



# IACN

# QUARTERLY

ISSUE 20

## Hello,

Dear All,

We are pleased to share with you the 20th Edition of the IACN Quarterly focuses on the theme of “Convergence of Services for Family Strengthening”, bringing together insights, field experiences, and resources that advance child protection, family strengthening, and alternative care in India. The issue highlights a growing shift from institutional care toward family-based, community-driven models, emphasizing the need for convergence across government departments, civil society, and community structures.

Perspectives explore critical themes such as the challenges of collaboration in child protection systems, the urgent need to transform Child Care Institutions into family support hubs, and the importance of nurturing emotionally attuned, informed parenting.

Updates from the Field showcase practical models of convergence—from trauma-informed reintegration efforts and community-based prevention, to case studies under Mission Vatsalya, and urban resilience work under the Safe City Initiative in Bhopal. These examples demonstrate how holistic interventions, welfare linkages, and psychosocial support empower families to remain stable and resilient.

The newsletter also includes knowledge resources, policy briefs, consultations on family-based care, and links to online events on the family-based alternative care organized by IACN and other network partners.

We would like to express our gratitude to everyone who contributed to this issue of the IACN Quarterly. If you wish to share any resources, information, or articles for the IACN website or Quarterly, please write to us at: [iacnsecretariat@iacn.in](mailto:iacnsecretariat@iacn.in).

Sincerely,  
IACN Secretariat

## Knowledge Resources

*Information and Knowledge Resources on Alternative Care*

**Strengthening Families in India: Framework & Guidance** - By India Alternative Care Network (IACN) and Changing The Way We Care (CTWWC)

[https://iacn.in/resource/strengthening-families-in-india-guidance-and-framework-\\_-by-iacn-ctwwc-4/](https://iacn.in/resource/strengthening-families-in-india-guidance-and-framework-_-by-iacn-ctwwc-4/)

**Report on Re-affirming Family-Based Care: A National Consultation** - By UNICEF India

[https://iacn.in/resource/fbac-consultation-report-\\_-final/](https://iacn.in/resource/fbac-consultation-report-_-final/)

**Circular Regarding ICP for Children in NIC** - By Ministry of Women and Child Development, Government of India

<https://iacn.in/resource/circular-regarding-implementation-of-individual-care-plan-icp-for-children-in-non-institutional-care-services/>

## Perspectives

*Commentary, Analysis and Insights*

**The Ego of a Finite Pot of Resources** - By Ian Forber-Pratt, President, Children's Emergency Relief International (CERI)

**Transforming Child Care Institutions – As Centres of Convergence of Services for Families** - By Nina P. Nayak, Child Rights Advocate

## Updates from the Fields

*Learnings and experiences shared by our Fellow members*

**Convergence of Services for Family Strengthening: A Case of Holistic Support** - By Apabrita Das Adhikari, Child Counselor & Tanmoyee Bhattacharjee, Child Protection Lead, Shakti Shalini

**From Policy to Practice: How Convergence under Mission Vatsalya Strengthen Families** - By Shveta Gupta and Sumeena Sawhney, Miracle Foundation India; Case Study by Aniruddh Purushottam Pati, Vipla Foundation

**Convergence in Action: Reflection from the Regional Webinars on Family Strengthening** - By Asoni Grace Project Coordinator, Advocacy, Research, Training Department, Udayan Care

**Inter-Agency Convergence in Child Protection: Lessons from the Alok and Arth<sup>01</sup> Case** - By Vaidehi Subramani Independent Consultant & Former Chairperson CWC, South Delhi and JJB Member.

**Parivar Sahyog Kendra (Family Support Centre), Udaipur, Rajasthan** - By Foster Care Society, Udaipur, Rajasthan

**Strengthening Families and Preventing Child Vulnerabilities within Urban Governance framework: The Safe City Initiative, Bhopal** - By UNICEF Team, Bhopal, M. P.

