



BUILDING ALTERNATIVE CARE FOR CHILDREN & DE-INSTITUTIONALISATION

**Revised Plan for Kerala
2024–2029**



**Women and Child Development Department
Department of Social Justice
Government of Kerala**

Acronyms and Abbreviations

ACC	Alternative Care for Children
BCPC	Block Child Protection Committee
CIF	Childline India Foundation
CCI	Child Care Institution
CCL	Children in Conflict with Law
CNCP	Children in Need of Care and Protection
CSO	Civil Society Organisation
CWC	Child Welfare Committee
DCPU	District Child Protection Unit
DCPO	District Child Protection Officer
DI	De-Institutionalisation
DSJE	Department of Social Justice and Empowerment
FSS	Family Strengthening Systems
GFC	Group Foster Care
FBAC	Family Based Alternative Care
HSR	Home Study Report
ICP	Individual Care Plan
JJ Act	Juvenile Justice Act, 2015
MPV	Mahila Police Volunteer
NIAC	Non-Institutional Alternative Care
OCB	Orphanage Control Board
PO (NIC)	Protection Officer (Non-Institutional Care)
SAA	Specialized Adoption Agency
SFCAC	Sponsorship and Foster Care Approval Committee
VLCP	Village Level Child Protection Committee

CHAPTER 1

The Indian Context

India is home to over 444 million children, which is one of the world's largest child and adolescent populations, according to the 2011 census. As per the study conducted by Mission Vatsalya, in 2021 there were over 77615 children residing in Child Care Institutions, compared to 77765 children in 2019 and 2020 across India¹.

Over the years, there has been an increase in the number of children admitted to Child Care Institutions for multiple reasons; primary among them are poverty, a lack of financial resources, safety, and security reasons, and many more. Children at risk in India, whether orphaned or otherwise, often end up in Child Care Institutions which are more often under-resourced and focused on basic needs than childcare or long-term progression. Eighty years of research have shown the negative impact of institutionalisation on children's health, development, and life chances².

The primary challenge that we are addressing here is that, despite all the data, and information that surrounds us, there is a growing tendency to move children to Child Care Institutions at a rampant pace across the world. Decades of research prove that growing up in institutions has detrimental psychological, emotional, and physical implications, including attachment disorders, cognitive and developmental delays, and a lack of social and life skills, leading to multiple disadvantages³.

In order for us to eliminate/ mitigate those repercussions, the child protection system has to be re-looked at and may be revamped in its entirety, and the basics of family strengthening must always be reinforced to prevent the separation of a child from his/ her family and/ or extended family. Sending the child to residential or institutional care must always be the last choice. When separation is clearly in the best interest of the child, such as in cases of death, neglect, violence, or abuse, alternative childcare options should be explored, continuously reviewed, and monitored.

In 2019, the State of Kerala formulated a Five-Year Strategic Plan to work towards Alternative Care for children and De-Institutionalisation in the State. In 2019 and 2020, COVID-19 thwarted plans as the State was compelled to send children back home. Though there was a reduction in the number of children that were sent back, there were a lot of lessons that emerged along with a new set of systemic challenges. As a start to understanding and tackling those challenges and implementing new learning, in 2021, a pilot intervention was initiated, which provided a rich insight into the efforts that need to be gathered to build and sustain efforts for ACC and DI in the State.

This document aims to bring out the learnings, establish context, illustrate the challenges, and eventually outline the interventions along with a detailed plan to relook and build on the efforts of ACC and DI.

1 <https://pib.gov.in/Pressreleaseshare.aspx?Prid=1794729>

2 Berens, A., Nelson, C., The Science Of Early Adversity: Is There A Role For Large Institutions In The Care Of Vulnerable Children? The Lancet, 2015.

3 National Scientific Council On The Developing Child. (2012). The Science Of Neglect: The Persistent Absence Of Responsive Care Disrupts The Developing Brain: Working Paper 12. Retrieved From: <http://www.developingchild.harvard.edu>; Groark, C., Mccall, R., Fish, L. (2011). Characteristics Of Environment, Caregivers, And Children In Three Central American Orphanages. Infant Mental Health Journal, Vo. 32(2), 232-250. Doi: 10.1002/imhj.20292

CHAPTER 2

Challenges After COVID-19

The world experienced a series of waves and variants of the ever-evolving and vaccine eluding COVID-19 virus. Initial responses predominantly focused on slowing the spread of the virus and included movement restrictions, intra-country and inter-country border closings, quarantine, isolation, social distancing, and mask-wearing. While these responses aimed to slow the spread of the virus, they also tended to overlook the prioritisation of vulnerable populations such as children with disabilities, children in alternative care settings, and children who have lost either one or both parents/ caregivers due to the virus.

The initial response plans also neglected to assess and address the secondary impact of the virus, which is increased mental health and psychological distress, disruption in accessing basic services, loss of caregiver's livelihoods, and food insecurity. In numerous countries, for children in residential alternative care settings, the response led to abrupt reunification with families that were, from parenting capacity, psychological, and financial perspectives, ill-prepared for their return. Children who had no families to return to were kept in residential care, many of whom were children with disabilities, and were thus, inadvertently exposed to further exclusion and were disproportionately affected by the disruption of essential services and access to education⁴.

The Global Reference Group on Children Affected by COVID-19 and research by the Imperial College of London estimate that a minimum of 10,512,700 children globally have lost one or both parents, custodial grandparents, or other co-residing grandparents to COVID-19 death⁵. These deaths compound the anxiety, uncertainty, and fears children faced and continue to face related to grief, loss (community, friendship, and other social networks), separation from family, placement into alternative care, and falling into poverty⁶.

The Supreme Court of India in the writ petition of April 3, 2020⁷ detailed steps to be taken by Child Welfare Committees (CWC), Juvenile Justice Boards (JJB), Child Care Institutions (CCI), and State Governments to protect children in alternative care, including institutions, foster care, and kinship care, in light of COVID-19's impact in India. As a result of the 2020 Supreme Court order, an estimated 145,788 institutionalised children in need of care and protection (79,197 boys and 66,591 girls) and 5,155 institutionalised children in conflict with law (4,831 boys and 324 girls) were returned to their families, guardians, or placed in other alternative care arrangements⁸. Out of the total of 150,543 children who were released from residential care, the large majority, 141,227 were placed with parents or guardians while 9,316 children were provided with family-based alternative care⁹. It was reported that during the initial phases of the pandemic, almost 64% of children from CCIs were sent to families¹⁰.

4 Nikolova, S., Zaykova, K., Ott, V., & Pancheva, R. (2021). The Impact Of Covid-19 State Measures On Children With Developmental Disabilities: Service And Research Priorities From Three European Countries. *Scripta Scientifica Salutis Publicae*, 2021, Online First, Medical University Of Varna

5 Global Reference Group On Children Affected By Covid-19. (2022). The Hidden Pandemic, September 2022 Update. Oxford University; Imperial College, London. (2022). Covid-19 Orphanhood Calculator. Retrieved From https://Imperialcollegelondon.github.io/Orphanhood_Calculator/#/Country/Global; And Unwin, H., Hillis, S., Cluver, L., Flaxman, S., Goldman, P. S., Butchart, A., Bachman, G., Rawlings, L., Donnelly, C. A., Ratmann, O., Green, P., Nelson, C. A., Blenkinsop, A., Bhatt, S., Desmond, C., Villaveces, A., & Sherr, L. (2022). Global, Regional, And National Minimum Estimates Of Children Affected By Covid-19-Associated Orphanhood And Caregiver Death, By Age And Family Circumstance Up To Oct 31, 2021: An Updated Modelling Study. *The Lancet. Child & Adolescent Health*, 6(4), 249–259. [https://doi.org/10.1016/S2352-4642\(22\)00005-0](https://doi.org/10.1016/S2352-4642(22)00005-0).

6 Unicef (2021). Preventing A Lost Decade: Urgent Action To Reverse The Devastating Impact Of Covid-19 On Children And Young People. Retrieved From <https://www.unicef.org/reports/unicef-75-preventing-a-lost-decade>

7 Supreme Court Of India. (April 3, 2020). Suo Moto Writ Petition (Civil) No. 4 Of 2020. Re Contagion Of Covid 19 Virus In Children Protection Homes. Order.

8 Interviews With Unicef India Country Officer, April And May 2021

9 Unicef India 2020 Child Protection Annual Report. Retrieved From <https://www.unicef.org/country-regional/divisional-annual-reports-2021/india>

10 Interview With Udayan Care, July 2022

In May and June 2021, a devastating second wave of coronavirus engulfed India, taking India's tally of cases above 31 million and the official death toll to more than 420,000¹¹— a figure many experts consider to be a vast undercount¹². While the second COVID-19 has abated, trauma and death have been left in its wake. There was barely a family in India left untouched by the virus, and with COVID-19 hitting adults much worse than children, it has resulted in thousands of children without parents and many thousands more having lost other caregivers over the months of May and June 2021¹³. The Global Reference Group Children Affected by COVID-19 released in September 2022, estimates that, at minimum, 3,487,400 children in India had lost caregivers (one or both parents, death of custodial grandparents, or death of other co-residing grandparents) due to COVID-19- associated deaths¹⁴.

11 <https://covid19.who.int/table>

12 <https://www.theguardian.com/world/2021/may/17/everybody-is-angry-modi-under-fire-over-indias-covid-second-wave>

13 <https://www.theguardian.com/world/2021/jun/11/my-dream-was-buried-the-children-of-india-orphaned-by-covid>

14 Global Reference Group On Children Affected By Covid-19. (2022). The Hidden Pandemic, September 2022 Update. Oxford University

CHAPTER 3

Impact of Covid –19 on Alternative Care and De-institutionalisation

During the pandemic, more than 60% of children in CCIs were rapidly returned to their families or placed in alternative family-based care. These reunifications were hurried, with limited support provided to children and families¹⁵. Only 5% of children who were rapidly returned home or placed in an alternative care setting received state support including the state sponsorship payments to the family (typically 2,000 INR or 27 USD per child per month) or proper access to online classes provided by the local education system^{16 17}. Children who were left in CCIs were severely impacted by the epidemic since containment procedures required them to stay inside and not go outside to play. It is likely that many children within CCIs had limited or no contact with their families due to the containment measures brought on by the pandemic¹⁸.

The pandemic affected the overall development of children. This is attributed to the loss of jobs, and livelihoods of parents and caregivers and the deaths of parents and caregivers (many of whom were breadwinners), resulting in more families being pushed into poverty¹⁹.

The pandemic hampered the ability to deliver monitoring and support services, as offices, if open, worked at reduced capacity, and movement and home visits were restricted. This meant less manpower was available to ensure protection and support functions, and services could only be provided through remote means. Respondents noted that there was a disruption to the typical pre-COVID-19 coordinated approach to the delivery of support services for children in CCIs and family-based care alike. Respondents also noted an increase in reports of both child abuse and intimate partner violence within districts with strict lockdown measures, where, before the pandemic, men reported wife-beating as justified²⁰.

BAL SWARAJ

The National Commission for Protection of Child Rights created a web portal called 'Bal Swaraj' where cases of 'COVID-orphans' and children abandoned during the pandemic are uploaded, to enable the Government's Child Welfare Committees to monitor and ensure the delivery of appropriate services for these children²¹.

15 Interview With Udayan Care, July 2022

16 Interviews With Unicef India Country Officer, April And May 2021

17 Unicef(2020). India Country Office, Child Protection Annual Report. Retrieved From <https://www.unicef.org/reports/country-regional-divisional-annual-reports-2021/india>

18 Interviews With Unicef India Country Officer, April And May 2021

19 Unicef (2020). India Country Office, Child Protection Annual Report. Retrieved From <https://www.unicef.org/reports/country-regional-divisional-annual-reports-2021/india>

20 Violence Against Children During The Covid-19 Pandemic - Pmc (Nih.Gov)

21 Ibid

For children in CCIs with specific needs, such as children living with HIV, children with disabilities, and, in some cases, girl children, returning home was particularly risky. Respondents reflected on children living with HIV who could not receive the Anti-Retroviral Therapy (ART) and nutrition needed when returned home and children with disabilities who experienced a further reduction in their independence due to the lack of supportive devices such as a wheelchair, or girl children who were left at home with a stepfather or another male who resided in her home while the mother went to work.

