5.26)	**5 (12.12)**
Total	22 (100)	19 (100)	**41 (100)**	22 (100)	19 (100)	**41 (100)**

(Weight of total 43 children measured (Boy-24; Girls-19). Out of which no DOB of two boy child available. Thus total children taken 41)

The number of children in the moderately undernourished remained same as 31.71 per cent at the time of admission and also at the time of data collection, as some of the severely undernourished children reached moderately underweight category after improvement in their nutritional status. From this it can be said that, care provided to children at CCIs catering children up to the age of five years seems to be optimum. However, simultaneously, it is also required to see the duration of stay at CCI.

The nutritional status of boys in the age group of 5-18 years at the time of admission at CCI and at the time of data collection is presented in figure 3.4. The figure shows that, there is improvement in nutritional status of boy children over the time of their stay at CCIs.

Fig: 3.4
Distribution of boy children in the age group of 5-18 years according to their nutritional status



Again, data (Table: 3.10) reveals that, more than half of the children had normal BMIs at the time of admission (56.04%) and at the time of data collection (64%).

However, more number of children (64%) had normal BMI at the time of visit than at the time of admission. Likewise, in case of moderately (18.68% at the time of admission and 14% at the time of data collection) and severely undernourishment (16.48% at the time of admission and 15% at the time of data collection) too nutritional status was found to be better at the time of data collection compared to the BMIs at the time of admission CCIs.

Table 3.10

Distribution of 5 to 18 years of age boys according to their nutritional status

Nutritional Category	At the time of admission (%)			At the time of visit (%)		
	5-11 yrs	12-18 yrs	Total	5-11 yrs	12-18 yrs	Total
Normal	26 (59.09)	25 (53.19)	**51 (56.04)**	34 (72.34)	30 (56.6)	**64 (64)**
Moderately Undernourished	5 (11.36)	10 (21.28)	**15 (16.48)**	6 (12.77)	9 (16.98)	**15 (15)**
Severely Undernourished	9 (20.45)	8 (17.02)	**17 (18.68)**	6 (12.77)	8 (15.09)	**14 (14)**
Over Weight	4 (9.09)	4 (8.51)	**8 (8.79)**	1 (2.13)	5 (9.43)	**6 (6)**
Obese	-	-	-	-	1 (1.89)	**1 (1)**
Total	**44 (100)**	**47 (100)**	**91 (100)**	**47 (100)**	**53 (100)**	**100 (100)**

(5-11 yrs: Total children measured 49. Out of which there were no date of birth of two children. Moreover, there was no data of three children. Thus total children taken for BMI calculation at admission 44 and at visit 47)
12-18 yrs: Total 55 children measured. Out of which there was no date of birth of two children and there were no data of six children. Thus total 47 children taken for BMI calculation at admission and at 53 at the time of visit)

The study also found a few overweight boy children at the time of admission (8.79%) and data collection (6%). In this category too percentage of overweight children were more at the time of admission compared to at the time of data collection. There was only one obese child at the time of data collection which was nil at the time of admission.

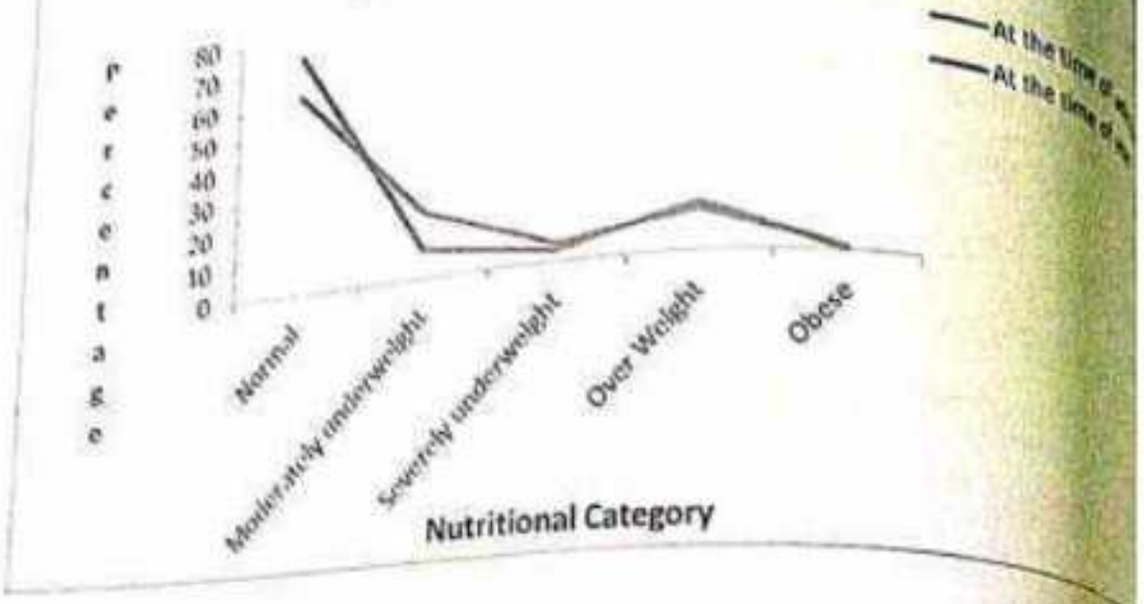
Data displayed in table 3.9 also shows that, more number of boys in the age group of 5 to 11 years were in normal (59.09% at the time of admission and 72.34% at the time

of data collection) compared to 12-18 years of age (53.19% at the time of admission and 56.6% at the time of data collection). In case of moderately undernourished children, data reveals that, more moderately undernourished children were in the age group of 12-18 years (21.28% at the time of admission and 16.98% at the time of data collection) compared to the age group of above 5 to 11 years (11.36% at the time of admission and 12.77% at the time of data collection). Contrary to this, the picture of severely undernourished boys at the time of admission was slightly different. Data shows that, at the time of admission, the status of severely undernourishment among boys was a little more in the age group of above 5 to 11 years (20.45%) compared to 12-18 years (17.02%). However, at the time of data collection lesser number of boys (12.77%) in the age group of 5 to 11 years was severely undernourished compared to children in the age group of 12-18 years (15.09%). Almost equal number of boys (9.09% in the age group above 5 to 11 years and 8.51% in the age group of 11-18 years) in both the age categories was overweight at the time of admission. With regard to overweight children at the time of data collection, data reveals that, more overweight children in the age group of 12-18 (9.43%) were there compared to 5 to 11 years age group (2.13%). There was only one obese child in the age group of 12-18 years at the time of visit and was not there in the younger age group.

Similarly, the nutritional status of girls in the age group of 5-18 years at the time of admission at CCI and at the time of data collection is presented in figure 3.5. The figure shows that, there is improvement in nutritional status of girl children too over the time of their stay at CCIs.

Fig: 3.5

Distribution of girl children in the age group of 5-18 years according to their nutritional status



The data displayed in table 3.11, reveals that, more than 60 per cent ... the time of admission and more than 70 per cent children at the time of ... were in normal category. Moderately Undernourished children at the ... collection were much lesser (8.7%) than the status at admission (19.78% ... severely undernourished children were too lesser (3.26%) at the time of visit ... the status at admission time (5.49%). There were overweight children at ... admission (12.09%) and also at the time of data collection (14.13%). Again, ... to obese children, there was only one obese child at the time of admission ... at the time of data collection.

Table 3.11

Distribution of 5 to 18 years of girls according to their nutritional status

Nutritional Category	At the time of admission			At the time of visit		
	Above 5-11 yrs	12-18 yrs	Total	5-11 yrs	12-18 yrs	Total
Normal	19 (51.35)	37 (68.52)	56 (61.54)	27 (71.05)	41 (75.93)	68 (73.91)
Moderately Undernourished	9 (24.32)	9 (16.67)	18 (19.78)	3 (7.89)	5 (9.26)	8 (8.7)
Severely Undernourished	5 (13.51)	-	5 (5.49)	3 (7.89)	-	3 (3.26)
Over Weight	3 (8.11)	8 (14.81)	11 (12.09)	5 (13.16)	8 (14.81)	13 (14.13)
Obese	1 (2.7)	-	1 (1.1)	-	-	-
Total	37 (100)	54 (100)	91 (100)	38 (100)	54 (100)	92 (100)

(5-11 yrs: Total children measured 45. Out of which there were no date of birth of 7 children. Moreover, there was no data of one child. Thus total children taken for BMI calculation at admission 37 and at visit 38)

12-18 yrs: Total 58 children measured. Out of which there was no data of four children. Thus total 54 children taken for BMI calculation at admission and at 54 at the time of visit)

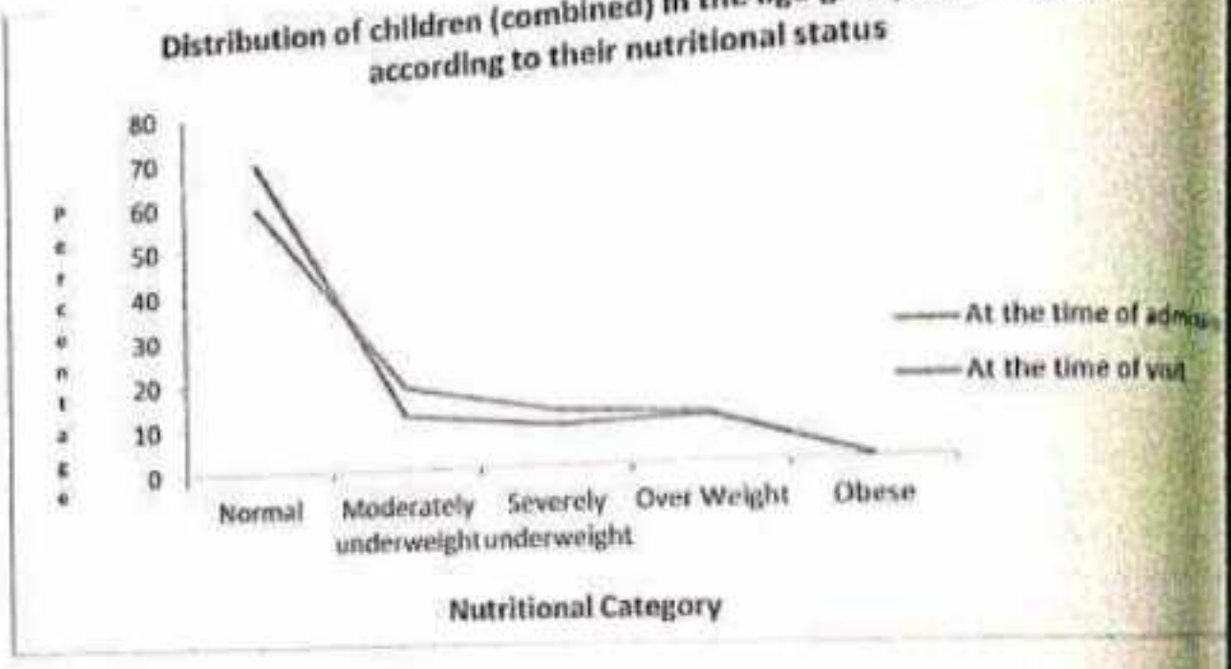
With regard to age category wise nutritional status, data (Table 3.11) shows that, at the time of admission, more children were normal in the age group of 12-18 years of age (68.52%) compared to 5 to 11 years (51.35%). Similarly, more normal children were found between 12-18 years of age (75.93%) compared to younger age group (71.05%) at the time of visit. In the category of moderately undernourished children, percentage was more among the younger age group children (24.32%) than 12-18 years (16.67%) at the time of admission. But, at the time of visit, a little more moderately undernourished children were found in the age group of 12-18 years (9.26%) compared to younger age group (7.89%). There were no severely undernourished children in the age group of 12-18 years both at the time of admission and also at the time of visit. Few cases of severely undernourished children were found only in the younger age group at the time of admission (13.51%) and at the time of visit (7.89%). Overweight children were found in

both the age categories at the time of admission (14.81% in the age group of 12-18 ye... and 8.11% in the younger age group) and at the time of data collection (14.81% of t... age group of 12-18 years and 13.16% in the younger age group) as well. The only g... child was in the age group of 5 to 11 years at the time of admission which is nil at ... time of visit.

In all, the combined nutritional status of boy and girl 5 to 18 years of age, ... that (Figure 3.6), nutritional status of children had been improved since their admis... till the time of data collection.

Fig: 3.6

Distribution of children (combined) in the age group of 5-18 years according to their nutritional status



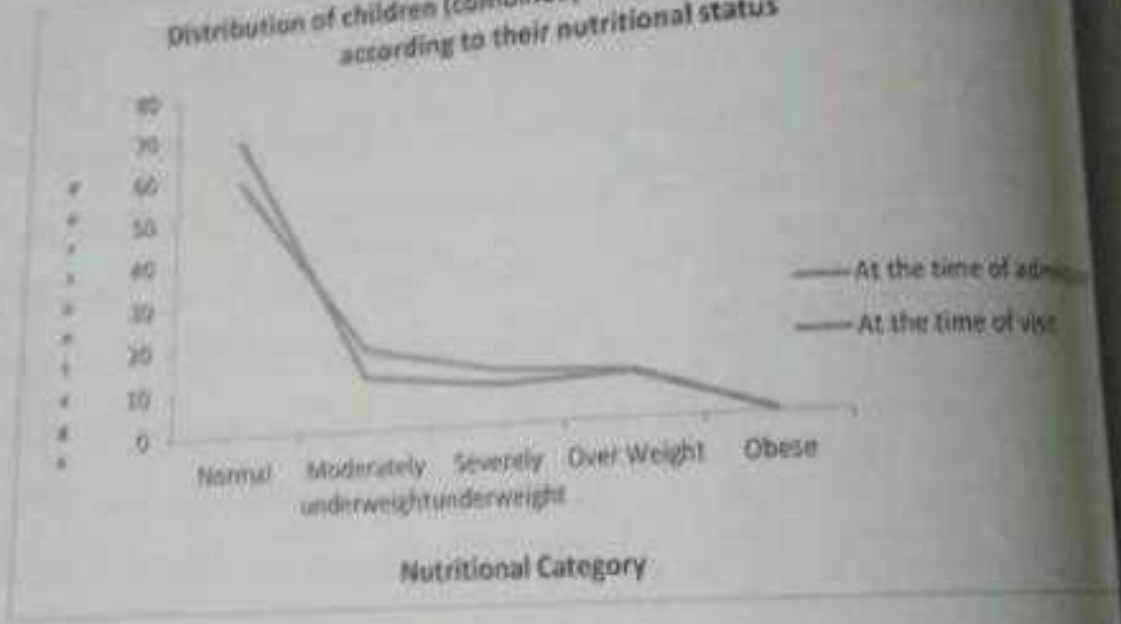
Data displayed in table 3.12 and figure 3.6, reveals that, percentage of n... children increased at the time of data collection (68.75%) than at the time of adm... (58.79%). Accordingly, percentage of moderately undernourished children decrea... the time of data collection (11.98%) than at the time of admission (18.13%).

both the age categories at the time of admission (14.61% in the age group of 13-18 y... and 8.11% in the younger age group) and at the time of data collection (14.86% in ... age group of 13-18 years and 13.16% in the younger age group) as well. The only ... child was in the age group of 5 to 11 years at the time of admission which is not ... time of visit.

In all, the combined nutritional status of boy and girl 5 to 18 years of age ... that (Figure 3.6), nutritional status of children had been improved since their admi... till the time of data collection.

Fig: 3.6

Distribution of children (combined) in the age group of 5-18 years according to their nutritional status



Data displayed in table 3.12 and figure 3.6, reveals that, percentage of ... children increased at the time of data collection (68.75%) than at the time of admi... (58.79%). Accordingly, percentage of moderately undernourished children decrease... the time of data collection (11.98%) than at the time of admission (18.13%). Le...

context of severely undernourished children too, there was an improvement as the same has been found decreased at the time of data collection (8.85%) compared to the time of admission (12.09%). Nearly same percentage of children were overweight at the time of admission (10.44%) and at the time of visit (9.9%) and there was one each obese child at the time of admission (0.55%) and at the time of data collection (0.52%).

Table 3.12

Distribution of children (combined) 5 to 18 years of age according to their nutritional status

Nutritional Category	At the time of admission (%)	At the time of visit (%)
Normal	107 (58.79)	132 (68.75)
Moderately Undernourished	33 (18.13)	23 (11.98)
Severely Undernourished	22 (12.09)	17 (8.85)
Over Weight	19 (10.44)	19 (9.9)
Obese	1 (0.55)	1 (0.52)
Total	**182 (100)**	**192 (100)**

From the above description, it is seen that, more or less children in all types of nutritional categories were found in CCIs. In all, there is nutritional improvement among the children. It can be said that, dietary, health, emotional cares rendered to children have greatly played a role to improve their nutritional status. But, again, there was a section of undernourished children too which may require special attention. Comparison of nutritional status between boys and girls reveals that, in the age group of birth to five years of age and also in the age group of 12-18 years, more girl children were in normal category of nutritional status than boys. But, in the age group of above 5 years to 11 years, more boy children were in normal category of nutritional status compared to girls.

