Sishuvihar

A Model Child Care Institution for Children between 0-6 years

December 2022

Department of Women Development & Child Welfare,
Government of Telangana

In collaboration with

SAMVAD

(Support, Advocacy & Mental health interventions for children in Vulnerable circumstances And Distress)

A National Initiative & Integrated Resource for Child Protection, Mental Health, & Psychosocial Care

Established by Ministry of Women & Child Development, Government of India

Located in Dept. of Child and Adolescent Psychiatry,

National Institute of Mental Health & Neurosciences (NIMHANS), Bangalore

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"Childhood is measured out by sounds and smells and sights,

before the dark hour of reason grows."

- John Betjeman

Acknowledgements

At the outset, we would like to express our gratitude to the Hon'ble Minister of Women and Child Development, Smt. Smriti Zubin Irani, for her unconditional support and guidance to SAMVAD. Indeed, it is the vision and support of the Ministry of Women and Child Development, Government of India, that has enabled SAMVAD to engage in learning collaborations that facilitate knowledge creation and dissemination on critical aspects of child mental health, protection, and psychosocial care.

We would also like to express our gratitude to Smt. Divya Devarajan, Secretary and Commissioner, Women, Child, Disabled, Senior Citizens, Government of Telangana, for allowing us to be a part of the world of the children of Sishuvihar. We continue to feel deeply inspired by her determination, commitment and efforts for vulnerable children.

Our special thanks to Mr. Akkeshwar Rao, District Welfare Officer (DWO), for all the arrangements and coordination, and for his assistance before and during our visit. His enthusiasm and interest in ensuring the best for the children of Sishuvihar is truly extraordinary.

We are grateful for the warmth and hospitality of the entire staff of Sishuvihar during our visit. We are thankful for their patient and detailed accounts of the inner workings of the institution—without which this report would not be. We carry with us memories of their tireless hard work, ever smiling faces and their love for children…indeed, they are the driving force behind all the wonderful work that Sishuvihar does.

Last but not least, we thank the bright-eyed, fun-filled, enthusiastic residents of Sishuvihar—we were privileged to have a glimpse of their everyday worlds, and we hope that our humble effort to highlight Sishuvihar's work will inspire and motivate other States and institutions, across the country, to create similar homes and spaces for their friends elsewhere.

- Aakanksha Kulkarni, Project Officer (Care and Protection), SAMVAD

- Kritii Tikku, Project Officer (Mental Health), SAMVAD

- Sheila Ramaswamy, Technical & Operational Lead, SAMVAD

- Dr John Vijay Sagar, Principal Investigator, SAMVAD & Head, Dept. of Child & Adolescent Psychiatry, NIMHANS

- Dr Shekhar Seshadri, Advisor, SAMVAD & (Former) Senior Professor, Dept. of Child & Adolescent Psychiatry, (Former) Dean, Behavioural Sciences & (Former) Director, NIMHANS

From the Commissioner's Desk

Any family who has welcomed a baby into their homes knows the preparation, planning and complete attention the infant requires. In the case of Sishuvihar, the government becomes parent, guardian and caregiver for hundreds of infants and toddlers who enter it.

So how does one prepare for receiving infants and toddlers on a daily basis? They may have been abandoned, surrendered, removed from their families. Day or night, they can reach Sishuvihar at any time of the day or year. Once received, how does one give the best care possible as the caregiver?

Systems are not built in a day. While consistency and sustainability are key for any model system, it's also the starting point that matters.

The 'Paan' corner theory

Let's imagine a dingy smelly room with a pan-stained corner. It's extremely likely that many pan chewers will spit in the same place making it dirtier than it was to start with.

But let's imagine a neatly and aesthetically kept room which is cleaned every few hours, a pan chewer will most probably not spit in any corner of the room.

So, the first step was to make few changes to the infrastructure of Sishuvihar like laying vitrified tiles on the floor and sidewalls, which makes it easier for wiping and cleaning. Next was to paint the walls with designs prescribed by NIEPID to give a sunny, pleasant, and beautiful look. This made Sishuvihar a space where all stakeholders and visitors desire to maintain it well and not spoil it.

Excellence needs its ingredients

If hundreds of babies and toddlers are going to be peeing and pooping all day long, then one can imagine what is at stake to maintain the facility. Simple initiatives like:

- *Having access to diapers*
- *Separate tiled wash room for every room of 15 to 20 children*
- *Washing machine and hot water geyser for individual rooms*
- *Separate drying space in the sun outside*

The "tummy" matters

Many supervisors in ICDS have a nutrition background. Posting one of the best among them in Sishuvihar and curating the food every day is also an important step.

The ingredients like formula milk, weaning food, dry fruits and all ingredients are sourced from the best brands in the market.

The food and nutritious snacks are given 5 times a day with a clear schedule and menu displayed.

'Open house' concept - the kitchen and store room are always kept open for all visitors, officials, and workers to observe. Thereby it has to be neat, tidy and pest free all 365 days a year.

PRC and Medical Needs

Many children who are surrendered belong to special needs category who need rehabilitation services on a daily basis. In collaboration with NIEPID, a good PRC was designed and executed which has physio therapy, speech therapy, occupational therapy, special education under one roof.

There is an in-house team of pediatricians and medical officers, deputed from the health department to the Sishuvihar and ANMs for better medical care. In case of any emergency, children are referred to Niloufer Government Children's Hospital for quick examination and other necessary treatment.

A special ward was renovated and dedicated to Sishuvihar in Niloufer Govt Children's Hospital where infants from govt child care institutions are taken special care of.

Pre- School Activities

In the Sishuvihar, the sustained, high-quality schooling along with extracurricular activities such as sports and arts has not only nurtured children's academic and cognitive growth, but also the development in moral and psychosocial aspects. Additionally, there is a new chapter for Sishuvihar, where the children are introduced to the Montessori Method of learning.

Adoption

Despite the best possible services and resources given to children in Sishuvihar, no Child Care Institution can replace the care and nurturing provided in a family setting. Also, every child is entitled to the right to grow in the protection and care of a family.

Accordingly, meticulous efforts are being taken up to place the children in Sishuvihar into adoption, giving them a path to start and grow a family life.

Collaboration Helps

Collaborating with reputed organizations helps to fill the gaps and achieve excellence. Association for Babies in Crisis, Where are India's Children (WAIC), Save the Children, Anthea Montessori, Roshni Trust, Fernandez Foundation, Sahara NGO are some of the collaborations...

Rome is not built in a day

The previous Commissioners and District Collectors of Hyderabad have contributed immensely to this process of moving towards providing best care.

Finally, there are several challenges still existing that need constant attention; the move towards perfection is a continuous process. The willingness to learn from others is an asset, and we hope to learn from other states where solutions to our challenges exist.

My sincere gratitude to Hon Minister WDCW, Smt. Satyavathi Rathod and the State Government for her constant support in executing the various plans for Sishuvihar.

I am truly grateful to Sri Indevar Pandey IAS, Secretary WCD, Government of India, who has been a constant source of guidance and inspiration.

I am also grateful to SAMVAD and Ministry of Women & Child Development, Government of India, for coming forward to document the Sishuvihar model so meticulously—and my sincere gratitude to Dr Shekhar Seshadri, Sheila Ramaswamy and the SAMVAD team for their untiring efforts in this regard.

Smt. Divya Devarajan IAS

Special Secretary to Government,
& Commissioner, Dept. for WCD&SC,
Telangana, Hyderabad.

Glossary

SSA	Specialized Adoption Agency
CCI	Child Care Institution
CWC	Child Welfare Committee
LEA	Law Enforcement Agency
FIR	First Information Report
PRC	Primary Rehabilitation Centre
ICDS	Integrated Child Development Scheme
ICPS	Integrated Child Protection Scheme
CARINGS	Child Adoption Resource Information & Guidance System
ANM	Auxiliary Nurse Midwife
GNM	General Nursing & Midwifery
MRI	Magnetic Resonance Imaging
MER	Medical Examination Report
SAM	Severe Acute Malnutrition
EEG	Electroencephalogram

Contents


GOVERNMENT OF TELANGANA
SISHUVIHAR
WOMEN, CHILDREN, DISABLED AND SENIOR CITIZENS DEPARTMENT
HYDERABAD DISTRICT.

Sishuvihar

1. Why the Sishuvihar model is important for India

Institutional care remains a major intervention in India, for children whose parents and families, for various reasons, cannot adequately take care of them. The Integrated Child Protection Scheme (ICPS), now a component of the Ministry of Women and Child Development's Mission Vatsalya, has a mandate vis-à-vis young children, to enhance their nutritional & health status, and lay the foundation for proper physical, psychological and emotional development of the child. Mission Vatsalya along with Mission Saksham Anganwadi and Poshan 2.0, in addition to the recently-established taskforce on Early Childhood Care and Education (ECCE), have stated institutional strengthening for ECCE, as one of their key mandates.

In keeping with these agendas of child-related governance, this documentation of a model home for young children has been undertaken at the request of the Ministry of Women and Child Development (MoWCD), Government of India in collaboration with the Department of Women Development and Child Welfare, Government of Telangana.

Those children between 0 and 6 years who are placed in institutional care are often drawn from exceedingly vulnerable circumstances, as they are orphaned, abandoned or surrendered and relinquished due to the inability of parents to care for them. Such contexts of adversity, with experiences of abuse, abandonment, and neglect of children, in their early years, also cause attachment trauma, a distressing or harmful experience that affects children's abilities to form healthy interpersonal relationships.

Meanwhile, what do infants and pre-schoolers make of these experiences, and of their worlds? Contrary to popular belief that young children 'do not know' or 'will not remember', they do! At least they have the sentience and the ability to process sensory experiences resulting from abuse, neglect, trauma and insecurity of attachment and other experiences that follow when placed in the institution…even if they do not always have the words, cognitive understanding or emotional awareness to communicate their needs and experiences.

Therefore, and especially because of their adverse early childhood experiences, the nature of care and stimulation provided by the child care institution becomes all important. In fact, it may be the only chance that these children have thereafter…not only for adequate health nutrition and associated growth, but for a 'corrective' socio-emotional experience…for cognitive development, education and learning.

Typically, and especially in low resource countries such as ours, children exposed to institutional care often suffer from "structural neglect" which may include minimum physical resources, unstable staffing patterns, and socially and emotionally inadequate caregiver-child interactions. Consequently, they do not often receive the type of nurturing and stimulating environment needed for normal growth and healthy psychological development…except perhaps at Telangana's Sishuvihar. Located in Hyderabad, Sishuvihar serves as a one-of-a-kind model child care institution, unique in how it works towards providing care for some of the most vulnerable child populations in our country.

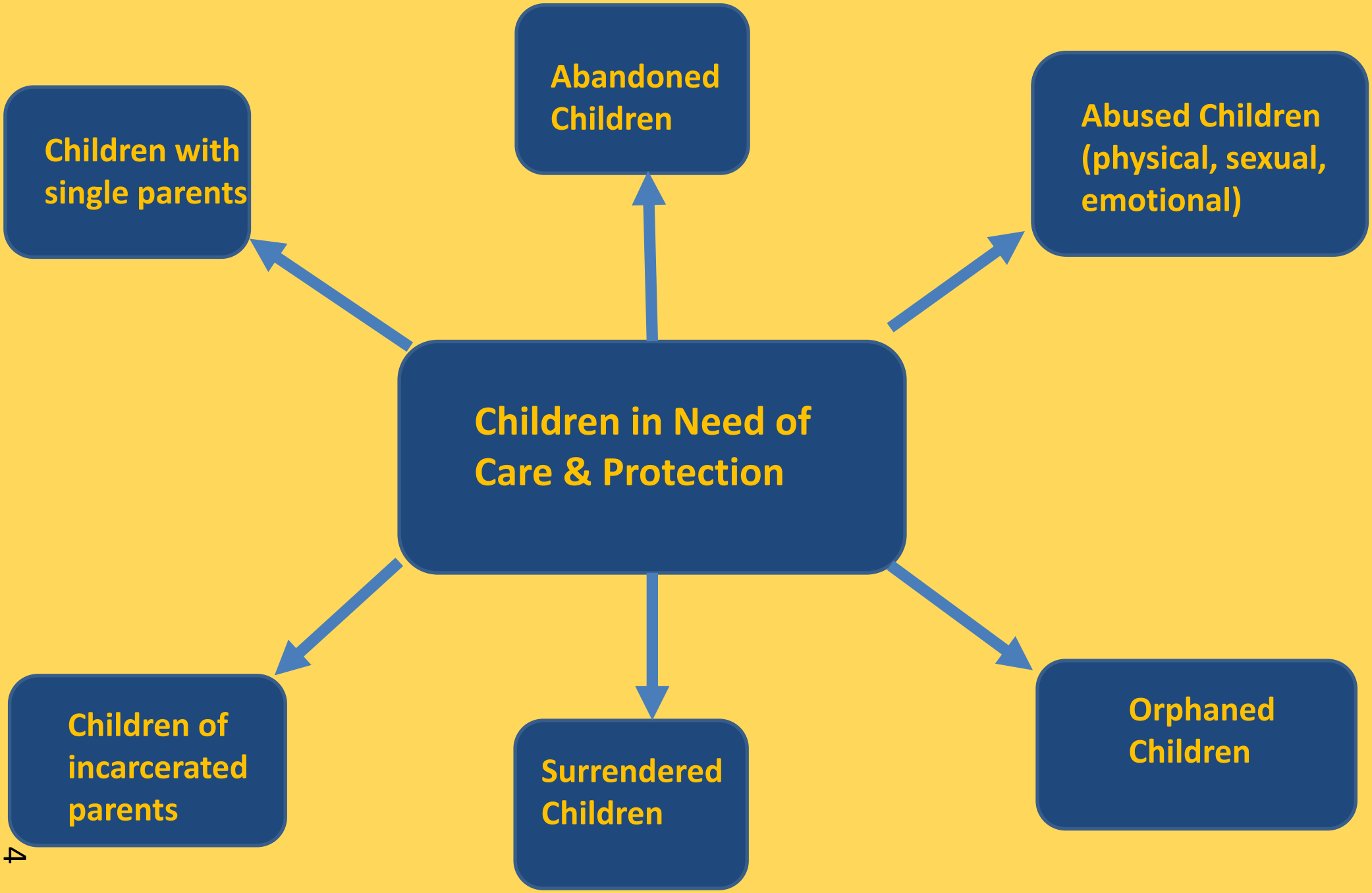
The documentation endeavours to capture some critical aspects of institutional care, by understanding the systems and ways of work in Sishuvihar vis-à-vis infants and young children. It centred around the following key questions:

- What makes Sishuvihar a model home for young children?
- What are some of the good practices that they embrace in their care of young children?
- How have they designed and implemented these practices, despite the existing field and systemic challenges?
- How to create spaces and ecologies that ensure the well-being of young children?
- What types of child-centric staff attitudes and interactions engender socio-emotional well-being and healthy attachment relationships in children?

This report is based on SAMVAD's observations and extensive, in depth interviews, conducted in June 2022 over a period of 3 days, when the Department of Women Development & Child Welfare extended an invitation, upon the instruction of the Ministry of Women and Child Development, Government of India, to document the best practices at Sishuvihar so that it can as a serve as a model child care institution to other States across the country.

It is hoped that the Sishuvihar model will inspire, motivate and guide stakeholders and service providers of child care and protection around the country to create more young children's institutions such as this one…to lay the foundations for happy, healthy and productive individuals, through opportunities for optimal growth, stimulation and above all, a joyous childhood.

Figure 1: Children from adverse circumstances



Who are the Little People of Sishuvihar?

- Today, Sishuvihar caters to all children in need of care and protection, between the age groups of 0-6 years. The total capacity of the institution is of 220 children. As depicted in Figure 1 (below), children come from various adverse circumstances and backgrounds.
- According to age, and developmental needs, the children are placed across various units (rooms) in Sishuvihar.
- There are currently 22 different units i.e., for children of different ages and developmental (dis)ability, and each unit has about 10 children.
- Each unit has a social worker/specialized adoption agency (SAA) manager and 2 *ayahs*, who are responsible for taking care of the children and attending to all their needs.

(Sishuvihar's processes, services and infrastructure are detailed out in the following chapters).

