

# KARE (KINSHIP CARE AND RELATIONSHIP ENGAGEMENT)

A program under the  
CNI Shishu Sangopan Griha

The Report of 2019

Jim De



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## Executive Summary

The programme of KARE in 2019 impacted a high of about 139 children and finally closed at 128 children. KARE envisages those children who need family or alternative care in relation to institutional care. While it may be considered that in a country like India where survival is a challenge and for many caregivers institutional care could be the only way out, it is equally evident that unless efforts to change this mindset is not developed and encouraged, the challenges and demand for institutionalization of children will continue to grow due to the growing disparity of income and resources in a humongous city like Delhi. According to reports of the Delhi Government and the Ministry of Women and Child Development, Government of India, an average of about 3000 children are admitted into institutions in the city of Delhi which is already overloaded with more than 15,000 children in institutional care that is 40% above their capacity.

The solution lies in an integrated approach that combines services through mentoring and counseling of the children and caregivers, providing interim financial sponsorship but ensuring there is a distinctive movement of the family toward identifying long term solutions through self-sustainability, as well as utilizing the approach of community and government participation in the process of change. The most challenging problems exist in providing non sustainable services without an outcome, as this leads to a dependency attitude which not only increases societal liability, but also has a negative impact on the growth and security of a child.

SSG through the KARE programme has been quite successful in its goals and outcomes during the year of 2019. Besides extensive participation, training, and advocacy with Government partners, it has equally worked with local grassroot organizations to elaborate the needs of children. SSG has equally participated in workshops and given talks to beneficiaries in partnership with the District Child Protection Officers to share the value of children and families. SSG has had a wonderful opportunity to conduct and train 9 District Child Protection officers on the Theory of Change and how to use it to evaluate better impacts for children through family-based care.

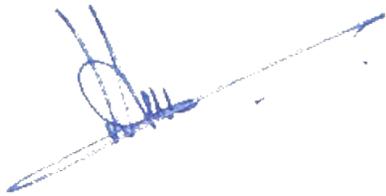
Besides advocacy as an important tool, the KARE program has worked actively towards services to 70 cases referred by the Child Welfare Committees of different districts of Delhi, that required intervention and legal services. Our recommendations for each case are valued by the CWCs towards taking a final decision for the best option for the child.

Working with a team of 1 Director, 1 senior coordinator, 2 case coordinators, 1 social media and training coordinator, 1 advocacy coordinator and 4 Saathis, we have reached directly over 200 children and impacted more than 1000 individuals during the year.

KARE has to look at the future option of expansion because needs are growing in an intolerant environment and society where economics are the primary focus of survival, where families break down due to adverse conditions – whether its work stress, substance abuse, natural deaths, desertion, etc. This trend is alarmingly growing in a society that is torn between traditional values of families, and the need for economic growth through any means.

KARE has the possibility not just to impact a large number of children who are semi-orphaned or orphaned, but the overall possibility to impact society at large over a period of time – thereby creating safer societies for everyone.

We are at SSG want to thank our partners Wereldkinderen and Holt International Children's Services who have given us their active partnership as well as financial support and subscribed to this mandate for children.

A handwritten signature in blue ink, appearing to be 'Himadri S De', written over a horizontal line.

**Himadri S De**

**Executive Director**

## Goal

The Goal is towards impacting healthier generations of children to grow up as far as possible in the natural environment of a family, protected from neglect and abuse, ensuring better quality of nurturing and overall growth for a productive life.

## Mission

The project aims towards promoting family and alternative care for children through family strengthening of single parent led families or kin families, to work with the support of Delhi government and other non-government partners and with communities for gatekeeping for unwarranted institutionalization of children and to promote long term stability for such families.

## The five pillars of human needs and growth

The KARE programme envisages that the best way to develop is through 5 pillars of human needs that can ensure a balanced growth through the initial years of development, thereby reducing challenges in adult life and ensuring higher quality of productive and satisfying life.

1. Physical growth – the KARE programme identifies that physical needs are food, clothing, shelter, materialistic needs, etc. Fundamental provisions are made for investment into a child through financial sponsorship which is regularly evaluated to mark progress periodically to ensure proper utilization of resources. In addition, KARE invests towards professional training of the caregiver and family in matters of nutrition and other related needs that can impact growth for every child, which also has a high impact on other factors of development.

2. Intellectual growth – KARE identifies that intellectual growth comes from education as education is a weapon to improve the quality of life as well as ensuring decent living standard. This works towards the development of the mind by stimulation, learning, understanding, conceptualization, expansion of knowledge and finally, skill development. KARE works proactively with the families to help the children attaining higher education or skill training through sustained efforts by providing them counselling.
3. Emotional growth – KARE recognises that Emotional stability begins from childhood itself and while children do have the ability to re-engage despite emotional trauma, hence, it becomes eminent to invest into the child’s emotional needs within the natural family environment to ascertain child’s emotional security. KARE ensures investment into prolific growth through regular mentoring and counselling of both the child and the caregiver to foster a joint understanding of the needs of the growing child.
4. Social growth – KARE believes social growth is a process by which a child learns to interact with its external environment in accord with the societal norms. As they develop and perceive their individuality, they also gain wisdom to communicate within the community. Social growth is conducive to a child’s other forms of development, most significantly it regulates development of language skills, build self-esteem, strengthen learning skills etc.
5. Spiritual growth – KARE believes that Spirituality is the realm of human conscience that needs to be nurtured within the child to identify the ability to follow what is socially acceptable for itself and society at large. Spirituality can be motivated through religious ways of life but extends towards the moralistic growth and identification of humanity, judgement, empathy, and co-existence.

## The rationale of project KARE

The rationale of the project was to study the environment of children and families, especially those who were semi orphaned or orphaned, and living with kin families to provide sustenance for future endeavors, thereby ensuring prevention of children from institutionalization as far as possible. Through the expansion of its network with the Delhi Government and working in alliance, a multifarious approach was adopted to achieve the desired goal. KARE believes the best environment prudent for the growth of a child is its own family.

## Mapped Area covered in 2019

### Karkardooma

The Karkardooma slum is hidden in plain sight. Tucked behind a billboard, makeshift houses of cinder blocks and corrugated steel, crowd narrow lanes, just a short walk from the manicured gardens and villas of the neighbourhood of Anand Vihar, in the eastern District of Delhi.

**Location** / *East Delhi*

### Jangpura B

Residents claimed that most of these were migrant workers, who had made it home for years. Besides, it served as a hideout for anti-social elements and since the plot is in the middle of the suburb, it created a sense of insecurity among residents, especially women. This area was also used as a dumping ground by surround suburbs. While the municipal has made modifications, this location continues to be used as a dumping ground for garbage.

Civic agencies tried to move the squalor of slums from the Nizammuddin East side, but they could not prevent them from a new resettlement in the adjoining region. To make matter worse, a flourishing scrap market runs from the slums. Even a spark can turn into a huge blaze. People bathes, defecate and drink alcohol in open.

**Location** / *South Delhi*

### Siddharth Basti:

Siddharth Basti is a community located in South Delhi. The area is peaceful. The people follow the social ethics of keeping their surrounding neat and clean. Although interconnected lanes create congestion in this area. The people here promote greenery around their homes and children go to school routinely. They have a good knowledge about the social and economic conditions of the country. Majority of them want their girl child to be independent in life and they are supporting their dreams and career options even if their economic condition is poor. The women who are single mothers try their best to earn a living and support her family. The Pradhan or the head of the slum is also supportive according to the people and lends his hand to help them in their needs.

