Good practices for alternatives to care in institutional settings for children without parental care in rural settings in India.

A working document by

International Foster Care Organisation (IFCO)

September 2006

INTRODUCTION

Cordaid and Kinderpostzegels commissioned the International Foster Care Organisation (IFCO) to produce this working document on good practices for alternatives to care in institutional settings for children without parental care in rural settings in India.
We request participants at the workshops in the Netherlands and in Bangalore to reflect on the case studies and help us further refine the document.

- Which features of the case studies do you find appealing?
- What questions or challenges do you see in relation to the strategies chosen?
- What aspects do you think your organisation, or your partners, can replicate?
- Do you have other Indian alternate care strategies to share?

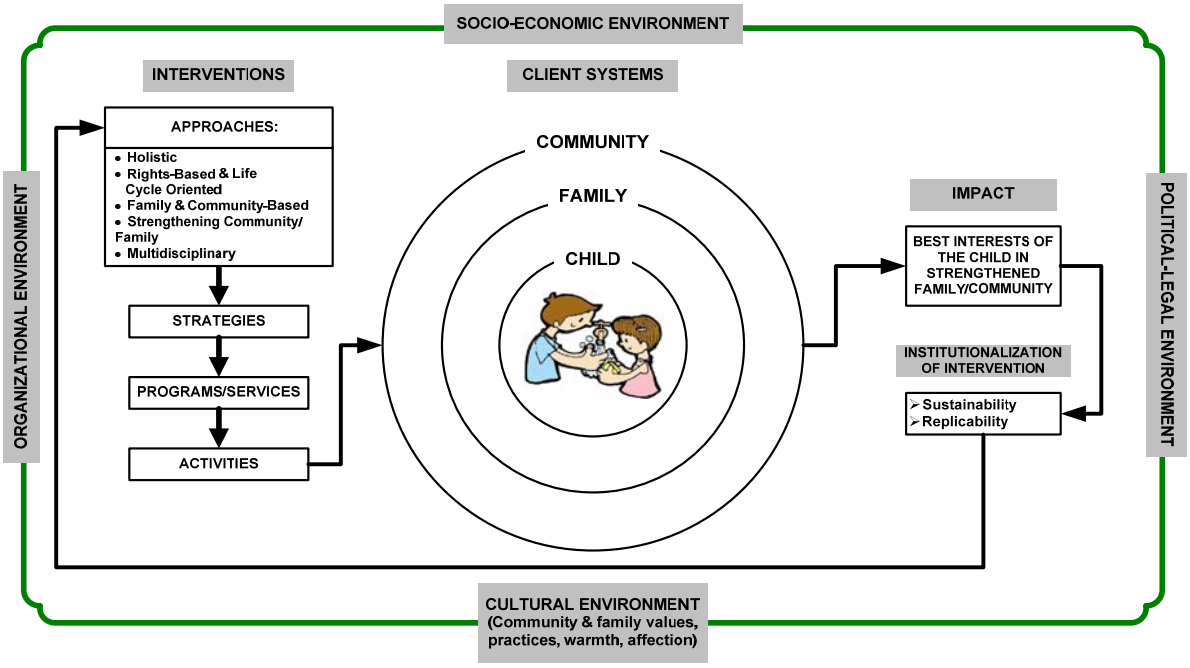
The work of collecting and editing the case studies was taken on by the Asian branch of IFCO, led by the Philippine coordinators. In addition to this case studies booklet, Cordaid and Kinderpostzegels have produced an overview of the debate on alternatives to institutional forms of care for children whose families cannot care for them. The overview document contains further references and lists of relevant websites.

Children are the most vulnerable members of the community especially when. disaster, diseases or other crises affect the community and or their families. Children without parental care are at greatest risk. The number of children without parental care is growing rapidly in India as in other countries in the world due to factors like globalization and migration, the increasing rate of natural disasters, conflicts and the HIV/AIDS epidemic. Inidan organisations which try to protect children at risk realize that increasing institutional care is not an adequate or feasible response in terms of quality of care, scope and cost-effectiveness. On the other hand, there is still little experience with how to deal with the many challenges of organizing and managing alternative forms of care on a large scale and in a way in which the child's interests are adequately safeguarded and protected. If one thing is clear, it is that there is no single blueprint or quick fix for solving the problems of children without parental care. Individual situations pose different challenges and children have specific needs. Sustainability is a particular hard challenge. How can we ensure that the solutions we think up will last long enough for the children involved to reach adulthood without either funds drying up, or caregivers losing motivation? We need also to ensure that our strategies are flexible enough to cope with changes and developments in the situations of children and caregivers. And how do we ensure that we know what changes and developments are actually taking place?

The document attempts to provide a brief range of replicable approaches and strategies designed by Indian NGOs and tested in the field in response to the needs of rural children whose families could for whatever reason, no longer care for them. These initiatives are family and community-based but in all cases they involved support from multi-disciplinary teams. They involve a high degree of participation. A great deal of effort was invested by the NGOs in mobilizing and training families and volunteers and in providing follow-up monitoring and support. The models give an insight into the main costs involved and the strategies followed to ensure that these can be covered. The intensive investment in terms of attention for individual needs has had a very positive impact on the lives of the children and on others (parents, substitute care-givers and communities).

At the same time, the experiences all encountered some significant obstacles and raised some challenges in relation to sustainability and upscaling. The process is clearly a learning curve in which it is vital that experiences and skills are shared if NGOs are to avoid having to learn by individual trial and effort only. In addition to interventions at field level, it will also be necessary for NGOs to work together and with others to build support for the development of alternative forms of care. Fortunately, Indian and Asian networks on these issues are coming up. The addresses in the case studies booklet and the overview document can provide more information in this respect.

CONCEPTUAL FRAMEWORK



The diagram illustrates the conceptual framework used in the booklet for Alternative Care for children. The approach that we promote is grounded in the ***person-in-situation/environment*** and the ***systems perspectives***. These perspectives acknowledge that children exist within a situation or environment. There is dynamic interaction wherein children act on and/or react to a particular situation to fulfill their needs and obtain support. At the same time, the child and the situation/environment are made up of systems with their own qualities and forces, which act on each other and eventually, affect the child. The dynamics of all these systems can be either good or bad for the child. Alternative care practices use these systems strategically by making them helpful to the children whose normal growth and development is best attained within the loving care of a family.