The entrance to Sishuvihar

The way to Sishuvihar

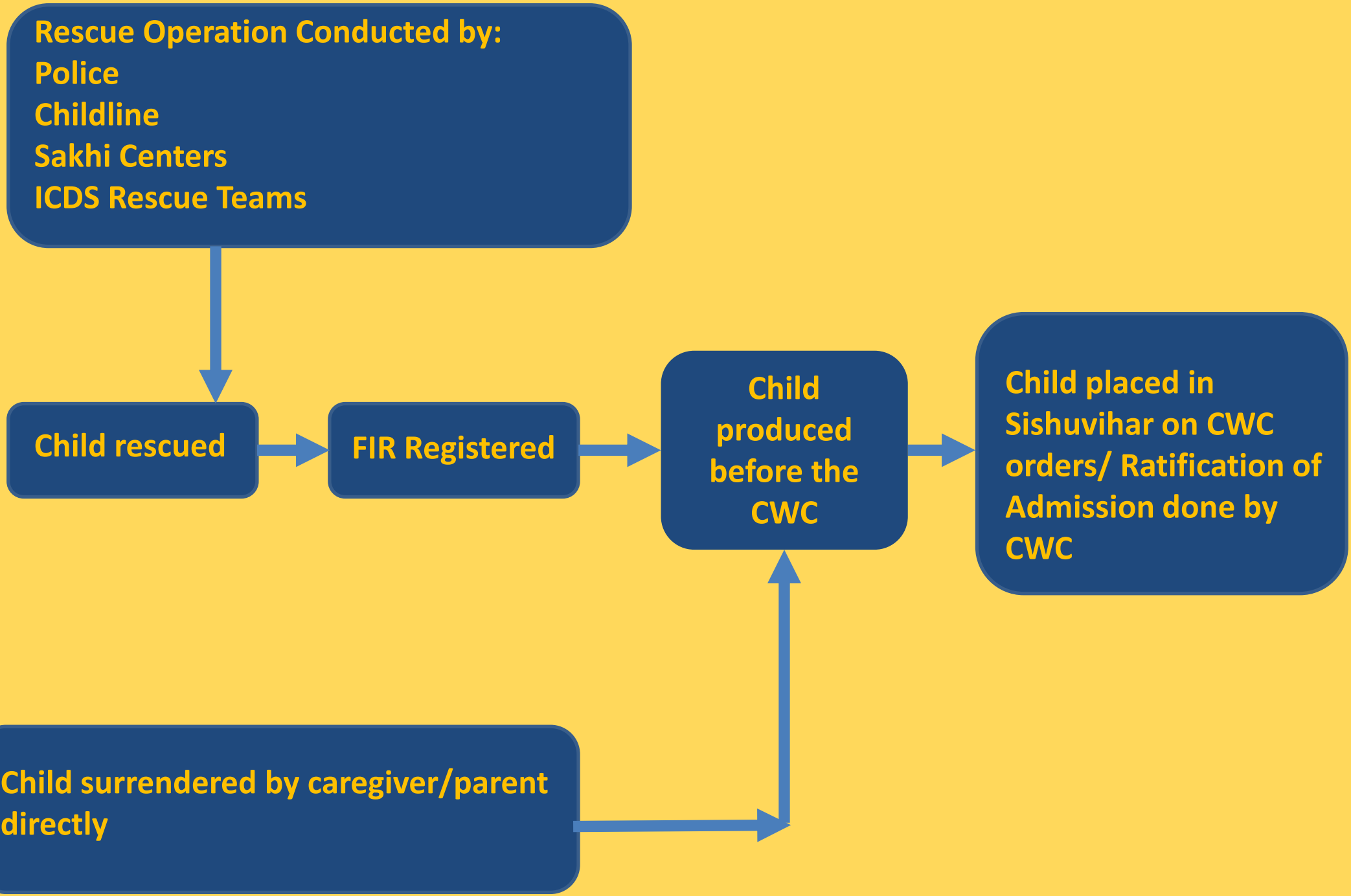
2. Introducing Sishuvihar

Sishuvihar today is home to about 220 children between 0-6 years. These children who were once living in adverse and difficult circumstances, are living happily with one another and are taken care of by a specialized staff and provided the best quality services. As one walks in, the interiors are cheerful and interesting. One may, as they enter, even find some young children talk to the elephants and tigers painted on the wall, as if talking to their old friends. The smiles, joy, laughter of the children and the warmth of the staff is all encompassing.

Sishuvihar is a State-run child care institution that was established in 1980-1981, to provide shelter, care and protection to abandoned, orphaned and neglected children between the age of 0-6 years. It is located in the Commissionerate building of the Department of Women Development & Child Welfare, Government of Telangana at Ameerpet, Hyderabad.

Since its establishment, over the last four decades, Sishuvihar gradually evolved and widened its horizons and scope of work. The Sishuvihar staff credit its growth and development, to Ms Divya Devarajan, Special Commissioner, Women & Child Development, Disabled Persons & Senior Citizens, for her vision and her persistence, and her determined efforts to ensure various financial and administrative enablement and accommodations towards quality care for vulnerable young children. It is also important to note that there are many committed government officers and staff who have actively contributed to the Sishu Vihar journey, especially those who are responsible for the day-to-day running of the institution.

Figure 2: Admission Process of a child in Sishuvihar



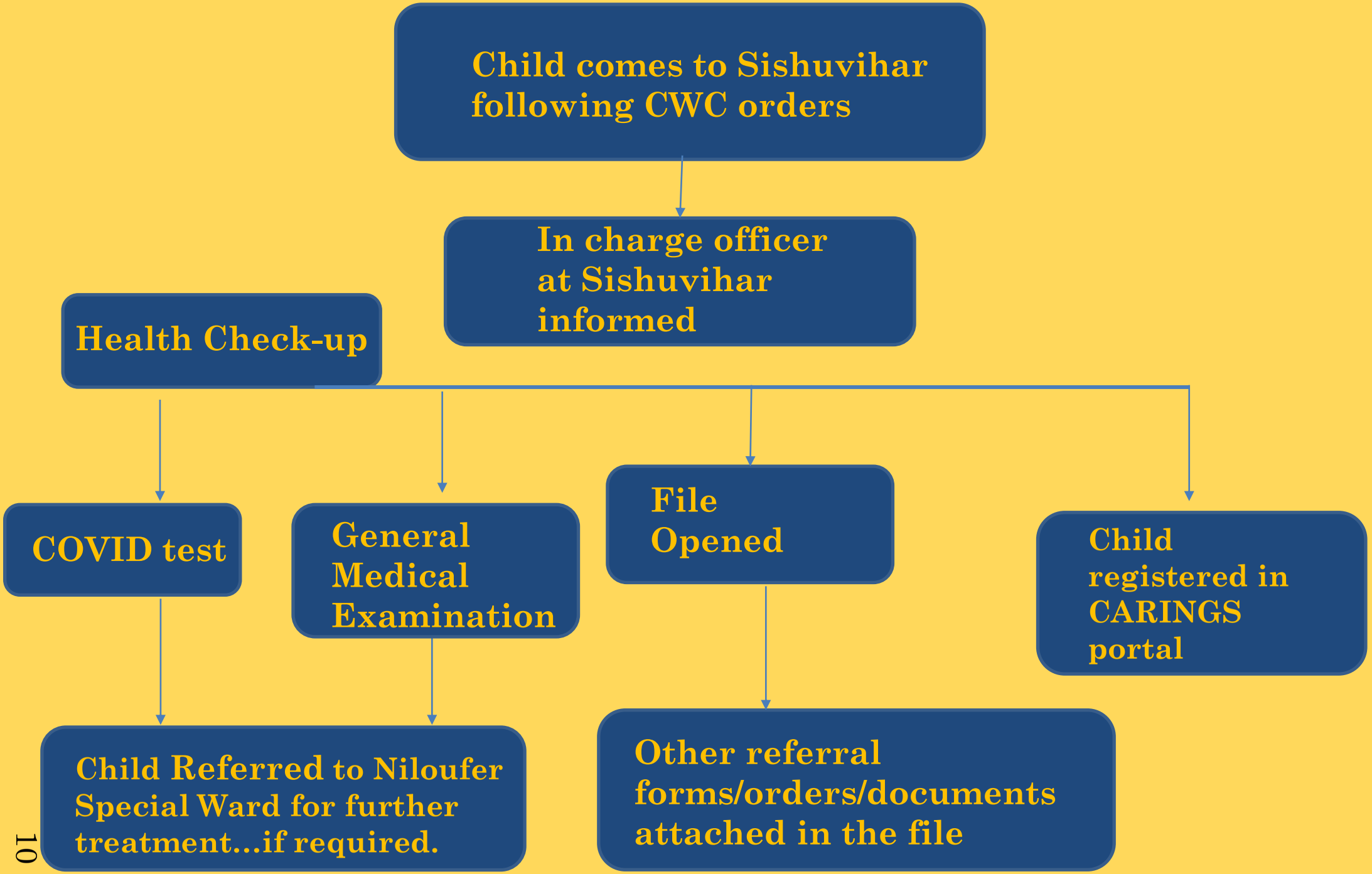
3. Entering Sishuvihar

3.1 The Admission Process

After children are rescued, before they enter Sishuvihar, a thorough process in undertaken in accordance with the Juvenile Justice Act, 2015. The children are placed in Sishuvihar after an order for placement is received by the Child Welfare Committee. Children primarily come from three CWCs – Hyderabad, Rangareddy and Medchal districts.

- Children between 0-6 years are usually rescued by the law enforcement agencies (LEAs) or rescue teams under the Integrated Child Development Scheme (ICDS) (now consolidated under Mission Saksham Anganwadi & Poshan 2.0), Sakhi Centres and other helplines.
- As soon as the child(ren) is/are rescued, the police register the First Information Report (FIR).
- Children are then produced before the Child Welfare Committee (CWC) within 24 hours.
- The Child Welfare Committee then passes an order for the placement of child(ren) in Sishuvihar. If the Child Welfare Committee is not available at the time the orders need to be passed, the orders are given through WhatsApp for placement. In that situation, the child is produced before the CWC, the next day.
- Or, in another scenario - the care-giver, parent, may directly surrender the child to Sishuvihar, due to several personal reasons or their inability/ lack of capacity to provide care and protection to the child.
- In this case, again, the child is produced before the CWC to obtain orders for the placement of the child in Sishuvihar.

Figure 3: Induction Process of a child in Sishuvihar



Reference is invited to Figure 2, which diagrammatically depicts the admission process to Sishuvihar.

After the administrative processes of the LEAs and CWC are completed, as the child enters Sishuvihar, several processes are carried out and a thorough documentation is done. The file/ documentation/ records of each child are maintained in the Records Section (refer to the section in this report on the Record Room for more details). Figure 3 summarizes the induction process of a child into Sishuvihar.

3.2 The Induction Process

Once a child enters Sishuvihar, the following steps are followed as shown in Figure 3:

- The in-charge/Superintendent receives the order of the CWC for placement of the child to Sishuvihar.
- The health assessments are done by the in-house, on-duty doctor. A general medical examination is conducted. Body measurements such as height, weight, head circumference of the child is recorded.
- During the pandemic, COVID testing was also being conducted for each child, to ensure the child is not infected and the children of Sishuvihar remain safe.
- In case the child needs further assessments, treatments or vaccinations, the child is referred to Niloufer Hospital, where Sishuvihar has its own special ward.
- A file is opened for each child wherein the CWC orders, documents, health records are attached securely along with Form 17 of the Juvenile Justice Act, 2015.
- In case of surrendered/ abandoned children, registration is done on the CARINGS (Child Adoption Resource Information & Guidance System) Portal for Adoption.

4. Building Child-Centric Ecologies

"We wanted to paint the outside of the building with animals and colourful aspects of nature so that children feel at home, they feel happy and relaxed when they enter this place… they should know that it is their home now.. it is built FOR them."

– Sishuvihar Manager

William H. Stewart, a famous epidemiologist and paediatrician said, *"A truly healthy environment, is not just safe, but also stimulating."* Sishuvihar is a testament to how the spaces that children occupy shape them. The spaces in Sishuvihar occupied by the children have been curated, created and utilised to truly enhance children's development and well-being.

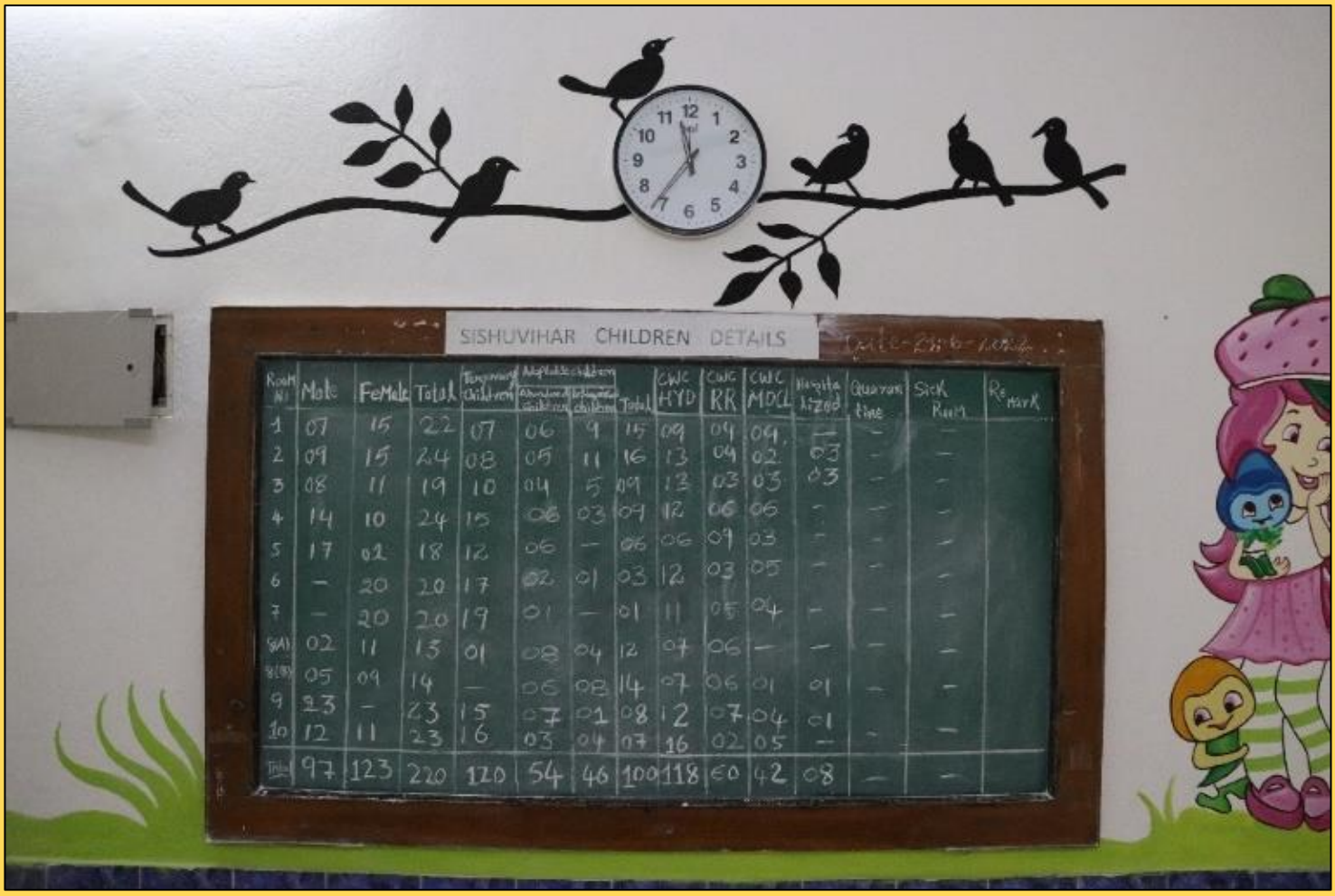
When one enters the gates of Sishuvihar, one already feels that it is a special space… a safe haven, a loving home. The entrance is lined with trees and plants, with a lot of open space where children can play. Nearby, the playground is a nutri-garden, where sometimes children engage in gardening activities.

The ecology that Sishuvihar has systematically created, is reflective of a strong technical understanding of early stimulation of children, and of the need for child-inclusive spaces. The entrance of the building greets you with a colourful "Welcome to Sishuvihar!" and a small aquarium with many different fish… the walls are painted with cartoon characters and a profusion of wildlife. It is entirely colourful, cheery and spick and span!

Nutri-garden stall with fresh produce!

The Nutri-garden where organic vegetables are grown for children!

Welcome to Sishuvihar painted on the wall, as soon as one enters the building



Children's information on the black board at the entrance

Paintings of wildlife and cartoons on the walls and passages of Sishuvihar

Play areas (with and without a shed for rainy days!) of Sishuvihar with swings and slides and other games!

One will encounter playgrounds all around the main building of Sishuvihar. Colourful slides, merry-go-rounds and see-saws are some of the fun activities children can engage in during their play time in the evening. It is very well maintained – all the slides and other objects that children are exposed to are safe to touch. Care is taken to ensure that there are no sharp edges and broken toys/slides that could potentially hurt the children.

There are 3 play areas that surround the Sishuvihar building. The swings, slides and different play equipment provide children with many fun opportunities to run, jump, climb and swing. The children here partake in these activities at least once a day. Some play areas also have a roof/covering so children can play even during the rains…and to ensure that the play never stops!

Physical play areas (with a shed for rainy days!) of Sishuvihar with swings and slides and other games!

Physical play areas and the outer area of Sishuvihar where children start their morning with prayers and brisk exercises!

Box 1: Why Physical play is important

- Physical play is a crucial opportunity that pre-school children must be provided for the development of gross and fine motor skills. It is between the ages of 0 – 6 that children experience the fastest growth in their physical development. Physical play areas with swings, slides and other play equipment facilitate physical development in children.
- Physical play also provides opportunities for socialization. Children learn important life skills for cooperation, friendship, interpersonal relationships and other related social skills.
- Children with developmental disabilities such as Attention Deficit Hyperactivity Disorders and/or with emotional and behavioural problems relating to anger and aggression benefit from physical play which serves as a release for their emotions and energy.
- Physical play is also linked to cognitive development in children as it encourages them to be more observant and curious about their environments and increases their knowledge of the world; rule-based games also improve children's abilities for comprehension and related cognitive skills.
- The natural physical play environment, especially if it is outdoors, and/or constitutes an ecology with different types of play materials and equipment, contributes to children's sensory development. For instance, children may have access to grass, trees, sand and water, which are essential for children to develop their five senses i.e. taste, touch, smell, sight and sound, through which they receive knowledge of the world.
- In the context of children who come from adverse circumstances of abuse, violence and neglect, physical play facilitates social engagement, coupled with health and mental health benefits. It also serves as a fun and joyous activity that helps in alleviating stress and trauma.

Best Practices for Building Child-Centric Ecologies

- **Ensuring play spaces (indoors and/or outdoors) wherever possible in the CCI premises for the holistic development of children through play.**
- **Equipping play spaces (indoor and/or outdoor) with swings, slides and other play equipment that facilitate climbing, running, sliding, etc. to enhance children's overall development.**
- **Creating sheltered play spaces with a roof/covering to ensure that children may still have access in all weather conditions and through different times of day.**
- **Engaging children in gardening by allocating some space within the CCI (such as for a nutri-garden) so as to provide experiences of nurturance as well as to stimulate physical, cognitive and sensory development in children.**
- **Encouraging children to participate in growing their own vegetables as this would serve as a way to encourage healthy eating habits.**

The nutri-garden where vegetables are freshly grown for children

5. Creating Child-Centric Living Spaces

"We follow some very strict ways of managing and maintaining the rooms in which our children reside. The place has to be clean, all the things the children need have to be arranged. This is where they live, it is their home, and it must be happy and clean."

-Sishuvihar Children's Caregiver

The rooms that children live in are meticulously planned, cleaned and stocked with all materials and necessities for children based on their age, gender and disability. The people who run Sishuvihar have built the ecology of Sishuvihar in a manner that is stimulating, encouraging, joy-inducing and full of lightness and laughter – key factors in the holistic development of all children

Box 2: What's in each room?