**Location** / *South Delhi*

### Mangolpuri:

Mangolpuri is in North West part of New Delhi. Mangolpuri Assembly constituency falls under the North-West Delhi parliamentary constituency of Delhi. In 2011, North West Delhi had a population of 3,656,539 of which Mangolpuri's population count according to North Delhi Municipal Corporation was 231,907 approximately. It is an area consisting of more people and less land available to them, thereby leading to a congested area. Problems such as poor

drainage system and road blockages are very much common here. Men indulged in gambling, substance abuse, alcohols, criminal acts etc. because of which death rate is high leaving the widow and the children to the mercy of their condition. The mother then becomes the backbone of the family.

***Location / North West Delhi***

**Madanpur Khadar**

Located about a kilometer away from the Sarita Vihar Metro Station, Madanpur Khadar is a resettlement colony on the outskirts of Delhi. It was selected by the government as the site to relocate large groups of slum-dwellers from different parts of the city back then in the year 2000. Most of the residents found here are rag-pickers. On entering this area, the scenery you will come across, is dominated by mud and brick houses, narrow streets, trash/second-hand material selling markets and a sewer line running through the slum. While the slum-dwellers here suffer from the lack of safe drinking water and sanitation problems, care has been taken in some departments, as many NGOs for Women Welfare or HIV affected have opened in the area.

***Location / South Delhi***

**Sangam Vihar**

Sangam Vihar is a slum colony and is known to be one of the biggest ones in India that has been around since the late 70s housing people migrating from the neighbouring states, mainly Uttar Pradesh and Bihar. It has no water supply in many of its areas and the people here struggle day & night for the basic amenities of life including a shortage of communal toilets resulting to open defecation causing sanitation and hygiene issues in the locality.

***Location / South Delhi***

**How are children enrolled/who refers the cases?**

Through expansion of partnerships and networking with various statutory bodies in the Delhi Government, who are willing to participate in the project to reach out to children at risk in such circumstances, the referrals are given through such government institutions or private non-governmental bodies. The various bodies include Child Welfare Committees, District Child Welfare Officers, Private bodies such as Nonprofit organizations, etc.

The initial agreements to work together are drawn up between the management and thereafter the social worker works in partnership with the local caregivers, community workers or social workers of the other organization to help identify families or children in the location where they are functioning. Subsequently the Coordinators conduct their own

assessment which is checked and verified with proper documentation and visits, to finally make a balanced decision about the family and the children for enrolment within the KARE programme.

The process of networking with the government allow our project team to coordinate efforts with the social workers to help find kin families of children who are currently living in the institutions. Our team then locate the family, provide counselling, help in the process of reintegration of the child with the legal process of the CWC (Child Welfare Committee). Eventually our team would continue to monitor progress of the family and child for a period of 2 years.

## Procedure for admission

Assessment of the child and family – A detailed assessment is carried out to study the needs of every case. This is carried out by the Coordinators. The assessment defines the problem, identify the family and the child, and the solutions that would be beneficial for the child and the family.

Approval of case – the cases are reviewed by the KARE Coordinator and then the Director take a decision based on the case management plan as well as the information provided by the coordinators.

## Documentation management

The documents include:

- Application from the guardian of the child/children
- Family photographs
- Baseline Evaluation form of the child/children
- Narrative report (Family background, problem assessment and intervention plan)
- Undertaking from guardian for participating in the programme
- Reference letters with copy of identification proof from the referrer
- Copy of Aadhar card of child/children
- Copy of bank passbook of the child/children
- Copy of Aadhar card of guardian
- Last report card from school of the child/ children
- Birth certificate of the child/children
- Additional documents where required like disability certificate / reservation certificate etc.

*(Aadhar card is a social security unique identification card based on biometrics that was introduced in the country around 2015).*

## Baseline assessment is done during admission

An Individualized care plan is developed based on the base line study of each child conducted by the coordinators. This was done to understand and identify the problem areas of each child and work on the specific areas which need special attention to help the children have a better development. Baseline assessments were created based on age groups of the children i.e. from 5-9 years, 10-12 years, 13-15 years, and 16-18 years under a broad category of needs. A baseline helps to identify specific challenges but is not the only parameter for providing services – at best the baseline helps towards specific goals that need to be worked upon as the child grows.

## Case plans are developed for the child/caregiver for a year

Coordinators are required to prepare a case plan for the child and the family. However, a case plan at the initial stage may change as services begin because at the initial stage, identification of needs takes time – this could be due to information being withheld by the caregivers. Another important factor on case development is that with constant counselling and interaction trust is built that helps to understand the individual challenges better and there by review the plans that are initially made and make suitable modifications.

## Role of the Coordinator

During 2019 close to 150 cases were managed between 2 coordinators. The coordinator has the full responsibility of the child and the caregiver towards implementation of the case plan, intervention strategy, counselling, mentoring, financial management of the sponsorship, other services from time to time that would be required at a particular stage of the family. Besides case management there is of course record management, trainings, and other aspects of services that are required from the Coordinator.

## Role of the Saathi

The Saathis work in the communities and interacts with the family on a day to day basis. Their role is to manage the community level of communications with the caregiver – being more accessible for them so that the family feels secure to know there is someone within their physical reach for immediate assistance. The Saathis may not be well educated, but they play an important role in communication management and maintaining positive relationships within the family and with the coordinator as well. The Saathi acts as the link between the family and the coordinator.

## Saathi introduction to cases

The Saathi is introduced by the coordinator to the case individually based on the region assigned to the Saathi. The Saathi is accompanied by the coordinator to the family to be formally introduced.

## Case evaluations

Each case is evaluated once a year by the team of the coordinator, the Senior Coordinator, and the Director. This helps to review the progress, the challenges, the needs, and risks of both the child and the caregivers. Often this evaluation is meant towards identifying better case plans but also in some circumstances where the family shows no positive signs of change and effort, such cases may be weaned off the programme and replaced by another child/family in need of services.

Evaluation covers:

- Verification of children and kin families under support
- A Cost benefit analysis of support to the children and kin families
- Impact analysis of the program on children and kin families through direct sponsorship
- Impact analysis of the program on children and kin families through government identified cases
- General review of slum clusters and challenges faced for families with children at risk (kin families or single families)
- Level of interest of the child and the family to make developments in their lifestyle.

## The 3 verticals of family-strengthening model by KARE

- Investment into the child during school years – this investment is periodically reviewed and focusses on the five pillars of growth in a holistic manner towards minimizing challenges and risks during this period. The type of investment is covered within the introduction of the 5 pillars of growth according to the KARE programme.
- Self-sustenance – while investment is one aspect of development, we realize that there remains no long-term solution through sponsorship unless efforts are made towards self-sufficiency/sustenance. Often caregivers are challenged through various problems – old age kin families, disabled care giver, etc. who genuinely have limitations of finding a job. However, there remains many more who are physically and mentally fit to go to work, and our goal is to motivate and invest into them so that

eventually they are secure, sustainable and can move out from the programme and out of poverty as well. This means more families can be serviced when there is success through such investments.

- Higher skill and education – a child’s greatest need is identified when the child graduates’ high school. Often a child cannot afford higher education for skill training or needs to support the family through income generation and hence, cannot pursue university. There lies a huge challenge where the team needs to put combined efforts to counsel the families on this investment of time and resources to ensure that the child pursues a fruitful and productive future that will have a lifelong impact on the child and the family as a whole.

