

# Child Care Institutions and Social Development in Manipur: An Institutional Analysis Under the Juvenile Justice Framework

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## Abstract

Child Care Institutions (CCIs) play a critical role in safeguarding vulnerable children and contributing to broader social development outcomes, particularly in conflict-sensitive and geographically challenging regions like Manipur. Established under the Juvenile Justice (Care and Protection of Children) Act, 2015, CCIs are mandated to provide care, protection, rehabilitation, and reintegration services. This study presents an institutional analysis of CCIs in Manipur, examining governance structures, service delivery mechanisms, and their contribution to social development indicators such as education, protection, and social stability. Based on secondary data from government reports, National Commission for Protection of Child Rights (NCPCR) inspections, UNICEF studies, and state-level documents, the study finds that while CCIs significantly reduce child vulnerability and homelessness, gaps in monitoring, funding, infrastructure, and psychosocial support limit their developmental impact. Strengthened governance and integrated policy approaches are essential for enhancing long-term social outcomes.

**Keywords:** Child Care Institutions, Social Development, Juvenile Justice Act, Child Protection, Institutional Governance, Rehabilitation.

## Introduction

*Child Care Institutions* (CCIs) constitute a critical pillar of the child protection system in India, functioning within the statutory framework of the Juvenile Justice (Care and Protection of Children) Act, 2015. These institutions are mandated to provide care, protection, rehabilitation, and social reintegration for Children in Need of Care and Protection (CNCP) and Children in Conflict with Law (CCL). In the socio-politically sensitive and geographically complex state of Manipur, CCIs assume an even more significant role, not merely as welfare establishments but as instruments of social stabilization and human development.

### *Geographical and Socio-Political Context of Manipur*

Manipur is characterized by a unique geographical structure consisting of a central valley surrounded by hill districts. Approximately 90% of its land area comprises hilly terrain, while nearly 60% of the population resides in the valley districts such as Imphal West and Imphal East. This uneven spatial distribution directly influences access to education, healthcare, governance services, and child protection

infrastructure. Remote hill districts often face logistical constraints, limited transportation connectivity, and inadequate institutional presence.

Over the past decade, Manipur has experienced periodic socio-ethnic tensions, internal displacement, economic instability, and cross-border vulnerabilities due to its international boundary with Myanmar. These structural challenges increase the risk factors associated with child vulnerability—abandonment, trafficking, child labour, early marriage, and conflict-related displacement. In such a fragile environment, CCIs act as protective environments ensuring safety, shelter, education, and psychosocial support.

### ***Child Protection Framework and Institutional Mandate***

Under the Juvenile Justice Act, CCIs include Children's Homes, Observation Homes, Special Homes, Open Shelters, and Aftercare Organizations. These institutions operate under the supervision of Child Welfare Committees (CWCs), Juvenile Justice Boards (JJBs), and District Child Protection Units (DCPUs). The implementation of centrally sponsored schemes such as Mission Vatsalya has strengthened financial and administrative support to state-level child protection mechanisms.

In Manipur, approximately 78-80 registered CCIs function under government and NGO management. A majority are concentrated in urban valley districts, creating service disparities between urban and hill regions. While institutionalization is intended as a measure of last resort, socio-economic realities often make CCIs the primary protective option for vulnerable children.

### ***Social Development Perspective***

From a social development standpoint, CCIs contribute to multiple dimensions of human development:

1. **Educational Inclusion:** Enrolment of institutionalized children in formal schooling improves literacy rates and reduces long-term marginalization.
2. **Health and Nutrition:** Institutional frameworks ensure periodic health check-ups, nutritional support, and immunization.
3. **Protection from Exploitation:** Safe institutional environments reduce exposure to trafficking networks and hazardous labour.
4. **Psychosocial Rehabilitation:** Counselling and structured care plans support trauma recovery.
5. **Social Reintegration:** Aftercare and vocational training aim to facilitate independent living and economic participation.

However, institutional care also faces criticism globally for risks of dependency, inadequate personalization, and limited community-based alternatives. Therefore, evaluating CCIs through an institutional analysis approach is essential to understand governance efficiency, service delivery quality, accountability mechanisms, and developmental outcomes.

### ***Rationale of the Study***

Despite the recognized importance of CCIs in Manipur, systematic institutional analysis linking governance structures with measurable social development outcomes remains limited in academic literature. Most existing studies focus either on legal provisions or descriptive statistics without assessing institutional performance in relation to child welfare indicators. Additionally, recent socio-political disturbances have tested the resilience and adaptive capacity of child protection institutions.

This study therefore seeks to critically examine Child Care Institutions in Manipur within the Juvenile Justice framework by analyzing governance practices, infrastructure standards, service delivery mechanisms, psychosocial support systems, and long-term social development outcomes. By situating CCIs within Manipur's geographical, political, and socio-economic context, the research aims to bridge the gap between statutory intent and ground-level realities.

## Objectives of the Study

1. To examine the institutional structure and governance mechanisms of Child Care Institutions in Manipur under the Juvenile Justice framework.
2. To assess the contribution of CCIs to social development indicators such as education, protection, and psychosocial well-being.
3. To identify challenges and propose policy reforms for strengthening institutional effectiveness and accountability.

## Literature Review

### ***Conceptual Foundations: Institutional Care and Child Welfare***

The concept of institutional care for children in need of protection has evolved from custodial arrangements to rights-based developmental frameworks. The enactment of the *Juvenile Justice (Care and Protection of Children) Act, 2015* by the Government of India strengthened the legal mandate for *Child Care Institutions (CCIs)*, emphasizing rehabilitation, social reintegration, and accountability (Government of India, 2015).

Earlier scholarship viewed institutional care primarily as protective custody (Panicker, 2007). However, contemporary literature emphasizes that CCIs must provide holistic services including education, psychosocial care, skill development, and community reintegration (NIPCCD, 2020).

Globally, UNICEF (2017) argues that institutional care should be temporary and developmental, prioritizing the “best interest of the child” principle. This rights-based shift frames CCIs not merely as shelters but as instruments of social development.

### ***Governance and Accountability in Child Care Institutions***

Governance literature suggests that institutional performance is directly linked to accountability structures, monitoring systems, and resource allocation (World Bank, 2018). Within India, the *Ministry of Women and Child Development (MWCD, 2018)* emphasizes multi-layer governance involving *District Child Protection Units (DCPUs)*, *Child Welfare Committees (CWCs)*, and State Monitoring Authorities.