INITIATIVES AND REFORMS TO PROTECT CHILD RIGHTS

The Government of India introduced new flagship initiatives and reforms to respond to emerging challenges and protect children's rights. These include:

1. Jal Jeevan Mission (JJM)
2. Swachh Bharat Mission Phase II (SBM)
3. Aatmanirbhar (self-reliant) Bharat Abhiyaan
4. National Education Policy 2020 (NEP)
5. POSHAN Abhiyaan (Nutrition)
6. Mission Vatsalya (Child Protection Services and Child Welfare Scheme)
7. Mission Shakti (Protection and Empowerment for Women)
8. The Juvenile Justice (Care and Protection of Children) Amendment Act, 2021²²

Following the Supreme Court order to send children in CCIs back home, a number of NGOs helped the State Governments across India trace families and provide support for reunification. These efforts have borne fruit however, despite the mitigation measures applied during acute periods of the pandemic, there are ongoing challenges that may impact the progression of care reform in India.

CHAPTER 4

Alternative Care for Children Schemes and Guidelines

In 2022, post COVID, the Central Government released the Mission Vatsalya Scheme as a roadmap to achieve development and child protection priorities aligned with the Sustainable Development Goals (SDGs). It places emphasis on child rights, advocacy, and awareness, along with strengthening the juvenile justice care and protection system with the motto to 'leave no child behind'. The Juvenile Justice (Care and Protection of Children) Act, 2015 provisions, and the Protection of Children from Sexual Offences Act, 2012, form the basic framework for the implementation of the mission. The funds under the Mission Vatsalya Scheme are released according to the requirements and demands made by the States and UTs.

MISSION VATSALYA

The ICPS has been implemented by the Ministry since 2009–2010, the scheme was then renamed the “Child Protection Services” Scheme in 2017. The CPS Scheme has now been subsumed under Mission Vatsalya from 2021–22 onwards²³. The Scheme is implemented as a centrally sponsored scheme in partnership with State Governments and UT administrations to support the States and UTs in universalising access and improving the quality of services across the country. The fund-sharing pattern is in the ratio of 60:40 between the Center and the States and Union Territories with the legislature, respectively. The fund-sharing pattern between the Centre and State is in the ratio of 90:10 for the North-Eastern States, viz., Arunachal Pradesh, Assam, Manipur, Meghalaya, Mizoram, Nagaland, Sikkim, and Tripura; two Himalayan States, viz., Himachal Pradesh and Uttarakhand, and the UT of Jammu and Kashmir. For Union Territories without legislature, it is 100% central share.

The Mission Vatsalya Scheme supports the children through Non-Institutional Care under private-aided sponsorship, wherein interested sponsors (individuals, institutions/ company/ banks/ industrial units/ trusts, etc.) can provide assistance to children in difficult circumstances.

The mission also outlines and clearly articulates the role of the State Child Welfare and Protection Committee under the chairpersonship of the Principal Secretary/ Secretary WCD/ DSJE to supervise the implementation of Mission Vatsalya with the help of the State Child Protection Society (SCPS). This Committee will prepare an annual action plan, including financial proposals for the state, and submit it to the Ministry for approval.

This Committee shall closely monitor and review the working of structures, services, and progress under various components of Mission Vatsalya and hold quarterly review meetings with District Child Welfare and Protection Committees for effective implementation of the scheme. The State Committee shall take needful measures for advocacy, awareness generation, and capacity building among all stakeholders on child rights and child welfare and address roadblocks, issues, and complaints received regarding the care and protection of children in the State. The State Committee shall make special efforts for convergence so as to ensure benefits under all possible Government welfare schemes for the children.

The Mission will support children through the following modes of Non-Institutional Care:

- a. **Sponsorship:** Financial support may be extended to vulnerable children living with extended families/ biological relatives for supporting their education, nutrition, and health needs.
- b. **Foster Care:** The responsibility of the child is undertaken by an unrelated family for the care protection and rehabilitation of the child. Financial support is provided to biologically unrelated Foster Parents for nurturing the child.
- c. **Adoption:** Finding families for the children found legally free for adoption. Specialized Adoption Agencies (SAA) will facilitate the adoption programme.
- d. **After Care:** The children who are leaving a Child Care Institution on completion of 18 years of age may be provided with financial support to facilitate the child's re-integration into the mainstream of society. Such support may be given from the age of 18 years up to 21 years, extendable up to 23 years of age to help her/ him become self-dependent.

The State Government will receive a monthly grant of Rs. 4000/- per child for Sponsorship, Foster Care, or After Care. The State Governments are encouraged to give additional grants to the SCPS under the Sponsorship and Foster Care Fund and may initiate steps to proactively identify children who need protection with the support of PRIs and Urban Local Bodies. Every district will have a Sponsorship and Foster Care Approval Committee (SFCAC) to implement and monitor the Sponsorship and Foster Care programme as provided under the Mission.

A prime area that the Mission Vatsalya Guidelines also elaborate on is the space of convergence with other States and Union Territories whereby the Department of WCD or Department of SJE supports the implementation of the scheme as per guidelines and secures convergence with other departments. Similarly, the convergence with the State Police to ensure prevention and protection from violence against children and, finally, the convergence with the State Finance to help in the preparation of the Child Budget.

Aside from Mission Vatsalya, the State of Kerala also introduced 'Balanidhi' and 'Vijnana Deepthi' two programmes of the Women and Child Development Department, in 2018' to supplement the growing financial requirements of children in need of care and protection.

BALANIDHI

'Balanidhi' is a juvenile justice fund for children below the age of 18 who are in need of special care. The fund will be used to ensure the welfare, security, and rehabilitation of the children in need. To ensure the success of the programme, the Government plans to raise the funds from those willing and institutions as donation²⁴. The fund was set up as per the Juvenile Justice (Care and Protection of Children) Act, 2015.

VIJNANA DEEPTHI

'Vijnana Deepthi' strives to provide financial aid to students from economically weaker sections. Students hailing from families with an annual income below 24,000 in panchayat limits and below 30,000 in city limits are eligible to secure a monthly aid of 2,000 as part of the Scheme.

As a result, the Government of India has launched a number of efforts to secure adequate support for the promotion of ACC and DI across the States.

²⁴ <https://www.Newindianexpress.Com/States/Kerala/2018/Jan/24/Kerala-Opens-Special-Funds-For-Childrens-Welfare-1762382.Html>

CHAPTER 5

Kerala State Figures and Trends

Kerala is the 13th largest state in the country by population and consists of 14 districts in total.

In a Report of the Committee for Analysing Data of Mapping and Review Exercise of Child Care under Juvenile Justice Act (2015) and other Homes; Volume 1 - Main Report (conducted from January 2016 to March 2017) cities in Tamil Nadu, followed by Maharashtra and Kerala, have the highest number of Child Care Institutions in the country, constituting 43.5% of the total population of children in CCIs across the country. In February 2022, Smt. Smriti Zubin Irani, Union Minister of Women and Child Development, in a written reply in Rajya Sabha, released a press release on the state-wise funds released under the Child Protection Services Scheme, Mission Vatsalya, including for Child Care Institutions (CCIs) during the last three years and the current year and the state-wise number of children in Child Care Institutions (CCI) including homes of various types, for the financial years 2019-20 and 2020-21. According to that report, there are 44 CCIs in the state of Kerala.



In an attempt to understand the changing landscapes over the last few years, the State of Kerala has initiated multiple studies, two of which are highlighted below

1. The Social Justice Department conducted a vulnerability study to identify families where children are vulnerable to various kinds of abuse. And the spectrum looms large over 11.74 lakh families across the State²⁵. This number is truly appalling and calls for deeper action to save the children. The details of the study elaborate on various kinds of adverse childhood experiences (ACE) that the children undergo district-wise. The findings of the study were published in 2019. A closer look at the numbers reveals that the maximum number of incidents of abuse is reported in families where there is an alcoholic parent or a step-parent. This number itself calls for immediate action to support children.

25. <https://timesofindia.indiatimes.com/City/Thiruvananthapuram/Spectre-Of-Abuse-Looms-Over-11-72-Lakh-Families-In-Kerala-Shows-Survey/Articleshow/68932041.Cms>

2.emic, in 2020, a study conducted by the Rajagiri School of Social Work with the support of ICPS unPost-pandder the Women and Child Development Department and UNICEF explored the specific issues that families faced when institutionalised children were sent back to their homes and the burden of care on these families. The research specifically focused on understanding the socio-economic conditions of the family, the impact of COVID-19 impact on the caregiving abilities, and the support required for reintegration across a sample size of 300 respondents within Kerala. The study highlighted the significant barriers that prevented the reintegration of children into their families. These included financial constraints, safety, and security issues within the families, inadequate livelihoods, and conflict between parents. The findings of the study express the criticality of convergence among the departments to facilitate better integration and support for the children and their families. The study also elaborates on taking different approaches to children with single parents or both parents, where financial aid is required and where it is not.

While all these are prevalent issues across the state, as stated by multiple studies conducted across the years at the central and state levels, Kerala has also taken multiple steps towards building ACC and DI systems in the State.

VACATION FOSTER CARE

One of the unique initiatives pioneered by Kerala is called “Vacation Foster Care”. It was initially implemented on a trial basis in Malappuram and Kollam in 2015, following which it was extended to the other districts the following year. Since its inception, the project has gained momentum in districts such as Kozhikode, Malappuram, Thiruvananthapuram, Kollam, and Kottayam, with a considerable number of couples applying for the same with each passing year and a handful of children getting legally adopted. In Thiruvananthapuram, as many as 73 applications turned up at the DCPU office in 2017. Of these, 28 applications were shortlisted, and eight of these families requested an extension of the stay period. This is in addition to the 35 children who are undergoing regular foster care. The office received as many as 60 applications in 2017, of which 21 were selected. According to the authorities, there have also been cases where the families that came forward in 2016 have requested permission to take home the same foster child even in the second round of Vacation Foster Care in 2017. As of 2022, the State of Kerala had received 1639 applications for foster care (all forms included)²⁶.

While Vacation Foster Care is embedding its roots in the State, the number of applications for adoption is on the rise, but there is a severe shortage of children available for adoption. There is a great mismatch between those who want to adopt, and the number of children who are up for adoption, despite having one of the highest numbers of children in institutional care in the country.

26 Janardanan, Dr Susha And Tom, Dr. Aroline K. Alternative Care Practices Of Children In Kerala: An Evaluative Study. 2022.

As of 2018, Kerala had received 1,247 adoption applications, and the number of children available for adoption stood at 84, as per the statistics available from the State Adoption Resource Agency (SARA) which operates under the Integrated Child Protection Scheme of the Social Justice Department. This means for every 15 adoptive parents, there is just one child available, which is higher than the national average of 1:10. As per CARA statistics, 134 children have been adopted from 2018 to 2019. Post-pandemic, the numbers saw a decline; according to reports, the state has only 160 children who are legally eligible for adoption, while the number of prospective families is 1,017, including 32 international applicants²⁷. COVID-19 wreaked havoc on the adoption-related developments that were underway. 1,017 prospective adoptive parents in the state are continuing their harrowing wait for a child, as the pandemic has slowed down the adoption process in Kerala. The State has only 160 children who are legally eligible for adoption when the number of prospective families is 1,017, including 32 international applicants. Now, efforts are on to speed up the procedure, most of which has been moved online. Home study, which is a key process in the adoption procedure, was especially hard hit by the pandemic as travel was curtailed due to the widespread infection. Travel restrictions also put a brake on inter-country adoption, but the authorities still managed to complete a few such adoptions even during the pandemic between January 2017 and December 2021, the State of Kerala received 2167 applications for adoption²⁸.

KINSHIP FOSTER CARE

Another notable step that the State Government took towards ACC was that in July 2019, Kerala launched the Kinship Foster Care system, where the care and protection of children will be entrusted to willing relatives. The programme has been launched in all districts in Kerala, with 25 beneficiaries from each district who are willing to take care of children related to them who are living in institutional care. The idea was conceived after many children in CCIs expressed a willingness to reside with their relatives. The government will also address the main concern of the relatives—additional financial burden by providing Rs. 2000 per month for the child's expenses. This scheme was estimated to run for 12 months from the date of commencement.

However, the pandemic critically hampered the progress as fewer people are opting to take in foster children during the pandemic so Kerala's Child Care Institutions (CCI) are unable to send as many children for foster care as they did before in 2019. The Government is doing all it can to promote the scheme in all districts, however, people are losing interest as the paperwork has increased before applying for foster care of a child²⁹.

