

SAMPARC- A SUSTAINABLE APPROACH FOR MULTI-FACETED PROGRESS AIMED AT RECLAIMING CHILDHOOD

Promoting a Child Centric Convergence Model for Street Children



Department of Women & Child Development

Govt of NCT of Delhi



A Policy Brief and Convergence Plan of Action for Street Children

by

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Context & Background

With the outbreak of the coronavirus, Governments across the world have been taking proactive measures to control the spread of the pandemic. Such situations bring to fore the need to minimize risks of the community which are more vulnerable. These include children especially those who are in the category of children in need of care and protection.

While several safeguards are taken for children who are put in institutional care, there is also a need for developing a well-considered response mechanism for dealing with children living in street situations. Need has been advocated by civil society organisations for providing such children with necessary medical aid, protective kits constituting masks, handwash/sanitizers and other required support. The Department of Women & Child Development has accordingly done wide stakeholders consultation on the subject and a paramount need which has emerged is to focus on behavioral change communication not only among these children but also the families that are often responsible for keeping such children on the street. The focus that has emerged is to recognize the need for overall care, protection and wellbeing of the child within the gamut of services and provisions as prescribed in the Juvenile Justice (Care & Protection of Children) Act, 2015. It is felt important in current times to take steps to generate COVID awareness and consequently ingrain COVID appropriate behavior amongst these children with a holistic approach of forging convergence amongst various functionaries, institutions/ agencies and the multifarious Government schemes and policies.

Concept and Definition:

Street children are a subset of vulnerable children, a major category that comes under children in need of care and protection (CNCP), defined under the Juvenile Justice (Care and Protection of Children) Act, 2015.

Although, there is no legal definition of the street children, Save the Children Organization in its report “Surviving The Street: A Study of Street Children In Delhi” has given reference of UNICEF according to which three types of children belong to the category of street children-

- The first is street-living children who ran away from their families and live alone on the streets
- The second is street-working children who spend most of their time on the streets fending for themselves, but return home on a regular basis.
- The last category is children from street families who live on the streets with their families.

The child in following conditions as per section 2(14) of Juvenile Justice (Care & Protection of Children) Act, 2015 may accordingly be considered as street child —

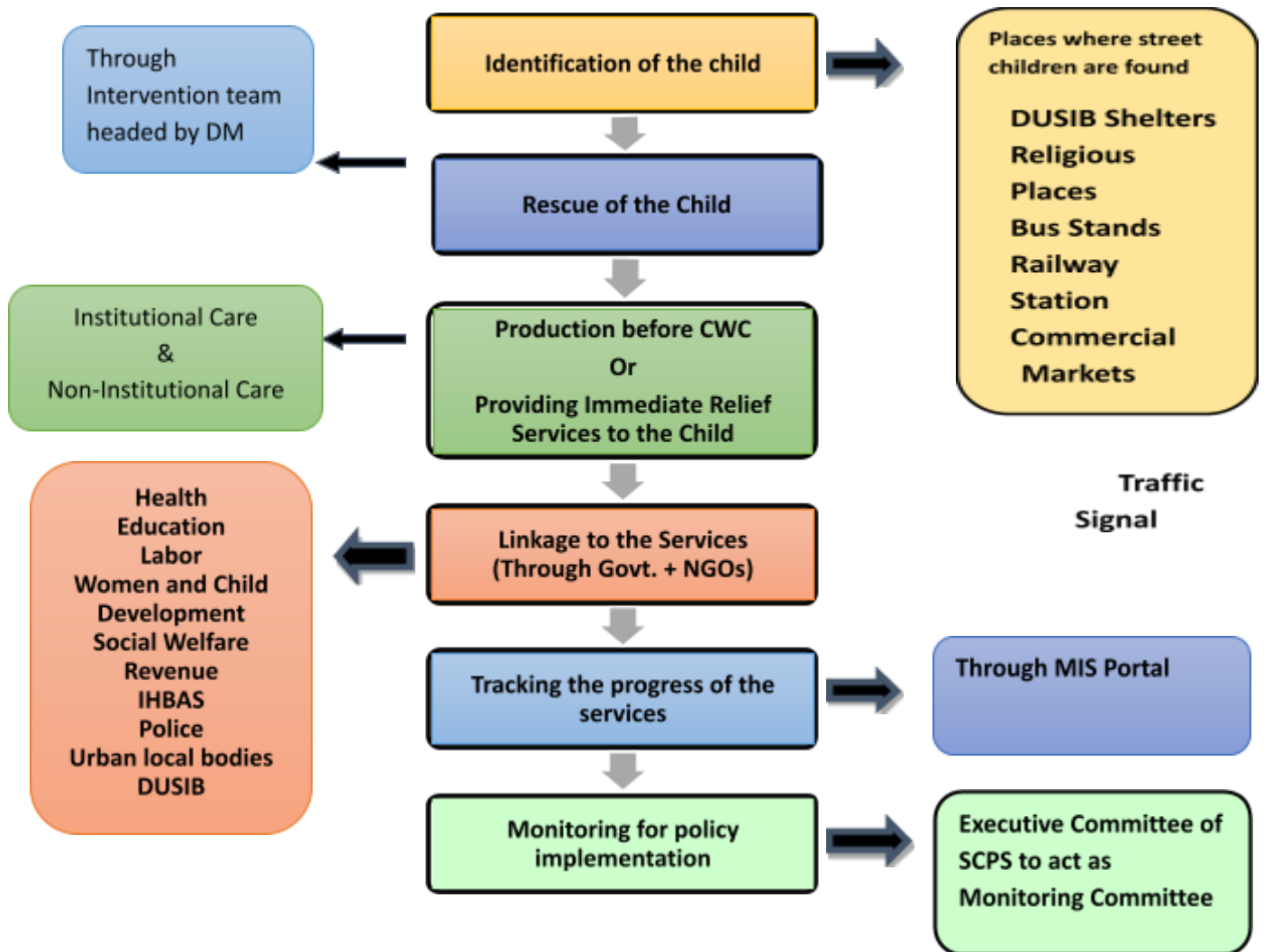
- (i) who is found working in contravention of labour laws for the time being in force or is found begging, or living on the street; or
- (ii) who has a parent or guardian and such parent or guardian is found to be unfit or incapacitated, by the Committee or the Board, to care for and protect the safety and well-being of the child; or
- (iii) who does not have parents and no one is willing to take care of, or whose parents have abandoned or surrendered him; or
- (iv) who is missing or run away child, or whose parents cannot be found after making reasonable inquiry in such manner as may be prescribed; or
- (v) who has been or is being or is likely to be abused, tortured or exploited for the purpose of sexual abuse or illegal acts; or
- (vi) who is found vulnerable and is likely to be inducted into drug abuse or trafficking;
- (vii) who is being or is likely to be abused for unconscionable gains.