From the above description it may be stated that, most of the children in the C... under study were receiving optimal food as prescribed, i.e. not less than four times ... day. In addition to food adequacy, quality of foods in terms of variety and palatability ... also important. In most of the cases, children were also given safe and freshly cook... food. Hunger of all children was satisfied with variety of food items. Children were giv... opportunity to talk about food related matters while planning meals and wishes o... children were also taken into consideration. In FGDs with children also it appeared that they are satisfied with the meals provided to them and their hunger is also satisfied. In all CCIs, birthdays and local festivals were celebrated and special foods/meals were served. In most of the SAAs the complementary foods were prepared at the institutions. Use of commercially prepared complementary food was also prevalent in a few SAAs. However, with regard to providing quality and hygienic foods to children, adopting measures by the CCIs are not alike everywhere. Hygienic food handling also needs attention to inculcate good habits and also to bring behavioural change of the functionaries of the CCIs and children as well. With regard to leftover foods, it should not be encouraged to serve such foods to children as quality gets decreased and may cause illness to them. Nutritional status of majority of children was good and there was also improvement in the situation of undernourished cases. Nutrition aspect of children to a large extent is found good in the CCIs under study.

CHAPTER IV

HYGIENE PRACTICES IN CHILD CARE INSTITUTES

The word ***Hygiene*** is a series of practices performed to preserve *health of self and others as well.* According to the World *Health* Organization (WHO), *Hygiene refers to conditions and practices that help to maintain health and prevent the spread of diseases.* In general, hygiene refers to practices that prevent spread of disease-causing organisms. Cleaning processes (e.g. washing clothes, hand washing) remove infectious microorganisms as well as dirt/soil and are thus often the means to achieve hygiene. Many people equate hygiene with 'cleanliness,' but hygiene is a broad term. It includes such personal habit choices as how frequently to take bath, wash hands, trim fingernails, wash clothes, etc. It also includes attention to keeping surfaces in the home and workplace clean, including toilets and bathrooms. Some regular hygiene practices may be considered good habits by the society, while the neglect of hygiene can be considered as disgusting, disrespectful or even threatening. Public places, especially country like India, are crowded with infection, contamination and germs. Every surface we touch and the air we breathe is full of pollution and disease causing germs. It's not just the public places that are unclean, even public hygiene is a matter of worry. There are lot many people that do not wash their hands after visiting the washroom or sneezing and coughing, blowing nose, handling garbage, handling pet animals and so on. Many people sneeze or cough without covering their mouth/nose. There are some other examples such as – littering the immediate environment, leaving the washrooms/toilets, etc. dirty after using, smoking and spitting in public places, not maintaining a minimum distances while talking, and so on. This is mainly because of lack of habits among the general population in our country. These non-academic social habits formation and etiquettes at public are not

getting much importance either in schools or the masses in general. Habit formation, public etiquettes can be developed during early age of life. Since Child Care Institutions house a section of child population it is important for the management to teach and inculcate good hygienic habit in children.

Apart from good hygienic habit, proper accommodation, surrounding, ventilation, light, ambience, etc. are also very important for maintaining sound body and mind. The prime importance of ventilation lies in its ability to provide a continuous supply of fresh air by removing stale or waste air in terms of temperature and humidity, airborne contaminants and maintaining good indoor air quality. Poorly ventilated indoor spaces contain pollutants which cause high condensation, respiratory issues and other general health problems. Likewise, adequate light plays an important role in proper functioning of the nervous and endocrine systems in human body. Further, it also helps our eyes to be in sound state. Since CCIs accommodate small to large group of children thus the building condition, light and ventilation, space, location, etc. materials supplied to the children, provision of water, etc. play a crucial role for maintaining optimum health and hygiene practices among children in CCIs. Keeping these in view, the present study attempted to understand the basic hygiene practices in the CCI visited.

Out of 30 CCIs visited for data collection, basic amenities in terms of space, light and ventilation of various rooms/bathrooms and toilets were observed and findings are as given below:

Physical Infrastructure

1. Educational room/Play room (SAA)

The Classrooms (Playroom in SAA): Out of 30 CCIs, in 19 CCIs (63.33%) classrooms were adequately equipped with adequate space and ventilation. In one CCI

(3.33%) the classroom was not adequately equipped, space was adequate but again ventilation was inadequate. In six CCIs (20%) there were no separate space for classroom, two CCIs (6.67%) were sharing a common space for recreation and education as well, where space and ventilation were found adequate. One each (3.33%) of the CCI was using dormitory and counselling room as classroom. The CCI with common dormitory cum classroom was not equipped adequately and ventilation too was inadequate, but was spacious. The CCI with common education and counselling room, was well equipped with adequate space and ventilation.

Excluding ten SAAs, among remaining 20 Children homes, in three there were separate computer rooms for children. Again, in another Children home, there was a computer room for children, but this room was also used as library and counselling too. All such computer rooms were well equipped, spacious, well lit and ventilated.

2. Dormitory

The study found that, in 93.33 per cent CCIs cots and other furniture required for children were found adequate. Out of 30 CCIs under study, in one (3.33%) cots were inadequate, but other furniture was found to be adequate. Again, in another CCI, there were no cots but other furniture was adequate.

Apart from cots, in 27 (90%) CCIs dormitories were adequately equipped with storage facilities and others. However, the dormitory in one CCI the light and ventilation was found inadequate. Among the rest three CCIs, in one CCI (SAA) the space was used for sleeping, playing and feeding; one CCI was utilising the space for sleeping and education and the space of one CCI was utilised for sleeping and recreation purposes and all these three rooms too to some extent adequately equipped and well ventilated. In addition, in all, in one CCI, there was a separate locker room for children, where children

used to keep their belonging under lock and key. Such system was not found in rest of the CCIs visited.

3. Bathrooms and Toilets

In all CCIs under study, bathrooms and toilets for the children were found either in the same building or in the same campus. In all, in 93.33 per cent CCIs there was adequate number of toilets and bathrooms and only in two (6.67%) CCIs this facility was somewhat inadequate. Except in one CCI, bathrooms in rest of the CCIs were adequately equipped, well lit and ventilated.

4. Counselling Room

In respect of counselling rooms, in 16 (53.33%) CCIs there were adequately equipped, well lit, well ventilated separate counselling rooms and out of which in 13 Counselling rooms there was adequate space and in rest three space was inadequate. Again, out of these 16 (53.33%) two counselling rooms were not much in use and required cleaning at the time of visit. Apart from these 16 CCIs, in three other CCIs counselling rooms were combined either with classroom (01) or with library (01) or recreation room (10). Out of 30 CCIs visited, in 11 CCIs there were no counselling rooms found at the time of visit.

5. Recreation Room

Among the 30 CCIs visited for the study, in 17 (56.67%) there were separate spaces/rooms for recreation and out of which 16 were well equipped. Again in 11 CCIs, the recreation rooms were clubbed either with dormitory or classroom or common for sleeping, dinning and recreation. In two CCIs there were no places for recreation. The

CCIs where there was separate recreation room/space one recreational room was adequately equipped and the recreation space which was common with the dormitory space was found inadequate. However, all recreation rooms/spaces were well lit and ventilated. Apart from these, in one CCI, there was a separate hall only for prayers which is spacious, well lit and ventilated. With regard to outdoor playground space, in 25 (83.33%) CCIs there were adequate outdoor space for children to play, in three (10%) CCIs the outdoor space was found to be inadequate and in two CCIs (6.67%) there was no outdoor space at all.

6. Sick Room

With regard to sick room, in all, there were 21 CCIs where there were separate Sick Rooms. Among 21 sick rooms, except two rest was adequately equipped. One sick room was clubbed with staff room (paramedical staff). All existing sick rooms were well lit and ventilated. In eight CCIs there were no sick rooms at the time of visit. Apart from this, in two CCIs there were separate COVID-19 quarantine rooms. Again in another CCI, there was a separate baby care unit and it was well equipped, spacious, well lit and ventilated.

7. Library

Excluding ten SAAs, among 20 Children homes in 13 (65%) there were separate library rooms for children, out of which 11 were well equipped and as far as space is concerned, library space in one Children home was found to be inadequate. In two CCIs the libraries were combined with classroom and common computer cum counselling room. In all, where libraries were there, there were adequate light and ventilation. In five Children homes there were no libraries.

8. Room for Visitors

In all, there were seven CCIs (23.33%) where separate room for [illegible] found, out of which except one rest was adequately equipped. All seven rooms [illegible] lit and ventilated. In rest of the CCIs (23) there were no separate room for [illegible] the office rooms were used as arrangement for sitting of visitors.

8. Room for vocational/Skill development training

Out of 20 Children homes, in six there were rooms for vocational [illegible] which except one rest was adequately equipped. In one CCI, such room was [illegible] *skill development room* which was adequately equipped and well lit and [illegible] Another CCI used prayer room as vocational training too and this too was well [illegible] and well lit and ventilated. In 12 Children homes there were no such space for [illegible] or skill development of children.

10. Dining Hall

Out of 30 CCIs visited for the study, in 24 (80%) CCIs there were separate [illegible] hall/space to dine with adequate equipment, space, light and ventilation. In three CCIs, children take food in a common space for dining and recreation, children [illegible] (6.67%) CCIs eat food in a common place meant for sleeping, dining and recreation in one (10%) CCI children used to eat food in veranda. Irrespective of dining [illegible] everywhere, equipment, light and ventilation were found adequate.

11. Store Room

In all, there were separate store rooms in 25 (83.33%) CCIs and out of which except one, rest was adequately equipped. Out of 25 stores, space was found to be inadequate in two. However, light and ventilation was adequate in all store rooms. Again, in two CCIs, the store rooms were common as store cum record room and in one CCI the store room was common for all other CCIs run by the organisation. In two CCIs there were no store rooms.

12. Record Room

In 16 CCIs, there were separate record rooms. In two, record rooms were common with store rooms. All record rooms were well equipped, light and ventilated. In 12 CCIs, there were no such separate record rooms.

13. Office Room

In all 30 CCIs visited, there were separate Office Rooms which were well equipped and spacious. As far as light and ventilation are concerned, except one office room, rest was well lit and well ventilated.

Besides, in nine CCIs (30%), there were separate sitting rooms for CWCs and out of which except one, in rest, sitting room for CCI was adequately equipped.

14. Staff Residence

In the CCIs under study, there were 18 (60%) CCIs where the staff residences were there in the premises of the CCIs. Out of which one staff residence was combined as sick room cum staff residence where the paramedical staff used to reside at the time of visit.

Out of 18 staff residence, in one the space, light and ventilation were inadequate from this, in one CCI, there was a guest room to accommodate official guest if any

From the above description, it can be said that, in most of the CCIs infrastructure and facilities were found to be available at the time of data collection regard to light, space and ventilation in the rooms, more or less these were sufficient. The CCIs where certain constrains were there in terms of space, equip etc. these can be managed with a little effort. However, the CCIs, especially functi in rented building may face a little difficulty till shifting to a specious place.

Health and Hygiene practices in CCIs

Information was gathered through interview with the Persons in charge, making observation and interacting with children in FGDs. Findings in this regard presented below:

Children are generally susceptible to illnesses easily. Younger the age, m chances to catch illness. Facilities for attending medical emergencies is utm important in CCIs. It is expected that, there should be provision for the physician or Para-medical staff within the reach of the CCIs for 24 hours. The study reveals that, o of 30 CCIs under study, in 28 (93.33%) there was either physician or Para medical st for attending children at any time within 24 hours. In two CCIs, there were no physici or Para medical staff at the time of visit, but in one CCI the process of engaging pa medical staff was initiated. With regard to frequency of health check ups, the stu reveals that, in 50 per cent CCIs, health check up was done monthly, in 20 and 10 p cent it was quarterly and fortnightly respectively. Again, in 6.67 per cent CCIs, heal

k up was done weekly and one (3.33%) each CCI used to carry out health check up ce in a week by private physician, bi-monthly, whenever there is a need, children in age group of 0-6 months daily and above when required.

Availability and use of first aids is one of the basic necessities in CCIs. Moreover, is imperative for every CCI personnel to know the use of the same. The present study reals that, the first aid kit was available in all CCIs. With regard to training of upon first aid found that, in majority (83.33%) of the CCIs all staff members were trained in use of first aid. In one CCI (3.33%), staff members were not trained upon use of first aid since paramedical staff is there all the time and one each (3.33%) found as – most of them are trained, 50 per cent of them are trained, 60 per cent of them are trained and except *Ayas* rest was trained. Carrying out health check up and immunisation (where necessary) at the time of admission was found in all studied CCIs.

With regard to medical records of children at CCIs, it was found that, maintenance of medical files and records in half of the CCIs was very good, in case of 36.67 per cent it was good and in 13.33 per cent cases it was satisfactory.

Cleanliness of CCIs

The Surrounding

It is said that, cleanliness is godliness. Clean surrounding is not only good for physical health but also helpful for mental health. Along with optimum infrastructure and facilities at CCIs, cleanliness too plays an important role as it promotes healthy physical and mental state. Cleanliness and tidiness of outside and inside the CCIs is

most important to provide a healthy atmosphere to children. Keeping this in mind, the study put an effort to find out the general cleanliness of the CCIs under study with regard to Cleanness or tidiness of outside spaces in terms of waste disposal, [illegible] environment, availability and use of dustbins, etc., it was found that, in 33.33 per cent CCIs such cleanliness was very good, in 56.67 per cent CCIs it was good and in 10 per cent CCIs such cleanliness was satisfactory. With regard to the System of disposal of garbage disposal facility, in equal number (46.67%) of CCIs it was very good and in two CCIs (6.67%) this was found satisfactory.

Observation was specially made in ten SAAs under study with regard to disposal. Safe disposal of faeces of infants and young children in SAAs needs as children are often more exposed to enteric pathogens than adults. Frequent of fingers and fomites by children increases susceptibility to infection. The prop found that, out of ten SAAs, the system of waste disposal (faces/diaper, etc.) cent SAA was very good, in 20 per cent it was good and in 20 per cent it was sat With regard to system of waste disposal, the study found that, in most of the (86.67%) CCI garbage used to be collected by the Municipal Corporation. In two CCIs waste used to be disposed in compost pit inside the campus and in case (3.33%) CCI waste used to collect by Municipal Corporation and also has a com in campus and in another CCI it was found throwing outside the campus in a pit.

With regard to measures taken for maintaining cleanliness of CCI campus found that, apart from cleaning by cleaner, equal number (63.33%) and most responses received from persons in-charge for providing and making effort in use of dust bins in campus and monitoring the work of cleaner (Table 4.1).

Table 4.1

Distribution of responses according to the measures taken for maintaining cleanliness of CCI campus

Measures taken for maintaining cleanliness in campus	Responses (%)
Providing dust bins and ensuring use of it	19 (63.33)
Monitoring work of cleaners	19 (63.33)
Providing dust bins	14 (46.67)
Checking along with House Father/Mother	08 (26.67)
Responsibility distributed to all staff on rotation basis	01 (3.33)
Regular use of grass cutting machine	01 (3.33)

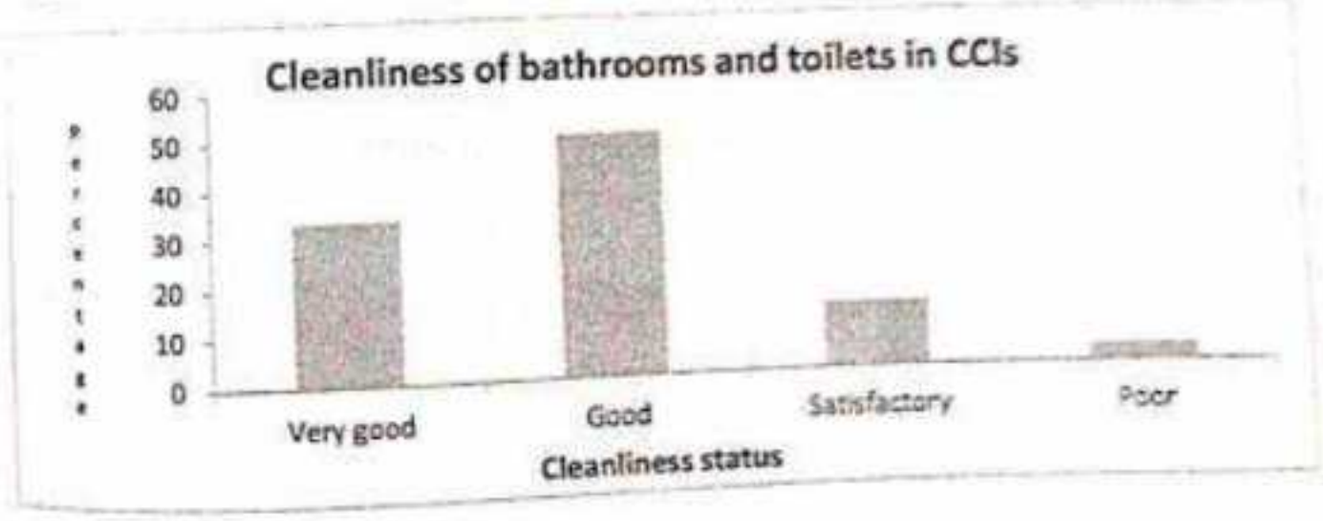
The second most (46.67%) popular response received from Persons in-charge were providing dust bins. This was followed by some other measures like - checking cleanliness by Persons in-charge along with House Mother/Father (26.67%), assigning responsibility to staff on rotation basis for checking and getting cleaning done if any (3.33%) and regular use of cutting grass using machine (3.33%).