27 <https://www.newindianexpress.com/Cities/Kochi/2021/Jan/05/Covid-Delays-Adoption-Of-Children-2245405.html>

28 Janardanan, Dr Susha And Tom, Dr. Aroline K. Alternative Care Practices Of Children In Kerala: An Evaluative Study. 2022

29 <http://thesoftcopy.in/2021/05/06/Keralas-Foster-Care-Scheme-Hindered-By-Covid-19/>

Login to Sargalaya

There were a series of holistic efforts aimed at engaging children who had to stay back in the CCIs. 'Login to Sargalaya' was one such activity that had a series of 16 competitions that allowed the children to showcase their talents and skills while being indoors. The initiative aimed to provide relief from stress during the COVID-19 lockdown and ensure a productive use of time. The CCIs changed the children's daily schedules to embrace a new way of life by engaging them meaningfully throughout the day. Activities around craft, kitchen gardening, pisciculture, and hydroponics came to the forefront, along with yoga, and the screening of documentaries. These initiatives were welcomed wholeheartedly by the children and found a way to keep them engaged while enabling them to learn new ways of life.

At the onset of COVID-19, 4227 children were sent back home from across the districts of Pathanamthitta, Ernakulam, Kottayam, Idukki, Trivandrum, and Wayanad. Among them, 2014 children were sent back to the CCIs once the homes reopened after COVID. Data collection is underway for the remaining districts as of May 2023. The factors that prompted the children to be sent back and the factors that aided some of the children to stay back in their homes are yet to be formalised.

The State of Kerala has made multiple advancements in embracing Alternative Care and trying innovative ways to find homes for more children. The need of the hour is to continue and learn more from these to ensure that, in the long run, children truly find a place that they can call 'home' without being sent back to Institutional Care.

CHAPTER 6

Pilot Intervention and its Findings

According to Juvenile Justice Act 40 (1,2), the primary responsibility of Child Care Institutions is child rehabilitation. CCIs are to provide a family background for these children, temporarily or permanently. By restoration and protection of a child, the law means that these children can be rehabilitated with their parents, adoptive parents, foster parents, parents, or a fit person. For any child, a family atmosphere is ideal for their proper growth. The family provides a platform for a child to express his or her thoughts and feelings and to evaluate their strengths and weaknesses. The child's behavior reflects the knowledge and value gained through it. The family atmosphere helps the child grow into a good citizen. Therefore, it is important for children to have some kind of family atmosphere. However, there is a situation where institutions are backtracking on these responsibilities. It is unfortunate that most of the institutions registered under the Juvenile Justice Act are unconcerned with the rehabilitation of children. It is also a fact that most children living in childcare institutions have parents.

Further, on the preventive side, it is critical to ensure that the children who need care and protection in the community are identified early and that proper care and support are given to prevent these children from entering CCIs. Intersectoral coordination and activating community-level protection mechanisms are crucial at this juncture.

To address the above two challenges, the State of Kerala decided to implement a Pilot Intervention on De-Institutionalisation in the districts of Trivandrum, Pathanamthitta, and Ernakulam during the year 2021. As a target, the State identified that 30 children each currently residing in Government CCIs in the districts of Trivandrum, Pathanamthitta, and Ernakulam will be part of De-Institutionalisation and 100 CNCP children in three districts will be part of Alternative Care for children.

The Pilot had Two Main Objectives:

1. Reunite the 30 children staying in CCIs with the family by preparing the family to accommodate the children through the coordination of various departments in 6 months
2. To identify 100 vulnerable children and provide supportive care in families thus preventing

The DCPU Unit from Ernakulam, Pathanamthitta, and Trivandrum came together and created a set of proposed activities to implement the Pilot

6.1. IMPLEMENTATION STATUS

From January 2022 until June 2022, the three districts commenced the implementation of the Pilot. The districts drew out a list of potential children who can be de-institutionalised with the support of the Anganwadi workers, school counselors, and the DCPU unit.

THE IMPLEMENTATION OF THE PILOT

The three districts undertook the following processes:

1. Collected a possible list of children residing in CCIs through the CCI staff who provided them with the base data
2. Following the above, the DCPU completed the SIR by visiting the houses and assessing the feasibility of de-institutionalisation
3. The selection format was devised using the vulnerability assessment done among the school students. This format was different for each district
4. Vulnerability assessment was completed through the Anganwadi workers, school, and school counsellors with the DRC
5. The IEC materials used were general, there were no specific materials for DI used. Based on the experience of the team, they proceeded with the suitable steps keeping the best interest of the child in mind
6. Once the children were confirmed for de-institutionalisation, the parents/ guardians were contacted for consent. The child was also asked for consent to be sent back home
7. Counselling was provided by the family strengthening units and school counsellors to support the child and the parents to help in the stages of de-institutionalisation
8. Family visits post de-institutionalisation were done by the DCPU however they didn't follow a fixed procedure or pattern due to multiple challenges related to on-ground bandwidth
9. In the district of Ernakulam, exclusively the family strengthening support continued

6.2. FINDINGS

The three districts were able to meet the targets mentioned above for DI and ACC. One of the critical factors that aided that was the perspective of school counselors, legal aid, the child protection unit, and CWC to work in tandem and identify children who could be sent back home based on the situation at home. The congruence among them also ensured that the children were identified correctly, whereby the parents were willing to take the child back and the child was willing to go back home. The sponsorship program, as financial aid, helped the families support the child. Family strengthening systems through the KAVAl programme has been immensely helpful in the follow-up and counseling of children and parents who have been sent back, thus highlighting how pertinent it is to hold hands with CSOs, and NGOs to make DI a reality.

The Pilot also faced some challenges, and some essentials were identified as a result. The key among them has been listed below:

1. There is a need for a formal protocol for follow-up once the child is de-institutionalised
2. The process of DI calls for exclusive manpower as the DCP Unit was loaded with more work especially when it came to follow-up of children who were sent back
3. More refined guidelines on the implementation of the financial resources that were allocated for this Pilot intervention
4. There is a clear need to build capacity - building programmes for the concerned units and teams that need to be undertaken as part of the implementation of the Pilot other than just meetings
5. A clear need for Guidelines and SOPs would have enhanced the implementation process
6. The monitoring and evaluation plan of the programme needs to be shaped more
7. The districts at large used Vulnerability Assessment Mapping however, the process of conducting the Assessment Mapping was varied across the three districts

6.3. RECOMMENDATIONS

1. There is a need for a scientific risk assessment to identify determinants of risk, poverty, socio-economic inequalities, educational needs, etc based on the lessons learned from the DI conducted during the ACC pilot intervention. The risk assessment should be valid, standardised, and comparable measures and instruments. It has to detail the circumstances surrounding the return of children back to institutional care as well as the key risk factors that facilitated the situations.
2. Ensure that the family is prepared to accept the child back so that the DI-related transition is smooth and effective and that both the parent and the child are equally aware of what to expect.
3. In order to ensure adequate support, ICP should be given importance both during and after a child's institutional stay. The function of CWC in each stage of implementation must be outlined to make sure that every stakeholder plays their part in the implementation of ICP at every level effectively.
4. Links and convergence with other departments must be explicitly outlined once the children have been de-institutionalised. This will lessen the vulnerabilities that children confront in their environments that force them to be placed back under the care of the State. Here below we have highlighted two such examples that can be considered:
 - a. Promote the role of LSG in this and strengthen existing, local grass root systems like the Village Level CPCs/ Jagratha samitis by rationalising their existing roles and functions. Every Panchayat must have a community/ activity center as a safe space for children.
 - b. Improve linkage between a new resource like the Parenting clinic and the LSG, the Adolescent Clubs in Anganwadis for providing post-DI ICP care. This will help to strengthen the clinics and also support families more effectively to help children going through difficult phases and circumstances.
5. Special attention is to be given to the most vulnerable groups of children, (including SC/ ST/ migrant children/ those living in puramboke) and those living in remote areas who find difficulty in accessing basic rights and are therefore sent to Institutions mainly for their safety and for improving their future prospects through education.
6. Examine critically the resources provided in institutions to help the DI process for kids whose institutionalisation, even for a short time, becomes inevitable.
 - a. The district of Ernakulam shared a case of a child who was self-harming by hitting himself on the walls, or glass or attempting to electrocute himself. His grandmother was his primary caregiver and due to her age and related ailments, looking after him became stressful for him. The child would be intermittently brought to the CCI and then sent back.

7. Another critical area is identifying the support for the CCIs staff and caregivers and their chances for the future in the event that the CCIs are shut down. Along with the personnel, we also need to think about the CCI building's potential future uses. There must be a provision that allows for the conversion of these homes into facilities for nurseries, geriatric care, rehabilitation, and de-addiction.

a. One such example of a CCI getting converted into a daycare center is Maljaul Islam Orphanage in the Kasargod district. It was once a CCI and now functions as a daycare center for children. All the children residing here were sent back home during COVID. Post-COVID, the CCI decided to convert to a day care center whereby children are picked up via the center's bus and brought to the CCI for breakfast and other preparation for school. Once the classes at school are over, the children are brought back to the CCI for lunch and after-school studies. The CCI provides bus facilities to ensure that the children return home safely. They also provide health treatment to children and, in some cases, provide free food to the families of the children who cannot afford it.

While targets are important in ensuring DI and ACC, there is a need to ensure that the care needed in implementing the programme to protect the best interests of these children is never compromised.

In light of the numbers it achieved, the pilot intervention can be considered a success; however, a deeper investigation of children's realities and their lives after COVID-19 dictated that the children return home, and the psychological realities need to be addressed in greater detail. This also comes with the understanding that the implementation teams require more support, capacity building, and guidelines to further it. The three districts are keen on exploring and continuing the process to enable children to have a better life.

CHAPTER 7

Critical Drivers Towards Alternative care for Children

The last few years have seen an overwhelming response by the state to initiate and move towards ACC and DI, evident through the multiple interventions and measures undertaken by the state. With the onset of COVID-19, all the progress made on children's rights, such as education, health, nutrition, safety, and well-being, came to a seeming halt. Not only did it upend the lives of 600 million children in South Asia, but it also jeopardized their future (UNICEF, 2020). Additionally, social workers, care staff, and administrators were also left defenseless and had to face the pandemic's wrath. It has become clearer now that the pandemic is much more than a mere health crisis; it is a socio-economic crisis, a humanitarian crisis, a security crisis, and a human rights crisis, according to the United Nations Comprehensive Response to COVID-19 published in September 2020.

The foundation upon which measures to work towards ACC and DI were constructed needs to be altered due to the changes brought by COVID-19. Children who have been sent home in record numbers are now the focus of the crisis. Because of this, families who previously lacked the resources to care for their children are now expected to do so on their own without the benefit of proper and ongoing counselling or other support services. In addition to the difficulties already associated with DI and ACC, COVID-19 also resulted in some unforeseen outcomes, necessitating the use of a systemic approach moving forward.

In light of the above, it is thus crucial to pinpoint the key factors that operate as potential barriers for DI and alternative care in order to define the Vision, Goals, Theory of Change, and ensuing Action Plans:

1. Family Drivers
2. Skill Building Drivers
3. Perspective Drivers
4. Convergence Drivers
5. Systemic Drivers

Let us explore the drivers individually

1.FAMILY DRIVERS

- a.Children are being sent back home without a proper check being done, especially during COVID-19
- b.Children do not have multiple touchpoints to connect, support, and reach out to other than their family members in case of any concerns
- c.Parents and children are unable to establish bonds with each other after spending continual years in CCIs
- d.Biological parents were not willing to give up their children for Foster Care, Adoption due to the fear that they will lose their children
- e.Single earning parent who due to the nature of the work is unable to care for her child/ children
- f.Inadequate family income has been a huge contributing factor due to which the family sends the child away to institutional care
- g.Parents are not able to provide a conducive environment for the growth and development of the child
- h.Families are unaware of the impact that prolonged stay in CCIs has caused on the child's physical, emotional, and mental being
- i.Drug and alcohol misuse amongst family members leads to an abusive family environment
- j.Women-headed families prefer to institutionalise to provide the best opportunity to study plus it is unsafe to leave children as there is nobody to take care of

2.SKILL BUILDING DRIVERS

- a.Lack of knowledge, skill, and change in attitude amongst child care workers
- b.Non-availability or low availability of skilled staff for a longer duration in CCIs. Discontinuation causes a break in the implementation of existing programmes
- c.A gap in defining the roles and responsibilities of the caregivers in CCIs
- d.Absence of need and outcome-based training plan with consistency and relevance
- e.Lack of curriculum to train caregivers, child protection units
- f.Lack of a scientific and standardised Vulnerability Assessment Mappingt

3.PERSPECTIVE DRIVERS

- a.Absence of risk assessment in sending the children back home or bringing them back to the CCIs. The factors that abet risk have not been clearly articulated
- b.A communication strategy that includes perspective-building points around Alternative Care for children and De-Institutionalisation is low or completely missing
- c.Lack of sustained communication efforts on the promotion of Alternative Care for children and De-Institutionalisation
- d.Lack of options for the parent/ relative to leave the child in CCI without exploring any other. Due to safety reasons, some existing options cannot be utilised as well
- e.Not enough visible data that provides knowledge into understanding concepts of Alternative Care for children and the benefits of adopting them
- f.Lack of an evidence-based programme plan that makes the transition to Alternative Care for children possible, understandable, and adaptive