## What happens when a case does not progress as expected?

A case is closed if it does not reach the expectation of the program or the child/family does not try to make necessary development with reference to the 5 pillars of development. After evaluating the case, a departure report is prepared prior to officially closing the case. The coordinator and the Saathi visit the family to inform and explain for removing the child/family from the program. Eventually, all the related data are updated with the right justification for closing the case for future reference.

## Overall expected population of children in need of services

KARE realize the importance of sustainability because we know that such a programme will need a medium to long term strategy of implementation as reaching 20+ million children is not a short-term goal nor can it be achieved within a few years. Delhi currently has an expected population of 28 million people.

With an average of 40% of population below the age of 18 years, we can estimate close to 9 million young people in the city, and out of those in slums and living in poverty, it can be presumed that close to 5.4 million are children. Government estimates that close to 800,000 children live in very unsafe environments.

The approach towards institutional care can take care of needs of many children at high risk, but there are yet many more belong to such families who could be motivated to provide family based care in contrast to utilizing government and non-government resources for rearing of their children. Eventually, with a country exploding as it seems with estimated 20 million orphans (single and full orphans), the long-term solution lies in strengthening families through a myriad of supportive services and keeping institutions only as a last resort.

Through the KARE program we expect reaching directly around 700 children over a period of 5 years through services to all the 11 Child Welfare Committees and District Child Protection units in the city of Delhi. Indirect impact would be close to 4000 people in 5 years. We also use

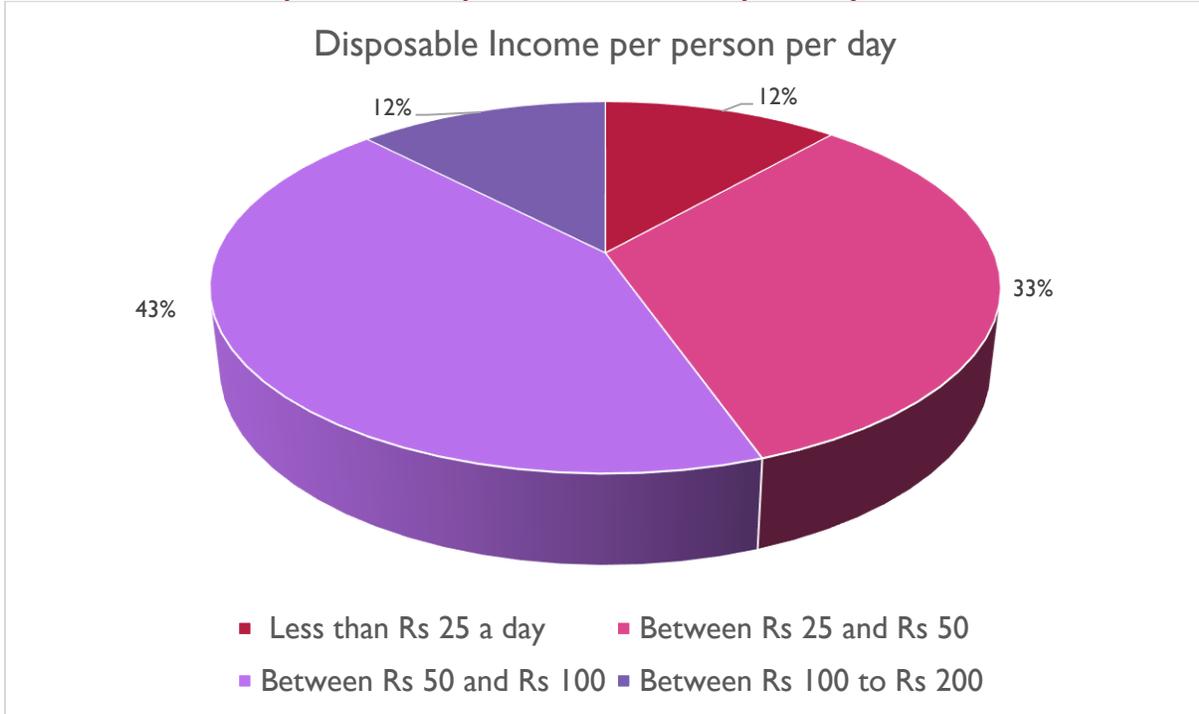
various forms of media, through our podcast (Kare India Podcast with Jim De), Radio FM, Print media and social media ([www.facebook.com/kinshipcareindia](http://www.facebook.com/kinshipcareindia)) in order to bring larger awareness amongst the city people and to sensitize them about the needs of such children and families.

### Children serviced during the year

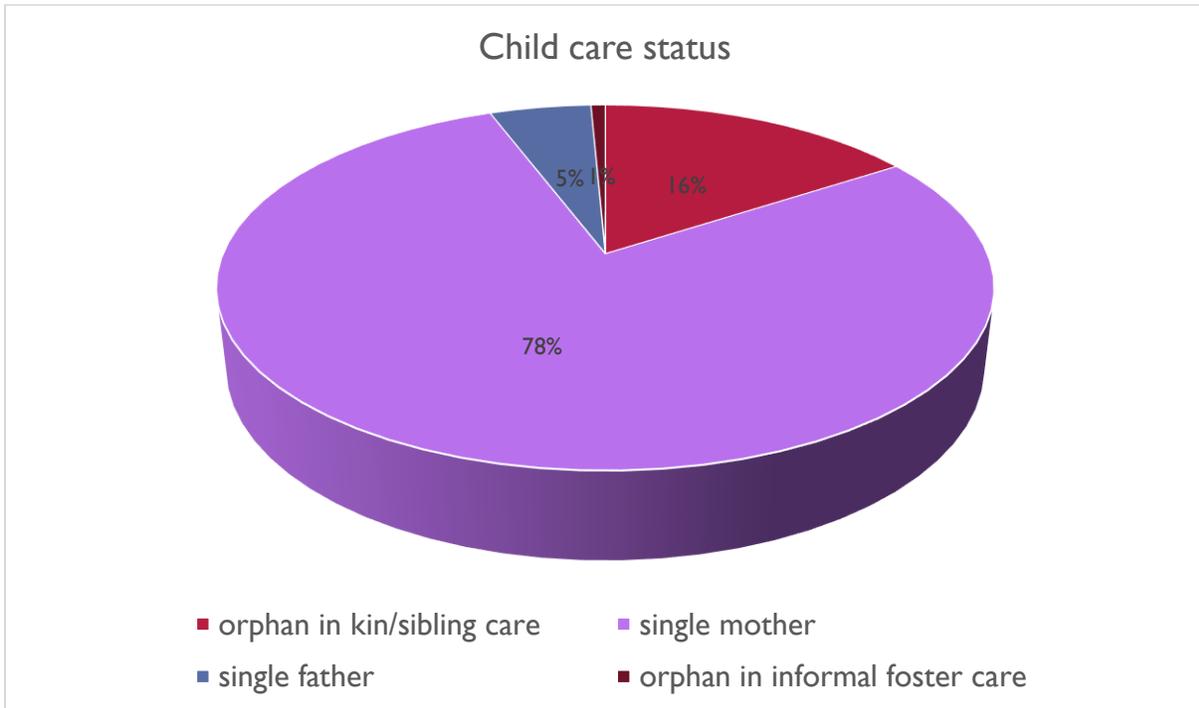
	Children from kin families		Children from single mother		Children from single fathers		Total
	WK	Holt	WK	Holt	WK	Holt	
<b>Quarter 1</b>	9	4	37	59	5	2	116
<b>Quarter 2</b>	9	11	27	72	5	2	126
<b>Quarter 3</b>	10	14	28	83	4	3	142
<b>Quarter 4</b>	10	14	25	83	4	3	139