Department of Women & Child Development being the nodal department for implementation of Juvenile Justice (Care and Protection of Children) Act, 2015 undertakes various kinds of interventions/ measures (primarily through Child Welfare Committees, District Child Protection Units and other institutions) for children in street situations to alleviate their conditions from vulnerability to a secured societal environment. To mention a few -

- Production of children in street situations before the Child Welfare Committee by any person, voluntary organisation, government officials and concerned agencies;
- Facilitates temporary shelter (in Open Shelters or night shelters for families);
- Conducts Social investigation report of child through DCPUs;
- Undertakes Counseling and restoration of the child who has a family;
- Facilitates their enrollment in Anganwadi Centres/ Crèches, wherever applicable;
- Linkages with other provisions facilitated through the DCPU/ CWC - To elaborate, a child who cannot be restored, due to parent or guardian found to be unfit or incapacitated or if his/her family could not be traced, then he/ she may be placed with Foster family/ Fit Person/ Fit Facility/ Group Foster Care. If not, then long-term institutional care with Individual Care Plan till 18 years of age for him/her; and rehabilitation and social integration from age 18 to 21.

The table below gives a snapshot view of the systemic interventions and the various stakeholders involved in the process:

Flow Chart for Intervention for Street Children



I. Identification of the Child –

Identifying street children appropriately is crucial to provide them with different sets of interventions and services, as per their circumstances and vulnerabilities. For getting a full profile of such children. It is important to assess their vulnerabilities based on simple parameters/ indicators. These parameters can broadly be classified under vulnerability assessment/ vulnerability indicators as contextualized in the section below:

- **Vulnerability Assessment and Vulnerability Indicators**

A life on the street constitutes one of the most serious violations of the rights of children — violating their right to education, good health, nutritious food, play, protection and proper development. These children are a subset of vulnerable and working children, a major category that comes under children in need of care and protection (CNCP), defined under the Juvenile Justice (Care and Protection of Children) Act, 2015.

Since a broad category of children are vulnerable in the society but to specifically target children living in street situations in this context, it is vital to identify their vulnerability parameters so that policy can be targeted and better oriented for their overall welfare. For this purpose, the following shall be determining the vulnerability status of the child -

- 1) Conditions related to Safety and Security
- 2) Status of Education
- 3) State of Hunger and Malnutrition
- 4) Health and Access to Health Care
- 5) Mental health condition
- 6) Reproductive and Sexual Health
- 7) State of Sanitation and Hygiene
- 8) Access to Safe Drinking Water
- 9) Conditions related to Drugs and Substance Abuse
- 10) Coming in conflict with the law
- 11) Element of Child labour
- 12) Risk related to Child marriage
- 13) Risk related with Child trafficking
- 14) Risk related with commercial sexual exploitation
- 15) Behavioural abuse

In terms of identification, targeted interventions shall be done on locations with concentration of such vulnerable children as identified by the field level NGOs/ local Police/ Revenue Dept/ DCPUs as the ‘hot-spot’ locations as an ongoing process instead of going by one time survey since the situation is dynamic and it is deemed appropriate to have a system of continuous ground level intelligence and response embedded in the process itself. The data shall be readily available to all the stakeholders (such as DCPUs, CWCs, DTF, DCPCR, Education Dept, ICDS) for reference and necessary interventions with data sharing protocols.

II. Rescue -

Once the child is identified, the next step is to rescue him/ her from the vulnerable situation, especially in the case of children who are living alone on the street separated from their families. The rescue mechanism involves stakeholders, like the Revenue Administration, Police, and WCD

. As per the Juvenile Justice (Care and Protection of Children) Amendment Bill, 2021, the District Magistrate is suitably placed to ensure effective coordination among stakeholders for facilitation of necessary services for children’s rehabilitation and reintegration. Therefore, the rescue mechanism shall be conducted under the supervision of the DM/ DC with various

stakeholders like DCPU (WCD), Police, etc working closely under him/her. The District Task Force constituted by WCD shall facilitate this exercise and support the area DC for the same. Over and above the DTF, District Child Protection Convergence Committee (DCPCC) is proposed to be comprised with the following :

- 1) District Magistrate -Chairperson
- 2) DTF Nodal Officer/ District WCD Officer - Convenor
- 3) District Child Protection Officer - Co-Convener
- 4) District Social Welfare Officer - Member
- 5) Assistant Commissioner of Police/ Representative from SJPU - Member
- 6) Chairperson/Member, CWC - Member
- 7) Deputy Labour Commissioner - Member
- 8) District Education Officer - Member
- 9) Representative of DCPCR -Member
- 10) Childline of the district - Member
- 11) 2 NGO Representatives - Members
(to be nominated by WCD from preferably those already running Open Shelter in the district or working with street children)

As CWC is a part of the rescue team, it can pass orders then and there, for the child's restoration or placement in the institution. The orders shall also include follow up of the child in consideration which can be done by the DCPU with the support of NGO concerned

III. Production before CWC

Children who are in need of care and protection are produced before the CWC, and the ones requiring immediate relief are catered to with relevant support actions. The CWC is the focal authority to take decisions on children needing care and protection under the purview of the JJ Act 2015. Therefore, effort should be made to produce all children who are CNCP, including children in street situations before the Child Welfare Committee. Once a child is brought into the protection mechanism, the child can lead a more secure life with linkages necessary for overall well-being.

For the first category of children, children living alone on the street –

- In case of the child living alone, the Committee on being satisfied through the inquiry that the child before the Committee is a CNCP, may, on consideration of social investigation report, exercise its discretion for the restoration of the child to parents or guardian.
- Through the inquiry, if it is found that the child is living alone and through SIR, it has been established that the child could not be restored with the family or could not also be declared free for adoption, the child may be provided long-term institutional care till the completion of 18 years and after that financial support may be provided till the age of 21 years in order to facilitate the child's re-integration into the mainstream of society if not

placed in an After Care Institution (as per Section 46 of Juvenile Justice (Care & Protection of Children) Act, 2015).

For the second and third category of children- working children who return to their home at night and those living with their families on street may be considered for following –