4.CONVERGENCE DRIVERS

- a.Lack of synergy of information, coordination, and accountability amongst different stakeholders that cater to the child-related programmes in different departments such as health, labour, and education
- b.Lack of interdepartmental communication on facilities, and schemes available that benefit children and or their families
- c.Lack of initiatives and presence of follow-up mechanisms and continuous support provided to children
- d.No ambassadors/ champions for the programme at the panchayat level to prevent children being sent to CCIs such as an Anganwadi, ward member, ASHA worker, or Kudumbashree
- e.Absence of intra districts coordination and response mechanism
- f.Absence of multi partners accountability mechanism whereby the same level of accountability is assigned to different departments/ partners to fulfill targets

g.Lack of partnership with NGOs, and CSOs that can aid and support the DCPU with services such as counseling, field visits, and mental health support

h.Low or no synergy with various social protection programs across the State

i.Admission of children into CCIs attached with educational institutions prior to issuing CWC orders

j.Changes in political leadership affect programme continuity and consistency

5.SYSTEMATIC DRIVERS

a.Increased number of child abuse cases, repeat abuse cases amongst children who were sent back home. This has further exacerbated the situation at hand and given rise to a new set of concerns

b.One size fits all approaches for DI and ACC across the State whereas districts such as Wayanad, Idukki, and Trivandrum have a different set of issues pertaining to implementing DI and ACC due to its cultural, geographical, historical, and demographic context

c.Prior reasons for institutionalisation not being addressed before the children were sent back home

d.Lack of established systems that enable intra and inter-departmental support

CHAPTER 7

Programme Strategy and Overview of the State Plan of Action

8.1. VISION

Every child growing up in a family or family life environment gets a conducive, nurturing space that promotes and supports holistic growth with consistency and quality support.

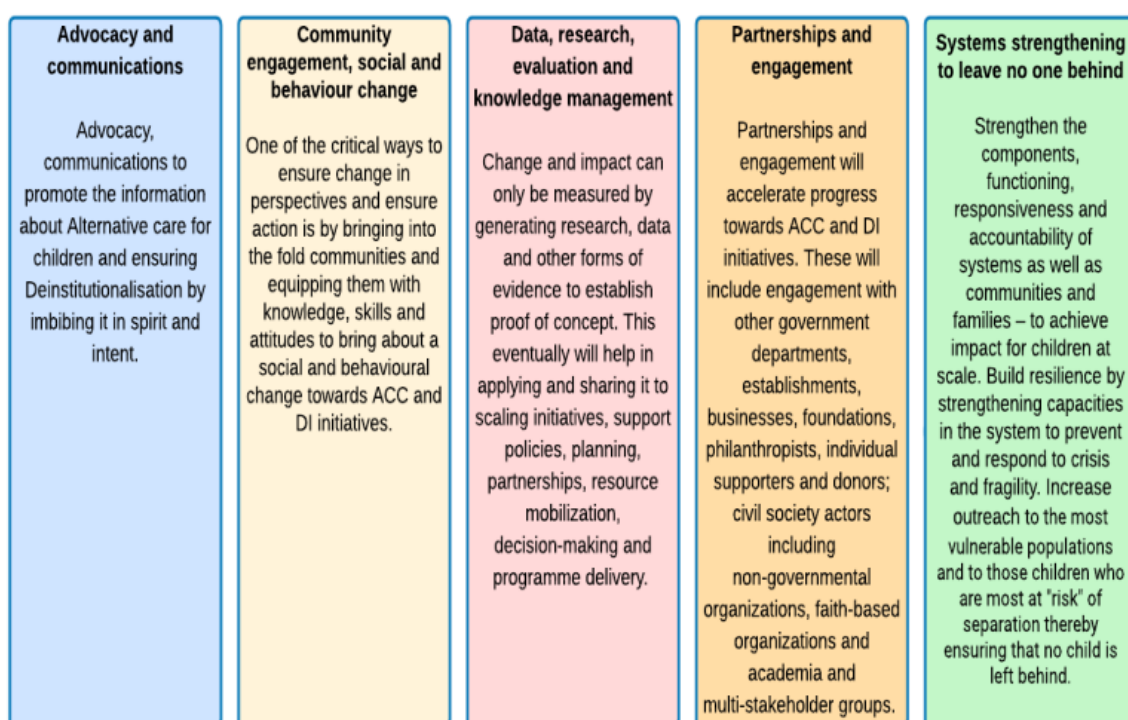
8.2. FIVE-YEAR GOAL

Achieve a 50% reduction in the number of children residing in the CCIs and enable a 70% reduction in new entries into the CCIs by 2029.

8.3. THEORY OF CHANGE

Each of the technical strategies listed below has a conceptual foundation that stems from the theory of change. These show the consistency of the theory of change, which then explains how the State and its partners will effect change by describing the results that will be attained and the procedures by which they will be made accessible.

The theory of change rests on the principles as listed in the diagram below, which are interwoven into the strategies and related activities:



8.4. TECHNICAL STRATEGIES

1. Social and Behaviour Change Communication (SBCC)
2. Evidence Generation
3. Enabling Environment Conducive to Growth

Let us explore the technical strategies individually

1.SOCIAL AND BEHAVIOUR CHANGE COMMUNICATION (SBCC)

Social and Behaviour Change Communication uses communication strategies that are based on behavioural science to positively influence knowledge, attitudes, and social norms among in the current context, there have been changes that have occurred over the years among individuals, institutions, and communities, and in this case, specific to ACC and DI practices. However, there is a greater need than before to accelerate these practices using a multi-pronged approach to strengthen, update, and encourage them. COVID-19 has shifted the landscape of challenges, which calls for a shift in the approaches to understanding the nuances of the issues and concerns that are being faced now.

To achieve the ACC and DI goals, there is a need to work towards developing communication strategies that are focused on expanding viewpoints, enhancing knowledge, evaluating the efficacy of methodologies, etc. The districts have proposed to address this via means of promoting the word around ACC and DI and creating more communication products to spread the word around, such as short films, campaigns at grassroots levels, and PRD on alternate care options. Lack of awareness around procedures and processes, proper knowledge, and perspectives need to be continually addressed to aid the implementation process.

2.EVIDENCE GENERATION

There is an absence of reliable data that can be used for real-time monitoring and analysis. The challenges are faced right from the frequency of data gathering to storing them and finally at the level of analysis. There is an urgent need for a scientific approach to data collection, preferably one that can be carried out by a third party participating in data collection. This will also enable support for the on-the-ground teams, as they are no longer tasked with multiple responsibilities. Research, data, and disaggregated data are crucial and form the bedrock of social and behavior change interventions that can increase knowledge, shift attitudes and norms, and produce changes in a wide variety of behaviors that can impact the interventions towards ACC and DI. The evidence-generation efforts need to be further strengthened to ensure there is a data-driven decision-making process, validate findings, and aid in preempting future actions that serve in the best interest of the child. Collating data and its maintenance have been one of the primary initiatives shared by districts, and often it is the first step toward the implementation of ACC and DI. A need has also been established to conduct evaluative studies on a year-on-year basis to ascertain best practices, measures, challenges, and struggles. Data generation also forms the foundation for continuity in the practices, even though caregivers, authorities, and other functionaries may change. It provides continuity for the child.

3. ENABLING ENVIRONMENT CONDUCTIVE TO GROWTH

Children's and adolescent's optimal development and well-being is contingent upon interacting biological and environmental/ contextual factors, including family, community, socio-cultural, economic, political, and legal influences, and the services and structures that surround them, all of which affect their development through the life course. They form the primary, secondary, and tertiary support systems in a social-ecological model³⁰.

Any interventions that are designed need to be interleaved with an enabling environment for the child. Change and efforts driven towards it will only be sustainable if a conducive and holistic environment is provided for the child through government bodies, CCIs, panchayats, municipal local bodies at the village, ward, and block level, the police, stakeholders, caregivers, and other functionaries.

There is a need to explore convergences that are crucial for the success of any form of intervention that will be designed. It is essential to merge systems, policies, and practices. Without the involvement of multiple stakeholders and inter and intra-department convergence, we cannot create a conducive environment for the child. Hence, across multiple districts, this call has been one of the most prominent to provide multiple touchpoints to the child via DCPU, schools, Panchayat Raj Institutions, family strengthening support to the parents, psycho-social support, financial aid, and health aid. Together, all of this forms the environment that will hold the children of the state.

The technical strategies take shape in the logical framework, where all these become realities through the various activities to be undertaken across the coming years. The activities and sub-activities are intertwined with one another to form a system that can pave the way for sustainable and practical interventions.

CHAPTER 9

Logical Framework and Action Plan –Year wise

The Implementation Framework details the roles of various departments and indicators to monitor performance. The implementation of the Action Plan will be undertaken with UN agencies, development partners, NGOs, and civil society. District Child Protection Unit (DCPU) and CWCs will be accountable for Implementation and Monitoring. VLCPC is also listed as a monitoring unit in select places where it falls under their jurisdiction. A review of the work will be undertaken by the Department of Women and Child.

9.1. YEAR 1

S/N	Activities	Sub - Activities	Outcome	Accountability	Means of Verification
Technical Strategy 1 - Social and Behavioral Change Communication					
1.1	Assess Existing tools for relevance and fit for purpose	Identify and assess the existing tools for relevance and fit for purpose in the wake of COVID 19 and findings from the Pilot	Repository of tools upgraded and while others established for fit for purpose	WCD, UNICEF, Experts	Publication of documents for internal reference and usage
1.2	Develop parenting education materials & SBCC tools around family strengthening systems	Identify Resource group from local govt domain experts and NGOs that will review existing resources for usability and create the new tools for evidence -based content around parenting and family strengthening systems	Knowledge improvement and effective delivery on family-based care by families and stake holders	UNICEF, Social Justice/ WCD, CWC	Minutes of the Meeting, Final Approval by the Secretary List of suggest parenting & family strengthening SBCC tools
		Identify Think Tank unit to create tool kit for Alternative Care		DCPU	Tool kit created for implementation

1.3	Create communication products to increase awareness around ACC and DI	Create awareness in the society for ACC and DI by creating communication products such as booklets, short films, campaigns etc	Increase in the acceptance of ACC and DI amongst the community	WCD	Communication products released in the society
1.4	Improve and initiate sustained efforts on the vulnerability assessment study conducted	Identify vulnerable children through Anganwadi workers and MPV throughout the state and share reports with VCPC to implement projects for vulnerable families	High priority response plan prepared and implemented	DCPC	Project Plan created
		Identify vulnerable children through Anganwadi workers and MPV throughout the state and share reports with VCPC VCPC to implement projects for vulnerable families	High priority response plan prepared and implemented	DCPC	Project Plan created
		Create Standardised Vulnerability Assessment Mapping	SOPs and Guidelines created	SCPS, WCD (Anganwadi)	Vulnerability Assessment Mapping Tool
		Create parameters that identify conditions for thriving in a family environment based on the principle of best interest of the child	No children are returned back to the CCIs and avoid creating situations where the child becomes CNCP In the family, conditions are improved	DCPU	Home Study Report visits

		Create database of children where re-integration or Foster Care is possible through assessing children with families that can take children back and children with no kins/ parents		DCPUs	Database created
		Assess the instances of child abuse, repeat child abuse cases amongst children who were sent back home	Child feels secure and safe based on the action taken by the State	WCD, Police Department	Report submitted to CWC
1.5	Empower functionaries around strengthening family systems	Conduct sessions with DCPOs, CWC, Probation Officers, PO (NIC), PO(IC), MPV, Aganwadi workers, SAA to provide adequate knowledge around family	100% of the ground staff equipped with knowledge and skills around family-based care at the end of plan with 10% of staff	UNICEF, Experts	1 session held for five years each
		strengthening systems, ACC and DI process implementation and monitoring	trained in year 1 Each district has 2 people in the cadre of trained trainers		
		Create SOPs, protocols around family strengthening mechanisms and family visits	Families have a clear idea of the support, their touch points	WCD	Record of Family Visits
		Training for Village Child Protection Committee	Reduction of children who are institutionalised and re-institutionalised with 10% in year 1	DCPU/ KILA	One session per year for five years