*The National Commission for Protection of Child Rights (NCPCR, 2019)* conducted nationwide inspections and reported variations in compliance levels across states. Key concerns identified include: 1. Inadequate documentation, 2. Irregular inspections, 3. Poor infrastructure, 4. Delays in fund disbursement. Scholars argue that while legal frameworks are robust, enforcement mechanisms remain uneven, particularly in geographically and politically sensitive regions (Mehta & Thomas, 2020).

In conflict-prone regions, governance deficits can significantly weaken service delivery (Baruah, 2019). Manipur’s unique socio-political context makes governance a critical variable influencing CCI outcomes.

### ***Institutional Care and Social Development***

Social development theory links child protection with broader human development indicators such as literacy, social stability, and economic productivity (Sen, 1999). According to Amartya Sen’s capability approach, development involves expanding individuals’ freedoms and capabilities. CCIs contribute to capability expansion through education and psychosocial recovery.

Studies by Save the Children (2018) indicate that effective CCIs reduce child labour and trafficking risks. Similarly, UNICEF (2020) highlights that institutional care improves educational enrollment and access to healthcare.

However, some scholars critique over-institutionalisation. Browne (2009) argues that prolonged institutional care may negatively impact emotional development if not supported by quality governance

and trained staff. Thus, institutional care must balance protection with empowerment.

### ***Education and Rehabilitation within CCIs***

Education is widely recognized as a core rehabilitative tool. Research shows that children in well-managed CCIs demonstrate improved literacy and social behavior (NIPCCD, 2020).

However, vocational training often remains traditional and insufficiently aligned with contemporary labour market demands (Planning Commission, 2013). In North-East India, infrastructural constraints further limit access to diversified skill training (Sharma, 2018).

The literature suggests that modernization of skill programs is essential for long-term reintegration.

### ***Psychosocial Care and Trauma in Conflict Regions***

Children in Manipur often experience displacement, violence, and family separation. Psychological research emphasizes the importance of trauma-informed care in institutional settings (UNICEF, 2017).

Studies indicate that inadequate mental health services reduce rehabilitation effectiveness (NCPCR, 2019). Trauma-sensitive governance frameworks are therefore essential in conflict-affected states.

### ***Regional Studies on Manipur and North-East India***

Research specific to Manipur remains limited. (Baruah, 2019) discusses the broader socio-political challenges of North-East India, highlighting instability's impact on public service delivery.

Government of Manipur (2021) reports identify uneven distribution of CCIs, with concentration in Imphal districts and limited presence in remote hill areas.

Academic work focusing exclusively on institutional governance-performance linkage in Manipur is sparse, revealing a clear research gap.

## **Material and Methods**

The present study adopts a **qualitative–quantitative mixed analytical framework** based primarily on secondary data sources to evaluate the governance structure, accountability mechanisms, and social development outcomes of *Child Care Institutions (CCIs)* in Manipur under the *Juvenile Justice (Care and Protection of Children) Act, 2015 (amended 2021)*.

The research applies:

1. **Descriptive analysis** to map the institutional landscape of CCIs in Manipur
2. **Comparative analysis** between national standards and state-level implementation
3. **Policy evaluation framework** to assess compliance, funding patterns, and outcome indicators

The study period primarily covers data from **2018–2024**, reflecting post-amendment developments under the Juvenile Justice framework and Mission Vatsalya.

## **Data Sources and Detailed Methodological Application**

### **National Commission for Protection of Child Rights (NCPCR) Inspection Reports**

**Reports from National Commission for Protection of Child Rights** provided compliance-related data on: 1. Registration status of CCIs, 2. Infrastructure adequacy (sanitation, dormitory space, nutrition standards), 3. Presence of *Child Welfare Committees (CWCs)*, 4. Record-keeping and case file maintenance, 5. Child participation mechanisms

### **Findings Incorporated into Analysis:**

1. Several CCIs in Manipur required improvement in documentation and digital record management.
2. Periodic inspections identified shortages of trained counsellors and social workers.

3. In certain districts affected by ethnic conflict, temporary overcrowding in CCIs was reported due to displacement.

**UNICEF Child Protection Studies**

Reports and situational assessments from UNICEF were utilized to analyze: 1. Child vulnerability patterns in North-East India, 2. Impact of armed conflict and displacement on child protection systems, 3. Indicators of education continuity and psychosocial well-being, 4. Institutional vs. family-based care outcomes

**Manipur-Specific Context Included:** 1. Conflict-induced displacement increased vulnerability among children, 2. Institutional care often became a short-term protection response in relief situations, 3. UNICEF assessments highlight gaps in trauma counselling and reintegration planning.

*State Social Welfare Department Documents (Manipur): Administrative Data Analysis*

*Based on consolidated administrative trends from the Department of Social Welfare, Manipur, District Child Protection Units (DCPUs), and CCI registration records under the Juvenile Justice (Care and Protection of Children) Act, 2015.*

*(Figures are approximate ranges due to periodic renewal, provisional registration, and restructuring of districts.)*

**Table 1: District-wise Distribution of Child Care Institutions (CCIs) in Manipur (Approximate Latest Consolidated Position)**

| Sl. No. | District      | No. of Registered CCIs (Approx.) | % of Total CCIs (Approx.) | Observations                                      |
|---------|---------------|----------------------------------|---------------------------|---|
| 1       | Imphal West   | 11                               | 27–29%                    | Highest concentration; administrative and NGO hub |
| 2       | Imphal East   | 9                                | 22–24%                    | Strong institutional infrastructure               |
| 3       | Thoubal       | 3                                | 7–8%                      | Moderate service coverage                         |
| 4       | Bishnupur     | 2                                | 5–6%                      | Limited institutional presence                    |
| 5       | Kakching      | 1                                | 2–3%                      | Newly carved district; minimal CCI base           |
| 6       | Churachandpur | 3                                | 7–8%                      | Serves mixed tribal population                    |
| 7       | Ukhrul        | 2                                | 4–5%                      | Remote hill district                              |
| 8       | Senapati      | 2                                | 4–5%                      | Moderate but scattered access                     |
| 9       | Tamenglong    | 1                                | 2–3%                      | Sparse institutional facilities                   |
| 10      | Chandel       | 1                                | 2–3%                      | Border district; geographic constraints           |
| 11      | Kangpokpi     | 1                                | 2–3%                      | Limited coverage in hill region                   |
| 12      | Tengnoupal    | 1                                | 2–3%                      | Very limited institutional base                   |
| 13      | Noney         | 1                                | 2–3%                      | Recently created district; emerging services      |

| Sl. No.  | District | No. of Registered CCIs (Approx.) | % of Total CCIs (Approx.) | Observations                        |
|--|----------|----------------------------------|---------------------------|-------------------------------------|
| 14   | Kamjong  | 1                                | 2–3%                      | Remote terrain; low accessibility   |
| 15   | Jiribam  | 1                                | 2–3%                      | Small population district           |
| 16   | Pherzawl | 1                                | 2–3%                      | Sparse population; minimal coverage |
| <b>Total (Approx.)   40–41   100%   Strong urban concentration in valley districts</b> |          |                                  |                           |                                     |

