

# INSTITUTIONAL CARE FOR VULNERABLE CHILDREN

The Law, Present Scenario, and Way Ahead

**CSA** Catalysts  
for Social  
Action  
*A family for every child*

*Webinar*

## *Host and Moderator*



**VIPUL JAIN**

Co-Founder and President  
Catalysts for Social Action



Tuesday, 23<sup>rd</sup> March, 2021



11:00am – 12:30pm IST

## *Panelists*



**DR. NILIMA MEHTA**

Visiting Professor &  
National Consultant  
Child Protection & Adoption



**PRITI PATKAR**

Co-Founder &  
Executive Secretary  
Prerana



**DR. ARCHINA DHAR**

Head - PQI (Program Quality Impact)  
SOS Children's Villages of India



**DR. SMITA DHARMAMER**

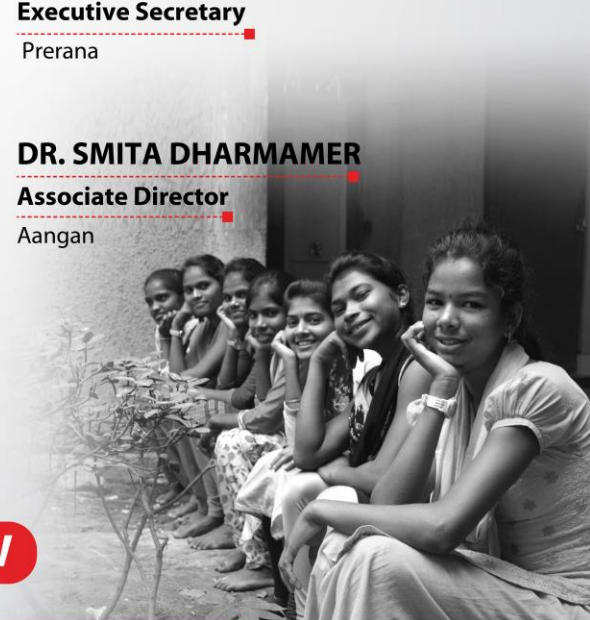
Associate Director  
Aangan



**SATYAJET MAZUMDAR**

Head - Advocacy  
Catalysts for Social Action

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# Institutional Care for Vulnerable Children

The Law, Present Scenario  
and Way Ahead

*Vipul Jain | Satyajeet Mazumdar*

March 2021

# Background

## DATA

- **40 per cent of the total number of children (170 million)** are vulnerable or experiencing difficult circumstances – MWCD 2015
- **10.13 million children between 5-14 years** are victims of child labour – 2011 Census
- **1.5 million girls in India are victims of child marriage** – UNICEF 2018
- **29.6 million children in India are orphans** – UNICEF 2016.

**Approximately 20 million children can be estimated to be in need of care and protection.**

## LEGAL SYSTEM

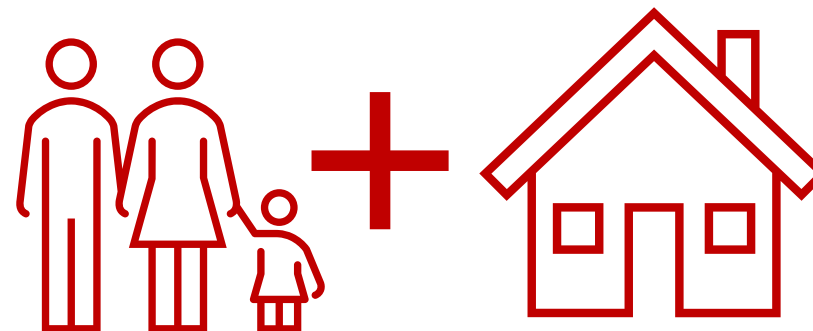
- **Constitution of India** – Rights of children
- **Juvenile Justice Act and Model Rules** – bodies responsible for care and protection, systems and processes
- **UNCRC**

# Assertions

we have made in the whitepaper.



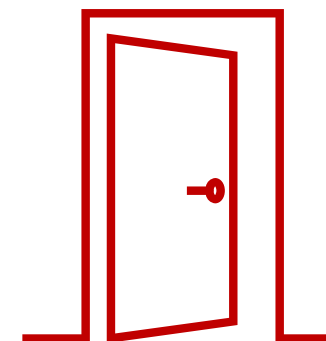
1. A **minimum holding capacity** of CCIs needs to be maintained.