The core of the system is the **child**. Each child is an individual system. All children have individual characteristics setting them apart from other children. These are derived from ancestry; physical and mental characteristics; culture; needs; potentials; rights; dreams and personal dynamics. The **family** is the system immediately around the child. This system has its own characteristics

composed of the members; culture; traditions; rules; rituals; values; needs; dreams; ideals; and dynamics. The different members are also subsystems of the family system and they act on each other to form the dynamics of the system. Around the family is the **community** system. The community is composed of the other families, the local government and other groups that operate in the area. Its characteristics is made up of the people's ancestry; culture; traditions; rituals; values; ideals; dreams; and dynamics. These three systems comprise the **client systems**. The client systems receive the direct interventions for the alternative care of children. Since it is a very dynamic system, intervention can initially happen in any one subsystem (community, family, and child) but eventually all subsystems will be influenced with the result that each child will get the optimum care and support needed for healthy growth and development.

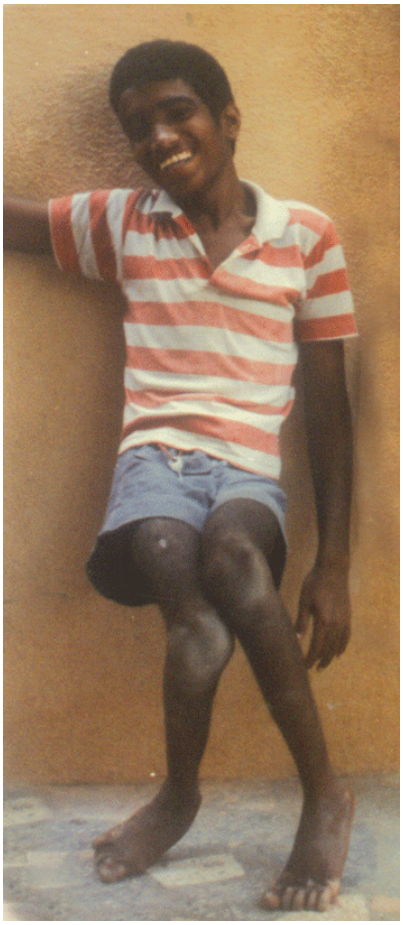
Interventions that use **approaches** that are *holistic, rights-based and life cycle oriented, family and community-based and multidisciplinary are preferred*. All the dimensions of a child's life are given attention in the interventions. These include health, nutrition, education, self-care, psychosocial, cultural, and spiritual areas. The rights of the child to survival, development, protection and participation are given importance. The needs of the child related to the particular developmental life stage is taken into account. Grounding the intervention within the family and community ensures that all key people will be involved in the intervention. Their participation increases the probability that the measures provided will be lasting and acceptable to all. Children present different needs that require different disciplines to answer. Thus, involving different professions in alternative care is not only extremely beneficial, it is essential.

The person-in-environment and systems approaches provide the foundation for formulating the **strategies** of the intervention. **Strategies** dictate the general and particular ways of implementing the program/project effectively. These strategies are translated into the programs/projects that are eventually implemented through the **activities**. These activities are the means of delivering the interventions to the client systems. If the interventions attain their objectives, which means changing the client systems for the benefit of the child, then meaningful **impact** is achieved. This impact is the fulfillment of the *best interests of the child in a strengthened family and community*. Since it is in the best interest of everybody that the intervention become more permanent, then it should be **institutionalized** (this term should not be confused with the establishment of an institution in its usual sense: here we are talking about the intervention becoming an established way of doing things in a particular community). In order to do so, it has to attain sustainability and replicability. Sustainability dictates that the intervention is prolonged while replicability means that it can be reproduced in other places and situations. To achieve this, arrangements for funding and skilled manpower need to be worked out. The intervention can then continue full circle to guide the next set of interventions that are needed.

The interventions, client systems, impact and institutionalization all happen within a larger environment. This is the macro-environment composed of the **social, economic, political and legal environments**. The social environment is made up of factors of the society such as culture, heritage, education, health and others. Economic environment is composed of factors that include income, productivity, poverty, employment and transportation. Political environment involves the government, political and regulatory systems. The legal environment involves the justice system, laws and their implementation. All of these environments affect each other in relation to the client systems and the implementation of the interventions. Moreover, it should be noted that the client systems, when changed by interventions, also influence the macro environment (social, economic, political and legal). Thus, there is a very dynamic exchange between macro and micro systems (client system), which ultimately results in better care for the children.

KUTUMBA'S GROUP FOSTER CARE FOR THE PHYSICALLY, BORDERLINE MENTALLY CHALLENGED CHILDREN AND YOUTH.

The Case Study



Hanumantha was admitted at the Kutumba's group foster care as a very young child. He has cerebral palsy and was afflicted with polio. His mother died while he was still a toddler. His father remarried a relative who was not in favour of having Hanumantha to live with them. She believes that this child is a curse because of his disability. The couple produced children of their own and it became very difficult for the father to support Hanumantha's needs. Although very upset he gave in to his wife's wish to have Hanumantha leave their home.

Hanumantha stayed at Kutumba's group foster care for seven years. He was provided with all his needs, especially that of emotional support in a loving environment. He interacted with the other children, housemother, special educator, friends and guests of Kutumba and easily gained their acceptance. Over time he exhibited a pleasant disposition, signifying that his feelings of isolation and rejection were dissipating. He attended an informal training at the Job Development Centre of the Spastic Society of Karnataka which offers training in gardening, carpentry, weaving, etc. Mrs. Malika, his sponsor was very committed and involved helper. Her constant support and encouragement helped Hanumantha to complete his training. His personality flourished, he became very pleasant and confident in himself. His communication skills also improved. He gained many friends from among the other children, staff, volunteers and visitors of Kutumba. He also participated in the different activities for the children and he particularly enjoyed theater arts. He eventually became instrumental in the founding of a theater company, the Chrysalis. Today, hundreds of less abled children and young adults are able to perform on stage.