1.6	Identify mechanism to improve conditions for children residing in homes	CWC/ Home Management to reinforce existing mechanisms to improve conditions for children residing in CCIs	Reduction of violence in CCIs	UNICEF, Social Justice/ WCD, CSOs, Experts	CCI Monitoring Form 21
		Establish project to reinstate children back to institutional care where it is critical for their care and protection	Child feels secure and safe based on the action taken by the State	DCPC	Report submitted to CWC
		Create Risk Assessment Tools/ Parameters to ascertain whether the child can be sent back home	Risk Assessment Scale		Scale identified and approved
		Review of CCIs standard of care monitoring indicators	Care standards are ensured in the CCIs	UNICEF, Social Justice/ WCD, CSOs, Experts	Monthly web enabled monitoring report
1.7	Provide training on writing effective and quality SIRs, ICPs reports and CWC orders for its quality assurance	Design an innovative learning material on SIR	SIR enables well informed decision making that facilitates prioritisation of their rights and enables better progress of overall growth and development of children	Academic Institutions, Domain Expert	Monthly DCPU Report
		Hands on training for the issue of CWC orders	CWC is able to use the guidelines therefore ensuring institutionalisation as a last resort in spirit and action		

		Consistent maintenance and follow up of SIRs and ICP throughout the course of children's journey with the DCPU	Actions being taken based on the SIR and ICP recommendations		Report submitted to CWC
		Assess adoption/ adaptation of Adolescent Assessment scale by KAVAL as a home evaluation tool	PO NIC, DCPUs and other departments able to assess and take action based on the tool	Domain Experts, WCD	Final Report on the status of the Assessment made
1.8	Build change in perspectives in the State and districts around Alternative care for children with parents/ elders in the block	Conduct sessions for parents/ elders in the block around ACC to increase awareness and acceptance and familiarize them with the gatekeeping mechanism in the block/ district	Increased acceptance levels of parents towards family-based care and disregard for CCIs	BCPC	Printed materials
1.9	Build awareness in the State and districts around income generation and skill building schemes, vocational courses	Collate content around income generation schemes and skill building schemes to be delivered/ disseminated to the communities/ families	Strengthened social economic status of the families in the communities to prevent institutionalisation of children	LSGD, BCPUs	Printed materials

Technical Strategy Area 2 - Evidence Generation

2.1	Establish status of children sent back home as part of Pilot study	Identify children and their current status, support required	Report with clear status and next set actionables on the children sent back home	WCD	Report
		Ensure action and followup support is provided to children who were sent back during the Pilot	Status of all children verified with action taken and recorded		Report submitted to CWC
2.2	Establish prime importance to ICP during Institutional stay, ACC and post DI	Ensure ICP is completely filled out on a continued basis for each child	Well informed decisions are made for the child based on the completed and continuous flow of information in the ICP	CWC	Complete and continued ICP recorded for each child at the DCPU
2.3	Create evidence-based resources, knowledge product related Alternative Care for children in the State	Identify knowledge hub to help build evidences around Alternative Care for children in the State Conduct survey across the districts to take stock of the children that were sent back during COVID 19 and their current status	Final Report with numbers	Academic Institution Department, UNICEF, WCD	Report

		Conduct survey of homes under OCB, OCB and JJ, Society registration	Create intervention plan for the homes and children identified	State	Plan created
		Assess reasons for destitute children being sent to CCIs			
		Ensure documentation of ACC and DI practices and its findings Replicable and scalable models of existing Foster Care/ re-integration interventions are consolidated	Learning from the practices being utilised on a year-on-year basis to make decisions		Documents created and submitted
2.4	Conduct Pilot ACC models and support strengthening of DI and ACC in additional districts	Create local resource team to identify the Pilot size, blocks, accountable unit where additional Pilot will be initiated and implemented	Evidence based scalable foster care and re-integration model replicated	UNICEF, Technical Expert, CSOs/ WCD	Consolidated Pilot Design Report
		Create evacuation/exit plans for children and families considered and or confirmed for re-integration		CCI Staff, DCPU, CWC	
		Provide post integration follow-up and support to children and families	Optimal support provided to families to prevent re-institutionsalisation	DCPU, CSOs, KAVAl, VLCPC	4 visits per family per year Visit Report

2.5	Create Data Tracking systems with specific dashboard indicators to track intervention related progress	Create indicators to measure and analyse progress made in the Pilot	Required revision / changes incorporated in the Action Plan	WCD	Dashboard created
		Update Data Tracking systems using the Mission Vatsalya Portal with specific dashboard indicators to track intervention related progress	Vulnerable children are identified and mapped with the Government's institutions and services to ensure their care and development	CWC, Child Helpline	Continuous management and regular updation of Mission Vatsalya Portal
2.6	Establish overall assessment of the progress of the Strategic Plan by District Collector	Regular meetings to assess progress, hindrances, and challenges faced by the district unit towards implementation of ACC and DI	Consistent and smooth implementation of ACC and DI in each district	District Collector, DCPU	Quarterly Report submitted to the District Collector

Technical Strategy Area 3 - : Enabling Environment

3.1	Promoting best Interest of the Child in all situations which includes prevention of re-institutionalisation	Identify and develop department-wise prevention and response plan to create a conducive environment which includes families, institutions and community care	Multi-sectorial enabling environmental plan prepared and operationalised	UNICEF, Social Justice/ WCD and third-party communication agency	Plan document
		Equip CCI Team that enables suitable environment/ meaningful engagement of the child especially on the basis of the revised model such as the introduction of house father/ mother concept)	Evidence-based rehabilitation and integration plan operationalised		Plan prepared
		Convergence meeting with the stakeholders to sensitize, share progress them around ACC and DI	Plan identified on future collaboration between these bodies	UNICEF, WCD	Meeting Minutes
3.2	Stakeholder support meeting with Implementation team, District Collector, Education, Health, Life Mission and Women and Child	Conduct meeting with Implementation team to share plan for 5 years		UNICEF, Social Justice/ WCD	Meeting Minutes
3.3	Advocate for Policy level changes for Alternative Care and De-Institutionalisation	Revisit and prepare Guidelines, SOPs, protocols on all forms of care in Kerala with a Resource Team	Enhanced Policy reforms around ACC and DI	UNICEF, CSOs	Proposal created

3.4	Identify NGOs, Organisation to support in DI and ACC efforts by the State	List of NGOs, Organisations to support efforts in each district verified and approved	Support and followup of the children conducted on a timely basis	WCD	Sanctioned list of NGOs and Organisations
		Create standardised mechanism through SOPs, Guidelines to extend support for ACC and DI across all the districts	Uniformity and quality in the support provided	CWC	SOPs, Guidelines created
		Conduct training of Trainers by State Govt. to ensure standardised care giving and support for ACC and DI		CWC	Training plan

9.2. YEAR 2

S/N	Activities	Sub - Activities	Outcome	Accountability	Means of Verification
Technical Strategy 1 - Social and Behavioral Change Communication					
1.1	Develop parenting education materials & SBCC tools around family strengthening systems	Bi-annual performance review meet on the progress of the skill-based trainings and revision of content wherever required	Knowledge improvement and effective delivery on family-based care by families and stakeholders	DCPU	Review report on usability, relevance, effectiveness of the content. Tools to assess effectiveness and readiness for SBCC skill of the master trainer
1.2	Create communication products to increase awareness around ACC and DI	Create awareness in the society for ACC and DI by creating communication products such as booklets, short films, campaigns etc	Increase in the acceptance of ACC and DI amongst the community	WCD	Communication products released in the society
1.3	Improve and initiate sustained efforts on the Vulnerability assessment study conducted	Assess the instances of Child abuse, repeat child abuse cases amongst children who were sent back home	Child feels secure and safe based on the action taken by the State	WCD, Police Department	Report submitted to CWC
1.4	Empower functionaries around strengthening family systems	Conduct sessions with DCPOs, CWC, Probation Officers, PO (NIC), PO(IC), MPV, Aganwadi workers, SAA to provide adequate knowledge around family strengthening systems, ACC and DI process, implementation and monitoring	100% of the ground staff equipped with knowledge and skills around family-based care at the end of plan with 30% of staff trained in year 2 Each district has 2 people in the cadre of trained trainers	UNICEF, Experts	1 session held for five years each

		Training for Village Child Protection Committee	Reduction of children who are institutionalised and re-institutionalised -with 30% in year 2	DCPU/ KILA	One session per year for five years
1.5	Identify mechanism to improve conditions for children residing in homes	Establish project to reinstate children back to institutional care where it is critical for their care and protection	Child feels secure and safe based on the action taken by the State	UNICEF, Social Justice/ WCD, CSOs, Experts	Report submitted to CWC
		Implementation of Juvenile Justice Standards of Care Protocol	Care standards are ensured in the CCIs		CCI monitoring Form 21
		Review of CCIs Standard of Care monitoring indicators	Care standards are ensured in the CCIs	UNICEF, Social Justice / WCD, CSOs, Experts	Monthly web enabled monitoring report
1.6	Empower children on child rights to promote participation and inclusion in decision making	Design age-appropriate content & skills that empowers children on their rights.	Child centric informed decisionmaking in place which results in reduced child-initiated returns to CCIs	UNICEF, CSOs, Technical Expert	Printed modules
		Conduct sessions for children in various age groups residing in CCIs			Modules created
1.7	Provide training on writing effective and quality SIRs, ICPs reports and CWC orders for its quality assurance	Design an innovative learning material on ICP	ICP enables well-informed decision making that facilitates prioritisation of their rights and enables better progress of overall growth and development of children	Academic Institutions, Domain Expert	Monthly DCPU Report

		Hands on training for the issue of CWC orders	CWC is able to use the guidelines therefore ensuring institutionalisation as a last resort in spirit and action		
		Consistent maintenance and follow-up of SIRs and ICP throughout the course of children's journey with the DCPU	Actions being taken based on the SIR and ICP recommendations	CWC	Report submitted to CWC
1.8	Build change in perspectives in the State and districts around Alternative Care for children with parents/ elders in the block	Conduct sessions for parents/ elders in the block around ACC to increase awareness and acceptance and familiarize them with the gatekeeping mechanism in the block/ district	Increased acceptance levels of parents towards family-based care and disregard for CCIs	BCPC	Printed materials
		Create ambassadors/champions of children and train them with mechanism to ensure effective gatekeeping mechanism whereby vulnerable children are taken care of within the Panchayat			Database of champions/ ambassadors
1.9	Build awareness in the State and districts around income generation and skill building schemes, vocational courses	Organise and deliver community awareness and mobilisation programs in the districts Hand hold families where support may be required to access/ avail the schemes	Strengthened social economic status of the families in the communities to prevent institutionalisation of children	LSGD, BCPUs	Awareness generation program report

Technical Strategy Area 2: Evidence Generation

2.1	Establish status of children sent back home as part of Pilot study	Ensure action and followup support is provided to children who were sent back during the Pilot	Status of all children verified with action taken and recorded	WCD	Report submitted to CWC
2.2	Establish prime importance to ICP during Institutional stay, ACC and post DI	Ensure ICP is completely filled out on a continued basis for each child	Well informed decisions are made for the child based on the completed and continuous flow of information in the ICP	CWC	Complete and continued ICP recorded for each child at the DCPU
2.3	Create evidence-based resources, knowledge product related Alternative Care for children in the State	Ensure documentation of ACC and DI practices and its findings	Learning from the practices being utilised on a year-on-year basis to make decisions	State	Documents created and submitted
2.4	Conduct Pilot ACC models and support strengthening of DI and ACC in additional districts	Provide post integration follow-up and support to children and families	Optimal support provided to families to prevent re-institutionalisation of children	DCPU, CSOs, KAVAl, VLCPC	4 visits per family per year Visit Report
		Support Specialised Adoption Agencies in strengthening their roles and responsibilities	Reduced return of adopted children	SARA, DCPU	Support manual created for SAA
		Create uniform guidelines for selecting sponsorship beneficiaries, addressing income certificate related issues, limited duration of the sponsorship and others	Clarity in implementation and addressing sponsorship related concerns	SFCAC	Sanctioned Guidelines

2.5	Create follow-up mechanisms and process documentation	Revisits/ design follow-up mechanisms to strengthen DI and ACC program model and processes	Reduced reinstitutionalisation of children	CWC	Follow-up document
2.6	Create Data Tracking systems with specific dashboard indicators to track intervention related progress	Update Data Tracking systems using the Mission Vatsalya Portal with specific dashboard indicators to track intervention related progress	Vulnerable children are identified and mapped with the government's institutions and services to ensure their care and development	CWC, Child Helpline	Continuous management and regular updation of Mission Vatsalya Portal
		Report on the trends, indicators, patterns in quarterly review meeting		WCD	Reports
2.7	Prepare After Care programme model support plan	Study on After Care in the State	After Care model developed and implemented	CSOs/ Department/ UNICEF	Support Plan Document
		Conduct orientation for CCI counsellors on career choices that they can help children/youth to take up after 18 years			Orientation Document
2.8	Establish overall assessment of the progress of the Strategic Plan by District Collector	Regular meetings to assess progress, hindrances, and challenges faced by the district unit towards implementation of ACC and DI	Consistent and smooth implementation of ACC and DI in each district	District Collector, DCPU	Quarterly Report submitted to the District Collector

