

Children in Institutional Care

in

North-East Province of Sri Lanka

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“If the children are not protected from abusers
the public will one day have to be protected from the children”.

A Research Project funded by
The Child Protection Research Fund
Canadian International Development Agency (CIDA)
In collaboration with
Save the Children in Sri Lanka

Project Code No: 003 621991 1940 4274

University of Jaffna, Jaffna, Sri Lanka
2004

Chapter One

Introduction

1.1 Introduction

This research study was undertaken to fill in the scarcity of detail data on Residential Care Institutions for children in Sri Lanka. This report deals with the North-east Province (NEP) of Sri Lanka

The objectives of the study were

1. General objective
To enhance knowledge and expertise on the protection and rights of children living institutional care and to use this knowledge to promote research based policy change, implementation of best practices and suitable alternatives to institutional care when necessary
2. Specific Objectives
 - To collect and document basic information regarding institutional care of children in selected geographical areas
 - To determine the current quality of services and care in institutions and to identify good practices where applicable.
 - To assess the existing policy, procedures and regulatory environment in supporting best interest of children in institutional care setting.
 - To identify the causal factors for the institutionalization of children and track reported preventive practices and alternatives to institutional care.
 - To identify policy and programming recommendations to ensure the protection and realization of the rights of children in institutional care.

1.2. Background of the involvement of the University of Jaffna

The University of Jaffna was contacted in November 2003, to assist in the island wide project to identify the problems associated with children in Institutions. The University of Jaffna undertook to assist in the data collection and analysis in the NEP. The Department of Sociology, of the University of Jaffna initially undertook this project. The graduates who had completed the degree in social science were to be utilized as field researchers in the study. In July 2004, the implementation of the project was handed over to Dr. R Surendrakumar of the Department of Community Medicine and Prof N Sivarajah was appointed as a consultant in August 2004. In addition the University administration was not functioning due to a strike and the field staffs were unable to continue with the work due to non-receipt of payments. However, the Social science graduates selected earlier were utilized for the survey. As a result of the break in the continuity of the research team, there was an inadvertent delay. Since the present team came half way through the project certain delays and lapses in the report has become inevitable.

1.3. Background of the North-east Province (NEP)

The geographical area covered by this part of the survey is the Northeast Province. The Northeast Province consists of the following eight districts

- Jaffna
- Kilinochchi
- Mullaitivu
- Mannar

- Vavuniya
- Trincomalee
- Batticaloa
- Amparai

The NEP consists of two of the nine provinces of Sri Lanka, amalgamated together in 1987 for political reasons.

This province extends across the Northern and Eastern coastal areas of Sri Lanka and consists of 19, 000 sq. Kms. (including 586 sq. Kms. of Inland waters). It has about 1000 kms of a coastal belt, a major extent of which was affected by the tsunami on the 26th of December 2004. The children in one orphanage died inside their home, together with their care takers at that time.



Childrens' Home in Mullaitivu destroyed by the tsunami

The temperature varies between 21 and 36 degrees Celsius.

Rainfall is mainly during the North-East Monsoon which is between the months of September and December each year. The driest period is between June and August when some areas experience drought, with scarcity of water. The annual rainfall is

Demography: The thirteenth census of the population of Sri Lanka since 1871 was carried out in 2000. This census excluded the Northeastern province as it was in the midst of a civil war. In 2001 a census¹ was carried out in the NEP, which too covered completely only one (Ampara) of the 8 districts in the Province. The other districts were enumerated partially. However an estimate was made by the Department of Census and Statistics and the population is given in Table 1.1

Table1.1: Population of NEP in 1981 and 2001

District	Census Population		Population density (per sq. km)	
	1981	2001	1981	2001
Jaffna	738 788	490 621	795	528
Kilinochchi	91 764	127 263	80	106
Mullaitivu	77 189	121 667	39	50
Mannar	106 235	151 577	53	81
Vavuniya	95 428	149 835	36	81
Trincomalee	255 948	340 158	98	135
Batticaloa	330	486 447	134	
Amparai	388 970	589 344	86	140
Total NEP		2 456 912		
Total Sri Lanka	14 846 750	18 732 255	230	299

Note: Out of the eight districts in the NEP, Amparai was covered completely, Trincomalee and Batticaloa partially and Jaffna, Kilinochchi, Mullaitivu were not covered. As such, estimates for the districts which were not covered or partially covered, are based on the information collected during the Listing and numbering operation of the Census 2001, wherever possible. Where the Listing and numbering operation was also not complete, the Registrar General's estimates based on the Registration of births and Deaths have been used. The figures in blue color given against the Districts in the NEP, under Census 2001 are such estimates.

¹.AGW Nanayakkara, Census of Population and Housing 2001 Department of Census & statistics Colombo. 2001

The conflict zone is usually divided into three areas; the area under direct LTTE control, the area under the Sri Lankan military control and the 'grey' border areas. In the Northern Province, the areas under LTTE control, comprises of the entire Kilinochchi and Mullativu districts, parts of Jaffna, Vavuniya and Mannar districts. In the Eastern Province parts of the Trincomalee and Batticaloa districts are under LTTE control.

The war which ravaged the country and especially the NEP for the past two decades has left behind a trail of destruction to life and property. Poverty in the NEP has been immersed in war for the last two decades. The humanitarian, social and economic impact of the war is felt most directly by population in the North & East. The effects of the war have had far reaching economic, social and psychosocial repercussions that extend beyond the theatre of battle. Some of the effects of the conflict include loss of civilians lives and psychological trauma, damage to infrastructure and homes, displacement, restricted mobility in some areas in the country, disruption of local economics, disruption of community and institutional networks, disruption of children's education, high dependency in relief, deterioration in the health status of population and wide spread vulnerability and insecurity among the population. Qualitative reports suggest that income poverty, healthcare, education and economic conditions are far worse in areas affected by war than in other parts of nation.

The Commissioner General of Essential Services has estimated² that the number of persons internally displaced is around 600 000 and that the number of persons killed is around 60 000. UNHCR estimates that one third to half of all homes have been damaged or destroyed in the province. Death injury and displacement are ever present realities in the North& East. One out of every 12 house holds reported a member killed as a result of the conflict, while among the poorest households, it was one in seven. The Sri Lankan integrated survey found that nearly all house holds (97 percent) in the NEP that moved out due to war suffered loss of property. A large number of displaced persons have sought shelter in welfare centers , which are characterized by inadequate access to basic health and educational facilities, over crowding and unsanitary living conditions.

This has resulted in the presence of a large number of 'orphans' and homes for these children. It is estimated³ that 900 000 children living in the North and East of the country are directly affected by the conflict

There is ample evidence from small scale surveys and local government reports, that poverty condition in the North and East are as bad as in any other part of country .This would imply that nearly half of the population, or about one million persons in the NEP could be considered poor. More over, it is well recognized by the government that poverty in the NEP is associated with fear, voiceless ness, ethnic polarization, violence related grief-that are incomparable to those in other parts of the nation

This study covers only children in Children's homes; but there are large numbers of children in the community, without one or both parents.

The children in the NEP have also been shown to suffer seriously from under nutrition compared to their counterparts in the other provinces. Demographic and Health Survey ⁴ 2001 shows that 46.2 % of the children under five years are underweight for their age. A survey carried out among women and children in Welfare centers in the Jaffna District has shown that 61 % of pregnant women and 56 % of girls 15-19 years are anemic⁵. These women are liable to produce low birth weight babies

² Regaining Sri Lanka

³ Save the Children (1998). Children affected by armed conflict in North and East Sri Lanka Situation report No:2 – August 1998

⁴ Department of Census & Statistics (2002). Sri Lanka demographic and Health Survey 2001-Northern and Eastern Provinces. Department of Census & Statistics and UNICEF.

⁵ Sivarajah N (2001) Nutritional survey of Welfare Centres in the Jaffna District 2001. World Food Programme. Colombo

Some indicators relating to children in the NEP compared to those in the other provinces is given in table 1.2.

Table 1.2: Health Indicators related to children and women in NEP and other provinces

Indicator	In NEP	All other Provinces
Underweight for age	46.2%	29.4%
Prevalence of Low Birth Weight	25.7%	16.7%
Immunization coverage (Full coverage)	74.5 %	80.7%
Assistance at delivery from Trained person	80.65	96.0%
Total Fertility Rate (per 1000 married women 15-49 years)	2.6	1.9
Current use of contraceptives (any method) (among currently married women 15-49 years)	36.2 %	70.0%
Pipe borne water supply	8.9%	23.4%
Water-seal latrines	48.2%	72.6%

Source: Department of Census & statistics.(2002) Sri Lanka Demographic and Health survey,2001 – Northern & Eastern Provinces. Department of Census and Statistics and UNICEF

1.4. Trends in the increase in institutions in the NEP

The number of child care institutions in the NEP appears to be on the increase during the past few decades. This has been directly and indirectly resulted from the war and recently the natural disaster – tsunami.

The war has resulted in displacement, loss of livelihood, alcoholism, apathy, indifference, lack of interest and ultimately, stress in family relationships and disruption of family life. This leads to broken families and children are those severely affected. These are mainly lack of proper nutrition, inadequate shelter, parental and social protection, disruption of education. The parents try to take them away from this environment by admitting them to Children's homes. Although their expressed motive is education, their main concern is that the children should be away from the uncongenial environment they are exposed. This has resulted in the increase in admissions to Child Care institutions



There is also sympathy towards these children, especially among the Diaspora and donors in developed countries.

Several Religious organizations play an important role in the origination and maintenance of Child Care institutions. In these institutions, Religious practices are given priority. These practices are carried out by the management with the intention of relieving stress. But they are likely to affect the mental health development of the children due to the sudden and frequent change in their family custom.

The present laws in this country regarding the establishment of children's Homes are very weak. Even the existing laws are not properly implemented due to the lack of staff and proper supervision. As a result any person could open or close a Children's home at his/her whims and fancy.

1.5. Emergencies and Institutions

There are two categories of children who need institutionalization in emergency situations.

1. Un accompanied children
2. abandoned children

The most important among vulnerable children are

1. Children who have lost both or one parent, especially those in families with several small children
2. Children in large families
3. Children in families caring for children in addition to their own.
4. Children in families of alcoholic parents

Children and their parents living in conflict situations have to face continuous stress, trauma, repeated displacement, separation, loss and uncertainty. Some of the situations affecting the parents are

1. The shock of the events involved in war and becoming a displaced family.
2. The Death of one or more family members.
3. Grief over their present and future personal safety and worry about the safety and well being of family members
4. Experience of detention, violence and torture, or having to witness these events.

Poverty is the major problem. Most of the displaced people have lost their means of livelihood. They depend on rations provided by government and nongovernmental organizations. This encourages dependency. In these families male members tend to lose their sense of responsibility. Women lose their love and affection towards the family because of over work and increased responsibilities. Almost every one loses their self respect, motivation and interest in life. As a result it damages the family dynamics. Parents who have been traumatized may not be able to provide the necessary care for the children.

Some families reach the point of abandoning children. Due to their basic needs being unfulfilled the parents are disheartened and uncertain about their future and the future of their children.

Extreme poverty would affect the parents physically and mentally and could also make it difficult for them to look after their children. Because of these reasons, there is an increasing tendency to abandon children in institutions.

Unaccompanied children may become street children living in terrible conditions in cities. There is a risk that these children would be drawn into anti-social activities.

Chapter Two

Methodology

2.1 Introduction

The present team had not participated in the initial discussions and workshops on Research protocol held in July 24-27, 2003 and subsequent discussion until July 2004. Hence the methodology adopted in the study was developed following perusal of documents and discussion with other team leaders. The basic methodology remained same as in other areas but with small modifications. The details are discussed in the relevant chapters.

2.2 The process

The research was carried out in two stages. The major stakeholders in the research were, Children, Caregivers, parents. Community around the Institutions, Probation officers and Community leaders (such as teachers, Grama Sevakas,). Regular meetings were held with these stakeholders (especially the Probation Officers, CRPOs and DCPC officers). Maximum time was spent to develop a good rapport. This enabled the researchers to obtain appropriate and accurate information. In some instances the management of the institutions requested advice on improvement of the status of the institutions.

During the first phase the researchers obtained a list of names and addresses of the institutions from different sources including, Probation Officers, Social Service Officers and District Child Protection Committee Officers. Several sources were approached because the Departments of Probation & Child care and Social Services did not have a complete list of currently functioning Institutions. In spite of obtaining from several sources, when the interviewers went into the field they found that there were additional Institutions and some of the institutions on the list were non-existent.

The second stage involved an in-depth study of 43 institutions selected by random sampling (Table 2.1).

The interviewers visited institutions and carried out a mapping of the institutions. Since there was insufficient time for completion 26 interviewers in six groups were utilized for the survey.

The interviewers were graduates who had completed a degree in social science at the University of Jaffna. These interviewers had undergone two weeks training including training in Vavuniya for four days (August 2-4, 2004) in child participatory approaches and on Research methodology connected with this research. The training was conducted by the SCSL and a copy of the program is annexed (Annex 1).

2.3 Role of Children in Research

Participation of children is important because they are the main stakeholders. Best achievement of the CRC would be to change the attitude of adults so that the child is allowed to think on its own. Success of the research mainly depends on maxim participation of children. Several methods were used to encourage the children to think and express their views.

Children's participation was achieved through the formation of the Children's Advisory Group. At the beginning of the research a two-day workshop was conducted at Trincomalee where children from all four provinces participated. Six children represented each province. Selection of children for the workshop was the responsibility the Department of Probation and Child Care Services. Two caregivers from each province accompanied the children to the workshop. They contributed several ideas and this information was incorporated to develop the objectives,

methodology and questionnaire. Unfortunately it was not possible to continue to use this child advisory group because of the difficulties in maintaining the contacts with children.

Because of the time restriction to the research team it was not possible to get maximum child participation.

During the mapping process only the field researchers visited the institutions and collected the information. Although it would have been fruitful, it was not possible to use the children in the team of interviewers because of the ethical issues and because most of the managements were not ready to allow the children to visit to other homes and did not to welcome the children from other homes.

During the field sessions of the workshop held in Vavuniya, for the field researchers, children from children's homes and schools participated. The researchers, visited three children homes and had a training on child participatory approaches with participation of the children in the homes.

From these experiences it was possible for the researchers to obtain maximum participation from children on

- How to develop a playful environment for all the children
- How to obtain the full support of the management for child participation
- Adopt some of the alternative methods to simplify the qualitative methodologies to easily understand by the children.

Children were involved in the research by discussing with them, individually and in small groups. The interviews were in the presence of the care givers and also in their absence. The children appeared to be freer to talk without their care givers.

2.4 Mapping of Children's Institution

Mapping of the institutions was carried out by the interviewers during the period July to September 2004

In order to collect basic information regarding institutions that provided care for children in the North-Eastern province, it was necessary to identify the institutions in the two provinces. For this purpose names and addresses of children's institutions were collected from the Department of Probation and Child Care Services, Department of Social Services and the DCPC in the two provinces. Several sources were approached because the Departments of Probation & Child care and Social Services did not have a complete list of currently functioning Institutions. In spite of obtaining from several sources, when the interviewers went into the field they found that there were additional Institutions and some of the institutions on the list were non-existent.

Basic information regarding each institution was collected through a structured questionnaire (see Annex). Because of limited time frame and lack of information we decided to collect the data through our field assistants. A training session for the researchers was arranged in order to provide guidance to fill the questionnaire. At the same we arranged separate meetings at district level for probation officers and child rights promoting officers to explain the research activities and obtain their help for the mapping Information about the research were disseminated through different ways to the children home managers. Full cooperation of the chief caregivers was obtained. Most of the time chief caregivers were the respondents. Except some, most of the homes were very cooperative. Sometime field assistants visited more than once because the person was available at the home didn't know all the details about the home. Sometime we found difficulties to make the appointment with the chief care givers. Some places we received irresponsible answers from the care givers. Some of the homes were situated in a isolated places. People in the neighbor hood were not aware about the home. From the questionnaire we gathered quantitative data. Data were analyzed with the help of the SPSS Statistical computer packages.

2.5 In depth study

This was carried out in November/December 2004, during the second stage of the survey by the same team that carried out the first stage.

The 'in depth' study was conducted on a sample of the institutions collected from the mapping. The NEP consisted of 8 districts. The sample was selected randomly. The sample size was proportional to the population of Child Care Institutions in each of the districts.

2.6 Sample Selection

A total of 174 medical Institutions were identified. Out of them, 43 (approx 25%) were selected by random sampling. The sample size for each district was proportional to the population of homes in the district (Table 2.1).

Table: 2.1 Samples of Institutions selected from each District

District		Sample selected				
		State Homes	Voluntary homes	Disabled homes	School Hostels	Total
Jaffna	Total	1	50	4	15	70
	Sample size	1	11	2	3	17
Kilinochchi	Total	0	9	0	0	9
	Sample size	0	3	0	0	3
Mullaitivu	Total	0	10	1	0	11
	Sample size	0	2	1	0	3
Vavuniya	Total	0	8	0	0	8
	Sample size	0	2	0	0	2
Mannar	Total	0	6	0	0	6
	Sample size	0	2	0	0	2
Trincomalee	Total	0	18	0	0	18
	Sample size	0	4	0	0	4
Batticaloa	Total	0	37	3	0	40
	Sample size	0	8	0	0	8
Amparai	Total	0	12	0	0	12
	Sample size	0	4	0	0	4
Total	Total	1	150	8	15	174
	Sample size	1	36	3	3	43

At first institutions were identified according to the type of institutions. There were three major types, such as state run institutions, voluntary institutions and institutions for differently able children. The state run institutions are of four types - certified schools, remand homes, detention homes and receiving homes. But in north & east we found only one state home which is a receiving home. There wasn't certified school or remand homes or detention homes. So we selected that state home for our study. Rest of the sample was drawn from the voluntary homes and institutions for differently able children. Here a stratified random sample was used taking gender, ethnicity, religion and district as important variables.

2.7 Data collection

The initial mapping was carried out during August/September 2004. The interviewers visited each institution personally and collected the data on a questionnaire (Annex 2). During the mapping there were 174 institutions with 8648 children. However, on subsequent visits for the in depth study it was found that some of the institutions were closed down and new ones have sprung up.

The In-depth study was planned to get the information from those who were directly or indirectly involved with the activities of the children's homes. Different methodologies were adapted to obtain data from different stakeholders. Prior to the data collection, pretests were carried out separately in northern and eastern province. The pretests were carried out in three children homes in the Northern Province and three in the Eastern province. These six homes were not in the sample selected for the survey.