- Family is counselled by a DCPU/ CWO/ Social Worker/ NGO/ Community Based Organization (CBO) representative to explain to them the various reasons why the child should not be on the streets.
- If the child is found to be living with his migrant family which has come to the city and doing odd jobs, begging or selling products on the streets, or even does some other work involving children or not, but attracts the provisions provided under Juvenile Justice (Care & Protection of Children) Act, 2015 mentioned above, the DCPU may visit the family and prepare the Social Investigation Report to present the family situation. If the family doesn't find any possible means of being in the city except on the street and they want to go back to their native place, considering the safety of the child and dignity of the family, all possible steps may be taken to repatriate the family to their native place. Therefore, keeping in mind the best interests of the child, CWC may consider writing to the CWC of the concerned district the family belongs to, or to the District Magistrate, to provide sponsorship for the child - if the child is eligible for sponsorship under Section 45 of the JJ (CPC) Act and ensure basic facility and appropriate benefits under various schemes of the Government are provided to the family so that the family does not put their children at risk.
- CWC shall recommend for the child to be enrolled at the Anganwadi Centre or in a nearby school, as well as provide Open Shelter facility available in the area.
- To provide sponsorship for the child - if the child is eligible for sponsorship under Section 45 of the JJ (CPC) Act and ensure basic facility and appropriate benefits under various schemes of the Government.
- The CWC shall also recommend that the family may be provided shelter home or "Rain Basera" in the area run by DUSIB or district administration as per the administrative jurisdiction and children of these families can be linked with nearby Open Shelters.
- The CWC, in appropriate cases and after satisfactory inquiry, can give recognition to shelter homes run by DUSIB to be considered as fit facilities for temporary reception of children with homeless families for special care and protection.
- In case CWC views that the family is unduly engaging their child for begging or cause for begging with criminal or commercial intent, legal action may be initiated against such parents as per provisions provided under Section 76 "Employment of child for begging" of JJ (CPC) Act, 2015.
- If it is found that such parent or guardian is unfit or incapacitated to take care for and protect the safety and well-being of the child, the child may be placed with fit person/foster family/Group Foster Care or sent to institutional care.
- In case it is found that the guardians or family actually are not biological parents or guardians, it shall request for further police investigation to prevent illegal adoption or

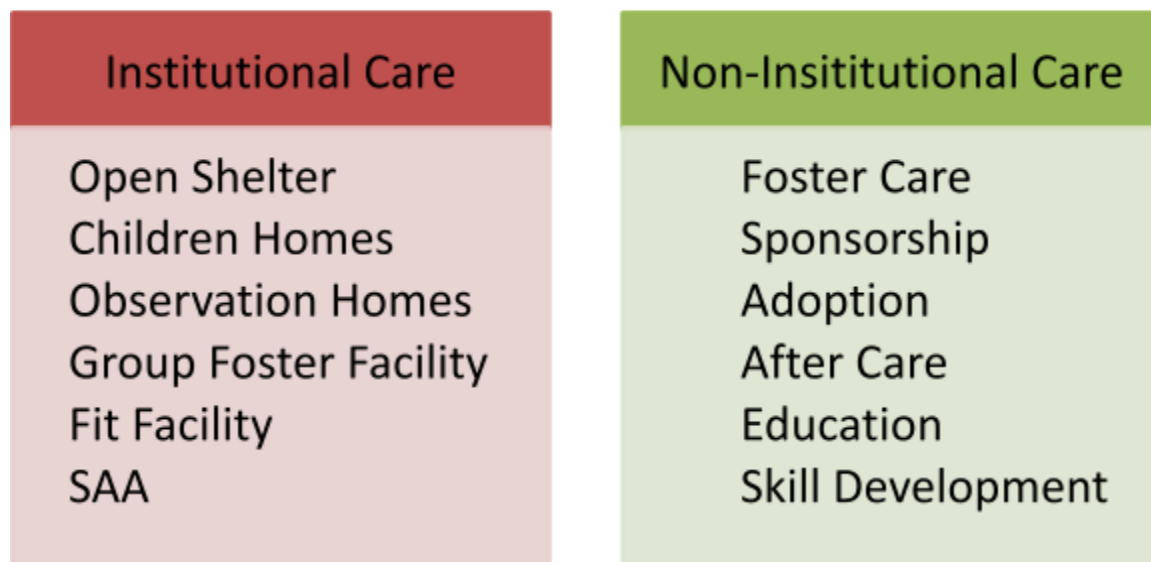
trafficking, with a copy to Anti Human Trafficking Unit (AHTU)/SCPCR/Special Juvenile Police Unit(SJPU)/CWC.

- If it is found that the child is on the street during the day time and goes back to the family in the evening that stays in a nearby slum/ hutment area, the child is to be enrolled for education and nutrition either in a school or Anganwadi Centre depending on his age.
- When a child in street situation is also into substance abuse and drug dependent and is produced before the CWC, the CWC shall immediately send the child to a fit facility identified for care, detoxification, treatment and rehabilitation of such children.

The CWC thus intervenes through the twin mechanisms meant for the care and protection of child, namely :

- ☐ Institutional Care
- ☐ Non- Institutional Care

These are illustrated below too:



IV. Linkage to the Services

An Approach to Convergence of Services- ICPS model

Our Policy recognizes the imminent need for coordination amongst various agencies including government bodies to uphold the rights of street children. It calls for regular information sharing exchange among all stakeholders to enhance effectiveness of respective measures. It calls for a sustainable and multidimensional approach to holistically address the challenges faced by the children living in street situations through convergence of resources and services of both the Government as well as NGOs/CSOs. The same has been reiterated in Integrated Child Protection

Scheme which is a centrally sponsored scheme aimed at building a protective environment for children in difficult circumstances, as well as other vulnerable children, through Government-Civil Society Partnership.

ICPS brings together multiple existing child protection schemes under one comprehensive umbrella, and integrates additional interventions for protecting children and preventing harm. It aims to strengthen existing structures, enhance capacities at all levels, create a database and knowledge base for child protection services, strengthen child protection at family and community level, and ensure appropriate inter-sectoral response at all levels.

The same is reflected in the State set-up in the inter-departmental State Child Protection Society constituted in accordance with Section 106 of the JJ Act, 2015. Functions of the same State Child Protection Society have further been illustrated in the JJ (CPC) Model Rules, 2016 with an emphasis on cohesive and collective partnership between Government and NGOs/CSOs for ensuring a robust/ need based response to the children in need.

This mechanism provides preventive care and rehabilitation services to any vulnerable child including, but not limited, to children of potentially vulnerable families and families at risk, children of socially excluded groups like migrant families, families living in extreme poverty, scheduled castes, scheduled tribes and other backward classes, families subjected to or affected by discrimination, minorities, children infected and/or affected by HIV/AIDS, orphans, child drug abusers, children of substance abusers, child beggars, trafficked or sexually exploited children, children of prisoners, and street and working children.