**Case Studies and Best Practices highlighting the crucial role of Convergences** - By Vinita Rawat, Assistant Manager, FIT Families Together, Udayan Care

## Events

*Interview with Children, Young Adults and Care Leavers and Practitioners different Care Settings*

**Family Resource Center** - By India Alternative Care Network (IACN)

**Leadership Dialogues – 6th and 7th** - By Miracle Foundation India and India Alternative Care Network (IACN)

**Breaking the Cycle Series – II** - By India Alternative Care Network and Udayan Care

**For Every Child, A Family**



# Knowledge Resource

## Strengthening Families in India: Framework & Guidance

[https://iacn.in/resource/strengthening-families-in-india-guidance-and-framework-\\_by-iacn-ctwwc-4/](https://iacn.in/resource/strengthening-families-in-india-guidance-and-framework-_by-iacn-ctwwc-4/)

**By India Alternative Care Network (IACN) and Changing The Way We Care (CTWWC)**

The document titled *Strengthening Families in India: Framework and Guidance* has been jointly developed by India Alternative Care Network

(IACN) and Changing The Way We Care (CTWWC). It is an effort to consolidate existing knowledge, interventions, and promising practices championed by governments and civil society organizations across the country. At the heart of this document lies the need to increase

accessibility to social protection schemes, empower communities through local governance institutions like Panchayati Raj Institutions (PRIs) and Urban Local Bodies (ULBs), and ensure meaningful convergence across sectors.

### Report on Re-affirming Family-Based Care: A National Consultation

By UNICEF India

[https://iacn.in/resource/fbac-consultation-report-\\_final/](https://iacn.in/resource/fbac-consultation-report-_final/)

### Circular Regarding ICP for Children in NIC

By Ministry of Women and Child Development, Government of India

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# Perspective

## The Ego of a Finite Pot of Resources

**By Ian Forber-Pratt,**  
*President, Children's Emergency Relief International (CERI)*

The existence of the IACN newsletter moves me deeply. In a field as intimate and urgent as child protection and human services, communication is not a luxury—it's a lifeline. This newsletter is one of the tools in our collective tool chest, and I believe it can help us do something radical: tell the truth, even when it's uncomfortable.

So let me push the boundaries of comfort a bit. As the director of a global nonprofit, I spend a lot of time talking about collaboration. We toss around buzzwords like *transparency*, *partnership*, and *co-creation*—words that should never be buzz. But beneath the surface, I often hear the whispered entrenchment of competition. And here's the thing: it all makes sense. Not because it's right, but because it's real. Let's unpack why.

### The Resources Are Finite

In 2023, total child protection requirements across all UN-coordinated appeals reached \$1.5 billion, but a total

of \$505 million in humanitarian child protection funding was reported in 2023. I'm not sure where that funding was.

But honestly, that's hardly enough to address systemic issues like abuse, neglect, and exploitation. When resources are scarce, organizations understandably shift into survival mode. We protect our turf, our funding streams, our visibility. But this scarcity mindset breeds ego, not impact.

The finite pot of resources is not just about money—it's about time, energy, and attention. And when those are limited, collaboration feels like a risk. But here's the paradox: the only way to stretch finite resources is through shared strategy and pooled effort. Otherwise, we're just duplicating efforts and diluting outcomes.

[Analysis of funding for child protection in humanitarian action in 2023 \[EN/AR\] - World | ReliefWeb](#)

### Collaboration Isn't a Modeled Skill in This Field

I won't call any country or actor out, but I've read many studies (including a

longitudinal one in 2023) that found that efforts to promote child development through integrated care were “virtually non-existent or fragile”. The actors involved lacked the tools, training, and trust to build real networks. Mediators and intermediaries—those who could bridge gaps—were missing or underutilized.