Later, he went to the horticulture division of the Association of People with Disabilities where he received training in horticulture. He was very enthusiastic and highly motivated to learn. This moved one of the visitors to Kutumba to buy him a wheelchair and knee pads to help in his horticulture training. With his newly acquired skills in gardening, he became very persistent in wanting to find a job and sought the assistance of the friends and volunteers of Kutumba. Mrs. Dave

of the Spastic Society was able to place him at the Brooke Bond Company as assistant gardener.

When he started earning enough, he rented a small room and got his paternal grandfather to live with him. They are able to have a comfortable life from the income that Hanumantha receives from his employment. Hanumantha continues to use a wheel chair and tricycle to move around because his muscles are too weak for crutches and calipers.

Hanumantha no longer resides at the group foster home of Kutumba but keeps in touch and is regularly informed of developments at the centre.

The Intervention Applied

The Problem Situation

The incidence of differently abled children (preferred term over disabled children) is alarmingly high. Many people believe that a less abled child is the result of the anger of the gods or ancestors or sins in the family. Their parents, as did Hanumantha's step-mother, feel cursed and may feel guilty and at times blame themselves for their child's disability. These children face discrimination and are considered as "curse:, "burden", "disgrace" by their families and society. The stigma and guilt often leads to the isolation and segregation of the children or they are left unattended in a corner of their house or abandoned in institutions.

In poor families, the differently abled children are considered a drain on the family's scarce resources. The situation of the differently abled girl child is worse. They are often starved to death by their families even if they can afford to feed them. Some husbands abandon their families because of the stigma and responsibility attached to having a less abled child.

Many of the differently abled children are in rural areas where there are no facilities for them. A typical rural household is ill equipped to care for these children due to lack of understanding of disability and poor economic condition.

Description of the Intervention

Group foster care for the differently abled children is a better alternative to institutionalization. Institutions provide training and other facilities for the children to cope with day-to-day activities but are ill-equipped to attend to their emotional needs. Group foster care provides care, protection, rehabilitation and training to the less abled children in a family type home. Their rights to survival, protection, participation and development are upheld. They are provided with food,

accommodation, education/skills training and most importantly, emotional support to develop their confidence and self-esteem. Group foster care prepares the less abled children for independent living by ensuring that they acquire employable skills so they can be economically independent. The children stay in the family type home for an average of 3 – 4 years.

The children between 8 – 16 years old with special needs, such as those with physical disability, can benefit from appropriate training may be placed in group foster care. Sibling groups who have been abandoned by their parents and where one member has a disability can also be admitted to prevent their separation from each other. These are usually referred by NGOs and training schools. Those children who are unable to participate in household activities and have difficulties adjusting in small group settings may not be accepted in the group foster home.

The group foster care uses the multi-disciplinary approach in providing for the needs of the children. This involves the services of various professionals such as: social worker, special education teacher, physical/occupational therapist, doctors/nurses and vocational teachers.

The cost of caring for a child amounts to Rs. 3500.00 per month. This includes accommodation, food, education, medical and transportation expenses and indirect costs such as staff/professional support.

Approaches/Methodology and Activities

- The agency organized a group foster care program where a group of eleven (11) to fifteen (15) children stay in a cottage and is considered a family unit. They take their meals together and participate in the household chores as in a regular home. A housemother and special educator or helper assist and supervise the children in their daily activities.

- The participation of the children in planning and deciding the appropriate action/activities for themselves is required. Individual case plans are reviewed annually.

- The children who are able to attend normal schools are sent to appropriate schools. Those who attend normal schools are trained in mat weaving, beauty therapy, gardening and other vocational courses appropriate for their capabilities and interests.

- The children are provided with training on life skills and vocational guidance to prepare them for independent living.

- Volunteers, both professionals and students, are recruited and mobilized to provide counseling, medical treatment, teach basic English and Mathematics and organize games, arts and similar activities for the children.

- The agency coordinates/links with other organizations such as the Spastic Society of India, Association of People with Disability (APD), Ashraya and others for the education and vocational training of the children.

- Upon the completion of their education/vocational training, the children are assisted in finding suitable jobs. When they move out from the centre, they are encouraged to bring in a family member to stay with them.

- The discharged children who are now living independently with a relative continue to maintain contacts with the agency. Thus progress can be monitored.

Challenges

- Parents who are not interested and do not participate in the rehabilitation of their children.

- The financial sustainability of the project has to be worked out. The agency does not have a regular source of funding and is dependent on donations.

- Some children lack the motivation to complete their training due to the difficulty in commuting to the training school imposed by their physical disability.

- Adaptive devices and technical support are needed for the mobility of the children.

- Finding employment opportunities for the children is not easy.

Organization Brief

Name and Address:

Kutumba, 171/25.2 Doddagubbi Village, Bidarahalli
post near Kothanur, KRC Road, Bangalore South taluk

Vision:

By living in a family setting, the differently abled children will receive the emotional, social, spiritual, intellectual and physical support of a family that is a basic human right of children.

RURAL EDUCATION FOR ACTION AND DEVELOPMENT'S (READ) COMMUNITY BASED MOTHERHOOD CARE (CBMC)

The Case Study

Veerathai and Mr. Subramani of Karaikal were married twenty (20) years ago. Their union was blessed with five (5) children. The father was the main bread winner of the family. He engaged in fishing to support the needs of his family. Stressed because of an income that could barely provide for his family's subsistence, Mr. Subramani became problematic and turned to alcohol as an escape. One stormy day in 2002, he went fishing, was drowned and his body was never recovered.

Veerathai tried to augment their meager family income by buying and selling fish. Unfortunately, she also was drowned in the strong tsunami that hit their village in December 2004. Their children were able to escape from the fury of the sea after long hours of struggling for their lives.