*State-Level Analytical Observation*

1. **Urban Concentration Pattern:** Approximately **50–53% of all CCIs are located in Imphal East and Imphal West alone**, reflecting heavy institutional clustering in valley districts.
2. **Valley vs Hill Disparity :** The five valley districts (Imphal East, Imphal West, Thoubal, Bishnupur, Kakching) collectively host nearly **65–70% of total CCIs**, whereas the eleven hill districts together account for only **30–35%**.
3. **Geographic and Accessibility Constraints :** Hill districts such as Kamjong, Tengnoupal, Noney, and Pherzawl report only one institutional facility each, often serving large and geographically dispersed child populations.
4. **Administrative Implications**
  - a) Children from remote districts are frequently transferred to Imphal-based institutions.
  - b) Monitoring and inspection under DCPUs is more frequent in valley districts.
  - c) Service delivery inequality persists despite statutory requirements under the JJ framework.

**Table 2: District-wise Gender-Disaggregated Child Population**

| District      | Total Children (Est.) | Boys (Male) | Girls (Female) | Trans Boys | Trans Girls | SAA      | Remarks                        |
|---------------|-----------------------|-------------|----------------|------------|-------------|----------|--------------------------------|
| Imphal West   | 410                   | 150         | 250            |            |             | 10       | Highest institutional density  |
| Imphal East   | 385                   | 175         | 150            | 25         | 25          | 10       | Strong urban access            |
| Thoubal       | 260                   | 150         | 100            |            |             | 10       | Moderate capacity              |
| Bishnupur     | 185                   | 75          | 100            |            |             | 10       | Limited institutional presence |
| Churachandpur | 185                   | 75          | 100            |            |             | 10       | Conflict-sensitive district    |
| Ukhrul        | 135                   | 50          | 75             |            |             | 10 girls | Remote hill district           |
| Chandel       | 235                   | 125         | 100            |            |             | 10       | Sparse distribution            |
| Tamenglong    | 110                   | 50          | 50             |            |             | 10       | Geographic constraints         |

| District          | Total Children (Est.) | Boys (Male) | Girls (Female) | Trans Boys | Trans Girls | SAA       | Remarks                         |
|-------------------|-----------------------|-------------|----------------|------------|-------------|-----------|---------------------------------|
| Senapati          | 135                   |             | 125            |            |             | 10        | Moderate institutional activity |
| Kangpokpi         | 125                   | 50          | 75             |            |             |           | Displacement-related admissions |
| Tengnoupal        | 200                   | 125         | 75             |            |             |           | Low institutional concentration |
| Noney             | 175                   | 100         | 75             |            |             |           | Small population base           |
| Jiribam           | 100                   | 25          | 75             |            |             |           | Border-linked district          |
| Kakching          | 175                   | 50          | 125            |            |             |           | Valley district                 |
| Pherzawl          | 50                    | 50          |                |            |             |           | Lowest institutional capacity   |
| <b>Total Nos.</b> | <b>2865</b>           | <b>1250</b> | <b>1475</b>    | <b>25</b>  | <b>25</b>   | <b>90</b> |                                 |

**Table 3: Availability of District Child Protection Units (DCPUs)**

| Indicator                        | Status in Manipur                                    |
|----------------------------------|--|
| Total Districts Covered by DCPUs | 16 districts (functional units in most districts)    |
| Fully Staffed DCPUs              | Approx. 60–65%                                       |
| Partially Staffed DCPUs          | 30–40%   |
| Key Constraints                  | Vacant positions of counsellors, protection officers |

**Observation:** While DCPUs exist across districts, **staff shortages reduce monitoring efficiency**, particularly in remote regions.

**Table 4: Staffing Structure in CCIs**

| Position                      | Required (As per Norms) | Availability Status | Gap %      |
|-------------------------------|-------------------------|---------------------|------------|
| Superintendent                | 1 per CCI               | 90% filled          | 10% gap    |
| Probation Officer/Case Worker | 1–2 per CCI             | 65–70% filled       | 30–35% gap |
| Counsellor                    | 1 per CCI               | 50–60% available    | 40–50% gap |
| Psychologist (Full-time)      | 1 recommended           | <25% available      | 75% gap    |
| Caregivers/House Parents      | As per child ratio      | 70–75% adequate     | 25–30% gap |

**Observation:** Significant staffing gaps exist, particularly in **trained psychologists and case workers**, limiting trauma-informed care and individualized rehabilitation planning.

**Table 5: Inspection Frequency and Governance Monitoring**

| Indicator                           | Status                             |
|-------------------------------------|------------------------------------|
| CCIs Inspected Annually             | 60–70%                             |
| Hill District Inspection Coverage   | 50–55%                             |
| Valley District Inspection Coverage | 75–80%                             |
| Follow-up Compliance Reporting      | Moderate; documentation gaps noted |

**Observation:** Inspection frequency is higher in valley districts compared to hill districts. Governance monitoring is functional but geographically uneven.

**Table 6: Foster Care vs. Institutional Care Placement**

| Placement Type                   | Estimated Cases      | % Distribution |
|----------------------------------|----------------------|----------------|
| Institutional Care               | 1,200–1,500 annually | 85–90%         |
| Foster Care Placements           | 120–150              | 8–10%          |
| Sponsorship/Community-Based Care | Limited (<5%)        | <5%            |

**Observation:** Institutional care remains the dominant child protection model in Manipur, with **limited foster care and alternative family-based placements**.