Because of transport difficulties and limited time frame six groups of field workers were used. Each group spent five days at each institution. They remained in the institutions during the five days. This was a successful method of data collection. It helped in the development of a good rapport with the institution particularly with the children and care givers. It was also useful in the observation of the real situation in the homes.

2.8 Data collection from children

The participation of children took place during the second stage and was considered important in the research.

Different participatory techniques were adopted. Maximum care was taken to minimize interference and trauma to the children during the data collection. Field researchers stayed in the institution overnight for this. This was helpful to develop a friendly atmosphere among the children. The children accepted the field researchers as one among them and shared their views and impressions. The researchers collected the data when they were free and while playing with the children. Child participatory approach was used.

Some of the institutions had large number of children. In these places twenty-five to thirty children were selected for some techniques and ten to fifteen for some other techniques. Most of the time the age group selected was 11 to 18 years. In the case of Institutions with less number children, all the children participated together. Children were questioned in groups about various aspect of care available. In some instances, the care givers were also present. Wherever care givers were present the children appeared to be reserved in their comments.

As mentioned earlier, the study area was found have only one state home. This home had 13 ? children and all were under 10 years. Hence it was not possible to get the children's views.

Different techniques of data collection were used with children. Participatory tools, such as Barometer, Venn diagram, Diamond Ranking, Pair Wise Ranking and focus group interview were used to collect information from children. Barometer was used to understand how far children were knowledgeable on the UN CRC. Information on the services and facilities received and their quality in the institutions were collected by using the Pair Wise Ranking tool. Diamond Ranking was useful in collecting information on children's needs that were not met at the institutions. Venn diagram was used to identify the institutions, officers and persons that were important to the children and how far they were close to them. (Each of these participatory tools will be explained in Chapter 5 when analyzing children's perspective on the quality of care). Using participatory tools allowed children to actively participate in the research and also to provide the researchers an opportunity to gather important information from the discussions that took place between children and researchers. While children spoke they were also engaged in activities, which they enjoyed. Although participatory tools generated important information analyzing data was time consuming. The focus group interviews with children were

useful to gather information on relationships and interactions with caregivers, family, neighbours and community. Case studies were carried out with a few selected children. These case studies provided valuable information on family background, reasons for institutionalization, and life at the institution and future aspirations. Researchers used an interview guide for in-depth interviews and for focus group interviews (see Annex). Researchers faced problems in collecting information from children who were mentally retarded. To gather information from children who had difficulty in speech and hearing, a sign language interpreter's assistance was obtained. Researchers had fewer problems with blind children in gathering information as they could speak. These children were very happy to participate in the research, as it was a rare occasion for them to actively get involved in a research. Observations were possible during the period spent in the institutions. An Observation guide was used for this purpose (see Annex).

Small children were asked to draw pictures and to explain their drawings as researchers did not wish to keep them completely out of the research. Children's own experiences were depicted in some drawings.

2.9 Data collection from care-givers

The response of care givers, during the visits were a mixed one. Some care givers were happy to provide data. But some positively resented to and considered the visit as an unwarranted interference from outside. Some Children's Homes very clearly indicated that they did not want the interviewers who went for Mapping of institution not to come to their institution again. Structured questionnaire was used to interview the care givers. Then it was analyzed with the help of the SPSS statistical computer Packages .

During the indepth study we used semi structured questionnaire to get further data about the policies and alternative care. Also field researchers were observed the activities of the field researchers during the stay at the institutions.

2.10 Data collection from other stake holders

In addition to the children, several other stakeholders were also interviewed. They included

- Members of the management committees in the institutions. However it was not possible to interview management committees in all institutions
- Neighbors
- School Principal and teachers in the schools that the children attended
- Religious leaders
- Grama Niladari
- Probation Officers
- Child Rights Promotion Officer

The semi-structured interview method guided by an interviewer's guide was used to collect information. The members in the management committee were able to provide information with regard to funding, procedures, staff, services provided, children and other matters related to their institutions. The interviews with the community were helpful to understand their views and attitudes toward children and caregivers in institutions, their interactions with children and caregivers, and their suggestions on alternatives to institutions. Probation Officers and Child Rights Promotion Officers were interviewed to understand their official duties related to children in institutions, their personal experiences working with institutionalized children, problems they faced in discharging their duties and their suggestions to improve the conditions at institutions and alternatives available to institutional care.

In order to understand the existing policies, procedures and the regulatory environment that supported the best interest of children in institutions the researchers interviewed the following personnel.

- Provincial Commissioner of Probation and Child Care Services in the North& East province
- Lawyer appearing for children
- A clinical psychologist and a counselor
- Probation Officers
- Secretary of Probation officers Union
- Child Rights Promotion Officers
- Caregivers
- Parents and relatives who visited institutions
- Past inmates of institutions

In addition to the above interviews, where ever possible documental evidence was also collected.

Chapter Three

Government policy, regulatory procedures and minimum standards for institutional care, legal aspects, and implementation (do sub-headings 3.1, 3.2 etc as required).

In accordance with the 13th Amendment of the Constitution (November 1987), Social Services and Rehabilitation was devolved to the Provincial Councils. Thereafter Probation and Child Care Services and Social Services became the responsibility of the Provinces.

3.1 Types of Institutions

Children's institutions can be classified under two broad types. Firstly the institutions, which come under the purview of the Department of Probation and Child Care Services and the other which comes under the Department of Social Services. Both these departments come under the Ministry of Social Services. The institutions, which come under the Department of Probation and Child Care services, could be also categorized into two broad types, namely, State run institutions and Voluntary Homes. There are four types of institutions that are run by the State. They are Certified School, Remand Home, Detention Home and Receiving Home. While the receiving home takes care of children below five years deprived of parental care, children in conflict with the law are placed in the other three types of state homes.

In the NEP there are 174 homes for children of which only one is a state home situated at Kaithady (in the Jaffna District). This is a receiving home and admits children under five years. But, since there is no other place to send the children when they grow older, they continue to remain in this home.

For the children in conflict with the law, there is no government institution to place the children. Because of this, children are kept with adult suspects in remand prisons. This is practiced by the law enforcing authorities although not recommended by the law. But there are no other alternatives for them. Keeping the child with the adult prisoners is detrimental to the child and there are chances for the child to become a criminal in the future. Sometimes victims of violence are also kept with the adult prisoners. This is likely to affect the psychological state of the child.

The voluntary homes refuse to accept these children because of following reasons:

- 1) The court procedures require that the authorities in the voluntary homes bring the child regularly to court. For this homes need facilities like transport and one person has to accompany the child. They feel this is an additional burden for them.
- 2) Most of the managements of children homes have the concept, that when they keep these children with other 'normal' children in the homes, these children may abuse their children. Because most of the managers have a religious background and are conservative it is very difficult to make them accept new concepts. They believe that these victims have some significant behavioral problems before or after the incident. Some of them try to blame the child for most incidents which precede institutionalization.
- 3) The major problem according to the management is in providing adequate security for the child until the court procedures are over. Accused are usually very powerful individuals and most of the time, the community and even the law enforcing authorities try to safe guard the accused. There are many loopholes in the legal procedures, such as providing opportunities for accused to come out on bail early. Some others who work with children point out that, for security purposes children were kept in prison while the accused is allowed to move freely. Unfortunately most of the time victims have been kept for a long time in prison because of difficulty in finding a safe place. This is particularly true when the accused is a member of the family.

In the early eighties, until it was damaged by the war, there was a certified school at Atchuveley in Jaffna for boys. But girls were sent by the court to south of Sri Lanka. When

they were transferred to the south, children faced a lot of problems, particularly with regard to communication and they had a lesser chance to meet the parents or relatives. This causes further damage to the physical and mental development of the children. Several attempts were made by the Government agents of Jaffna and officials of the Probation department to restart the certified school again. According to Probation officers, finally the Northeast provincial Department of probation received the funds to rent a temporary building and purchase equipment. But the treasury refused to provide the staff carders.

In Northeast most of the children homes are voluntary home. Voluntary homes provide care and protection to orphaned, abandoned and destitute children. These institutions come under different Ordinances, which are discussed in chapter seven.

In the LTTE controlled areas situation is totally different to the situation in Government controlled areas. The Children's homes in this area are categorized as voluntary homes. But some of the homes are run under the direct supervision of the LTTE. For the LTTE these are their state homes.

The LTTE has a separate legal system of their own which is implemented by the LTTE courts. In cases of Child abuse, the affected children are usually sent back to their home environment and the abuser is kept in custody and if the offense is confirmed they are punished.

Institutions are further categorized into different types according to nature of funding, gender, ethnicity and religion. Children with disabilities are kept in voluntary homes under the Department of Social Services.

According to the Department of Probation and child care there were two hundred twenty three (223) children's institutions in 2002 in Sri Lanka. The following table illustrates the number of different types of institutions through out the country.

Table 3:1. Number of Institutions and Number of Children Admitted During 2002

Type of Institution	No. of Institutions	No. of Children
Remand Homes	4	1161
Certified Schools	4	242
Receiving Homes	8	325
Detention Home	1	183
Approved School	1	3
National Training Center	1	24
Voluntary Remand Homes	3	71
Voluntary Homes	201	9485
Total	223	11,495

Source: Statistical Report 2002, Department of Probation and Childcare Services, Colombo

According to the NEPC website (www.nepc.lk) there were in 2002, 38 child care institutions under the Department of Probation and child care Services and 8 institutions for disabled under the Department of social services in Northeast province. Recent enquiries indicate that presently there are 63 Children's homes in the Northeast registered with the Department of Probation and Child care.

During the field survey it was found that there were several homes without proper registration. Some of the managers of the homes were not aware about registration. The following table shows the different types of homes in the districts.

Table: 3.2. Distribution of different type of homes according to Districts

Districts	Receiving homes	Voluntary home	Homes for Differently able	Others	Total
Jaffna	1	50	4	15	70
	1.4%	71.4%	5.7%	21.4%	100.0%
Batticaloa		37	3		40
		92.5%	7.5%		100.0%
Trincomalee		18			18
		100.0%			100.0%
Amparai		12			12
		100.0%			100.0%
Mullaitivu		10	1		11
		90.9%	9.1%		100.0%
Kilinochchi		9			9
		100.0%			100.0%
Vavuniya		8			8
		100.0%			100.0%
Mannar		6			6
		100.0%			100.0%
Total	1	150	8	15	174
	.6%	86.2%	4.6%	8.6%	100.0%

One hundred and fifty of the 174 institutions (86.2%) are voluntary homes and most of them are in the Jaffna district. Seventy (40%) of the Child Care Institutions are in the Jaffna District.

There are 8 homes for disabled persons. Four of them are in Jaffna district and three are in Batticaloa district. There is one in Mullaitivu. The other five districts (Kilinochchi, Vavuniya, Mannar, Trincomalee & Amparai), do not have a single home for disabled children. However the prevalence of disability in all the districts in the NEP is high due to the war and poor health care facilities for prevention of disability in children such as blindness, hearing defects, physiotherapy etc.

When the two tables (3.1 & 3.2) are compared, it is obvious that the Department of Probation and child care services did not have complete data about the children's homes. If we assume that the Probation department is having incomplete data only for Northeast, it is excusable because in the Northeast after the Department was handed over to the Northeast Provincial council, the department suffered set backs because of lack of resources. Major problems are inadequate financial allocations and human resource. Commissioners were changed frequently. Since 1989 there has been no elected Provincial council. Another important finding is that the number of children's homes in Northeast is high compared to the rest of the country. This may be the out come of the war. As mentioned in chapter 1 the war has made an influence in changing attitudes of people.

3.2 Status of Institutions

3.2.1 Registration

In the NEP only 70 (44.3%) of the Children's homes are registered with the Ministry of Social services (Table 3.3) Even among those registered only 38 (21.8%) are registered with the Department of Probation and child care. The figures of Children's homes in the country provided by the Department of Probation and Child care is probably from the list of homes registered with them This is nearly one fifth of the actual number of the children's homes in

the NEP. If this could be projected to the rest of the provinces, there appears to be a gross under-reporting of Children's homes in the country.

Table 3.3 Distribution of Children's Homes by Registration

Districts	Not Registered	Registered with Ministry of Social Services	Total
Jaffna	45	25	70
	64.3%	35.7%	100.0%
Batticaloa	17	23	40
	42.5%	57.5%	100.0%
Trincomale	8	10	18
	44.4%	55.6%	100.0%
Amparai	5	7	12
	41.7%	58.3%	100.0%
Mullaitivu	9	2	11
	81.8%	18.2%	100.0%
Kilinochi	6	3	9
	66.7%	33.3%	100.0%
Vavunia	1	7	8
	12.5%	87.5%	100.0%
Mannar	6		6
	100.0%		100.0%
Total	97	77	174
	55.7%	44.3%	100.0%

The percentages of unregistered institutions vary from district to district. There does not appear to be any relationship as to whether the area is under Government control or not. In Mannar district 100% of the institutions are not registered, while in Vavuniya 12.5% are unregistered.

The registration with the Department of Probation and child care is 41.7% in Amparai and as low as 11.1% in Kilinochchi.

Even in Jaffna only 25.7% of the Children's homes are registered with the Department of probation and Child care

Table 3.4. Distribution of Registered Children's Homes by Registration

Districts	Registered with		Total
	Department of Social Services	Department of Probation & Child Care services	
Jaffna	7	18	25
	10.0%	25.7%	35.7%
Batticaloa	13	10	23
	32.5%	25.0%	57.5%
Trincomale	7	3	10
	38.9%	16.7%	55.6%
Amparai	2	5	07
	16.7%	41.7%	58.4%

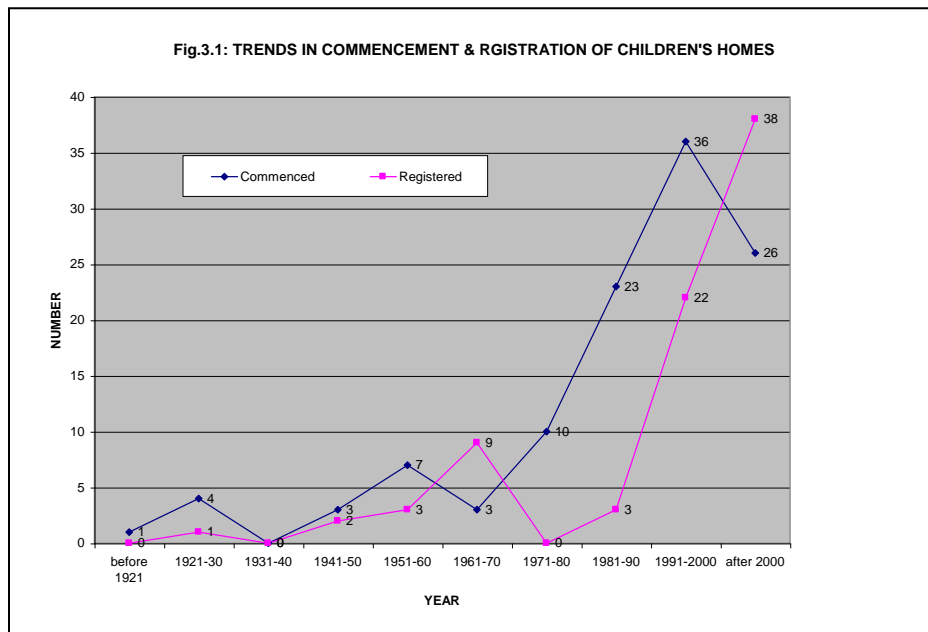
Mullaitivu	2	0	02
	18.2%		18.2%
Kilinochchi	2	1	03
	22.2%	11.1%	33.3%
Vavunia	6	1	07
	75.0%	12.5%	87.5%
Mannar	0	0	0
Total	39	38	77
	22.4%	21.8%	44.2%

Table 3.5 shows the years of registration of the registered children's homes. The trends in commencement of Homes and registration is given in fig: 3.1.

Table 3.5: Children's Homes by Year of Registration

Year Of Registration	Voluntary Home		Others		Home for Differently Able		State Homes		Total	
	Count	%	Count	%	Count	%	Count	%	count	%
Not Registered	75	50%	15	100%	5	62.5%	1	100%	96	55.2%
After 2000	38	25.3%							38	21.8%
1991-2000	21	14.0%			1	12.5%			22	12.6%
1981-1990	3	2.0%			2	25.0%			3	1.7%
1961-1970	7	4.7%							9	5.2%
1951-1960	3	2.0%							3	1.7%
1941-1950	2	1.3%							2	1.2%
1921-1930	1	0.7%							1	0.6%
Total	150	86.2%	15	8.6%	8	4.6%	1	0.6%	174	100.0%

As discussed in Chapter 1, the commencement of Children's homes was increased during the period of 1980 to 2000. The number commenced after 2000 has showed a slight drop.



The registration of homes has shown an increase after the eighties and continued even after 2000

The increase in commencement could be attributed to the war. The trend in continued registration is a positive sign. The registration after 2000 is more than the number commenced.

After the year 2000, 38 homes were registered. 42.1% of the registrations were in the Jaffna district. This may be due to more awareness created by the governmental and non-governmental organizations in registration.

It is interesting to note that registration with the Ministry of social services is taking place even in LTTE controlled areas. Three homes were registered in Mullaitivu district and three in Kilinochchi district after 2000.

The large number of non-registration (57.7%) is due to fear of showing accounts to the state. The management also does not want interference by state officers in the management of their homes.

As an outcome of this study, the NEPC is updating its list of Children's homes. The Probation officers are to be sent to the homes identified by the study in order to register them.

In the Jaffna district, the list of children's homes was handed over to the District judge in the case where a child who had run away from an unregistered children's home. The judge ordered that all unregistered homes in the Jaffna district be registered within a specified period.

The District judge had also informed the GA Jaffna who in turn requested the DPDHS to report on the health status of these homes. The Health staff (PHIs, PHMs) is now investigating the homes.

3.2.2 Funding

The particulars of funding of the Children's institutions are given in table 3.5. Most homes receive funds from more than one source.

Only 10 (5.1%) of the children's homes in the NEP receive funds from the central government. Another 39 (19.9%) receive funds from the Provincial government. Most of the Children's homes (54.6%) receive funding from religious organizations.

Most of those receiving funds from persons living abroad are from the Tamil Diaspora who contributes towards children affected by war. Usually a group of persons belonging to the Tamil Diaspora collect money and request their local counterparts to commence children's home and regularly send their contributions.

Some of the children in children's homes have foster parents abroad. These foster parents provide financial assistance to the children's home. The children do not have direct communication with their foster parents. Any communication is through the management of the home.