Bathrooms and toilets

Concerning Cleanliness/tidiness of Bathrooms and toilets, the research team found that, in ten CCIs (33.33%) cleanliness of bathrooms and toilets was very good, in 15 (50%) CCIs such cleanliness was good, in four (13.33%) CCIs it was satisfactory and in one CCI (3.33%) cleanliness was poor (Fig. 4.1).

Fig: 4.1

Distribution of CCIs in respect of cleanliness of bathrooms and toilets in CCIs



Likewise, with regard to cleanliness/tidiness of indoor spaces, in 40 per cent ... it was very good and in rest (60%) cleanliness of indoor spaces was ... maintaining cleanliness in appropriate way, it is imperative to make the ... and cleaning equipment available. Further, use of such disinfectant items ... aspect to view. In the CCIs under study, except two CCIs (6.67%), in rest of ... (93.33%) cleaning materials were found available at the time of data collection. ... use of such disinfected materials was found very good in 23.33 per cent CCIs ... satisfactory in 63.33 per cent and 13.33 per cent CCIs respectively.

It was found that, in half of the CCIs under study, toilets were cleaned ... and 40 per cent cases these were cleaned twice a day. One each (3.33%) used ... toilets four times a day, three times a day and every 2-3 days.

Hand wash area

Hand washing, especially at critical times is very essential for reducing ... illnesses. CCIs accommodating a number of children in one place, need to ensure ... washing of everyone especially children and for which it is necessary to arrange ... washing facility within the reach of the children. Keeping this in view, the research ... made observation upon source of water, facility of running water, availability of ... condition and cleanliness of basin and nearby spaces, etc. In this aspect it is found ... in 20 per cent CCIs hand washing facility was very good, in 66.67 per cent it was ... and in 13.33 per cent it was satisfactory. The research team also made an observation ... upon hand washing by children before eating food and found that, the procedure of ... washing by children in 30 per cent CCIs was very good, in case of 66.67 per cent ... good and in one CCI (3.33%) it was satisfactory.

Table 4.2

Distribution of responses according to the measures taken for ensuring proper hand washing among children

Measures adopted to ensure proper hand washing	Responses (%)
Providing soap on time	13 (43.33)
Providing soap on time and Monitoring through House Father/Mother	06 (20.00)
Providing soap on time, Monitoring through House Father/Mother and Checking children randomly	03 (10.00)
Checking children randomly	02 (6.67)
Providing soap on time and Checking children randomly	02 (6.67)
Issuing towels/checking wetness of towels	01 (3.33)
Through CCTV	01 (3.33)
Providing soap on time, Checking children randomly and Through CCTV	01 (3.33)
Keeping track of issuing of hand sanitiser/soap	01 (3.33)
Total	**30 (100)**

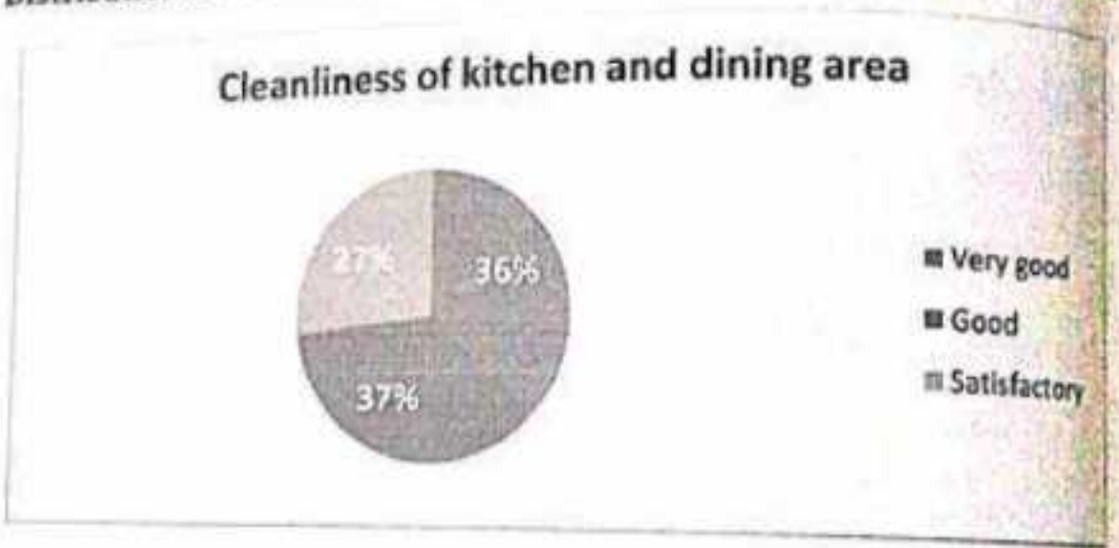
With regard to measures adopted for ensuring proper hand washing, data presented in table 4.2 reveals that, 43.33 per cent Persons in-charge reported providing soap on time, 20 per cent response was upon providing soap on time and Monitoring through House Father/Mother, ten per cent reported as Providing soap on time, Monitoring through House Father/Mother and checking children randomly, 6.67 per cent each reported as checking children randomly and providing soap on time and also checking children randomly. Further, one each (3.33%) responded as - issuing towels/checking wetness of towels; monitoring through CCTV; providing soap on time, checking children randomly and also through CCTV and Keeping track of issuing of hand sanitiser/soap.

In all ten SAAs the Ayahs generally wash hands of young children and allow older to wash on their own but under her supervision and help.

Kitchen and dining area

The kitchen and dining area needs proper cleaning as pests get attracted ... of food items. Kitchen hygiene generally refers to the practices and procedures ... to keep kitchen and dining area clean and free from harmful pests and microbes. ... This comprises maintaining a clean and hygienic work area, using and ... proper cleaning techniques and following safe food handling practices. Keeping ... view, the study reveals that, in equal number of CCIs (36.67%) cleanliness of ... was very good and good and in 26.67 per cent CCIs kitchen cleanliness was ... (Fig.4.2).

Fig: 4.2
Distribution of CCIs in respect of cleanliness of kitchen and dining area



With regard to maintenance of hygiene during food preparation such as ... washing, cooking, etc., it was very good in 26.67 per cent CCIs, good in 56.67 ... and satisfactory in 16.67 per cent CCIs.

The study reveals that, in 30 per cent, 60 per cent and 10 per cent ... maintenance of personal hygiene during food preparation and serving like ... washing, clothing, hair, eyes, etc. were very good, good and satisfactory respe... Besides keeping the kitchen and dining area clean, it is also equally important ...

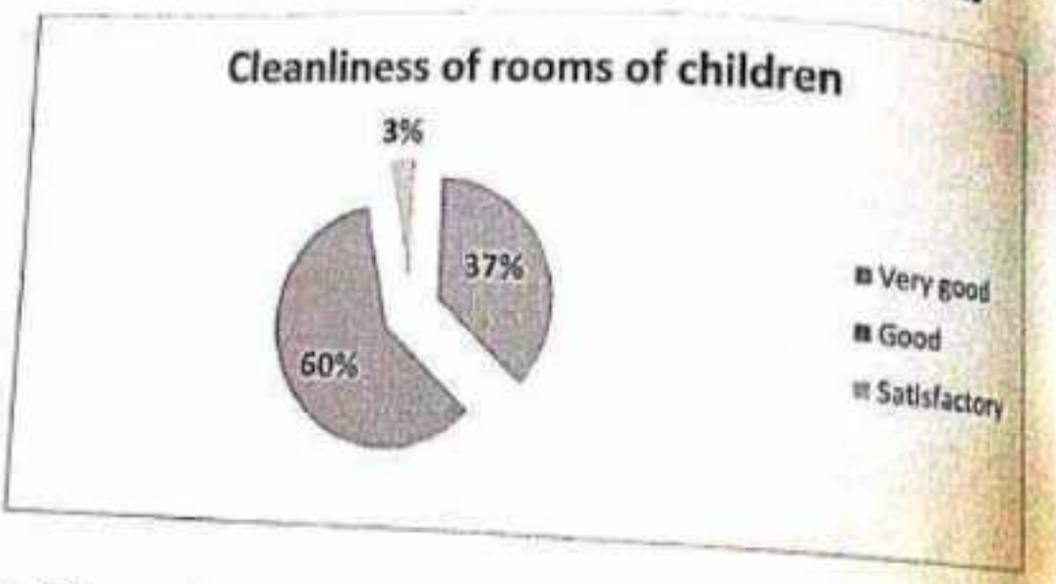
personal hygiene of the personnel engaged in food preparation. In this regard a number of responses obtained from the Persons in-charge of CCIs. Amongst the responses received, more than half of the CCI Persons in-charge found following ensuring hand washing (90%), checking nails and ensuring trimming (86.67), checking hair (66.67%) and ensuring regular bathing (60%). Besides, checking clothing was reported by 43.33 per cent and among them two (6.67%) also mentioned of ensuring separate clothes for kitchen, checking eyes, nose, ear, face, etc. and instructed not to touch during food preparation by 33.33 per cent, checking oral hygiene by 23.33 per cent and general health status by 20 per cent. Again, two (6.67%) Persons in-charge also reported that they do not engage any person for kitchen who smokes, chew tobacco or such unhealthy items. Further, one each (3.33%) person in-charge mentioned of checking bangles, wearing apron and wearing masks if someone is suffering from cold and cough.

In the CCIs visited, children used to take meals either on table of on floor sitting on durries. If such surfaces/floors/durries are not properly cleaned it may release obnoxious odour, disease causing microbes and so on. Keeping this in view, the study attempted to find out the cleanliness of tables/floor/durries, etc. where children dine and reveals that, in 36.67 per cent CCIs cleanliness of such places were very good, in 50 per cent CCIs cleanliness was good and in 13.33 per cent CCIs such cleanliness was satisfactory. Besides, cooking and serving utensils also need proper attention for ensuring providing safe food to children. Such utensils may be contaminated with chemicals (cleaning agents) or microbes if washed casually. Therefore, it was also endeavoured to find out the cleanliness of cooking and serving utensils and found that, in 33.33 per cent CCI cleanliness of utensils was very good, in 63.33 per cent CCIs it was good and only in 3.33 per cent CCI such cleanliness was satisfactory.

Rooms for Children

The dormitories/rooms of CCIs where children stay are one of the most [illegible] parts which need optimum cleanliness. As children spend time or study or rest/[illegible] carry out any other activity in the space allotted to them, the place must be [illegible] tidy enough to ensure a conducive physical and mental environment for them. [illegible] cluttered environment of the rooms make it difficult to focus on a specific [illegible] healthy mental process as well. Further, maintaining cleanliness and tidiness also [illegible] children to be disciplined with regard to their immediate surroundings. Keeping [illegible] view, the research team made an effort finds out the Cleanliness/tidiness [illegible] rooms/dormitories where children stay.

Fig: 4.3
Distribution of CCIs in respect of cleanliness of Children's rooms



Data (Fig. 4.3) reveals that, in 36.67 per cent CCIs the Cleanliness/tidiness [illegible] very good, in 60 per cent CCIs it was good and in 3.33 per cent CCIs it was satisfa[illegible] In one of the Children homes, it was found that, in every room one child is made charge to keep an eye upon cleanliness of the said room.

Regular cleaning of rooms/dormitories is very important as many children stay gether and thus may collect dirt frequently.

Table: 4.3
Distribution of CCIs with regard to frequency of cleaning *rooms*

Frequency of cleaning rooms (sweeping and mopping)	Responses (%)
Once a day	14 (46.67)
Twice a day	10 (33.33)
Thrice a day	03 (10.00)
Four times a day	02 (6.67)
Six time a day	01 (3.33)
Total	**30 (100)**

In the CCIs under study, as displayed in table 4.3, in 46.67 per cent CCIs sweeping id mopping of rooms was done once in a day, in 33.33 percent CCIs it was twice a day id in ten per cent it was thrice a day. In two (6.67%) and one (3.33%) CCI sweeping and opping used to done four and six times a day respectively.

Besides daily cleaning of the rooms, at times fumigation and periodic disinfection e also helpful to keep certain disease causing germs away.

Table: 4.4
Distribution of CCIs with regard to frequency of fumigation/disinfection of rooms

Frequency of fumigating/disinfecting rooms	Responses (%)
Weekly	08 (26.67)
Monthly	05 (16.67)
Only during COVID time	04 (13.33)
Quarterly	03 (10.00)
Twice a week	03 (10.00)
Bi monthly	02 (6.67)
Fortnightly	02 (6.67)
Half yearly	01 (3.33)
Daily (with ajwain, etc.)	01 (3.33)
Not done	01 (3.33)
Total	**30 (100)**

In this context, data displayed in table 4.4 reveals varied responses. [illegible] data shows that, little more than one fourth of the studied CCIs fumigation [illegible] weekly, in five CCIs (16.67%) it is done monthly and in four CCIs (13.2[illegible] fumigation was done only during COVID 19 pandemic. Three (10%) each CCIs [illegible] fumigating quarterly and twice a week, two (6.67%) each CCI reported bimo[illegible] fortnightly, one (3.33%) reveals half yearly and one (3.33%) CCI reported fumiga[illegible] with *Ajuvain*, etc. Only one (33.33%) CCI reported of not doing fumigation or d[illegible] the rooms at all.

With regard to cleanliness, as far as SAA is concerned, it is very crucial for [illegible] to take special care as young children are very much susceptible to infection. The [illegible] cot, linens, etc. used for children require optimum cleanliness to prevent infec[illegible] this context, the study reveals that, out of ten SAAs under study, in seven there [illegible] cradles kept outside for receiving babies. Among the seven, the cleanliness of [illegible] outside cradles of two (28.57) was very good, in four (57.14) it good and in one [illegible] was satisfactory. Apart from optimum ventilation and light, inside the room where [illegible] children are accommodated, the immediate environment should be stimulating and [illegible] attractive child friendly pictures, toys, etc. to promote optimum growth and develop[illegible] of the children. In this regard, data reveals that, in one SAA (10%) the [illegible] environment was very good, in three (30%) it was good, in four (40%) it was satisfa[illegible] and in two SAAs (20%) no such effort for making attractive ambience was seen. Again [illegible] avoid crowd inside the room it is necessary to segregate the children and rende[illegible] according to their ages. Data shows that, in 70 per cent SAAs such segregation [illegible] maintained. In 10 per cent SAA children were sharing the same hall, but in d[illegible] corners and in 20 per cent SAA such segregation was not found.

The study also made an observation on cleanliness of the room/dormitory of HAAs and found that, in case of 40 per cent the general cleanliness was very good, in 50 per cent, such cleanliness was good and in one (10%) cleanliness of dormitory/room was very good, but kitchen cleanliness requires improvement.

Personal hygiene of children

Cleanliness/Neatness of children

Maintaining personal hygiene of children is a basic necessity. The disease causing germs that children come in contact with may thrive on until these are washed off on a regular basis. Practising and developing good hygienic habits by children help them to prevent illnesses. Besides preventing illnesses, maintaining proper personal hygiene also has an added advantage by preventing a bad body odour or bad breath which in turn automatically boosts self-confidence and self-awareness. Thus it is very crucial for the management of CCIs to help the children inculcating good hygienic habits during their stay at CCIs. Regular bathing, brushing teeth, washing hands at critical times, keeping body parts clean/tidy and wearing fresh and washed cloths, etc. are the ways to maintain personal hygiene which keeps children happy and healthy. Viewing this, the study found that, children in 35 per cent Children homes cleanliness of body parts of children like - eyes, hair, nails, face, hands, legs, feet, etc. were very good and in rest 65 per cent it was good. During FGDs too it appeared that, children in Children homes take regular bath at least once in a day. With regard to Cleanliness/tidiness of clothing's of children in Children homes it was observed that, in 30 per cent Children homes it was very good, in 65 per cent it was good and in five per cent Children home it was satisfactory.