In this respect, ICPS has viewed Open shelters as 24*7 Crisis Management System. As in many instances street children are seen living in conditions of extreme deprivation compounded by lack of shelter and access to basic services like sanitation, safe drinking water, education, health care, recreational facilities, etc. They end up at traffic intersections, railway stations, streets, *sabzi-mandi* (vegetable market), etc. begging for alms, wiping automobile windscreens, rag picking, vending wares. These children are very often victims of adult abuse of all kinds. Open shelters play a very vital role in ensuring their accessibility to the most essential services including food, drinking water, clothing, shelter, basic health & hygiene services, etc. Open Shelters are meant to cater to all children in need of care and protection particularly street children for which Grant-in-Aid is admissible with the following norms (as per the Annexure VIII of Revised ICPS 2014):

Financial Support for a Unit of 25 Children at Open Shelter

S.N	ITEM	AMOUNT (In Rs.)
.		
A. Non-recurring Expenditure (once in five year)		

1.	Furniture including mattresses for children, 25 steel lockers, cupboards, tables and chairs etc.	1,50,000
2.	Two Computers with UPS (including cost of software license) and with printer cum scanner	90,000
3.	One Color Television	15,000
4.	Equipments for sports, entertainment, vocational training and kitchen along with utensils, gas stove, water filter, etc.	2,50,000
	Total	5,05,000
B. Recurring Expenditure (per annum)		
5.	Maintenance @ Rs. 2000 per child per month (food, @ Rs. 1400 and Rs. 600 for clothing, medicine, soap, oil, etc.)- (Rs.2000 x 25 children x12 months)	6,00,000
6.	Rent for hired building or maintenance for self-owned building for:	
	(a) Open Shelters @ Rs. 17,500 per month and for metro cities @Rs.35,000/- per month (Subject to actuals).	2,10,000
	(b) Three Contact Points @ Rs. 2,600 per month and for metro cities Rs.5,000/- per month (Subject to actuals)	93,600
7.	Water and electricity charges @ Rs. 2,600 per month (subject to actuals)	31,200
8.	Contingencies (postage, stationary, telephone, photocopy etc.) @ Rs. 2,600 per month	31,200
9.	Transportation charges @ Rs. 2,600 per month	31,200
10.	Miscellaneous for outings, books for library, play materials, educational/sports equipments, etc. @ Rs. 4,000 per month (subject to actuals)	48,000
11.	Salary:	
	One Project Coordinator cum Counsellor @ Rs. 17,500 per month	2,10,000
	One Social Worker @ Rs. 14,000	1,68,000
	Two Care Givers cum Bridge Course Educators @ Rs. 9,000 per month	2,16,000
	Three Outreach Workers3 @ Rs. 8,000 per month	2,88,000
	One Helpers for cleaning and cooking purposes @ Rs. 6,000 per month	72,000
	Total	19,99,200
	Total (A+B)	25,04,200

Note: The financial support is provided for 25 children utilizing the services at night as well. During the day there would be more children utilizing the services of the Open Shelters for intermittent periods. For Children availing services only during the day, a maintenance amount of Rs 1000 per child per month will be provided. Apart from the above, NGOs are encouraged to enroll the support of volunteers and raise funds from other sources to run the Open Shelters.

These Open Shelters, run by both NGOs and State Governments/UTs, are not meant to provide permanent residential facilities for children but rather are meant to complement the existing institutional care facilities.

UTILISING EXISTING SCHEMES AND SERVICES and GO-NGO Collaboration

The policy looks at mapping of existing needs, resources and then identifying the scale of services that are still needed for instance increase in the number of shelters etc. WCD is open to support for more such shelters under the existing scheme if eligible and willing organizations come forward. The Policy encourages GO-NGO partnership recognizing the need of collaboration between government and NGOs/CSOs related to Street Children in order to alleviate the living conditions of children living in street situations. Simultaneously, there is a need for better coordination among development agents working for the rights of street children and information sharing among all stakeholders for optimum use of existing resources.

ROLE OF STAKEHOLDERS

The role of various stakeholders is illustrated in the table below:

<u>S.No.</u>	<u>Interventions/Measures</u>	<u>Concerned Department/Stakeholders</u>
1.	Rescue of the Child	District Administration, Police, DCPU(DWCD) , NGOs, Labour, DCPCR .
2.	Enrollment of the Child to the Sarva Siksha Abhiyaan.	Department of Education, NGOs/CSOs, DCPCR
3.	Enrollment in the AWCs/ Creche	District Women and Child Development officer
4.	Health Services/ Medical Aid	Department of Health, NGOs/CSOs
5.	Mental Health Services	IHBAS, Health Dept, NGOs/CSOs
6.	Shelters	DUSIB, DWCD, NGOs/CSOs
7.	Child Labor Prohibition	Labor Department, Police, DCPCR

8.	Protection against abuse, exploitation, trafficking.	Police Department. Special Unit for Women and Children, Special Juvenile Police Unit, Prohibition directorate
9.	Overall Supervision of the care and protection mechanism for street children.	District Administration/ DCPCR/ WCD

Role of Government

Within the government, the various stakeholders / Institutions of GNCT of Delhi mandated to address the issues of street children are as follows:-

1. Department of Health and Family Welfare
2. Institute of Human Behaviour and Allied Sciences (IHBAS)
3. Department of Women and Child Development/ Prohibition
4. DUSIB
5. Prohibition Directorate
6. Department of Social Welfare
7. Revenue Department
8. Education Department
8. Labour Department
9. Delhi Police
10. Urban Local Bodies

Department of Health and Family Welfare- Every child needs to have access to adequate healthcare and health education to protect themselves and others from the virus, including street-connected children. The role of the Health Department of GNCT is vital in these spheres. Preserving, protecting and promoting a child's right to health has always been a priority of the Government, more so in pandemic times. Although most children who contract COVID-19 seem to endure mild or no symptoms, children who spend large parts of their lives on the streets may be more at risk than most. Poor nutrition, a problem faced by many street-connected children, can weaken the body's immune response and increase health vulnerabilities. The psychological impact the pandemic has on vulnerable children such as street-connected children and homeless youth cannot be overlooked. The fear of uncertainty about potential access to basic needs such as food, housing and medical services, affects in particular children working on the streets.

The Health Department would hence be expected to take up the following role -

- Health education through the Public health and community health department covering families and children who otherwise lack access to appropriate health information. Distribution of health-related posters and leaflets across markets and other public places targeting health education of the most vulnerable people would be key to this effort. The area SDMs can also play a significant role in this sphere.

- Distribution of masks (in synergy with Revenue Department and Urban Local bodies) to the families on streets.
- Linkage to the Ayushman Bharat Scheme.
- Providing linkages with other medical services such as Mohalla Clinics and local dispensaries.
- Providing a Divyang (disability) certificate to the child if required, and linking to assistive devices/ aids.

IHBAS-

The Mobile Mental Health Units run by IHBAS shall provide outreach services for mental health. IHBAS shall provide Covid care facility for special needs children and rescue and treatment of homeless and mentally ill children. They shall also offer medical services for the street children.

Department of Women and Child Development - Implementation of the Act/ Rules

The Department of WCD has established 26 Child Care Institutions for children dealt with under the JJ(CPC) Act, 2015 and registered NGOs run institutions also for providing residential care & protection to such children. Besides, the Department of WCD is financially supporting 9 Open Shelters (run by NGOs) for street children providing day and night shelter. The children residing in CCIs and Open Shelters are provided with all facilities i.e. food, lodging, basic needs, recreational and developmental and Covid protection items such as masks and soaps for frequent hand washing as per COVID prevention protocols.