Table 3.5. Distribution of Children's homes by source of Funding

District	Central Government	Provincial Government	Local NGO	INGOs	Persons living abroad	Local Individuals	Local collection	Religious organizations	Others
Jaffna	7	7	14	31	30	4	46	24	7
	10.0%	10.0%	20.0%	44.3%	42.9%	5.7%	65.7%	34.3%	10.0%
Kilinochchi	2	0	2	3	3	0	5	0	0
	22.2%	.0%	22.2%	33.3%	33.3%	.0%	55.6%	.0%	.0%
Mullaitivu	0	8	2	4	3	3	2	1	8
	.0%	72.7%	18.2%	36.4%	27.3%	27.3%	18.2%	9.1%	72.7%
Mannar	0	0	1	2	0	0	2	2	0
	.0%	.0%	16.7%	33.3%	.0%	.0%	33.3%	33.3%	.0%
Vavuniya	3	1	1	4	5	0	8	4	1
	37.5%	12.5%	12.5%	50.0%	62.5%	.0%	100.0%	50.0%	12.5%
Trincomalee	7	1	2	7	11	1	11	3	1
	38.9%	5.6%	11.1%	38.9%	61.1%	5.6%	61.1%	16.7%	5.6%
Batticaloa	17	9	7	26	18	3	25	3	9
	42.5%	22.5%	17.5%	65.0%	45.0%	7.5%	62.5%	7.5%	22.5%
Amparai	3	1	0	8	9	0	8	2	0
	25.0%	8.3%	.0%	66.7%	75.0%	.0%	66.7%	16.7%	.0%
Total	10	39	27	29	85	79	11	107	39
	5.1%	19.9%	13.8%	14.8%	43.4%	40.3%	5.6%	54.6%	19.9%

3.2.3. Commencement of homes

A majority of the institutions were started after the escalation of the war in the early 1980s. Only 28 children's homes were functioning before 1980. A large percent of the homes were unable to state when they commenced the home. This indicates that record keeping is poor.

26 homes were started after 2000. All are voluntary home. No home was started by the state except the one at Kaithady in Jaffna District.

Table 3.6. Distribution of Children's homes by year of commencement

Year of Commencement	Receiving home	Voluntary home	Differently able home	Others	Total
unk	1	46	3	11	61
>1900				1	1
1921-1930		4			4
1941-1950		3			3
1951-1960		7			7
1961-1970		2		1	3
1971-1980		9	1		10
1981-1990		20	2	1	23
1991-2000		33	2	1	36
>2000		26			26
	1	150	8	15	174

3.2.4. Gender

The distribution of Children's homes by gender is given in table:

About 15% of the homes are mixed and the balance homes are equally distributed among the two sexes.

In the homes where male and female children live, the accommodation is always separate. But the manager is usually a male. As a result some homes have had complaints of sexual abuse.

Table No: Type of institution by sex of children

Type of home	male	female	mixed	Total
Receiving home	0 .0%	0 .0%	1 100.0%	1 100.0%
Voluntary home	69 46.0%	60 40.0%	21 14.0%	150 100.0%
Differently able home	3 37.5%	2 25.0%	3 37.5%	8 100.0%
Others	6 40.0%	8 53.3%	1 6.7%	15 100.0%
Total	78 44.8%	70 40.2%	26 14.9%	174 100.0%

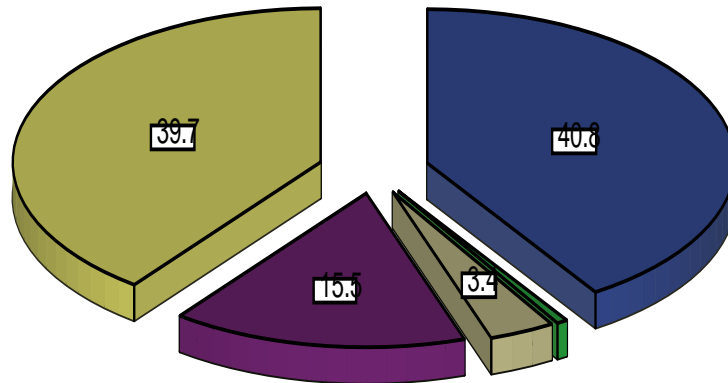
3.2.5. Religion

Most of the homes are either Hindu or Christian homes 27 were mixed homes

Table: 3.7. Type of institution by Religion

Type of Institution	Religion					Total
	Hindu	Buddhist	Islam	Mixed	Christian	
Receiving home				1		1
Voluntary home	64	1	6	21	58	150
Differently able home	6			2		8
Others	1			3	11	15
Total	71	1	6	27	69	174

The mixed homes include School hostels, Homes for disabled, state homes and homes managed by non-religious groups.



Most of the homes funded by the Tamil Diaspora are religious homes. Most of the funders and management are religious oriented persons. They wish that even children from other religions who are admitted to their homes, should follow the religion of the institution. This is likely to have a deleterious effect on children belonging to a faith other than that of the institution.

Further there is reluctance by homes run by some religious organizations to admit even children who have been abused, because they feel that the victims are in some way responsible for the abuse committed on them and that they could have a bad influence on the children who are in the homes. Some homes run by religious organizations make use of this opportunity to admit the children for purposes of conversion to their religion. Some homes are run with the motive of religious conversion.

There is a Children's home in Vavuniya, managed by a Buddhist monk. His mother also lives in the home. Assistance in the form of providing meals is by the security forces. All the children are Tamil speaking. Almost all the children have their heads shaved. Most of the children are not attending school because their school is far away from the home. Some of the children are following their education in Sinhala medium. Most of the children have their parents who are living in the refugee camp near to the children home. It is a registered home under the Department of Probation and child care services

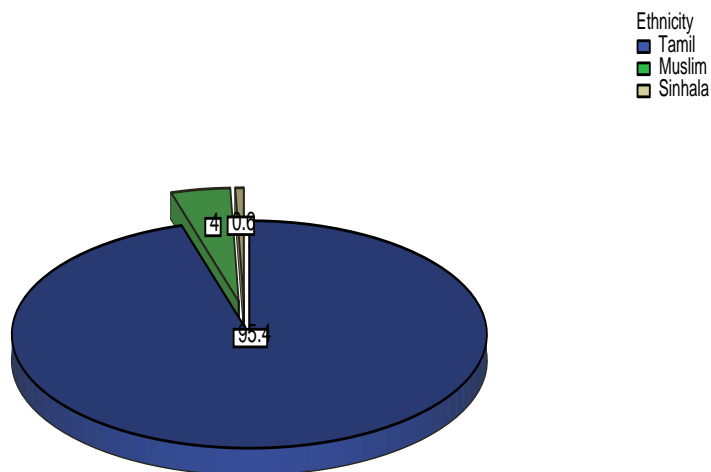
3.2.6. Ethnicity

Understandably 166 (95.4%) of the homes had Tamil children. But ethnicity is not a criterion for admission. Almost all homes have children from one ethnic group only. The management is also of the same ethnic group and usually the same religious group – except one in Vavuniya where there is a children's home as mentioned earlier, which has Tamil children and managed by a Buddhist monk.

Table: 3.8. Type of institution by Ethnicity

Type of Institution	Ethnicity			Total
	Tamil	Muslim	Sinhala	
Receiving home	1			1
Voluntary home	142	7	1	150
Differently able home	8			8
Others	15			15
Total	166	7	1	174

Fig. 2: Institutions by ethnicity



3.3. Characteristics of Children

3.3.1 Age & Sex of Children

There are 4209 male and 4413 female children (a total of 8622) in the 174 homes in the NEP. The estimated population is around 2.5 million. If it is assumed that the population of children less than 19 years is 35%, about 1 in 100 children in the NEP are in Children's homes.

Table. 3.9. Age distribution of male children in Homes

Type Of Homes	<5 males	5 - 10 males	11 – 14 males	15 - 18 male	>18 male	Total
Receiving	0 (0.0%)	5 (0.6%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	5 (0.1%)
Voluntary	164 (98.3%)	742 (86.7%)	1679 (91.8%)	946 (92.5%)	251 (88.4%)	3782 (89.9%)
Home for Disabled	0 (0.0%)	27 (3.1%)	90 (4.5%)	71 (6.9%)	21 (7.3%)	209 (4.9%)
Others	3 (1.7%)	82 (9.6%)	60 (3.3%)	56 (5.4%)	12 (4.2%)	213 (5.1%)
Total	167 (100.0%)	856 (100.0%)	1698 (100.0%)	1023 (100.0)	284 (100.0%)	4209 (100.0%)

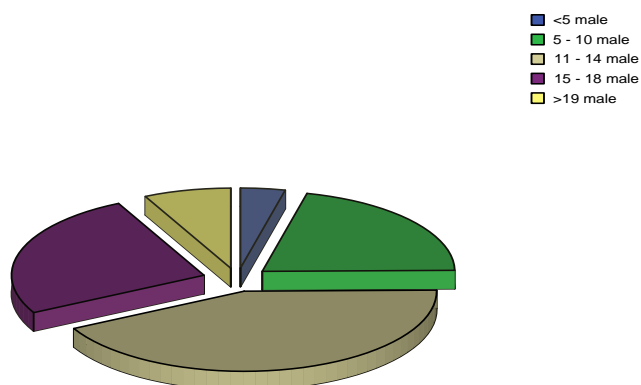
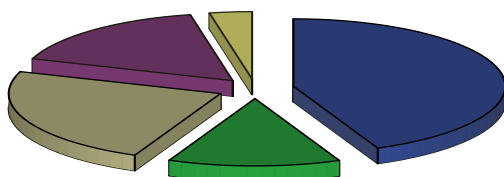


Table 3.10: Age distribution of female children in Homes

Type Of Homes	<5 female	5 - 10 female	11 - 14 female	15 – 18 female	> 18 female	Total
Receiving	7 (4.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	7 (0.2%)

Voluntary	157 (89.2%)	838 (87.8%)	1591 (89.0%)	1068 (84.5%)	192 (82.8%)	3846 (87.1%)
Home for Disabled	1 (0.6%)	56 (5.8%)	89 (5.0%)	37 (2.9%)	17 (7.3%)	200 (4.5%)
Others	11 (6.25)	60 (6.2%)	107 (6.0%)	159 (12.6%)	23 (9.9%)	360 (8.2%)
Total	176 (100.0%)	954 (100.0%)	1787 (100.0%)	1264 (100.0%)	232 (100.0%)	4413 (100.0%)

■ <5 female
■ 5 - 10 female
■ 11 - 14 female
■ 15 - 18 female
■ > 19 female



There are 4209 male and 4413 female children (a total of 8622) in the 174 homes in the NEP. The estimated population is around 2.5 million. If it is assumed that the population of children less than 19 years is 35%, about 1 in 100 children in the NEP are in Children's homes.

A majority of the children (both males and females) are in the 11-14 age groups. This corroborates the evidence given elsewhere where according to the parents; they admit children to homes to facilitate education. In the view of the parents, education is needed at this age.

. Another important observation is that most of the managements of Children's homes have good relationship with the school management. Some of the managers of Children's homes are also on the school management committees.

Some of the foreign donations given to the Children's homes are transferred annually as school development fees. Further, the children in the homes are utilized by the schools for the school activities as well as for the minor works like maintaining school buildings and garden.

The management of children's homes also prefers this age group as they are easier to manage than younger children.

This period of adolescence is an important period in the life of the child and is the time the child needs psychological support from the management in the absence of the parents. This support is lacking in the children's homes.

Most homes do not keep children after the age of eighteen. But there are 284 males and 232 females over the age of eighteen in the children's homes. Most of them have no place to go.

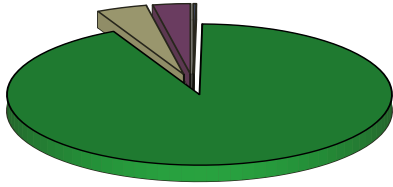
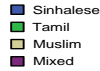
This is an indication that these homes have failed to reintegrate the children into the society. Some of these children over 18 years, were utilized by the management to look after the home. Most of them work without payment and some of them are underpaid.

3.3.2. Ethnicity

A majority of the children are Tamil children. There are 8088 (93.8%), Tamil children in children's homes. There is only one home with 20 Sinhala children. There are several homes with children of parents of mixed or different ethnicity. There are 234 such children in homes. In these homes the actual management is by one ethnic group. Majority of the children are from one particular ethnic group to which the management belongs. In these homes, few of the children may be from a different ethnic group, but now use the language which is used by the majority of the children. There are children with a Sinhala ethnic background growing up with the Tamil children and studying in the Tamil medium. It may be considered a violation of the right of the child.

Table:3.11 Distribution of Children in Homes by ethnicity

Type of Homes	Sinhalese	Tamil	Muslim	Mixed	Total
Receiving	0	12 (0.1%)	0 (0.0%)	0 (0.%)	12 (0.2%)
Voluntary	20 (100.0%)	7242 (87.7%)	280 (100.0%)	234 (100.0%)	7628 (88.5%)
Home for Disables	0 (0.0%)	409 (5.0%)	0 (0.0%)	0 (0.0%)	409 (4.7%)
Others	0 (0.0%)	573 (7.1%)	00 (0.0%)	0 (0.0%)	573 (6.6%)
Total	20 (100.0%)	8088 (100.0%)	280 (100.0%)	234 (100.0%)	8622 (100.0%)



3.3.3 Religion

Among the children, 4864 (56.4%) are Hindus and 3451 (40.2%) are Christians. They are in 71 Hindu homes and 69 Christian homes respectively. Geographically, more Christian homes are found in the Northern Province and more Hindu homes in the eastern province.

This is probably because historically, most of the Christian organizations (including Christian educational institutions) were well established in the North and Hindu organizations were well established in the East

Table:3.12 Distribution of Children in Homes by Religion

Type of Home	Hindu	Islam	Christians	Buddhist	Total
Receiving	7 (0.1%)	0 (0.0%)	5 (0.1%)	0 (0.0%)	12 (0.1%)
Voluntary	4432 (91.1%)	284 (98.9%)	2892 (83.8%)	20 (100.0%)	7628 (88.5%)
Home for Disabled	284 (5.9%)	3 (1.1%)	122 (3.6%)	0 (0.0%)	409 (4.7%)
Others	141 (2.9%)	00 (0.0%)	432 (12.5%)	0 (0.0%)	573 (6.6%)
Total	4864 (100.0%)	287 (100.0%)	3451 (100.0%)	20 (100.0%)	8622 (100.0%)

3.4 Staff in Institutions

3.4.1. Characteristics of Staff

The particulars were obtained from records and data in the institutions and from interview with the caregivers. There are 1342 staff working in the 174 Children's homes (Table: 3.13)

There are two main categories of staff. One category is management staff and the other category deal with the children directly. The management staff maintains accounts write projects for fund raising and helping the management committees in planning. They do not have much of direct contact with the children. The other category of staffs who are having direct contact with children, do not have that much decision making power.

3.4.1.1 Age

Majority of the staff are young people. There is 943(70%) staff below the age of 35. During the interview with the management committees they felt that they were unable to get the active staffs from among experienced elders. They felt that mature people will be the suitable people to look after the children. But experienced people wanted to be a committee member rather than a staff. Because they felt to be a staff in a children home is a difficult task.

Most of the young staff are either just out of home or a person looking for a job until he gets the job or a religious persons like persons working with religion based organizations like the YMCA or YMHA.

Table 3:13. Age Structure of Staff by Type of Institutions and Province

Province	Age	Type of Institution				Total
		Others	State	Voluntary	Differently Able	
Western	18-24	-	2	327	-	329
	25-35	7	3	566	38	614
	36-45	25	3	312	30	370
	46-55	-	4	14	-	18
	Above 55	-	-	11	-	11
	Total		32	12	1230	68

3.4.1.2 Gender

Both sexes were distributed equally. This is attributable to the types of homes. But there are homes managed by the opposite sex. Even some of the female homes have the male resident staffs residing in same building. This creates problems including sexual harassment to abuse. Some of the female staffs felt when they have male staff it is very difficult to control them. Sometime even minor male staff take a dominant role.

Table 3. 14: Gender Composition of Staff by Type of Institution and Province

Gender	Type of Institution				Total
	Others	State	Voluntary	Differently Able	
Male	13	2	623	26	664
Female	19	10	607	131	678
Total	32	12	1230	68	1342

3.4.1.3 Educational levels

Majority (65%) of the staffs have passed the GCE(O/L). Most of those who have the studied Grade 6 - 10 are working as helpers in purchasing of goods and preparation of food and maintenance of the institution. Most of the home managers are graduates. Some of the managers work until they get some other permanent job.

Table 3.15. Educational Level of Staff by Type of Institution and Province

Educational Level	Type of Institution				
	Others	State	Voluntary	Differently Able	Total
No Schooling	-	-	-	-	-
Grade 1-5	-	-	-	-	-
Grade 6-10	8	2	440	12	462
Passed GCE Ord. Level	8	5	366	22	401
Passed GCE- Adv. Level	16	3	325	24	368
University Degree	-	2	94	10	106
Post Graduate degree	-	-	5	-	5
Total	32	12	1230	68	1342

3.4.1.4. Status of Residence

1342 staff are managing the 174 Children homes. This includes teachers, tutors and Home managers. Most of the staff are non-resident, and work on a duty roster. They come to the home only during the duty time. Only 603 (45%) staffs are residing in the home. So every 14 children have 1 resident staff. But residing staffs include cooks, watchers and wardens. Most of the homes are having 2 or 3 wardens to look after the children. Some the homes are having one warden for 40 to 50 children. These wardens spend most of their time in purchasing goods for the home and maintaining the records. Because of those reasons the staff has minimum time to be with the children. In addition, most of the residing staffs (88%) are young unmarried persons.

There are no residential facilities in the only state home in the NEP .At a time there are 3 House mothers working on a rotational basis. Their educational qualification is GCE (O/L) or less. They don't have any decision making capacity in critical situations. The watcher is also the driver of the auto belonging to the home. When a child falls ill they need to transport the child to Jaffna Teaching hospital. This is 10km from the home. There are children with epilepsy, cerebral palsy and congenital heart diseases. These children need special care. But the situation in state home is unsatisfactory. If a child develops acute attacks these house mothers don't have adequate knowledge to handle the diseases like status epilepticus. Because of the rotational basis there are chances to default in the treatment. As a result children get frequent attacks. The frequent attacks will cause further damage to the developing brain.

Table 3.16. Residential Status of Staff by Type of Institution and Province

Residential Status	Type of Institution				Total
	Others	State	Voluntary	Differently Able	
Resident	18	-	554	28	600
Not Resident	14	12	676	40	742
Total	32	12	1230	68	1342

3.4.1.5 Employment status

Only 293(22%) of the staff are permanent in their post. Most of the staffs in the voluntary homes belong to the non permanent category. Some of them are those who have been in the homes and are now over 18 years.