Another married couple Kathamuthu and Challathammal were unable to have children. In spite of this, the couple has a very happy and stable relationship. Both of them narrowly escaped the fury of the tsunami that hit their village. The couple was identified by READ as a possible resource for children who were orphaned due to the tsunami. Their capability to care for unrelated children was assessed and they were found to be qualified.

The children of Mr. Subramani and Veerathai were matched and placed in the home of Kathamuthu and Challathammal for an initial period of 30 days to test the validity of the match. Both the couple and the children experienced minor adjustment difficulties in the new arrangement but these were easily resolved. Thus, the stay of the children with the couple is continuing. Those who are of school-age are sent to regular schools. The new family is regularly visited by the staff and volunteers of READ and are helped in caring for the children and provided with financial and emotional support. The couple's married life is further strengthened by the presence of the children as they are now experiencing the joy of parenting. The children on the other hand still miss their parents occasionally but the caring and love they are receiving from their substitute parents enable them to accept their situation and aspire to have better lives.

The Intervention Applied

The Problem Situation

India is one of the countries that were hit by a strong tsunami in December 2004. As in most natural disasters, the children are one of the most affected sectors of the community. Some die, others lose their parents, still others become physically, mentally and emotionally damaged.

In the area of Karaikal, a rapid assessment of the damages brought about by the tsunami was conducted by the Rural Education for Action and Development (READ) agency. This was followed by a survey which revealed that 624 children were orphaned by both parents; 893 lost one parent and 143 acquired some forms of disability. Moreover, 1429 families lost their properties and sources of livelihood.

Description of the Intervention

Community Based Motherhood Care (CBMC) is an alternative option to institutional care and child headed families. It provides substitute parents/mothers to children who were orphaned due to the tsunami. CBMC assures the provision of all their needs, most especially love, care and emotional support. Their right to grow up and be protected in families is assured.

Children who lost their parents due to the tsunami and for other reasons can benefit from the intervention. CBMC is not for those with severe medical/behavioral problems and difficulties in adjusting to family life. The child survivors are identified through a survey conducted by the agency and the community.

CBMC engages the community in caring for its own children. The children are not uprooted from their villages. Instead they are placed with parents of similar culture, socio-economic condition and lifestyles. This arrangement reduces the adjustment difficulties between the substitute parent/s and the children.

A multi-disciplinary approach is used in meeting the needs of the children. It makes use of the services of various professionals (both paid and volunteers) such as: doctor/nurse, social worker, teacher, psychologist and physical/occupational therapist.

Approaches/Methodology and Activities

For the Community

- A comprehensive survey was conducted to identify the children with disabilities, those who acquired disabilities and those who were orphaned due to the tsunami or other reasons. A similar survey identified mothers/parents who are interested and willing to care for the children.

- Information campaigns were done to educate the community on the situation and needs of the children.

- Matching Committees were organized at the village and district levels. They continue to be responsible for matching the children with the available parents.

- The active involvement of the community in survey, in developing the project design, and in the implementation, monitoring and evaluation of the project was required.

For the Substitute Parents/Mothers

- Debriefing sessions and counseling were given to the parents who lost their child/ran in the disaster to support them in their grieving mourning period. Their capability and readiness to provide alternative parental care for orphans was also studied. They were also helped in preparing for the placement of orphaned children into their homes.

- The children were placed with the substitute parents for a 30 days trial period to test their compatibility. Strong emotional support was extended by the agency staff to both parent/s and child/ren to facilitate their adjustment. Financial support was provided as incentive to the parents and to provide for the material needs of the children.

- The parents/mothers were encouraged to observe traditional ceremonies and festivals as a means to strengthen their links to their community tradition and culture. This strategy has also reduced the discrimination against the children. Special coaching was extended to them on how they can mainstream the children in their communities.

- They visited and met with the teachers to monitor the school performance of the children.

- Visits by the agency staff and volunteers took place to assist them in child care and provide necessary emotional support.

- The substitute parents were also provided with livelihood support in the form of alternative sources of income.

- They were empowered to advocate for the rights of the children with the active participation of their peers.

For the Children

- School-age children were enrolled in formal and informal schools. They were also provided with opportunities to develop life skills, home management, personal hygiene, arts, crafts and music.

- Medical services such as physiotherapy were provided to the children as needed.

- Growth and learning monitoring to determine the progress of the children in the CBMC were regularly pursued.

- Psychosocial support was provided to the children by the substitute mothers/parents and the agency staff and volunteers.

- They were encouraged to participate in group learning and other similar activities with their peers.

Challenges

- The eradication of the discrimination and stigma attached to orphans.

- The delay in the receipt of fund support affects the implementation of the project. The sustainability of the project is also a major concern.

- The strengthening of the capacities and skills of the staff and frequent turn-over of staff is a constant concern of the agency.

Organization Brief

Name and Address:

Rural Education for Action and Development Agency (READ)
H-32 2nd Cross, Nehru Nagar, Karaikal
Pondichery State of India

Vision:

Substitute care for the children without parental care and support by the selected mothers in the community.

VATHSALYA CHARITABLE TRUST'S FAMILY FOSTER CARE

The Case Study

Preethi was brought to Vathsalya Charitable Trust (VCT) by her 14 year old brother. VCT provides care for children who have been deprived of birth family. They were escorted by a staff of an NGO that provides short term care for women where Preethi's mother was accommodated. Preethi was all skin and bones with large patches on her skin. She was malnourished with dull sorrowful eyes. At that time it appeared that her chances of survival were very slim. All she could do was lie on her back. At one year of age, she had developmental delays and functioned like a two to three months old infant.

The story of Preethi was pathetic. She and her family were abandoned by their father and the mother was unable to care for her due to acute depression. They lived on the side walks for several months and begged from passers-by to sustain themselves. The mother asked for milk from a nearby restaurant to feed Preethi but this was not enough for her growth. Their condition deteriorated and at one point, their mother contemplated ending their lives. A neighbor intervened, an NGO rescued Preethi and she was brought to VCT.

Preethi was initially tested positive for venereal disease (VDRL). Her mother was on the street and could have been a commercial sex worker. This was possibly also due to her very weak physical condition. She was placed in a corner of the large 'babies room' at VCT's residential care facility. Her weak body was unable to tolerate the nutritious food and she constantly vomited. She had problems with digestion. A month of good care in the 'babies room' did not make much difference.