Department shall also address the specific needs of street-connected children and homeless youth to ensure that they can enjoy their right to safe shelter and healthcare services. The Department shall spread awareness among the children especially in identified hotspots about available services and encourage children to use the facilities extended by the Open Shelters. Apart from this the department in collaboration with voluntary organizations shall facilitate the linkages of street children to the relevant benefits/ schemes/ programs. Such convergence of efforts is illustrated in the diagram below:



WCD role is briefly illustrated below:

- Mapping of vulnerable children through Anganwadi field functionaries, DCPUs and DTF, Childline and NGOs /CSOs actively engaged with street children
- Department facilitates matching the needs of children in street situations by linking them to the requisite services in coordination with various stakeholders such as the Childline, Health Dept, Railways, Police Services, Education Dept and associated or willing NGOs/CSOs.
- Undertaking awareness campaigns for outreach of social messages to children living in street situations. As a part of IEC advocacy, posters are required to be specially designed showcasing details of Open Shelters and other community based interventions available pan Delhi to provide immediate shelter to any child. In the current wave of pandemic, such posters were designed and widely circulated by the WCD through both print and digital media as well as being placed at prominent public places for the wider dissemination of information regarding Open Shelters. Social media handles and WhatsApp groups are also used for effectively disseminating this information along with awareness about the Child Helpline No 1098. Other public awareness measures using digital mode are also made part of the campaign. For example, the Department has promoted **KaronaApniSurakhsha (KAP)**-a remote learning campaign on prevention, testing, care and vaccination for Covid-19 through verified information and interesting activities for mothers and children across Delhi in collaboration with Pratham organization.

- Another innovative strategy is “**Bal Samvad**”, The first pilot “Bal Samvad” for street children with a group of 70 such children was organized by the Department on 16.06.2021 in New Delhi district to map vulnerable children's aspirations/suggestions and their role in awareness generation programme and preventive strategies for care of other children placed in similar situations. (A report on this model along with a concept note on Bal Samvad is attached as *Annexure I*) All DCPUs are encouraged to use this model on a regular basis for active engagement of children themselves with ‘**Bal Mitras**’ emerging from such engagement who can further promote the care and protection of other children living in street like situations.
- The Department of Women and Child Development has issued a Notice inviting application for Declaration of Fit Person to Foster a Child in Family Environment and a notice for recognition of Fit Facility or Group Foster Care. The Corresponding guidelines have also been issued. The Department of WCD has also issued the Guidelines/ SOP for implementation of the Sponsorship Programme 2021. The DCPUs are encouraged to maintain a database of all such potential facilities and also a database of children in need of such benefits/ support.
- Saheli Samanvay Kendra (SSK) functioning under the Department are well equipped to provide all kinds of services at the grass-root levels, specially awareness generation for children living in street situations through Samvad component. Field functionaries associated with SSK are being sensitized to recognize such children in their areas and assess their needs and facilitate linkage to the Govt services in addition COVID related awareness generation in these children. Further, efforts shall be made by the ICDS cadre to enroll children in the AWCs/Creches so that they are in a secure environment with basic nutrition support through its component of Supplementary Nutrition Programme.

DELHI URBAN SHELTER IMPROVEMENT BOARD-

This body presently runs 209 shelters having capacity to accommodate 7142 people in the category of homeless persons. Out of 209 number of shelters 19 are for women and children and 18 are for families. In the current policy it is envisaged that services will be augmented with basic degree of care services including food, medical care etc besides safe shelter especially for shelters where women and children reside. Already during COVID pandemic, a vaccination drive for the homeless people has been launched in Delhi from 25th June 2021. This is a big step, since the homeless people hardly have the identity cards in the absence of which vaccination is almost impossible. This indirectly protects the children living with their families on the street. Further this paves the way for street children who can be vaccinated under the same approach as and when vaccines for children are available.

The Prohibition Directorate

A very critical area of concern amongst children living in street situations is the children addicted to drugs and substance abuse. The Department has established a model **Wellness Centre** at Sultanpuri, which is proposed to be further replicated across all districts of

Delhi under project “**Suryodaya**”. (The Project details are placed at *Annexure II*). In a nutshell, the project emphasizes close coordination between DCPUs and NGOs/CSOs for prevention of substance abuse and drug dependence in children and rehabilitation, which includes -

- a) Collecting & sharing of information regarding hotspots, size & pattern of substance abuse.
- b) Conducting preventive programmes.
- c) Peer led interventions like monitoring households and spreading awareness for prevention of drug abuse.
- d) Health Camps & Awareness programmes.
- e) Family counseling of those involved in substance abuse.
- f) Facilitating linkage to the Outreach Services of ‘drug de-addiction Centre’
- g) Creating collaboration between community based providers and local education agencies to improve school performance and reduce school drop-out rates and juvenile delinquency

The Action plan of the Suryodaya project advocates a holistic approach to address the children engaged in substance abuse, which includes four components of – Reaching children outside school (After School Programmes targeting vulnerable after school hours to prevent illicit drug use), Reaching high risk groups, building family bonds and family based treatment.

Suryodaya shall hence be one of key strategies to address the holistic needs of street children.

Department of Social Welfare

The Department of Social Welfare provides welfare programmes and services to the persons with disabilities, social security for the aged and destitute through the network of residential care homes and non-institutional services. The Department directly or indirectly caters to the street children through its existing schemes as also a new scheme started in the wake of Covid pandemic. 'Mukhyamantri COVID-19 Pariwar Aarthik Sahayata Yojana' provides Rs 50,000 ex-gratia for every family that has lost a member due to COVID-19 and an additional Rs 2,500 per month if the deceased was the sole breadwinner. Children who lost their both parents or single parent to COVID-19 will also be provided Rs 2,500 per month till they achieve 25 years of age. Also, the state affirms to look after the health and education needs of the dependent children as per existing policy.

Besides this, vulnerable families can be assisted through other ongoing schemes as under:

- The Scheme of Financial Assistance to Persons with Special Needs, 2009 provides Rs. 1,500/- p.m. which is remitted quarterly.
- The Delhi Family Benefit Scheme provides for one-time assistance of Rs. 10,000/- to the family members of deceased primary breadwinner (male/female) of a household.

Under the mapping and matching exercise for the street children, all NGOs shall be sensitized to help such vulnerable groups to access the benefits of the new provisions as also the existing schemes and services of the Government.

Department of Social Welfare is also the nodal Department for interventions on beggars and undertakes security and rehabilitation measures for them from time to time. Accordingly, the Department will share information on action taken for children engaged in begging with the DCPO/DCPCC/DTFs on a regular basis.

Revenue Department/Administration

Overall monitoring and supervision of all the interventions for ensuring caring and protection for the street children shall be done at the district level by the District Collector/ DM. The DCPU shall work under the supervision of the DM and shall facilitate the implementation of the schemes and programmes at District level for street children including their rescue operation. District Administration could consider training the rescued children from the street,(on attaining the age of 18 years) as Civil Defense Volunteer, since it will not only provide such vulnerable children respectable employment but owing to their street experience they can assist many other children who come from similar background.