Another category is graduates working as wardens and home managers awaiting a permanent job in the government sector. Management committees also have the problem of getting continued funding. There is no job assurance. Any how these young people choose to work in the homes if they don't have alternatives. Frequent changes of staffs would affect the children. It will cause more separation anxiety.

Table 3.17. Employment Status of Staff by Type of Institution and Province

Status	Type of Institution				Total
	Others	State	Voluntary	Differently Able	
Permanent	18	8	243	24	293
Temporary	14	4	546	23	587
Casual	-	-	143	-	143
Substitute	-	-	-	-	-
Volunteer (with allowance)	-	-	264	21	285
Volunteer (without allowance)	-	-	34	-	34
Total	32	12	1230	68	1342

3.4.1.6 Period of Service

1096(82%) of the staffs have a service record of 5 years or less. As discussed earlier there is no job assurance. During the interview most of the staff felt it is very difficult working in the children home. They have to work under pressure. They need to satisfy the different stake holders. Most of the time if they get another job they won't stay. This is causing further difficulties to the management committees particularly maintain the records.

In most instances the problem is between the management and the cook. The cook leaves suddenly and the children have to do the cooking.

Table 3.18 Service Record of Staff by Type of Institution and Province

	Type of Institution
--	---------------------

Year of Service	Others	State	Voluntary	Differently Able	Total
< 1	3	1	490	18	512
1-5	8	-	526	50	584
6-10	5	6	87	-	98
11-20	7	4	81	-	92
21>	9	1	46	-	56
Total	32	12	1230	68	1342

3.4.1.7. Wages

About 45 members of the staff get less than 1000 rupees per month. These are mostly former inmates of the homes who don't have any alternatives and also can't question the management. Some of the managements are of the opinion, that these former inmates have the obligation to serve the homes

Another observation is that 78% of the staffs are getting a salary of 6000 rupees and less. This is another important reason why better qualified people don't like to be in this field. Management committees are expecting some service also from them..

In state homes staffs have the job assurance and adequate wages.

Table 3.19: Wage Structure of Staff by Type of Institution and Province

Monthly (Rupees)	Type of Institution				
	Others	State	Voluntary	Differently Able	Total
< 1000	-	-	45	-	45
1001-3000	4	-	491	17	512
3001-6000	23	-	418	42	483
6001-9000	5	6	234	5	250
9001-12000	-	6	42	4	52
12000 >	-	-	-	-	-
Total	32	12	1230	68	1342

All the staff in the state homes gets more than Rs: 6000.00

3.4.1.8 Training for Staff

Training of the staff is very important. Most of the children's home staff has not had proper training. Some the staff was trained by their management committees. In some of the districts training was conducted by the NGOs. Recently, the department of probation and child care conducted a workshop for wardens. Finding appropriate training resources in this field is a major problem. This training needs a multi-sectoral approach. At least permanent staff working in State homes, Voluntary and homes for disabled should have a well planned training program..

Table 3.20. Training Received by Staff by Type of Institution and Province

Training Received	Type of Institution				Total
	Others	State	Voluntary	Differently Able	
Yes	17	5	456	24	502
No	15	7	774	44	840
Total	32	12	1230	68	1342

3.5. Facilities at Institutions

It is important to assess the facilities available in Children's homes in order to satisfy the basic needs of the children. Information was collected regarding the availability and adequacy of the facilities.

Under infrastructure, the following facilities were considered. They are toilets, number of rooms, number of study rooms, number of common rooms, number of dining rooms, number of office rooms, sick room and water. In this chapter, information collected from the caregivers is analyzed and discussed. Regarding facilities available in the institution from the children point of view will be discussed in chapter 5..

3.5.1. Toilets

Nine of the homes did not have adequate toilet facilities and 165 (95.0%) indicated that the toilet facilities were adequate. However only 116 (66.6%) indicated that toilet facilities were satisfactory. Of them 19(16.4%) were graded as excellent.

Table 3.21 institutions with available Toilets

Type of home	Not responded	Available	Not available	Total
Receiving home	0	1	0	1
Voluntary home	1	140	9	150
Differently able home	0	8	0	8
Others	0	15	0	15
Total	1	164	9	174

Table 3.22. Quality of Toilets

Homes	excellent	satisfactory	not much satisfactory	never satisfactory	not provided	not responded	Total
Receiving	0	0	1	0	0	0	1
Voluntary	15	80	49	1	3	2	150
Differentially able	1	6	1	0	0	0	8
Others	3	11	1	0	0	0	15
Total	19	97	52	1	3	2	174

3.5.2. Water supply

Adequate water supply was available in 60.3% of the homes.(Table 3.23). However when asked whether the supply was satisfactory, 157 (90%) of institutions thought that it was satisfactory (Table 3.25)

Table 3.23; Availability of adequate water supply

Type of home	Not responded	Available	Not available	Total
Receiving home	0	0	1	1
Voluntary home	1	90	59	150
Differently able home	0	3	5	8
Others	0	12	3	15
Total	1	105	68	174

Table 3.24: Satisfaction with water supplied

Homes	excellent	satisfactory	not much satisfactory	never satisfactory	not provided	not responded	
Receiving	0	1	0	0	0	0	1
Voluntary	37	100	9	0	1	3	150
Differentially able	1	5	2	0	0	0	8
Others	3	10	0	2	0	0	15
Total	41	116	11	2	1	3	174

3.5.3. Residential facilities

None of the homes have individual bed rooms. Several children sleep in a room. The number of rooms in the questionnaire is not an adequate indication of the quality of residential facilities as the number of rooms, size of the rooms etc. have to be compared with the number of inmates.

One institution with 17 rooms for sleeping (Table 3.25) is in fact a children's home in Mullaitivu (Kantharupan Arivuchchola) which has 17 huts. Each hut has children ranging from 1 to 8 children depending on their age. Each hut has a "foster mother" employed by the institution.

Table 3.25: Type of Institution by sleeping rooms

Type of homes	0	1	2	3	4	5	6	7	8	9	10	12	15	17	Total
Receiving home	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1
Voluntary home	7	34	35	24	7	10	9	4	5	3	2	1	2	1	144
Differently able home	0	0	2	3	0	0	3	0	0	0	0	0	0	0	8
Others	1	4	8	2	0	0	0	0	0	0	0	0	0	0	15
Total	8	38	45	30	7	10	12	4	5	3	2	1	2	1	168

Fifteen institutions do not have a separate study hall. Most of the Children' institutions use the dinning hall as the study hall.

Table 3.26: Availability of study halls

Type of homes	0	1	2	3	4	7	13	Total
Receiving home	0	1	0	0	0	0	0	1
Voluntary home	13	93	34	5	3	1	1	150
Differently able home	2	1	3	1	1	0	0	8
Others	0	11	4	0	0	0	0	15
	15	106	41	6	4	1	1	174

Sixty six (38%) of the homes did not have beds for children to sleep. They usually sleep on mats. Out of 107 institutions with beds only 86 (49.4%) were satisfied with the number of beds available.

Table 3.27: Institutions with beds

Type of home	Not responded	Beds available	Beds not available	Total
Receiving home	0	1	0	1
Voluntary home	1	90	59	150
Differently able home	0	8	0	8
Others	0	8	7	15
Total	1	107	66	174

Table 3.28: Availability of satisfactory number of beds

Homes	excellent	satisfactory	not much satisfactory	never satisfactory	not provided	not applicable	not responded	Total
Receiving	0	1	0	0	0	0	0	1
Voluntary	7	62	8	1	1	64	7	150
Differentially able	0	6	1	0	0	1	0	8
Others	2	8	2	0	0	2	1	15
Total	9	77	11	1	1	67	8	174

Only 83 homes had bed linen although 107 institutions had beds. Out of those who had bed linen only 7 had satisfactory quality and quantity.

Table 3.29: Availability of Bed linen

Type of home	Not responded	Available	Not available	Total
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Receiving home	0	1	0	1
Voluntary home	1	66	83	150
Differently able home	0	3	5	8
Others	0	13	2	15
Total	1	83	90	174

Table 3.30: Satisfaction regarding Bed linen

Homes	satisfactory	not much satisfactory	never satisfactory	not provided	not applicable	not respondede	Total
Receiving	0	0	0	0	0	1	1
Voluntary	4	2	1	10	67	66	150
Differentially able	3	2	0	0	1	2	8
Others	0	0	0	0	7	8	15
Total	7	4	1	10	75	77	174

The NEP is a malarial endemic area and homes should have mosquito nets. However, only 72 homes had mosquito nets. Only 64 were satisfied with the nets. But observation by the investigators indicated that even in places where available they are not being utilized.

Table 3.31: Availability of mosquito nets

Type of home	Not responded	Available	Not available	Total
Receiving home	0	1	0	1
Voluntary home	1	55	94	150
Differently able home	0	3	5	8
Others	0	13	2	15
Total	1	72	101	174

Table 3.32: Satisfaction regarding mosquito nets

Homes	excellent	satisfactory	not much satisfactory	not provided	not responded	Total

Receiving	0	1	0	0	0	1
Voluntary	14	33	8	78	17	150
Differentially able	1	2	2	3	0	8
Others	3	10	0	0	2	15
Total	18	46	10	81	18	174

78 institutions have a playground for children to play.87(60%) homes did not have a play.ground. Among the homes with playground 72 were considered satisfactory by the care givers.

Table 3.33: Availability of Playground

Homes	Not responded	Available	Not available	Total
Receiving	0	1	0	1
Voluntary	1	62	87	150
Differentially able	0	3	5	8
Others	0	12	3	15
Total	1	78	95	174

Table 3.34: Satisfaction regarding playground

Homes	excellent	satisfactory	not much satisfactory	never satisfactory	not provided	not responded	Total
Receiving	0	1	0	0	0	0	1
Voluntary	8	48	6	2	86	0	150
Differentially able	1	2	0	0	4	1	8
Others	1	11	0	0	3	0	15
Total	10	62	6	2	93	1	174

106 institutions have a television set. All those with television, were satisfied with the services.

Table 3.35: Availability of Television

Type of home	Not responded	Available	Not available	Total
Receiving home	0	0	1	1
Voluntary home	1	92	57	150
Differently able home	0	3	5	8
Others	0	11	4	15
Total	1	106	67	174

Table 3.36: Satisfaction regarding the Television

Homes	excellent	satisfactory	Not provided	Total
Receiving	1	0	0	1
Voluntary	37	54	57	150
Differentially able	0	3	5	8
Others	4	7	4	15
Total	42	64	66	174

Telephones are available in 81 homes. According to the management, 63 homes are satisfied with services. But the telephones are usually under lock and key. They are accessible only to the staff – especially the management staff. It is doubtful whether the children will benefit and whether it is utilized by the parents to communicate with the children.

Table. 3.37: Availability of Telephone

Homes	Not responded	Available	Not available	Total
Receiving	0	1	0	1
Voluntary	1	67	82	150
Differentially able	0	5	3	8
Others	0	10	5	15
Total	1	81	90	174

Table. 3.38: Satisfaction with Telephone

Homes	excellent	satisfactory	not much satisfactory	never satisfactory	not provided	not responded	Total
Receiving	0	1	0	0	0	0	1
Voluntary	13	34	20	2	78	3	150
Differentially able	1	4	0	0	1	2	8
Others	3	7	0	3	1	1	15
Total	17	46	20	5	80	6	174

Thirty four homes have vans and 43 homes have three wheelers. 44 of the homes are satisfied with the transport.

In the homes that do not have transport vehicles children have to walk to school. Some walk two to three kms a day

Table 3.39: Availability of van

Type of home	Not responded	Available	Not available	Total
Receiving home	0	0	1	1
Voluntary home	9	25	116	150
Differently able home	0	0	8	8
Others	0	9	6	15
Total	9	34	131	174

Table 3.39: Availability of Three Wheeler

Type of home	Not responded	Available	Not available	Total
Receiving home	0	0	1	1
Voluntary home	1	30	119	150
Differently able home	0	4	4	8
Others	0	9	6	15
Total	1	43	130	174

Table 3.40: Satisfaction regarding Transport

Homes	excellent	satisfactory	not much satisfactory	never satisfactory	not provided	not responded	Total
Receiving	0	0	1	0	0	0	1
Voluntary	7	27	88	6	18	4	150
Differentially able	0	5	2	0	0	1	8
Others	1	4	9	1	0	0	15
Total	8	36	100	7	18	5	174

111 homes indicated that they have counseling services and 84 of the homes indicated that their services are satisfactory. However their ability for counseling is questionable. Most of the homes managed by religious groups feel that they are effective counselors.

Table 3.41: Availability of Counseling

Type of home	Not responded	Available	Not available	Total
Receiving home	0	0	1	1
	.0%	.0%	100.0%	100.0%
Voluntary home	1	94	50	145

	.7%	64.8%	34.5%	100.0%
Differently able home	0	5	1	6
	.0%	83.3%	16.7%	100.0%
Others	0	12	3	15
	.0%	80.0%	20.0%	100.0%
Total	1	111	55	167
	.6%	66.5%	32.9%	100.0%

Table. 3.42: Satisfaction regarding counseling services.

Homes	excellent	satisfactory	not much satisfactory	never satisfactory	not provided	not responded	Total
Receiving	0 .0%	0 .0%	1 100.0%	0 .0%	0 .0%	0 .0%	1 100.0%
Voluntary	6 4.0%	71 47.0%	53 35.1%	4 2.6%	10 6.6%	7 4.6%	151 100.0%
Differentially able	0 .0%	1 25.0%	1 25.0%	0 .0%	0 .0%	2 50.0%	4 100.0%
Others	1 5.6%	5 27.8%	9 50.0%	1 5.6%	1 5.6%	1 5.6%	18 100.0%
Total	7 3.6%	77 39.3%	64 32.7%	5 2.6%	11 5.6%	10 5.1%	196 100.0%

CHAPTER 4

Causal Factors for Institutionalization

It was apparent in the previous chapter that different types of residential care systems were functioning. Mainly there were three types of institutions- state, voluntary and institutions for children with disabilities. According to law Children are placed in state and voluntary homes only for three years. But in fact they remain much longer. Children with disabilities are admitted to institutions for special needs. The social circumstances that have led children to be institutionalized are complex and the present chapter is an attempt to analyze the reasons for institutionalization. The analysis is based on the in depth- study carried out with the sample institutions. Two types of data were gathered. Firstly, information was collected from case records of children maintained by institutions. Social reports submitted by Probation Officers for admission provided important information about the child. Secondly information was gathered through in-depth interviews carried out with a selected number of children. From each institution six children were interviewed in depth. Unlike the first type of information, children's own narratives were more useful to understand the complexities of the social circumstances that lead to institutionalization.

4.1. Reasons for institutionalization

Many social issues have emerged due to the conflict within the country. Many men and women had lost their spouses and are left alone with their children. Since these single parents find difficulties in providing the basic needs to their children they are admitted to children's homes. Sometimes they admit the children when they propose to remarry.

The families of these children in institutions face several social problems. One of the main problems is the displacement due to the war. Most of them have been rendered homeless and are living in refugee camps. The parents have lost their means of earning such as fishing and agriculture and depend on rations distributed by the state, which is insufficient. Alcoholism among the males (even among the women) is rampant. Child abuse is common. There is a high prevalence of malnutrition. The commonly mentioned triad of alcoholism, poverty & child abuse is commonly seen in these families.

Alcoholism is a major problem following the war and displacement. The mothers wish to send their children to homes so that remain away from the alcoholic father. This may be the reason as to why most of the children in homes are in the age group 10-14 years.

Among the children in homes 42% have both parents living (Table 4.1). Hence most of the children in homes are not real orphans.

Table 4.1: Status of children in Institutions

Status	Voluntary Homes		State Homes	
	Number	%	Number	%
Both Parents Living	653	40%	-	-
Both Parents Dead	156	9.6%	9	100%
One Parent Dead	406	25%	-	-
Both Parents Living but Separated	136	8.3%	-	-
Unmarried Mother	35	2%	-	-
Information not Provided	238	14.6%	-	-
Total	1624	100	9	100%

Under the category of 'Information not provided', the children are said to be not coming out with the full details when they were joining the homes. It is noted that the managements of the

homes have a practice of not maintaining a personal file for every child. In fact, the parents or guardians of the children may also not be interested in giving details to the management.

The reason for admission is given in table 4.2. Poverty ranks highest and education ranks 3rd.

Table.4. 2: Reasons for admission to Institutions

Reason	Total	Rank order	State Home	Voluntary Home	Institutions for Differently Abled	Others
Poverty	754	1	-	754 (46%)	-	-
War & Displacement	366	2	-	267 (16%)	-	-
Education	267	3	-	245 (15%)	-	121(100%)
Orphans	132	4	9 (100%)	123 (8%)	-	-
Domestic violence	67	5	-	67 (4.5%)	-	-
Alcoholic father	56	6	-	56 (3%)	-	-
Separation of Mother	43	7	-	43 (3%)	-	-
Mentally retarded	42	8	--	-	42 (51%)	-
Hearing and visual impairment	40	9	-	-	40 (49%)	-
Fall out with parents	34	10	-	34 (2%)	-	-
Parents remarried	23	11	-	23 (1.5%)	-	-
Sexual abuse	12	12	-	12 (1%)	-	-
Total	1836 (100%)		9 (100%)	1624 (100%)	82 (100%)	121 (100%)

Period of stay

Although the duration of stay of children is expected to be up to 3 years, 33.7 % of the children have been living in homes for over 3 years.

Table 4.3: Period of Stay by Type of Institution – North and East

Year	Receiving Home	Voluntary Home	Home for Disabled	Other types of home	Total
<1	-	334	12	12	358
1-2	3	416	20	34	473
2-3	2	328	17	38	385
3-4	2	184	11	17	214
4-5	2	195	8	15	220
>5	-	167	14	5	186
Total	9(100.0%)	1624(100.0%)	82(100.0%)	121(100%)	1836 (100.0%)

CASE HISTORIES

Case History – 1

Name: Chelvi, Pandatharippu.

I am the last member of my family (We are five in the family). Since I am the last in the family, my parents were willing to educate me and as they are not financially sound to make to do so, they admitted me to this Home.

I was eight years old when I was joined the institution in 1994. Initially I was not happy with my parents for admitting me to a home, as I used to feel lonely and depressed all the time. But gradually I started making friends and I had two good friends named Rose and Kayalvilli. With their moral support I started forgetting all my worries and leading a normal life happily in the home. Thus, all my attention has been diverted towards my studies and the home manageress also helped me and encouraged me a lot in proceeding with my education. I was doing well in my subjects and in fact, the awards I have been given from my manageress for my doing well were also a great source of encouragement. Her kind and polite supervision had given a new strength inside me and my days went happily in the home.