The children in SAA, especially the infants and toddlers, require special attention of the care taker with regard to their personal hygiene. Younger the child more attention needed. In this context, the study found that, cleanliness of whole body of infants in per cent SAA was very good and in 50 per cent it was good. In one SAA (10%) there was no infant at the time of visit. The Research team also observed the status of cleanliness of the body parts (eyes, hands, legs, nails, face, etc.) of children above one year and found that, in half of the SAAs such cleanliness was very good and in rest it was good. In addition to cleanliness of body parts of children, proper care and maintenance of clothes is also very important for leading a healthy life as clean clothes promote happy feeling. Besides covering body, clothes protect the children from hypothermia. However, children's cloth must be clean and should be changed on regular basis as dirty clothes carry microbes which can cause infection. Special attention is a need for the children in SAA especially the younger ones who have not yet developed toilet control. Considering these in mind, the study observed the clothing of children at SAA and found that, in 40 per cent SAA, the clothing of children was very good and in rest (60%) it was good.

For promoting and sustaining appropriate personal hygiene there should be adequate supply of clothes, bed linens and toiletry items. In this regard, it was found that, in 93 per cent CCIs clothing were provided seasonally and as per requirement of children, out of which one CCI (SAA) also reported that, they receive clothing from donors are given to children immediately and besides, children are also given clothing during festivals. In all 13.33 per cent CCIs found giving clothing half yearly, ten per cent revealed quarterly and also as per need of the children and in two (6.67%) CCIs found giving quarterly. Again, one each CCI (3.33%) reported giving clothes seasonally, monthly (SAA) and half yearly but clothing received from donors they give immediately. The study observed that, there was no dearth of clothing for children in the CCIs visited.

Apart from clothing, it was found that there were adequate bed linens for children n the CCIs. Besides giving bed linens to the child at the time of admission, CCIs also give bed linens as per requirement of children (56.67%) and some CCIs used to give half yearly (20%). In this regard, other responses were quarterly or yearly two pieces of bed sheets and pillow covers and blankets as per requirement, etc. It was observed that, there was no shortage of bed linens for children.

Toiletry items

For keeping good health and grooming self and also to feel good, toiletry items are very much essential. In all the CCIs under study, necessary toiletry items like hair oil, face cream, comb, toilet soap/hand wash, tooth brush, tooth paste, detergent powder, etc. were found available. With regard to mode of distribution of such items, it was found that, 36.67 per cent CCI used to distribute toiletry items as per the requirement of children, 20 per cent reported distributing monthly, 13.33 per cent mentioned monthly distribution and also as per requirement of children and ten per cent reported some items monthly and some fortnightly. Besides, two (6.67%) CCIs found distributing these items monthly but detergent powder, etc. weekly and one each (3.33%) CCI reported giving toiletry items fortnightly and daily. The CCI that found distributing toiletry items daily is a SAA, where every item issued used to use for all children for the day and thus found distributing daily. All CCIs found distributing toiletry items keeping the guidelines in JJ Act in mind.

An endeavour was made to understand the person/s that monitor the cleanliness of children in CCIs and found that, in 43.33 per cent cases House Mother/Father/Ayah use to monitor and in 36.67 per cent cases both the person in charge and House Mother/Father reported supervising and monitoring bathing and cleanliness of children

In all, two (6.67%) CCIs found being supervised by paramedical staff and [illegible] (3.33%) reported as the person in-charge and paramedical staff; paramedical staff care taker; person in-charge, physician and staff. Besides, in one CCI, it was found generally House Mother/Father use to supervise, but at the time of visit this [illegible] vacant and thus one staff was supervising. With regard to teaching children upon toiletry items, in 73.33 per cent cases the Persons in-charge were found [illegible] themselves in this regard. In two CCIs (6.67%) the House Mother/Father/Ayah teaching children upon use of toiletry items. In SAAs they generally teach upon toiletry item to children above three years. Out of 30 CCIs, in six (20%) SAAs there young children (less than 3 years) and thus the Ayahs use toiletry items for cleaning grooming children.

The study covered ten Children homes meant for girls and distribution of sanitary pads in applicable cases was found in all Children home for girls. It was also found in 80 per cent cases the House Mothers/paramedical staff teach about the use sanitary pads, especially the girls who newly attains puberty. In one CCI (3.33%) with House Mother/paramedical staff the person in charge and in another Children home for girls (3.33%) along with House Mother the staff of the CCI too [illegible] educating upon proper use and disposing of sanitary pads. Out of ten Children homes for girls, in two there was automatic sanitary napkin vending machine.

With regard to adequacy of fund for toiletry items, in most of the CCIs (93.33%) was reported adequate, one (3.33%) CCI reported the fund is adequate, but flow of it is irregular and has to depend upon donors. Only one CCI (3.33%) reported that the fund for toiletry item is inadequate.

Hand washing

Hand washing is one of the important factors to be adopted by the children and others as a number of infectious diseases can be spread from one person to another by contaminated hands. As mentioned above, the CCIs under study found to be taking care of hand washing of children, but the research team tried to understand hand washing practice of children after critical times. In all, children in all FGDs reported washing hands after toilet. The second largest opinion (95%) towards hand washing was before and after eating foods. The third largest opinion (80%) of hand washing was mentioned as after playing outside or coming from school/tuition, etc. In 12 FGDs (30%), sometimes some children found taking part in cooking out of their own interests and in such Children homes children mentioned of washing hands before cooking. Children in 12 (30%) and 11 (27.5%) FGDs mentioned of washing hands after sneezing and coughing respectively. Again, children in seven (17.5%) FGDs reported washing hands after handling any dirty things. Washing hands after changing pads was reported by children (Girls' Children homes) in five (12.5%) FGDs and washing hands after scratching wounds was reported by children in four (10%) FGDs. Besides, children in two FGDs (5%) each mentioned of washing hands after blowing knows, after combing hair and before prayer and children in one (2.5%) FGD mentioned of after shaking hands.

The study also interacted with children of Children homes in Focus Group Discussion to understand their practices and concern towards basic personal hygiene which is given below:

Brushing tooth

For good health, in addition to nutrition, play, exercise, etc. care of tooth ... hygiene is also an important aspect. As prescribed by Dentist, one should brush ... twice a day. In this context, to find out the practice of tooth brushing among child... CCIs, the research team led interactions with the children in Children homes (open ... SAA) and found that, out of 40 FGDs children in 26 (65%) FGDs reported brushing ... twice a day, children in 12 FGDs (30%) mentioned as once a day and in two (5%) ... some children mentioned once and some said twice a day.

Trimming nails

Trimming finger nails short is one of the most important aspects of pers... hygiene as longer fingernails may often provide a good shelter for disease causing g... than shorter ones and may spread infections. Therefore, everyone, especially chil... and persons engaged in food preparation and serving, require trimming finger... regularly. Children in 35 FGDs (87.5%) of the present study mentioned trimming t... nails on weekly basis and children in five FGDs (12.5%) disclosed that hey trim t... nails whenever necessary. Further, while checking, the research team did not find ... nails among children.

Clothes/bed linens

Washing clothes on a regular basis is an important aspect for physical ... mental health of children. Periodic washing of clothes keeps the disease causing g... and mites away and promote maintaining a healthy life. In this context, the resea... team made an endeavour to find out the practice of washing clothes of children in CC... This was discussed with children in FGDs and found that, out of total 40 FGDs, ch...

30 FGDs (75%) mentioned of washing clothes daily, children in three FGDs (7.5%) mentioned of weekly washing and children in three FGDs reported of washing clothes daily and weekly basis. In CCIs, some older children also reported washing clothes of their juniors who were unable to wash clothes themselves. In this context, children in ten AIDs (25%) mentioned of helping younger ones in washing their clothes who still were unable to wash their own clothes properly, in nine (22.5%) children reported weekly and in one (2.5%) FGD children reported when the laundress does not come. Children in 20 FGDs (50%) mentioned that they do not wash their juniors' clothes.

Apart from washing daily/weekly wears of children, it is also very important to wash the bed linens periodically to avoid collection of germs and mites. In this regard out of 40 FGDs, children in 30 (75%) FGs reported of washing bed linens weekly, in five FGs (12.5%) children reported fortnightly, in four (10%) daily and in one (2.5%) when bed linens become dirty.

Periodic sun drying of pillows and mattresses is too important to keep germs away and also adding freshness in addition to washing bed linens. In this context too children in most of the FGDs (65%) mentioned of sun drying pillows and mattresses on weekly basis, children in eight (20%) FGs mentioned that they sun dry these daily and three (7.5%) FGD's children reported fortnightly. Besides, children in one each FGD (2.5%) reported of both monthly and daily. In one (2.5%) FGs children answered variedly and seem there was not any regular practice of sun drying pillows and mattresses.

Cleanliness of children and the House Mother/Father

The House Mothers/Fathers or *Ayahs* in Children homes/SAAs are there to look after the children and thus they are close to the children. As per guidelines, every house

father or house mother shall abide by the directions of the Person-in-charge. The ... duties, functions and responsibilities of a House Mother/Father are mentioned ... chapter III.

Keeping the duties and responsibilities of House Mother/Father the ... interviewed the House Mother/Father/Ayah on their role and responsibilities to ... personal and environmental hygiene at CCIs as they are very much close to the ... and responsible for immediate care of children. In respect of ensuring personal ... of children, amongst various aspects of personal hygiene, checking cleanliness ... clothing was mostly done by 86.67 per cent of House Mother/Father/Ayahs. Following this checking cleanliness of body parts (eyes, face, nails, etc.) was mentioned by ... per cent respondents and ensuring and checking brushing tooth twice a day ... reported by 73.33 per cent respondents. With regard to checking body parts, one of respondents in SAA mentioned that, Ayahs have to hand over babies/children to next Ayahs after proper cleaning body parts of babies. Besides, some other aspects the House Mother/Father used to check were checking hand washing at critical ... (40%), ensuring supply of toiletries on time (33.33%), ensuring sun drying of linens/mattresses (30%) and checking cleanliness of bed (10%). Further, one respondent (3.33%) mentioned of checking soaps to ensure bathing, checking dress at bathroom arrangement such as - keeping items at right place, carrying out treatment to new child (especially girls) and ensuring clean play materials to children (SAA). Out of ten Children homes for girls, two respondents mentioned of checking menstrual hygiene among girls, especially proper use and disposal of sanitary pads

With regard to environmental hygiene, the House Mother/Father were ... teaching discipline among children. Teaching children upon use of dustbins ... reported by most of the respondents (73.33%). This was followed by frequently ...

ildren of not littering here and there (50%), encouraging children to be responsible for llectively keeping the surrounding clean (40%) and encouraging children for cleaning eir own belongings (33.33%). Besides, teaching children not to spit here and there was eported by 6.67 per cent respondents and one each (33.33%) mentioned of proper use of oilets and ensuring making place clean before leaving.

The study also made an attempt to find out the approach of teaching discipline to children by House Mother/Father/Ayahs. In this regard, the study reveals that, children were explained with love was reported by 40 per cent of the respondents, explain with love, assigning task/responsibilities and being a little firm was reported by 33.33 per cent and explain with love and also being strict was reported by 26.67 per cent. In addition, one each (3.33%) also reported of explain with love and teaching through older children and explain with love and showing videos in cell phone/TV on cleanliness.

With regard to constraint faced by the House Mother/Father regarding maintaining hygiene, the study found that, 33.33 per cent respondents mentioned that, some children are very lazy to take bath, especially during winter, was the most commonly faced problem reposted by. Followed by this some other constraints were - some children are very lazy to brush tooth (23.33%), equal number of respondents (13.33%) mentioned of some children are very aggressive with regard to environmental hygiene and children cry at the time of vaccination, ten per cent of the respondents mentioned of problem of addressing teen age issues. Problem in attending children at the time of crying when there is less staff was reported by 6.64 per cent respondents. Apart from these, one each (3.33%) response was received for - some children are very lazy to wash cloths, Some children do not follow daily routine, disposal of sanitary napkins,

irregular supply of soap and detergents powder, Problem in handling mentally ... child, some children are not interested in yoga, process of medical checking ... children which is a long procedure, due to fashion boys do not want to cut hair ... the time children want to watch television, etc.

From the above description it can be said that, CCIs under study were concerned about cleanliness of the campus and children. Status of such cleanliness hygiene practices were not alike everywhere, but, basic cleanliness was maintaining in the CCIs under study.

CHAPTER V

Conclusion and Recommendation

Every child has right to - survival and development; education that facilitates them to reach their full potential; protection from abuse, violence or neglect; express opinions and be heard and right to be raised by or have a relationship with their parents. Child Protection is about reducing the vulnerability to any kind of harm and protecting the children in harmful situations, ensuring social security and safety of the children and providing necessary care, protection and support to them who are out of the general societal safety and to bring the children back within the web of societal security. Every nation is responsible for safeguarding and ensuring the rights of its each and every child. India too committed for protecting its children through the support from families, stakeholders and various programmes and policies and laws. However, some children are more vulnerable than others and need special attention. Government of India recognizes these children as 'children in difficult circumstances', characterized by their specific social, economic and geo-political situations. In addition to providing a safe environment for these children, it is imperative to ensure that all other children also remain protected.

A child care institution as defined under the JJ Act, 2015, means Children Home, Open Shelter, Observation Home, Special Home, Place of Safety, Specialised Adoption Agency and a Fit Facility recognized under the Act for providing care and protection to children, who are in need of such services. Various child care institutions are functioning in the district of every states/UTs. Keeping the Rights of children in view, in these Child Care Institutions children are given support according to the JJ Act.

Proper nutrition and health care are two very important aspects in facilitating children maintaining a sound physical and mental health which there are provisions in the Act. Providing balanced diet to children health check-up and providing treatment for illnesses, etc. are factors for ensuring general wellbeing of children. Keeping this in view the **Exploratory Study on Nutrition and Hygiene Practices of Child Care Western Region** was carried out in the states of Chhattisgarh, Pradesh, Maharashtra and Rajasthan.

The research team visited a total of 30 CCIs out of which there were Homes for boys and girls and ten SAAs. In all 795 children were covered and out of which 105 children were from SAA and 690 were from children boys and girls. In children homes (boys and girls) there were 2.63 per cent inmates than boys. Study found that, boys in their late childhood period their late adolescence period need more care and protection. The study also most of the children in SAAs were in the age group of 3-6 years (34.29%) and (30.48%). Followed by this, 27.61 per cent children were in the age months and 6.67 per cent children in the age group of 6-12 months.

Most of the children under study found attending various schools (8.41%) were not going to schools due to over age to admit to school. children in the age group of 3-6 years were receiving early childhood time of visit. A few children with disability were also found in the CCIs visited.

The staff of CCIs requires knowing certain basic need and requirements of children and thus periodic training is required. In this study, it was found that, in last year preceding to data collection, out of 30 CCI visited in ten CCIs some kind of effort was made by the Persons in-charge to enhance understanding of the staff in various aspect of children. Moreover, data reveals that, 20 per cent Persons in-charge of CCIs were not trained on any subject till the time of data collection. Among the other respondents who received trainings, again everyone did not receive same trainings. Thus there is a need for some sort of identical type of basic trainings for all Persons in-charge and other staff as well.

With regard to ensuring optimum nutrition for children, over all the Persons in-charge are the prime functionaries and thus it is important for the Persons in-charge to have basic knowledge upon nutrition. In large majority (83.33%) of CCIs found displaying the menu. In the state of Gujarat, there is a system of uploading pictures of each meal in WhatsApp group of one of the districts. This seems to be one of the very good practices to monitor meals provided to children by the district level authorities. More or less in all CCIs meal frequencies were followed as per guidelines. The study reveals that, most of the Persons in-charge were not aware about most of the precautions to be taken for nutrients conservation during food preparation.

The meal frequencies and varieties were found good in most of the CCIs. However, in few CCIs some snack items were not much healthier. During FGDs too it was found that, children in some of the CCIs expressed their affinity towards junk foods. Birthdays of children are celebrated by cutting cake. Various festivals too found organised with special meals/snacks.

The research team attempted to understand the safety measures adopted in procuring food items and also hygiene measures adopted while preparing and serving meals to children. With regard to procurement, varied ways were adopted by the Centres and storage of perishable and non-perishable items. Food handling in the Centres requires some attention.

The nutritional status of the children was studied and it was found that there is nutritional improvement among the children. It can be said that, dietary and emotional cares rendered to children have greatly played a role to improve the nutritional status. But, again, there was a section of undernourished children who may require special attention. Comparison of nutritional status between boys and girls reveals that, in the age group of birth to five years of age and also in the age group of 18 years, more girl children were in normal category of nutritional status than boys. In the age group of above 5 to 11 years, more boy children were in normal category of nutritional status.