These children's rooms are equipped with ACs, room heaters, geysers and washing machines. There is also a generator facility providing 24/7 power back-up. It has 24/7 medical facilities with 1 Paediatrician (Part time), 3 Medical officers (transferred), 1 GNM (General Nursing and Midwife), 18 ANM (Auxiliary Nurse Midwives)

At the outset, it is very evident that much like all of Sishuvihar, the residential rooms allotted to children, are orderly and clean.

Inside children's rooms: the Pantry

Inside children's rooms: Lockers for children with their names on it!

When one walks into a room, along with teaming children willing to play with you, falling over each other and giggling, you see a ventilated living space. There is ample space for children to run around, play, and do various activities like eating, praying and napping together. Each room has around 10 children and they are divided based on their age.

There are some very nuanced ways in which the people of Sishuvihar instill in their children the feeling of reclamation, personhood and belonging. Each child has their own locker where their clothes are kept, with his/her name written on it. Children, while getting dressed, choose their own clothes for the day, engage with the *ayahs* in a manner that facilitates genuinely secure attachments for the children. At an age where children are developing a formative understanding of who they are (their identity, their personhood) – all of these little things that are sometimes neglected, especially in regards to the manner in which children here are loved and taken care of, are so essential for all children, but especially children who come from difficult circumstances, trauma, abandonment and neglect.

There is also a separate pantry and washroom area that is connected to each of these rooms. The pantry room is where children's belongings for daily care and hygiene are kept – each child has their own toothbrush, soap and items of personal use. The pantry is also well-stocked with essentials for daily use. The toilets have stalls and there are also bathing areas. The manner in which each room is laid out, the placement of the beds, the ventilation and sunlight, are all carefully curated to ensure that the rooms are bright, airy and breezy. The bathrooms are spotless, always clean and spacious – they facilitate the development of children's self-care behaviours of bathing, going to the toilet, rinsing their plates, etc.

Inside children's rooms: Bathing tool used for children with Disabilities

Inside children's rooms: Bathroom attached to children's rooms

The rooms where children reside in Sishuvihar set a solid precedent for the kind of home-like and stimulating atmosphere that children need and deserve, and are strong contributors to a happy and developed childhood.

The caregivers for children of each room remain the same for all seven days of the week. They work in morning–evening shifts and the children's groups they work with remain homogeneous (as per age and disability).

They respond to the care needs of the children – feeding, changing, bathing, cleaning children and the room, and interacting with them. The caregivers respond to individual children's emotional needs—reflected in their constant interaction with the children through (exploratory) play and conversation, during processes of care.

Children's rooms are equipped with air conditioning for very hot days

Box 3: Attachment and Bonding…

Caregivers and Children in CCIs

Attachment refers to the relationship that young children share with the caregivers they are in proximity to, and who look after their care needs, as well as provide them with emotional responses, especially during times of distress, illness or tiredness. Children's ability to regulate difficult emotions, such as anger and anxiety is dependent on the nature of attachment to their caregivers. Children with secure attachments i.e. loving and supportive relationships are more likely to develop enhanced levels of emotional intelligence, social skills and emotional regulation and control abilities.

Children in CCIs are often at risk of insecure attachment due to multiple caregivers, and frequent changes in caregivers. This is one of the primary factors leading to emotional and behavioural problems at older ages.

By ensuring that caregivers remain consistent, and engage children in play and conversation even as they perform their duties in terms of catering to children's (physical) care needs, Sishuvihar effectively addresses the attachment-related challenges of children in institutions. This important way of work that Sishuvihar has adopted lays the very foundations of children's emotional health, lowering the risk of emotional and behaviour problems in these vulnerable children. It also likely to enable more successful adoption processes, as children develop the ability to develop secure attachment, and consequently form trusting relationships.

Best Practices for Creating Child- centric Living Spaces

- **Providing children with their own things for daily use (clothes/toiletries), and lockers/ places to store them in, so as to instil in children a sense of identity, and consequently of belonging, to the institution.**
- **Maintaining a larger children-to-caregiver ratio as well as maintaining the same caregivers for a given group of children, so that children develop secure attachments.**
- **Placing smaller groups of children, age-wise, within each room to enable bonding with their peers, and thus enhancing children's relational capacities, and engendering feelings of support, family and social networks.**

The caregivers ensure to sanitize and arrange the bathroom and toilet areas of the children's room regularly and keep them dry at all times so children do not injure themselves.

6. Protecting Children

"At Sishuvihar, we are very particular about the safety of our children. The entire place is under surveillance.. right from the entrance to every room and space where the children spend their time.."

-Security Personnel, Sishuvihar.

As you enter Sishuvihar, you notice CCTV cameras from the main gate. There are also security personnel that stop and check every vehicle and guest that goes through the gates of the entrance. The security is also placed at the main entrance of the Sishuvihar building. They only permit personnel and guests who have official permission from the Government. A visitor register is duly maintained at the entrance with records of each visitor or guest

The security personnel at Sishuvihar are as child-friendly as the rest of the staff. The security is ever present, every area occupied by the children is monitored. They are often seen engaging with children in play. They are a true example of how to integrate lightness and playfulness, in a duty they perform vigilantly in ways that are never intimidating to children.

Security systems: CCTVs in the Superintendent's room that monitor all of Sishuvihar

Box 4: The Perceived Roles of Child Duty Bearers- Who are they?

When we think of support staff within a child care institution (CCI), whether it is a cook, an attendant, or a security guard, we often think of them in terms of merely the (functional) activity they perform. However, can their roles be thought of beyond this purely functional aspect? For instance, is a cook merely a person who prepares a meal or is he/she the person who looks after the nutrition and health of the children (by virtue of his/her function)?

Similarly, the security guards at the entrance of the CCI may be regarded as an administrative requirement and fixture, recording the details of persons entering and exiting the CCI…or they may be thought of as child protection functionaries, maintaining the safety and security of children.

What are some of the values that the CCI staff believe are crucial to the running of the institution? How much is the involvement of the security guards in these activities? How do they perceive their role vis-à-vis child protection and their accountability to the children in the CCI?

7. Feeding Young Children

"Children must eat healthy food, but most importantly, children should enjoy the process of eating food!...how do you like the food today?"

-Nutritionist, Sishuvihar

7.1 Where the food comes from...

"The kitchen is where we make nutritious food for our children.. it is one of the most important places in this home..."

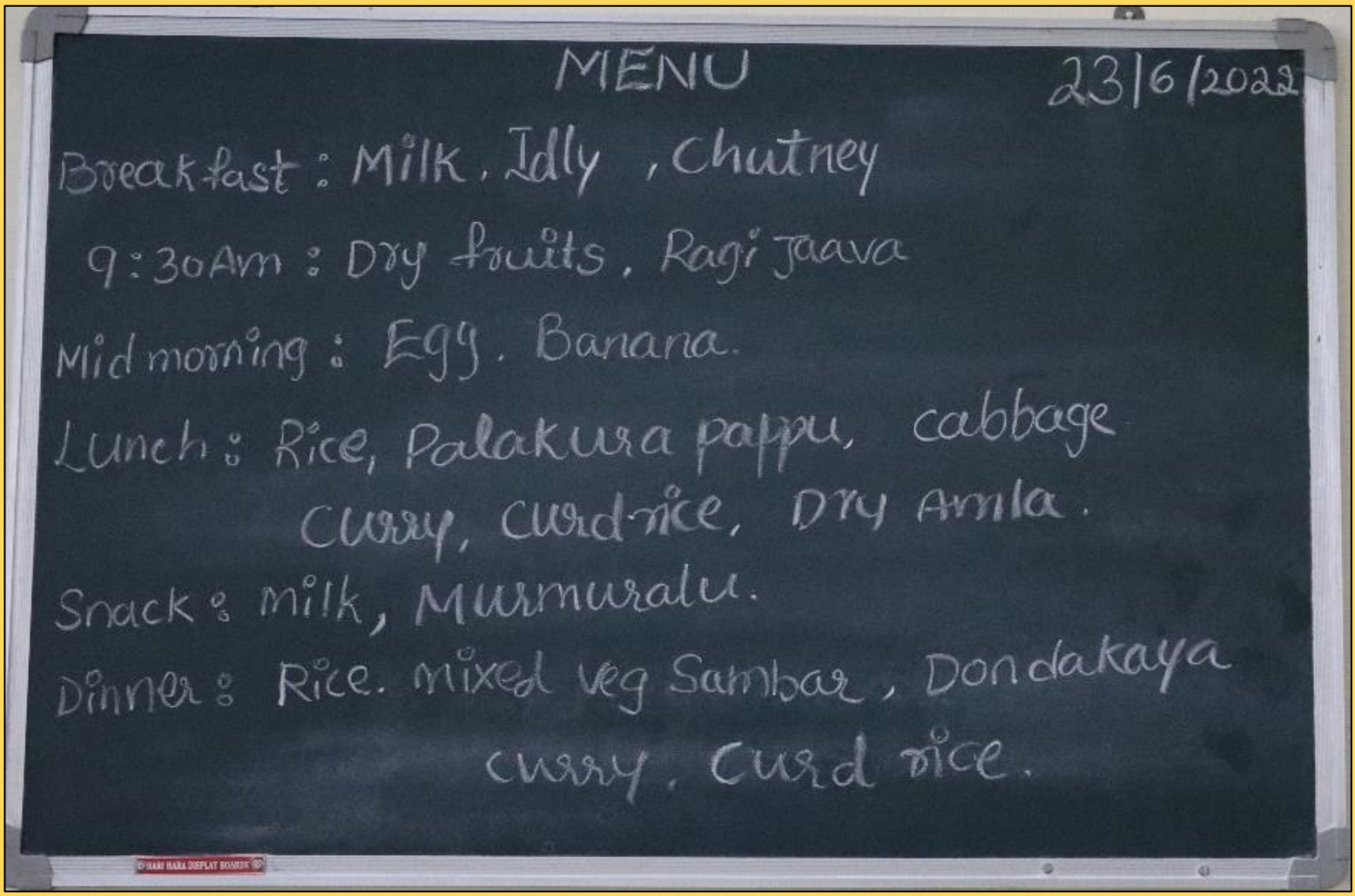
Another *ayah*, with gleaming eyes quipped, *"This is why you will never see any mess/uncleaned vessel lying about in the kitchen, you can walk in any time to surprise us and you'll see!" -Caregiver, Sishuvihar*

Hippocrates said, *"Let food be thy medicine and medicine be thy food.."* As you walk through the corridor towards the kitchen, the smell of piping hot food being cooked wafts through the air. Upon entering it, you are greeted by smiling *ayahs* hard at work, chopping vegetables, boiling rice and stirring the large pots of food being cooked on the gas. The kitchen space is open, large and airy. The meticulous manner in which all the vessels and utensils are labelled and marked, regularly replenished from the store room is testament to the fact that the nutrition of children is operationalised in the kitchen in a very diligent manner.

Raw materials stored in the kitchen premises

An *ayah* carrying food materials to the kitchen

The menu for the day for breakfast, lunch, evening snacks, and dinner, is listed on the black boards hung on the walls of the kitchen. Children with special nutritional needs have specific menus, which are also accounted for, and documented on these boards meticulously everyday, with the assistance of the nutritionist. Black boards, hung in the kitchen, also display to the kitchen staff how many children require a particular item of food for each room, on a daily basis.



Daily Menu put up by the nutritionist in the kitchen

Inside the kitchen: the food, and the raw materials used to make it.

Inside the kitchen: the sink where all utensils are regularly washed

Utensils for cooking organized and stored neatly in the kitchen

The main kitchen area is flanked on both sides by open areas. On one side, is a feeding room, which is an open space where children can sit to eat the food prepared for them, sometimes with the assistance of the *ayahs*, depending on their needs. The other side has a store room along with a washing area where the utensils are cleaned and the garbage is disposed off after segregation.

The nutritionist at Sishuvihar works with a team of *ayahs*, managers and assistants to cater to all nutritional needs of children. A supportive kitchen staff follows the instructions of the nutritionist, including the menu prepared in consultation with the nutritionist. The kitchen is well-equipped, run by a 3-member team, who keep the kitchen going throughout the day, to enable the children to receive the nutrition and diet they need to develop. The kitchen staff works in three shifts through the day i.e., 24 hours (Shift 1: 8 am to 2 pm; Shift 2: 2 pm to 8pm; and Shift 3: 8pm to 8am.)

7.2 Meal Plans

Most development in the body, occurs during the preschool years or 0-6 years of a child's life. What children eat and how they eat, therefore, becomes very important in determining their food habits, eating patterns and overall development. Nutrition, during early years, also lays the foundation for health later in life. As a result, the meal plans here recognise this imperative and introduce different types of food, fruits, vegetables and textures.

Having the same caregivers engage in the feeding of children, during meal times, helps make the process enjoyable to children.

Table 1: Daily Menu for Children of Sishuvihar

Sr No.	Morning 7:00 am	Breakfast 7:30 am to 8:30 am	9:30 am	Morning Snack 11am	Lunch 12:30 to 1:30 am	Evening Snack 4:30 pm	Dinner 7pm to 8 pm
Monday	Milk with Nutrilite Powder	Khichdi/ Pongal with groundnut chutney	Dry Fruits (Badam, Kismis, Cashew, Dates)	Boiled Egg	Dal + Rice + Leafy vegetable, Paneer Curry+ Ghee+ Curd Rice, Dry Amla, Mashed Rice	Bobbarlu+ Haldi/ Sonti Milk /Carrot Milk shake / Beetroot milk shake	Rice+ Vegetable Curry+ Mixed Vegetable + Sambar + Curd Rice , Mashed Rice
Tuesday	Milk with Nutrilite Powder	Puri with Aloo, Rajma + Kabulichana curry/ Vada with groundnut chutney	Dry Fruits (Badam, Kismis, Cashew, Dates)	Boiled Egg	Dal + Rice + Leafy vegetable, Vegetable Curry+ Ghee+ Curd Rice, Dry Amla, Mashed Rice	Rice Flakes Chudwa + Haldi/ Sonti Milk /Carrot Milk shake / Beetroot milk shake	Rice+ Vegetable Curry+ Mixed Vegetable + Sambar + Curd Rice , Mashed Rice
Wednesday	Milk with Nutrilite Powder	Pulihora/ Lemon Rice	Dry Fruits (Badam, Kismis, Cashew, Dates)	Boiled Egg	Dal + Rice + Leafy vegetable, Tomato/ Cucumber + Egg Bhurji + Curry+ Ghee+ Curd Rice, Dry Amla, Mashed Rice	Groundnut Laddu+ Haldi/ Sonti Milk /Carrot Milk shake / Beetroot milk shake	Rice+ Vegetable Curry+ Mixed Vegetable + Sambar + Curd Rice , Mashed Rice
Thursday	Milk with Nutrilite Powder	Chapati with Potato , Rajma + Kabulichana curry/	Dry Fruits (Badam, Kismis, Cashew, Dates)	Boiled Egg	Dal + Rice + Leafy vegetable, Vegetable Curry+ Ghee+ Curd Rice, Dry Amla, Mashed Rice	Murmuralu + Haldi/ Sonti Milk /Carrot Milk shake / Beetroot milk shake	Rice+ Vegetable Curry+ Mixed Vegetable + Sambar + Curd Rice , Mashed Rice

Friday	**Milk with Nutrilite Powder**	**Wheat upma + groundnut chutney, tomato bath**	**Dry Fruits (Badam, Kismis, Cashew, Dates)**	**Boiled Egg**	**Dal + Rice + Leafy vegetable, Chicken Curry+ Ghee+ Curd Rice, Dry Amla, Mashed Rice**	**Nuvvula Laddu+ Haldi/ Sonti Milk /Carrot Milk shake / Beetroot milk shake**	**Rice+ Vegetable Curry+ Mixed Vegetable + Sambar + Curd Rice , Mashed Rice**
Saturday	**Milk with Nutrilite Powder**	**Idly/ Dosa with groundnut chutney, sambar**	**Dry Fruits (Badam, Kismis, Cashew, Dates)**	**Boiled Egg**	**Dal + Rice + Leafy vegetable, Vegetable Curry+ Ghee+ Curd Rice, Dry Amla, Mashed Rice**	**Pesarlu/ Senagalu +Haldi/ Sonti Milk /Carrot Milk shake / Beetroot milk shake**	**Rice+ Vegetable Curry+ Mixed Vegetable + Sambar + Curd Rice , Mashed Rice**
Sunday	**Milk with Nutrilite Powder**	**Vegetable Rice**	**Dry Fruits (Badam, Kismis, Cashew, Dates)**	**Boiled Egg**	**Dal + Rice + Leafy vegetable, Egg Curry+ Ghee+ Curd Rice, Dry Amla, Mashed Rice**	**Semiyapayasam+ Haldi/ Sonti Milk /Carrot Milk shake / Beetroot milk shake**	**Rice+ Vegetable Curry+ Mixed Vegetable + Sambar + Curd Rice , Mashed Rice**

- Infants are provided with the following: Lactogen-I, Lactogen-II, Cerlac, Isomil, Prenon, Nonpro-1, Nonpro-2, Dexolac-1, Dexolac-2, Nestum rice, Similac advance, Similac Advance- II, Aptamil, Peptamen, Neocate, Prenan, with Protein.
- Nutrilite supplementary powder with milk is provided to children at 6:30 am.
- Children below 6 months/ children with intellectual dsability /Carebral Palsy are provided with soft rice, mixed carrot, beans, potato, greens, green gram dal and beetroot.
- Full Cream milk is provided to children aged 1 – 3 years/ special needs children/ underweight children
- Additional milk, egg, mashed fruit is also provided to sick children.
- Milk is provided to children aged1 year 6 months to 4 years at bed time.
- Seasonal Fruits are provided after lunch.
- During festivals and Special occasions, a special diet is provided to children.
- Mashed Rice includes rice, green gram dal, green leafy vegetables and other vegetables.
- Additional Egg, Ghee and Balamrutham Laddu is provided for SAM and MAM children.
- For anaemic children, beetroot and jaggery is provided.

Box 5: Did you know…

Sishuvihar Children eat *'Karela'* (Bitter gourd)??

Yes, they do! The nutritionists and kitchen staff prepare vegetables and foods that children typically dislike in various forms, to make them more palatable. This is because they believe that it is important to expose children to different types of food, with different tastes and textures, with a view to helping children develop healthy eating behaviours and preferences.