One night (I was 14 at that time), when I was going upstairs after finishing my second study time, I heard some unfamiliar noise in the dark space located under the stair case. I thought some of my friends were there. But, the person who has been staying over there said to me 'it's me, your sir, I have a gift for you'. He then gave a box of instrument saying that he likes me to become a big person in the society so that he wanted me to study well. He was appreciating me by touching my head and gave me a kiss suddenly.

The following day also the same occurred at the same time. On that day, he again kissed me and hugged me tightly. This started continuing for many days. I have never disclosed this incident to anyone because I feared that I would be teased by my friends.

One day I was late for the second studying because I was talking to him and it was getting late. The home warden was furious about this and she punished me and made me kneel down. I was asked the reason for coming late. I could not reveal the truth and I said I was in the toilet. I was scolded badly and permitted to the study hall later. I never knew that Gowry was watching me when I had been talking to the sir. Gowry started sneaking the story to everyone and finally this came to the knowledge of the warden. When I was inquired by the warden, the sir came to the spot coincidentally. Somehow the warden managed the situation and let me go off from the place. This had happened some time back.

The second term exam was over and all the friends have been to their places on two weeks' holidays. I went to my third sister's place since my parents died in the mean time. I always sleep with my sister whenever I go there. The other day also, I was sleeping with my sister inside the room and my brother in law was sleeping outside. In the mid of the night, I went out to the toilet which is in the backyard of the house. Unexpectedly, my brother in law came there, hugged and kissed me. I got shocked and managed myself without making any sounds. My brother in law is a man with sense of humor. He used to tease me and sometimes he delivers nasty sex jokes. He is my sister's husband so that I just pushed him away without screaming. Making use of that chance, he took me to the beetle leaf garden, put his sarong in the ground, made me lie down over there and had sex with me. In the mean time, my sister woke up and started searching for us and found us in the garden. When she was calling my name 'selvi, selvi', my brother in law pleaded me not to tell his name and ran away. It was me alone who got caught by my sister and I was scolded badly. Then, she took me to the neighbor's place who is a relative to us who was a prestigious person in the village.

The following day morning, I was taken to the 'home sir', who has previously been kissing me near the stair case and I was asked to stay with him at his place until home starts back. More over, sir had sent his wife to home. He went for shopping and I was left alone at his place. Half

an hour later, he came back with a cloth parcel asking me to wear that and suddenly closed the door. I got afraid and started crying. He was like pretending to inquire me being more inquisitive asking me what has been going on between me and my brother in law. Finally he also had sex with me. I was continuously crying when sir's wife was coming back and finally I was taken to the home back. There, my home friends started teasing me and I was badly scolded and got beaten by the warden herself. I could not tolerate this torture and thought that I should not stay over here any more and decided to run away from the home. I ran from the home and went to my friend's house. My friend's father was not happy with me and took me to the priest's place. This came to my sister's knowledge; she came to the priest and asked him to send me away. The priest filed a complaint in the Ilavalai police station and now the case goes on in the courts.

REMARKS:

Since the victim is under 18 years of age and considered as a juvenile, she was not supposed to be put into the prison and taken to a religious safe house instead. But she escaped from that place itself and now said to be staying with friends and doing sex work.

CASE HISTORY 2

I am Murie, aged 14. My father is a daily paid laborer, my mother is a cancer patient and I have two brothers. We have been living in a small house in Kopay. Since my mother is a cancer patient, I was admitted to a children's home with the help of a child probation officer. I joined the home at the age of 10. After some time, a new warden was selected for our home and he always gets work out of the children, by demanding them to do household work. Mostly, he used to ask me to do accounts during the night time along with my two friends. Since we three are the seniors in the orphanage, we used to have very less time for the second studies and we had to finish off our home works within the time allocated for the first studies and if not that would be considered as our problem and sometimes we got punishment in the school the following day. One day, our teacher politely asked me why we never do our home work and we told her that we have lots of work in the home and all the time we are asked by the sir to do this work and that work. The teacher was supposed to inquire about this with sir, our warden and we stopped her saying he will be scolded later on. After teacher had inquired us, many officials came and asked us regarding this. One day our chairman came with a cane and took three of us inside the room. He was blaming us that we are not doing well in the school and beat us badly with the cane. We got injured and we used to get dressing for the wounds for quite some time. The following day, we went to school and teacher was talking to us and in fact we were quite angry with the teacher for telling about us to the chairman. But teachers said that she told that to him for the welfare of us. She further told us to reveal everything to the chairman what has been going on in the nights with warden. We got scared but the teacher has somehow told the chairman and the chairman came the following day, inquired us about the happenings. We told him that the warden was misbehaving with us which the chairmen never believed. Then the teacher kindly told us to reveal everything to the related child care officers in secret. Afterwards this issue came to the concern of the child protection officers.

We used to sleep in an open veranda in the hostel and the door is every time partially closed. The warden used to come in the nights and awoke us saying that we have work to do. I usually used to sleep quite distance from the verandah and he came closer to me awake me up. He used to threaten us saying he was police officer and having good relation with the VIPs and if we are to give him trouble, we were threaten to be harassed. My friends' beds were beside the window and whenever the sir used to go and come, he used to harass them by touching their secret parts of the body. Apart from this, he used to come to my place took me to his room inside by force, prevented me from screaming by slapping and have sex without my consent. This happened very frequently. I never disclosed this to anyone because I am very scared of him and every one in the home is scared of him. He never talked to me during the day time, instead he scolded me. But I was telling this to the chairman and I was strictly told that I shouldn't speak bad about a social service worker. I thought of going to my home, but then changed my mind because my father may get angry on me. More than 7 times he has been having sex with me. Finally this came to be known to the relevant authorities, A complaint was filed in the courts and now I have been left in another home. But there also I am facing

problems from the accused side. Many minister level people used to come to me and tried to convince me to withdraw the case.

Case History 3

My name is Renuka and I am blind and 17 years old. I have two elder brothers, an elder sister and a younger brother. Although blind I have an inside desire to study and to be well off. I joined this home in 1995. I have been living in this home for the last 10 years. My last visit to my parents was on 2004 Dec. 19th on holidays. When I returned back to the home in Jan 2005 for school I was told by the home managers that I have been dismissed from the home itself. My father was little upset and he asked for the reason of my dismissal and the answer was that I am spoiling the other students in the home by having a relationship with a guy working in the same home. It was quite unexpected and I have decided to change the home and now am living in another home. I have some kind of skin problem a rash kind of thing, and sometimes it bleeds from the skin. So my aim is to study hard. It has been one month since I have arrived in this home although it is unforgettable the life I had in the previous home. You know what had happened to me in the previous home is, I have been beaten badly.....and I really don't know why? They said that I have been having a connection with that so called guy. It is said that I had stayed with him for three days in private.

According to me, the person called 'X' is really nice. He has been helping me a lot. He used to take me in the auto, buy some medicines for me etc....and sometimes he used to help me in my studies.

The real story is, that 'X's niece was studying with us and she used to praise her uncle a lot. Once she told me to write to her uncle a letter because she said that her uncle had been in love with me. So I wrote a letter to him while that girl was dictating it. But finally the story was changed saying that the letter was written by me on my own, and I was badly scolded with filthy words by the warden and chased away from the home itself. I was begging him, not to send me back home because my parents wanted me to stay and study over here. But they point blankly said that they never want me to come back. I could not find a support and at last I wrote a letter to the child care protection officer and they themselves only admitted me to the home where am living at now. My main aim is to study, whatever the home I live, I don't mind at all. Frankly saying, I am not guilty. For the sake of removing that 'X' from the employment only I have been used as a scapegoat. I and the home management have some religious differences, I am a Christian and they are Hindus. I guess, religion can also be the cause of my dismissal. I was studying Hinduism initially and then I started studying my own religion for my O/L examination. I used to feel that I am being discriminated by the home management. Because I am asked to do some household work such as scraping coconut, cutting vegetables this and that. I used to have very less time to study to time while others have been watching T.V programs. In one way or other, I feel good that I came out of that place.

Case History 4

My name is Suthan. I am 11 years old. I still remember the day when I was beaten by the warden of the home. One day, when I went to the dormitory to changeover the clothes after having bathed, I found a purse near the bedside. My friend was curious about what was inside it and we just checked inside it and found some money. After some time, my friend asked my consent to take a hundred rupee note. Since there was a set of money of rupees thousand and five hundred, I took it out with no hesitation, gave my friend five hundred rupees and kept the rest of the money with me. I hid that amount under the soil, back yard of the toilet.

It was a Saturday and we did not go to school. Our cook, after having cooked the lunch, he started shouting saying his purse was lost. Thus, we came to know the money we took was the cook's. We all were asked to gather together by the warden. The warden asked us to tell the truth that who had taken the money. We never opened the mouth due to fear of doing something wrong. We were inquired one by one. Some said that they were not present in the

home that time, since they went out for some other purpose. We eleven people got caught by the warden and warden himself started beating us. The beating has been going on for three hours and the meals were not provided that day. I was thinking of disclosing the truth, but my friend stopped me. Then, the warden released four of us and continued beating us with Palmyra log. I could not stand for the severe beating and told him the truth. My friend gave him the Rupees thousand five hundred. Later my friend had been released and for stealing the money, I was given five green chilies to eat as punishment. My shorts were removed and the backside of my body was heated. He further told me that I am going to be sacked from the home itself. I was taken to the home manager and manager told the warden to keep me back in the home since I already got punishment. Warden was not happy with that and said he will not work for the home if I am to live in the same place. So, manager kept me with him and sent the warden back. My mother was told about this incident later on by the manager. She got worried and scolded me also.

Manager inquired about my back ground from my mother and mother told the story about the death of my farther and brother. She told him, that I used to have a habit of hiding the money in the soil that is because of my father. According to mother, my farther used to drink a lot, to preserve money, my mother used to ask me to hide money somewhere and I used to do that by hiding it in the soil.

After having heard of this, manager consoled me and made arrangement to join the same home. The Warden again refused to accept me, but somehow I joined. The eleven children, who had been beaten by the warden himself, poured the kerosene oil as the result of the grudge they had on him. This created a misunderstanding between the manager and the warden and finally the warden resigned and went away. Three of the eleven had been sent to their own home for pouring kerosene oil. Still, I feel guilty of that, because, I feel that everything happened because of my fault. The others have been punished. Do not know where they are and I am still at the same home.

Remarks:

This case history gives a lesson that the managers and the wardens of the children's home should have clear understanding about each and every child's back ground. It should be impressed on the management that the punishment should be given just to make the delinquent child to understand his wrong doing and should not hurt him.

Case History 5

A street cornered child was handed over to the child care protection office by a Chavakachcheri citizen. The following information was collected when the child was inquired by the child care protection officers.

He had lost his parents in tsunami last December and was staying with Uncle Mathiruban Ragu. He was told that his parents were no more by his uncle and now the uncle has chased him away from the home. He is 13 years old.

This child was taken to the victims' children's home by the child care protection officers and was given every facility.

The following day when the child was again inquired, it was found that all his statements are fake and contradictory. When this child's so called uncle's home was searched by the officers, it transpired that no one called Ragu's uncle was residing in the given address and the people who are residing in that said addressee have been living there quite a long time ago. When the child was inquired softly, some shocking news came into light.

"My name Mathyruban Ragu, aged 13. I was running away from an orphanage situated in Vali east. I have my parents and two brothers as well. We are very poor. My father is now a bed patient and my mother earns something by doing minor jobs. My one brother is studying somewhere in Kopay, staying in an orphanage and the other one is studying in St. John Bosco school. I did not like to stay in an orphanage so that only I ran away from it. I have been staying in that orphanage for the last two days. I was afraid of staying there initially and then I got used to its atmosphere and started going to a famous school nearby.

I don't like to be in the orphanage. The orphanage people are not kind, they don't give us good food and they don't look after us very well. Once I was down with fever and they never took

care of me. I went to my mother and she was keeping me with her and then she left me in the orphanage soon after I got cured. For these reasons I never like to stay further in that orphanage and finally on 28th Feb. I ran away from it and came to the general bus stand. Since I was staying in the bus stand until 10 o'clock in the night, some brothers like boys came forward to help me. They somehow found my home address and dropped me at my mother's place. The following morning I happened to overhear a dialogue between my parents and got to know that I am going to the orphanage again. I was so scared and I came out of the home, walked and walked for many distance and reached a shop to drink water. There the shop keeper was asking about me and I did not tell him the truth because I was so scared that he may also take me to the orphanage if he comes to know of me. Thus, I was lying to him saying that I am a tsunami victim".

After having inquired the child, the child protection officers were going through with the investigation and found that everything has been revealed by Ragu is true. In the mean time, Ragu's parents had complained to the human rights commission and REDD BARNNA regarding their son's disappearance. Further more, not even a single notification was given to Ragu's parents by the management of the children's home regarding his disappearance from the home. In fact the management had produced a letter to the Child Protection Officers, purported to be written by the mother that she was removing the child. The signature was later found by the courts to be false.

Focusing more on this issue, the child care protection officers filed a case under minor offence against the orphanage regarding their negligence towards this child's matter. Now the case is in progress.

Case History 6

My name is Suganya, aged 21.

I have been living in a children's home for the past 14 years. I am fatherless and am living with my mother and a brother.

I was 9 when my father died and we were left helpless so that all three of us came to this particular children's home. My mother is a cook at the same children's home. My brother is studying. Since we don't have a home of our own, we always stay in the home even during the holiday time.

It was the year 1998, when I was in my A/Ls a new manager was appointed to our home and of course he is a priest. He introduced the tuition system in our home just to increase the educational quality of the children and the students were able to go out of the home to attend the tuition classes. So the children became attached to the manager due to his flexibility towards the children and his easy going character. He used to play with the children in the evening, he bought a TV and kept that in his residence, which is located in the same premises and allowed the children to watch TV during the nights after Dinner time. Whatever the work we are told by him, we never hesitated to do because we love him and love to visit his residence.

I did not get good results in my first time of A/L examination. I was trying for second time. I was very much in need of money to study for the second examination and I asked warden to help me and she refused to do so. I could not help myself and straightaway went to the manager, complaining him regarding this. He, good heartedly promised me to give me money to further my studies. After this incident, the manager had started to introduce me as foster child to other people. I also have started staying at his place during the holiday time. The manager's wife also was so kind with me and she used to help me a lot. My every basic need was provided by them. His native place is in another District, and whenever he was supposed to go there, he used to take me with him.

One day, a guy working under him was talking to me for quite long time. We were talking in the portico and the manager, who had seen us talking, had opened the front door with no reasons. After that guy went away, the manager started scolding me saying not to talk to him any more. I was scolded by the manager every time I spoke to him. Once he advised me and hugged and kissed me. I did not take it seriously because I thought that he was doing that in a father like manner

One day, he was out of his mood, looked quite depressed. I thought that he is tired and prepared a cup of tea for him. But he has refused to drink it asked me to join him to another place. I said 'yes' and he took me to another place and had sex with me. The other people in the home must have sensed the relationship between me and the manager; they have started teasing me with him. I immediately disclosed this to the manager and he said not to bother them and in fact, I am a child like person in their family. The manager's wife is not every time available at home. She very frequently goes out station. By making use of her absence, the manager has started to have sex with me and very frequently used to have sex when the manager's wife was not at home. This kind of relationship came to the knowledge of the management of the children's home and this had been told to the funding agency and the administrators came to Jaffna just to inquire about this. They were quite in favor of the manager and did not allow me to talk freely. They instructed me how to tell the inquiring officers. I happened to disclose this issue to the child protection officer's because I had some personal problems as well. I had fallen in love with a person who came to study in the home. This happened after I had sex with the manager. This matter with the manager came to be known by the person with whom I was in love and he started rejecting me. I felt cornered and I felt that I have lost my life, I felt the necessity of disclosing this to some one and I did it. I told the story to child protection office

Chapter 5

Quality of Care and Good Practices: Children's Perspective

This chapter is an analysis of different issues pertaining to children in institutions, such as children's needs, the quality of the services and care in the institutions, the individuals, institutions and officers who were important to children and their closeness to children. Children's awareness and knowledge of the UN CRC would be also discussed in the present chapter. As stated in chapter two, data was collected by using different data collection techniques such as participatory tools, focus group interviews, case studies and observations. Whatever good practices identified was brought out in the analysis.

5.1 Children's Needs and Services Received in Institutions

Children being the main stakeholders, it is important to understand how children perceive the care and services that they receive in the institutions and their needs. In order to gather children's views on the care and services provided in the institutions, the pair wise ranking participatory tool was used. This data was complemented by qualitative data collected through focus group discussions and the case studies done with a few selected children. Children in the Advisory Group also provided important insights. The analysis was based on the type of institution, such as state, voluntary, institutions for differently able children and school hostels. As mentioned in chapter two, 43 institutions were selected for the in depth study. Out of the 43 institutions one was state home, 36 voluntary homes, 3 school hostels and 3 had differently able children. Out of the 3 institutions that were for children who were differently able, the pair wise ranking tool was used only in two as in the other home it was not possible due to practical reasons. In these homes children's perspective could not be obtained due to children's disabilities, but data was collected through interviews with caregivers and observations. Needs assessment by the children was not done in the only state home available as all the children were under 10 years.

The researchers first explained the objectives of the research and the participatory tools to the children and their consent for participation was obtained. Children were enthusiastic on the activity as it was a new experience to them. Every one including the researchers identified themselves by names, as it was necessary to develop a rapport. In order to keep the children at ease researchers played games and sang songs with children while the tools were used. This helped to break the hierarchical relationship between researchers and children.

In using the pair wise ranking tool, children in the group were first asked to identify the services and care that they received from their institutions. Children were asked to write each of them on a card. These were services that children felt that they received in whatever form. Thereafter the children were asked to do the pair wise ranking, which helped to identify the services provided most, on a ranking system. The sequence of ranking was from 1 to 10. For the purpose of analysis, services are categorized as basic, emotional, educational, development and infrastructure. The ranking given by children on different services are given below in different tables. These are the services that children felt that they received most. But it does not necessarily mean that children were satisfied with the services they received, as it would be evident from the discussion that would come later in the chapter. Although the ranking itself did not help very much to understand about the services that children felt they received, the discussions that took place with children while ranking provided valuable information on children's views and opinions on matters directly related to them.

Table.5.1: Ranking of Basic Services received by Children by Type of Institution

Basic Services	Voluntary Homes				Other type of homes				Institutions for Differently Able Children			
	1-3	4-6	7-10	Not identified	1-3	4-6	7-10	Not identified	1-3	4-6	7-10	Not Identified
Lodging	10 28%	9 25%	15 41%	2 6%		2 33%	1 33%			1 50%	1 50%	
Food	31 89%	4 11%				3 100%			1 50%	1 50%		
Clothes	17 46%	8 22%	7 19%	1 3%		2 67%	1 33%			1 50%	1 50%	
Medical	2 6%	22 62%	11 29%	1 3%				3 100%	1 50%	1 50%		
Sanitation	9 25%	10 28%	8 22%	9 25%	2 67%		1 33%			1 50%	1 50%	

Children's perception of services received by them

The basic services identified were: lodging, food, clothing, medical service and sanitation.