In addition to nutrition, general health check-up and treatment to children maintaining personal and environmental hygiene is also another most important factor to live a healthy life. The term hygiene refers to practices that prevent spread of disease causing organisms. Many people equate hygiene with 'cleanliness,' but hygiene is a broad term. It includes such personal habit choices as how frequently to take bath, wash hands, trim fingernails, brush tooth, wash clothes, keeping surrounding clean, disposing off the wastes, etc. In India, due to lack of proper hygienic practices many people often fall sick or die. The risk increases if the population is of younger children, old age

people. This is mainly because of lack of appropriate hygienic habits among the general population in our country. These non-academic social habits formation and etiquettes of public are not getting much importance either in schools or the masses in general. Habit formation and public etiquettes can be developed during early age of life. Since Child care institutions have been catering a section of child population it is important for the management to teach and inculcate good hygienic habit in children. Further, regular health check-up and timely treatment are other important factors since such institutions cater children coming from varied background. The research study made an endeavour to understand the hygiene practices in the CCIs under study.

Accommodation for CCIs should possess optimal infrastructure facilitating optimal stay environment for children. In this regard, it is seen that, more or less the CCIs under study have basic infrastructure for functioning the institutions. With regard to light, space and ventilation in the rooms, more or less these were found sufficient. None of the CCI was found in very congested status.

As a whole, it can be said that, in most of the CCIs basic infrastructure and facilities were found to be available at the time of data collection. The CCIs where certain constraints were there in terms of space, equipment, etc. these can be managed with a little effort. However, the CCIs, especially functioning in rented building may face a little difficulty till shifting to a specious place.

Almost all CCIs had access to physicians or Para medical stuff round the clock. Health check-ups used to organise by all CCIs, however there was variations about frequencies of health check-ups that ranged from daily (especially in SAA) to quarterly. In

half of the CCIs there were monthly check-ups. Health records of children maintained by most of the CCIs, however in some of the CCIs, a few improvements required. Basic cleanliness of the campus, waste disposal, etc. in majority of the CCIs was maintained. But, in few cases attention required. The first aid kit was found available almost in all CCIs and most (83.33%) of the staff members were trained till the time of data collection.

The CCIs visited under study found maintaining cleanliness of bathrooms and toilets meant for children. Status of cleanliness was observed varied in nature ranging from very good to poor. However, in majority cases (83%), cleanliness was very good and good. Availability and use of disinfectant/cleaning materials was also found in the CCIs which indicates the concern of the management of the CCIs towards cleanliness of bathrooms and toilets. But, again a few of the CCIs needs attention.

System of Hand washing was found in all the CCIs visited. But, improvement required in a few places in terms of cleanliness of in and around hand washing area, hand washing steps followed by the children, etc. Various efforts adopted by the Person in-charge for ensuring hand washing of children are very praiseworthy. This might have also got strengthened due to COVID 19 pandemic as most of the data was collected after the pandemic.

With regard to washing hands at critical times, the study reveals that, washing hands by cent per cent children in CCIs after using toilet is very appreciable. Besides, large number of children also found practicing hand washing before and after eating and also after playing or coming from outside. This practice of hand washing among children in CCIs is also very appreciable.

Cleanliness of kitchen and dining areas of most of the CCIs was maintained well but, again improvement required in a few cases. It is very appreciable that the CCIs under study were concerned about the personal hygiene of cooks or helpers engaged in food preparation. However, the practice is again not alike everywhere, thus it can be suggested that, there should be common guidelines to be followed by the kitchen staff in all CCIs.

More or less the dormitories/rooms of children were clean and tidy. The management of the CCIs seems taking care of this aspect. Although frequencies varied, cleaning of rooms on regular basis was also found. Besides, more or less periodic fumigating/disinfecting practice was also found almost in all CCIs. Again, there should be same guidelines for all CCIs. Daily fumigation with ajwain, neem leaves, etc. is a good practice and such may be encouraged.

The study found that, although not alike, but more or less personal cleanliness among children was being maintained in all the CCIs under study. There was no scarcity of materials required for maintaining basic cleanliness among children. Although, distribution of toiletry items was not similar, but managements were found to be very much concerned about making the essential items available to the children. Involvement of officials and staff for supporting and keeping children clean is quite praiseworthy. Children of studied CCIs found brushing tooth daily, but, all children were not following brushing tooth twice daily. Children also found regularly trimming their nails which is appreciable.

With regard to washing clothes, in majority cases (75%), children reported washing their clothes daily, which is praiseworthy. But, where this practice is not there, should be encouraged. Washing bed linens weekly that was followed by majority of

children is a good practice that needs to be followed by rest of the CCIs. Again, ... frequencies varied, the practice of sun drying of mattresses, blankets and pillo... also found in practice in the CCIs which is appreciable.

Appropriate sanitation and health care facilities is utmost important for ... children in SAAs for minimising infections and also render treatment in emergency ... of the ten SAAs visited for the study, in 70 per cent there were Baby Care Unit ... special emergency medical care equipment; out of this one SAA also had a phototherapy machine. In 20 per cent SAA, there was no such baby care unit and in one (10%) in ... room such special arrangement was made. Except a few cases, the CCIs were found maintaining cleanliness with regard to environment and children.

In addition to the above, a few problems and suggestions received from ... respondents which are given below:

- Since the cost of commercial Infant milk formula is very high and at time SAA has to depend upon sponsorship, the government should increase the fund keeping the price hike in view.
- At time court cases take lot of time and problem arises to dispose off such matters in time. Sometimes transfer of judges too lingers the procedure. Thus government should look into the matter and find out ways to settle court cases on time.
- Adoption procedures take long time (more than a year) and at times parents become impatient, thus government should explore ways for speeding up the adoption procedure.
- Respondents feel that, while giving for adoption first preference should be given to the parents who have no child.

- Few of the respondents also feel that, parents who already have a child should not be allowed to adopt another.
- The provision of implementation of sponsorship of family based non institutional care is somewhat poor. Therefore, it may be strengthened up.
- Children with special needs require professional care. Therefore, provisions either in term of engaging professional/trained staff or upgrading basic skills of present staff of Children Homes to manage with such children till children with disability are transferred to Children Homes of special needs.
- There should be provision for SAA staff on early childhood stimulation.
- Children who are referred to children homes under POCSO Act, many of which are due to love relationship. When such children interact with the other children at Children Home, the other children may get distracted. Thus it will be helpful if there is other alternative arrangement for POCSO children.
- Procedure of LFA (Legally Free for Adoption) for abandoned children takes long time. Therefore, it is suggested that government may find out some alterative solution to the problem.
- Due to less salary, staff turnover is very frequent, which creates problem. Therefore, suggested that government should look into the matter. Moreover, there is salary difference between regular and contractual staff, whereas workload is same and at times it demotivates the staff, thus may be suggested to find out a revised suitable salary pattern of CCI staff.

RECOMMENDATIONS

1. On an average the most essential staff members were found in most of the CCIs. However, it is recommended that, all prescribed staff should be engaged for smooth functioning of CCIs.

2. Since, the boys in their late childhood and girls in their late adolescence are comparatively vulnerable, more vigilance, awareness and support system at the community level should be enhanced.

3. Since 20 per cent Persons in-charge were not trained at all till the time of data collection and again, among rest of the Persons in-charge who received training everyone did not receive same trainings. Thus it can be recommended that, there should be identical basic training for the Persons in-charge in the form of orientation training and refresher training.

4. Children in the CCIs were receiving education, mostly through formal schooling system. Children who are over aged for admitting in school, there should be some identical and compulsory provision for basic education.

5. Since Children Homes also receives children with disabilities, thus it may be recommended that, there should be provision for Children Homes for special needs children homes in every district (or neighbouring districts if district size is smaller). As special needs children require special care, staff of Children Home/SAA should be trained with basic knowledge and skill so that the children of special need are taken care of till they are transferred to Children Homes for special needs.

6. On an average, children in SAA were receiving pre-primary education. However efforts require for early stimulation for children below three years. Thus training upon early childhood stimulation for CCI functionaries is recommended.

Children were given for adoption under CARA guidelines was found in the A/CCI who had license/registration. More awareness generation activities should be ried out at community level for adoption.

It was found that, in the previous year preceding to data collection, out of 30 CCIs isited in ten CCIs some kind of effort was made by the Persons in-charge to enhance nderstanding of the staff in various aspect of children. It may be mentioned that, pecific guidelines/modules may be developed for various functionaries of CCI on child development for maintaining uniformity. Provision for certain online certificate courses may also think out.

9. There should be monthly themes for training/awareness/workshop/refresher, etc. for the staff members of CCIs just to update their knowledge and also to refresh/rejuvenate them. There should be uniformity in all CCIs for such programmes.

10. It is essential to adopt precautions during food preparation for conserving micronutrients, deficiency of which is basically hidden and becomes visible if the deficiency is in advanced stage. Thus, as preventive measures, precautions need to be taken during food preparation. Since many Persons in-charge were unaware about such precautions to be taken for nutrients conservation during food preparation, thus there is a need for training to sensitise them. Further, nutritional attention is required for the undernourished children. Periodic training to the CCI functionaries, especially the Persons in-charge may help in this regard.

7. Children were given for adoption under CARA guidelines was found in the SAA/CCI who had license/registration. More awareness generation activities should be carried out at community level for adoption.

8. It was found that, in the previous year preceding to data collection, out of 30 CCIs visited in ten CCIs some kind of effort was made by the Persons in-charge to enhance understanding of the staff in various aspect of children. It may be mentioned that, specific guidelines/modules may be developed for various functionaries of CCI on child development for maintaining uniformity. Provision for certain online certificate courses may also think out.

9. There should be monthly themes for training/awareness/workshop/refresher, etc. for the staff members of CCIs just to update their knowledge and also to refresh/rejuvenate them. There should be uniformity in all CCIs for such programmes.

10. It is essential to adopt precautions during food preparation for conserving micronutrients, deficiency of which is basically hidden and becomes visible if the deficiency is in advanced stage. Thus, as preventive measures, precautions need to be taken during food preparation. Since many Persons in-charge were unaware about such precautions to be taken for nutrients conservation during food preparation, thus there is a need for training to sensitise them. Further, nutritional attention is required for the undernourished children. Periodic training to the CCI functionaries, especially the Persons in-charge may help in this regard.

11. In the state of Gujarat, there is a system of uploading pictures of each meal in WhatsApp group of one of the districts. This could be one of the meaningful monitoring mechanisms of meals provided and thus recommended to implement in districts/states.

12. Now a days many children and adolescents are attracted towards processed and junk foods. Such foods are generally imbalanced in nutrients and often high in fat, salt, sugar, and/or calories. Common junk foods include salted snack foods, fried fast foods and carbonated drinks. Junk foods are those containing little or no proteins, vitamins or minerals but are rich in salt, sugar, fats and are high in energy (calories). Regular/frequent consumption of junk foods may lead to malnutrition and also to some chronic diseases. Thus CCI management and other care takers need to ponder this issue too. Serving some such food items just for the sake of fulfilling wishes of children, should not be regular and frequent. Such food items should be categorised as occasional food and may be served sparingly. However, a detailed guideline may be there for the CCIs keeping food safety, food habits (regulating cravings) and health of children in mind.

13. It is a good practice of feeding complementary foods prepared in the institutions in majority of the SAAs. However, feeding commercially made complementary food should be discarded.

14. With regard to providing quality and hygienic foods to children, measures adopted by the CCI in-charges seemed varied in nature. In addition to food adequacy, quality of foods in terms of variety and palatability are also important. In this regard, findings show that, all studied CCIs were not adopting a similar pattern. Moreover, hygienic food handling also needs attention to inculcate good habits and also to bring

...ational change of the functionaries of the CCIs and children as well. Thus, there is a ...d for orienting the Persons in-charge, so that knowledge, practice and attitude can be ...ead on to other functionaries/staff. Moreover, there should be a common check list ...n regard to food hygiene that to be followed by the CCIs. For pest control in food staff, ...ewally dry ingredients, organic methods should be encouraged. Further, concerning ...ower foods, it should not be encouraged to serve such foods to children, as it was ...nd in a few cases, as quality gets decreased and may cause illness.

15. With regard to procurement of rations, it was found that, most of the CCIs procure ...ms as per their requirement. Grocery items they stored in store rooms and some of ...e perishable items in refrigerators. It is quite praiseworthy that, the CCIs procure ...gredients for a short period and as per their requirements and not wasting such items. ...However, for pest control in ingredients (dry) organic methods and materials such as use ...of Neem leave, dry chillies, etc. may be encouraged.

16. It may be recommended for beautification of the CCIs where there is scope, which ...ay be helpful for aesthetic development of children.

17. It may also be recommended that, Life skills Education may be introduced in ...very children home which will help empowering children.

18. It can be suggested that, a Check list may be developed for supervisory officials to ensure optimum cleanliness at CCIs. Periodic training programme may be organised for ...hygiene and sanitation for the functionaries of CCIs.

19. It is very appreciable that the CCIs under study were concern about the personal hygiene of cooks of helpers engaged in food preparation. However, the practice is not alike everywhere, thus it can be suggested that, there may be common guidelines to be followed by the kitchen staff in all CCIs.

20. Children found brushing tooth daily. However, all children were not following brushing tooth twice daily. Therefore, it is suggested that, all CCIs need to ensure brushing tooth twice a day, effort should be given in inculcating habit of brushing tooth as prescribed among the younger group of children.

21. Hand washing practice in CCIs is praiseworthy. However, hand washing after coughing, sneezing, blowing nose, etc. also requires attention among the children. Further, habit of washing hands before and after changing pads should be made compulsory for all girls who attained puberty. Thus it is suggested to train the CCI staff for inculcating such habits among children. Further, sanitary pad vending machines should be there to all Children Homes for girls.

22. Although in majority of the cases (75%), children found washing their clothes daily, there were some children who reported washing their clothes weekly. Therefore it is recommended that, CCIs should ensure of whishing the daily wears, especially inner garments, daily.

23. It can also be suggested that, the practice of periodic sun drying of mattresses blankets and pillows may be adopted in all CCIs. Further, regular washing of bed linens and blankets is suggested.

Besides the above suggestions and recommendations few general observations as given below may be considered:

(i) BMI of children should be calculated and recorded and action needs to be taken accordingly. WHO/ICMR/NIN recommended standard charts are suggested to follow. There should also be infantometers for measuring length of young children in SAAs

(ii) Activities of children of SAAs/children homes should be displayed where there are not.

(iii) Kitchen tidiness should be maintained where there is not.

(iv) Bathrooms and toilets cleanliness should be checked and cleaned at least twice a day.

(v) CCIs where durries are used for various activities such as dining, prayer, etc. requires to be cleaned periodically.

(vi) It may be recommended to have a separate counselling room in every Children Home.

(vii) Training of CCI functionaries upon common illnesses among children may be organised periodically.

(viii) In one of the CCIs it was found that, sometimes the house mother/father/Ayah showed videos to children. Practice of showing videos, etc. to children through cell phones by house father/mother/ayahs may be regulated if there is any. A guideline maybe there in this regard for regulating screen times.

(ix) Refrigerators may be regularly cleaned in all CCIs and care should be taken while storing raw and cooked foods.

(x) Maintaining hygiene in dining area and also while feeding children (especially SAA) needs to be supervised.

(xi) In SAAs (also in other Children Homes) plastic bottles/utensils should be replaced with metal, preferably steel or glass.

(xii) It is suggested that, ECCE materials should be in every SAA and the same should also be in use in age appropriate manner.

(xiii) As some of Persons in-charge mentioned of irregular release of funds, therefore it is suggested to release of fund on regular basis.

(xiv) Some CCIs are very well maintained in terms of ambience and hygiene. Thus it is suggested to arrange for visit of Persons in-charge to other such CCIs.

(xv) Cleanliness of plates/glasses/spoons needs supervision, especially where children themselves was their plates, as in a few cases it drew attention.

(xvi) Children in one of the Children homes for boys suggested for bicycle to go to school, periodic picnic or outing, during summer vacation permission to go home, during their FGD. The government may look in to the matter.

(xvii) Again in another FGD, children expressed their wishes to know their health status after their health check ups. Therefore, it may be suggested to discuss health and nutritional status of children after their health check ups by the Para medical staff or so.

(xviii) In one of the CCIs, certain nutrition messages were displayed on wall where correction required. Thus it is suggested that, wherever nutrition related messages are displayed require to be verified by an expert.