Measure	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
<b>Cases serviced through the CWCs</b>	16	16	24	14	<b>70</b>

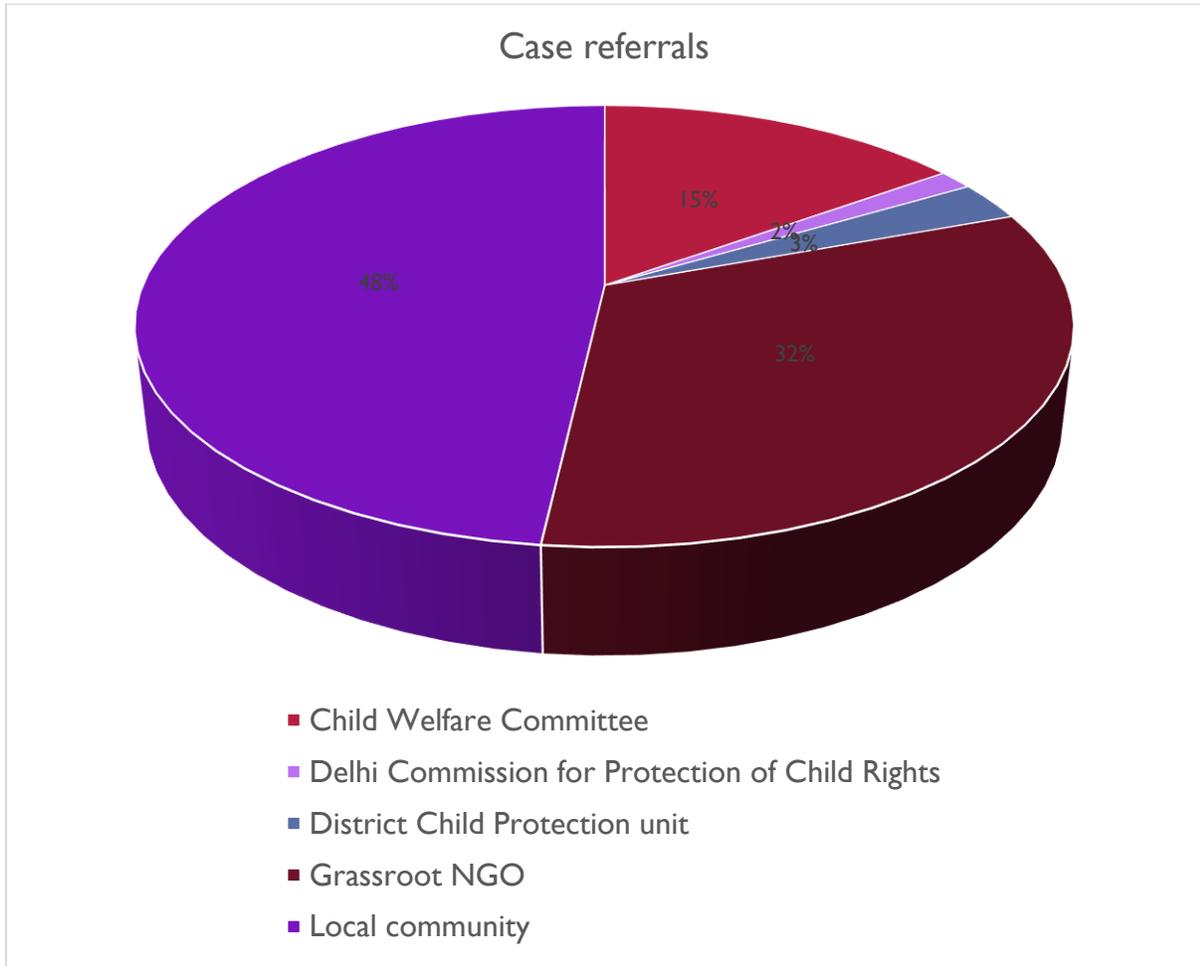
### Statistics of Per person disposable income per day



### Statistics of Child Care Status



## Case Referrals



## Investments made for children and caregivers

S.No	Name of child or Caregiver	Kind of investment	Investment made (Rs.)/value of investment
1	Khusboo Beneficiary 148	University fees	₹ 17,785.00
2	Nageshwari Beneficiary 152	Education fees	₹ 2,570.00
3	Kanima Caregiver of beneficiary 152	Food cart, equipment and supplies	₹ 35,000.00
4	Reshma Caregiver of Beneficiary 42	Grocery shop and supplies	₹ 32,000.00
5	Gouri Caregiver of Beneficiary 66	Skill Training in garment manufacturing	₹ 5,000.00
6	Beneficiary 8	Skill Training in Beauty culture	₹ 5,000.00
7	Shabnam Caregiver of Beneficiary 8	Skill Training in garment manufacturing	₹ 5,000.00
8	Beneficiary 155	Skill Training in garment manufacturing	₹ 5,000.00
9	Beneficiary 88	Education fees	₹ 3,070.00
10	Beneficiary 131	Education fees	₹ 32,500.00
11	Beneficiary 157	Professional IT skill training	₹ 28,000.00
12	Beneficiary 156	Professional IT Skill training	₹ 28,000.00
13	Dhanalaxmi Caregiver of Beneficiary 15	Skill Training in garment manufacturing	₹ 5,000.00
	<b>Total investment</b>		<b>₹ 2,03,925.00</b>

## Reasons for lack of expansion

KARE continues to manage with limited resources, including no current funding from government sources, increased competition for support from other NGO's, and changes in focus for other organizations and other funding sources including international donors focusing on MDGs.

KARE seeks to keep existing programs vital while responding to new needs as they emerge in the community.

There remain two major funding issues that the organization faces:

1. The lack of exposure of its program, its value and long-term impact in Indian society as well as the lack of good networking with funding partners
2. The huge context of funding demand from Indian NGOs that participate in MDGs

SSG realizes that the core needs of society and poverty cannot be eradicated perchance or through basic skilling, but through a series of direct impact through a programme like KARE that can enhance human skills and capabilities and focus directly on human development that will lead to subsequent direct impact on poverty reduction, nonetheless the international funding attitude directly relates skilling towards reduction in poverty and not the human factor which needs to be considered in totality in our own context.

With limited resources the KARE program functions with limited outputs and outcomes but there is a huge need not only in the city of Delhi but through the country as a whole, as the KARE programme has the capability to bring a new direction that can impact the way children are provided care from the traditional institutional approach – having a myriad of benefits over life and of course in the course of social development for the country.

The organization has minimal management overheads and works towards maximizing costs for the project.

## Challenges due to limited team members

The team comprised of 4 Saathis, 2 coordinators, 1 senior coordinator, 1 communication coordinator and the Executive Director heading the program – all professional staff are graduate/post graduate qualified with mostly MSW degrees. Each of them has good experience on the field and in a consolidated figure; the team is about 40 years of combined work experience. This enriches the team through their knowledge, exposure to community and the ability to function. There are challenges as well because the project is new:

- There 128 direct beneficiaries and another 70 beneficiaries to whom supportive services are rendered and therefore requires lots of personalized attention.
- When disseminating the concept of ‘family-strengthening’ the team has to converse with various stakeholder such as community, local leaders, NGO leaders and the Government officials etc. Often the challenge is that community people don’t understand the need for family strengthening as they believe the responsibility of caring for the child/family is the duty of the government as this has remained the practice from the past.
- Delhi is the capital city with 11 districts and cases flow in from all the districts but it is difficult to give equal attention to all the districts at the same time for a small team managing counselling, mentoring and the record management of the cases as well.