Education Department-

Education is an important tool to bring an overall change the life of any child. The street children who are deprived of their right to education, should be given opportunity for getting educated. Here the Department of Education assumes a central role. Key interventions-

- Right to Education- Article 21(A) of the Indian Constitution declared that the State shall provide free and compulsory education to all children of the age of six to fourteen years in such manner as the State may, by law, determine. The Education Department should accordingly facilitate enrollment of the child to the Sarva Siksha Abhiyaan as part of the overall Samagra Siksha which is meant to support urban deprived children.

- The Education Department shall facilitate linkage of the street children to provisions (if applicable in Delhi) like Kasturba Gandhi Balika Vidhyalayas (Residential Schools from class 6th to Class 12th for girls belonging to SC, ST, OBC, Minority and BPL categories), Mid Day Meal, Netaji Subhash Chandra Bose residential Schools/Hostels (For educating children without adult protection who are in need of shelter and care), Manodarpan (Psycho-social Support during COVID-19 and beyond).
- The DoSEL guidelines for educating children of migrant person and COVID response action plan (Identifying and mainstreaming of out of school children and ensuring sustained enrollment, retention and transition), are relevant in the context of street children and hence shall be utilized for bringing them into the ambit of education opportunities.
- District education officers should be in active contact with the DWCD and proactively procure the details of children orphaned due to COVID or such children whose family has lost the breadwinner, so that the educational need of such children are taken care of in age appropriate manner.
- Progress Monitoring- The Education Department shall regularly share the educational progress and performance of the children enrolled with the concerned CWC and DCPUs

- For the girl child, the Education Department should link them with the Ladli Scheme of the DWCD.

Labour Department-

Many of the children found on the street are being engaged in illegal and bonded labour, where they work for meager or no wages. Labor Department in co-ordination with Police, DCPU should address the related issues-

- If the child is found to be bonded labour, compensation in accordance with Clause 5 of the Central Sector Scheme for Rehabilitation of Bonded Labourers, 2016.
- Rehabilitation of bonded labor as per provisions.
- CWC would recommend for the wages from the employer and compensation under the Supreme Court ruling and the compensation under Central Sector Scheme of Rehabilitation of Bonded Labourer, 2016.
- An amount of Rs 25000 to be compensated to any the previously labor child as per given provisions, with a contribution of Rs 5000 from the District Child Rehabilitation Fund and Rs 20000 from the employer.
- Linkage to skill programmes and vocational training.

Police Department-

Because of their placement in the street, these children are left prone to the most dangers of exploitation, abuse, trafficking and sexual harassment. The Police Department particularly Special Juvenile Police Units in coordination with Administration, WCD, NGOs/CSO etc shall work to guarantee protection to children living in street situations. Key Roles to include the following -

- Police to participate in the rescue operation in collaboration with Revenue administration
- The Beat constables and Traffic Police being better placed at all nooks and corners of the city, to be involved in the identification and rescue of the street children.
- Police Department having the knowledge of a child at risk on the street, with or without parents should immediately inform the CWC.
- Action be initiated against such family who is forcing the child into begging, as per provision provided under Section 76 of JJ Act, 2015, “Employment of child for begging” and Section 75 of JJ (CPC) Act, 2015“ Cruelty to child”
- First information report (FIR) be lodged against the employer for contravention of the Child and Adolescent Labour (Prohibition and Regulation) Amendment Act, 1986.
- Police to investigate or take action against the person/shop selling narcotic substance under Section 77 of the JJ (CPC) Act, 2015.
- Police to take action against any other abuse such as sexual, exploitation and trafficking.
- AHTU to play an active role and share information with the DC/ DCPU of the area

Urban Local Bodies-

Since Urban Local Bodies have been at the implementing end of the essential and basic civic services, they can greatly help in extending mainstream services to the street children. In this case the New Delhi Municipal Corporation, North Delhi Municipal Corporation, East Delhi Municipal Corporation, South Delhi Municipal Corporation and Office of the Cantonment Board shall take measures to identify hotspots and facilitate linkages with services of other departments. Key roles-

- Sharing of death data by the concerned Urban Local bodies to relevant stakeholders so that children rendered orphan or abandoned can be attended to immediately.
- The birth certificate to these children to be provided by concerned ULB for determination of age and enrollment in the school and linkage to any other such service requiring this document.
- Awareness generation about Child Helpline, Covid Appropriate Behavior, Open Shelter information etc. In this regard, announcement in streets and markets can be done by Urban Local Bodies through their garbage vehicles on a regular basis.
- Distribution of meals, masks etc among those in need, with focus on street children.

Role of NGOs/CSOs

In order to reach out to all children, in particular to those in difficult circumstances, ICPS Scheme acknowledges that child protection is not the exclusive responsibility of the government but stresses that other sectors have vital roles to play. Therefore, there is a need to work closely with all stakeholders including government departments, the voluntary sector, community groups, academia. Stakeholders, especially the Non-Government Organizations (NGOs) working with children play an important role in addressing the issues concerning street children. The scope of their work shall include bringing all cases of children identified by them to their respective CWC, work with CWC and DCPU for the rehabilitation of the children and families, bring data/ need base demand for starting new Open Shelter and to run open shelter, perform creative activities in the Open Shelter and help families link with social protection services. Moreover, interventions like, successful repatriation of children with their families and families in street situations with their native place along with schematic benefits to the children and families are other key measures in addressing the issues effectively.

Specifically in the backdrop of the COVID-19, the NGOs shall identify the hotspot areas in reference to street children and work proactively for providing support services to these children according to the need assessment. Informal interactive sessions imparting Covid related awareness to be organized by CBOs among these children along with the distribution of masks and sanitizers/soaps. There is also a need to adopt novel and practical ways of identification and enrollment through distribution of '**badges**' or '**wrist bands**' with unique numbers, so that these children can be tracked and monitored for aid distribution and linkage to various services. The community based local NGOs shall be involved to monitor the identified street children for their performance along various parameters, since these organizations work at grass-root level with one to one interaction with the vulnerable streets children. They shall identify, and nurture children as 'Bal Mitra' who show some leadership potential for being change agents themselves.

The Department of WCD shall tie-up with multiple organizations providing facilities for COVID care to expand the resources available for care and protection of the children living in street situation. Street children hotspots will be allotted to the NGOs/VOs based on their domain of work and need assessment of these hotspots.