2. Institutional care and family-based care **need to co-exist**.



3. CCIs when adequately supported can provide **family-like care**.



4. Deinstitutionalization **driven by targets** can be harmful.

# 1. Minimum 'holding' capacity of CCIs needs to be maintained.

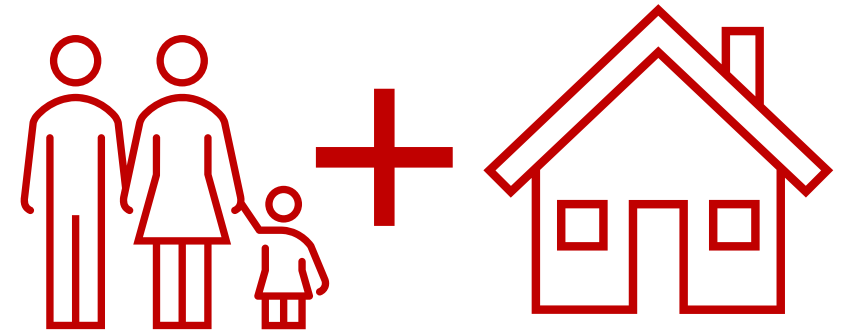
- Children are placed in a CCI for **short-term, medium-term, or long term care**, till they can be suitably rehabilitated.
- For an estimated **20 million vulnerable children**, CCIs in India have a capacity of approximately **4 lakh children in CCI – just 2%**.
- **This minimum holding capacity would need to be maintained so as to accommodate children for varying durations.**





## 2. Institutional care and family-based care need to co-exist.

- **'Best interests of the child'** is paramount - whether family / institution needs to be decided on a case-to-case basis.
- **Adoption / foster care are great options**, needs promotion. **Sponsorship** needs to be provided for where monetary support can be of help.
- There **would still be many children who would need institutional support**.
  - Whose family situation puts them at risk
  - Who the system is yet to reach out to.
- **We need a solution which fits the requirement of our country.**



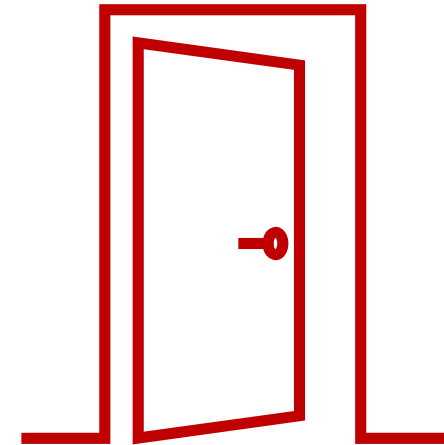
## 3. CCIs can provide family-like care with adequate support

- **Most CCIs have the right intent**, but suffer due to lack of funding, skills / knowledge, public perception and excessive scrutiny.
- 88% CCIs run by private NGOs, **only 45% receive some form of funding** from Government.
- Our experience shows that with funding and knowledge support, CCIs can provide family-like care.
- **Government funding should be made available to all registered CCIs.**
- **Outcomes need to be measured using standardized methodology to improve quality.**



## 4. Deinstitutionalization driven by targets can be harmful.

- Number of children in institutional care has **drastically come down** in the last three years.
- **Letter from the NCPCR** to 8 states during peak of the pandemic created a buzz.
- School of thought that **unless CCIs are shut, FBC would not pick up.**
- **Do we have the systems** of monitoring and support?
- **Shift needs to be gradual, thoughtful, connected with ground realities.**
- **Haste may damage the existing social infrastructure of care and protection.**
- **Outcomes of DI need to be studied.**





# Recommendations

1. **Increased vulnerability mapping** needs to be carried out.
2. **Better gatekeeping** at entry and exit points of institutional care.
3. **CCIs need to be strengthened** and supported to achieve quality care and outcomes.
4. **Family based care** options need to be promoted; capacity of **community-based care** built.
5. **Data collected in standardized formats** should drive oversight of CCIs and policy decisions.
6. **Government funding** should be made more transparent and data-driven.
7. **Aftercare** needs greater focus

Thank you!