CCIs, due to resource and logistical constraints, tend to feed children the same type of food. However, it is at very young ages, that children develop preferences, likes and dislikes for food (amongst other things). Exposing them to different types of food increases adaptability to and acceptability of different foods, thereby enhancing the repertoire of foods/diets they are able to consume i.e., they are less likely to be 'fussy' and thus are less likely to develop eating disorders, when they grow older.

Given that food varies in taste, texture, smell and temperature, eating is essentially a sensory experience. Therefore, feeding children a variety of foods, as Sishuvihar does, contributes to their sensory development.

Furthermore, exposing young children to varied diets, prepares children for life changes such as adoption, wherein children are called upon to adjust to the adoptive family's food and eating habits.

Table 2: Age-Wise Meal Plans for Children

Age Categories	Foods Provided
0-6 months	• Formula milk. • Babies fed once every 2 hours by the *ayahs*.
6 months to 1 year	• As children near the ages of 1, they are given full cream milk instead of formula powder. • Weaning…provision of semi-solid foods. *(Telangana Government is supplying all child care institutions with "Bal Amrutam" which consists of powdered and roasted chana dal and other pulses)
Children above the age of 1 year.	• Colourful, nutritious and full of interesting varieties and combinations, while keeping in mind each child's dietary requirements.
Children with special needs (severe disability/ malnutrition, underweight…)	• Includes double eggs (for added protein), extra ghee with rice and lentils. • Also, given chikkis (sweet sugary cookies). • In case a child with a disability is below 3 years of age, they are given milk before bed. * Nutritionist works with the paediatrician towards feeding plans geared to individual children's needs.
Children upto 4 years.	• Start day with milk and dry fruits, followed by Ragi Jawa (ragi + buttermilk, especially during summers) • Lentils, vegetables and rice for lunch. • Chicken is added to the diet for additional protein.
Children between 4 - 6 years	• Lentils with greens, cucumber and salad, along with light *rasam* (lentils) and a vegetable, is provided for lunch. • Lunch is followed by a banana and dry amlas. • Provided with seasonal foods • Evening snacks include puffed rice, whole greens cooked in seasoning, laddoos etc. accompanied by milk which has pepper, turmeric or carrot. • For dinner, there is mixed veg *sambar* or other such lentils made of various different vegetables like radishes, carrots, bottle gourd, etc.

Box 6: A Matter of Child Rights?

In Sishuvihar, nutritionists are almost always present at meal times and go around to the children as they eat, asking them "how is the food today?" Some children might then say that they do not like it…which is when efforts are made by the nutritionist and kitchen staff to prepare new recipes. Also, bread and milk are always available for a given child who might refuse to eat what is on the menu that day!

How many child care institutions, let alone those that care for young children, actually discuss food preferences, likes and dislikes with children…and offer them alternatives?

And what then could be more like a home and family…where typically children have the 'right' to say 'no, I won't eat it…it's yucky!' Such conversations with children truly demonstrate child rights in practice.

Caregivers prepping for the children's meals!

Best Practices for Feeding Young Children

- **Developing a nutrition plan for children created by relevant government and other agencies with expertise in nutrition and health like the National Institute of Nutrition to ensure essential nutrition.**
- **Convergence between staff such as the paediatrician, nutritionist, caregivers and kitchen staff, by developing a system to coordinate the usage of materials used for cooking and nutrition within the CCI to ensure effective and efficient utilisation of resources within the CCI.**
- **Creating menus for children based on their requirements and needs (age, disability, developmental stages, malnourishment and other health issues) to ensure that they receive the nutrition that they require.**
- **Adhering to the meal plan developed by a professional (nutritionist) by placing it on boards/common areas for the rest of the cooking staff to refer to so that operations are effective without compromising the health of the children.**
- **Ensuring high standards of hygiene in kitchens through regular cleaning and pest control, especially in areas like windows, doors, counters, the fridge and other furniture.**
- **Exposing children to a wide range of food, of varying tastes and textures, to enable sensory development and establish a sense of autonomy in them.**
- **Involving children while planning the menu for the week and including their feedback in the process to ensure that they have a say in what they eat!**

The grinding stone and labelled stock inside the kitchen

8. Ensuring Children's Health

The medical team at Sishuvihar have a designated room from where they carry out medical supervision, testing and treatment of children. They spend their working hours going on rounds, entering records of children, discussing intervention plans for the children with specific needs, checking the progress of each child, and updating the team about the status of the children who are sick and need medical assistance.

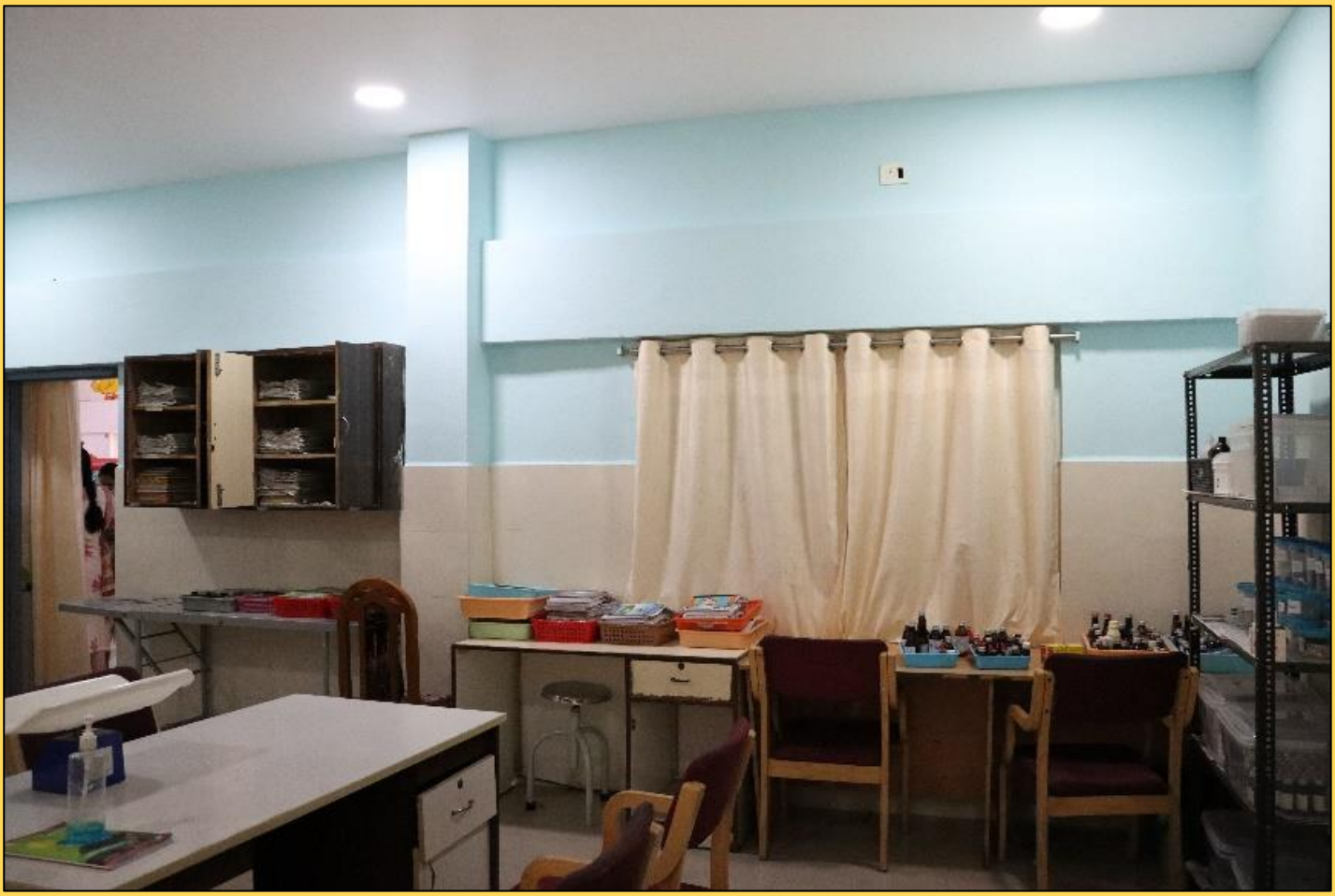
Headed by a paediatrician, the team consists of 1 General Nurse and Midwife (GNM) and a total 12 Auxiliary Nurse Midwives (ANMs) at present. The nurses in the medical team work in 3 shifts of 8 hours each.

The paediatrician caters to the health needs of children and treats children who are unwell. However, in cases with requirements for additional facilities and further medical intervention, they are referred to Niloufer Hospital (refer to the section on the Niloufer Hospital in the report for details), or the Little Star Hospital given that it is the nearest hospital to Sishuvihar.

8.1 Each child admitted to Sishuvihar undergoes the following processes:

- Thorough clinical examination and investigation
- Complete blood and urine test
- HIV screening test

The investigations are carried out in collaboration with the Niloufer Hospital which has its own personalised ward for Sishuvihar.



The Medical room is stocked with a weighing scale, medicines and all files for health records of children

8.2 Additional Functions of the Medical team carried out from the Medical Room:

- Deworming the children regularly.

- Identifying deficits in Iron and providing supplements.

- Ensuring immunization through referrals to higher medical facilities.

- The staff makes sure to record each child's report, they have multiple record books for different purposes to keep a track of each child's medical history according to the needs of the child.

- Medical and Nutritionary Record of each child is maintained with details such as: SAM (Severe Acute Malnutrition); Height/ Underweight.

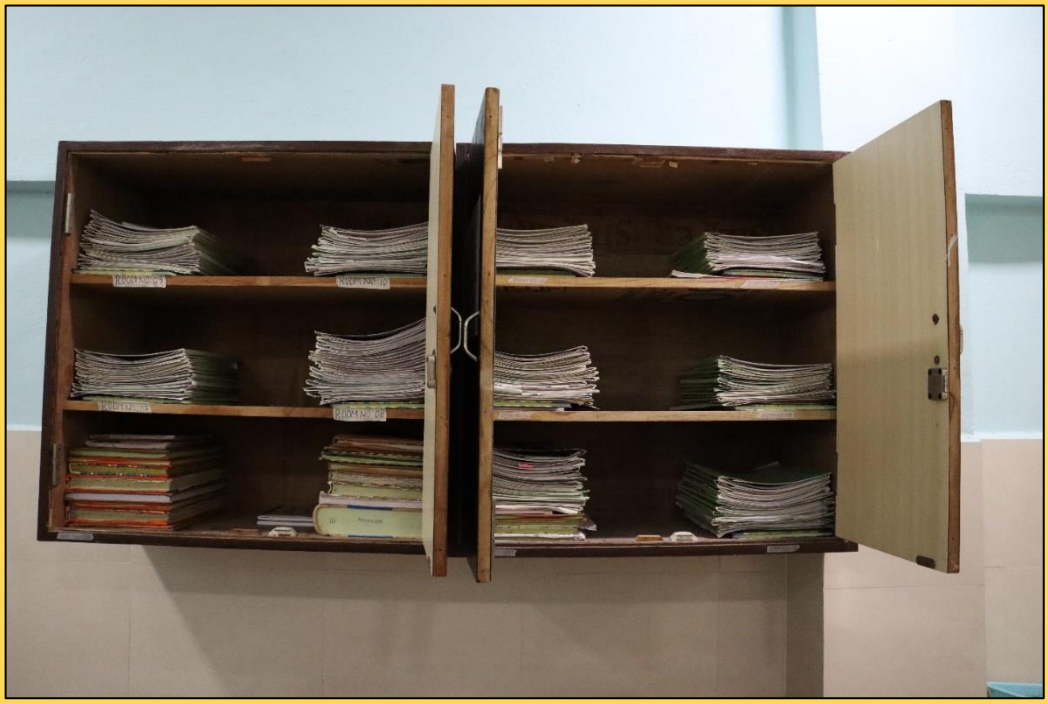
- A notebook has been maintained for each child to record the doctor's prescription of medicine and monitoring of their check-up.

- The children with special needs are taken to the National Institute of Mental Health for their monthly routine check-up. The Children with Intellectual Disability are given their Anti-epileptic dose, while MRIs and EEG are carried out for them during these monthly visits.

- There is a health camp that is organised specifically for these children by bringing in different experts in the field of medicine. The camp is carried out once every 1 or 2 years.

Box 7: Records maintained in the Medical Room

- Growth Monitoring Record
- Immunisation Record
- Medical Indent Record
- Hospitalisation Record
- Referral Register
- Covid Test Register
- Low weight Register
- Lab Investigation Register



The medical records of children stored in the medical room

The Sick Room is where children who are very ill and need special attention are kept.

The Sishuvihar ward inside Niloufer Hospital

The blood group of the children is maintained regularly and medical examination report (MER) is made every 6 months.

8.3 Sick Room

The sick room has three beds, an infant cradle and a radiant warmer for neonatal care. Children who are sick and in need of medical supervision are kept in the sick room to recuperate. The nurses are on duty for these children.

8.4 Niloufer Hospital

Located in Hyderabad city, Niloufer Hospital is a state government-supported facility providing free healthcare to women and children. Established in 1953, by Princess Niloufer, the wife of Moazzam Jah, the Nizam of Hyderabad, this 1000-bedded facility, which is also Asia's largest paediatric hospital, has an interesting back story.

It is believed that the Princess, who was childless herself, once had a 'favourite' servant who died in child birth. Shocked at the plight of women's health care, Princess Niloufer dedicated herself to raising funds for maternal care and child welfare, and the establishment of a hospital towards this cause.

The Niloufer hospital, an extraordinary symbol of the Princess's commitment to the cause of vulnerable women and children in need of care, is also where the Sishuvihar's 'Niloufer Ward' is located. This is a special ward, a 10-bedded safe haven in the otherwise crowded chaos of the busy hospital. Although in existence for three decades, it has now been newly renovated for improved care of children in need. This ward, set up to serve the most vulnerable young children i.e., orphaned and abandoned children, is the first of its kind to be established in a tertiary healthcare service. The ethos is that these children need a special facilities and care because they do not have parents or families to advocate for their needs. A related rationale for special care is that given the difficult and exceedingly vulnerable contexts from which such children are drawn, they have, lower levels of immunity, and are at higher risk of cross-infection—hence, the need for a separate space for them, and for specialized care.

Children are referred to Niloufer Hospital for treatment of various health problems, especially infants and young children who may be orphaned and abandoned, or those resident in Sishuvihar and in need of healthcare. Thus, the hospital provides care for low-birth-weight babies, those who are injured or in need to specialized neonatal care, in its respective paediatric departments and units.

Following their (active) treatment and discharge from the concerned department, they are placed in the Sishuvihar ward for interim care, a transition space, from where they move (back) to Sishuvihar.

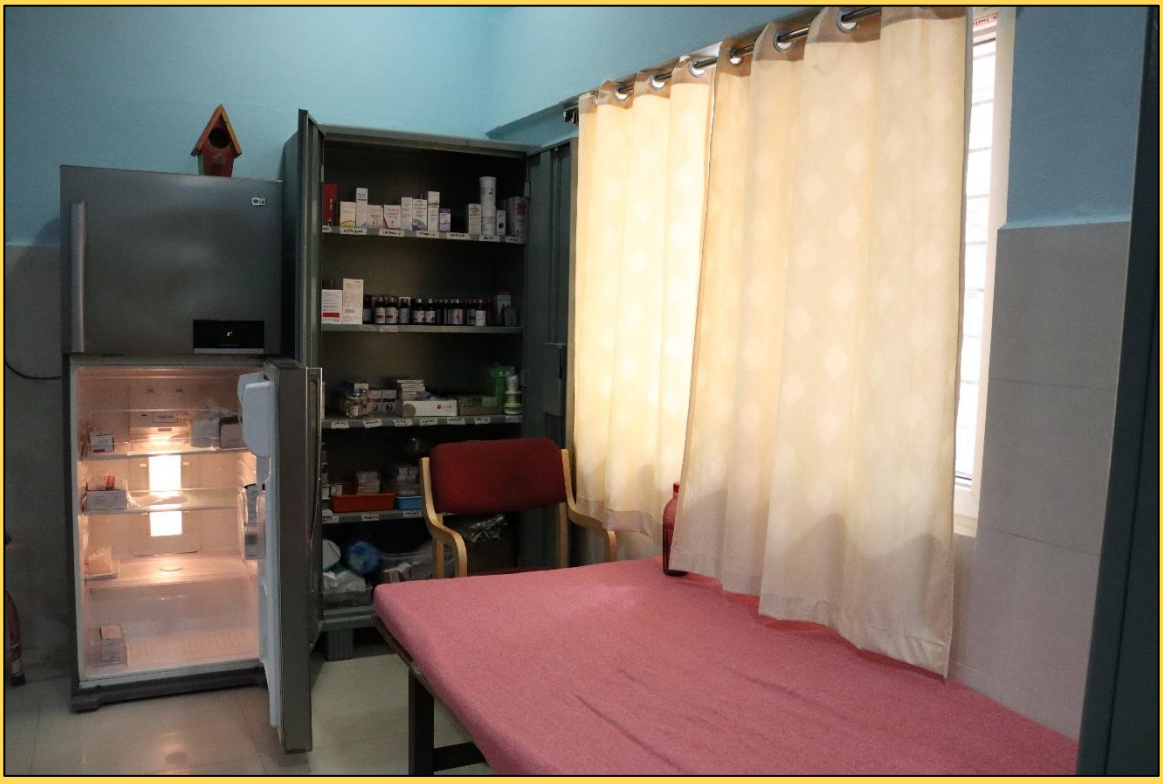
The ward has incubators and intensive care equipment and facilities, and a kitchenette and clothing cupboard to cater to immediate daily needs of the children in the ward. There is a paediatrician on-call in case of any emergencies or other health issues requiring attention. An administrative nodal officer, the Registered Medical Officer (RMO) of the hospital, and a clinical nodal officer, usually the Head of Department of Paediatrics oversee the provision of care in this ward. It is staffed by 3 ANMs who are deputed from the Department of Women Development and Child Welfare, along with other caregivers or *ayahs* who work in shifts so that continual care is provided to the children. At any given point in time, there may be 2 to 3 infants or young children, allowing for almost a 1:1 caregiver-child ratio.