Lodging

Poverty, war and displacement were the main reason for admissions even though children feel they are not getting adequate lodging. 47% of the children ranked 7-9 or not identified the lodging. It was observed that there was inadequate space for studying, dining, playing and sleeping. Most of the children homes using one hall for dining and studying purposes. In most of the children's homes, over crowding was the main problem. Children sleep in common open places. This is the main reason, for children getting frequent respiratory tract infections and bronchial asthma. Consequently, these children have irregular school attendance and are backward in school. They also show poor interest in education. Some social workers who work with children pointed out that this is one of the reasons contributing to sexual abuses by creating opportunities.

Food

89% of the children in Voluntary homes ranked food as within the first 3. When asked, the children say that here at least they are getting meals three times a day and on time. Some children said that before joining the Children's home, it was very difficult to get at least one meal a day. Even to get that they needed to go for work. This is accepted by the child care workers also. Anyhow most of the management of Children's homes fail to satisfy the needs of the child. They feel that they are providing three meals a day and that is enough. Even if the management wants to improve their services, they say that the existing financial and human resources will not allow this. This is quite unacceptable. When they admit the children the management should consider about all the facilities that can be adequately provided to the children. Most of the management of Children's homes does not have adequate knowledge about the needs that have to be provided to children although they are the decision makers. It makes it difficult for some of the dedicated wardens to accept this.

Most of the children's homes have a time table for a week. Accordingly the cooks prepare the food. Most of the wardens felt that they are facing difficulties in getting good cooks. Most of the time cooks are the persons who create problems. There is a good demand for a good cook. Payments made by the most management are inadequate. There were instances where the Children's home children and wardens cooked their meals. Following comments were made by the children regarding their food.

- Getting tasty food is a real problem in the home. They don't properly prepare food like "pittu".
- Although we have a diet schedule in the home which is never followed properly.
- The cooks never stay for long due to the misunderstandings they have with the management. In such instances, we have to cook our own food. Our sir will never have a permanent cook.
- I guess, we cook better than the cook himself.
- During this year what we had eaten was bread with chutney or porridge for breakfast and rotti or pittu for dinner.
- One would easily guess as to which vegetable is cheaper in the market, by having them daily in the home.
- We eat for hunger, not for taste.
- We eagerly await for the last Saturday of the month because that is the day the meeting with our parents take place and they definitely will bring something to eat. We usually share those eats between us, except few. They hide and eat without sharing.

It was clear that the children were not satisfied with the food they received. According to the caregivers 80% of them were satisfied about their services. When we asked the children about their selection of the food, they said that food is essential for their life and among the services that are provided in their own homes this is comparatively good. Among the differently able children 50% of them did not identify the services.

Following recommendations were made by the children to improve their food.

- 1) Providing meals adequate quantitatively and qualitatively.
- 2) Should provide the meal that is palatable.
- 3) Should have permanent good cook for the home.
- 4) Try to provide different type of food every day.

In this research we did not incorporate any nutritional assessment. Children also forget to mention the nutritional food. Anyhow most of the children have of nutritional deficiencies. This part was completely neglected by the children's homes management.

We should consider the following recommendation.

- 1) All children homes need complete health assessment particularly a good nutritional assessment.
- 2) Children's home managements should provide a nutritional diet and this should be regularly checked by the local health staff.
- 3) Care givers need proper training in basic nutritional assessment and have basic knowledge in nutrition particularly the knowledge in high nutrition contain and cost effective foods.

Clothing

46% of the children in voluntary homes ranked clothing within the first 3. The other homes, including the homes for differently able, did not rank clothing as within the first 3.

Medical

Recognition of medical care was very poor except among the differently able. 50% of the differently able ranked medical care as within the first 3 (Table 5.1). Children mentioned that proper care was not provided by the management. During periods of sickness it is the other children who helped during this period. The management takes action only if the illness lasts for more than 2-3 days. When children are admitted to hospital, the parents are informed and it is the parents who have to come and take over. Until the parents come the home mates look after the. In case of orphans, the mates will have to continue looking after for some time, thereby missing school.

Overcrowding and nutritional insufficiency seems to be a contributory cause for repeated illness. Although the methodology does not include a nutritional assessment of the children, the general observation was that children in homes were undernourished. The staff should be provided training in detection of nutritional problems and proper nutrition

Sanitation

Sanitation was ranked low by the children.

There is an urgent need for the Homes for differently able children in North and east. Due to the war there are lots of war casualties and newly born disabled children. Complete data on disabled people is not available. Except the one in the LTTE controlled areas, most of the children's homes were started before the war. The staff in these homes needs a lot of training. Most of the staff are senior people. Some of them are working even after the age of retirement. Most of them have not any got any in-service training since they joined the work. There is great need to modernize the services for the disabled. 50% of the children in differently able homes ranked lodging 7-9.

68% of the children in Voluntary homes and in institutions for differently able ranked schooling within the first three. Library services were not identified within the first six.

The ranking of vocational training was also low.

Emotional needs

Most of the children did not identify emotional needs as a service that was available..

Emotional needs are essential for the development of the child especially the development of the mental health component. It is accepted that none can replace the parents in providing emotional support. When the availability of adequate emotional support is not available, it will affect the child in several ways. It includes the ability to relate, to solve problems, set goals, work towards achieving them through alternative paths, of accessing resources and addressing limitations. The ranking given by the children on different emotional needs are given in Table. 5.2.

Table 5.2: Ranking services for Emotional need by Children by Type of Institution

Emotional Support	Voluntary Homes				Other type of homes				Institutions for Differently Able Children			
	1-3	4-6	7-10	Not identified	1-3	4-6	7-10	Not identified	1-3	4-6	7-10	Not Identified
Love and Affection	-	7 19%	22 62%	7 19%	-	-	2 67%	1 33%	-	-	-	2
Protection	16 44%	14 39%	-	6 17%	-	2 67%	-	1 33%	-	1 100%	1	-
Freedom	-	5 14%	22 61%	9 25%	1 33%	-	2 67%	-	-	-	-	1 100%
Counselling	-	2 6%	18 50%	16 44%	-	-	2 67%	1 33%	-	-	1 100%	1
Family Ties	-	-	3 8%	33 92%	-	-	-	3 100%	-	1	1 100%	-

Friends	1 3%	10 28%	18 50%	7 19%		-	3 100%	-	-	-	1	1 100%
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Among the emotional needs identified by the children, protection ranked within the first three in 49% of the children. However, it does not mean that the children were satisfied with the protection they received. Most of them felt they are protected since they get three meals per day, able to attend the school and get a basic shelter to live. When asked particularly what they understood by protection, they were unable to express themselves of the real facts. This fundamental conceptual fault is being used by the management of children's homes to rationalize the facilities provided by the institution. The management also feels that the supply of regular meals, sending to schools and providing a roof over their head is sufficient protection. Most of the caregivers are of the opinion that one of the ways to protect the child is to keep the children away from families which are in conflict.

According to their ranking the children felt they were not getting adequate emotional support. Counseling (51%) was not identified as a service which falls within the first ten services. Counseling is often confused with mental health or psycho social well being of the child, although counseling is only a part of the mental health. In this study the word counseling was perceived by the children, as availability of somebody who could at least give a hearing to their problems and help them to face it. This was the interpretation of the children to the question of adequacy of counseling. The children were not getting adequate basic services in mental health.

Education

Universal education might seem a relatively straightforward goal but it has proven as difficult as any to achieve. Most of the social problems developed because of the war and displacement.. Even though the state provides free education, the family needs to spend, a proportion of the expenses for the education of the child. Most of the female- headed families and some of the families with both parents living are not in a position to make available that portion of the expenses for education and send their children to schools. Some of them are sending their children to work rather than sending them to school. This particular child going to work helps the younger children to attend school. Some of the child protection authorities feel that because of this financial constraint and the little advantage of this child going to work, they are unable to force the child to keep away from work and go to school. As in the table 2, education was one of reasons for institutionalization. During our in depth study when the parents were inter viewed some of them expressed their views on schooling. They said that admitting their children to children's homes was the best solution to provide a good education.

The Table: 5.3 shows the children's views on the educational support received by them

Table 5.3: Ranking of educational support received by Children by type of Institution

Educational Support	Voluntary Homes				Other type of homes				Institutions for Differently Able Children			
	1-3	4-6	7-10	Not identified	1-3	4-6	7-10	Not identified	1-3	4-6	7-10	Not Identified
Schooling	23 64%	13 36%			3 100%				2 100%			
Library	1 3%	10 28%	22 61%	3 8%	2 67%	1 33%				2 100%		
Extra	1	10	10	15	1	2				1		1

Classes	3%	28%	28%	41%	33%					50%		50%
Vocational Training		5 14%	22 61%	9 25%			3 100%			1 50%		1 50%

Most of the children from institutions (68%) ranked schooling within the first three. But they felt that other education supports were inadequate. Particularly, vocational training was considered one of the major backing they would have, when they leave the institution. Once children reach 18 years (except some of the institutions) most of the institutions are sending the children into the community. Few of them get a chance to enter the university. The rest of them are without any preparation to get into the community. This makes them in many ways more vulnerable in the society. Re-integration with the society is a major problem.

Most of the children's homes remain isolated from the community. This has been corroborated through interviews with the neighborhood and other community leaders. The management of children's homes also prefers the isolation in order to restrict the children interaction with the society. The management's point of view is that if children closely interact with the society, they will have more interference and it will affect the moral behavior of the children. Most children's homes frown upon children getting letters from outside – even from their parents. All letters received from outside – even from their parents. All letters received by children are opened by the management before being handed over to the children..

Infra Structure Development

Most of the children appear to be unsatisfied with the services in the present children's homes. However there is a demand for institutional care by parents, mainly for education because of financial difficulties at home. The parents and the management of children's homes feel that provision of food, shelter and education to children is sufficient. But children think otherwise. They prioritize emotional needs which are lacking in these institutions. Emotional needs could be satisfied mostly by the family.

It is suggested that it may be better to have hostels in selected schools with subsidies for poor children where children could receive their education and go to their homes during vacations or attend school on a daily basis and have the meals in school hostels.

Table 5.4: Ranking of Services for Infra Structure Development by Children by Type of Institution

Infra Structure	Voluntary Homes				Other type of homes				Institutions for Differently Able Children			
	1-3	4-6	7-10	Not identified	1-3	4-6	7-10	Not identified	1-3	4-6	7-10	Not Identified
Water	10 28%	13 36%	5 14%	8 22%	1 33%	1 33%	1 33%			1 50%		1 50%
Electricity			3 8%	33 92%		3 100%				1 50%		1 50%
Transport	8 22%	5 14%	8 22%	15 42%			2 67%	1 33%	1 50%	1 50%		

5.2 Relationships with Outsiders

To achieve good mental and physical development, a child should get adequate stimuli. For adequate stimuli a child should get opportunity to interact with various types of people.

Socialization is one of the components in human development. If a person is not properly socialized, the community won't accept him or her as a part of it and for that person also it is very difficult to cope up with the community. Social relations also help a person to get socialized and become a part of the society. Children in institutions are no exception. These children are in institutions not for life and they need to be re-integrated with the society. Therefore it is important to understand the nature of relationships that children have with outside institutions and individuals and how important they are to the children.

In order to gather information on the above issue, Venn diagram was used to map out social relationship of children in the selected institutions. Two of these institutions (a home for mentally handicapped and the state home which had all children under ten years) were left out as the children were incapable of performing the Venn diagram. In addition focus group interviews were also used to gather information.

Ten children from each institution participated in the Venn diagram. Before commencing the activity the researchers explained the research objectives and the tool to the children and obtained their consent. At first, children were asked to identify individuals and institutions that had some relationship with them. Then the children were asked to prioritize them according to importance. As the next step, children were given a large brown paper, which they laid on a table or floor and marked their own institution in the middle. Thereafter children made balls of different sizes out of a flour mixture to represent each identified individual or institution. The size of the ball differed according to the importance. Although an individual or an institution was important to the child, the relationship may not necessarily be close. Therefore in order to understand the closeness of the relationship with such individuals and institutions children were asked to place each ball away from the center where the children's institution was marked. The distance to the center differed according to the closeness of the relationship. These places were then marked on the brown paper sheet.

For children, this was a new experience and they enjoyed it very much. Children while participating in the activity engaged in a lively discussion on the social relations pertaining to each identified individuals and institutions. Children freely expressed their views among themselves. This generated information on the quality of such relationships. For purpose of analysis the identified individuals and institutions were categorized under main headings such as government institutions and officials, caregivers, donors and NGOs, family members, educational institutions and persons and community. Each of these would be discussed below.

The perception of the children regarding the relationship with government institutions and government officials is given in Table: 5.5. 71% felt that the hospital was the most important, but only 22% felt that they were very close. The Grama Niladhari was considered more important than the probation officials

Table. 5.5: Relationship with Government Institutions and Officials (Voluntary Homes)

Government Institutions/ Officials	Importance		Closeness of the Relationship		
	Important %	Not Important %	Very Close %	Somewhat Close %	Not Close %
Probation	33	77	28	24	48
Hospital	71	39	22	63	15
Grama Niladhari	85	15	34	51	15
Samurdhi Officer	22	88	12	28	60

Among the state institutions the children identified hospital and schools as more important. However, in voluntary homes the children identified grama niladharis as important.

Table. 5.6: Relationship with State Institutions and Officials (Institutions for Differently Able Children)

State Institutions/ Officials	Importance		Closeness of the Relationship		
	Important %	Not Important %	Very Close %	Somewhat Close %	Not Close %
Dept. of Social Services	25	75	-	75	25
Hospital	50	50	25	25	50
School	75	25	75	25	-

Table. 5.7: Relationship with State Institutions and Officials (Other category)

State Institutions/ Officials	Importance		Closeness of the Relationship		
	Important %	Not Important %	Very Close %	Somewhat Close %	Not Close %
Dept. of Social Services	33	67	-	67	33
Hospital	67	33	33	67	-
School	100	-	67	33	-

Relationship with Care providers

The relation with care givers in Voluntary homes is given in Tables 5.8 to 5.10. Most of the children appear to feel that relationship with assistant care givers is more important than with chief care providers. However only a small percentage seem to have close relationship with the care providers.

Table. 5.8: Relationship with Careproviders (Voluntary Homes)

Caregivers	Importance		Closeness of the Relationship		
	Important %	Not Important %	Very Close %	Somewhat Close %	Not Close %
Chief Caregiver	32	68	26	34	30
Assistant Caregivers	71	39	23	48	39
Management Committee	26	74	-	26	74
Minor Workers	66	34	20	54	26

Table. 5.9: Relationship with Caregivers (Institutions for Differently Able Children)

Caregivers	Importance		Closeness of the Relationship		
	Important %	Not Important %	Very Close %	Somewhat Close %	Not Close %

Chief Caregiver	50	50	25	25	50
Assistant caregivers	75	25	25	25	50
Minor workers	75	25	50	50	-

Table. 5.10: Relationship with Care providers (Institutions for other categories of homes)

Caregivers	Importance		Closeness of the Relationship		
	Important %	Not Important %	Very Close %	Somewhat Close %	Not Close %
Chief Caregiver	67	33	33	34	33
Assistant caregivers	100	-	33	33	33
Minor workers	100	-	33	67	-

Relationship with NGOs, Donors and others

The children do not consider relationship between their donors and others to be very close.

Table. 5.11: Relationship with NGOs, Donors and Others (Voluntary Homes)

NGO and Donors	Importance		Closeness of the Relationship		
	Important %	Not Important %	Very Close %	Somewhat Close %	Not Close %
Foreigners	26	74	11	54	34
Voluntary Associations	54	46	26	74	-
Local Donors	40	60	14	86	-
Foreign Donors	46	54	20	46	34

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Table. 5.12: Relationship with NGOs, Donors and Others (Institutions for Differently Able Children)

NGO and Donors	Importance		Closeness of the Relationship		
	Important %	Not Important %	Very Close %	Somewhat Close %	Not Close %
Donors	67	33	33	67	-
Local Individuals(From Foreign)	67	33	33	67	-
Local Organizations	33	67	-	100	-
Foreigners	67	33	33	34	33

Relationships with family members

The children prioritize the relationship with family members as very important. But they are not close to them due to restriction to meet as was found in most children's homes.

These children are eager to meet their parents and family members. But the management do not wish to release them to their homes as they feel that the children will acquire "bad habits" when they visit their homes. They also feel that the home environment is not conducive to child's development and will effect the child's future development. Some institutions allow children only to go home during their vacation. Some children however prefer to remain in the Children's home even during the vacation. Even this should not be encouraged, since at the age of 18 years they have to some or other leave the institution.

In one of the homes, a child who attained age in the Children's home was not allowed to go home as the management felt that the visit to her home would affect the examination she proposed to take.

Table. 5.13: Relationship with Family Members (Voluntary Homes)

Family Members	Importance		Closeness of the Relationship		
	Important %	Not Important %	Very Close %	Somewhat Close %	Not Close %
Parents	86	14	23	31	46
Relatives	83	17	34	29	63

Table 5.14: Relationship with Family Members (Institutions for Differently Able Children)

Family Members	Importance		Closeness of the Relationship		
	Important %	Not Important %	Very Close %	Somewhat Close %	Not Close %
Parents	100	-	25	50	25
Relatives	75	25	25	50	25

Table. 5.14: Relationship with Family Members (Other Institution Children)

Family Members	Importance		Closeness of the Relationship		
	Important %	Not Important %	Very Close %	Somewhat Close %	Not Close %
Parents	67	33	33	34	33
Relatives	67	33	33	34	33

Some management feels that if the parents of children are allowed to frequently visit their children, it will affect the orphaned children who have no parents to visit them

During focus group discussions, the children were enquired about as to what they would have done if they were at home. Most of them indicated that they would be playing with their other siblings, visiting relations homes and play freely with their friends.

Relationship with Educational institutions

All children felt that teachers are very important. Although 100% of the children felt that the teachers were important, only 25-50% felt that they were very close to them. This may be because they have limited accessibility to the teachers. For most children the teachers are the only adults other than the care providers who are accessible to them. Further, since the society

and the management in children's homes give priority to education the children think that teacher are admirable.