BIBLIOGAPHY

Sharma, Vibha: **Development of the Concept of Childhood and Child Welfare in India**, Meher Chand Mahajan DAV College for Women , Chandigarh, Public Administration (September 2016)
https://www.researchgate.net/publication/309124447_Development_of_the_Concept_of_Childhood_and_Child_Welfare_in_India)

Geneva Declaration of the Rights of the Child – 1924
https://www.humanium.org/en/geneva-declaration/)

History of child rights International standards have advanced dramatically over the 20st century – explore the milestones. UNICEF (https://www.unicef.org/child-rights-convention/history-child-rights)

Extract of the gazettes of India, Part-1, Section-1, dated 11 May 2013 MWCD New Delhi, the 26th April, 2013
https://wcd.nic.in/sites/default/files/npcenglish08072013_0.pdf)

Mission Saksham Anganwadi and Poshan 2.0 Scheme Guidelines, 2022, Introduction Pg.3-5)

Mission Vatsalya Savdhanta Sanrakshnam Implementation Guidelines, 2022

This article is written by Ms. Kishita Gupta from United world School of Law, Karnavati University, Gandhinagar. This article discusses briefly the childcare institutionalisation facilities available in India under the JJ Act 2015. Childcare Institutions under the Juvenile Justice (Care and Protection) Act, 2015 (August 2, 2021) https://blog.ipleaders.in/childcare-institutions-under-the-juvenile-justice-care-and-protection-act-2015/#:~:text=An%20Observation%20Home%20(hereinafter%20referred,operate%20Observation%20Homes%20in%20each

Hygiene; https://simple.wikipedia.org/wiki/Hygiene

Cleanliness; https://en.wikipedia.org/wiki/Cleanliness

Congressional Research Service. 2 July 2012. www.fas.org/sgp/crs/misc/R40484.pdf

11. Blanchfield, Luisa. "United Nations Convention on the Rights of the Child: Background and Policy Issues" (January 2011)

12. Congressional Research Service. 2 July 2012. www.fas.org/sgp/crs/misc/R40484.pdf

13. Hygiene; https://en.wikipedia.org/wiki/Hygiene

14. Pandit Ankita, "Kids exposed to 30 forms of violence at home", Sunday Times of India, June 7, 2020; RCG Newsclip, Vol. XXIV, No. 2, April-June 2020, pg. 2.

15. The Assam Tribune, June 6, 2020, "Over 1,100 adopted kids back to child care institutions in last 5 years"; RCG Newsclip, Vol.XXIV, No 1, January-March, 2020, pg.3

16. Chandra Jagruti, New Delhi, The Hindu, Friday, January 4, 2019; RCG Newsclip, Vol.XXIII, No. 1, January-March, 2019, pg. 3.

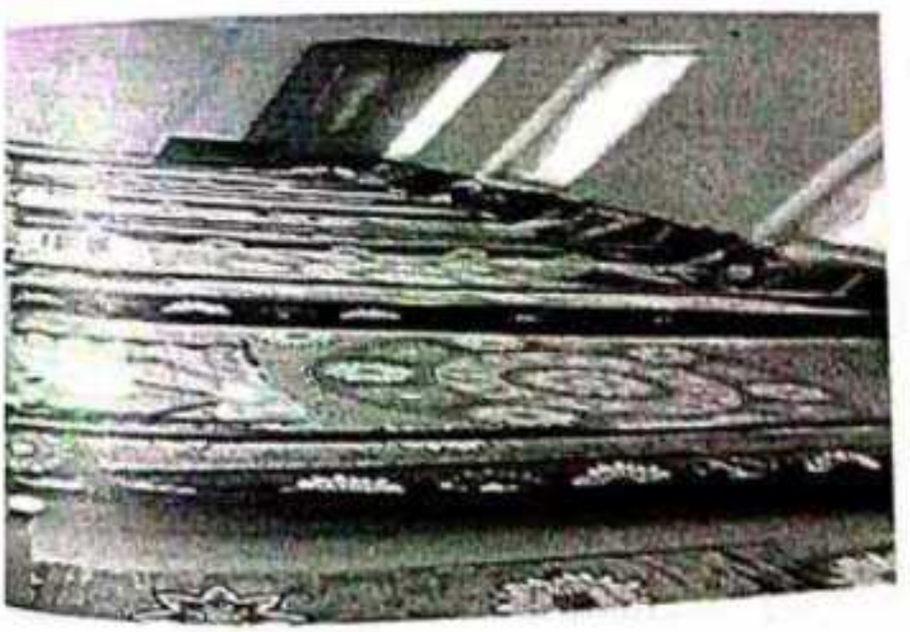
17. The Juvenile Justice (Care and Protection of Children) Act, 2015 (Amendment Act, 2021(23 opf 2021), dt. 7-8-2021, w.f.f. 1-9-2022) along with : The Juvenile Justice (Care and Protection of Children) Model Rules, 2016; The Adoption Regulations, 2022 (GSR 726(E), dt. 23-9-2022, w.e.f. 23-9-2022); Reconstitution of Steering Committee of the Central Adoption Resource Authority, BARE ACT,2023; Published by: Commercial Law Publishers (India) Pvt. Ltd., 4239/1 Shankarnagar Bhawan, Ansari Road, Daryaganj, New Delhi-110002

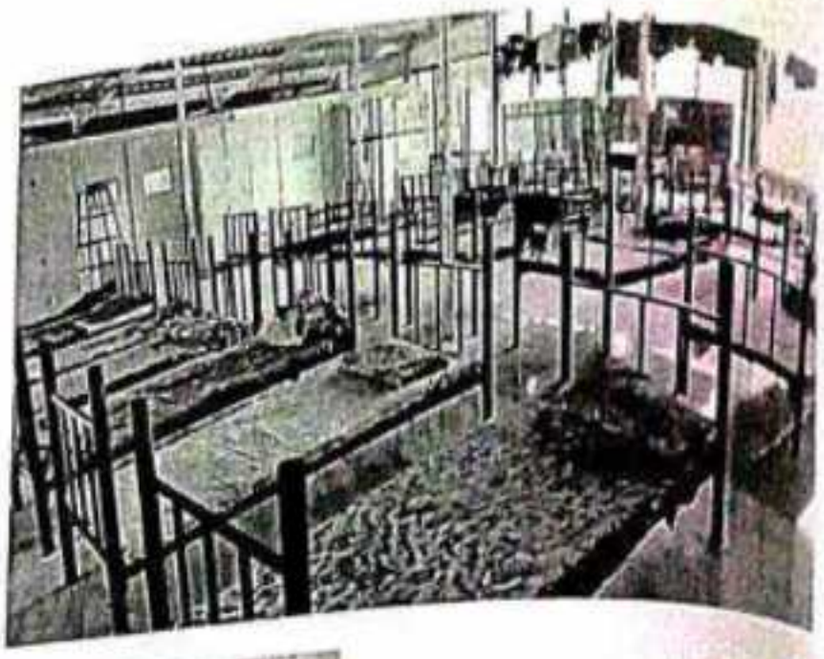
18. Convention on rights of child (Convention on the Rights of the Child), **UNITED NATIONS, India,** Convention on the Rights of the Child, GENERAL ASSEMBLY 1 of 1989 **https://indiankanoon.org/doc/170937024/**

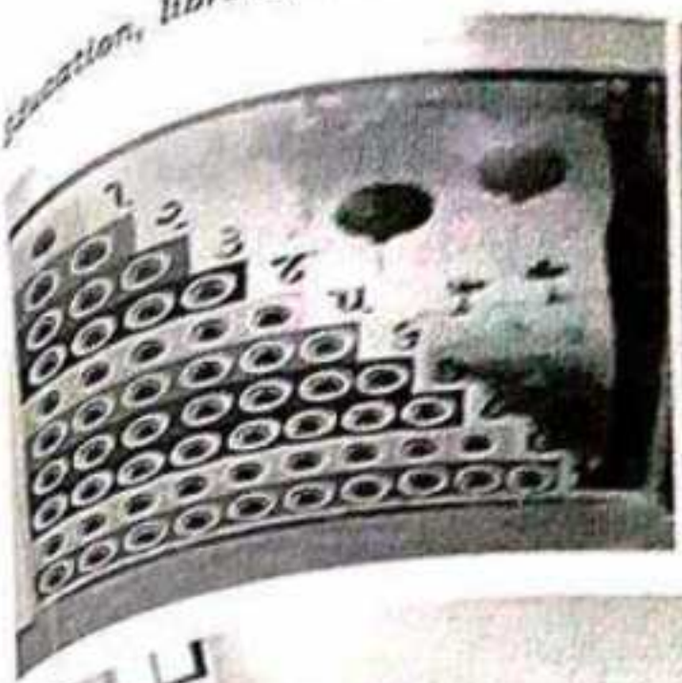
19. Banerjee Dibakar, Juvenile Justice https://www.legalserviceindia.com/legal/article-3089-juvenile-justice.html

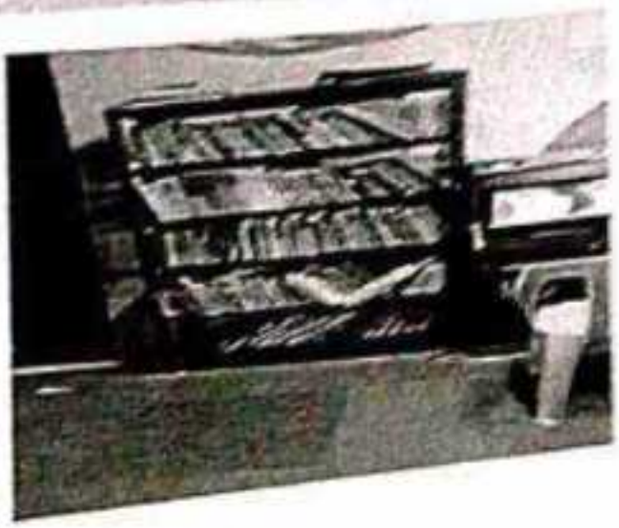
Photo Plates
(Glimpses of CCIs)

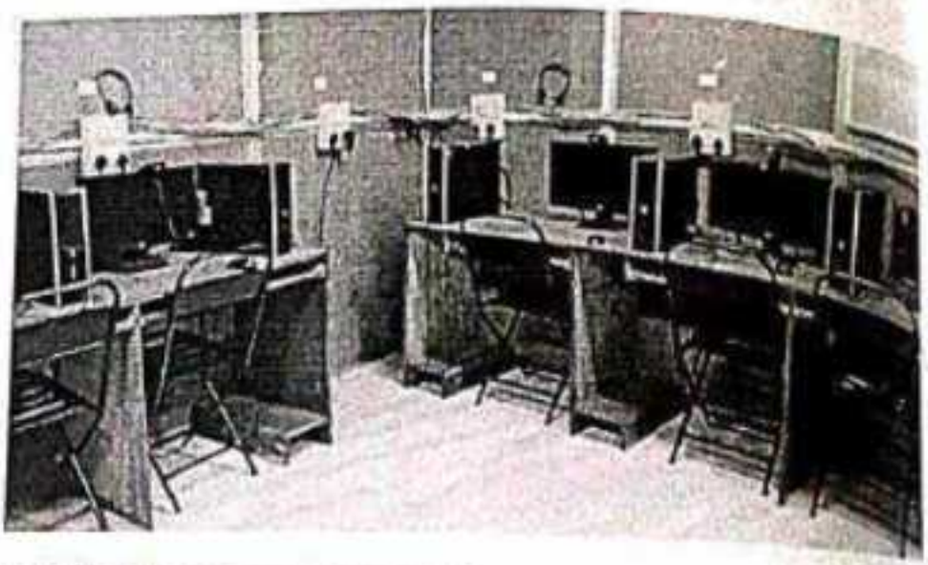
Annexure I

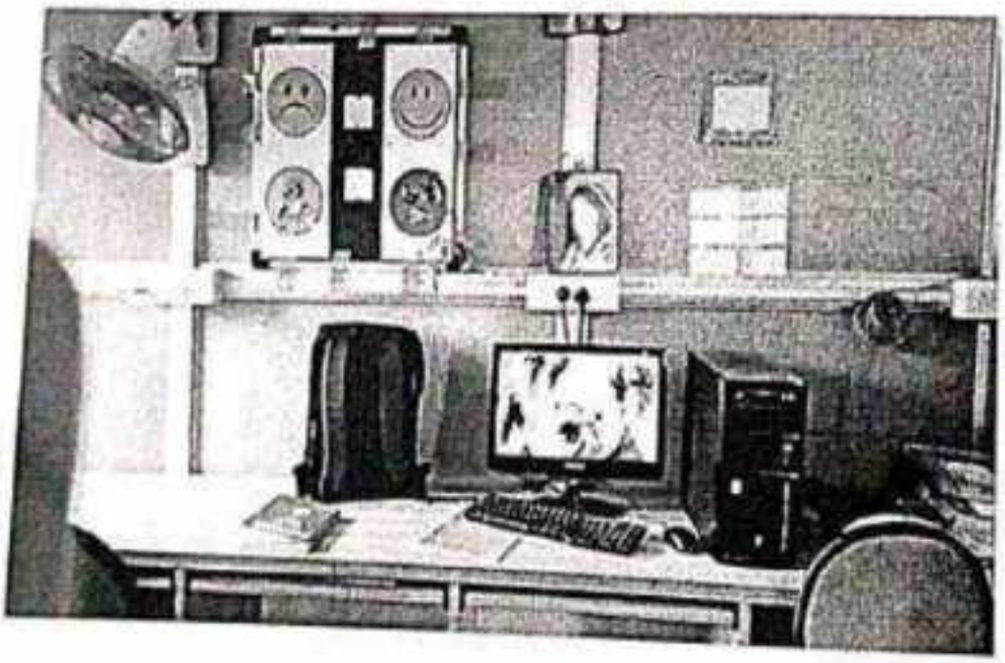




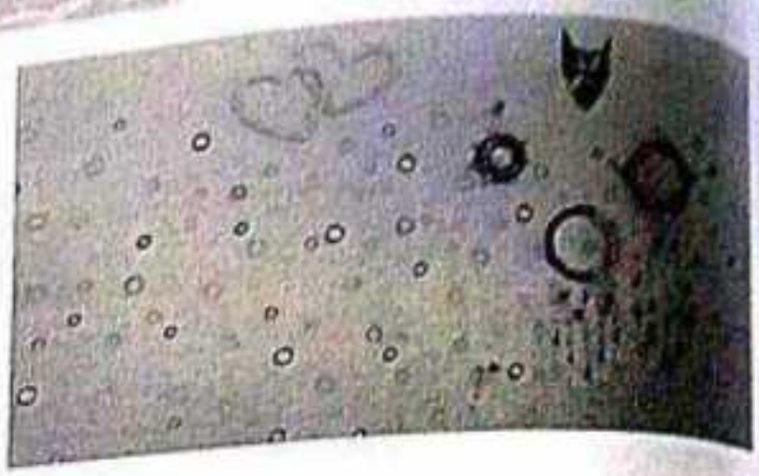








psplays at CCIs



Focus Group Discussion

Annexure II

National Institute of Public Cooperation and Child Development
Western Regional Centre, Indore

An Exploratory Study on Nutrition and Hygiene Practices of Child Care Institutions of Western Region

Interview Schedule for Person In-charge of CCIs

Basic Information		Remark
Name of the State	1. Madhya Pradesh 2. Chhattisgarh 3. Gujarat 4. Maharashtra 5. Rajasthan	
Name of the District		
Name of the Block		
Name of Mother Depts./ Organization		
Complete Address of Child Care Institution		
Contact Number		
E-Mail		
Type of Children's Home	1. Boy's 2. Girl's 3. ShishuGrah	
Is the Child Care Institution registered under Juvenile Justice Care Act, 2015	1. Yes 2. No	
If Yes, registration of CCI is renewal	1. Yes 2. No	
Name of the Superintendent/Incharge		
Designation		
Date of Joining	...../...../.....	
Gender	1. Male 2. Female	
Age	DoB:...../...../..... Age.....	

xiv.	Social Status	1. Schedule Caste (SC) 2. Schedule Tribes (ST) 3. Other Backward Caste (OBC) 4. General 5. Any Other (Specify).....
xv.	Educational Qualification	1. Upto 12th Pass 2. Graduate 3. Post Graduate 4. Ph.D. 5. Any other (Specify).....
xvi.	Residence type of Superintendent/Incharge	1. In Campus 2. Same Building 3. Outside CCI 4. Travel from other City/Village
xvii.	Have you attended any training	1. Yes 2. No

xviii.	If yes, please give details	Topic/Subject Area	Date/Year	Place

II. Staff Status at Child Care Institution

	Personnel/Staff	Post Sanctioned	Existing staff	Remark
1.	Person-in-charge (Superintendent)			
2.	Probation Officer			
3.	Child Welfare/ Rehabilitation-cum-Placement Officer			
4.	Case Workers			
5.	Counselor/ Psychologists/mental health expert			
6.	House Mother/ House Father			
7.	Educator/ Tutor			
8.	Medical Officer (Physician)			
9.	Para-medical staff/ Staff Nurse/Nursing Orderly			
10.	Store Keeper cum Accountant			