**We train social workers in trauma-informed care, legal frameworks, and case management—but not in how to share power, resolve conflict, or co-create solutions across sectors. Collaboration is a skill, and like any skill, it requires modeling, mentorship, and muscle memory.**

### The Issues Are So Complex That Working Together Seems Impractical

Child protection is not a single-issue domain. It intersects with poverty, gender-based violence, migration, education, mental health, and more. What I have seen is that complexity overwhelms coordination. Agencies have different mandates, metrics, and

mindsets. And when the problems are tangled, the solutions feel out of reach.

But complexity is not a reason to retreat—it's a reason to reimagine. We need to stop pretending that any one organization can solve these issues alone. The impracticality of collaboration is not a flaw in the idea; it's a reflection of how we've been doing it. We need new models, not new silos.

### A Call to Action: Kind, Bold, and Incremental

Let's break the cycle of "dysfunctional politeness"—the meetings where we

nod, agree, and leave unchanged. Let's start each meeting with:

- **The Why:** Why are we here? What's the human cost of inaction?
- **The Results We Need:** What does success look like? What will we not accept less than?

And let's make sure every meeting has a **neutral facilitator**. If you don't have one, don't meet until you do.

Here are two measurable steps we can take:

- **Create a Shared Agenda Template:** Every interagency meeting should

begin with a co-authored agenda that includes the "why," desired outcomes, and roles. Track how many meetings adopt this format over the next 6 months.

- **Train 100 Neutral Facilitators Across India:** Develop a short certification program for facilitators who can guide collaborative meetings with neutrality and clarity. Measure uptake and impact through post-meeting evaluations.

We deserve better. The children we serve deserve better. Let's stop competing for crumbs and start baking a bigger loaf—together.

## Transforming Child Care Institutions – As Centres of Convergence of Services for Families

By **Nina P. Nayak**,  
*Child Rights Advocate*

### Introduction

For decades, India's response to vulnerable children has leaned heavily on **Child Care Institutions (CCIs)**. When families break down, or when poverty, illness, or migration strain caregiving capacity, institutionalisation becomes the default. Yet this model often misses the root causes pushing children from their homes.

According to the 2018 mapping by the Ministry of Women and Child Development (MWCD), India had roughly **370,000 children** living in over **9,500 CCIs** at that time (pre- COVID)<sup>1</sup>. While that mapping doesn't explicitly state a percentage, sector studies frequently infer that **80–90% of children in CCIs have living parents or extended family**<sup>2</sup>. Though these estimates vary, together they strongly indicate that most children in institutions are not true orphans.

CCIs, often reliant on government or donor funding, have found it

administratively simpler to admit children than to reinvent themselves as **family support hubs**. The **COVID-19 pandemic** exposed this structural flaw: many CCIs were forced to downsize or shutter. In **Karnataka**, for example, ICPS data quoted in a CPR budget brief indicated that among 100 CCIs maintained under the scheme, the **average occupancy was 29 children per home**, well below sanctioned capacity<sup>3</sup>. Thousands of children returned to families or kin. While this moved them out of institutions, the absence of structured follow-up left many in precarious homes lacking proper nutrition, schooling, or protection. These events underscore a crucial lesson: India must move from a "separation" model to a **convergence-based support model** that helps families stay together.



### The Child Rights Framework and the Imperative of Convergence

It is a foundational principle in children's rights: **childhood belongs in families, not institutions**. This is enshrined in:

- The **UN Convention on the Rights of the Child (CRC)**, ratified by India in 1992, which asserts a child's right to a family environment.
- The **Juvenile Justice (Care & Protection of Children) Act, 2015**, which mandates that institutionalisation be a last resort, and prioritises kinship care, foster care, adoption, and sponsorship.
- The **UN Guidelines for the Alternative Care of Children (2009)**, which emphasise "necessity" (children

should not enter care unless unavoidable) and “suitability” (care must approximate family patterns).