- There is still a gap and need for adding experienced and qualified members in the team but because of lack of budget, preventing from appointing more people in the team.

## Monitoring tools

### Initial Baselines

Baseline evaluation is carried out during the enrolment of the child. It is based on the age of the child. After the yearly evaluation of the children the baseline evaluation is repeated for every child. They are recorded and document for future reference.

### Regular follow up of the child/case

Follow ups are carried out quarterly by the coordinators. The follow ups help to record growth and progress parameters of the child periodically. Similarly, bi-monthly mentoring is carried out for every child and caregiver in line with the challenges identified from the baseline assessments.

### Financial management of sponsorship funds

Sponsorship of Rs 1000 is disbursed to every child. These sponsorships are disbursed every quarter. Quarterly Cheques of the financial sponsorship is handed over to the caregiver. Receipt of the cheque is recorded. The accounts department and the coordinators follow up with the family/child till their cheques are cleared and the sponsorship amount is in their bank account. During the next follow up the coordinators compile the details of expenses.

### Record of meetings conducted with the child/case

The quarterly follow ups are done 4 times in a year.

The Saathi who is responsible for the family, visit the families twice every month and conduct bi-monthly mentoring of the child and the caregiver.

Individual cases requiring specialized attention and services are marked for services and ways of services are planned out and executed by the team including the Director

### Record of workshops conducted during the year

All meetings and workshops have reports and minutes to ensure there is clarity of records of fulfilment of our outputs.

### Any other monitoring tools that we use/can us

Currently the team has completed training in monitoring and evaluation in 2019 and have been deputed towards developing more valuable tools that can enhance data management and tracking of progress for the future.

## Participation of beneficiaries

- The target group was always kept informed while planning and adjustment of the program in the project period.
- Whenever, the coordinators or the Saathis wanted a meeting or interaction with the caregivers and the children, the families were accordingly prior intimated. Visits and meetings were done according to the convenience of the families' availability and consent.
- The Saathis visit each family once in two weeks to interact with the families and listen to their issues and anxieties and provide supporting mentoring. The children and their family members reached the Saathis and the coordinators via phone call any time. Beneficiaries sometimes called up the Saathis to speak to them and share their emotional anxieties.
- Career supportive counselling was conducted and the needs and understanding of the children was paramount to guide them further. Similarly, some caregivers were assisted with micro-enterprise understanding their skillsets and abilities.
- Counselling sessions are conducted regularly based on the assessment of the child – both using the phone or face to face counselling. Such sessions are planned with coordination and joint agreements so that there is equal participation of the caregiver and the child.
- During the follow up sessions and the counselling sessions prior information was given to them explaining the value of the sessions. The workshops were participatory, and feedback was taken to make them responsible for initiating the change. Moreover, the target group was also involved in decision making of their need-based services.

## Financial assessment of fulfillment of sponsorship

	Number of children	Amount paid per quarter @child	Total sponsorship
<b>Quarter 1</b>	116	3,000 ₹	348,000.00 ₹
<b>Quarter 2</b>	126	3,000 ₹	378,000.00 ₹
<b>Quarter 3</b>	142	3,000 ₹	426,000.00 ₹
<b>Quarter 4</b>	139	3,000 ₹	417,000.00 ₹

## List of Activities carried out during the year

- The team of KARE was invited for a review meeting of the District Child Protection Unit of South East district held on 4<sup>th</sup> January 2019 regarding issues concerning child protection.
- A workshop was planned for the entire team and new Saathis on the Child Protection Policy. It was carried out by Viva India Trust on 30<sup>th</sup> January 2019. It created a clear and common understanding of the child Protection Policy and revised the understanding of the concepts for the need of protecting child in a unified manner.
- The 2019 Annual Conference held on 10<sup>th</sup> March was a good platform to have the Government officials working with children issues, under one roof along with the Non-Governmental organizations. There were 18 'District Child Protection officers' and 'Child Protection Officers' from 11 districts of Delhi Along with 3 members of the 'Child Welfare Committee' from 2 districts. It was a pleasure to have a member from the Delhi Commission for Protection of Child Rights. Representatives of 15 organizations working with the issues related to Children had their attendance in the event. 2 Research Scholars from the Delhi School of Social Work also joined the conference.
- On 1<sup>st</sup> April 2019, the DCPU South and South East Delhi organized a stakeholder meeting with the District Magistrate for bringing the stakeholders together to find a solution to the challenges faced in prevention and protection of children.
- On 3<sup>rd</sup> April 2019 meeting with the Child Welfare Committee at Nirmal Chaya to discuss the concept to family strengthening in detail and the new CWC team were briefed in detail about the construct and the impact of the KARE program.

- On the of 2nd and 4th April,2019 career counselling sessions for children between the age 15-18 was organized in the premises of Shishu Sangopan Griha. KARE hired a professional and competent career counsellor Ms. Toolika Krishna who have proven expertise in counselling children in schools to counsel children above the age of 12 years. 19 children have attended the session. The children were heard and communicated with. Their potentials and interests were understood and addressed. They were given options of courses jobs, study, and apprenticeship opportunities available in the market in and around their area after completion of their school. The children shared their dreams or their obstacles to fulfill them. The counselor discussed with them about their favorite subjects and then gave some suggestion of relevant jobs they could choose for the future. Career counsellor informed about in the area.
- Internal training on the problem tree and the log frame, and computer operations was organized by Mr. Himadri De for the team of KARE. The mission, vision and objectives were revised with regards to the requirements of the program in the present situation and the planning for the year 2019-2020 was chalked out. The training was for 3 days starting from 12<sup>th</sup> April 2019. Training was also imparted on advanced computer operation on the 23<sup>rd</sup> April 2019. With the trainings the team had a better understanding of the activities that needs to be performed in the next one year and be prepared for them as well. Eventually, with the training of advanced computer application the team members can give better performance in documenting.
- On 22<sup>nd</sup> May 2019 Career counselor provided one-on-one counseling to students to children graduating class 12. 5 children attended the session. By taking child's education level, work experience, personality, interests and skills into account, counselor suggested careers that match their background and abilities. During the one-on-one counseling, counselor took time to listen to the child, identify the issues and advise him/her about further study, job opportunities or refer the youth to other service providers. 4 out of 5 children were ensured to join the University.
- On 22<sup>nd</sup> May 2019, the District Child Protection Unit South and South East Delhi organized stakeholder meeting with the Sub-Divisional Magistrate. 2 of our team members attended these meetings.
- A workshop was held on 3<sup>rd</sup> June 2019 with the DCPU XI. The theme was "Positive Parenting and Family Strengthening' for Children and Parents of Bangla Sahib Gurudwara "Ren Basera (Night shelter for homeless people) of New Delhi. The speaker was the Executive Director of CNI SSG Mr. Himadri De and the target audience were approximately 50 residents of Ren Basera, constructed by the Urban Shelter

Improvement Board which is the nodal agency for operation and management of Night Shelters in city of Delhi. The message of de-institutionalization of children was shared with the audience and the psychological impacts of the children who are institutionalized as well as their need to be nurtured within the biological family environment were also discussed. The attendees showed their interest to know more about the program in details and bring out their children from the Child Care Institutions as well. Moreover, the imparting of the concept gave them food for thought to ponder over during the time they will plan to put their children in a childcare institution in future.