Art & Craft & activity teacher	
PT Instructor-cum-Yoga trainer	
Cook	
Helper	
House Keeping Staff	
Driver	
Gardener	
Chowkidar/Guard	
Any other (Specify)	

Category of Children in the CCI

	Category	Current status on enrolment		
		Boys	Girls	
1.	Orphan			
2.	Abandoned			
3.	Surrendered			
4.	Single Parent			
5.	Sexually Abused			
6.	Victim of Child Pornography			
7.	Trafficked for domestic work			
8.	Trafficked for labour/Rescued from Labour			
9.	Trafficked for Commercial Sexual Exploitation			
10.	Child Marriage			
11.	Children infected by HIV and AIDS			
12.	Children affected by natural disasters			
13.	Children affected by manmade disasters & Conflict			
14.	Parents/Guardians unfit /incapacitated to take care			
15.	Homeless			
16.	Runaway/Missing			
17.	Mentally Challenged			

18.	Physically Challenged			
19.	Any other (Specify)			

20.	Age Category of Child	Age	Boys	Girls
		07 – 11		
		12 – 18		
		Total		

21.	Education of the Child (Mention Numbers)	Level	Boys	Girls
		1. upto Primary		
		2. upto Middle		
		3. High School		
		4. Don't go to School		
		5. Any other		

Management of CCI

i.	Is there a Child Welfare Committee in the District	1. Yes 2. No	
ii.	If yes, where does the Child Welfare Committee holds its sittings as per the Act for children in need of care and protection	1. Premises of a children's home 2. At a place in proximity to the children's home 3. At a suitable premises in any institution 4. As per convenience 5. Outside CCI 6. Any other place (Specify) 7. Not applicable	
iii.	On an average, how many children do you receive in a month	1. 1 - 5 2. 6 – 10 3. Actual number is not fixed 4. Any other (Specify)	
iv.	How many children were admitted during April 2019-March 2020 (mention actual number)		
v.	Who refer children to the Child Care Institution	1. Juvenile Justice Board 2. Child Welfare Committee	

		3. Police 4. Child line 5. Family members 6. Any other (Specify)	
	Do you organise awareness/training to the staff with regard to child protection policy provided	1. Yes 2. No	
	If yes, from April 2019- March 2020, how many such awareness/training were organized	1. Training 2. Workshop 3. Awareness programme 4. Any other (Specify)	
	How many children were admitted in CCI from last April, 2019 – March, 2020		
	Boys	Girls	
	How many children were admitted in CCI from last April, 2020 – March, 2021 (or, till date)		
	Boys	Girls	
	Does the Child Care Institution give children on adoption as per CARA Guideline	1. Yes 2. No	
	If yes, how many children were given on adoption during April 2019 – March, 2020		
	Boys	Girls	
	Are the toilets and bathrooms are adequate for child	1. Adequate 2. Inadequate	
	Are the sleeping rooms and bed are adequate for child	1. Adequate 2. Inadequate	
	Are the recreation rooms and dining facility are adequate for child	1. Adequate 2. Inadequate	
	Whether playground space is adequate for children	1. Adequate 2. Inadequate	
	Whether exhaust and ventilation system are available in CCIs rooms	1. Adequate 2. Inadequate	
V. Nutrition Services at Child Care Institution			**Remark**
	Are you aware about the nutritional requirement of children at different stages of growth	1. Yes 2. No 3. To some extent	
	If yes, name few energy giving food that should be there in the diet for	1. Cereals 2. Fats & Oil	

	children	3. Sugar & Sugar Product 4. Roots & Tubers, etc. 5. Any other (specify)
iii.	Name few body building food that should be there in the diet for children	1. Animal Origin – Meat, Fish, Milk, Eggs and Products 2. Veg. Origin – Legumes, Pulses, Nuts, etc. 3. Any other (Specify)
iv.	Name few protective foods that should be there in the diet for children	1. Fruits 2. Vegetables 3. Sprouted grains 4. Any other (specify)
v.	What are the precautionsneed to be taken while food preparation for conservation of nutrients	1. Washing and soaking rice, dal, etc. beforecooking 2. Washing vegetables before cutting 3. Chopping vegetables in medium sizes 4. Covering pan/sauce pan, etc. while cookingfood 5. Using just enough water to cook food 6. Using only iodised salt 7. Keeping iodised salt in an air tightcontainer 8. Any other (Specify)
vi.	What do you do with leftover food	1. Serve in next meal 2. Modify to another recipe 3. Discard 4. Any other (Specify)
vii.	How do you ensure personal hygiene of staff who are engaged in food preparation	1. Ensuring hand washing 2. Ensuring regular bathing 3. Checking clothing 4. Checking nails 5. Checking hair 6. Checking eyes 7. Checking nose 8. Checking teeth/mouth 9. Any other (Specify)
viii.	How do you plan meals for the children	1. According to decision of Children's committee 2. According to Prescribed Menu 3. According to Availability

	4. All above 5. Any other (specify)	
Are Staff members aware about the nutritional requirement of children of various stages of growth	1. Yes 2. No	
If yes, on an average how many of them are aware about basic requirement	1. All of them 2. Half of them 3. One fourth of them 4. Any other (Specify)	
If approved menu is followed, which menu is being followed?	1. Central by (as per JJA) Prescribed Menu 2. State Prescribed Menu 3. District Prescribed Menu 4. Any other	
If no, how do you decide daily menu	1. As per your convenience 2. According to availability at market 3. As per wish of the children 4. As prescribed by Nutritionist 5. Any other (Specify)	
How do you ensure quality of food at CCI?	1. Checking raw ingredients 2. Monitoring food preparation 3. Testing food 4. Observing Children during eating 5. Any other (Specify)	
What are the food safety measures you adopt for providing safe foods to the children	1. Checking all food ingredients 2. Checking the labels of packaged foods 3. Soaking fruits/vegetables in salt/soda/vinegar/potassium permanganate water 4. Buying whole spices/condiments and washing/drying before making into powder 5. Restricting junk foods at CCI 6. Any other (specify)	
How often the children get meals	1. As per scheduled time 2. Whenever children ask 3. Whenever meal is ready 4. As per convenience 5. Any other (Specify)	
Mention the following if menu is not as per the approved one then what did you give yesterday (to collect a copy of the approved menu):		

	Breakfast	Lunch	Snacks	Dinner
xvii.	How frequently do you purchase ration like cereals, pulses, oil, spices, etc. for children in the Institution	1. Daily 2. Weekly 3. Monthly 4. Quarterly 5. Half Yearly 6. Yearly 7. As per requirement 8. Any other (Specify)		
xviii.	How often do you purchase ration like vegetables, fruits, dairy products, non-vegetarian items, etc. for children in the Institution	1. Daily 2. Weekly 3. Monthly 4. Quarterly 5. Any other (Specify)		
xix.	Where do the children eat food	1. Dining room 2. Verandah 3. Open Areas- Courtyard 4. Provided in his/her rooms 5. Any other (specify)		
xx.	Whether children are served food according to the	1. Age Specific Group 2. Common Group 3. Wish of Children 4. Any other (Specify)		
xxi.	Do visitors bring food items for children	1. Yes 2. No		
xxii.	If yes, on an average how frequently they bring food for children	1. Daily 2. Weekly 3. Fortnightly 4. Monthly 5. Bimonthly 6. Any other (specify)		
xxiii.	Do you check/taste food from visitors before giving to children	1. Yes 2. No		
xxiv.	If Yes, who checks	1. Yourself 2. House father/mother/ayah 3. Any of the children		

	Total		
VI. Health and Hygiene Services at CCI			Remark
i.	Whether every child undergoes a health check-up on admission	1. Yes 2. No	
ii.	How frequently the health checkup is done in the CCI for children	1. Fortnightly 2. Monthly 3. Quarterly 4. Half Yearly 5. Yearly 6. Whenever there is a need (Illness etc.) 7. No checkup	
iii.	Whether nurse/paramedical staff is available in the CCI at night	1. Yes 2. No	
iv.	Whether medicines are administered to the child by a staff/ nurse	1. Yes 2. No	
v.	If no, who does	1. Child him/her self 2. Older child 3. House Father/Mother 4. Any other (specify)	
vi.	Are staff members trained to provide First Aid	1. Yes 2. No	
vii.	On what basis you provide clothings to child	1. Seasonally 2. Half yearly 3. Yearly 4. As per the requirement of the child 5. Any other (specify)	
viii.	How frequently rooms are cleaned (sweeping and mopping)	1. Daily 2. Twice a day 3. Once on two days 4. Once in three days 5. Weekly 6. Any other (specify)	
ix.	How frequently rooms are fumigated, disinfected	1. Weekly 2. Fortnightly 3. Monthly 4. Quarterly	

	How do you maintain cleanliness in campus	5. Any other (specify) 6. Not done 1. Providing use of dust bins 2. Providing and ensuring use of dust bins 3. Monitoring work of cleaners 4. Checking along with House Father/House Mother 5. Any other (specify)
	Whether toiletry items (Hair Oil, toiletries, Comb, Toilet soap/hand wash, Tooth brush, Toothpaste, Hair clip/ band, etc.) are available in the CCI	1. Yes 2. No
	If yes, If yes how do you distribute toiletry items to children at CCI	1. Fortnightly 2. Monthly 3. Quarterly 4. Half yearly 5. As per requirement of children 6. Any other (Specify)
	Who mostly monitors/supervise of children's bath, toilet and cleanliness, etc. at CCI	1. Superintendent 2. CCI In-charge 3. House Mother/Father 4. Older children 5. Any other (specify)
	Whether bed/cots/table-chair and other such furniture are adequately available at CCI	1. Adequate 2. Inadequate 3. Any other (specify)
	Are bed linens, blankets,etc. adequate in CCI	1. Adequate 2. Inadequate 3. Any other (specify)
	How do you distribute bedlinens, blankets, etc. to children at CCI	1. Fortnightly 2. Monthly 3. Quarterly 4. Half yearly 5. As per requirement of children 6. When child come to CCI 7. Any other (specify)
	Is the fund for toiletryitems adequate	1. Yes 2. No 3. Any other (specify)
	Who basically monitor orsupervise bathing of children, toilet, hand washing, cleanliness, etc.	1. Superintendents 2. CCI in-charge 3. House Mother/Father

		4. Older Children 5. Any other (specify)	
xix.	Do you teach to children how to use toiletry items, clothes, bedding articles etc	1. Yes 2. No 3. Not Applicable	
xx.	Do you provide sanitarypad to Girls during menstruation period	1. Yes 2. No 3. Not Applicable	
xxi.	If no, what clothing use	1. Cloth (old) 2. Self Made 3. Nothing 4. Any other (specify)	
xxii.	Does house mother/nurse educate girls about the useof sanitary pads during menstruation	1. Yes 2. No 3. Not Applicable	
xxiii.	What is the disposing system of the waste materials of the CCI campus	1. Collected by municipal corporation 2. Collected by Gram Panchayat 3. NGO 4. Disposed in a comport pit in campus 5. Any other (specify)	
xxiv.	How frequently toilets are being cleaned	1. Daily 2. Twice a day 3. Weekly 4. Fortnightly 5. As per requirement 6. Any other (specify)	
xxv.	What provision is there for hand washing	1. Soap/liquid soap available in toilet for hand washing 2. Soap/liquid soap is provided tochild on demand 3. Made available in a common place demarcated for hand wash 4. Any other (specify)	
xxvi.	How do you ensure proper hand washing	1. Providing soap on time 2. Checking children randomly 3. Monitoring through House Father/Mother 4. Any other (specify)	

VII.	Specially for SAA				Remark
i.	At present how many children are	Age in year	Boys	Girls	

there	0 – 6 months 6 –12 months 1–3 year 3–6 year
Nutritional Services at SAA	
What is given to the 0-6months children (Put √ mark)	1. Animal Milk 2. Formula Milk 3. Any other (Specify)
How frequently 0-6 months children are being fed	1. Three times a day 2. Four times a day 3. Five times a day 4. More than five times a day (Specify)
How do you supervise	1. Being present when babies are feed 2. Monitoring Growth 3. Well-being keeping tracking of illness 4. Any other
What do you use to feedyoung babies	1. Cup/glass (metal/plastic/ceramic) 2. Bottle (plastic/glass) 3. Cotton 4. Any other (Specify)
If you use feeding bottles, how often feeding bottles and nipples are replaced	1. Weekly 2. Fortnightly 3. Monthly 4. Quarterly 5. Any other (specify)
How do you clean feeding utensils for the babies	1. With detergent bar/liquid and plain water 2. With detergent bar/liquid and boiled water 3. With only plain water 4. By sterilizing 5. Any other (Specify)
At what age do you introduce complementary feeding to babies	1. At four month 2. At six month 3. At nine month 4. Any other (specify)

viii.	What complementary food do you give to babies (6-12 months)	1. Cereal based porridge prepared at CCI 2. Khichidi 3. Boiled and mashed vegetables 4. Boiled and mashed meat/fish/egg 5. Fruits 6. Modified food that is cooked for other children 7. All the above 8. Commercially prepared food (specify)

ix. What were served yesterday for children 6 month-1 year (List in the table)

Breakfast	Mid-morning	Lunch	Snacks	Dinner

x. What were served yesterday for children 1 year-6 year (List in the table)

Breakfast	Lunch	Snacks	Dinner

xi. **Weight and Height of Children**

a. **Age category (0 – 6 years) :** Weight and Height Status of Children during admission at CCI/SAA

Sl. No.	Name/Registration number of the Child	Date of Birth (if available)	Date of admission	Gender	Weight	Length/ Height	BMI	Nutritional Status of Children
1	2	3	4	5	6	7	8	9

Age category (0 – 6 years): Weight and Height Status of Children during visit at CCI/SAA

Name/Registration number of the Child	Date of Birth (if available)	Date of admission	Gender	Weight	Length/ Height	BMI	Nutritional Status of Children
2	3	4	5	6	7	8	9

Problems and Suggestions Expressed by Functionaries of CCI

Problems/Constraints	Suggestions

Observation/Suggestion given by Investigator for Improving of CCI activities

Signature with date: .....

Name of Investigator: .....

National Institute of Public Cooperation and Child Development
Western Regional Centre, Indore

An Exploratory Study on Nutrition and Hygiene Practices of Child Care Institutions of Western Region

Interview Schedule for House Mother/Father and Ayah of CCIs/SAA

VIII.	Basic Information		Remark
i.	Name of the State	6. Madhya Pradesh 7. Chhattisgarh 8. Gujarat 9. Maharashtra 10. Rajasthan	
ii.	Name of the District		
iii.	Name of the Block		
iv.	Name of Mother Depts./ Organization		
v.	Complete Address of Child Care Institution		
	Contact Number		
	E – Mail		
vi.	Type of Children's Home	4. Boys' 5. Girls' 6. SAA	
vii.	Name of the House Mother/Father/Ayah/Caretakers		
viii.	Date of Joining	...../...../.....	
ix.	Social Status	6. Schedule Caste (SC) 7. Schedule Tribes (ST) 8. Other Backward Caste (OBC) 9. General 10. Other.....	
x.	Educational Qualification	6. up to 12th 7. Graduate 8. Post Graduate 9. Any other.....	