Despite these commitments, practice is uneven. The **Integrated Child Protection Scheme (ICPS)** continues to funnel significant funding into institutional care. A CPR India budget brief cites that as of **March 2019, 74,600 children** were served through CCIs, and **86%** of them were in long-term residential homes<sup>4</sup>. Meanwhile, preventive and family-strengthening services remain under-resourced.

This disconnect arises partly because **service systems are siloed**—child protection, social welfare, health, education, and community interventions rarely coordinate. Families in crisis often receive partial support, at best. Without a convergent framework, institutionalisation becomes their only fallback.

## Family Policy – Need of the Day

In 2009, when India launched ICPS, it recognized that **approximately 40% of children live in vulnerable situations**—an estimated **170 million** children—many of whom are at risk of neglect, exploitation, or family separation<sup>5</sup>. A small but serious subset of these children includes those in CCIs, street labor, domestic work, child marriage, and chronic illness, often from single-parent or destitute families.

From experience in CWC, State commissions (e.g. KSCPCR), and NCPCR, it is clear that the absence of accessible **social security measures** is a frequent driver of family crisis. Many of these children fall under Section 2(14) of the JJ Act—“children in need of care and protection.” Their families often require **support or stabilization interventions**, but lacking a formal policy, they sometimes default into institutional care.

While the JJ Act mandates restoration and alternative care, it remains largely

**silent** on how to preserve families facing economic or social distress. What India needs now is a **comprehensive Family Policy**—a document articulating the State’s responsibility to enable families to access financial and supportive services.

Key features might include:

- **Single-window access** to multiple government schemes (social welfare, health, education, housing) relevant to the child or family’s vulnerability profile.
- **Budget restructuring**, reorienting Mission Vatsalya (previously known as ICPS) away from overinvestment in CCIs toward family-strengthening programs.
- **Intensive short-term interventions** aimed at crisis stabilization (for a defined period) rather than indefinite institutional placement.
- **Community networks** involving family, friends, local professionals, and volunteers (e.g. via Child Protection Committees) to support safety and continuity post-crisis.

When operational, such a policy could reduce poverty, shore up family capacity, and shift child welfare funding from buildings to services that keep children at home.



## Why Convergence Matters

Family strengthening must not be seen as the domain of child protection alone. Poverty, ill health, social exclusion—these are **multi-dimensional challenges** requiring cross-sectoral collaboration.

A **convergent approach** weaves together:

### 1. Child Protection Systems

- CWCs, JJBs, DCPUs, SJPU must coordinate with CCIs to trace families, assess safety, and facilitate reintegration with ongoing follow-up.

### 2. Social Welfare Schemes

- Families should be linked with **sponsorship support** (some states already provide ~₹2,000–₹4,000/month per child), livelihood programmes under NRLM/Urban Missions, SC/ST and BCM Hostels and welfare entitlements (PDS, pensions, housing).

### 3. Education & Health

- Ensuring school enrolment, midday meals, scholarships, and digital access; health coverage via Ayushman Bharat or state schemes; nutritional support via Anganwadi.

### 4. Aftercare & Youth Transition

- For youth leaving CCIs (age 18+), convergence with vocational training, industry tie-ups, mentorship, and housing support is imperative.

The “policy vacuum” without a formal Family Policy amplifies the need for convergence: fragmented schemes cannot stabilize families alone.

## Case Studies: Convergence in Practice

### Tamil Nadu Pilot / Reintegration Initiative (2025)

The Tamil Nadu government is rolling out a 12-month pilot to reinforce family-based care. The plan includes assessing children in CCIs, preparing reintegration plans, training stakeholders, and linking families to services. The state reports that **~22,000 children** currently reside in statewide CCIs (government and NGO) and has earmarked **Rs 120 crore** for stipends to orphaned or kin-cared children.<sup>6</sup>

## Karnataka (ICPS / CPR data)

As noted, CPR's analysis of Karnataka's ICPS data reveals that among 100 CCIs supported, **70% were Children's Homes, 27% Shelter Homes, 3% SAAs**, with average occupancy of **29 children per institution**.<sup>8</sup>

## National & COVID Restoration Efforts

During the COVID crisis, UNICEF and child protection actors reported that **145,788 of 227,518 children** (about 64%) had been restored from institutions to families or kin (as per sector summaries citing government data)<sup>9</sup>. While not a full proof of convergence, it shows scale and the possibility of rapid restoration when systems align.