Family foster care where a child can be provided with one to one care appeared to be the best option. VCT has a pool of 28 foster families. Preethi was matched and placed with a foster family which was new in the programme. A nice lady called "Little Flower" took her into their family. Little Flower's husband is an auto driver and they have two biological sons. Little Flower who longed to have a daughter fed Preethi with a meticulously planned nutritious diet.

The foster family is regularly visited by VCT's social worker, nurse and therapist who monitor Preethi's growth and development. They provide Little Flower with information on child care, health, therapy and care giving and assist her in obtaining other services. Their emotional support and appreciation of Little Flower's quality of care motivated the foster family to continuously strive to improve Preethi's health.

For the first couple of months Preethi did not make much progress. She would lie on her foster mother's lap staring at the ceiling or looking into her face and hardly smiled. Despite this lack of response, Little Flower patiently continued giving her a nutritious and easy to digest diet together with some exercises as recommended by the physiotherapist. Miraculously, Preethi gained weight and was able to sit, stand and walk. Now her eyes sparkle as she interacts with her foster family.

After 8 months of foster care, Preethi was committed to the care of VCT and declared an orphan by the Child Welfare Committee (CWC). Aware of the value of a permanent family and care for children, VCT identified a loving adoptive family for Preethi and she will be placed with them very soon.

Both Preethi and her foster family are grieving for their eventual separation. The VCT social worker provides emotional support to both the foster family and little Preethi to help them through the pain of separation. The social worker emphasizes the invaluable contribution of Little Flower and her family to Preethi's life and the value of a permanent family for her. VCT and Little Flower are optimistic that Preethi, having experienced loving care, will easily bond with her adoptive family. Due to this positive experience, Little Flower has expressed her willingness to open her home and to foster more children in need of care and protection.

The Intervention Applied

The Problem Situation

Many children are separated from their parents for varying reasons: death, illnesses, abandonment, family disintegration, natural disasters, conflict or lack of basic economic and /or social security within their families. Orphanages or institutional care is the common response to the situation of children who need out of home care. Orphanages are perpetuated because they provide an immediate solution for children who have lost their parents or primary caregivers.

Orphanages/institutions and other forms of long term residential care deprive children especially the very young of the warmth of family care. The needs of the children beyond food, medical care and schooling are not adequately met. Children do not get the love, attention and sense of belonging that a family can give. Studies have shown significant delays in the cognitive, language, emotional and physical development of institutionalized children. Their reintegration into the community and society is also challenge. They lack the communication skills and the cultural identity to successfully reintegrate back into their families/communities. Preethi would not have overcome her early deprivation without Little Flower's intensive care and devotion, care that is impossible to replicate in an institution.

Description of the Intervention

Family foster care is a better alternative to institutional care. It provides a substitute family for children unable to be raised in their birth family. It is community based and family focused as it mobilizes families in the communities to provide alternative care for needy children. It supports the right of every child to grow up in a family. It assures individualized and more personal care for the child. Family foster care is best for the physical and psychosocial development of the children as it allows them to develop their distinct identity, strong socialization and communication skills. It can be short or long term depending on the situation and need of the child. Short term family foster care lasts for an average of one (1) year.

Children between 0 - 13 years old who are in any of the following situations may be placed in family foster care:

- orphaned
- relinquished or abandoned by their parents
- need temporary care due to family crisis
- abused or neglected
- those with special needs

The children are referred by the Child Welfare Committees, hospitals, NGOs and concerned citizens. Those who need close supervision in an institution such as those with severe disability; or those who will have difficulty adjusting in a family environment may not be placed in family foster care.

This intervention is multidisciplinary as it involves various professionals such: social worker, doctor/nurse, developmental neurologist, psychologist/psychiatrist, and occupational/physical therapist in providing the needs of the child.

Approaches/ Methodology and Activities

For the Community:

- The agency organized information campaigns to create awareness, understanding and support of families/community for children in need of out of home care.

- Recruitment of foster families was conducted through the media, personal contacts of the agency staff, and direct appeals to specific interest groups in the community.

For the Foster Families:

- The agency social worker undertook a study/assessment of the qualifications of prospective foster parents. Foster parents must have happy and stable marriages. Their biological children should be more than seven (7) years old. Their age preference for their foster child is respected. They must be physically and mentally fit and with stable personality. They must be financially stable with an income that could support the needs of their family. They must have a good reputation in the community and not have a history of abuse.

- The foster parents attend training on child care, health, cleanliness and community medicine.

- Foster parents are informed on background and health/medical history of the child.

- The social worker and the other professionals involved regularly visit the foster parents to monitor the growth and development of the child. They support and assist the foster family in caring for the child and provide emotional support to nurture the foster family's interest and motivation in fostering. They help in preparing them for the inevitable separation from the child.

- The agency staff conducts monthly meetings with the foster families to discuss issues and concerns.

- Monthly financial subsidy of Rs.1,200.00 is given to the foster family. Rs.1,600.00 for the food and medical expenses of child and some amount for transport expenses in going to the agency are also provided.

- The foster parents are responsible in instilling disciplining to the child. The use of violence and physical forms of disciplining children is not allowed. Instead, they are encouraged to use rewards and withholding of privileges.

For the Children:

- Matching and placement with a foster family that can best meet the child's needs.

- The provision of appropriate care as well as physical and emotional needs of the children is ensured. Coordination with guidance clinics, hospitals and Child Welfare Committees is undertaken to meet the needs of the children.

- The children attend formal school and part-time learning sessions in basic English, Mathematics, arts, music and acting in small plays.

- Psychological assessment for children who are seven (7) years and over is required.

- Medical/therapy/ counseling is provided to the children as needed.

- Individual case plans for the children are reviewed monthly.

- Identification and matching to an adoptive family is considered, when indicated.

- Emotional support for both the children and foster families is provided to lessen the pain of separation during the grieving period.