...e type of House Father/Mother	5. In Campus 6. Same building 7. Outside CCI 8. Travel from other City/Village	
...l Services at Child Care Institution		
...o take part in meal planning	3. Yes 4. No	Remark
...how do you take part in meal ...ning	1. Follow Standard Menu 2. Consult with Children's Committee 3. As per instruction of the in charge 4. Discussing with cook 5. Choice of children 6. Any other (specify)	
...ll children eat the meals well that ...CIs provides	3. Yes 4. No	
...s on an how average in the CCI many ...ldren are picky eaters	Numbers.....	
...ason (s) of picky eating	1. Do not like particular food 2. Poor eating habit 3. Frequent illness 4. Any other (specify)	
...hat are the constraints you face ...garding food	1. Children waste food 2. Some children do not like to consume all foods given in the menu 3. Problem sticking to the standard menu 4. Any other (specify)	
...ow do you maintain discipline among ...ildren while eating meals	1. Ensuring washing hands of children 2. Ensuring clean vessels 3. Ensuring clean tables 4. Teaching eating behavior 5. Ensuring eating all served food 6. Any other (specify)	
How do you ensure that children are consuming their required meal	1. Observing 2. Motivating 3. Forcing 4. Any other (specify)	
What are the constraints you face with regard to ensuring optimal nutrition among children	1. The standard menu is monotonous 2. Due to market price hike the present rate per child is not sufficient 3. Some children waste food 4. Some children eat less 5. Unavailability of certain foods difficult of follow of the standard	

		menu 6. Any other (specify)
x.	How do you ensure personal hygiene of children	1. Checking tooth brushing (twice a day) 2. Checking bathing 3. Checking cleanness of clothing 4. Checking cleanness of body parts (nails, face, eyes etc.) 5. Checking hand washing in critical times 6. Providing toiletries on time 7. Sun drying led linens 8. Any other (specify)
xi.	How do you ensure environmental hygiene	1. Frequently reminding children of not littering here & there 2. Ensuring use of dustbin 3. Encouraging children to be responsible for collectively keeping the surrounding clean 4. Encouraging children for cleaning their own belongings 5. Any other (specify)
xii.	What do you do to teach discipline related to cleanliness to children	1. Explain with love 2. Being strict 3. Assigning task/responsibilities 4. Any other

X. Constraints faced by House Mother/Father/Ayah of CCI regarding hygiene

	Constraints	
i.	Some children are very lazy to brush teeth	
ii.	Some children are very lazy to take bath (specially during winter)	
iii.	Some children are very lazy to wash clothing's	
iv.	Some children do not wash hands at critical times	
v.	Some children are very aggressive with regard to personal hygiene	
vi.	Some children are very aggressive with regard to environmental hygiene	
vii.	Supply of soap in detergents powder etc. inadequate	
viii.	Supply of soap in detergents powder etc. irregular	

Children waste cleaning items	
Children cry at the time of vaccination	
Problem in handling new children at the time of admission	
Any other (Specify)	

Suggestions

Observation/Suggestion given by Investigator for Improving of CCI activities

Signature with date: .....

Name of Investigator: .....

National Institute of Public Cooperation and Child Development
Western Regional Centre, Indore

An Exploratory Study on Nutrition and Hygiene Practices of Child Care Institutions of Western Region

Observation Checklist of CCIs

XII. Basic Information			
i.	Name of the State	11. Madhya Pradesh 12. Chhattisgarh 13. Gujarat 14. Maharashtra 15. Rajasthan	
ii.	Name of the District		
iii.	Name of the Block		
iv.	Name of Mother Depts./ Organization		
v.	Complete Address of Child Care Institution		
	Contact Number		
	E – Mail		
vi.	Type of Children's Home	7. Boy's 8. Girl's 9. SAA	
vii.	Whether the location of the Home is easily accessible?	3. Yes 4. No	
viii.	Location of CCI near:	1. Bus stand 2. Railway station 3. Market/crowded area 4. Any other	

XIII. Physical Infrastructure

Accommodation

	Purpose of the room	No.	Whether adequately equipped		Space		Ventilated & lit	
			Yes	No	Adequate	Inadequate	Adequate	Inadequate

	2	3	4	5	6	7	8	9	10
	Recreation (Class room)								
	Laboratory								
	Counselling								
	Recreation								

	2	3	4	5	6	7	8	9	10
	Sick room								
	Library								
	Visitors room								
	Vocational training								
	Dining hall								
	Store								
	Record room								
	Office room								
	Staff Residence								
	Bath room								
	Toilets/Latrines								
	Sitting of CWC/JJB								
	Any other								

1.	Type of accommodation	1. Own 2. Rented 3. Lease 4. Any other (Specify)	
2.	Type of building	1. Pucca 2. Kutcha 3. Semi pucca	
3.	Condition of the building	1. Well built 2. Dilapidated 3. Very old building	

		4. Any other (Specify)	
xxi.	Status of safe and clean drinking water facility	1. Very Good 2. Good 3. Satisfactory 4. Poor	
xxii.	Are toilets and bathrooms adequate for child	3. Adequate 4. Inadequate	
xxiii.	Are rooms and beds adequate for child	3. Adequate 4. Inadequate	
xxiv.	Are recreation rooms and dining facility adequate for child	3. Adequate 4. Inadequate	
xxv.	Whether playground space is adequate for children	3. Adequate 4. Inadequate	
XIV.	**Displays**		**Remark**
i.	Display of Menu Chart	1. Displayed 2. Not displayed	
ii.	Display of Children's committee	1. Displayed 2. Not displayed	
iii.	Emergency contact numbers	1. Displayed 2. Not displayed	
iv.	Daily duty chart	1. Displayed 2. Not displayed	
v.	Daily activity chart	1. Displayed 2. Not displayed	
vi.	Attendance status	1. Displayed 2. Not displayed	
vii.	Art activities of children	1. Displayed 2. Not displayed	
XV.	**Nutrition Practices at Child Care Institution**		
viii	Storage space of food items	1. Adequate 2. Inadequate	
ix.	Adequacy of cooked meals	1. Adequate 2. Inadequate 3. Excess 4. Any other (Specify)	
x.	Taste of food prepared at CCI for children	1. Very Good 2. Good 3. Satisfactory 4. Poor 5. Any other (Specify)	
xi.	Quality of meals provided to children	1. Very Good 2. Good	

	3. Satisfactory 4. Poor 5. Any other (Specify)	
quency of providing meals to dren	1. Bed tea/Milk 2. Breakfast 3. lunch 4. snacks 5. dinner 6. Any other (Specify)	
eals are provided according to	1. As per scheduled time 2. When children want 3. Whenever meals areready 4. As per convenience 5. Any other (Specify)	
dequacy of utensils/plates, etc.according to children	1. Adequate 2. Inadequate 3. Any other (Specify)	
Food hygiene	1. Vegetables are shopped just before cooking 2. Cooked foods are covered 3. Raw ingredients are stored in airtight containers 4. Spoon/spatulas 5. Any other (Specify)	
Measurement of Body Mass Index (BMI) of Children		**Remark**
Availability of BMI calculation equipment at CCI	1. Available 2. Not available	
Regularity of taking weight and height of children (according to guideline)	1. Regular 2. Irregular 3. Not taken 4. Any other (Specify)	
Availability of records relating to nutrition (BMI)	1. Available 2. Not available	
Maintenance of records and registers	1. Updated 2. Not updated 3. Any other (Specify)	
Health and Hygiene Facilities at CCI		**Remark**
Availability of Para Medical staff/Doctor on round the clock in the Child Care Institutions	1. Available 2. Not available 3. Any other (specify)	
Frequency of health checkups (including dental check-up, eye testing and	1. Weekly 2. Fortnightly	

	screening for skin problems and for treatment of children, check records)	3. Monthly 4. Bimonthly 5. Quarterly 6. Any other (Specify)	
iii.	Available of Health cards/Files for everychild	1. Available 2. Unavailable 3. Any other (Specify)	
iv.	Maintenance a medical record of each child on the basis of monthly medical check-up and provide necessary medical facilities(check registers)	1. Very Good 2. Good 3. Satisfactory 4. Poor	
v.	Availability of First Aid Kit	1. Available 2. Unavailable 3. Any other (Specify)	
vi.	Arrangements for the immunization ofchildren at CCI (room, equipment, regularity, hygiene, etc.)	1. Very Good 2. Good 3. Satisfactory 4. Poor 5. Any other (Specify)	
vii.	Health check ups of each child at the time of admission in CCI in last one year (April 2019-March 2020) (check register)	1. No. of children who received complete healthcheckup ..... 2. No. of children who did not receive complete health checkup	
	CLEANLINESS		
viii.	General Cleanness of kitchen in CCI	1. Very Good 2. Good 3. Satisfactory 4. Poor	
ix.	Maintenance of Food Hygiene duringfood preparation (washing, cleaning,cooking, etc.)	1. Very Good 2. Good 3. Satisfactory 4. Poor	
x.	Maintenance of personal Hygiene duringfood preparation and serving (hand washing, dress, hair, eyes, etc.)	1. Very Good 2. Good 3. Satisfactory 4. Poor	
xi.	Washing hands before eating food bychildren	1. Very Good 2. Good 3. Satisfactory 4. Poor	

	Washing plates, glass, spoon, etc. after food/meal	1. Very Good 2. Good 3. Satisfactory 4. Poor	
	Cleanliness of tables/floor/durries, etc. where children eat meals	1. Very Good 2. Good 3. Satisfactory 4. Poor	
	Cleanliness/tidiness of rooms of children	1. Very Good 2. Good 3. Satisfactory 4. Poor 5. Any other (specify)	
	Cleanliness/tidiness of Bathrooms/ toilets	1. Very Good 2. Good 3. Satisfactory 4. Poor	
	Cleanliness/tidiness of indoor spaces(other than rooms)	1. Very Good 2. Good 3. Satisfactory 4. Poor	
	Cleanness/tidiness of outside spaces (waste disposal, environment, dustbins,etc.)	1. Very Good 2. Good 3. Satisfactory 4. Poor	
iii.	System of drainage and garbage disposalfacility	1. Very Good 2. Good 3. Satisfactory 4. Poor	
ix.	Facilities for hand washing in CCI	1. Very Good 2. Good 3. Satisfactory 4. Poor	
x.	Availability of cleaning items (Phenyl,bleaching powder, etc. as per norms)	1. Adequate 2. Inadequate 3. Any other (Specify)	
xi.	Use of cleaning items (Phenyl, bleachingpowder, etc.)	4. Very Good 5. Good 6. Satisfactory 7. Poor	
xii	Cleanliness/tidiness of clothing's ofchildren	1. Very Good 2. Good 3. Satisfactory	

		4. Poor	
xxiii.	Cleanliness/tidiness of body parts (eyes, hair, nails, face, hands, legs, feet, etc.) ofchildren	1. Very Good 2. Good 3. Satisfactory 4. Poor	
XVIII.	**Education & Other Facility for Children**		**Remark**
i.	Age appropriate life skill education & vocational training facility	1. Available 2. Not available	
ii.	Availability of education facilities in the campus? (put √ mark)	1. Play-School 2. Pre-School 3. Primary School 4. Middle School 5. Special School 3. Not available	
iii.	Child Protection Policy	1. Maintained 2. Not maintained	
iv.	If maintained, what are the points included	1. Maintenance of register for visitors 2. Display of day/time for visitors 3. System of giving permission to visitors 4. System maintaining discipline among movements of children 5. Any other (Specify)	
v.	Safety measures for children	1. CCTV Cameras	
		2. Display/accessibility of 1098 Child Helpline	
		3. Proper boundary walls	
		4. Display of COVID - 19 protocols	
		5. Thermal scanning of visitors and staff in the entrance get of CCI	
		6. Any other (Specify)	
vi.	Accessibility of grievance redressal mechanism including for abuse prevention, is in place (put √ mark)	Suggestion/Complaint box	
		Display of Children's Committees	
		Minutes of Children's Committees	
		Minutes of Regular staff - Children interface	

servation Specially for SAA		
s there a cradle in the gate of the CCI	Records regarding Training & orientation of care givers & children regarding the same Any other (Specify)	
f yes, how clean is it	1. Yes 2. No	
Painting of walls and compound with attractive paints/cartoons/pictures/etc.	1. 1. Very Good 2. Good 3. Satisfactory 4. Poor	Remark
Infants, toddlers and older children are segregated & accommodated separately	1. Very Good 2. Good 3. Satisfactory 4. Poor	
Availability status of Baby Care Unit with special emergency medical care equipment	1. Yes 2. No	
Status of feeding animal/formula feeds tochildren, specifically in the of age of 0-06 months	1. Yes 2. No 3. Any other (Specify)	
Cleanliness of body parts (whole body forinfant)	1. Very Good 2. Good 3. Satisfactory 4. Poor	
Cleanliness of body parts for children above 1 year (eyes, hands, legs, nails,face, etc.)	1. Very Good 2. Good 3. Satisfactory 4. Poor	
Cleanliness of cloths of children	1. Very Good 2. Good 3. Satisfactory 4. Poor	
Waste disposal system (baby's diaper,etc.)	1. Very Good 2. Good 3. Satisfactory 4. Poor	

xi.	Cleanliness of floor/wall, etc. in the CCI	1. Very Good 2. Good 3. Satisfactory 4. Poor	

XX.Comments of the Investigator

Signature with date: .....

Name of Investigator: .....

Annexure V

National Institute of Public Cooperation and Child Development
Western Regional Centre, Indore

An Exploratory Study on Nutrition and Hygiene Practices of Child Care Institutions of Western Region

Guidelines for Focus Group Discussion (FGD) of Children

Basic Information			
i.	Name of the State	16. Madhya Pradesh 17. Chhattisgarh 18. Gujarat 19. Maharashtra 20. Rajasthan	
ii.	Name of the District		
iii.	Name of the Block		
iv.	Name of Mother Depts./ Organization		
v.	Complete Address of Child Care Institute		
	Contact Number		
	E – Mail		
vi.	Type of Children's Home	10. Boys' 11. Girls'	

XXI.	Nutritional Services at Child Care Institution		Remark
i.	Are you getting food/meals regularly at CCI as per the menu displayed	5. Yes 6. No	
ii.	Whether Children's Committee has been formed at CCI	5. Yes 6. No	
iii.	What did you eat yesterday (Mention in the table)		

	Breakfast	Lunch	Snacks	Dinner

iv.	Are you satisfied with the meals	1. Yes 2. No
v.	If no, state reasons	
vi.	During festivals/occasions, do you get special food	1. Yes 2. No 3. Any other (Specify)
vii	If yes, what do you get	
viii.	Have you ever fallen sick	1. Yes 2. No
ix.	If yes, did you get special meal/diet	1. Yes 2. No 3. NA
x.	If yes, what did you get	1. Bread 2. Milk 3. Khichdi 4. Daliya 5. Milk with turmeric 6. Any other(Specify) 7. NA
xi.	Whether birthdays of children are celebrated	1. Yes 2. No
xii.	Where do you eat food?	1. Dining Room 2. Veranda 3. Open Areas 4. Provided in his/her rooms
xiii.	Whether you are served food by	1. Age Specific Group 2. Common Group 3. Any other (Specify)
xiv.	Other than meals provided to you, what are the other items would you like to eat?	1. Fruits 2. Milk 3. Sweets 4. Any other (Specify)
xv.	Does your hunger satisfied	1. Yes 2. No
xvi.	Whether you are served freshly	1. Yes

	cooked food	2. No	
xvii.	Have you ever discussed in your committee meeting regarding any issue of food/meals	1. Yes 2. No	
xviii.	If yes, what did you discuss?		
xix.	Do you communicate your discussion to House Father/House Mother/In-charge	1. Yes 2. No	
xx.	If yes, how frequently	1. To some extent 2. To a large extent 3. Not at all	
XXII.	**Measurement of Body Mass Index (BMI) of Children**		**Remark**
i.	Whether your weight and height are Amesured	3. Yes 4. No	
ii.	How frequently your weight and height are measured	1. Fortnightly 2. Monthly 3. Quarterly 4. Half Yearly 5. Not measured 6. Any other (specify)	
XXIII.	**Health and Hygiene Services at CCI**		**Remark**
i.	Was your health checked at the time of admission	3. Yes 4. No	
ii.	How frequently your health checkup is done	1. Fortnightly 2. Monthly 3. Quarterly 4. Half Yearly 5. No health checkup 6. Any other (specify)	
iii.	Do you have your health cards	1. Yes 2. No	
iv.	How often you brush your teeth	1. Once a day 2. Twice a day 3. Thrice a day 4. Any other (specify)	
v.	How often you cut your nails	1. Weekly 2. Fortnightly	

		3. Monthly 4. Any other (specify)	
vi.	How often you cut your hairs	1. Weekly 2. Fortnightly 3. Monthly 4. Any other (specify)	
vii.	When do you wash your hands	1. After Using toilet 2. After coughing 3. After Sneezing 4. After scratching wound 5. After blowing nose 6. Before cooking food 7. Before eating 8. Before and after eating 9. Any other (specify)	
viii.	How many of you wash your	Daily, Weekly, Fortnightly, Monthly	
	1. Own clothes	Daily, Weekly, Fortnightly, Monthly	
	2. Juniors 'clothes	Daily, Weekly, Fortnightly, Monthly	
	3. Bed Linen	Daily, Weekly, Fortnightly, Monthly	
	4. Sun dry linens	Daily, Weekly, Fortnightly, Monthly	
	5. Any other (Specify)		

XXIV. Weight and Height Status of Children

Age Category (07 – 11): Weight and Height Status of Children during admission at CCI

Sl No	Name/Registration of Child	Date of Birth	Date of admission	Gender	Weight	Height	BMI	Nutritional Status of Children
1	2	3	4	5	6	7	8	9

Age Category (12 – 18): Weight and Height Status of Children during visit of CCI

Sl No	Name/Registration of Child	Date of Birth	Date of admission	Gender	Weight	Height	BMI	Nutritional Status of Children
1	2	3	4	5	6	7	8	9

XXV. Problems and Suggestions Expressed by Children

XXVI. Observation/Suggestion given by Investigator for Improving of CCI activities

Signature with date: .....

Name of Investigator: .....