Growth monitoring machine inside the Medical Room

Box 8: The need for Developmental Assessments of children within CCIs

Children in Sishuvihar are tested and assessed for a variety of health-related issues. Malnutrition and developmental assessments also form an important form of assessment in children.

- It provides the staff of the CCI with essential information on their developmental requirements and can form a holistic framework for their treatment plan.
- The nutritional requirements, along with the deficits/delays in the 5 domains of development can be the basis for intervention with the children by counsellors, nutritionists and doctors.
- Children who achieve developmental milestones in all domains are better equipped to handle life changes such as adoption.

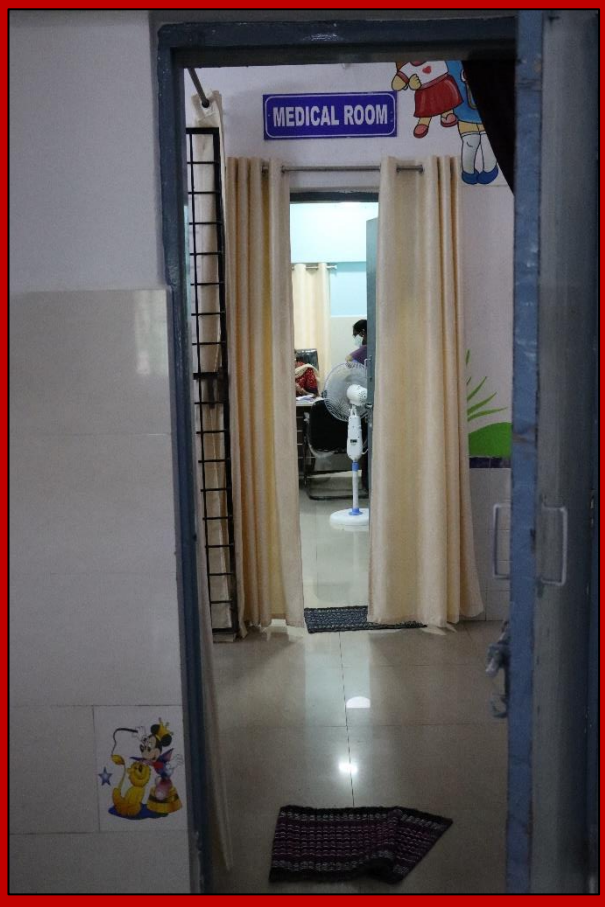


A panoramic shot of the medical room that shows the bed, cupboard and fridge (which store the medication for treating children.)

Best Practices for Ensuring Children's Health

- **Designating a room for medical staff within the institution to be able to address children's health-related concerns and provide basic treatment is given 24/7.**
- **Creation of a separate space to serve as a sick room for any child requiring specialised care for certain periods of time.**
- **Maintaining records of children's health and immunization within the dedicated space- this ensures a consolidated and systematic source of information on medical care issues of each individual child.**
- **Building a referral system through linkages with the nearest district hospital or tertiary care facility to provide children from institutions with specialised care (as it may not be possible for all CCIs to have specialised wards within hospitals in their district).**

Entrance to the medical room



9. Providing Early Stimulation & Education

9.1 The Pre-School

The preschool is a lively space, designed with toys and play material. Children sit and sometimes lie down on the mats on the floor. The classes are organized in the morning and the afternoon.

9.1.1 Layout & Structure of Pre-School

The pre-school is located within the Sishuvihar building. A large room was designed to accommodate pre-school services for the resident children. This room is divided into various (sub) spaces, namely activity and learning corners, reflecting state-of-the art pre-school facilities. They are as follows:

- Spaces for age-wise group activity and learning led by teachers (Group 1: 2-3 years; Group 2: 3-4 years; Group 3: 4-5 years)
- A library corner equipped with children's books and games.
- A music corner, with a piano.

9.1.2 Daily Pre-School Schedules and Activities

The day usually starts with a morning prayer and exercises in the physical play space. During the morning assembly, which starts with a prayer, there is a lot of joy and laughter. One can see the teachers animatedly demonstrating exercises and the *ayahs* assisting the children perform them. The exercises usually involve gross motor exercises like – hand movements, wrist rotation, shoulder movements, foot rotation, sound exercises, claps of different kinds…

The exercises not only energize children for the day but also help improve fitness, increase concentration, posture, balance and help them relax.

Assembly time is followed by activities inside the pre-school spaces. The activities are designed to cater to children's early childhood development and stimulation needs in key domains of child development i.e. physical development, speech and language development, cognitive, social and emotional development.

At any given time, 3 classes run simultaneously in the large pre-school area – one for 2-3 years, 4-5 years and 5-6 years. A simple curriculum is followed for children based on their age groups and developmental needs.

- **Sishuvihar Pre-School Age Group 2-3 years**

For children between 2 – 3 years, the focus is more on a variety of play activities each day. The activities involve: learning about body parts, rhymes, beading (to enhance attention and sitting tolerance), free play, sensory games, and physical play exercises (with breaks in between). Children are served dry fruits and snacks during the break and a small nap time is also included for children.

- **Sishuvihar Pre-School Age Group 3-5 years**

Between 3-5 years, the standard ICDS curriculum is followed with tasks like slate writing, maths, language, storytelling also included. Children are also taken to the learning corners where a small library with children's books is made. Children sit on colourful tables and chairs, interact with the teachers and peers as they read out beautiful picture books to them.

- **Age Group 5-6 years**

As children move to the 5-6 years group, the CBSE curriculum is followed and more creative activities like drawing, piano, chess, carom, safety lessons, memory games, indoor-board games are added to the curriculum.

Special Classes, to teach children socio-emotional skills, are organized in the pre-school. Developing and practicing socio emotional skills at an early age not only ensures better academic outcomes but also better outcomes generally in life. Activities about feelings, storytelling exercises, are done to help children familiarize themselves with emotions and ways to express them.

Box 9: The Importance of Learning Socio- Emotional Skills in Pre-school

Social-emotional development includes the child's experience, expression, and management of emotions and the ability to establish positive and rewarding relationships with others. It encompasses both intra- and inter-personal processes.

The core features of emotional development include the ability to identify and understand one's own feelings, to accurately read and comprehend emotional states in others, to manage strong emotions and their expression in a constructive manner, to regulate one's own behaviour, to develop empathy for others, and to establish and maintain relationships.

Typically, developing children tend to make progress in their social and emotional skills in an ordered sequence, with simple skills that develop in early life, becoming more elaborated, sophisticated, and established over time.

The Pre-school: entrance, library and neatly stacked games in the classroom

Box 10: Early Stimulation…

Nutrition for The Brain

Ever wondered… why children love toys that make strange sounds? Why are their toys so colourful? Why do strange faces make them laugh? Why children cry when the caregiver stops cradling them?

It is because children, in the early years, learn and make sense of the world around them through their sensory experiences i.e., through their five senses…vision, hearing, taste, smell, and touch. Children are thirsty for knowledge, and are almost like little scientists – they want to hold things; put things in their mouth; they taste food, and share what smell/texture… they like or dislike. Child rearing practices, therefore, involve swinging children in the cradle, hanging stimulating & colourful toys which make tinkling sounds, story-telling, and role-playing, as differing means of early stimulation. It is important to remember that learning is a social experience, and therefore, early stimulation and child development must contain the elements of play, playfulness and social interactions, in order to learn about the world around them.

Therefore, it would not be wrong to say that early stimulation is experiential nutrition for the brain. Building the brain is like building a house. It is imperative that the activities and interventions, for early stimulation, in all domains of development, be a part of daily life-activities of the child.

However, it is important to acknowledge and understand that early stimulation is not just a series of developmental activities, it also involves responsive caregiving. It means that there has to be playful and dynamic involvement of the caregiver, and there has to be constant communication and engagement between the caregiver and the child. Early stimulation activities must be done playfully, and in a way that they generate curiosity and interest in children, whilst also strengthening the bond of safety and stability between the child and the caregiver.

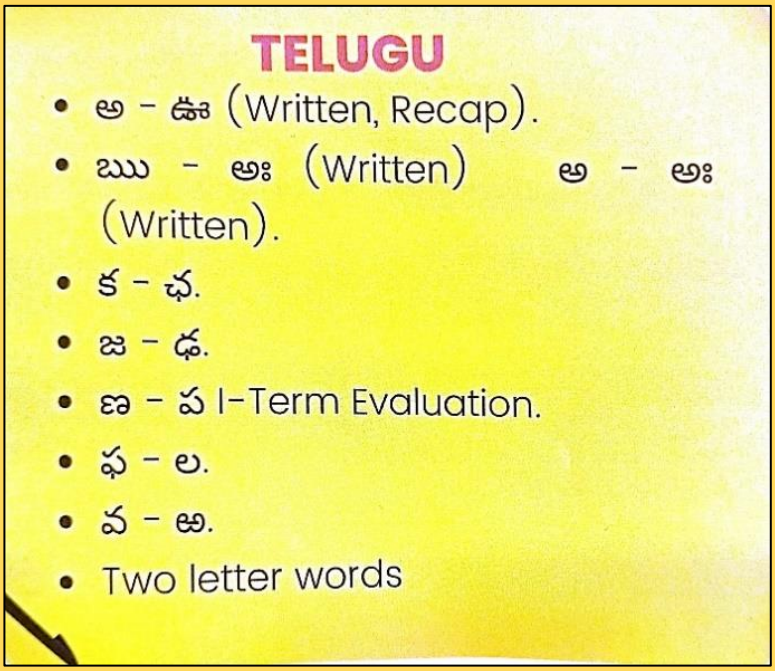
While all children need early stimulation, those with disability and the ones coming from adverse circumstances (when there is neglect, deprivation or trauma) are more vulnerable to developmental delays due to the under-stimulating and unresponsive environments they have lived in. An unstimulating environment could simply mean that the child has had no opportunities to meet his/her developmental needs. The delays or deficits could occur in one area of development, or in more than one domain of development. However, the important thing to know is that with modification of the environment i.e., by providing early stimulation opportunities, and responsive caregiving, the risks of the deficits or delays developing into severe primary or secondary disabilities, can be minimized, as it happens in Sishuvihar. If the deficits or delays are caused due to environmental factors, in many cases, these can even be reversed.

2 – 3 Years

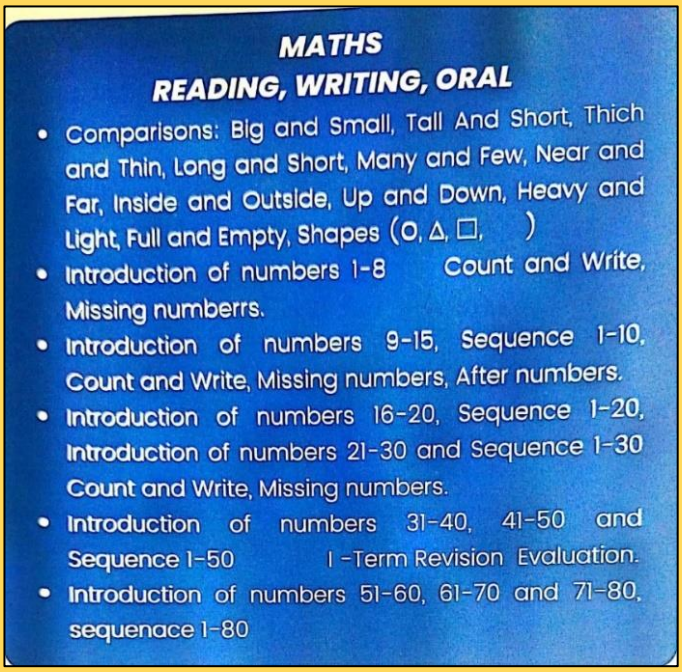
Climbing steps activities for locomotor development and usage of touch boards to promote sensory learning

Table 3: Excerpts from Time table for children between the ages of 2 – 3 years

Sishuvihar Play-School /Time-Table (Age Group 2-3 Years)	
Time	Portion (Room 10)
9:00 to 9:15	Morning Greetings, walking forward and backward
9:15 to 9:30	Physical Play Exercise
9:30 to 9:40	Playing in Pre-school with Toys
9:40 to 9:50	Stairs-walking, Touch board
9:50 to 10:00	Dry fruits
10:00 to 10:30	Body parts (oral)
10:30 to 11:00	Playing with Building blocks & Colours rings
11:00 to 11:30	Fruits and Vegetables (oral)
11:30 to 12:00	Wooden beads & Numbers (oral)
12:00 to 12:30	Rhymes & Animals names (oral)
12:30 to 1:30	Lunch break
1:30 to 4:00	Sleeping time

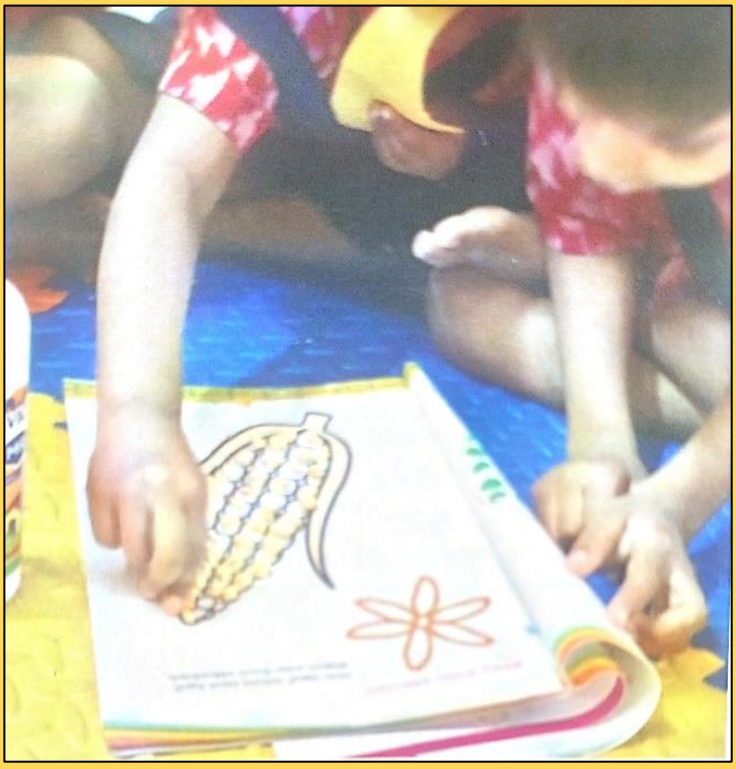


Telugu lessons

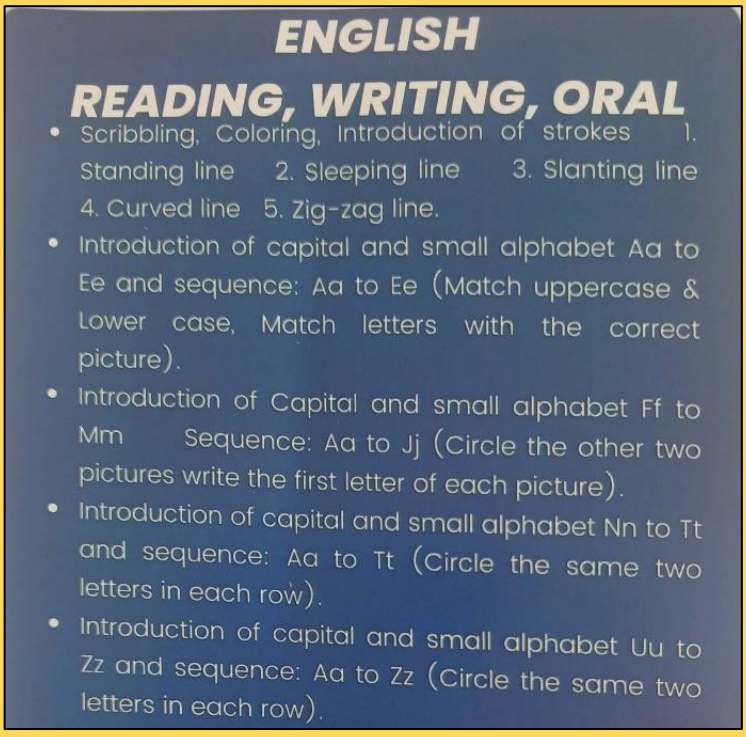


Math lessons

4 – 5 Years



Pasting: fine motor activities



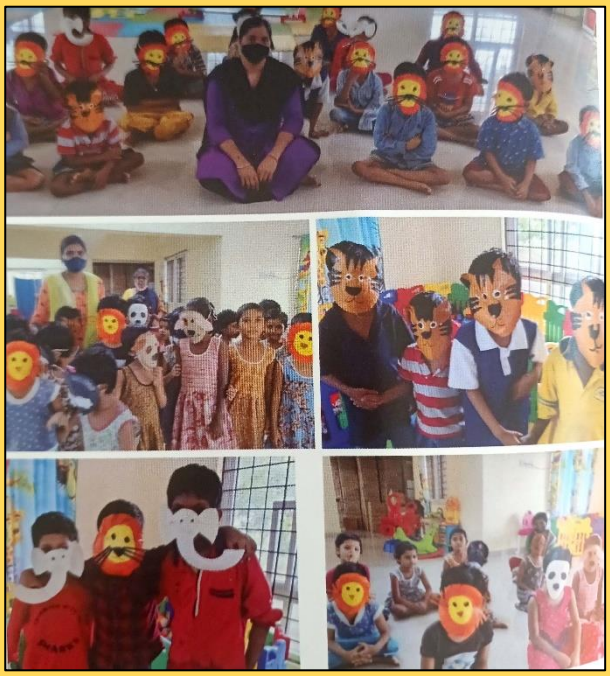
English Lessons

Table 4: Excerpts from Time table for children between the ages of 3-5 years

Sishuvihar Pre-School Time Table (ICDS) (Age group 3-5 Years)	
Time	Portion (Rooms 4 & 5)
9:00 to 9:10	Pillalatho matladadam
9:10 to 9:30	Prayer, Vyayamam
9:30 to 9:40	Dry fruits
9:40 to 10:00	Good habits
10:00 to 10:10	Short break (Egg)
10:10 to 10:30	Pre-Numeracy (Poorvaganitham)
10:30 to 11:00	Learning Corners/Indoor games
11:00 to 11:40	Introduction of Language – English
11:40 to 12:00	Story Telling
12:00 to 12:20	Slate writing
12:20 to 12:30	Hand Wash
12:30 to 1:30	Lunch Break
1:30 to 2:30	Sleeping time
2:30 to 3:00	UKG - Maths/ Activity book
3:00 to 3:30	UKG – Introduction of Language Telugu
3:30 to 4:00	Revision and physical play games

Table 5: Excerpts from Time Table for children between the ages of 5-6 years

Sishuvihar Pre- School Time Table (CBSE) (Age group 5-6 years)	
Time	Portion
9:00 to 9:15	Prayer & Exercise
9:15 to 9:25	Meditation
9:25 to 9:30	Dry Fruits
9:30 to 10:20	English
10:20 to 10:30	Short Break (Egg)
10:30 to 11:15	Math (Every Wednesday Storytelling)
11:15 to 12:00	Telugu
12:00 to 12:30	GK
12:30 to 1:30	Lunch Break
1:30 to 2:00	Conversation (Every Wednesday Drawing)
2:00 to 2:30	Rhymes, Story Telling
2:30 to 3:00	Singing
3:30 to 4:00	Physical Play Games, Piano Playing



9.2 Sishuvihar Primary Rehabilitation Centre (PRC)

In an area such as disability, a democratic bottom-up approach will not work. The agenda setting has to be done with the top existing systems. Funds don't come easily, some convincing, negotiation and collaboration is important. There has to be an increase in the budgets, and a sense of responsibility towards children with disability.