For Birth Families of Children on Temporary/Short Term Family Foster Care:

- Birth families are required to visit their children every three (3) months. The visits are arranged and held in the agency.

- They are encouraged to play an active role in the psychological treatment of their children with help from a psychologist/social worker.

- They are assisted by the social worker in preparing for the reunification of their child.

- Birth families are provided with counseling services. They are assisted by the agency to access rehabilitation services or training opportunities and helped in finding employment.

Challenges

- Difficulty in monitoring and providing immediate assistance for medical needs of the children due to distance of the foster homes.
- Overstaying of children in foster care due to unreadiness and inability of birth parents to resume parental responsibility.
- Sustainability of the project.

Organization Brief

Name and Address of the Agency:

Vathsalya Charitable Trust
No. 310, 9th "D" Main, HRBR Layout, Banaswadi
Bangalore 560 043

Vision:

Vathsalya believes that every homeless child needs a family. The organization foresees a time when orphanages and institutions will be redundant and all children will be in families either through foster care or adoption. They also see a time when the children with special needs or children who have gone through trauma and displacement will continue to have a homely atmosphere through family care.

YERALA PROJECT SOCIETY'S RURAL STUDY CENTER FOR THE CHILDREN OF MIGRANT LABOURERS

The Case Study

Master Bhimashankar Suresh Chambhar is an 11-year-old boy from the village of Balgaon. He is studying in Fifth (5th) Standard in Zilla Parishad Kannada School Kakmari Vasti, Balgaon. His family is a Scheduled Caste. The family does not own land but work in other farms getting daily wages. As the rainfall over the last six (6) to seven (7) years is below average, the family does not get enough work in the village. Thus, they migrate to the Western part of the district where they work in the brick making industry for about six (6) to seven (7) months a year during the dry season. The family returns to the village during the rainy season to work in the farms since planting starts during this time.

The family also took Bhimashankar with them during the migration periods. This prevented him from attending pre-school. Five (5) years ago, he was admitted to First (1st) Standard. Though he attended school until October that year, he failed to continue his studies for the next five (5) months since his family migrated to the city in search for employment. The school promoted him to the next level despite this situation. The pattern was repeated during his second year in school, but changed when he was about to enter his third year since it was at this time that the Rural Study Center (RSC) was started in their village.

It was during this time that the villagers convinced Bhimashankar' parents that they should not take the child to city for their brick making job. They encouraged them instead to leave the child to the RSC to continue his studies. The villagers and the teachers assured the parents that they would care for Bhimashankar and see that he attends school regularly. Thus, Bhimashankar continued his studies that year without any interruption.

Bhimashankar follows a strict schedule in the Center. Every day, the custodian takes him and the other students for a jog after waking up at 6:00 AM. He takes a bath after returning and eats breakfast at 8:00 AM. After breakfast, he studies briefly from 9:00 AM until he leaves for school at 10:30 AM. He returns to the hostel in the afternoon at 2:00 PM and eats lunch. Then he leaves for school after lunch and finally comes home at 5:00 PM. He drinks tea and plays

afterwards. This recreation time lasts until 7:00 PM. He then washes himself and prays until 8:00 PM, which is dinnertime. From 8:45 to 10:00 PM, he does home work under the guidance of the custodian. He sleeps around 10:00PM. The routine is slightly different on weekends. On Saturdays, he goes to school from 7:30 AM to 11:30 AM only. Then he plays until 1:30 PM after which he has lunch. In the afternoon, he meets his friends in the village and plays with them. He returns to the hostel at 7:00 PM for prayers and study. On Sundays there are visits to the Central Science Lab and Computer Center at Jalihal. Sometimes the children go for picnics or sports competitions.

As Bhimashankar attended school regularly, his performance also improved. The following table shows this improvement:

Year of Education	Grade	Bhimashankar's school attendance	Marks obtained.	Performance
2002-03	1st	46%	48%	Poor- Promoted to next class
2003-04	2nd	54%	43%	Poor- Promoted to next class
2004-05	3rd	95%	64%	Improving
2005-06	4th	100%	73%	Best Improvement!

Bhimashankar improved tremendously after two years in the Center. When RSC admitted him, he was very dirty and unkempt. He also used a lot of foul language while talking. He also did not respect teachers. He is now always clean and tidy and bathes every day. He has become studious, well-behaved and polite. He prays before every meal and sleeping. He likes painting and plays local games like Kho-Kho and Kabaddi. Due to these improvements, Bhimashankar became the model student of the school.

The Intervention Applied

The problem Situation

Bringing the children along during migration of the family to work in cities disrupts the education of the children. In their village the families work in the field during rainy season when planting is possible. They have to migrate to cities to work during dry season for 6-7 months a year.

The education of the children is greatly affected and their social network uprooted. Some development problems among the children are observed. Their social bonding is disrupted and they may lose the ability to form lasting

relationships when they grow up. The children also have to adjust to different food, language and customs in the far away villages. They are also forced to do manual labor beyond their capacity. During the migration period, the children are made to do other work than schooling; they lag behind in the school when they return. The child starts developing inferiority complex which ultimately discontinue education! After a couple of years they have no option but to migrate like their parents! Thus they are caught in the vicious circle!

Description of the Intervention

Four years ago, the Village Education Committee (VEC) members, teachers and Yerala Projects Society (YPS) decided to implement the ***"Rural Study Center for the Children of Migrant Labourers"*** (RSC) project in the village to address this problem. The project operates residential facilities or hostels in 10 villages from the Southeast of Jath Taluka of Sangli District on the border of Kamataka and Maharastra. Its beneficiaries include 200 children (boys and girls) and youths who are children of migrant parents. They are from 6-16 years old and cover the First to Tenth Classes. The hostels operate six (6) months a year, from October-November to April of the following year. The cost for each child is IR 450 per month. The costs is distributed as follows: 30% contributed by villagers, 10% by parents, and 60% by donors.