*Administrative Performance Analysis (Governance-Efficiency Criteria)*

Using governance-efficiency indicators, the following conclusions were drawn:

**Table No. 7**

| Governance Dimension       | Performance Level | Key Challenge             |
|----------------------------|-------------------|---------------------------|
| Registration Compliance    | High (85–90%)     | Renewal delays            |
| Monitoring Efficiency      | Moderate          | Remote district coverage  |
| Staffing Adequacy          | Moderate to Low   | Shortage of professionals |
| Infrastructure Standards   | Moderate          | Urban overcrowding        |
| Alternative Care Expansion | Low               | Limited foster care       |

*NGO Assessment Reports and Academic Literature: Ground-Level Perspectives on CCIs in Manipur*

The study incorporated civil society reports, independent audits, and peer-reviewed research to triangulate administrative findings and assess institutional performance under the **Juvenile Justice (Care and Protection of Children) Act, 2015** framework. Key observations are presented below:

**Table No. 8**

| Source Category       | Sample Size / Coverage (Manipur) | Key Findings                                     | Governance Gaps Identified                   | Developmental Impact          |
|-----------------------|----------------------------------|--|--|-------------------------------|
| Child Rights Advocacy | 18–22 CCIs reviewed              | 85–90% children receive shelter, food, and basic | Limited digital case tracking; delays in ICP | Reduced street vulnerability; |

| Source Category  | Sample Size / Coverage (Manipur)      | Key Findings   | Governance Gaps Identified   | Developmental Impact  |
|--|---------------------------------------|--|--|---|
| Reports (State-based NGOs, 2022–2024)                    | across 8 districts                    | education; emergency admissions increased by ~25% during displacement (2023)               | documentation (30–35% cases incomplete)  | improved school continuity  |
| Independent Social Audits                                | 12 CCIs (Urban: 7, Hill: 5)           | 70–75% compliance with sanitation norms; overcrowding at 115% capacity in valley districts | Irregular inspections in hill districts (1–2 per year vs. mandated quarterly)              | Improved physical safety but uneven service quality               |
| Academic Studies on Juvenile Justice in North-East India | 10 peer-reviewed articles (2018–2024) | Institutional care preferred over foster care (ratio approx. 4:1)                          | Weak data integration between DCPU and CWCs; shortage of trained counsellors (gap ~35–40%) | Institutional stability but limited individualized rehabilitation |
| Case Studies of Best Practices                           | 5 model CCIs (Imphal West & East)     | Vocational training participation ~55%; NGO-supported counselling available                | Funding dependency on state grants; limited aftercare tracking post-18 years               | Higher transition to skill-based employment (~30% beneficiaries)  |

**Research Design:** The present study adopts a **descriptive and analytical research design**, integrating an **institutional analysis approach** with a **policy evaluation framework** to examine governance structures, accountability mechanisms, and child welfare outcomes in Child Care Institutions (CCIs) of Manipur under the Juvenile Justice (Care and Protection of Children) Act, 2015.

*(A) Descriptive Component*

**Table 9: Distribution and Categories of Child Care Institutions (CCIs) in Manipur**

| Indicator              | Observed Data (Manipur)   | Key Observations  |
|------------------------|---|---|
| Total Registered CCIs  | 35–40 (Govt. + NGO-run)   | Registered under Juvenile Justice (Care and Protection of Children) Act, 2015 |
| District Concentration | ~60–65% located in Imphal West & Imphal East  | Urban centralization of services  |
| Hill District Coverage | ~35–40% across Churachandpur, Ukhrul, Senapati, Tamenglong, etc.                                      | Accessibility and monitoring challenges                                       |
| Types of Institutions  | Children’s Homes (CNCP) – ~60%<br>Observation Homes – 1–2<br>Special Homes – 1<br>Open Shelters – 4–6 | CNCP category dominant  |

| Indicator                 | Observed Data (Manipur)  | Key Observations  |
|---------------------------|--|---|
| Child Population in Care  | Approx. 900–1200 children annually   | Fluctuates during displacement/unrest periods             |
| Gender Distribution       | Boys: ~52–55%<br>Girls: ~45–48%  | Fewer exclusive girls' homes in some districts            |
| Staffing Pattern          | Superintendent (100%)<br>Probation Officer (~75%)<br>Counsellor (~55–60%)<br>Psychologist (<20%) | Professional gaps evident                                 |
| Infrastructure Compliance | 70–75% meet sanitation norms   | Overcrowding (110–130%) in valley districts during crisis |

**(B) Analytical Component**

**Table 10: Governance and Performance Analysis**

| Analytical Variable   | Observed Status in Manipur                                | National Norm / Benchmark            | Gap Identified                                      |
|-----------------------|---|--------------------------------------|---|
| Governance Efficiency | Moderate compliance (~70%)                                | Full compliance under JJ Act & Rules | Documentation gaps (ICP incomplete in 30–35% cases) |
| Funding Source        | Primarily Mission Vatsalya                                | Centrally Sponsored Scheme           | High dependency on central funds                    |
| Per-Child Expenditure | ₹2000–₹4000 per month (scheme norms)                      | As per MWCD guidelines               | Variation across NGO-run homes                      |
| Inspection Frequency  | 2–3 inspections/year (urban)<br>1–2 (hill districts)      | Quarterly inspections mandated       | Irregular monitoring in remote areas                |
| Staffing Adequacy     | Counsellor shortage (~40%)<br>Case worker shortage (~30%) | Mandatory multidisciplinary staff    | Significant HR deficit                              |
| Aftercare Services    | Weak tracking post-18 years                               | Structured aftercare required        | Limited rehabilitation continuity                   |

**(A) Institutional Structure**

**Table 11: Governance and Structural Framework of CCIs in Manipur**

| Institutional Component         | Statutory/Administrative Basis                                     | Observed Status in Manipur                 | Key Findings   |
|---------------------------------|--|--|--|
| Child Welfare Committees (CWCs) | Under Juvenile Justice (Care and Protection of Children) Act, 2015 | Functional in all districts (11 districts) | Case disposal timelines vary; pendency observed in conflict-affected districts |

| Institutional Component                 | Statutory/Administrative Basis                  | Observed Status in Manipur                 | Key Findings  |
|---|---|--|---|
| District Child Protection Units (DCPUs) | State Social Welfare Dept.                      | Operational in all districts               | Staffing gaps (~25–30% vacancies in counsellor & case worker posts) |
| CCI Management Committees               | Mandatory under JJ Model Rules                  | Constituted in ~80–85% CCIs                | Meeting regularity inconsistent in remote hill districts            |
| Coordination with Police                | Linked to Special Juvenile Police Units (SJPUs) | Active in urban districts                  | Slower response time in remote areas                                |
| Coordination with Judiciary             | Juvenile Justice Boards (JJBs)                  | Functional in major districts              | Case backlogs during unrest periods                                 |
| Education Dept. Linkages                | State Education Dept.                           | 85–90% children enrolled in govt. schools  | Bridge schooling required for ~30–40%                               |
| Digital Case Management                 | NCPCR & State records                           | Only ~50–60% CCIs maintain digital records | Manual documentation dominant                                       |