Table.5.15: Relationships with Educational Institutions and Persons (Voluntary Homes)

Educational Institutions and Persons	Importance		Closeness of the Relationship		
	Important %	Not Important %	Very Close %	Somewhat Close %	Not Close %
School/ Teacher	100	-	32	34	34
Private classes	76	24	26	32	42
Private Tutors	72	28	15	63	32

Table.5.16: Relationship with Educational Institutions and Persons (Institutions for Differently Able)

Educational Institutions and Persons	Importance		Closeness of the Relationship		
	Important %	Not Important %	Very Close %	Somewhat Close %	Not Close %
School/ Teacher	100	-	25	50	25
Private classes	75	25	25	50	25

Table 5.17: Relationship with Educational Institutions and Persons (Institutions for Others)

Educational Institutions and Persons	Importance		Closeness of the Relationship		
	Important %	Not Important %	Very Close %	Somewhat Close %	Not Close %
School/ Teacher	100	-	50	25	25
Private classes	33	67	33	34	33

Relationship with the community

Although the access to the community and its services are considered by the children to be important they are not very close to them. Again this is because of the restrictions placed by the management. A very small percent of institutions allow children to mix with neighbors. The management restricts association with neighbors to prevent the outside community having access to the state of the homes.

Table 5.18: Relationship with the Community (Voluntary Homes)

Community	Importance		Closeness of the Relationship		
	Important %	Not Important %	Very Close %	Somewhat Close %	Not Close %
Temple/church	86	14	31	28	31
Neighbours	71	29	17	29	54
Friends	82	18	32	42	26
Other Children's Homes	86	14	28	31	41

Table 5.19: Relationship with the Community (Institutions for Differently Able Children)

Community	Importance		Closeness of the Relationship		
	Important %	Not Important %	Very Close %	Somewhat Close %	Not Close %
Temple/church	100	-	50	25	25
Neighbors	75	25	25	25	50
Friends	100	-	50	25	75
Past students	50	50	25	50	25
Other Children's Homes	50	50	25	25	50

5.3 Children's Perception on the Awareness of their Rights

CRC was ratified by the Sri Lankan Government in 1991. There are several INGOs, NGOs and Government officials implementing the different aspects of the CRC. Save the Children has carried out school level and village level programs through their regional offices at Jaffna, Batticaloa and Trincomalee. With the help of the Ministry of Social services they have formed monitoring committees at provincial, district, divisional and village level. These committees work on CRC and carry out awareness programs on CRC. The National Child protection Authority (NCPA) functions at the central level. It forms district level committees. UNICEF carries out media campaigns and has started several programs to implement the CRC.

Some of the awareness programs were conducted in children's homes on CRC and rights of the children, for home managers, caregivers and Children. During the war, these programs were not conducted in LTTE controlled areas. After the commencement of the peace process some of the NGOs are carrying out small scale programs in the LTTE controlled areas.

It is important to identify the extent of the children's knowledge on their rights and CRC as this is one of the important protective mechanism available to a child when he or she is alone. In the present study, this aspect was looked into.

The participatory tool, (Barometer) was used to measure children's perception on the awareness of the UN CRC. In two institutions (one was a home for mentally disabled and the other had disabled children less than 10 years. The researchers first explained the tool to the children and also about the UN CRC and their consent was obtained for participation. On a sheet of brown paper a long arrow in the shape of a barometer was drawn. Starting from zero to hundred the measurements were marked along the arrow. The scale was developed in the following manner. Then the children were arranged in a group and a game was introduced. The knowledge of children was assessed through this scale.

Table 5.20: Children's Knowledge on the UN CRC

Measurement	Indicator of Knowledge	Number of Children	Percentage
0	Not heard about the CRC and not knowledgeable	271	28.2
0-10	Heard about CRC and not knowledgeable	252	25.7
11-40*	Heard about CRC and knows a very few rights	187	19.1
41-60**	Heard about CRC and knows a fair amount of rights	107	10.9
61-90***	Heard about the CRC and knows	107	10.9

	most of the rights		
91-100****	Knows very well both the CRC and rights	54	5.2
	Total	229	100.0

- * Knew less than 10 articles in the CRC
- ** Knew between 10 to 20 articles in the CRC
- *** Knew between 20 to 30 articles
- **** Knew more than 30 articles in the CRC

Table 5.21: Children's Perceptive on the Awareness of Child's Rights by Type of Institution

Measurement	Indicator	Others		Voluntary		Institutions for Differently Able	
		Number	%	Number	%	Number	%
0	Not heard about CRC and not knowledgeable	2	10	238	29	23	27
0-10	Heard about CRC and not knowledgeable	5	25	224	27	20	23
11-40*	Heard about CRC and knows a very few rights	10	50	160	20	14	16
41-60**	Heard about CRC and knows fair amount of rights	3	15	87	10	17	20
61-90***	Heard about CRC and knows most of the rights	-	-	92	11	12	14
91-100****	Knows very well both the CRC and rights	-	-	28	3	-	-
	Total	20	100	839	100	86	100

- * Knew less than 10 articles in the CRC
- ** Knew between 10 to 20 articles in the CRC
- *** Knew between 20 to 30 articles
- **** Knew more than 30 articles in the CRC

28% of the children had never heard about the CRC. 26% of them had heard about the CRC but didn't know about the CRC. 54% of the children in institution didn't know the content of the CRC. Most of the time, they receive the knowledge through teachers, caregivers and mass Medias. We observed, mass media and poster played a big role. Most of the children showed the posters in schools. In children homes it is very rare to see these types of posters. Some of the children's home care givers are very keen to do the awareness. Children's home managements are very reluctant to provide knowledge. Some of the home managers have the concept that this is not applicable to our culture. This is something that the foreign people particularly western people try to introduce their culture into the local society. If child knows the CRC, then it is very difficult to make them disciplined.

Accessibility of the mass media is very minimal. Some of the children's homes do not have television. In some of the children's homes even though they have the television and newspapers facilities, time allocation for utilization of the time for children to read or see these Television are very minimal.

LTTE control areas, the knowledge of the CRC is very minimal .But children's have the knowledge about the child rights. Particularly child has the right to go to schools, has right to get basic needs, child has the basic need to think and etc.

To implement the CRC or improve the knowledge on child rights, we need sustainable programs. When asked, some of the home managers said, that during the 1999 - 2000 period Save the children did some programs in some other districts. DCPCs also did such programs but there is no continuity or proper evaluation. Continuity and proper evaluation are very important. In the north and east it is only after 2002, that the Child Right Promoting officers were appointed on a contract basis under the Central Ministry of Social Services. Most of the CRPOs didn't know their job description and idle in their places without proper guidance or doing some other jobs or helping their Probation officers. The CRPOs should be utilized for this child right promoting activities. They should take a leading role in their area and should coordinate all the activity related to child rights with NGOs and CBOs. Education of the children about their rights and duties is a very important step in the prevention of child abuse.

Chapter 6

Quality of Care and Good Practices: Caregivers and Community Perspective

The previous chapter discussed about children’s experiences in the institutions and their perspective on the quality of services received and their needs. While it is important to have the children’s perspective, it is equally important to know how other stakeholders related to children’s institutions perceive the quality of services provided in children’s institutions. In this respect the caregivers in the institutions, officers providing care and protection to children such as Probation Officers, Child Rights Promotion Officers, and Police Officers are important. Community perspective is also significant as children will not be in institutions forever and need to re-integrate to society. As mentioned before different data collection methods were used to collect information from different stakeholders. Thus, firstly caregivers’ perspective would be discussed.

6.1. Care Givers

Basic Needs

Table 6.1: Services Provided and Level of Satisfaction of Caregivers in the State Homes by Province

Services Provided	Provided			Level of Satisfaction				
	Provided	Not Provided	Total	Highly Satisfied	Satisfied	Unsatisfactory	Non Response	Total
Food	1	-	1	1		-	-	1
Lodgings	1	-	1	-	1	-	-	1
Clothes	1	-	1	-	1	-	-	1
Water	1	-	1	-	1	-	-	1
Sanitation	1	-	1	-	-	1	-	1
Medical	1	-	1	-	1	-	-	1
Recreation	1	-	1	-	1	-	-	1
Counseling	-	1	1	-	-	1	-	1
Education	1	-	1	-	1	-	-	1

Care givers in the state home accepted that they are not providing counseling services. It is very important to provide the psychosocial component for the development of the children particularly in early childhood development. It is the one important key need in the Early Childhood Care and Development (ECCD) program. In the state homes caregivers are the persons who will have to take a major role in the psychological development of the children.

Caregivers indicated that they were highly satisfied about the food provided. Most of the children were admitted to the home are infants. Care givers were not aware about proper feeding practices. House hold health practices were also not satisfactory.

In the voluntary homes, Caregivers were satisfied about most of their services, even though some of them were aware that their services were not adequate. When asked the reason for inadequacy most of them were reluctant to give the answers and some of them had given the reasons like inadequate financial and human resources and inadequate training.

Table 6.2: Services Provided and Level of Satisfaction of Caregivers in the Voluntary Homes

Services Provided	Provided			Level of Satisfaction				
	Provided	Not Provided	Total	Highly Satisfied	Satisfied	Unsatisfactory	Non Response	Total
Food	150	-	150	37	113	-	-	150
Lodgings	150	-	150	20	105	5	-	150
Clothes	150	-	150	13	111	26	-	150
Water	150	-	150	37	100	13	0	150
Sanitation	150	-	150	15	81	54	0	150
Medical	150	-	150	14	92	44	0	150
Recreation	116	34	150	14	92	40	1	150
Counseling	78	72	150	6	71	72	0	150
Education	150	-	150	18	99	33	0	150

Most of the children's homes don't have proper recreation facilities. There is lot of restriction to utilize the limited recreational facilities. During the focus group discussion with children regarding the time allocation and type of the recreation, it transpired that most of the time, this was decided by the care givers. In some children homes, senior children play a major role in deciding usage of recreation facilities. With the blessing of the care givers, the older children behave very rudely and control the younger children. When younger children become senior, they behave in similar way.

Table 6.3: Services Provided and Level of Satisfaction of Caregivers in the Institutions for Differently Able Children

Services Provided	Provided			Level of Satisfaction				
	Provided	Not Provided	Total	Highly Satisfied	Satisfied	Unsatisfactory	Non Response	Total
Food	8	-	8	2	6	-	-	8
Lodgings	8	-	8	2	4	2	-	8
Clothes	8	-	0	2	6	-	-	8
Water	8	-	0	2	6	-	-	8
Sanitation	8	-	8	2	4	2	-	8
Medical	8	-	8	2	4	2	-	8
Recreation	6	2	8	-	6	2	-	8
Counseling	-	4	4	-	-	4	4	8
Education	8	-	8	-	4	2	2	8

Differently able children were very concerned about their disability. They need good psycho social support. Caregivers accepted that they are not providing counseling (Table:6.3).

Most of the caregivers are aware that their services were not adequate particularly special services for differently able children (Table 6.4). Two of the care givers did not give the answer

for these questions. Only two of them were highly satisfied about their services provided for a conducive environment.

Table 6.4: Special Services Provided and Level of Satisfaction of Caregivers in the Institutions for Differently Able Children

Special Services Provided	Provided			Level of Satisfaction				
	Provided	Not Provided	Total	Highly Satisfied	Satisfied	Unsatisfactory	Non Response	Total
Conducive Environment	6	-	6	2	4	-	2	8
Material	4	2	6	-	4	2	2	8
Educational Equipment	6	-	6	-	4	2	2	8
Medical Requirements	6	-	6	-	4	2	2	8

Table 6.5: Children's Needs Met and Level of Satisfaction of Caregivers in the State Institutions

Special Needs met	Provided			Level of Satisfaction					
	Provided	Not Provided	Total	Highly Satisfied	Satisfied	Not satisfied	Not at all satisfied	Non Response	Total
Basic Needs	1	-	1	-	1	-	-	-	1
Emotional Needs	1	-	1	-	1	-	-	-	1
Educational Needs	1	-	1	-	1	-	-	-	1
Vocational Training	1	-	1	-	1	-	-	-	1
Development Needs	1	-	1	1	-	-	-	-	1
Protection and Security	1	-	1	-	1	-	-	-	1
Freedom	1	-	1	-	1	-	-	-	1
Listening to Children	1	-	1	-	1	-	-	-	1

Caregivers were satisfied with all of their services

In voluntary homes and differently able children's homes, most of the caregivers were satisfied about their services that were provided for children to satisfy their basic and educational needs. As far as caregivers are concerned these needs were given priority, and most of the time they try to satisfy the children. But from the children's point of view it was the other way around as discussed in the previous chapter. Regarding some of the other services, the opinions shared by the caregivers are very critical particularly as regards emotional needs, protection and security and freedom. Their ideas about these needs were totally opposite to the views of the children and what we observed and learnt during this period. These issues should be dealt with cautiously with the caregivers and managers. They need proper guidance and training. Regarding vocational training, most of the care givers were not satisfied with the services provided to the children. This is a positive way of thinking.

But caregivers in differently able children's homes were satisfied about their services for vocational training. Important part of the rehabilitation of the differently children is to bring the child to near normalcy and provide proper guidance to look after themselves. For this rehabilitation process different stakeholders should be involved.

Because of the lack of vocational services, some of the older children were still dependent on the children homes and some of the children who got into the society still depend on their relatives or some other persons. Interviews with children who had left the children's homes indicated that they felt guilty about their dependency. As we discussed in the chapter 4 some of the care givers now, were brought up in the same children's home environment. This may be the reason for the response from the care givers.

But some of the children's homes have successfully produced graduates. Some of the children homes still utilize them to improve other children. But some of the graduates were very reluctant to help the homes because of their bitter experiences with the care providers. Some of them were very reluctant to mention that they were from a children's home and were keen to break the past relation ship with the home.

In LTTE controlled areas, some of the children's homes are run by the LTTE. In their area those homes are like state homes. After finishing their GCE O/L, depends on the result and preference made by the child, they are sent the to their own vocational training centers and industries run by the LTTE to provide services to the people. These training centers are run by the civilians and paid by the LTTE.

Vocational training facilities should be developed in all homes by the managements with the help of Governmental and Nongovernmental organizations.

Table 6:6: Children's Needs Met and Level of Satisfaction of Caregivers in the Voluntary Homes

Needs of Children	Provided			Satisfaction					
	Provided	Not Provided	Total	Highly Satisfied	Satisfied	Not Satisfied	Not At all Satisfied	Non Response	Total
Basic Needs	150	-	150	15	135	-	-	-	150
Emotional Needs	107	40	147	10	97	22	18	3	150
Educational Needs	150	-	150	19	130	-	1	-	150
Vocational Training	79	65	144	4	51	24	65	6	150
Development Needs	116	25	141	5	82	29	25	9	150
Protection and Security	122	23	145	14	107	8	30	5	150
Freedom	132	14	146	12	113	7	26	4	150
Listening to Children	130	14	144	19	105	7	22	6	150

Table 6.7: Children's Needs Met and Level of Satisfaction of Caregivers in the Institutions for Differently Able Children.

	Provided			Level of Satisfaction					
	Provided	Not Provided	Total	Highly Satisfied	Satisfied	Not at Satisfied	Not at all satisfied	Non Response	Total
Basic Needs	8	-	8	2	6	-	-	-	8

Emotional Needs	6	2	8	2	4	2	-	-	8
Educational Needs	8	-	8	2	6	-	-	-	8
Vocational Training	6	2	8	-	6	2	-	-	8
Development Needs	4	4	8	2	2	2	2	-	8
Protection and Security	8	-	8	2	6	-	-	-	8
Freedom	8	-	8	2	6	-	-	-	8
Listening to Children	8	-	8	4	4	-	-	-	8

As we discussed in the previous chapter, because of the war, the state sectors suffered due to lack of human & financial resources, and infrastructure facilities. The officers also underwent frequent displacements. There was lack of corporation of law enforcing authorities. Most of the children homes were started after the war. In most of the children homes, wardens were not aware of the government regulations, although they have admitted that they are implementing the regulations (Table 6.8). Most of the children homes were not registered. Government supervising officers very rarely or never visited.

Table 6:8 Implementations of Existing Regulations and Procedures in the Institutions

Implemented	North&East				
	State	others	Voluntary	Differently Able	Total
Yes	1	15	137	6	159
No	-	-	13	2	15
Total	1	15	150	8	174

But during the latter part of the nineties and early two thousands some NGOs had workshops on regulations and procedures in some areas.

Most of the caregivers still believe that they are implementing the existing regulations and procedures. But most of them were not aware about the existing procedures. In state home some how they are following the regulations because most of the time it has been under the supervision of the probation department.

When asked whether the existing regulations and procedures were harmful or not, 108 (62%) answered negatively (Table 6.9). There was no response from 57 (33%). The care givers were unaware of the regulations. Therefore it is not possible that the question was answered correctly

Table 6.9: Caregivers' Opinion on Whether Existing Regulations and Procedures are Harmful or Not

Whether Harmful	North&East				
	State	Others	Voluntary	Differently Able	Total

Yes	0	1	8	0	9
No	-	6	96	6	108
No Response	1	8	46	2	57
Total	1	15	150	8	174

The frequency of visit by family members was enquired into (Table. 6.10). Eighty homes (46%) indicated that family members visit on an average once in four months. Eight homes did not allow family members to visit the children.

The care providers informed that when family members visit the children get disturbed and their studies are affected. They also feel that when family members visit children, the children who do not get visitors are disturbed. However children indicated that they prefer family members coming to see them more frequently than allowed by the management.

Table 6.10: Frequency of Family Members Visiting children by Type of Institutions

Frequency	North& East				
	State	Others	Voluntary	Differently Able	Total
No limit	1	-	1	2	4
Once a week	-	6	16	-	22
Once a month	-	-	49	-	49
Once in four months	-	6	70	4	80
Once in six months	-	-	1	-	1
Not allowed	-	3	5	-	8
No response	-	-	8	-	8
Total	1	15	150	8	174

A majority (72%) of the caregivers have indicated that children could post letters to family members as and when necessary (Table 6.11). However the children were unhappy about the communication facilities. The children indicated that all letters should be shown to the warden and could be posted only after approval. All letters received are also seen by the warden.

The caregivers say that they are responsible for the children and to prevent any misbehavior by the children, it is essential that their letters are monitored.