The RSC is a residential facility for children of migrant workers to ensure their uninterrupted education all year round and relief from the burden of domestic work. It provides them with residential care conducive to their studies, fosters their love for education; promotes their development as a person by providing them with the necessary social support network so that they can develop their social skills adequately; and provides them with group activities to foster their growth. Moreover, the different areas of the development of the children such as health, nutrition and psychosocial needs are regularly attended to. The Center also educates parents on the importance of their active participation in their children's education through their material contributions, regular visits and consultations on the progress of their children. Therefore the children can feel the support and interest of their parents.

Children who are unable to attend school due to the migration of their families to the cities and who do not have relatives or friends who can look after them while their parents are away can also benefit from the RSC. However, those who do not want to study, cannot live without their parents and or those who have severe disability are not admitted to the Center.

The RSC uses the multi-disciplinary approach. It makes use of the services of social workers, doctors and teachers to ensure that the children get well-rounded services. It also mobilizes the villagers and other community resources in responding to the needs of the children.

Approaches//Methodology and Activities

For the Community

- Information dissemination activities were organized among the villagers on the importance of education in improving their life situations.
- The villagers were encouraged to participate in identifying solutions to the problem situation that directly affect the children.
- Committees composed of villagers were organized to take charge of the identification of the children eligible for admission to the RSC and in the management of the hostels. This enabled the community to accept ownership and accountability for the project.
- The villagers put up dormitories or hostels which they called “Rural Study Center” (RSC) to house the children for six (6) months every year while their parents are in other villages for employment. They also provided big enough houses that were transformed into hostels with water and electricity that could accommodate 20 students. The houses were close to the schools.
- The Local women’s groups are responsible for cooking the food for the children.
- The villagers get the opportunity to participate in the education of their children.
- Some villagers are also provided with job opportunities in the RSC project.

For the Parents

- The parents meet with the other villagers and the teachers prior to the transfer of their children to the hostels to discuss about the care of their children.
- The parents of the children provide the required food grain, uniform and clothing. This comprises their contribution to the RSC project.. Other food supplies such as cereals, oil, spices, etc; toiletries such as toothpaste and hair oil; and educational materials are being provided by the donor’s contribution. They get back their children from the RSC upon their return from their migration to far off villages.
- They are relieved of worry about their children since they are assured of their safety, especially that of the girl children, because the villagers who are very well known to them take the responsibility of running the hostels.

For the Children/Students

- The children are admitted to the hostel a week prior to the departure of their parents from the village. They stay in the hostel for about six (6) months in a year. The schedule of activities in the hostels is strictly followed.
- The students attend government run schools from 11:00 a.m. to 5:00 p.m. for six (6) days a week.
- They are provided with sufficient nutritious food and an environment conducive to their studies and development.
- The value of cooperation and caring for other people is instilled among the children during their stay at RSC.
- Staying in an environment that is familiar to them and with other children who are not strangers and who go to the same school, enables the children to easily adjust to life in the hostel.
- The RSC maintains close cooperation with doctors and other medical practitioners is done for the health needs of the children.
- The school performance of the children is regularly monitored through meetings with the teachers and RSC managers
- In addition to their school activities, the children engage in group activities such as singing, playing, picnics and sports for their well rounded growth and development.

Challenges

- Some parents are reluctant to leave their children in the hostels. They take them when migrating to other areas and make them look after their younger siblings and perform household chores.
- In some villages, there are no big houses or buildings that could accommodate 20 children.
- The hostels experience water shortage during summer.
- Putting together boys and girls who are over twelve (12) in the same hostel is not socially acceptable so there is the need for separate living facilities for older children.

Organization Brief

Name & Address:

Yerala Projects Society
Jalihal (Bk) Post: Tikundi Tal: Jath.
Dist: Sangli (Mah) India

Vision:

Child-focused development: Children are the key to overall community development. It is imperative that they receive quality education and care for their holistic development.

RURAL EDUCATION FOR ACTION AND DEVELOPMENT'S (READ) MOTHER'S CARE HOME

The Case Study

Gowri and Anand are orphaned children. Their parents were infected with HIV/AIDS and died due to the illness. The children came to the attention of READ through a survey that was conducted in their community to identify the vulnerable children and interested mothers and parents. They needed parental care for their normal growth and development. Thus, READ took them under the Mother's Care Program (MCP), which is a unique care and support system for the HIV/AIDS affected and infected children.

Sabina, a 30-yr old woman was physically and sexually abused by her own husband in early 2004,. He burned her in the upper and lower limbs. She, however, escaped to Vellore. She suffered from severe emotional stress, trauma and attempted to commit suicide. The police informed the staff of READ's Home who are professional counselors about her case. She was provided with counseling service, convinced not to kill herself, and accepted for six-months rehabilitation in the Home. She was reoriented to family living. Information about HIV/AIDS and the situation of the people that are infected and affected by the disease were given to her. She was also oriented on READ's Mother's Care Home Program for infected and affected children. Sabina was found to have the qualities of a woman who could provide alternative parental care for orphaned children due to HIV/AIDS. She was convinced to participate in the Program. The Village Matching Committee matched and placed Gowri and Anand in the care of Sabina. They have been living together for the past two and a half years.

READ provides for their livelihood and supports their daily needs. Sabina and the children are visited by the staff of READ. They continuously monitor the children's growth, health indicators particular to people infected with HIV, Reproductive Tract Infections (RTI) and Sexually Transmitted Infections (STI). Emotional support is also provided to both Sabina and the children to help them through the grieving process for having lost their loved ones. Sabina also gets some advice on how to take care of the children.

The Intervention Applied

The Problem Situation:

Children orphaned due to HIV/AIDS experience multiple hardships in life. Often they become orphans when one or both of their parents die due to the disease, or they are abandoned leaving them without parental care. Due to the intense stigma and discrimination that HIV/AIDS victims suffer in society, nobody would take them in as their own children for fear of contamination. Without anybody to turn to, these children eventually land in the streets where they live in squalor. Hence, these orphans are in extreme need of parental care, support and medical attention. They need to experience normal family life to assure their normal growth and development and be able to cope with their situations and lead happier lives.