- *The PRC In-Charge*

Research on early brain development and early childhood demonstrates that the experiences children have and the attachments children form early in life have a decisive, long-lasting impact on their later development and learning. Therefore, quality care beginning in early childhood improves the overall wellbeing of children.

However, given that children come from deprived backgrounds with adverse experiences they do not get these opportunities at all, or very few opportunities. Therefore, children are prone to many developmental delays in key domains of development. They may also demonstrate attentional issues, behavioural problems, neuro-developmental issues, learning problems, intellectual disability or other issues.

Therefore, early screening, identification and assistance is necessary. With this thought, the primary care centre has been opened in the Sishuvihar complex.

The PRC aims to ensure that optimal functional ability is developed in children with developmental delay(s) and disabilities through its clinical and therapeutic rehabilitation services.

9.2.1 Objectives of PRC

The PRC has the following objectives-

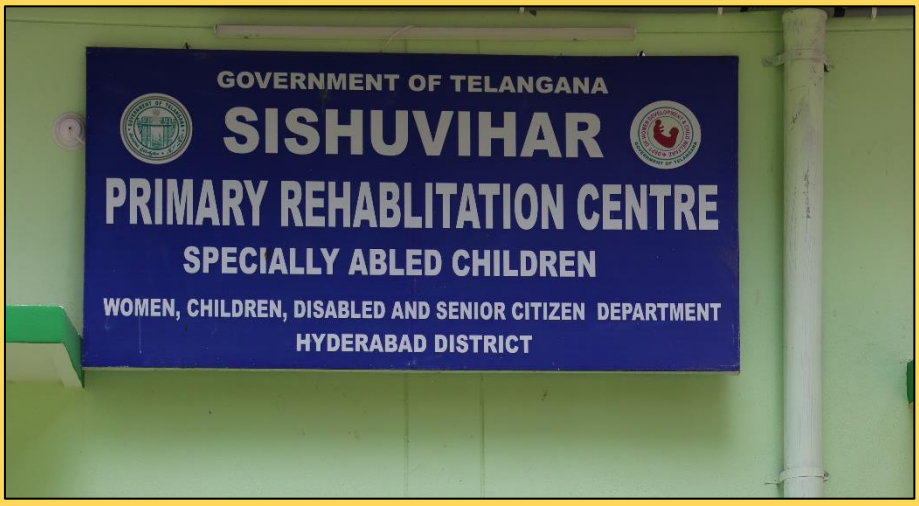
- Early Identification – to detect delays and disabilities early and to provide holistic treatment through an expert team and essential infrastructure.
- Providing Barrier-Free Services – To provide barrier-free services, that ensure easy access and mobility, along with therapies like speech therapy, behavioural therapy, occupational therapy and mobility.
- Facilitating and hand holding – by linking children with specialized agencies and services, providing necessary supportive and corrective interventions.

The entrance of the PRC with a ramp

9.2.2 Inception and Target Population

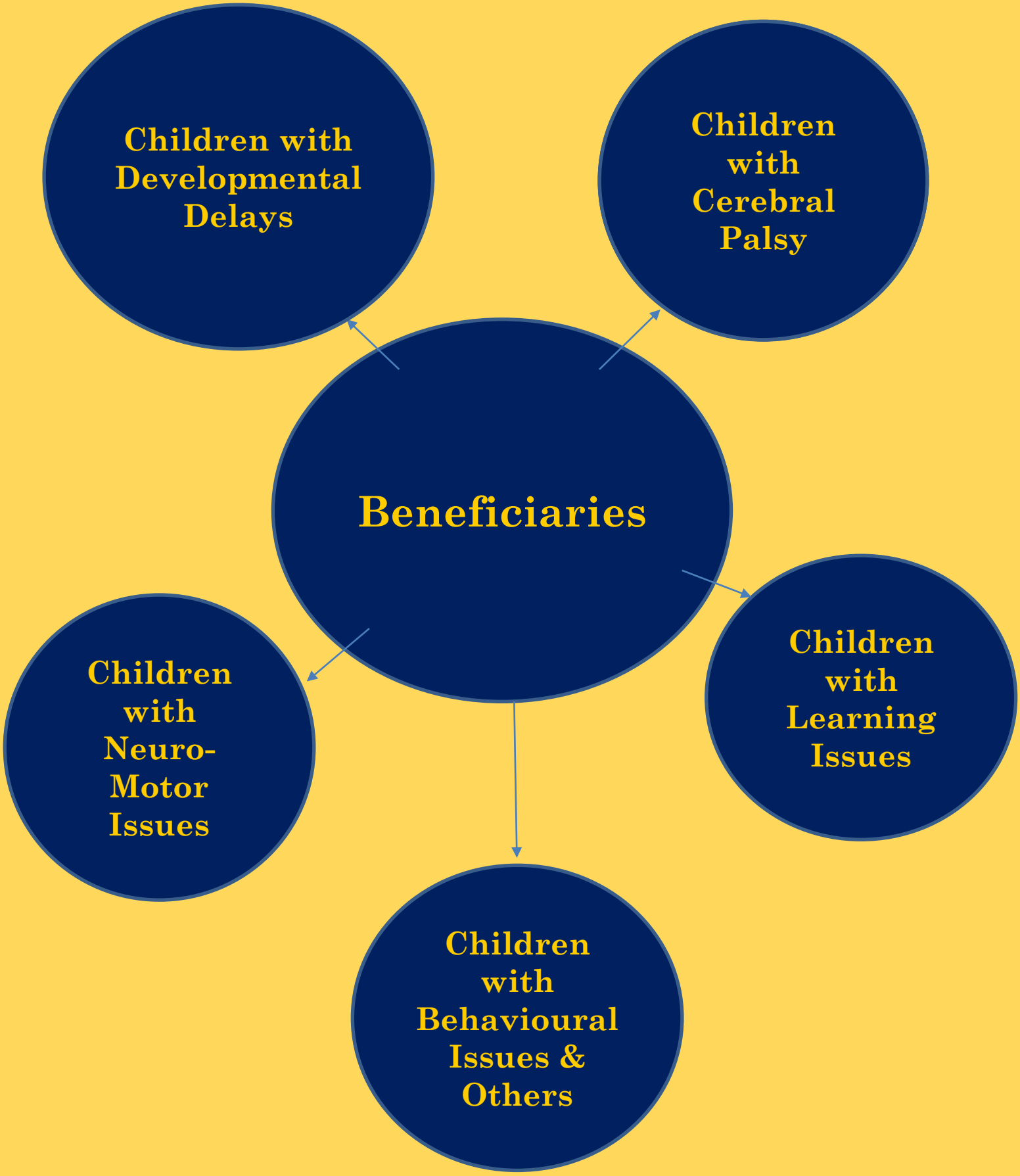
The PRC is currently a small green building with a few therapy rooms, and further scope for expansion and more specialized services. Currently this small space with a staff of 6 people caters to 55 children enrolled with them (till June 2022). Children who avail services from the PRC are not only from Sishuvihar but also from other districts of Telangana, given that its a one of a kind, one-stop therapy centre for children with disabilities. For those travelling from districts outside for treatment, two rooms are available for accommodation.

The PRC is the run by Sahara NGO, which has a rich background in the area of disability, especially focusing on community rehabilitation. This NGO started working with Sishuvihar when a proposal was made and tenders were passed to run the PRC. Subsequently, it was shortlisted by the Department of WDCW based on their previous work and experience in the area of disability.



The board at the entrance of the PRC

Figure 4 Children who can avail services at PRC



9.2.3 Functioning and Services

The PRC has grown in its work exponentially, since 2018, when it started with only 4 rehabilitation assistants. Today, the PRC is run by 6 rehabilitation professionals, 6 rehabilitation assistants. The PRC has not only grown in terms of the personnel but also has its own physiotherapy equipment, speech therapy material, occupational therapy services and materials necessary for providing behavioral therapy.

9.2.4 Standard Processes at the PRC

On the first day when the child comes, a therapist is assigned to the child and standard operating procedures are followed. The tests are administered as per the needs of the child.

Box 11: Different kinds of disabilities assessed at the PRC

Cerebral Palsy , Intellectual Disability, Hearing Impairment, Global Developmental Delay, Visual Impairment, Speech and Language Delay , Behavioural Disorder, Autism Spectrum Disorder, Syndromic Disorder , Multiple Disabilities .

On an average 70 – 100 sessions are conducted in the PRC everyday. The table below shows the number of sessions for different therapies conducted at the PRC. Each child enrolled at the PRC has a minimum of 4 sessions a week.

Table 6 below shows the clinical assessments and psychological tests and table 8 reflects the different types of therapies, provided to children in the PRC.

Table 6 : Clinical assessments and psychological tests administered at the PRC

GMFCS	Global Functional Motor Classification Test
BKT	Binet Kamat Test
QAE BERA	Otoacoustic Emissions Test/ Brainstem Evoked Response Audiometry
HINE	Hammersmith Infant Neurological Test
VT	Vision Test
REELS	Receptive- Expressive Emergent Language Test
FBA	Functional Behavioural Assessment
CARS	Childhood Autism Rating Scale

Table 7 : Therapy services available at the PRC

Fine Motor Development Therapy	Fine motor development therapy helps children strengthen their muscles and coordination.
Motor Development Therapy	Helps in the development of physical and motor abilities.
Sensory Integration Therapy	Sensory integration therapy is used to help children learn to use all their senses together – that is, touch, smell, taste, sight and hearing.
Activities of Daily Living (ADL) Therapy	Therapy for Activities of Daily Living (ADLs) is done to teach and enhance essential and routine tasks that most young, healthy children can perform without assistance.
Speech Therapy	Speech therapy is the assessment and treatment of communication problems and speech disorders.
Occupational therapy	Occupational therapy (OT) is a branch of health care that helps people of all ages who have physical, sensory, or cognitive problems.
Postural Therapy	Postural therapy is a holistic therapy that uses a patient's own body weight to help improve the spine's alignment and balance of the body.
Vestibular Therapy	It is an exercise-based treatment program designed to promote vestibular adaptation and substitution.

Best Practices for Providing Early Stimulation and Education

- **Ensuring compliance with the objectives of National Education Policy (NEP) in regards to early childhood care and education and its emphasis on foundational learning.**

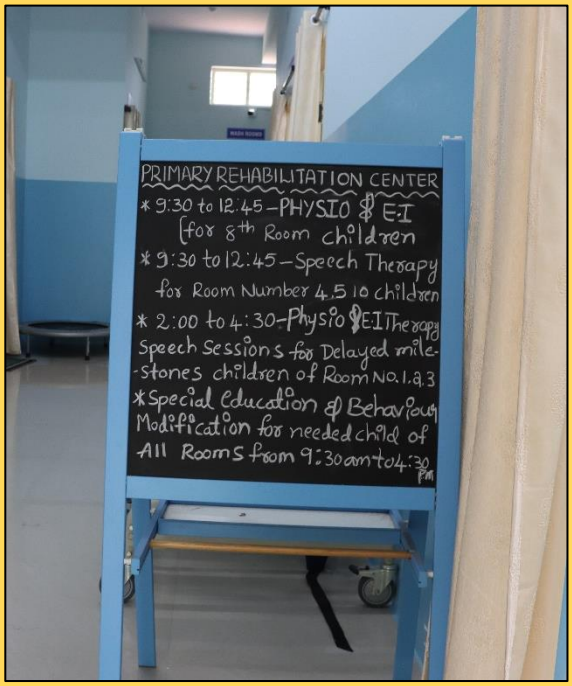
- **Creating a space within the CCI for children to engage in pre-school activities, play and other extra-curricular activities to ensure early learning and development.**

- **Using developmentally appropriate curriculums created by relevant government and other agencies with expertise in early childhood care, development and non-formal education to engage children in pre-school activities.**

- **Creation and use of creative methods that are based on concepts of child development, and that include a variety of play and art activities to provide for structured and fun learning.**

- **Addressing the needs of children with disability within child care institutions through creation of a PRC-like service or through tie-ups with agencies or community-based organizations that provide rehabilitative services for children with disabilities.**

Inside the PRC: The equipment provided inside the occupational therapy, speech therapy and special education rooms.


PRIMARY REHABILITATION CENTER
* 9:30 to 12:45 – PHYSIO & E.I for 8th Room children
* 9:30 to 12:45 – Speech Therapy for Room Number 4,5 10 children
* 2:00 to 4:30 – Physio & E.I Therapy Speech Sessions for Delayed milestones children of Room No. 1, 2, 3
* Special Education & Behaviour Modification for needed child of All Rooms from 9:30 am to 4:30 PM

10. Implementing Adoption Services

"When they come they come they are not in the best condition, but then we play with them, take care, and we also feel attached, then they go and leave. But we understand this is not about us, it is about them. We also feel happy when them find parents."

- Caregiver at Sishuvihar

Sishuvihar has a CARA office within its compound. As soon as the children come via a CWC or police referral, and if they fall in the category of orphaned/ abandoned/ surrendered children, a paper notification is sent out and the police enquiry is completed. The process of medical examination is also completed. The child is subsequently declared legally free for adoption by the Child Welfare Committee, in accordance with the statutory time-periods.

The SAA Managers at Sishuvihar, engage in adoption processes only after registering the child with the CARINGS portal and till the time the child is matched. When the team went to one of the rooms, the *ayah,* whilst holding another child, proudly pointed, *"ye USA ja rahi hai madam,"* meaning she is now going to the USA, and narrated the story of a girl child who was abandoned and almost died. *"Everyone had given up…she was in the Niloufer Hospital for a long time. But, even they said she had no chance. We brought her here, took everything we could and now she is also getting adopted. See because she is a child with disability, no one wanted her here but she will go to US now."*

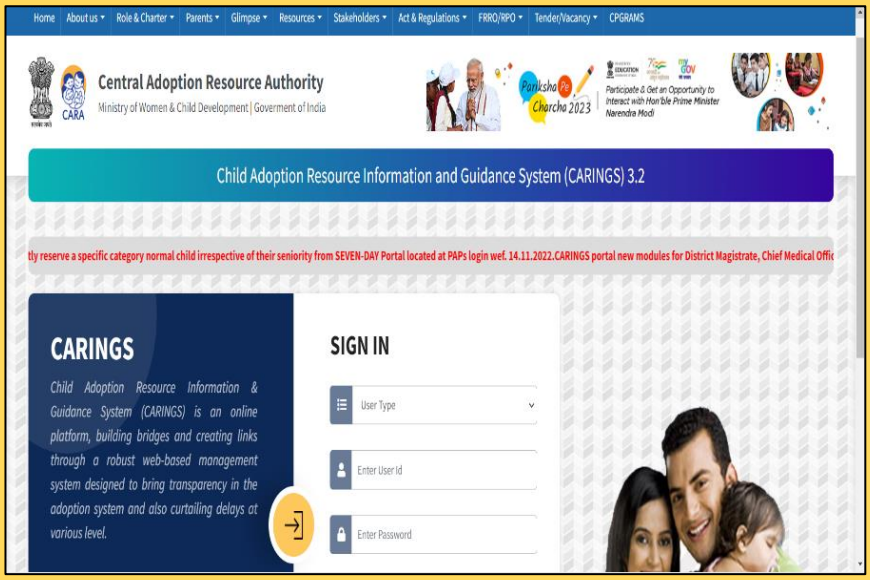
The SAA managers work to update each child's details in the CARINGS Portal. As the child is matched with their Prospective Adoptive Parents (PAPs), the SAA Managers work with children to prepare them for adoption and facilitate a smooth transition.

PAPs often are asked to leave photographs, albums, scrap books etc. PAPs also visit the children, under the SAA manager's supervision, and spend time playing, sitting in the beautiful physical play spaces.

"If a child is going to USA, then they may not get Dal Roti, they may get Pizza for example …so we show them pictures what a pizza looks like…how to eat one etc., so that they don't feel completely confused when they go to their new house," explained one of the SAA Managers during the interview.

The PAPs are also counselled, on issues relating to children's feeding practices, sleeping patterns and health conditions.

Sishuvihar makes all efforts to try and accelerate the adoption progress.



A screenshot of the CARINGS official website

Box 12: Holistic Care … Increasing the chances of successful adoption

The work that Sishuvihar does to provide holistic care to children – through creation of child-centric ecologies, provision of nutrition and health supports, early stimulation and education, increases children's potential for development.

When children are thus provided with a warm, open, and supportive environment, with opportunities to form secure attachments, children develop a positive sense of self, despite the difficult and adverse backgrounds they may come from. They are then better equipped to cope with (previous) experiences of trauma and adversity, and consequently less at risk of developing emotional, behavioural and developmental problems.

Consequently, the chances of successful adoption are higher because children who are healthy and emotionally well-adjusted are likely to adapt more easily to adoptive families, who in turn find it easier to parent and establish bonding with such children.