Technical Strategy 3: Enabling Environment

3.1	Promoting Best Interest of the Child in all situations which includes prevention of re-institutionalisation	Identify and develop a department wise prevention and response plan to create a conducive environment which includes families, institutions and community care.	Multi-sectorial enabling environmental plan prepared and operationalised	UNICEF, Social Justice/ WCD and third-party communication agency	Plan document
		Equip CCI Team that enables suitable environment /meaningful engagement of the child especially on the basis of the revised model such as the introduction of house father/ mother concept)	Evidence-based rehabilitation and integration plan operationalised		Plan prepared
3.2	Stakeholder support meeting with Implementation team, District Collector, Education, Health, Life Mission and Women and Child	Convergence meeting with the stakeholders to sensitise, share progress them around ACC and DI	Plan identified on future collaboration between these bodies	UNICEF, WCD	Meeting Minutes
		Conduct meeting with Implementation team to share plan for 5 years		UNICEF, Social Justice/ WCD	Meeting Minutes
3.3	Empower children with life skills sessions, psycho-social support through regular sessions at the CCIs	Life skill, counselling session provided to increase the child's knowledge and emotional competency	Children are able to demonstrate a set of practical skills	CWC	Quarterly Sessions conducted and report generated at the DCPU

3.4	Provide life skills sessions, psycho-social support to children who are de-institutionalised				
3.5	Advocate for Policy level changes for Alternative Care and de-institutionalisation	Revisit and prepare Guidelines, SOPs, protocols on all forms of care in Kerala with a Resource Team.	Enhanced Policy reforms around ACC and DI	UNICEF, CSOs	Proposal created
3.6	Identify NGOs, Organisation to support in DI and ACC efforts by the State	Create standardised mechanism through SOPs, Guidelines to extend support for ACC and DI across all the districts	Uniformity and quality in the support provided	CWC	SOPs, Guidelines created
		Conduct Training of Trainers by State govt to ensure standardised care giving and support for ACC and DI		CWC	Training plan

9.3. YEAR 3

S/N	Activities	Sub - Activities	Outcome	Accountability	Means of Verification
Technical Strategy 1 - Social and Behavioral Change Communication					
1.1	Develop parenting education materials & SBCC tools around family strengthening systems	Bi-annual performance review meet on the progress of the skill-based trainings and revision of content wherever required	Knowledge improvement and effective delivery on family-based care by families and stakeholders	DCPU	Review report on usability, relevance, effectiveness of the content. Tools to assess effectiveness and readiness for SBCC skill of the master trainer
1.2	Create communication products to increase awareness around ACC and DI	Create awareness in the society for ACC and DI by creating communication products such as booklets, short films, campaigns etc	Increase in the acceptance of ACC and DI amongst the community	WCD	Communication products released in the society
1.3	Improve and initiate sustained efforts on the Vulnerability assessment study conducted	Assess the instances of Child abuse, repeat child abuse cases amongst children who were sent back home	Child feels secure and safe based on the action taken by the State	WCD, Police Department	Report submitted to CWC
1.4	Empower functionaries around strengthening family systems	Conduct sessions with DCPOs, CWC, Probation Officers, PO (NIC), PO(IC), MPV, Aganwadi workers, SAA to provide adequate knowledge around family strengthening systems, ACC and DI process, implementation and monitoring	100% of the ground staff equipped with knowledge and skills around family-based care at the end of plan with 50% of staff trained in year 3 Each district has 2 people in the cadre of trained trainers	UNICEF, Experts	1 session held for five years each

		PO NIC with the help of MPV, Anganwadi worker and Kudumshree to undertake family visits of the children identified for integration	No children are returned back to the CCIs Non-negotiable and SOPs operationalised	DCPU, ICDS	Family Visit Records
		Training for Village Child Protection Committee	Reduction of children who are institutionalised and re-institutionalised with 50% in year 3	DCPU/ KILA	One session per year for five years
1.5	Identify mechanism to improve conditions for children residing in homes	Implementation of Juvenile Justice Standards of Care Protocol	Care standards are ensured in the CCIs	UNICEF, Social Justice/ WCD, CSOs, Experts	Report submitted to CWC
		Review of CCIs standard of care monitoring indicators	Care standards are ensured in the CCIs	UNICEF, Social Justice/ WCD, CSOs, Experts	Monthly web enabled monitoring report
1.6	Empower children on child rights to promote participation and inclusion in decision making	Design age-appropriate content & skills that empowers children on their rights	Child centric informed decisionmaking in place which results in reduced child-initiated returns to CCIs	UNICEF, CSOs, Technical Expert	Printed modules
		Conduct sessions for children in various age groups residing in CCIs			Modules created
1.7	Provide training on writing effective and quality SIRs, ICPs reports and CWC orders for its quality assurance	Design an innovative learning material on ICP	ICP enables well-informed decision making that facilitates prioritisation of their rights and enables better progress of overall growth and development of children	Academic Institutions, Domain Expert	Monthly DCPU Report

		Hands on training for the issue of CWC orders	CWC is able to use the guidelines therefore ensuring institutionalisation as a last resort in spirit and action		
		Consistent maintenance and follow-up of SIRs and ICP throughout the course of children's journey with the DCPU	Actions being taken based on the SIR and ICP recommendations	CWC	Report submitted to CWC
1.8	Build change in perspectives in the State and districts around Alternative Care for children with parents/ elders in the block	Conduct sessions for parents/ elders in the block around ACC to increase awareness and acceptance and familiarise them with the gatekeeping mechanism in the block/ district	Increased acceptance levels of parents towards family-based care and disregard for CCIs	BCPC	Printed materials
		Create ambassadors/ champions of children and train them with mechanism to ensure effective gatekeeping mechanism whereby vulnerable children are taken care of within the Panchayat			Database of champions/ ambassadors

1.9	Build awareness in the State and districts around income generation and skill building schemes, vocational courses	Organise and deliver community awareness and mobilisation programs in the districts	Strengthened social economic status of the families in the communities to prevent institutionalisation of children	LSGD, BCPUs	Awareness generation
		Hand hold families where support may be required to access/ avail the schemes			program report
1.10	Collaborate with the State and District Nodal Department to leverage and ensure better utilisation of the social protection schemes such as NRELP, Housing, Women and Children	Identify social protection platforms in the district level to synergise and coordinate efforts to spread awareness	Strengthened social economic status of the families in the communities to prevent institutionalisation of children	UNICEF, DCPU, ICPS	DCPU Monthly Report

Technical Strategy Area 2: Evidence Generation

2.1	Establish status of children sent back home as part of Pilot study	Ensure action and followup support is provided to children who were sent back during the Pilot	Status of all children verified with action taken and recorded	WCD	Report submitted to CWC
2.2	Establish prime importance to ICP during Institutional stay, ACC and post DI	Ensure ICP is completely filled out on a continued basis for each child	Well informed decisions are made for the child based on the completed and continuous flow of information in the ICP	CWC	Complete and continued ICP recorded for each child at the DCPU
2.3	Create evidence-based resources, knowledge product related Alternative Care for children in the State	Ensure documentation of ACC and DI practices and its findings	Learning from the practices being utilised on a year-on-year basis to make decisions	State	Documents created and submitted
2.4	Conduct Pilot ACC models and support strengthening of DI and ACC in additional districts	Provide post integration follow-up and support to children and families	Optimal support provided to families to prevent re-institutionalisation of children	DCPU, CSOs, KAVAl, VLCPC	4 visits per family per year Visit Report
2.5	Create Data Tracking systems with specific dashboard indicators to track intervention related progress	Update Data Tracking systems using the Mission Vatsalya Portal with specific dashboard indicators to track intervention related progress	Vulnerable children are identified and mapped with the Government's institutions and services to ensure their care and development	CWC, Child Helpline	Continuous management and regular updation of Mission Vatsalya Portal
		Report on the trends, indicators, patterns in quarterly review meeting		WCD	Reports

2.6	Prepare Aftercare program model support plan	Conduct orientation for CCI councilors on career choices that they can help children/ youth to take up after 18 years	Aftercare model developed and implemented	CSOs/ Department/ UNICEF	Orientation Document
2.7	Establish overall assessment of the progress of the Strategic Plan by District Collector	Regular meetings to assess progress, hindrances, and challenges faced by the district unit towards implementation of ACC and DI	Consistent and smooth implementation of ACC and DI in each district	District Collector, DCPU	Quarterly Report submitted to the District Collector

Technical Strategy 3: Enabling Environment

3.1	Stakeholder support meeting with Implementation team, District Collector, Education, Health, Life Mission and Women and Child	Convergence meeting with the stakeholders to sensitize, share progress them around ACC and DI	Plan identified on future collaboration between these bodies	UNICEF, WCD	Meeting Minutes
		Conduct meeting with Implementation team to share plan for 5 years		UNICEF, Social Justice/ WCD	Meeting Minutes
3.2	Empower children with life skills sessions, psycho-social support through regular sessions at the CCIs	Life skill, counselling session provided to increase the child's knowledge and emotional competency	Children are able to demonstrate a set of practical skills	CWC	Quarterly Sessions conducted and report generated at the DCPU
3.3	Provide life skills sessions, psycho-social support to children who are de-institutionalised				
3.4	Identify NGOs, Organsiation to support in DI and ACC efforts by the State	Conduct Training of Trainers by State govt to ensure standardised care giving and support for ACC and DI	Uniformity and quality in the support provided	CWC	CWC Training plan

9.4. YEAR 4

S/N	Activities	Sub - Activities	Outcome	Accountability	Means of Verification
Technical Strategy 1 - Social and Behavioral Change Communication					
1.1	Develop parenting education materials & SBCC tools around family strengthening systems	Bi-annual performance review meet on the progress of the skill-based trainings and revision of content wherever required	Knowledge improvement and effective delivery on family-based care by families and stakeholders	DCPU	Review report on usability, relevance, effectiveness of the content. Tools to assess effectiveness and readiness for SBCC skill of the master trainer
1.2	Create communication products to increase awareness around ACC and DI	Create awareness in the society for ACC and DI by creating communication products such as booklets, short films, campaigns etc	Increase in the acceptance of ACC and DI amongst the community	WCD	Communication products released in the society
1.3	Improve and initiate sustained efforts on the Vulnerability assessment study conducted	Assess the instances of Child abuse, repeat child abuse cases amongst children who were sent back home	Child feels secure and safe based on the action taken by the State	WCD, Police Department	Report submitted to CWC
1.4	Empower functionaries around strengthening family systems	Conduct sessions with DCPOs, CWC, Probation Officers, PO (NIC), PO(IC), MPV, Aganwadi workers, SAA to provide adequate knowledge around family strengthening systems, ACC and DI process, implementation and monitoring	100% of the ground staff equipped with knowledge and skills around family-based care at the end of plan - with 80% of staff trained in year 4 Each district has 2 people in the cadre of trained trainers	UNICEF, Experts	1 session held for five years each

		PO NIC with the help of MPV, Anganwadi worker and Kudumshree to undertake family visits of the children identified for integration	No children are returned back to the CCIs Non-negotiable and SOPs operationalised	DCPU, ICDS	Family Visit Records
		Training for Village Child Protection Committee	Reduction of children who are institutionalised and re-institutionalised - with 80% in year 4	DCPU/ KILA	One session per year for five years
1.5	Identify mechanism to improve conditions for children residing in homes	Implementation of Juvenile Justice Standards of Care Protocol	Care standards are ensured in the CCIs	UNICEF, Social Justice/ WCD, CSOs, Experts	Report submitted to CWC
		Review of CCIs standard of care monitoring indicators	Care standards are ensured in the CCIs	UNICEF, Social Justice/ WCD, CSOs, Experts	Monthly web enabled monitoring report
1.6	Empower children on child rights to promote participation and inclusion in decision making	Conduct sessions for children in various age groups residing in CCIs	Child centric informed decisionmaking in place which results in reduced child-initiated returns to CCIs	UNICEF, CSOs, Technical Expert	Modules created
1.7	Provide training on writing effective and quality SIRs, ICPs reports and CWC orders for its quality assurance	Hands on training for the issue of CWC orders	CWC is able to use the guidelines therefore ensuring institutionalisation as a last resort in spirit and action	Academic Institutions, Domain Expert	Monthly DCPU Report
		Consistent maintenance and follow-up of SIRs and ICP throughout the course of children's journey with the DCPU	Actions being taken based on the SIR and ICP recommendations	CWC	Report submitted to CWC