**Inspection Observations (NCPCR Reports):**

- 2–3 inspections annually in valley districts; 1–2 in hill districts
- Follow-up compliance rate: ~65–70%
- Documentation gaps in Individual Care Plans (ICPs): ~30–35%

**(B) Service Delivery Mechanisms**

**Table 12: Service Delivery Indicators in Manipur CCIs**

| Service Component         | Coverage Level | Observed Data (Manipur)                    | Institutional Gap                                |
|---------------------------|----------------|--|--|
| Formal Education          | High           | 85–90% school enrolment                    | Quality variation across districts               |
| Health Services           | Moderate–High  | Quarterly health check-ups in ~70% CCIs    | Specialist referrals limited in hill districts   |
| Psychological Counselling | Moderate       | Available in ~50–60% institutions          | Full-time psychologists <20%                     |
| Vocational Training       | Limited        | 40–50% institutions offer training         | Mostly traditional skills (tailoring, carpentry) |
| Life Skill Education      | Moderate       | Implemented in ~60% CCIs                   | Lack of structured curriculum                    |
| Aftercare Programs (18+)  | Weak           | <35% children receive structured aftercare | Reintegration tracking poor                      |

**Service Observation:** Most CCIs are linked with nearby government schools and district hospitals. However, specialized mental health services and long-term rehabilitation remain underdeveloped.

**(C) Conflict Sensitivity and Institutional Resilience**

**Table 13: Institutional Response During Ethnic Conflict and Displacement (2023–2024)**

| Indicator                        | Observed Status                                     | Impact Assessment                               |
|----------------------------------|---|---|
| Temporary Overcrowding           | 110–130% capacity in Imphal West & Imphal East      | Strain on sanitation and staff-child ratio      |
| Emergency Shelter Function       | CCIs used as temporary safe shelters                | Expanded protective mandate                     |
| NGO Participation                | Increased collaboration (approx. 20–25 active NGOs) | Supplementary food, counselling, relief support |
| Child Intake During Crisis       | 10–15% increase in admissions                       | Higher CNCP cases                               |
| Psychosocial Distress Indicators | 45–60% children show trauma symptoms                | Limited professional support availability       |
| Resource Mobilization            | Reliance on Mission Vatsalya funding                | High fiscal dependency                          |

**Results**

***Governance and Accountability in Child Care Institutions (CCIs) of Manipur***

***Registration and Compliance under the Juvenile Justice (Care and Protection of Children) Act, 2015***

The following table summarizes the registration and compliance status of CCIs based on consolidated secondary data from the Social Welfare Department, state administrative records, and inspection observations of the *National Commission for Protection of Child Rights* and the *Ministry of Women and Child Development*.

**Table: 14 Registration and Compliance Status of CCIs in Manipur**

| Sl. No. | Governance Indicator             | Observed Data (Manipur)  | Analytical Interpretation  |
|---------|----------------------------------|--|--|
| 1       | Total Number of Registered CCIs  | 35–40 institutions   | Includes Children’s Homes, Observation Homes, Special Homes, and Open Shelters across valley and selected hill districts |
| 2       | Type-wise Distribution           | ~60% Children’s Homes (CNCP), ~15% Observation Homes (CCL), ~10% Special Homes, ~15% Open Shelters | Majority cater to Children in Need of Care and Protection (CNCP)   |
| 3       | Registration Status              | 85–90% formally registered (permanent/provisional)   | Demonstrates substantial statutory compliance under JJ Act   |
| 4       | Unregistered/Under-Renewal Cases | 10–15% pending renewal or provisional extension  | Mostly smaller NGO-run institutions in remote districts  |
| 5       | Supervisory Authority            | All registered CCIs linked to CWCs and DCPUs   | Governance structure operational but capacity varies district-wise   |

| Sl. No. | Governance Indicator                       | Observed Data (Manipur)   | Analytical Interpretation  |
|---------|--|---|--|
| 6       | Post-2018 Compliance Trend                 | Noticeable improvement in registration and renewal                  | Strengthened after central monitoring initiatives under Mission Vatsalya |
| 7       | Inspection Oversight                       | Periodic inspections by State authorities and NCPCR                 | Compliance improved after national-level review visits                   |
| 8       | Documentation of Registration Certificates | Available in majority of institutions; display compliance improving | Public display of registration certificate now mandatory practice        |

***Governance and Accountability: Inspection, Monitoring and Documentation Status in CCIs of Manipur***

***A. Inspection Frequency and Monitoring Practices***

(Under the Juvenile Justice (Care and Protection of Children) Act, 2015) Table No.15

| Sl. No. | Inspection Indicator              | Observed Data (Manipur)  | Analytical Interpretation   |
|---------|-----------------------------------|--|---|
| 1       | Mandated Inspecting Authorities   | District Inspection Committees (DICs), Child Welfare Committees (CWCs), State Monitoring Authorities               | Statutory multi-tier monitoring mechanism in place                |
| 2       | Annual Inspection Coverage        | 60–70% of CCIs received at least one formal inspection in last reporting cycle                                     | Basic compliance achieved but below 100% statutory expectation    |
| 3       | Biannual Inspection Compliance    | Less than 40–45% maintained consistent biannual inspections  | Particularly weak in remote hill districts                        |
| 4       | Urban vs Hill District Monitoring | Higher frequency in Imphal West & Imphal East; lower in Churachandpur, Kangpokpi, Ukhrul (conflict-affected areas) | Urban-centralized oversight; geographic disparity evident         |
| 5       | Impact of 2023–2024 Conflict      | Inspection visits declined by approx. 20–30% in conflict-affected districts  | Mobility restrictions and security concerns affected monitoring   |
| 6       | Follow-up Compliance Audits       | Conducted in only 35–45% of inspected institutions   | Weak enforcement of corrective action mechanisms                  |
| 7       | Common Issues Identified          | Staff shortages (approx. 25–30% vacancies), lack of trained counsellors, delayed compliance reports                | Indicates governance-capacity gaps rather than structural absence |

**B. Documentation and Case Management Gaps Table No.16**

| Sl. No. | Documentation Indicator             | Observed Data (Manipur)   | Governance Implication                           |
|---------|-------------------------------------|---|--|
| 1       | Maintenance of Basic Registers      | 70–75% maintain admission registers and child records                       | Basic statutory documentation largely functional |
| 2       | Individual Care Plans (ICPs)        | Only 50–60% updated regularly as per statutory timelines                    | Weak individualized rehabilitation tracking      |
| 3       | Digital Case Management             | Less than 20% institutions use digital systems                              | Heavy reliance on manual documentation           |
| 4       | Medical & Psychological Records     | 55–60% maintain periodic health records; psychological records inconsistent | Mental health documentation underdeveloped       |
| 5       | Family Tracing Records              | Updated in approx. 50% of institutions                                      | Reintegration planning incomplete                |
| 6       | Aftercare Documentation (18+ years) | Proper follow-up maintained in only 30–40% cases                            | Weak transition planning for aging-out children  |
| 7       | Rehabilitation Timelines            | Frequently incomplete or not time-bound                                     | Limits measurable outcome assessment             |

**Infrastructure and Living Conditions**

**Overcrowding in Urban Institutions :** Urban concentration of CCIs is highest in **Imphal East and Imphal West**, where a majority of registered institutions are located due to administrative accessibility and better connectivity.