Further, efforts will be made to document, adopt and promote the good practices by any NGOs or Department concerned. One such example is elaborated below-

Prayas JAC Society in association with Asia Foundation and Kaboom conducted a Gap Analysis Narrative on COVID-19 Communication in five districts of Delhi aimed to find out the efficacy of the existing communication material on COVID-19, attitude and practices followed by people on ground, and the need envisaged by local government officials to analyze the gaps and to identify opportunities needed to mitigate the risks of COVID-19. Some key findings of this study are as follows-

1. Enough COVID-19 awareness among respondents, but lack of information and hesitancy in case of vaccination
2. All the respondents associate their awareness through mainstream and digital media, including news on TV and WhatsApp. They also rely on their friends/ relatives, local ASHA/AWW workers, and the panchayat/local body representatives for information.
3. NGOs also played a big role in initiating welfare groups, and disseminating correct information among target groups, through workshops and discussions. Workshops, training, videos, wall writings, poster making, *Nukkad-Nataks* and loudspeaker announcements remain an important form of effective communication.
4. The gaps and requisite solutions-
 - **Communication Material-** The lack of a unified message across the communication materials and channels is evident. Hence need of a ***unified message*** that starts building a recall among audiences as well as is well disseminated in places frequented by the audience, in their own languages so that they can better understand, comprehend and act on the information.
 - **Usage of Masks-** Most people could not afford the masks that were on sale, and this was further compounded by the high demand and significantly lower supply. This lack of cost control and imbalance in supply was and remains a key challenge and hence be addressed by wide spread distribution of masks by both the Govt and NGOs
 - **Vaccination Information-** A serious issue lies in the people's reluctance towards taking the vaccination, the complete lack of reliable and substantiated information on vaccination. Therefore, the need on the ground is to create and disseminate communication materials that focus on vaccination.
 - **Co-Creation-** People trust and rely on their local ASHA/AWW members, as well as doctors; it would thus be extremely beneficial to co-create vaccination guideline/toolkit that can be spread throughout the community. *Nukkad-Nataks* would be highly recommended as they help in mass community awareness and are popular and cost-effective means to reach a local audience. It is highly

recommended that the plays are co-created with the community members and local artists making them more credible.

- **User Testified**-The said communication would need to be user-tested/field tested on target audiences, to check the message usability and efficiency.
- **Technical Expertise**-Any information that is being developed need to be vetted and approved by an expert.

Such innovative and effective exercises aimed at assessment and analysis based solutions shall be promoted and adopted in the Govt-NGOs partnerships meant to reach out to vulnerable children by adopting area based approach with districts as the unit.

Areas where the support and interventions by NGOs are required-

- a) Vulnerability Assessment and mapping- Mapping of hotspots of street children and maintaining a dynamic database with digital record of each child
- b) IEC material development-posters, handouts, handbooks and social media campaigns and events.
- c) Awareness, sensitization and Campaign- Offline group campaigns, online campaigns, street plays and film screenings, discussions and Bal Sabhas, To Do creative activities designed for children.
- d) Formulation of Consortium of street children with NGOs/ Bal Mitra to work exclusively on their rights and well being.
- e) Sponsorship for Street Children-proving and connecting such children with requisite sponsorship for access to relevant services- Education, Health etc.
- f) Connecting street children to schools and skill development programmes.
- g) Data collection and sharing
- h) Informal learning and knowledge and training/Counseling
- i) Monthly health check-ups and organizing health camps
- j) Meals Programme
- k) Psychosocial and legal support
- l) Research and Survey

Monitoring

Monitoring is to be understood in two forms- one is the monitoring of the child in consideration. And other is the overall monitoring mechanism of policy implementation through coordination among stakeholder Departments. The monitoring and tracking of the child is to be done through MIS portal where detail records of any child who comes under the JJ system, are maintained. Further the progress of the child shall be regularly tracked and monitored by the concerned CWC with timely follow up from various stakeholders involved in her/his care and protection.

The executive committee of the State Child Protection Society (Secretary, WCD as the Chairperson and Director, WCD as the Member-Secretary) can perform the role of state level monitoring committee to oversee the policy implementation for street children. The DCPCR Chairperson will be co-opted as a member in the executive committee of State Child Protection Society as stated above. This monitoring committee shall ensure the following –

1. Proper implementation of the provisions of the concerned policy.
2. Review and strengthening of the child protection mechanisms in respect of all vulnerable children including street children
3. Coordination and liaison between different stakeholders-Govt, NGO/CSOs, CWCs DCPOs etc. (For example- as govt. may not have the adequate arrangement for wide coverage of all hot spots both extensively and intensively. Engagement of private players through CSR/NGOs/RWAs can be done through strategies as guided by the State level Committee from time to time).
4. To conduct regular feedback meetings to discuss and sort out important issues pertaining to smooth functioning of the policy.
5. Assess budget requirement/estimate and make out a case for the same to be accessed timely.
6. Facilitate synergy with Delhi Police, local SDMs through the DCs/Deputy Commissioner, Railways, NGOs, Market Association and RWAs (through the SDMs) so as to ensure better convergence of resources.
7. To commission evaluation studies and innovative pilots as suggested by the members of the committee.

Budget Allocation & Empanelment of NGOs/ CSOs:

Since this whole approach to provide care and protection to the street children rests on the premise that it shall be a joint initiative of the Government and Voluntary Organizations, required budgetary support shall be given to compensate the NGOs/CSOs over long term using performance based milestones. Financial support shall be activity based and performance based such as number of awareness programmes conducted, number of participants etc. This is over and above the financial support being provided under the Open Shelter scheme for which already NGOs are getting compensation based on the number of children coming to avail the services of the shelters. An Expression of interest shall be given by the WCD to select partner organisations in different districts.

While the Department shall take support of NGOs running open shelters and night shelter for families/ or shelters for women and children, the Department shall also invite Expression of Interest from the reputed NGOs/CSOs working in the field of care and protection for organizing various interventions in a structured and sustainable manner to assist more children in street like situation. Expenditure incurred on the activities conducted by NGOs /CSOs will be reimbursed from relevant budget head under the revised Integrated Protection Scheme (2014) under State Child Protection Society, which makes provision of fund allocation of Rs 15,00,000 annually at state level under the expenditure head of '*Situational analysis and mapping of districts, preparation of annual district plans, resource mapping, preparation of resource directory, child tracking etc*'. Similarly, for the DCPUs there is a provision of fund allocation to the tune of Rs 2,00,000 per district annually under the expenditure head of '*Advocacy and awareness- organizing camps, melas for community awareness and sensitization*'. Delhi Child Welfare Fund created under the provision of Juvenile Justice Fund constituted under Juvenile Justice (Care and protection of Children) Model Rules, 2016 under Rule 83 can also be used for

the purpose of budgetary support to the organizations who are duly selected to partner with the WCD for awareness building measures apart from other stated deliverables.

NGOs/ CSOs shortlisted and empaneled may be assigned to carry out following activities as per their intent and expertise on periodic basis:

1. Campaign for street children using print or visual means of IEC, information dissemination for public awareness;
2. Identifying and profiling of vulnerable children;
3. Resource mapping and matching the needs;
4. Mentoring and fostering child care through protection and participation ;
5. Creating accessibility to medical and mental health care;
6. Conduct street-play, family visits, outreach children to connect with support system ;
7. Facilitate access to vital supplies and COVID protective equipment i.e. face masks, sanitizers, hand wash soaps;
8. Educate on COVID appropriate behaviour, personal hygiene and sanitation;
9. Assistance for continuation of education, special education, higher education, skill development;
10. Family visits, follow up and mentoring for educational accomplishments and career guidance and maintaining digital record to track and monitor the child well-being & linkage to schemes/services;
11. 'Bal Samvad' with street children for identifying issues of concern, enabling them to help themselves with developing problem solving approach. Also identifying and nurturing 'Bal-Mitras' as agents of change;
12. Swachta Abhiyan for creating awareness about cleanliness and hygiene;
13. Any other institutional, non-institutional or alternative family based intervention.