1.8	Build change in perspectives in the State and districts around Alternative Care for children with parents/ elders in the block	Conduct sessions for parents/ elders in the block around ACC to increase awareness and acceptance and familiarise them with the gatekeeping mechanism in the block/ district	Increased acceptance levels of parents towards family-based care and disregard for CCIs	BCPC	Printed materials
		Create ambassadors/ champions of children and train them with mechanism to ensure effective gatekeeping mechanism whereby vulnerable children are taken care of within the Panchayat			Database of champions/ ambassadors

Technical Strategy Area 2: Evidence Generation

2.1	Establish prime importance to ICP during Institutional stay, ACC and post DI	Ensure ICP is completely filled out on a continued basis for each child	Well informed decisions are made for the child based on the completed and continuous flow of information in the ICP	CWC	Complete and continued ICP recorded for each child at the DCPU
2.2	Create evidence-based resources, knowledge product related Alternative Care for children in the State	Ensure documentation of ACC and DI practices and its findings	Learning from the practices being utilised on a year-on-year basis to make decisions	State	Documents created and submitted
2.3	Conduct Pilot ACC models and support strengthening of DI and ACC in additional districts	Provide post integration follow-up and support to children and families	Optimal support provided to families to prevent re-institutionalisation of children	DCPU, CSOs, KAVAl, VLCPC	4 visits per family per year Visit Report

2.4	Create follow-up mechanisms and process documentation	Compile best practices (including parenting skill building initiative) / promising practices document to conduct Pilot around ACC for States	Strengthened scalable model for ACC and DI	CWC	Best practices document
2.5	Create Data Tracking systems with specific dashboard indicators to track intervention related progress	Update Data Tracking systems using the Mission Vatsalya Portal with specific dashboard indicators to track intervention related progress	Vulnerable children are identified and mapped with the Government's institutions and services to ensure their care and development	CWC, Child Helpline	Continuous management and regular updation of Mission Vatsalya Portal
		Report on the trends, indicators, patterns in quarterly review meeting		WCD	Reports
2.6	Prepare After-Care program model support plan	Conduct Orientation for CCI councilors on career choices that they can help children/ youth to take up after 18 years	Aftercare model developed and implemented	CSOs/ Department/ UNICEF	Orientation Document
2.7	Establish overall assessment of the progress of the Strategic Plan by District Collector	Regular meetings to assess progress, hindrances, and challenges faced by the district unit towards implementation of ACC and DI	Consistent and smooth implementation of ACC and DI in each district	District Collector, DCPU	Quarterly Report submitted to the District Collector

Technical Strategy 3: Enabling Environment

3.1	Stakeholder support meeting with Implementation team, District Collector, Education, Health, Life Mission and Women and Child	Convergence meeting with the stakeholders to sensitize, share progress them around ACC and DI	Plan identified on future collaboration between these bodies	UNICEF, WCD	Meeting Minutes
		Conduct meeting with Implementation team to share plan for 5 years		UNICEF, Social Justice/ WCD	Meeting Minutes
3.2	Empower children with life skills sessions, psycho-social support through regular sessions at the CCIs	Life skill, counselling session provided to increase the child's knowledge and emotional competency	Children are able to demonstrate a set of practical skills	CWC	Quarterly Sessions conducted and report generated at the DCPU
3.3	Provide life skills sessions, psycho-social support to children who are de-institutionalised				
3.4	Leverage corporate partnerships	Mapping of potential corporates CSR partnership	Improved resource allocation and technical support through public and private partnerships	UNICEF, Social Justice/ WCD	Partnership Agreement signed
		Prepare a corporate engagement plan			Plan prepared
		Prepare CSR roadmap to streamline data management system and ensure cadre of trained volunteers			CSR roadmap prepared
		Mobilise resource allocation to JJ Fund			Resource allocation document finalised
3.5	Identify NGOs, Organsiation to support in DI and ACC efforts by the State	Conduct Training of Trainers by State Govt. to ensure Standardised Care giving and support for ACC and DI	Uniformity and quality in the support provided	CWC	Training plan

9.5. YEAR 5

S/N	Activities	Sub - Activities	Outcome	Accountability	Means of Verification
Technical Strategy 1 - Social and Behavioral Change Communication					
1.1	Develop parenting education materials & SBCC tools around family strengthening systems	Bi-annual performance review meet on the progress of the skill-based trainings and revision of content wherever required	Knowledge improvement and effective delivery on family-based care by families and stakeholders	DCPU	Review report on usability, relevance, effectiveness of the content. Tools to assess effectiveness and readiness for SBCC skill of the master trainer
1.2	Create communication products to increase awareness around ACC and DI	Create awareness in the society for ACC and DI by creating communication products such as booklets, short films, campaigns etc	Increase in the acceptance of ACC and DI amongst the community	WCD	Communication products released in the society
1.3	Improve and initiate sustained efforts on the Vulnerability assessment study conducted	Assess the instances of Child abuse, repeat child abuse cases amongst children who were sent back home	Child feels secure and safe based on the action taken by the State	WCD, Police Department	Report submitted to CWC
1.4	Empower functionaries around strengthening family systems	Conduct sessions with DCPOs, CWC, Probation Officers, PO (NIC), PO(IC), MPV, Aganwadi workers, SAA to provide adequate knowledge around family strengthening systems, ACC and DI process, implementation and monitoring	100% of the ground staff equipped with knowledge and skills around family-based care at the end of plan - with 100% of staff trained in year 5 Each district has 2 people in the cadre of trained trainers	UNICEF, Experts	1 session held for five years each

		PO NIC with the help of MPV, Anganwadi worker and Kudumshree to undertake family visits of the children identified for integration	No children are returned back to the CCIs Non-negotiable and SOPs operationalised	DCPU, ICDS	Family Visit Records
		Training for Village Child Protection Committee	Reduction of children who are institutionalised and re-institutionalised with 100% in year 5	DCPU/ KILA	One session per year for five years
1.5	Identify mechanism to improve conditions for children residing in homes	Implementation of Juvenile Justice Standards of Care Protocol	Care standards are ensured in the CCIs	UNICEF, Social Justice/ WCD, CSOs, Experts	Report submitted to CWC
		Review of CCIs standard of care monitoring indicators	Care standards are ensured in the CCIs	UNICEF, Social Justice/ WCD, CSOs, Experts	Monthly web enabled monitoring report
1.6	Empower children on child rights to promote participation and inclusion in decision making	Conduct sessions for children in various age groups residing in CCIs	Child centric informed decisionmaking in place which results in reduced child-initiated returns to CCIs	UNICEF, CSOs, Technical Expert	Modules created
1.7	Provide training on writing effective and quality SIRs, ICPs reports and CWC orders for its quality assurance	Hands on training for the issue of CWC orders	CWC is able to use the guidelines therefore ensuring institutionalisation as a last resort in spirit and action	Academic Institutions, Domain Expert	Monthly DCPU Report
		Consistent maintenance and follow-up of SIRs and ICP throughout the course of children's journey with the DCPU	Actions being taken based on the SIR and ICP recommendations	CWC	Report submitted to CWC

1.8	Build change in perspectives in the State and districts around Alternative Care for children with parents/ elders in the block	Create ambassadors/ champions of children and train them with mechanism to ensure effective gatekeeping mechanism whereby vulnerable children are taken care of within the Panchayat	Increased acceptance levels of parents towards family-based care and disregard for CCIs	BCPC	Database of champions/ ambassadors
Technical Strategy Area 2: Evidence Generation					
2.1	Establish prime importance to ICP during Institutional stay, ACC and post DI	Ensure ICP is completely filled out on a continued basis for each child	Well informed decisions are made for the child based on the completed and continuous flow of information in the ICP	CWC	Complete and continued ICP recorded for each child at the DCPU
2.2	Create evidence-based resources, knowledge product related Alternative Care for children in the State	Ensure documentation of ACC and DI practices and its findings	Learning from the practices being utilised on a year-on-year basis to make decisions	State	Documents created and submitted
2.3	Conduct Pilot ACC models and support strengthening of DI and ACC in additional districts	Provide post integration follow-up and support to children and families	Optimal support provided to families to prevent re-institutionalisation of children	DCPU, CSOs, KAVAl, VLCPC	4 visits per family per year Visit Report
2.4	Create follow-up mechanisms and process documentation	Compile best practices (including parenting skill building initiative) / promising practices document to conduct Pilot around ACC for States	Strengthened scalable model for ACC and DI	CWC	Best practices document

2.5	Create Data Tracking systems with specific dashboard indicators to track intervention related progress	Update Data Tracking systems using the Mission Vatsalya Portal with specific dashboard indicators to track intervention related progress	Vulnerable children are identified and mapped with the Government's institutions and services to ensure their care and development	CWC, Child Helpline	Continuous management and regular updation of Mission Vatsalya Portal
		Report on the trends, indicators, patterns in quarterly review meeting		WCD	Reports
2.6	Prepare After-Care program model support plan	Conduct Orientation for CCI councilors on career choices that they can help children/ youth to take up after 18 years	Aftercare model developed and implemented	CSOs/ Department/ UNICEF	Orientation Document
2.7	Establish overall assessment of the progress of the Strategic Plan by District Collector	Regular meetings to assess progress, hindrances, and challenges faced by the district unit towards implementation of ACC and DI	Consistent and smooth implementation of ACC and DI in each district	District Collector, DCPU	Quarterly Report submitted to the District Collector

Technical Strategy 3: Enabling Environment

3.1	Stakeholder support meeting with Implementation team, District Collector, Education, Health, Life Mission and Women and Child	Convergence meeting with the stakeholders to sensitize, share progress them around ACC and DI	Plan identified on future collaboration between these bodies	UNICEF, WCD	Meeting Minutes
		Conduct meeting with Implementation team to share plan for 5 years		UNICEF, Social Justice/ WCD	Meeting Minutes
3.2	Empower children with life skills sessions, psycho-social support through regular sessions at the CCIs	Life skill, counselling session provided to increase the child's knowledge and emotional competency	Children are able to demonstrate a set of practical skills	CWC	Quarterly Sessions conducted and report generated at the DCPU
3.3	Provide life skills sessions, psycho-social support to children who are de-institutionalised				
3.4	Leverage corporate partnerships	Mapping of potential corporates CSR partnership	Improved resource allocation and technical support through public and private partnerships	UNICEF, Social Justice/ WCD	Partnership Agreement signed
		Prepare a corporate engagement plan			Plan prepared
		Prepare CSR roadmap to streamline data management system and ensure cadre of trained volunteers			CSR roadmap prepared
		Mobilise resource allocation to JJ Fund			Resource allocation document finalised
3.5	Identify NGOs, Organsiation to support in DI and ACC efforts by the State	Conduct Training of Trainers by State Govt. to ensure Standardised Care giving and support for ACC and DI	Uniformity and quality in the support provided	CWC	Training plan

CHAPTER 10

Overview of the Budget for Five Years

The consolidated amount for the line wise items are given below for Five years

Item	Total
Capacity Building -Children	1,520,000
Capacity Building -Families	42,980,000
Capacity Building - Communities	12,455,000
Capacity Building - CPS	53,733,540
Materials	7,753,000
Evidence Building	9,513,840
Total	127,955,380

Total consolidated amount for Five years is Rupees Twelve Crores Seventy-Nine Lakhs Fifty-Five Thousand Three Hundred and Eighty only.

A breakup of the Five-year indicative budget is presented below. A detailed insight into the costing is attached as **Annexure A**

Item	Y1	Y2	Y3	Y4	Y5	Total
Capacity Building - Children	0	280,000	415,000	525,000	300,000	1,520,000
Capacity Building - Families	120,000	1,620,000	12,120,000	15,120,000	14,000,000	42,980,000
Capacity Building - Communities	2,114,600	3,337,900	3,902,500	1,550,000	1,550,000	12,455,000
Capacity Building - CPS	12,103,070	14,818,990	8,937,160	8,937,160	8,937,160	53,733,540
Materials	6,891,000	562,000	300,000	0	0	7,753,000
Evidence Building	941,000	2,420,960	1,883,960	2,133,960	2,133,960	9,513,840
Total	? 22,169,670	? 23,039,850	? 27,558,620	? 28,266,120	? 26,921,120	127,955,380

CHAPTER 11

Conclusion

A worldwide pandemic has provided the opportunity to assess the loopholes in Child Rights Policy. One of the most important lessons from the pandemic is that there is an urgent need to assess and redesign child rights policies and programmes in terms of the pandemic.