Creating child-centric spaces with a home-like environment

Best Practices for Implementing Adoption Services

- **Ensuring registration of children to the CARINGS portal, conducting medical examination / developmental assessments of the children within 15 days of being declared legally free for adoption by the CWCs.**
- **Maintaining higher 'caretaker to children' ratios (1:5) to facilitate attachment relationships, and provide for family-like environments – this would help children who are adopted to adjust more easily with the adoptive family.**
- **Introducing children to different kinds of food – this enables them to adjust to different food habits in their adoptive families.**
- **Providing early stimulation and addressing developmental delays through interventions that are preventive, promotive and curative (through pre-school and PRC) – to ensure that children develop adequately. In light of Indian PAPs often showing preference for children with average abilities (as opposed to those with special needs) due attention to child development would increase children's chances of being adopted.**
- **Maintaining detailed records of medical history of children, so that this information can be shared during pre-adoption counselling processes, also enables prospective adoptive parents to make informed decisions regarding adoption including preparing for any special needs that an adopted child may have.**

11. Managing Stocks & Stores

11.1 Store-room

The store room in Sishuvihar is where all of the children's utilities including raw materials for food is stored. If you ever go inside the store room, which is managed by the nutritionist and *ayahs* appointed to the store room, along with a SAA manager, you will see that it is neatly organised and stacked based on the type of utility and the regularity with which it is required.

There are shelves to one side that store the formulas for young children, followed by toiletries like toothbrushes, toothpastes and soaps. The shelf next to that contains all the hygiene materials like hand washes, sanitizers, phenyl and other cleaning material.

It is the main area of the store room that will catch your eye: a line of large steel canisters that hold all the spices, and raw materials for food preparation. Each area of the store room including the steel canisters are accurately and neatly labelled for easy use and to streamline the processes of using the materials in the store room.

Figures 41-42: Other sanitary products and dry fruits stored in labelled stacks.

The store room is where the nutritionist has her office

Toiletries neatly stocked in the store room

Raw ration labelled and stored in steel containers

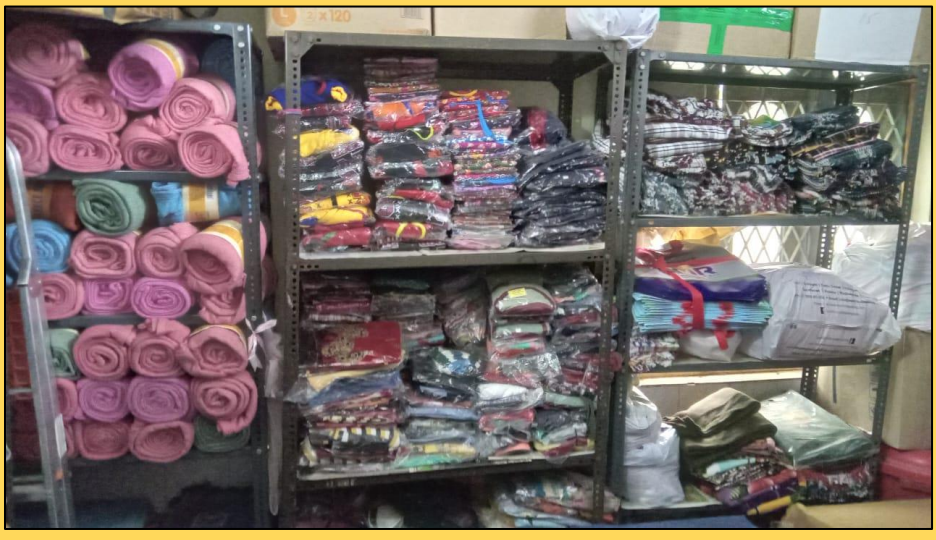
Box 13: Essential Registers and Documentation in the Store Room

- **The Issue Register:** the Issue Register is used for issuing materials from the store room to any other part of Sishuvihar, mostly the kitchen. It is also used to keep track of all the materials that different *ayahs* collect for use like milk powder, fruits, food, etc. All the details are entered by the concerned staff in the issue register.
- **The Menu Register:** The Menu Register keeps an everyday record of the food that is made in Sishuvihar. This information changes every day based on the menu that is planned for each category of child (age and/or disability and malnutrition status) for the day.
- **The Store Book:** There is a Store Book in the store room for each room in Sishuvihar. All the material that is issued from the Issue Register is reflected in the Store Book. It is the nutritionist who signs off on the store book. This is their mechanism to ensure material is used judiciously and is duly accounted for.
- **The Gas Book:** Also called the Office Book, this register stores all the details about the cooking gas usage of Sishuvihar.
- **The Stock Register (Bill Register):** This register contains all of the bills and transactions for purchases in the store room.
- **The Donation Register:** Donations in Sishuvihar are only accepted when they are approved by the Regional Joint Director. Sishuvihar has a 'no direct donation policy' – everything that is stored in the store room, that comes through donation, is accounted for in the donation register.

11.2 Stock-room

The stock-room, as the word suggests, is the room in Sishuvihar, where all extra clothes, donated clothes, the uniforms of the staff as well as extra diapers for the younger children are stored. The highlight, however, is the sewing machine in the stockroom. Sishuvihar believes that children should feel at home, wear clothes that are comfortable and fitting, so that there is a sense of belonging and homeliness. The sewing machine is for that exact purpose. Even if the clothes they receive are donated clothes, they should be customised based on the fit of the child who will be using them.

The stock-room is one room with racks where all materials are stored and wrapped in plastic covers. This room is also regularly cleaned, aired and pest controlled to ensure the materials remain intact for use.



The sewing machine and clothes inside the stock room

Best Practices for Managing Stocks and Stores

- **Designation of a separate space for various materials that are required for children on a daily basis is essential for systematic use of these materials including for monitoring and recording of movement of materials to various parts of the institution.**
- **Filling out of requisite registers regularly by stakeholders/staff utilizing the materials in the store room.**
- **Ensuring that checks are in place for stakeholders to be accountable for the materials that they take out for use.**
- **Ensuring high standards of hygiene in store rooms through regular cleaning and pest control, especially for stores containing edibles and food.**
- **Checking and monitoring the quality of stocks received and ensuring immediate return of bad quality stock- the health of children should never be compromised!**
- **Storage of extra clothes and bedding in water/weather proof materials (such as plastic) so that they maintain their quality for longer periods of time.**
- **Making arrangements for clothes to be altered to fit children appropriately – this also helps promote ownership and a sense of belonging to the children!**

12. Maintaining Records

Record keeping is one of the critical tasks that child care institutions need to implement effectively in order for its services to run smoothly. With many children within the institution, this can sometimes be difficult, or feel like a nuisance, but these are important in order to support children through various processes such as repatriation, adoption, healthcare, safeguarding children and ensuring their growth and development in the institution.

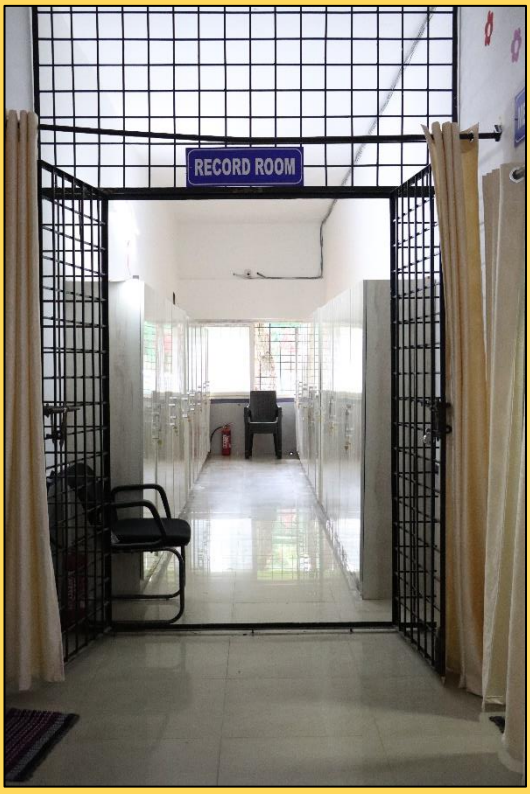
Box 14: Purpose of Keeping Records

- **To ensure that the details of each child is available, while they are at the institute, for the reference of the CWC, CCI, and other authorities whenever required.**
- **To facilitate adoption processes.**
- **To facilitate repatriation processes .**
- **To ensure that the records are available for the child in case they wish to access it, after the age of 18 years.**
- **For growth monitoring of children.**
- **For inspections and audits.**

Sishuvihar maintains 69 such records. While some records are to be mandatorily maintained per the Juvenile Justice Act, 2015, and the JJ Model Rules, 2016, as mentioned in Table 9, there are many records which are maintained by Sishuvihar staff, themselves, for the purposes of organization and convenience. These additional records are listed in Table 10 along with the purpose of maintaining each.

Along with these records, a large black board is placed on the wall, at the entrance, which contains basic details of the children in Sishuvihar.

It has details of each child based on the room the child is placed in – the categories comprise of a gender-wise distribution, along with the updated details of children who are being adopted or are up for adoption, the jurisdictional Child Welfare Committee, as well as the number of children in the hospital, sick room, and children in quarantine (if any). This board is updated regularly by the appointed member of staff.



Entrance to the Record Room where all records are stored.

Box 15: Registers to be maintained under Juvenile Justice (Care and Protection of Children) Act, 2015

- **Master Admission & Discharge Register**
- **Supervision Register**
- **Case File of Each Child**
- **Medical File and Medical Report**
- **Attendance Register of Children and Staff**
- **Order Book**
- **Inquiry Report File**
- **Children's suggestions and file**
- **Voucher, Cash Book, Ledger, Journal and Annual Accounts**
- **Grant utilization register**
- **Stock register**
- **Nutrition/diet register**
- **Budget statement register**
- **Visitors' book**
- **Staff movement register**
- **Personal belongings register**
- **Children's movement register**

Table 8: Records in Sishuvihar

	Type of Register	Purpose of Record
1	Admission and Discharge	Each child is provided a unique admission number at the time of admission, and the status and all essential details, like mother tongue, category of the child etc are captured…the ID proofs of parents are collected (if available) , educational status of the child, referral source …and date of exit is noted.
2	CWC Register – Hyderabad, Rangareddy, Medchal	CWC case number, date of admissions, and any decisions made by the CWC are recorded in this register.
3	Transfer Register	Transfer order details, date of transfer and the details of the CCI, to which the child is being transferred are captured.
4	Handover Register	Details of the handover such as the date, CWC's Order, and contact details of parents for follow up are captured.
5	Death Register	Details such as cause of death, date of death, place of death are recorded.
6	Adoption Register	Details of the proceedings, PAP contact details, pictures of the child are all recorded in this register.
7	Status of Children in Sishuvihar	This register mentions the essential details and essential categories under which the child is placed.
8	Visitor Register Format	Details of each visitor, their Aadhar number, details of their relationship with the child are captured.
9	Admission Register	Height, weight, date of admission…and general health details at the time of admission are updated in this register.
10	Covid Testing Register	Details of each child's covid test is updated in this register, along with the details of the lab where the test was performed.
11	Referral Register	If a child is referred for health check up, the reason for referral, along with the details of the hospital to which referral is made.
12	Low Birth Weight Register	Details of children with low birth-weight are recorded. This is updated weekly.
13	Children Detail Room No.	Details of children in each room, the categories they come under, their health status etc., are captured.
14	Monthly Weight, Height & Head Circumference	Details captured on a monthly basis for growth monitoring.

	Type of Register	Purpose of Record
15	Low Birth-Weight Register	Weekly weight is monitored of children with low birth weight.
16	Hospitalization Register	In case a child is hospitalized, date of admission, discharge and purpose of hospitalization are captured in this register.
17	Immunization Register	Each child's immunization status is captured in this register.
18	Lab investigation Register	Details of any Lab tests done for the child are captured in this register e.g., ECHO, CUE.
19	Pharma Indent Register	Details of pharma products indented and the balance products is maintained in this register.
20	Donation register	Record of all donations received.
21	Cosmetics and Stationary Stock	Details of toiletry items, stationary items and other cleaning items.
22	Groceries Stock	Details of kitchen utilities.
23	Issue Register	Room-wise stock issued to *ayah*– groceries, toiletries , stationary etc., with detailed descriptions.
24	Formula Powder Stock	Need-based; receipt of new stock or issue of stock to rooms.
25	Children Dietary	Age wise registers are maintained. As per paediatric recommendations, special diets are recorded and shared with the kitchen staff and the nutritionist. This is updated every fortnight.
26	Out Patient Register	Details of children referred to Niloufer hospital or other hospital for check-ups, along with the details of the attendants.
27	Growth Monitoring	The essential growth indicators are captured monthly.
28	Menu	Updated daily on the boards as well as in the register. As per the menu, what was prepared is entered daily in the menu register.

	Type of Register	Purpose of Record
29	Stock Register	Three stock registers are maintained. Updated daily based on what is issued by the stock in-charge to the *ayahs* for the children's room. Usually contains the number of items issued, number of items left etc.
30	Cheque Book	Updated once every month. All monthly transactions using cheques are captured with descriptions.
31	Petty Cash	Petty cash of up to INR 10,000 kept for daily expenses and utilities, updated daily. Any expenses using petty cash are recorded in this register.
32	Cash Book	Details of transactions are updated daily.
33	Staff Attendance	Daily attendance of the staff captured.
34	Caregivers Attendance	Daily attendance of the *ayahs* captured.
35	Room Wise Daily Report	Submitted by the SAA Managers, this contains daily updates about the children from each room.
36	Room Wise Daily Attendance	Attendance of children is recorded and submitted by SAA Managers daily.
37	Monthly/ Quarterly Reports	To capture the updates of the work done/ progress made in each month/ quarter.

Best Practices for Record Keeping

- **Retaining all files (old and new) so as to ensure legal and regulatory compliance.**
- **Accurate indexing and categorization of all documents.**
- **Archiving of files of children no longer in the institution (such as adopted children) to ensure that families have access to this information in case required.**
- **Separation of active and archival files so as to allow easy tracking of information of existing or other children.**
- **Maintenance and monitoring of record on a daily, weekly, fortnightly basis, as required – this is essential for effective running of the institution and ensuring quality care to children.**

13. Staffing

Currently there are 214 staff members at Sishuvihar. The staff members include SAA Managers, Social Workers, Paediatricians, Physiotherapists, General Nursing and Midwifery (GNMs), Auxiliary Nursing Midwifery (ANMs), Pre-School teachers, Chowkidar, Driver, Caregivers, Primary Rehabilitation Centre (PRC) staff. It is interesting to note that majority of the staff members are *ayahs* i.e., 136 in number. The ayahs/ ANMs/ Medical Staff at Sishuvihar work in three shifts and are available for children 24X7. Table 11 shows a sex-wise distribution of functionaries, including their designations.

Table 9: Current Staffing in Sishuvihar (June 2022)

Designation	Female	Male	Total
SAA Managers	10	10	20
Social Workers	0	11	11
Paediatrician	1	0	1
Physiotherapist	1	0	1
GNM	2	0	2
ANM	15	1	16
Pre School-Teacher	7	0	7
Chowkidar	6	6	12
Driver	0	2	2
ayah	133	3	136
PRC Staff	4	2	6
Total	179	35	214

13.1 The Need for Higher Numbers of Caregivers for children

As stated earlier, children in child care institutions come from adverse circumstances, having experienced different kinds of trauma. Young children may not have the cognitive capacity to remember these traumatic experiences cognitively, but they remember these experiences as sensory experiences. Living in a child care institution also means, abandonment or separation with the primary care giver.

Children, at least during the first five years of their lives, must essentially experience a warm, intimate and consistent/ stable relationship with the primary care giver…which in most cases is the mother. In accordance with 'Attachment Theory' by the psychotherapist John Bowlby, prolonged separation of a child from its mother (or mother substitute), during the first five years of life, can cause serious emotional and behavioural problems including delinquent character development.

Caregivers, therefore, in the absence of the mothers or any other primary caregivers, play an important and valuable role in the children's lives at Sishuvihar. Children between 0-6 years require extensive and responsive caregiving, and in their eyes, the *ayah* plays the role of a mother figure.

Inconsistency in caregiving by the *ayah*, or unresponsiveness from the *ayah* can be extremely tragic for the child. The child in these years is also likely to express preference for the primary caregiver, in this case the *ayah*, and expects continuity and stability, which is important to provide a sense of security. Absence of such caring or accessibility to the caregiver/*ayah* can lead to anxiety or distress.

Box 16: Inconsistency in caregiving, absence of primary caregiver and linkages to behavioural issues in children

CCIs having lower numbers of caregivers, and large numbers of children, result in individual children receiving less care and attention. Much before children learn to speak and communicate explicitly, they use gestures…such as smiling, crying etc., to communicate their needs and to demand attention. In case the caregiving burden on the caregiver is high i.e., the caregiver-child ratio is too low, these cues for attention are likely to go unnoticed and unattended to. This places children at risk of developing emotional and behaviour problems. As per research, the more time an infant under three is apart from his parents/ caregivers, the more likely he/she is to be aggressive and develop behavioural problems.

Infants usually single out their parents/caregivers for special attention. For instance, when the (primary) caregiver enters the room, the infant smiles. When the infant is picked up by the caregiver, the infant may pull her hair, touch her face and snuggle; and similarly, when the child feels scared she/he may hold on to the caregiver, cry and wait to be soothed. The soothing and comforting of an infant, by the caregiver, helps the child release the fear or the tension, and develop a relationship of attachment and trust with the caregiver.

The high staff-child ratio, in Sishuvihar, helps to avoid such risks, thereby allowing for individual children to receive the intensive attention and care that characterize services for young children, and to lay foundation for all later relationships that the child will have.

13.2 Ensuring Adequate Staffing: Navigating Challenges of Resource Limitations

Despite several efforts by governments, the low salaries of the staff, especially the ones considered to be at the lower grade, had been a long-standing problem. Acknowledging that the institution required dedicated and motivated staff, the Sishuvihar institution, raised these concerns with Women Development and Child Welfare Department. All the budgets were reviewed, and certain accommodations were made.

Under the ICDS budget there is a provision for appointing doctors to be recruited for child care institutions. However, Sishuvihar was already equipped with well functioning primary care centres, and the Niloufer Hospital ward to cater to the health needs of the children from the institution. Sishuvihar did not require any more doctors under the ICDS and therefore, with due permissions from the Department, this budget was utilized to supplement the salaries of the caregivers in the institution.