- On 14<sup>th</sup> June 2019 Counselling session for children graduating class 12 was organized to guide the children to get admission in colleges / skill development courses.
- On 26<sup>th</sup> July 2019 the District child protection unit IX Department of Women and Child Development Govt. of NCT of Delhi in collaboration with CNI Shishu Sangopan Griha Organized a workshop on “Disseminating the concept of 'Family strengthening and after effects of institutionalization' among the people who are managing the Child care Institutes” to educate the of Don Bosco Children’s’ Home. resource person was Mr. Himadri De. On 2<sup>nd</sup> and 9<sup>th</sup> August 2019, the Saathis attended half day workshop to give them hands on training regarding planning, monitoring, counselling, documentation and reporting system. Mr. Himadri De was the resource person. The workshop participants gained a better understanding of how our assessment will impact the development graph of a child.
- An outstation workshop with the District Child Protection Units of 9 districts was organized from 12<sup>th</sup> to 14<sup>th</sup> of August 2019 in Sattal on promoting family and reversing desertion and most of them had positive response regarding the development of the program in the state resource person was Mr. Himadri De.
- On 27<sup>th</sup> August 2019, the DCPU South West organized stakeholder meeting with the Sub Divisional Magistrate to strengthen the services for children and discuss issues pertaining to them.
- On 29<sup>th</sup> August 2019 counselling session with the class 12 graduated children were organized to help them get connect to the professional/skill development courses related to their areas of interest.
- On 6<sup>th</sup> September 2019 workshop was conducted by the District Child Protection Unit-VIII (South East) in collaboration with CASP-PLAN New Delhi in collaboration with CNI

Shishu Sangopan Griha on “Family Strengthening and Parenting skills”- resource person was Mr. Himadri De.

- On 11<sup>th</sup> October 2018, a Community Workshop was conducted by the KARE in Karkarduma on ‘Family Strengthening’, substance abuse and harms of social media.

## Outputs leading to outcomes

- Strong relationships being developed between the stakeholders and the team of KARE such as the single parent/kin family, the District Child Protection Unit of all the districts of Delhi, the Child Welfare Units of Delhi.
- The meetings with the DCPU and the SDM provided the program to have a strong foothold with the stakeholders. The issues pertaining to the program are heard and analyzed to find a solution so that the team and the stakeholders work together to render better services. Moreover, the team met other organizations who are working in the grass root level and providing supportive services as well. The concept of ‘Family-strengthening and de-institutionalization’ was transfused. Evidently, now there is a greater understanding and knowledge of the concept. KARE team have learnt to handle the challenges in mobilizing the communities in an improved manner.
- In the annual conference people freely shared their unique experiences, ideas, knowledge, and the challenges they are confronting every day to reach out to the concerns related to children. Also, participants presented remedial measures for the issues. Furthermore, it served as a podium to share with the people what we did right and what we can do better, to pass on the message of what should be taken care of, if they face the same dilemma. The conference ended with lot of food for thoughts for the people to frame constructive solving methods and means for the best interest of children and let seep in the motto of ‘family strengthening’ in all levels of child development.
- Development of social, emotional, physical, intellectual, and spiritual avenues within children towards a stronger balanced growth.
- Children who were initially fearful for their future have moved into university and skill training giving them confidence and improving their self-worth.
- Caregivers are more aware about the fulfillment of needs for their children and are able to grasp a holistic approach in a positive manner.

- Caregivers understand the limitations they face, and they realize the need to become self-sustainable and are willing to invest their time towards micro enterprise.
- The advocacy workshops in the communities with the children and the caregivers gave them an exposure to discuss their concerns in detail and take a rational decision on how to address the issues related.
- The Government has shown positive inclination towards the KARE program because the Child Welfare Committees and the District Child Protection Units too, realize that the Government and Non-Government resources is insufficient to fulfill the huge need from a challenging and ever-growing population and society in the region of Delhi. There is a realization through years of experience, that the family is the best place for a child in place of an institution as well as realizing neither the Government nor Society at large can take on the full responsibility for a family over a long period of time.

## Challenges faced in the year 2019

- Poverty remains the biggest challenge and unless a family unit is considered in totality, sustainable change will not occur – this has led towards developing tools for investing into micro industry for such caregivers who have the ability to work.
- Single parenting continues to remain a challenge due to the following reasons:
- Lack of parental care and support
  - Exposure to dangerous situations and unsafe environments
  - Lack of supervision and motivation
  - Exposure to substance abuse
  - Drop out from school due
  - Poor nutrition
  - Emotional instability
- There are children who live with aging kin families who love their grandchildren but have no more physical abilities to get a job (due to age or ill health), but removing them from their environment may be detrimental for the child and the family therefore, long term investment into education and child care needs to be made for such children.
- The caregivers are more likely to be single women, and to be poorer and less educated. Factors that may impact on effective caring include economic disadvantage, stress, health issues and parenting skills. It has been observed here that women are the predominant providers of informal care for children. Women get emotionally and

physically drained and the attachment quotient fades out. Relative approval as extended family may not be able to take the responsibility of the child due to financial crunch.

- It is a challenge to send the children to school rather than take them along for work and earn money. Some children may face difficulties in accessing school if the care givers cannot afford to pay the school fees or meet other basic needs. Furthermore, many children do heavy work while living with different caregivers.
- Skill development as well as higher education is our primary focus for such children turning into young adults. However, there remain limitations within the government resources due to cost of training, lack of seats in training institutes, etc. Good foundations like the Don Bosco institute are highly valuable, but even they cannot cater to the huge needs of a large number of children. Other private training institutes are meant to cater to the upper class who can afford high fees for education. University Education is another important investment and fortunately Government Universities have highly subsidized fees which can be covered through sponsorship.
- Skilling and micro enterprise of caregivers is equally important for lifelong sustainability and concrete efforts with innovative techniques are extremely important towards this investment.
- Transparency and trustworthiness lead to greater trust among the actors in the program. While working with the target group it has been realized that the circumstances that they reveal to the team members are either half the story or an unreal one just to draw sympathy. With time and continuous interactions and conversations the team brings out the real picture. However, this process is time consuming and very slow. Giving the benefit of doubt that the beneficiaries more often conceal their truth because they themselves are unsure of their trust in NGOs as because they have been duped every now and then by NGOs promising to help them and getting their stories, never to return. While we look at the other side of the picture, the half disclosed facts fails to draw up a fruitful individualized care plan for the family .The drawback of this situation leads the team to delay the outcome of the program and sometimes taking the program to a different direction.
- The Government support structures like the police, medical professionals, etc are overwhelmed by the challenges they have to face from so many families and cases, which often leads to neglect in follow up and finding solutions. Eventually this also leads to higher pressure and obligations on the Government Authorities like the CWC

and the DCPUs towards fulfilling the requirements under law for the needs of protecting children in the region.

- The families consider their daughters as a liability and plans to get them married off as early as in the age bracket of 15-16 years. Moreover, the girls who do not have interest in studies are inclined to get married to de-load themselves from the education.
- The families migrate to Delhi in search of jobs and other advanced facilities and land up in the Slums where there are lack of access to water protected from outside contamination, lack of access to sanitation facilities that separate human waste from human contact and lack of adequate living area (more than three people living in one room of four square meters minimum). These conditions also include a lack of housing durability (structure on hazardous land and unable to withstand extremes in climate) and a lack of security of tenure (protection by the state to ensure the unlawful eviction of inhabitants of homes). These conditions lead to perennial ill health of the individuals, especially children. The children frequently suffer from stomachache and issues related to the digestive system which is a hindrance in their normal life like regular school attendance. They often get infected by typhoid, cholera, dysentery, and jaundice more than once leaving them weaker and exposed to life threats. The frustration leaves the families to return to their hometown/village without giving any prior intimation to anyone.
- While coping with the standard of living in Delhi, the migrators realize that the effect of moving to a capital state is far reaching because it not only affects them but also their children at large. The setback in their emotional and financial condition is overwhelming which is difficult for them to manage with the minimum resources. The slum dwellers and drug abuse /alcoholism have a strong correlation. The adults take its resort as a coping strategy and the children starts for fun or peer pressure and later gets into addiction. The latter also are tempted towards social media to fulfill the emotional gap because the parents are away to earn a living and they are left alone.