The COVID-19 pandemic has posed a child rights crisis in the country that needs immediate attention and action. Millions of children in the country already living with hardships will fall into adversity and poverty if COVID-19's impact on them remains unaddressed. There is a need to strengthen the family-based child care systems in the country to protect children from further deprivation due to the COVID-19 pandemic. There must be considerable focus on strengthening adoption and foster care by minimizing delays and gaps in the processes.

COVID-19-specific or pandemic-specific Guidelines or Standard Operating Procedures (SOP) need to be prepared to facilitate early placement of children with PAPs and Prospective Foster Families (PFFs) during the pandemic situation³¹. Research institutes have an important role to play in policy advocacy by encouraging more research on Adoption and Foster Care systems in India, especially at times of health crises, to strengthen child protection systems in the country, especially family-based childcare.

Necessary capacity building and training of social workers, counsellors, and other stakeholders are required to help them function effectively at the time of the crisis. While we consider sending children home or to Foster Care/Adoption, we must not forget the teams that worked relentlessly in the Child Care Homes to take care of children. While we focus on the children, we must also focus on the CCI staff and identify what may be best for them too.

Through the pilot initiated by the State of Kerala, we as a state have discovered areas that need improvement and support. There arose a need to review the existing Child Protection Policies and prioritise the same in plans for mitigating the COVID-19 pandemic across all sectors, including health, education, and livelihood, to reduce child vulnerability. Many valuable lessons were learned that encouraged the possibility of its progressive elimination.

There is a foremost need for collaborative actions by the Government, Non-Governmental Organizations (NGOs), child rights activists, and other development agencies to identify and map the vulnerable children in the community and provide the necessary services. Collaborative actions help utilise resources at their optimal level. A time-bound and PAPs/ PFFs-friendly system for a smooth Adoption or Foster Care process is highly required. Despite the diversity of challenges and conditions across the State, one thing remains very clear; the elimination of institutionalisation is a stepwise fashion that serves the child's interest.

31 Verma, Ratna & Verma, Rinku. (2020). Child Vulnerabilities And Family-Based Childcare Systems: Covid-19 Challenges Of Foster Care And Adoption In India. Institutionalised Children Explorations And Beyond. 8. 234930032097032. 10.1177/2349300320970322.

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ANNEXURE A - DETAILED BUDGET

BUDGET

	Sub-activity	Description	Type	Y1	Y2	Y3	Y4	Y5	Total
1	Identify and assess the existing tools for relevance and fit for purpose in the wake of COVID 19 and findings from the Pilot	External Consultant fee Rs. 5000/- + Travel 2000/- X 10 days	Capacity Building - CPS	52,000					52,000
2	Identify Resource group from local govt, domain experts and NGOs that will review existing resources for usability and create the new tools for evidence-based content around parenting and family strengthening systems	No Cost Activity	Capacity Building - CPS						0
3	Identify Think Tank unit to create tool kit for Alternative Care	Materials for Parents, Teachers, Community, CCIs, Children, CPS:6 types (25 Pages) X100/- X10000 copies	Materials	6,000,000					6,000,000
4	Bi-annual performance review meet on the progress of the skill-based trainings and revision of content wherever required	No Cost Activity	Capacity Building - CPS						0

5	Create awareness in the society for ACC and DI by creating communication products such as booklets, short films, campaigns etc	Booklets - 50,000/-Campaigns - 5,00,000/-Short films - 10,00,000/-	Capacity Building -Communities	1,550,000	1,550,000	1,550,000	1,550,000	1,550,000	7,750,000
6	Identify vulnerable children through Anganwadi workers and MPV throughout the state and share reports with VCPC VCPC to implement projects for vulnerable families	No Cost Activity	Evidence Building						0
7	Create Standardized Vulnerability Assessment Mapping	External Consultant fee Rs. 5000/- + Travel 2000/- X 20 days	Materials	102,000					102,000
8	Create parameters that identify conditions for thriving in a family environment based on the principle of best interest of the child	Lumpsum	Materials	? 50,000					50,000
9	Create database of children where re-integration or Foster Care is possible through assessing children with families that can take children back and children with no kins/ parents	Lumpsum	Materials	? 50,000					50,000

10	Assess the instances of Child abuse, repeat child abuse cases amongst children who were sent back home	Lumpsum	Evidence Building	500,000	500,000	500,000	500,000	500,000	2,500,000
11	Conduct sessions with DCPOs, CWC, PO (NIC+IC), District POs, SAA to provide adequate knowledge around family strengthening systems	14DCPOs+28POs+14 LCPOs+70CWCs+14SAAs+25 Institutional Councillor+28JJB members 193 persons 30 persons per batch: 193/30=6 Batches Travel:2000, Accom: 2500, Food and Venue: 750 Materials: 100, Trainer Fee and travel: 7000X2 daysX2 persons for 1 batch: Per person cost: 11533/- Per batch cost =11533X30 =3,45,990	Capacity Building - CPS	2,075,940	2,075,940	2,075,940	2,075,940	2,075,940	10,379,700

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		visits, Yr 4-40%, Yr 5 - 20% visits							
13	Create SOPs, protocols around family strengthening mechanisms and family visits	No Cost Activity	Materials						0
14	Training for Village Child Protection Committee	941 VLCPC members (2 from each VLCPC) = 1882 members 100 members per batch = 18 batches Lumpsum of 10,000/- per batch	Capacity Building - CPS	180,000	180,000	180,000	180,000	180,000	900,000
15	CWC/ Home Management to reinforce existing mechanisms to improve conditions for children residing in CCIs	No Cost Activity	Capacity Building - CPS						0
16	Establish project to reinstate children back to institutional care where it is critical for their care and protection	No Cost Activity	Evidence Building						0

17	Create Risk Assessment Tools/ Parameters to ascertain whether the child can be sent back home	Expert committee of 4 individuals- Fee per person Rs. 5000/- + Travel 2000/- X 10 days	Materials	208,000	208,000				416,000
18	Implementation of Juvenile Justice Standards of Care Protocol	No Cost Activity	Evidence Building						0
19	Review of CCIs standard of care monitoring indicators	No Cost Activity	Evidence Building						0
20	Design age-appropriate content & skills that empowers children on their rights	Consultant fee for 10 days=50000/- Printed Modules=3 age groupsX 300 copiesX 100/-	Capacity Building -Children		140,000	140,000			280,000
21	Conduct sessions for children in various age groups residing in CCIs	Training in 250 high priority CCIs. 1 CCI X 5000/- No of CCIs Covered: Yr1-2 (1%), Yr2-28 (11%), Yr3- 55(22%), Yr4-105 (42%), Yr5 - 60 (24%),	Capacity Building -Children		140,000	275,000	525,000	300,000	0

22	Design an innovative learning material on ICP and SIR	ICT - Lumpsum	Materials		300,000	300,000			600,000
23	Hands on training for the issue of CWC orders	Covered under 11	Capacity Building - CPS						0
24	Consistent maintenance and follow-up of SIRs and ICP throughout the course of children's journey with the DCPU	Covered under 11 and 22	Capacity Building - CPS						0
25	Assess adoption / adaptation of Adolescent Assessment scale by KAVAl as a home evaluation tool	Covered under 11 and 22	Evidence Building						0
26	Conduct sessions for parents/ elders in the block	Community meetings in 941 VLCPC Communities X Rs.2000/-: 20% in yr 1, 30% in Yr 2, 50% in Yr 3 + 1000/- for printed materials	Capacity Building - Communities	564,600	846,900	1,411,500			2,823,000

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32	Identify children and their current status, support required	No Cost Activity	Evidence Building						0
33	Ensure action and follow-up support is provided to children who were sent back during the Pilot	No Cost Activity	Evidence Building						0
34	Ensure ICP is completely filled out on a continued basis for each child	No Cost Activity	Evidence Building						0
35	Identify knowledge hub to help build evidences around Alternative Care in the State	No Cost Activity	Materials						0
36	Conduct survey across the districts to take stock of the children that were sent back during COVID-19 and their current status	External Consultant fee to create survey forms, collate and final report: Rs. 5000/- + Travel 2000/- X 15 days	Evidence Building	77,000					77,000
37	Conduct survey of homes under OCB, JJ	External Consultant fee to create survey forms, collate	Evidence Building	127,000					127,000

		and final report: Rs. 5000/- + Travel 2000/- X 25 days							
38	Assess reasons for destitute children being sent to CCIs	Covered under 23	Evidence Building						0
39	Ensure documentation of ACC and DI practices and its findings	External Consultant fee Rs. 5000/- + Travel 2000/- X 10 days	Evidence Building	52,000					52,000
40	Replicable and scalable models of existing Foster Care/ reintegration interventions are consolidated	No Cost Activity	Materials						0
41	Create local resource team to identify the pilot size, Blocks, accountable unit where additional Pilot will be initiated and implemented	No Cost Activity	Capacity Building - CPS						0
42	Create evacuation/ exit plans for children and families considered for re-integration	Lumpsum	Materials	400,000					400,000

43	Provide post integration follow-up and support to children and families	4 visits per family per year X 1000/-	Capacity Building - Families	120,000	1,620,000	4,120,000	7,120,000	10,000,000	22,980,000
44	Support Specialised Adoption Agencies in strengthening their roles and responsibilities	No cost	Capacity Building - CPS		0				0
45	Create uniform guidelines for selecting sponsorship beneficiaries, addressing income certificate related issues, limited duration of the sponsorship and others	No cost	Materials						0
46	Revisits/ design follow-up mechanisms to strengthen DI and ACC program model	External Consultant fee Rs. 5000/- + Travel 2000/- X 10 days	Evidence Building		52,000				52,000
47	Compile best practices (including parenting skill building initiative)/ promising practices document to conduct Pilot around ACC for States	Process documentation- Lumpsum	Evidence Building				250,000	250,000	500,000
48	Create indicators to measure and analyse progress made in the Pilot	Expert committee of 4 individuals- Fee per person Rs. 5000/- + Travel 2000/- X 5 days	Evidence Building	33,000	33,000				66,000

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54	Identify and develop a department wise prevention and response plan to create a conducive environment which includes families, institutions and community care	External Consultant fee Rs. 5000/- + Travel 2000/- X 30 days	Evidence Building	152,000	152,000				304,000
55	Equip CCI Team that enables suitable environment/ meaningful engagement of the child	2 people from 250 high priority CCIs trained for 2 days. 500 people/30 persons per batch=17 Batches. 1 Batch cost=3,45,990/-	Capacity Building - CPS	5,881,830	5,881,830				11,763,660
56	Convergence meeting with stakeholders	Per person cost - 11533 X 50 participants = 5,76,650	Capacity Building - CPS	576,650	576,650	576,650	576,650	576,650	2,883,250
57	Conduct meeting with implementation team to share plan for 5 years	Covered under 53	Evidence Building						0
58	Life skill, counselling session provided to increase the child's knowledge and emotional competency - CCIs	Covered under 21	Capacity Building -Children						0

59	Life skill, counselling session provided to increase the child's knowledge and emotional competency - De-Institutionalised children	Covered under 21	Capacity Building -Children						0
60	Revisit and prepare Guidelines, SOPs, protocols on all forms of care in Kerala with a Resource Team	Consultant Fee 10 days X 5000/-X 2 times X Rs.2000 travel per occasion	Materials	54,000	54,000				108,000
61	Mapping of potential corporates CSR partnership	No Cost Activity	Materials						0
62	Prepare a corporate engagement plan	No Cost Activity	Materials						0
63	Prepare CSR roadmap to streamline data management system and ensure cadre of trained volunteers	No Cost Activity	Materials						0
64	Mobilise resource allocation to JJ Fund	No Cost Activity	Materials						0

65	List of NGOs, Organisations to support efforts in each district verified and approved		Materials						0
66	Create standardised mechanism through SOPs, Guidelines to extend support for ACC and DI across all the districts	Covered in row 64	Materials						0
67	Conduct Training of Trainers by State Govt. to ensure standardised caregiving and support for ACC and DI	50 persons 25 persons per batch=2 Batch Travel:2000, Accom: 2500, Food and Venue: 750 Materials: 100, Trainer Fee and travel: 7000X2 daysX2 persons for 1 batch: Per person cost: 11533/- Per batch cost =11533X30 =288,325	Capacity Building - CPS	576,650	576,650	576,650	576,650	576,650	2,883,250
TOTAL				22,169,670	23,039,850	27,558,620	28,266,120	26,921,120	127,955,380