**Findings:**

1. Approximately **60–65% of CCIs are concentrated in the Imphal valley region.**
2. Urban CCIs often operate at **110–130% of sanctioned capacity**, particularly during periods of internal displacement and conflict (2023–2024).
3. Temporary admissions increased during conflict-related displacement, placing additional strain on infrastructure.

Overcrowding has resulted in:

1. Reduced personal space per child (often below the JJ Model Rules recommendation of 40 sq. ft. per child in dormitories).
2. Strain on common facilities such as dining halls, sanitation blocks, and recreation areas.
3. Increased caregiver-child ratio beyond the ideal 1:8 or 1:10 standard in some institutions.

From a social development perspective, overcrowding limits psychosocial well-being, privacy, and personalized care, thereby affecting rehabilitation quality.

**Infrastructure and Healthcare Conditions in CCIs of Manipur**

(As per JJ Model Rules and monitoring by the National Commission for Protection of Child Rights and State Social Welfare Department)

Table 17: Sanitation and Sleeping Space Assessment

| Sl. No. | Infrastructure Indicator               | Observed Data (Manipur)  | Analytical Interpretation  |
|---------|--|--|--|
| 1       | Compliance with Basic Sanitation Norms | 70–75% CCIs meet minimum toilet and bathing facility standards | Majority compliant with JJ Model Rules, but quality varies       |
| 2       | Institutions Facing Sanitation Gaps    | 20–25% report periodic sanitation challenges                   | Mostly in rural/hill districts with irregular water supply       |
| 3       | Separate Sanitation for Boys & Girls   | Available in 80–85% institutions                               | Structural provision present; maintenance standards inconsistent |
| 4       | Type of Accommodation                  | 95% dormitory-based system                                     | Institutional model largely collective housing                   |
| 5       | Provision of Individual Cots & Bedding | 60–65% better-funded CCIs provide separate cots                | Linked to funding and NGO resource capacity                      |
| 6       | Overcrowding in Urban Centres          | 110–130% occupancy in peak displacement periods                | Especially in Imphal West and Imphal East districts              |
| 7       | Seasonal Infrastructure Stress         | 25–30% older buildings affected by heavy rainfall/humidity     | Maintenance challenges in NGO-managed facilities                 |

**Table 18: Healthcare Access and Medical Support**

| Sl. No. | Healthcare Indicator                           | Observed Data (Manipur)                                  | Analytical Interpretation                            |
|---------|--|--|--|
| 1       | Proximity to Government Hospitals (Urban CCIs) | ~80% within 5–10 km (mainly in Imphal valley)            | Urban advantage in healthcare access                 |
| 2       | Access in Rural/Hill Districts                 | PHCs located 10–20 km away                               | Delayed access during emergencies                    |
| 3       | Routine Medical Check-ups                      | Conducted every 3–6 months in 70–80% institutions        | Preventive healthcare moderately institutionalized   |
| 4       | Full-Time Medical Officers                     | Available in less than 10% CCIs                          | Heavy reliance on government hospital referrals      |
| 5       | Psychological Counselling Services             | Available in 50–60% institutions (mostly visiting basis) | Major mental health service gap                      |
| 6       | Emergency Referral Delays                      | Reported in 20–30% rural cases                           | Transport and conflict-related disruptions           |
| 7       | Impact of Political Unrest                     | Temporary disruption in 15–20% facilities during unrest  | Mobility restrictions affected healthcare continuity |

**Social Development Implications :** Infrastructure and living conditions directly influence: 1. Physical health, 2. Psychological stability, 3. Educational concentration, 4. Rehabilitation success, 5. Reintegration readiness

Where infrastructure is adequate and healthcare access is timely, children show better school attendance and behavioural stability. Conversely, overcrowding and inconsistent sanitation contribute to stress, illness risk, and reduced developmental outcomes.

**Education and Rehabilitation :** Education and rehabilitation constitute the core developmental mandate of *Child Care Institutions (CCIs)* under the *Juvenile Justice (Care and Protection of Children) Act, 2015*. This section presents analytical findings on school enrolment, remedial education, and vocational rehabilitation within the broader framework of social development in Manipur.

**Education, Skill Development and Rehabilitation in CCIs of Manipur**

**Table 19: School Enrolment and Educational Access**

| Sl. No. | Indicator                         | Observed Data (Manipur)   | Analytical Interpretation                              |
|---------|-----------------------------------|---|--|
| 1       | Over all School Enrolment Rate    | 85–90% of institutionalised children enrolled in government schools         | Strong compliance with Right to Education norms        |
| 2       | Distance to Schools (Urban CCIs)  | 2–5 km radius (mainly Imphal East & Imphal West)                            | Urban proximity improves attendance consistency        |
| 3       | Enrolment in Rural/Hill Districts | 70–80% regular attendance; affected by transport/security issues            | Geographic disparities influence attendance continuity |
| 4       | Gender Parity                     | Girls’ enrolment nearly equal to boys (Gender ratio approx. 48:52)          | Improved gender equity within institutional care       |
| 5       | Type of Schooling                 | 90% mainstreamed into government schools; minimal in-house formal schooling | Integration-based education model adopted              |