An amount upto Rs.25,000/- shall be paid in keeping with the no. of activities and its scale. For interventions other than activities such as follow up visits to ascertain child's well-being and maintaining a digital report card of the child, an incentive will be given based on the defined norms/actual expenses.

A committee at the Head Quarter (DWCD) level shall assess the applications/proposals received and finalize interventions and expenditure based on actual needs and send a recommendation for approval of the HOD. The committee shall comprise of the following-

1. Chairperson- JD(CPU)
2. Member Secretary- DD (CPU)
3. Member- Programme Manager(SCPS)
4. Member- AAO
5. Member- DD(RTE)

This committee shall finalize the interventions and/costs to be reimbursed based on the proposals and estimated expenditure received in keeping with the norms of similar interventions of other Govt Programs.

BAL-SAMVAD

(A Concept Note/Implementation Framework)

‘Bal Samvad’ is a name given for the online/offline communication in the form of interactive sessions, where children are given the opportunity to voice their opinion and concerns. The Department of WCD has started this as a series for children in CCIs and further extended to the street children.

Objectives-

- To give an opportunity to the disadvantaged children to voice their issues/concerns and hence to map vulnerable children's aspirations/suggestions and their role in awareness generation programme and preventive strategies for care of other children placed in similar situations.
- Awareness Generation on health, hygiene, safety and other issues related to well-being of the children.
- Linkage to Services and Schemes related with Education, Health, skills etc.

Methodology- The DCPUs will tie up with the local NGOs running open shelters, CCIs in the districts/others working on street children and plan a calendar/structured awareness sessions at hotspots/other vulnerable locations where there is a concentration of such children.

Activities-

- Bal Samvad’s main component is the two-way or interactive communication between the target group i.e. the street children and the concerned authorities/representatives from the Govt/NGOs. It should be accompanied with a wide array of public awareness tools such as Nukkad-Nataks, display of informative films in simple language, use of flip books/flyers/posters, talk shows, puppet shows, interactive games and activities etc.
- Such ‘Samvad’ sessions provide apt environment for relief distribution specially COVID care kits since it can be accompanied by Covid appropriate behavior training and awareness generation which will ensure that the relief material distributed will be optimally utilized and hence underlines a sustainable approach for providing safeguard to vulnerable children against the COVID infection.
- DCPUs/NGOs should also identify Bal Mitras from the group of street children. The criteria of selection can preferably be- activeness of the child, some basic education level, leadership qualities, comparatively older age in the group. These Bal Mitras can be trained or counseled to function as ‘*Peer Counselors*’ who can further promote the care and protection of other children living in street like situations.

Expected Outcomes-

- Through the interactive sessions, the concerned Govt Officers/Officials and NGOs/CSOs involved will get a better understanding of the issues, needs of the children living in street situation and hence more practical interventions can be implemented in activities.
- Engagement with the target group for awareness generation specially during Covid situation on Covid appropriate behavior.
- Better linkages with other Govt Schemes/programmes/Services meant for the target group.
- Reduction in drugs/substance abuse amongst children and juvenile crimes.

Linkages-

The DCPUs and the NGOs/CSOs involved can assess the need of the street children identified and accordingly connect them to the line Departments to ensure either institutional or non-institutional care and protection of these children as per the situations. The linkages can be made to the following departments-

- ☐ Health
- ☐ Education
- ☐ Labor
- ☐ Police
- ☐ WCD
- ☐ Revenue
- ☐ Prohibition Directorate
- ☐ DUSIB
- ☐ Open Shelters

Subject - Related with Pilot Bal Samvad



District Child Protection Officer
District Child Protection Unit - XI (New Delhi)
Department of Women & Child Development, Govt. Of NCT of Delhi
Block No.2 Flat No.11 Shankar Market Connaught Place
New Delhi: - 110001
Email: dcpunewdelhilcps@gmail.com Office: 01123411659

Date: 17.06.2021

Health Awareness for the street children


A health awareness camp was organised at 11:30 am on 16.06.2021 at Ren Basera (Night Shelter), Bangla Sahib Lane, New Delhi for Street Children by the Deptt. Of Women and Child Development in Coordination with NGO- Salaam Baalak Trust and the PHD Family welfare foundation.

DUSIB has established there night shelters from different categories of person. Some of them cater to single parent exclusively women with children. 70-80 children were interacted to assess the availability of resources to deal with the spread of COVID pandemic. It is noticed that this place is a contact point of NGO Salaam Balaak Trust which is working with the children in street situation. It is also noticed that NGO provides day meal to the children along with mask and sanitizer on daily basis. **It seems that there is no scarcity of protective measures such as mask and sanitizer for the children. However the NGO was asked to approach the government through District child Protection Officer in case there is need of these items. It is observed that the issue is more about uses of mask and sanitizer than its availability. The parents of children were counselled about the usefulness of putting mask to their children, use of sanitizers and hand washing so that children are protected from spread of COVID. The NGO working with the community also educate the parents as to how protect their children from the pandemic. The coordinator stated that emphasis is laid on the importance of washing hand on interaction with the parents of the children. DUSIB arranges for both ends meal to all residents.**

The health camp was organised in corporation with the PHD Family welfare foundation. All children were examined and multivitamin supplements were provided to them.

Dr. Rashmi Singh, The Director herself communicated with a few children through web conferencing and took the feedback about the availability and further need of resources for the children in view of their protection from COVID and over all development.

It is informed that 70 % children were enrolled in the formal education system. Some of the drop outs are there who roam around the Temples, Gurudwara indulging in selling of Balloons and often resort to begging. A meeting of Task force is proposed to be organised next day to deal with the issue of begging of children and also linking rest of the children with the formal education.


(Shyam N. Singh)
DCPO/DCPU-XI
New Delhi

Project Suroyadaya- Salient Features

PROJECT	Goals	Quantitative Target
Project 'Suryadoya' (For physical, emotional wellbeing of Juveniles/children under 18/women)	<ul style="list-style-type: none"> Improving physical, emotional and well-being of families at risk with focus on children & adolescent girls/juveniles To ensure holistic wellbeing of children under 18 and women through counselling and awareness against substance abuse. Prevention, pro-active identification, counselling and rehabilitation of children & youth prone to drug & substance abuse 	<ul style="list-style-type: none"> Hotspots in Delhi and children at risk will be identified One model centre (A therapeutic centre for Rehab and Wellness) will be made fully functional at Sultanpuri and be used as a replicable model . Based on pilot will be setup in each Districts(with dedicated centers for women and children). All Govt. schools/teachers will be sensitized through workshops on the subject