## From Institutions to Community Service Centres

A radical reimagining is needed: CCIs should evolve into **Community Service Centres (CSCs)**—not just destinations, but hubs of convergent services for families. Under this model:

- **Counselling and parenting support** units operate on-site.
- **Day-care / temporary shelter** is available for crisis situations.
- **Open schooling/tutorial centres** help children stay educationally engaged without residential placement.
- **Sponsorship and entitlement coordination offices** help families access welfare benefits.
- **Skill-building / mentoring units** prepare adolescents and youth.

If policy allowed **only 25% of institutional capacity** to be used for residential care, the remainder could support family and community services—a major shift from today's institutional model.

## Sustaining Change through Transformation Teams

Such transformation demands leadership. Each CCI should host a

**Transformation Team** comprising CCI staff, social workers, community representatives, and external experts. Their mandate includes:

- Creating a **child-family database** capturing visits, antecedents, contacts.
- Designing **Individual Care Plans** built around children's aspirations.
- Phasing family reintegration, with continuous support.
- Organizing annual **"Family Days"** to nurture bonds.
- Facilitating aftercare linkages (vocational training, housing, job mentorship).

This team ensures that convergence is operational, not just aspirational.

## Challenges and the Way Forward

The transition faces predictable hurdles:

- **Resistance from CCI staff**, fearing job loss if admissions decline or roles shift.
- **Parental hesitation**, especially where families still face financial instability or stigma.
- **Budget silos** within ICPS and state welfare departments that resist flexibility.
- **Children's adjustment**, since many are accustomed to institutional routines.

To overcome these:

1. **Policy reforms** must permit reallocation of ICPS budgets toward family-strengthening initiatives rather than rigid institutional line items.
2. **Capacity building** is essential: CCIs must reorient staff toward supporting families, not custody.
3. **Community engagement**, bringing in panchayats, schools, health workers, and local leaders, to embed shared ownership.

4. **Robust monitoring & evaluation** that tracks reintegration stability, child well-being, and long-term outcomes—rather than purely counting institutional occupancy.

## Conclusion

India now stands at a crossroads. With institutional populations decreasing post-COVID, and global evidence supporting care within families, the time is ripe for transformation. By converging child protection, health, education, social welfare, and community systems—and embedding a formal **Family Policy**—India can recast CCIs as **Community Service Centres** that bolster families rather than replace them.

This convergence agenda is not only legally consistent with India's commitments; it is morally essential. Children flourish best within families supported by communities—not in walls built for them.

## Footnotes / References

1. **MWCD 2018 Mapping** – MWCD's 2018 mapping of child care institutions in India, as summarized in NHRC / NCPDR documents.
2. **Sector reviews / NGO summaries** – e.g. CELCIS, Changing the Way We Care, etc., discussing that ~80–90% of children in CCIs have family links.
3. **CPR Budget Brief** (ICPS / Karnataka data) – "Child Protection Services 2020-21" brief summarizing occupancy in Karnataka CCIs.
4. **CPR Budget Brief / MWCD figures** – citing 74,600 children and 86% in long-term residential homes as of March 2019.
5. **ICPS / Government data** – initial ICPS documentation and government references stating that 40% of children live in vulnerable situations (linked to ICPS preamble).
6. **New Indian Express** (28 July 2025) – TN pilot, 22,000 children, Rs 120 crore stipend mention.
7. **CPR Budget Brief** – Karnataka CCI breakdown and occupancy 29 per home.
8. **UNICEF / sector summaries** – restoration numbers during COVID, citing government data in child protection reports, e.g. "145,788 restored of 227,518".