**Table 20: Bridge Education and Remedial Support**

| Sl. No. | Indicator                                 | Observed Data (Manipur)                                     | Governance & Development Implication                  |
|---------|---|---|---|
| 1       | Children Requiring Bridge Education       | 30–40% of newly admitted children                           | Reflects prior educational disruption                 |
| 2       | Causes of Educational Disruption          | Conflict displacement, poverty, child labour, abuse/neglect | Social vulnerability directly linked to learning gaps |
| 3       | Availability of In-House Remedial Classes | 65–70% CCIs provide non-formal education sessions           | Basic literacy restoration mechanisms present         |
| 4       | Duration of Remedial Classes              | 2–3 hours daily in most institutions                        | Structured academic reintegration support             |
| 5       | Standardised Learning Assessment Tools    | Used in less than 40% institutions                          | Learning-level evaluation inconsistent                |
| 6       | Academic Tracking System                  | Mostly manual (80–85% institutions)                         | Limited longitudinal performance monitoring           |

**Table 21: Vocational Training and Skill Development**

| Sl. No. | Indicator   | Observed Data (Manipur)  | Analytical Interpretation                   |
|---------|---|--|---|
| 1       | Institutions Offering Vocational Training           | 40–50% of CCIs   | Limited rehabilitation diversification      |
| 2       | Age Group Covered                                   | Primarily 14–18 years  | Focus on pre-transition group               |
| 3       | Common Skill Modules                                | Tailoring, Carpentry, Handicrafts, Basic Computer Literacy         | Traditional, low-income oriented skills     |
| 4       | Advanced/Market-Linked Skills                       | Available in less than 15% institutions                            | Weak linkage with modern employment sectors |
| 5       | Certification Linkage with Government Skill Schemes | Less than 30% connected to formal certification programs           | Limited employability recognition           |
| 6       | Urban vs Rural Skill Access                         | Better computer access in urban CCIs; rural infrastructure limited | Resource inequality evident                 |

**Table 22: Rehabilitation and Social Development Outcomes**

| Indicator                         | Status in Manipur CCIs   | Developmental Impact                    |
|-----------------------------------|--|---|
| Literacy Improvement              | Significant increase among enrolled children                   | Reduces long-term vulnerability         |
| School Dropout Reduction          | Dropout rates reduced by approx. 50% post-institutionalisation | Educational stabilization achieved      |
| Behavioural Stability             | Improved through structured academic routine                   | Positive psychosocial impact            |
| Career Counselling Services       | Available in less than 25% institutions                        | Weak career pathway guidance            |
| Aftercare & Placement Tracking    | Maintained in 30–40% cases                                     | Transition to adulthood under-supported |
| Industry/Skill Placement Linkages | Limited (<20%)   | Employment absorption weak              |

**Psychosocial Support**

**Prevalence of Trauma among Institutionalised Children** : Secondary data from state-level documents, inspection reports, and child protection assessments indicate that a significant proportion of children admitted to CCIs have experienced psychological distress prior to institutionalisation.

**Findings:**

1. Approximately **45–60% of children admitted to CCIs show signs of trauma-related stress**, including anxiety, withdrawal behaviour, aggression, or sleep disturbances.

2. In conflict-affected districts, this proportion rises due to:
  - a. Internal displacement
  - b. Exposure to violence
  - c. Loss of parents or family separation
3. Around **30–35% of children are admitted due to abandonment, neglect, or abuse**, which are strongly correlated with long-term emotional and behavioural challenges.

Children affected by armed conflict or communal violence often exhibit symptoms consistent with post-traumatic stress indicators, though formal psychological diagnoses are limited due to shortage of clinical professionals.

From a social development perspective, untreated trauma can negatively impact educational attainment, social reintegration, and long-term employability.

**Availability of Counselling Services :** Under the JJ framework, CCIs are expected to provide counselling and mental health support through trained counsellors or psychologists.

#### **Findings:**

1. Nearly **50–60% of CCIs in Manipur report access to part-time or visiting counsellors.**
2. Only a small proportion (estimated 20–25%) have **regular, structured weekly counselling sessions.**
3. Full-time trained psychologists are largely absent in most institutions.

Urban CCIs in Imphal districts demonstrate relatively better access to counselling professionals due to proximity to government hospitals and mental health services. In contrast:

1. Rural and hill district CCIs rely mainly on:
  - a. Visiting NGO counsellors
  - b. Social workers with limited clinical training
  - c. Referral-based mental health services

During periods of political unrest (2023–2024), mobility restrictions further reduced access to visiting counsellors in certain areas.

#### **Social Development Outcomes**

**Reduction in Child Homelessness :** CCIs function as statutory protective spaces under the *Juvenile Justice (Care and Protection of Children) Act, 2015*, for children in need of care and protection.

#### **Findings:**

1. Manipur currently accommodates approximately **1,200–1,500 children annually across 35–40 registered CCIs.**
2. A significant proportion of admissions (around **40–45%**) involve children who were either abandoned, orphaned, displaced due to conflict, or found in vulnerable street situations.
3. During periods of ethnic unrest and internal displacement (2023–2024), temporary admissions increased, particularly in valley-based institutions.

The institutional framework has therefore:

1. Reduced visible child homelessness in urban centres such as Imphal.
2. Provided structured shelter, food, clothing, and supervision to children who would otherwise face street vulnerability.

**Improvement in Literacy and Educational Participation :** Education remains the strongest measurable outcome of institutional care.

#### **Findings:**

1. Approximately **85–90% of institutionalised children are enrolled in formal schooling.**

2. Literacy levels among children residing in CCIs show steady improvement compared to pre-admission status.
3. **Around 30–40% of children admitted with interrupted schooling are successfully mainstreamed into age-appropriate classes within one year through bridge education programs.**

Academic monitoring within CCIs indicates:

1. Higher regular attendance rates compared to children from similar socio-economic backgrounds outside institutional care.
2. Improved completion of secondary education among long-term residents.

Girls' educational participation is nearly equal to boys within CCIs, reflecting improved gender inclusion.

**Decreased Vulnerability to Trafficking and Labour Exploitation** : Manipur's geographical location along international borders increases vulnerability to trafficking networks and informal labour migration.

#### **Findings:**

1. **Approximately 15–20% of children admitted to CCIs are identified as rescued from child labour, trafficking risk, or exploitative environments.**
2. Institutional protection has significantly reduced re-exposure to labour exploitation through supervised rehabilitation.
3. Coordination with *District Child Protection Units* (DCPUs) and law enforcement agencies has strengthened rescue and referral mechanisms.

Data indicate that:

1. Children placed in CCIs show lower recurrence rates of trafficking exposure compared to unmonitored community cases.
2. Institutional oversight reduces early marriage risk among adolescent girls.

However, aftercare tracking remains limited once children exit institutional care at 18 years, creating potential vulnerability gaps.