Table 6.11: Frequency in Posting Letters to Family Members by Type of Institution

Frequency	North&East				
	State	Others	Voluntary	Differently Able	Total
Weekly	-	1	0	--	1
As and when necessary	1	11	108	6	126
No Limit	-	1	22	-	23
No response	-	2	8	2	12
Not allowed	-	-	7	-	7
Total	1	15	150	8	174

Eighty one of the homes have telephones. The children could get telephones calls from the home or from facilities nearby. It is rarely that these children are able to take calls or converse with family members. Usually any telephone message is taken by the care givers and conveyed to the child. The availability of telephone facilities in their own homes is also very poor. 42 (25%) homes do not allow any telephone communication to the children (Table 6.12)

Table 6.12: Frequency of Receiving Telephone Messages from Family Members by Type of Institution and Province

Frequency	North&East				
	State	Others	Voluntary	Differently Able	Total
No limit	-	-	42	2	44
Once a week	-	1	-	-	1
Once a month	-	1	7	-	8
Once in four months	-	-	22	-	22
Not allowed	-	5	35	2	42
No response	1	8	44	4	57
Total	1	15	150	8	174

158 (91%) of the caregivers in the homes indicated that they were aware of the UN CRC. Only 14 admitted that they were unaware of it (Table 6.14). Most of the care givers indicated that they got the information about the CRC through the mass media (Table 6.15). 147 (84 %) indicated that they were satisfied with the way the CRC was implemented (Table 6.16)

Although the self evaluation of the care providers on the UN CRC indicated that they have a good knowledge of the UN CRC, a cursory assessment of the implementation of the CRC in the homes indicates that their knowledge is superficial. There is an urgent need to carry out training programs on UN CRC for all care providers in the children's homes.

Table 6.13: Awareness of the UN CRC by Type of Institution

Awareness	North&East				
	State	Voluntary	Others	Differently Able	Total
Yes	1	135	14	8	158
No	-	14	1	-	15
No Response	-	1	-	-	1
Total	1	150	15	8	174

Table 6.14: Caregivers' Level of Awareness on the UN CRC by Type of Institution and Province

Level of Awareness	North&East				
	State	Others	Voluntary	Differently Able	Total
Very well	-	8	43	2	53
Average	-	2	65	6	73
Slightly	1	5	28	-	34
Not Aware	-	-	14	-	14
Total	1	15	150	8	174

Table 6.15: Sources of obtaining awareness on the UN CRC by Type of Institution

Source	North&East				
	Others	State	Voluntary	Differently Able	Total
Workshops and Trainings	1	-	28	2	31
Dept. of Probation and Child Care	-	-	18	-	18
NGO Interventions	5	-	39	-	44
Within the Institution	-	-	-	2	2

Mass Media	6	1	53	2	62
Educational Programmes	3	-	12	2	17
Total	15	1	150	8	174

Table 6.16: Level of satisfaction on implementing the UN CRC by Type of Institution and Province

Level of Satisfaction	North&East				Total
	Others	State	Voluntary	Differently Able	
Highly Satisfied	4	-	30	2	36
Satisfied	10	1	96	4	111
Do not Know	1	-	14	-	15
No Response	-	-	10	2	12
Total	15	1	150	8	174

6.2 Officers Involved in Providing Protection and Care for Children

In the previous section the views and opinions of caregivers and children in institution were discussed. In this section other officers such as Probation Officers' (POs), Child Rights Promotion Officers' (CRPOs), a Police Officer and Social Service Officers' (SSOs) views and opinions are examined. These officers are directly or indirectly involved in protecting and providing care to children in institutions. A sample of such officers was interviewed. A semi structured interview guide was used so that officers could express their views freely.

Most of the officers feel that institutionalization of certain groups of children has become necessary under the present situation. But they also admit that institutionalization has a lot of disadvantages as the alternative care system has not been sufficiently developed. The institutions cannot replace a family environment. The department encourages the institutionalization of children only as a last resort. But the officers find a lot of difficulties in finding alternative care. As a result they are in a quandary as to what to do. Any how they have now started to advocate the alternative care system (such as school hostels, day care centers & foster care)

They also agree that emotional and other physical needs are not satisfied in the homes. Children also have difficulties in social integration later as they do not have contact with the community during their stay in the homes.

The officers feel that changing the attitudes of care givers is difficult. The officers knowledge of child care and development is very poor and the low wages deter suitable persons joining the post of care givers.

In spite of several requests, the institutions are not registered until the law enforcement authorities intervened.

POs and CRPOs are few in number. The CRPOs are on a contract basis and they do not have a defined job description. The available officers are also involved most of the time in court proceedings as there is a large number of cases with child related issues. The POs and CRPOs do not have a separate office, supporting staff or telephone facilities. This interferes with the efficiency of these officers.

One Woman Police officer from the women and child desk was interviewed. She had been trained at the NCPA . She agreed that she does not have close relationship with children and even her superior officers were not in favor of her being involved in child related issues.

6.3 School Principal/ Teachers

The principals and teachers of the schools where the children from the children's home attend were interviewed. They were of the opinion that these children have poor nutrition than other children and that they lack emotional support. They are less attentive and have less participation in extracurricular activities.

Any how they have the concept that if not for the homes these children will be deprived of the schooling and other facilities. They also said that the homes restrict the participation of these children in community activities. Most of the teachers were unaware of alternative care facilities.

However, the teachers accepted as teachers they are partly responsible for the much needed emotional support for the children.

06.4 Clergy

Most of the homes are run by religious organizations and children take part in regular religious observances. The clergy and other religious leaders have close relationship with the homes. Most of the clergy were of the view that institutionalizing is important for children with certain family background like alcoholic parents. They accepted that some of the services provided by the institutions are insufficient but they are maximally utilizing the available resources. They indicated the community should support these homes. They are not knowledgeable in alternative care and are reluctant to rehabilitate an alcoholic father or broken families with the children, as they feel it is difficult and almost impossible.

6.5 Neighbors

Eighty four neighbors were interviewed. Most of the neighbors had very little relationship with the homes. A few of the neighbors were even not aware of the existence of the home. Some of the homes especially in Mannar and Vavuniya are situated in places away from the households.

Neighbors accept the need for homes, but they are unsatisfied in the way the homes are managed. Some of the actions they disapprove are: preventing children from associating with neighbors, having the gates always locked up. They see the children only when they go to school. They have an urge to help children's homes. They do not have any knowledge regarding alternative care. Some neighbors disapproved the existence of children's homes in their neighborhood.

Chapter 7

Policies, Procedures and Existing Alternatives to Institutional Care

In accordance with the 13th amendment to the constitution, in 1987, the Department of Probation and Child Care Services and the Department of Social Services was devolved to the provinces. Child care and protection accordingly became the responsibility of each province with the National Department of Probation and Child Care, under the central government, responsible for training, research, foreign adoption, development of policy and recruitment of Child Rights Promotion Officers (CRPOs) who were placed within Divisional Secretariats.

This study examined the current national policies and procedures with regard to children in institutional care. An attempt was made to look at existing policy documents and reports. Policy documents were not available at Divisional, District and Provincial levels. As a result knowledge pertaining to the subject is very poor even among the administrators and law enforcement authorities. Even when documents were searched at the central level, it was a laborious task to collect the data.

With regard to the legal environment the following ordinances are those that come into effect in the process of providing protection and care for children:

- Children and Young Person's Ordinance, No 48 of 1030 1939 (1956 revision)
- Employment of Women and Young Persons and Children Act No 47 of 1956
- Orphanages Ordinance Act No 22 of 1941 (1956 revision)
- Adoption of Children Ordinance, Act No 24 of 1941 (1956 revision)
- Probation of Offenders Ordinance, Act No 42 of 1944 (1956 revision)
- House of Detention Ordinance, Act No 5 of 1907
- Vagrants Ordinance Act No of 1841
- Youthful Offenders (Training Schools Ordinance) Act No 28 of 1939 (1956 revision)
- Payment of Fines (Courts of Summary Jurisdiction) Ordinance Act No 28 1938 (1956 revision).
- Prevention of Crimes Ordinance Act No 2 of 1921
- Penal Code 22 of 1995 (Amendment Ordinance)
- Education Ordinance Act No 31 of 1939
- National Child Protection Authority Ordinance Act No.50 of 1998.

NCPA is empowered to appoint sub committees under 15E of Act NO 50 of 1998. Using this mandate the NCPA has taken steps to formulate district and divisional child protection committees. The committees serve to coordinate probation and child care work, and local law enforcement authorities, judiciary and health sectors at local level. Local NGOs working in the area of child protection are included particularly for care aspects. So far these District Child Committees (DCPC) have been formulated in 13 districts.

In the Northeast, all the eight districts excluding Kilinochchi and Mullaitivu have DCPCs.

The Jaffna DCPC office was started in August 2000 and now functions with 10 staff members. It coordinated child protection issues with different organizations working with children. When this research commenced there was no data on children's homes in Jaffna district. Following this research and collection of data pertaining to children's homes, DCPC has commenced legal action to register all homes. Supervision of homes by Health and other relevant staff has also commenced.

The Vavuniya, Batticaloa and Amparai DCPCs are also functioning effectively.

At the central level, with UNICEF assistance, action is being taken to redraft the TOR of DCPCs in the country to coordinate all the activities of the DCPCs at District, Provincial and National levels.

Circular 12/76 of 1976 on the devolving of admission procedures with regard to institutionalisation of children, from the Commissioner of Probation and Child Care to Probation Officers in charge of probation units, states that the most appropriate place for a child is with his or her natural family. It specifically states that no child should be placed in an institution due to economic reasons. But the study points out that most of the children are in homes for economic reasons.

According to the existing regulations, the probation officers should explore all the existing alternative care systems, before placing a child in a children's home. This research showed that these regulations had not been followed. Most of the authorities do not know the existing alternative systems. Sometime they do not like to spend their time in identifying availability of alternative systems. As mentioned earlier, they work with lots of short comings. When they identify cases of child abuse and other child related offences, they need the assistance and cooperation of the children's homes to place the children. Because of this they cannot take stern action against the management of children's homes.

It is evident that the circulars and other documents support quite a progressive and child friendly environment for children in need of care. However, the study revealed that in practice, the situation was quite different due to lack of training and supervision. Whatever training they have received is not appropriate.

The POs come under the Provincial Councils. The CRPOs come under the Central Ministry. The POs work in the courts, community and Divisional Secretary's offices. There is no proper coordination between these officers and very poor supervision by the NEP Trincomalee and Central Probation Department. There is a need for legislation for coordination and supervision of all the activities carried out by the POs and CRPOs at District and Divisional levels.

The disabled children's homes should be registered under the Department of social services and should be monitored by them regarding the special needs of the children. They should ensure that education and vocational training programmes are implemented by the homes.

As a consequence of the war the number of disabled has increased and medical personnel have also observed an increase in the birth of children with deformities, especially cerebral palsy and mental retardation. Hence there is a great need for care of these disabled children. However the study brings out the fact that the existing facilities are inadequate, training of staff and homes for disabled are insufficient.

According to the policy of the Government of Sri Lanka, by 2003, the rehabilitation of disabled children through community participation should have been implemented. However, nothing has resulted except some training of volunteers two years ago with no follow up.

Chapter 8 Conclusion

The NEP consists of eight districts with a population of 2.5 million. The province has been in the midst of a bloody war, which has displaced about 600 000 people and 60, 000 killed. The UNHCR estimates that one third of the homes are damaged or destroyed. Out of every 12 households reported a member had been killed as a result of the conflict. Most of them are among the poorest households

This has resulted in the presence of a large number of 'orphans' and homes for these children. It is estimated⁶ that 900 000 children living in the North and East of the country are directly affected by the conflict

This study covers only children in Children's homes; but there are large numbers of children in the community, without one or both parents.

The research was carried out in two phases.

During the first phase the researchers tried to obtain a list of names and addresses of the institutions from different sources but failed to obtain a complete list. Hence the researchers visited villages and collected the list by a "snow ball technique" The second stage involved an in-depth study of 43 out of a total of 174 institutions identified during phase 1.

There was only one state home in the NEP. A majority (150) were voluntary homes. There were 8 homes for differently able persons.

Majority of the children in homes are Tamil speaking

In the NEP only 70 (44.3%) of the Children's homes are registered with the Ministry of Social services. Among those registered only 38 (21.8%) are registered with the Department of Probation and child care.

Most of the children's homes had started after the onset of the war. Registration rate has increased after 2000.

There are 4209 male and 4413 female children (a total of 8622) in the 174 homes in the NEP. About 1 in 100 children in the NEP are in Children's homes.

A majority of the children (both males and females) are in the 11-14 age groups. This corroborates the evidence given elsewhere where according to the parents; they admit children to homes to facilitate education. In the view of the parents, education is needed at this age.

Another important observation is that most of the managements of Children's homes have good relationship with the school management. Some of the managers of Children's homes are also on the school management committees.

1342 staff are managing the 174 Children homes. Most of the staff are non-resident, and work on a duty roster. Only 603 (45%) staffs are residing in the home. So every 14 children have 1 resident staff. The staff are inexperienced, poorly paid, with very little training and no in-service training at all.

Most of the homes had poor infrastructure and transport facilities

⁶ Save the Children (1998). Children affected by armed conflict in North and East Sri Lanka Situation report No:2 – August 1998

Most of the children have both parents. The main reason for admission is poverty.. War and displacement is another reason. The children indicated that they mainly continue in the institutions for education.

Children are not satisfied with the services provided at the children's homes. But the care givers are satisfied with the services. The care givers feel that they are providing better services than what they would have at home.

However the children appear to be denied of the emotional needs. They also do not have vocational training in order to equip them for facing the challenges they would face when they leave the home at 18 years.

Children are prevented from mixing with neighbors. Children are also discouraged to have much dealing with family members, community or teachers in their schools. This opinion was expressed by the children, teachers and the community.

Knowledge of UNCRC among children and care givers was poor. Most of the children indicated that they obtained the knowledge from mass media.

Alternative care in NEP is not properly implemented. Knowledge on alternate care is also poor among the Children's home management and care givers. This knowledge is also poor even among the CRPOs and POs.

Sri Lanka does not have a central body to collect, and maintain and also coordinate the activities pertaining to children's homes. Although there are several policy decisions they are not implemented because the grass root level persons involved in child care do not have the knowledge.

Chapter 9 Recommendations

9.1 General Recommendations

On minimum standards

All Children's homes must be registered under one body –either the Department of Child Probation or Social Services.

At Provincial and District level there should be Officers to supervise the activities of the homes and supervisory staff (PO and CRPO). This officer (Termed **District Child Care Officer - DCCO**) should have the authority to take corrective action in homes and control the activities of the supervisory staff and be fully responsible for child care services in his district. The officer appointed should have at least 5 years experience in child care and Probation. He should have an office with support staff and transport facilities.

The CRPOs should be given a proper job description and probably designated as Child Care Officers. At present they do not have proper duty lists with very little supervision and no technical support at all. Their job description should include supervision and regular reporting of children's homes, advising management and organizing training for staff.

The POs will be responsible for judicial and family counseling.

The DCPCs should form a subcommittee and this committee should regularly visit homes and coordinate with DCCO. The subcommittee should also work on and develop an alternative care system.

The standards at Children's homes are very low. All ministries such as Health and Education should regularly visit these institutions and report. The regular inspection of Children's homes should be included in the duties of the PHI and PHM.

On regulatory environment – DCPCs, NCPA, police, courts etc

The DCPCs should identify gaps in child care policies, regulations and implementation. The DCPCs should meet among themselves, make recommendations to the NCPA to develop a National level policy changes.

The NCPA should develop a national level database of institutions for child care and child care policies. In addition the NCPA in collaboration with the Department of Probation should develop guidelines for training for different categories. The DCCOs, DCPC and CRPOs could use these guidelines and organize training programs in their districts.

Alternative forms of care – Short term and Long term

On the whole Institutional care has to be discouraged unless it is unavoidable. The number of child care institutions should be maintained at a very low number.

Most of the institutions focus on care of children in the age group of 10- 15. To achieve better outcome our care services should be focused towards smaller children. The State should take

responsibility and obtain the help of the INGO and local NGOs if necessary. Early childhood care services should be implemented in all areas. Multi sectoral approach should be considered in the implementation of the program. There should be community participation to empower the parents to look after their children by themselves. Among children who belong to families below the poverty line, in most cases both parents go for work. In such situations, children do not get a proper breakfast and lunch. The parents are usually provided with meals at their workplace. So these children need some day care facilities. It may help the children to get a square meal after they return from school.

These day care centres should be supervised by the health authority with the help of the local community. Village level schools should improve their facilities to provide satisfactory education. Circulars regarding the formation of school health clubs exist. These should be implemented with some modification for proper follow up particularly in school drop outs.

For orphans and abandon children, alternative care options are foster care and SOS villages. Foster care needs a good monitoring system in order to prevent abuse of children.

SOS villages have been successfully implemented in some countries. In LTTE controlled areas too such types of SOS villages exist. To provide facilities the homes spend about Rs: 4000.00 per child per month. This includes basic needs, and expenditure on education, which includes tuition after school. In order to develop such villages there is need for large space and infrastructure facilities.

The SOS village model has been in existence in the Wannu for over 10 years. The impact of this project has not been scientifically evaluated. However the feed back received from school teachers and the community leaders indicates that these children are quite intelligent and better adapted. But the problem has been identified regarding the shortcomings of the SOS mothers.

The SOS mothers have families of their own, which can interfere with their work performance in the homes. They need a comprehensive training in child care before working as SOS mothers.

Most of the children have been admitted to homes for education. It may be more appropriate to have hostels in selected schools, and these children could be admitted to these hostels. The payment of hostel fees could be borne by the state, wherever necessary.

The staff of all child-care institutions needs periodic training on child nutrition, child development, child-rights

9.2 Recommendations for State institutions

There is only one state home for the Northeast. This home does not have residential facilities for staff. The staff travel from outside and distance places
The children have no play facilities

There was one certified school for boys with vocational training facilities at Atchively. This was closed down following damages due to the war. This should be re-established immediately. There was never a certified school for girls. This should be commenced immediately

State homes also must be established for children referred by courts. Presently they are sent to remand homes with adults.

9.3 Recommendations for Voluntary Institutions

All voluntary homes should be registered and regular supervision should be ensured. The supervision should be by different services. For example, the Department of Child probation, DCPC should look into the legal aspects, the Ministry of Health (MOH, PHI, FHW) should look into the sanitation and hygiene aspects

Regular medical examination of children should be carried out by the Medical Officer of Health as is done in schools.

9.4 Institutions with Children with disability

State homes must be established for disabled persons with facilities for Community based Rehabilitation. Disabled should be encouraged to live in their homes with the community and the CRPOs should follow up these disabled. The care givers of the disabled (mother, father, brother, sister etc.) should be trained to look after the disabled. A physiotherapist or occupational therapist must be available at every Divisional level hospital, who could provide this service in addition to serving others in the hospital. With the expected increase in the elderly population the need for physiotherapy at the divisional level hospitals will also increase. For this, coordination with the Ministry of Health will become necessary.

Annexes

1. Summary of Training Programme held in July 2004
2. List of researchers
3. List of Child Care Institutions in NEP