## Specific Risk Assessments

- Currently the city of Delhi has 11 districts and we do not have the capacity or the resources to provide services to this large city. We are able to only provide services within 4-5 districts. Unless we can motivate and convince other organizations to participate, the work to be done, will remain incomplete. Ideally, we need 11 districts to be covered, and annually more than 600 children can be provided direct services.

- There remains a risk that our programme is misconstrued as a sponsorship model, while in reality the purpose is towards family strengthening and sponsorship is one of the models used to support the family for a limited period of time, but primarily focussing on long term stability and security. Our goal is often confused, and this leads to misinterpretation.
- The government ensures fulfilment of policy which in turn leads to regular changes in members of the CWC on completion of their terms (3 years). While this is important for the fulfilment of the roles required, from the KARE perspective it becomes difficult as we have to re-state and clarify the goals of KARE to new members and often CWC members are already overworked with day to day cases and do not have sufficient time to spare towards understanding the concept and the goals of KARE and how we can work together in tandem towards achieving the best goals.
- Currently we have a lot of children under support, but we need more ground Saathis' who can equally provide services and particularly those people who belong to the local environment and speak the same language, and can be trained towards fulfilling basic goals and objectives.
- Insecurity of long-term funding commitment has a negative impact on the project as a whole because team members too look at their own profession needs, their own security and stability and their development. Unfortunately, since 2016, the strategy for growth has been stunted due to limited funding thereby reducing the capacity for the expansion and growth of the project.
- Often stakeholders have high expectations from the programme, but with limited manpower and resources we cannot fulfil all their expectations.

## Types of stakeholders and their details

- 5-18 years Children who are orphans or abandoned by either parent are at risk of being abandoned or institutionalized, or children in single parent led families/kin families who are having extreme difficulties for basic survival
- Children without both parents and in the care of a kin family above the age of 18 years and graduated class 12 for their college education/professional skill development

- Care givers (single parents/kin families) of the children
- District Child Protection Units
- Child Welfare Committees
- Child Care institutions and Non-Government organizations
- Community and society

## Government response to Alternative and family care

The Juvenile Justice Care and Prevention Act 2016 is a positive law that has brought into place the prospects of legal family-based care through either kinship care or foster care. However, like all laws, it takes time for it to process through the system for the development and implementation of the various rules and regulations laid within the Law.

Currently Delhi has 11 districts manned by Child Welfare Committees (children's courts) and each District has an officiating District Child Protection Officer and Unit that is supposed to cover the districts' needs. According to information available last, we were informed that due to financial restrictions or administrative issues, all the DCPUs are not yet fully staffed and some officers are manning two positions simultaneously.

The current focus and policy continues to remain on Child Care Institutions and the overall supervision and intricate checks and balances on such institutions by both the CWCs and the DCPUs. What may be important for the future is addressing the challenges through community involvement, prevention and sustained advocacy so that solutions can be found within families as far as possible thereby reducing the need for institutional care demand from caregivers and also creating self-responsible and self-sustainable families. This approach would need some integrated approach of the Ministry of WCD with other departments such as Education, Skill Training, Labour, and Security (Home Affairs).

Recently the Government has developed the Standard Operating Procedures for disbursement of Sponsorship funds for children especially those of single parents/kin families which is in line with the KARE programme. Our recommendations and suggestions have been sent to them to help streamline the process –there remain various limiting scopes which have been introduced in the draft SOP which we feel would have an adverse impact on its very purpose and goal.

For now, the KARE programme remains a core family strengthening programme for the city of Delhi that dwells on the issues for securing family and alternative care for children who are semi orphans and full orphans, and we believe this is a real requirement within our entire country.

## Response of stakeholders and their specific needs

- The involvement of the stakeholders in planning and adjustment of the program in the project period is at every step during the assessment and including the child/children in the program. The contribution and participation while inclusion of the family in the program is both from the child/children and the caregiver/family. Also, their full consent is necessary before they are included in the program.
- The stakeholders take time out during workshops as well as they are well informed before each workshops and prior consent is received from each stakeholder.
- The stakeholders are included in the delivery of services as well as creating awareness. The target group is kept informed while planning and adjustment of the program in the project period. The privacy, confidentiality and safety of the participants were taken into consideration during data collection effort.
- Whenever, the coordinators or the community mobilizers wanted a meeting or interaction with the caregivers and the children, the families were accordingly prior intimated. Visits and meetings were done according to the convenience of the families' availability and consent.
- During the career counseling sessions, the interests of the children were taken into consideration before proposing them with courses. The same was ensured for the women/caregivers who were guided to have their own business venture. The interests and capacity of these ladies were examined and thoroughly discussed with them.
- The stakeholders voice feedbacks, ideas, suggestions, and complaints; and committing to provide an appropriate response. They are encouraged in initiating, defining the parameters for conducting the Monitoring and Evaluation process.
- The specific needs of each stakeholder are taken into consideration during meetings and they are duly recorded. The needs are then discussed in detail within the team and action is taken accordingly.

## Our ability to fulfill stakeholders needs

- KARE gives importance to the needs of the stakeholders to give the program a holistic development and keep the program approachable and participatory.
- The needs of the children are recorded during the evaluation as well as during the follow up every quarter. The team makes all effort to work on the need if the needs can genuinely help the children to take them to the next level of development.
- Likewise, the needs of the caregivers are also documented, and a joint effort is given from the team and the caregiver as well to fulfill the needs to raise/change the lifestyle of the families.
- The team members frequently hold meetings with the District Child Protection officers of each unit in the 11 districts and the Child welfare committee members to understand their needs. If the said needs are within the parameters of the program, then they try to fulfill it and if it does not then they try to convince the stakeholders with facts and data for the inability to fulfill the same.
- During workshops and awareness programs there is a two-way discussion with the Nongovernmental organizations, the community and society leaders, so that the needs are realized and are being able to be fulfilled with joint effort.

## Critical Case studies

### Beneficiary 60

The child is 12 years old and is the elder son of his four-member family. His father, a building painter, and the sole breadwinner suffered a fatal heart attack and died. Since then it had been an uphill task for the child and his family. Inevitable, the burden of earning and sustaining the family fell on him and his elder sister because his polio-stricken mother is unable to work and earn. He works in a cloth shop earning Rs 100 per day and his sister earns occasionally by applying henna tattoo. Recently the child is diagnosed of high blood pressure which may lead to heart disease, according to the doctor. He is under constant stress within himself to keep the family financially stable. The small amount of widow pension that the mother gets is spent on the rent of the house. He and his brother enrolled themselves in the KARE program. Under the program, they receive tremendous mentoring and guidance which enable them to tackle these difficult times and express their views with much confidence.