## **Discussion**

### ***Governance and Institutional Accountability***

The analysis reveals that Manipur has approximately **35–40 registered CCIs**, with an estimated **1,200–1,500 children under institutional care annually**. Registration compliance under the Juvenile Justice Act is relatively high (around 85–90%), indicating formal alignment with statutory mandates.

However, governance effectiveness is uneven. Inspection frequency varies across districts, with urban areas such as Imphal East and Imphal West demonstrating stronger oversight compared to remote hill districts. Documentation gaps—particularly in *Individual Care Plans* (ICPs), psychological records, and aftercare tracking—limit institutional transparency and outcome measurement.

### ***Infrastructure and Regional Disparities***

The findings indicate moderate infrastructure adequacy, but with clear disparities:

1. **60–65% of CCIs are concentrated in urban valley districts**, leading to overcrowding (110–130% of sanctioned capacity in some institutions).
2. Approximately **70–75% meet basic sanitation norms**, but rural institutions face water supply and maintenance challenges.
3. Healthcare access is stronger in urban areas due to proximity to government hospitals; rural CCIs depend on primary health centres located 10–20 km away.

Given Manipur's hilly terrain and history of political instability, infrastructure constraints reflect broader structural inequalities. Overcrowding and uneven facility quality affect children's dignity, privacy, and psychosocial stability—critical dimensions of human development.

**Education as a Developmental Strength** : Education emerges as the most consistent positive outcome of institutional care:

1. **85–90% of children are enrolled in formal schooling.**
2. **Around 30–40% of children admitted with educational disruption are mainstreamed through bridge courses.**

This demonstrates that CCIs function effectively as educational stabilisers, particularly for displaced, orphaned, and abandoned children. Gender parity in enrolment indicates progressive inclusion within institutional settings. However, vocational training remains limited:

1. Only **40–50% of institutions offer structured skill programs**, mostly in traditional trades (tailoring, carpentry, handicrafts).
2. Market-linked and digital skills training is minimal.

#### **Psychosocial Vulnerability and Mental Health Gaps**

Approximately **45–60% of children exhibit trauma-related symptoms**, particularly those affected by conflict, displacement, or abuse. Although 50–60% of institutions report access to counselling services, most rely on part-time or visiting counsellors.

The absence of full-time psychologists and structured trauma-informed care models limits comprehensive rehabilitation. Documentation of psychological case management is inconsistent, reducing long-term tracking of emotional recovery.

In a state affected by ethnic tensions and internal displacement, psychosocial care should be central rather than peripheral to institutional functioning.

**Social Development Impact** : Despite limitations, CCIs contribute significantly to social development in Manipur by:

1. Reducing child homelessness (protecting 1,200–1,500 children annually).
2. Preventing re-exposure to trafficking and child labour (15–20% of admissions linked to exploitation risk).
3. Enhancing literacy and school continuity.
4. Promoting social stability in conflict-affected communities.

#### **Conclusion**

The study titled “**Child Care Institutions and Social Development in Manipur: An Institutional Analysis under the Juvenile Justice Framework**” demonstrates that *Child Care Institutions* (CCIs) play a foundational role in protecting vulnerable children and contributing to social development in Manipur. Operating under the statutory mandate of the *Juvenile Justice (Care and Protection of Children) Act, 2015*, CCIs have evolved beyond custodial care into structured mechanisms for rehabilitation, education, psychosocial recovery, and social reintegration.

The findings indicate that approximately 78-80 registered CCIs function across the state, with a concentration in valley districts such as Imphal West and Imphal East. Around 85–90% of these institutions are formally registered and linked to *District Child Protection Units* (DCPUs). Institutional enrolment in formal education exceeds 85%, contributing to improved literacy and reduced street

vulnerability. Additionally, CCIs have significantly reduced visible child homelessness and mitigated exposure to trafficking and labour exploitation.

However, the institutional analysis reveals structural challenges:

1. Moderate inspection compliance and documentation gaps in *Individual Care Plans* (ICPs).
2. Overcrowding in urban institutions, particularly during periods of ethnic conflict and displacement.
3. Limited availability of trained psychologists and professional counsellors.
4. Weak aftercare systems for children aging out at 18 years.
5. Overdependence on centrally sponsored funding, including Mission Vatsalya.

### ***Policy Implications***

#### • ***Governance Strengthening***

- Establish digital case management systems across all CCIs to standardize documentation and Individual Care Plans.
- Introduce a state-level centralized monitoring dashboard integrating CWCs, DCPUs, and institutional data.
- Ensure quarterly inspections with publicly accessible compliance reports.

#### • ***Decentralized Institutional Distribution***

- Develop CCIs in underserved hill districts to reduce regional disparity.
- Encourage community-based foster care models to reduce overcrowding in valley institutions.

#### • ***Professionalization of Child Protection Services***

- Mandate recruitment of trained counsellors, child psychologists, and social workers in every CCI.
- Introduce continuous professional development training for Superintendents and care staff.

#### • ***Infrastructure and Living Standards***

- Ensure compliance with per-child space norms under JJ Model Rules.
- Improve sanitation, nutrition monitoring, and emergency health referral systems.
- Develop child-friendly spaces and recreational infrastructure.

#### • ***Education and Skill Development Reform***

- Expand bridge education programs for school dropouts.
- Modernize vocational training beyond traditional tailoring and carpentry to include digital literacy, entrepreneurship, and market-oriented skills.
- Partner with technical institutes for certified skill development programs.

#### • ***Psychosocial and Trauma-Informed Care***

- Institutionalize trauma-informed counselling frameworks.
- Provide conflict-sensitive care strategies, especially in districts affected by displacement.
- Establish referral networks with district mental health programs.

#### • ***Strengthening Aftercare and Reintegration***

- Expand aftercare financial assistance for children aging out.
- Develop mentorship programs linking youth to higher education and employment.
- Encourage NGO-private sector collaboration for job placement support.

### ***Suggestions***

1. **Digital Monitoring System:** Develop a Manipur Child Protection MIS integrating real-time data on admissions, education status, health, and aftercare tracking.

2. **Public–Private Partnerships:** Engage civil society organizations and CSR initiatives to strengthen infrastructure and vocational programs.
3. **Community Sensitization:** Conduct awareness campaigns on foster care and child rights to reduce over-institutionalization.
4. **Emergency Preparedness Plans:** Create conflict-response protocols for CCIs to manage displacement surges.
5. **Periodic Social Audits:** Institutionalize independent third-party social audits to ensure transparency and accountability.
6. **Data-Driven Policy Review:** Conduct biennial impact assessments linking governance indicators to measurable child welfare outcomes.

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