Description of the Intervention

The Mother's Care Home is a community-based intervention that provides substitute mothers to the children who have been abandoned or who lost their parents due to HIV/AIDS. The warmth of a mother's care and love that the children receive through the MCH' substitute mothers are the key elements that contribute in the provision of a normal family life to the children. Attention is given to making the right match between the substitute mothers and the children and providing them with the needed training and support to make their relationship work.

MCH is a family focused community-based strategy. It mobilizes the members of the community in responding to the needs of the children who are infected and affected by HIV/AIDS. It seeks to change the community environment from an antagonistic and discriminating one to a village that is supportive and caring to the children. The community is highly involved in all the phases of the intervention.

Children with behavioral problems and severe medical conditions are not eligible for admission to MCH. It uses the multi-disciplinary approach in meeting the needs of the children. The services of doctors/nurses, social workers, teachers and psychologists are engaged.

MCH seeks out older women in their 40s and 50s in the community who do not have families to care for and offers them the option of caring for four (4) to five (5) children in a home. They are called the "elder mother concept". Houses are rented in the village for such "small group homes" located not too close together (about 20 houses apart) so that they are not identified as special homes. Each group home is situated in its own small neighborhood/community. A sum of Rs 2000 is paid into the account of the mother and she uses her discretion in the

use of these funds to pay for house rental and for household expenses. The mothers in the fishing communities are also provided with vocational training such as net weaving, fish processing, etc, to generate additional income for their household.

READ currently serves seven (7) elder mothers with 23 children from the target group of 427 children affected and infected by HIV/AIDS composed of 275 girls and 152 boys from the Dindigul district. The sharing of costs for the project varies throughout the different phases of the project. In Phase I, which is the first five years, donors will share 90% of the costs and 10% from local contributions. Phase II, next five years, donors will share 75% of the costs while 25% will come from local contributions. In Phase III, which will last only three (3) years, the costs will be equally divided between donors and local contributions. This graduated cost sharing strategy is very important to the project.

The Mother's Care Home provides the children affected and infected with HIV/AIDS with the means to live with dignity and promotes their rights as children. READ supervises and monitors the placement of the children to ensure their welfare and provides support services like counselling and teaching the children with coping and conflict resolution skills. READ also carry out outreach services to the community through awareness education campaigns, institutional and village level outreach care, support and treatment of HIV/AIDS affected and infected children. The organization also aims to develop a child friendly community and implements programs such as functional literacy, life skills training, education campaigns on health, hygiene, parenting and childcare. It also conducts education seminars for children on behavior development, creativity enlightenment, RTI, STI and HIV/AIDS, peer education and promotion of special groups of children affected and infected with HIV/AIDS.

Approaches/Methodology and Activities

For the Community

- READ conducted a baseline survey using the Participatory Community Appraisal method to identify the vulnerable children , interested mothers and parents and assess their needs. These mothers and children were listed down for future matching.
- Matching Committees were formed at the village and district levels. These were tasked to match the children with the mothers for the MCH.
- Sensitization activities were held to make the community aware of the situation of the children and the program. Monitoring and Evaluation Committees among the villagers were also organized.

- Public meetings were held where the children narrated their experiences as victims of HIV/AIDS. This enhanced the understanding of the community on the situation of the children and the value of MCH services.
- READ organized the community to conduct public rallies, awareness campaigns and other advocacy activities to fight HIV/AIDS and promote MCH.
- A village level outreach center was organized to provide care, support and treatment for the many children who were not accommodated in MCH. They were also assisted to access institutional care and support from other organizations.
- Support groups were organized to assist in strengthening MCH.

For the Substitute Mothers

- READ provides psychosocial support to the MCH that includes counseling for the children, the substitute mothers and their relatives.
- Substitute mothers were trained on proper health and hygiene practices.
- To strengthen the bond between the children and the substitute mother, they are encouraged to celebrate important occasions such as traditional festivals, ceremonies and others.
- They are closely supervised and monitored by the staff and volunteers of READ.

For the Children

- They are matched and placed with the most suitable substitute mothers.
- Training is given to develop the children's literacy, home management and life skills. They are also educated on the proper culture and values of their society. Their talents in the art, crafts and music were cultivated and were encouraged to participate in the activities in the village to make them full participants in the mainstream Indian society.
- The medical needs of the children are given attention.
- Some of the children are trained as peer educators and conducted activities in the villages for the vulnerable children. They shared their learnings as children affected by HIV/AIDS to the other groups of vulnerable children.

Challenges

- The rapid turn over of staff affects the implementation of the project.
- The delay in the receipt of funding support hinders the timely delivery of the services. The sustainability of the project is also a major concern.
- The stigma and discrimination towards the infected/affected children has influenced the need for MCH intervention.
- Conflicts between the children and the substitute mother regarding the limited accommodation facility affects the development of positive relationship.

Organization Brief

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Vision:

HIV/AIDS affected and infected children have the right to a better quality of life and familial care.

SUMMARY

Based on information gleaned from the cases and the responses from the questionnaire, we have tried to illustrate the effectiveness of the interventions that the various agencies have used to alleviate the specific situations of the children. These presentations clearly show the value of community- based alternative care for these children.

The Booklet starts with the Conceptual Framework that explains by way of a diagram, how the various approaches are translated through strategies, programs/ services and activities that are used to help the child (who is a member of his/ her family and community). The effects of these intervention can be realized when the best interest and welfare of the child is achieved and the family/ community is strengthened to cope with future situations. As these processes become effective the interventions are institutionalized for sustainability and replicability.

Then the presentation of each of the cases follow which starts with statement on Problem Situations then a Description of the Intervention (program/ services) used, the Approaches/Methodology and Activities involved in the level of the community, the substitute parents/ mothers and the child / children. There is a brief statement on the challenges faced by the agencies on the particular approaches they have used.

The Booklet has shown the advantages thato family/ community based care for children can have over institutional care. It demonstrates the value of involving various professions and though the active participation of the community and volunteers the problem situations that seemed insurmountable are successfully resolved with such creativity & innovative programs.

Finally it is our hope that the booklet will inspire and enable communities to utilize their resources in caring and helping the children reach their potentials as contributing members of their communities.