While an average caregiver's salary is INR 7,800 per month, in Sishuvihar, they are paid INR 21,000 per month. A request was made to the Department for their salary hike considering the centrality of their job, in regards to children's care and development, in order to ensure retention and quality. The balance amount of INR 13,200 is paid by the state government for each caregiver.

Similarly, the PRC staff is also given a salary of INR 10,000. Only 50% salaries are drawn from the ICPS, while the rest of the their salaries are provided by the Disability Welfare Department.

Best Practices for Staffing

- **Ensuring Adequate Frontline Workers and Caregivers for Children—staff-child ratios need to be high as young children require intensive (physical) care.**

- **Converging with other departments (such as Dept. of Disabled Persons and Senior Citizens or Health and Family Welfare) to ensure availability of essential services and quality care.**

- **Exploring alternative sources of funding, from other state sources. (In addition to the budgetary arrangements explored at Sishuvihar, it may also be possible to explore public-private partnerships and look for non-governmental/corporate agencies for additional funding).**
- **Effective supplementing of salaries of staff in CCIs by the State ensures retention and accountability.**

ANNEXURES

- **Formats for Sishuvihar Records**
- **Formats for Primary Rehabilitation Centre (PRC)**
- **Qualifications and Salary Structure – Staff of Sishuvihar**

Annexure 1(a) Death Register

DEATH REGISTER - Sishuvihar, Hyderabad

S.No	Admission Number	Name of the child	Gender	Date of birth/ Age	Date of Admission	Date of death	CWC	Cause of death	Place of death	Name & Signature of the SAA Staff	Remarks
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											

Annexure 1 (b) Child Welfare Committee Register

CHILD WELFARE COMMITTEE REGISTER - Sishuvihar, Hyderabad

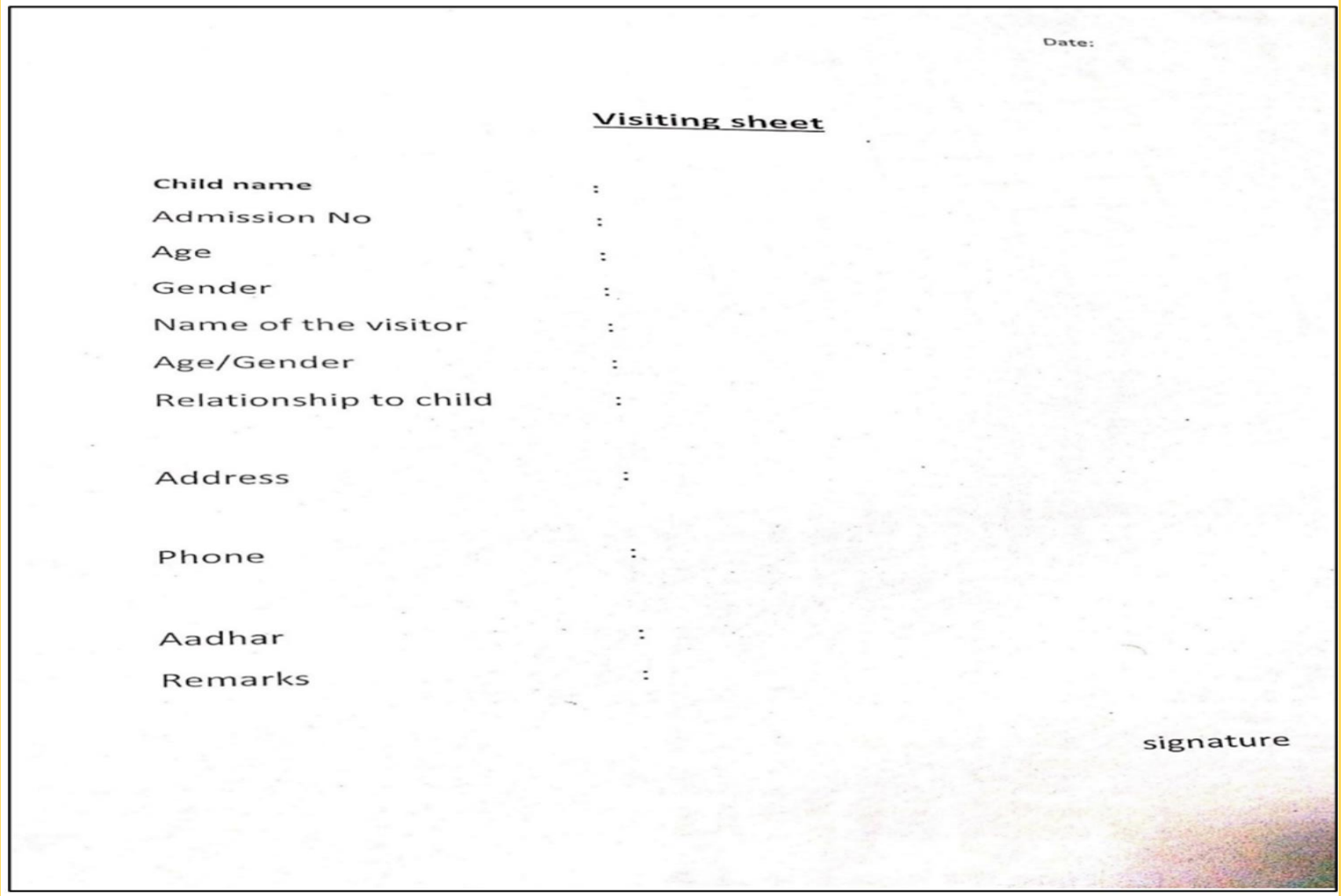
S.No	Details of the child					Purpose	Decision taken
	Admission Number	Name of the child	Date of birth/ Age	Date of Admission	CWC Case number		
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							

Annexure 1 (c) Children Details (Room wise)

Children Details Room No-_____ - Sishuvihar, Hyderabad

S. No	Name of the Child	Gender	Admission No	Date Of Admission	D.O.B	Refered by	Type of Child	Relinquished	Abandoned	Adoptable	Temporary	Health Status	CWC	Registration No.
1														
2														
3														
4														
5														
6														
7														
8														

Annexure 1 (d) Visiting Sheet



Date:

Visiting sheet

Child name :

Admission No :

Age :

Gender :

Name of the visitor :

Age/Gender :

Relationship to child :

Address :

Phone :

Aadhar :

Remarks :

signature

Annexure 1 (e) Adoption Register

ADOPTION REGISTER - Sishuvihar, Hyderabad

S.No	Admission Number	Pass photograph of the child	Name of the child	Gender	Date of birth/ Age	Date of Foster care	Procedings orders	Full name, Address and phone numbers of the PAP's	Name & Signature of the PAP's
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									

Annexure 1 (f) Handed Over Register

HANDEDOVER REGISTER - Sishuvihar, Hyderabad

S.No	Admission Number	Name of the child	Gender	Date of Admission	Date of birth/ Age	CWC Order date	Name of the CWC	Handedover date	Full name, Address and phone numbers of the parents	Name & Signature of the SAA Manager
1										
2										
3										
4										
5										
6										
7										
8										
9										

Annexure 1 (g) Transfer Register

TRANSFER REGISTER - Sishuvihar, Hyderabad

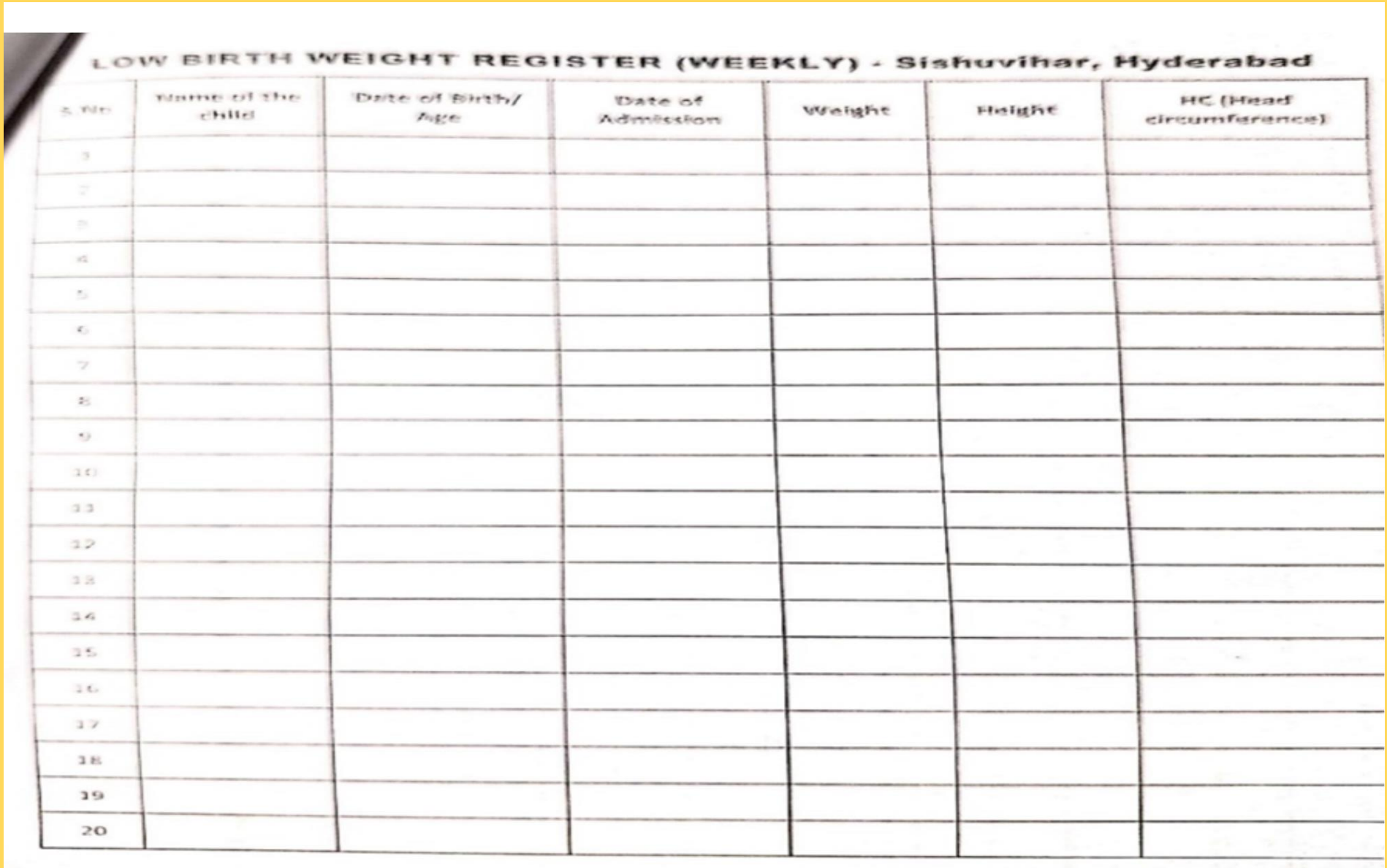
S.No	Admission Number	Name of the child	Gender	Date of birth/ Age	Date of Admission	Transfer Order date	Order given CWC	Transfer place	Transfer Date	Name, Address & Contact number of the CCI	Name & Signature
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											

Annexure 1 (h) Hospitalization Register

HOSPITALIZATION REGISTER - Sishuvihar, Hyderabad

S.No	Name of the child	Date of birth/ Age	Name of the Referral Hospital	Date of admit	Date of Discharge	Condition of at Referral time
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						

Annexure 1 (i) Low Birth Weight Weekly Register



LOW BIRTH WEIGHT REGISTER (WEEKLY) - Sishuvihar, Hyderabad

S.No	Name of the child	Date of Birth/ Age	Date of Admission	Weight	Height	HC (Head circumference)
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

Annexure 1 (j) Immunization Register

IMMUNIZATION REGISTER - Sishuvihar, Hyderabad

S.No	Name of the child	Date of Birth/ Age	DOA	Gender	BCG+ OPV	Penta-I dose OPV+IPV ROTA	Penta-II dose OPV+ ROTA	Penta-III dose OPV+IPV ROTA	MR-I Vit-A	DPT+ MR-II	DPT Booster (5 yrs)	Pneumococcal		
												I st	II nd	III rd
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
13														
14														
15														
16														
17														

Annexure 1 (k) Lab Investigation Register

LAB INVESTIGATION REGISTER - Sishuvihar, Hyderabad

S.No	Name of the child	Date of Birth/ Age	Gender	Package	CUE	2D Echo	Other investigations
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							

Annexure 1 (l) Pharma Indent Register

PHARMA INDENT REGISTER - Sishuvihar, Hyderabad

S.No	Name of the product	Quantity	Balance
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

Annexure 1 (m) Admission Register

ADMISSION REGISTER - Sishuvihar, Hyderabad

S.No	Admission Number	Name of the child	Gender	Date of birth/ Age	Date of admission	Height, Weight and Head circumference at the time of admission	Agency	Type of the child	CWC	Information given to	Siganature
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											

Annexure 1 (n) Out Patient Register

Out Patient Register - Sishuvihar, Hyderabad

S.No	Name of the child	Date of Birth/ Age	Cause of	Treatment	Dosage	Advice
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						

Annexure 2: Records Maintained by the PRC

Records Maintained by the PRC			
	Type of Register	**Status Updated**	**Maintained By**
1	Staff's Attendance Register	Daily	Maintained at Primary Rehab. Center
2	Children's Attendance Register	Daily	Maintained at Primary Rehab. Center
3	Individual Case File	Monthly	Maintained at Primary Rehab. Center
4	Assessment Reports	Monthly	Maintained at Primary Rehab. Center
5	Test reports	Monthly	Maintained at Primary Rehab. Center
6	Therapy Plan report	Monthly	Maintained at Primary Rehab. Center
7	Quantitative Prognosis Report	Monthly	Maintained at Primary Rehab. Center
8	Qualitative Prognosis Report	Monthly	Maintained at Primary Rehab. Center
9	Daily Report	End of the Day	Submitted to In-charge Sishuvihar & DWO in print & softcopy in WhatsApp
10	Weekly report	End of each week	Submitted to In-charge Sishuvihar & DWO in print & softcopy in mail/WhatsApp
11	Monthly Report	End of each month	Submitted to In-charge Sishuvihar & DWO in print & softcopy in mail /WhatsApp

Annexure 3: Sishuvihar Staff Qualifications and Salary Structures

Sishuvihar, Hyderabad staff details

Sl. No	Name of the post	Post qualification	Salary per month (Rs.)
1	SAA Managar-21	Master of Social Work (MSW)/Sociology master degree in Psychology/M.Sc Home Science and 3 years relavant working experience	23170
2	Social worker-21	Post Graduation in Social Work/ Sociology from recognized university and 3 years relavant working experience	18536
3	Pediatrician-1	MD - Pediatrics and 3 years relavant working experience	87750
4	Physiotherapist-1	Bachelor of Physiotherapy and 3 years relavant working experience	32500
5	GNM-2	General Nurse Midwifery and 1 year relavant working experience	23400
6	ANM-21	Auxiliary Nurse Midwifery and 1 year relavant working experience	13240
7	Pre-Primary Teacher-6	Diploma in Teacher Training	13000
8	Ambulance driver-2	Intermediate and (4) wheeler license	19500
9	Chowkidar-21	7th class and 1 year relavant working experience	7944
10	Ayah-12	10th class and 1 year working experience for take care of children	7944
11	123-Ayahs-On outsourcing basis (Remuneration-Rs.14,500, EPF-Rs.1,885, ESI Rs.471, AC Rs.579, GST Rs.3,138)	10th class and 1 year working experience for take care of children	20,573

		PRC	
1	Physiotherapist	MPT with one year experience dealing with children with special needs (CP, ID other developmental disabilities) or BPT with two years' experience, children with special needs. -Valid registration with respective councils. Desirable: Spoken Language proficiency in Telugu	30,000
2	Speech and language therapist	M.Sc ASLP with one year experience dealing with children with special needs (CP, ID other developmental disabilities) or B.Sc ASLP with two years' experience, children with special needs. Valid RCI registration. Desirable:Spoken Language proficiency in Telugu	30,000
3	Occupational therapist	MOT with one year experience dealing with children with special needs (CP, ID other developmental disabilities) or BOT with two years' experience, children with special needs - Valid registration with respective councils. Desirable: Spoken Language proficiency in Telugu	45,000
4	Special educators	DECSE with two years' experience or D.Ed in SE (ID/ASD/CP) with two years' experience or B.Ed in SE (ID/ASD/CP) with one year experience or M.Ed in SE (ID/ASD/CP) - Valid RCI registration Desirable: Spoken Language proficiency in Telugu	30,000
5	Early Intervention specialist	PGDEI with two years' experience. - Valid RCI registration Desirable: Spoken Language proficiency in Telugu	30,000
6	Rehabilitation psychologist	M.Phil in Rehabilitation Psychology with one years' experience or Masters in Psychology in regular mode with two years' experience in dealing with children with disabilities - Valid RCI registration Desirable: Proficiency in Telugu	35,000
7	Primary Rehabilitation Workers (Sahayogis)	Preferably in the age group of 20-45 years having a Diploma or Certificate in assistant in rehabilitation Courses like Physiotherapy, Speech Therapy and Special Education. Desirable: Proficiency in Telugu, Competent to use Microsoft Office Package.	15,000

ABOUT SAMVAD

SAMVAD (Support, Advocacy & Mental health interventions for children in Vulnerable circumstances And Distress) is a National Initiative & Integrated Resource for Child Protection, Mental Health and Psychosocial Care established by the Ministry of Women & Child Development, Government of India. This initiative is located in the Dept. of Child & Adolescent Psychiatry, NIMHANS. With the aim of enhancing child and adolescent psychosocial well-being, through promotion of transdisciplinary and integrated approaches to mental health and protection, it was established to extend technical support and services to all the states in the country.

SAMVAD comprises of a multidisciplinary team of child care professionals, with expertise in training and capacity building, program and policy research pertaining to child mental health, protection, education and law.

SAMVAD is reachable on info@nimhanschildprotect.in for any queries or assistance on child protection, mental health and law – policy related issues.

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Towards a new dawn
Ministry of
Women and Child Development
Government of India