### Beneficiary 45

Domestic violence by the hands of an alcoholic and abusive husband had already become a part of the daily life of Shashi (child's mother) since she got married. However, the husband died in 2018. As the husband seemed to earn sufficiently enough to support the family, Shashi never had to work and therefore did not have the confidence to become the bread earner. After the death of the husband, Shashi moved to her parent's house with her 2 children. Her parents were initially bearing the expenses, but they are old. Sashi is working as a domestic help but she needs to attend to her 2 years old daughter as well. Her in-laws do not support her in any way. Recently, she lost her elder brother as well and now her parents are asking her to leave their house as she is considered a bad omen.

### Beneficiary 40

When the father of the child committed suicide, the trauma was itself intense on the family besides the stigma they have to face till date. The mother, Brinda, a strong and generous lady who not only takes care of his 7 years old son and herself but also the hearing-impaired mother of her husband and aged grandmother too. She says, 'I do this out of humanity'. She takes care of all the members of the family working as housemaid but often finds difficult to make end meet. Being a single young mother who does not have any means of livelihood or support from anyone is strenuous and making her guilt conscious as a cause of her husband's death is an added harassment.

### Beneficiary 129

The child feels that the one who raise up is more important than who gives birth. The child lost his mother when he was a month old and his father abandoned him with the maternal grandparents thereafter never to return. He was raised by his grandparents, but his grandfather died a few years ago. His grandmother wants to ensure that her grandson has a bright future and that is why she put him into a private school. The child is intelligent and is doing great in school. The grandmother is keen to restart a small shop to support herself and her grandson to fulfill their needs.

### Beneficiary 114

A grandmother is looking after her 4 years old grandson, who was severely malnourished as much as the grandmother herself. The child was abandoned by the mother and the father is dead. She had a roof over her head by a generous doctor. She had meagre income by cleaning

the doctor's chamber by which she is able to feed the grandson and her disabled son. KARE is helping the family to nurture the child and give him a holistic development.

## Beneficiary 2

The child and her 4 siblings are abandoned by their father after the death of their mother. They were looked after by a kindhearted neighbor who helped them to build their house when it was torn down by intensive rain and thunderstorm. The children are looked after by their eldest sister Priyanka who is barely 19 years old. Their only brother is suffering from tuberculosis and the expenses of the medicines are also an added burden to the family. Priyanka lost her job because the neighbor who has helped them through their tough times wanted the girls to do their household chores. Priyanka is too young to manage everything together and eventually had to wash her hands from the job she had.

## Success stories

### Beneficiary 157

The child was the only daughter of the family. Her father left the family to settle with some other woman which led to broken family for her. It was by then child's mother left the family and came back to her maternal house. After that, she also felt her own need to start a new life on her own, so she gave custody of her daughter to her own mother. Since that time, she is taken cared by her maternal grandmother. She grew up in the shadow of her grandmother whom she calls 'Maa'. Her grandmother is an old widow woman who is struggling hard to provide a protective caring environment for her granddaughter. While considering her age, it seems it will not be too long that she can take care of her daughter. Financial aid is one of the major aspects which made sure that she is not dependent on anyone financially and her upbringing is done in the glory of the family. She got her basic education and completed class 12 from a government institute securing 64 %. The child has her own set of dreams. She is a creative child and wanted to take up a course in graphic designing along with her graduation, because she is confident that she can soar high in the career ladder. She is determined to have a stable career of her choice before her grandmother dies due to old age. With the support of the KARE programme she was sponsored completely for a graphic design and web design course from a very good institute in Delhi. Having completed that course, the child is excited to look ahead for a concrete future once she completes her university which she is also pursuing simultaneously.

### Beneficiary 156

The child wants to support her family because her father is jobless but is otherwise caring. She has an elder sister. The family members share the household work before leaving for their respective work outside. She got a job but eventually she had to leave as she did not find any growth in her knowledge and abilities. She was interested in web designing. With the support

of the KARE programme the child was sponsored completely for a graphic design and web design course from a particularly good institute in Delhi. She also does her daily practice of her lessons in the laptop given by KARE. She is overwhelmed to receive her certificate and looking forward to a career of interest. She is going to college as well. Her interest and passion are too broad, and she has a soul of an academic.

### Beneficiary I48

Instead of giving in to pressure from relatives and neighbors, child's mother, a domestic help, decided not to marry her off but encourage her to study further. Her elder brother is married and takes care of his own family and younger sibling Anjali is still in school. Last year KARE ensured that she got enrolled in Delhi university as a regular student. She is the first in her family to go to university and make her mother proud. It has been an arduous task. Sharing a room with her mother and her 2 siblings; her mother's meagre income and her brother helping time to time with his earnings. *"My mother owned a tea shop, unfortunately it did not run properly, and we were slipping into days when we could not have a one square meal"*, The child says. But there was support. But money was always her problem. The family spends all their earnings on survival. The family's stress on education is paying off through the support of KARE and we hope that once she graduates she will get a good job and have a steady income that will take the family out of abject poverty for life.

### Beneficiary I58

Serving humanity is an endeavor that requires much commitment. One young lady who looks forward to making this commitment. She dreams of taking up the profession of nursing to help ease the pains of the ailing.

The child elaborates on her plans to be a nurse enthusiastically, "I would like to take up the job of nursing. Nurses are like angels who help people suffering from pain. Like Florence Nightingale, I will be dedicated towards my patients and try to alleviate their sufferings. I will workday and night for my patients and see to it that they are properly cared for." The girl living with her grandmother and family of her maternal uncle who is not supportive of her career plans. The child finds the profession of a nurse extremely fulfilling.

The KARE programme is looking at avenues for enrolling her into this skill programme where she can fulfil her dreams of becoming a nurse one day.

## The KARE Team

The staffs/ team members are skilled and qualified to take the responsibility of their job roles efficiently.

The Saathis work in the communities and interact with the families on a day to day basis. They spot the problem areas and share with the team members. Thenceforth, the team chalks

out plan to aid in solving it. The Saathis meet the families according to their convenience and comfort. The Saathis are skilled in working in the community and understands the common challenges.

The case coordinators manage not less than 50 cases each. They also participate in the activities (Workshops and sessions) organized for the beneficiaries. They are active in identifying the problems and needs for each family and working towards it to give the families a strong ground for future and a better standard of lifestyle.

The senior program coordinator manages the teams responsible for fulfilling the project and achieving its deliverables working with team members to ensure the implementation and success of programs.

The advocacy coordinator takes the responsibility to develop and strengthen coalitions with existing and potential partners that would include government departments, NGOs, other entities in the social development sector. She is also responsible to develop a grassroots advocacy network among the target group by identifying, training, and supporting dissemination of the concept of 'de-institutionalization and family-strengthening'.

## Conclusion

Irrespective of their circumstances, all children need to be protected and cared. A long-term sustainability approach is pivotal for the overall growth of the family since, institutions cannot serve the inclusive purpose of the advancement of the family.

KARE is a unique and only programme in India which has able to envision the importance of family strengthening in relation to institutionalization. A flourishing family's development can be measured in terms of their ability to be self-dependent. Therefore, providing financial strengthening is one aspect of the programme which helps a family to restore, improve, and maintain their income, and build savings and assets. But it goes beyond just the monetary value by focusing on various other factors that are deterrent to the growth of a family by delivering services in the 5 pillars of development.

Through the comprehensive structure including the 5 pillars of development KARE is giving the families a smooth transition to make changes in their lifestyle and keep their culture intact in their own environment.

However, this goal of impact mitigation can be achieved when government bodies, social organizations, individuals, and communities, all streamline their resources and energy towards this immensely important issue and work diligently towards providing for holistic development of such families.