# Updates from the Field

## Convergence of Services for Family Strengthening: A Case of Holistic Support

**By Apabrita Das Adhikari,**  
*Child Counselor & Tanmoyee*  
**Bhattacharjee, Child Protection Lead,**  
*Shakti Shalini*

This case study from Shakti Shalini's work with Sexual and Gender Based Violence survivors and their children demonstrates how multi-sectoral collaboration provided safety, nurtured resilience, and created survivor-led conditions for reintegration.

A mother and child fled their home after prolonged exposure to domestic violence. The child had not only witnessed repeated episodes of verbal and physical abuse but had also been directly affected by aggression. Initially, the mother was unable to secure an FIR but received first aid and was referred through Jagori to Shakti Shalini. Both mother and child arrived at the shelter carrying deep trauma, disrupted attachments, and no immediate access to health, education, or livelihood support. Their needs were complex, cutting across protection, emotional well-being, and basic survival.

The immediate intervention was establishing safety for the mother and child which was done by the Crisis

intervention and counseling centre, with the Pehchan home providing immediate safety and the Child Protection Unit intervened to address the impact of domestic violence on the child. Simultaneously, **mental health services** through Children First initiated trauma-informed parenting for the mother and play-based therapy for the child. These sessions helped the child move from aggression and isolation toward sharing, curiosity, and emotional articulation, while the mother was scaffolded to provide consistent caregiving.

The case also drew on **developmental supports**. Structured play, storytelling, and interactions helped the child practice social skills and identify emotions. **Health services** addressed both immediate medical needs and ongoing psycho-emotional concerns.

The mother's aspirations to complete her studies and pursue employment connected her to **skill-development pathways**, enabling her to envision long-term stability. **Legal and documentation support** securing identifying documentation ensured the child's rights and access to education and welfare schemes.

A critical dimension was **family reintegration work**. Carefully facilitated joint sessions with the father were conducted as the mother and child expressed desire to initiate conversations with him after two long years. **Acceptance** without validating his actions to come to **Acknowledgement** and taking **Accountability** for what happened, followed by **Actions** in the sessions, and the importance of safe parenting were reflected upon. The convergence of CPU, shelter, and CICC created a monitored pathway for reflection and gradual reintroduction, ensuring that the child and mother's voice and safety remained central.

This approach produced results where the child showed improved socio-emotional abilities. He began interacting confidently, expressing himself, showing curiosity in new activities. The mother grew more assertive, advocating for her child, completing examinations, and planning for employment. The father participated and continued to go for parenting sessions and also accompanied the child to his therapy sessions and has been consistent to Shakti Shalini's

follow-ups. At the systemic level, convergence ensured continuity of care, with each intervention reinforcing the other.

This case reaffirms that convergence of services can result in Holistic Family Intervention around a survivor-led shared goal, and families in crisis can move beyond survival toward healing, resilience, and reintegration.

## References

1. Childhoods Within Domestic Environments of Gender/Sexual Violence: A Quantitative Impact Analysis. (2022). In *Shakti Shalini*. <https://shaktishalini.org/resources/Childhoods%20within%20Domestic%20Environments%20of%20GenderSexual%20violence%20A%20Quantitative%20Impact%20Analysis.pdf>
2. *Empowering Children through Mental Health Services - Children First India*.

(2024, May 15). Children. <https://childrenfirstindia.com/>

3. *Jagori*. (n.d.). <https://www.jagori.org/>
4. *Shakti Shalini is an NGO that supports survivors of gender and sexual violence, and works with communities to prevent everyday violence*. (n.d.). <https://shaktishalini.org/>

# From Policy to Practice: How Convergence under Mission Vatsalya Strengthen Families

By Shveta Gupta and Sumeena Sawhney,

Miracle Foundation India; Case Study by Aniruddh Purushottam Pati, Vipla Foundation

*'It takes a village to raise a child.'*

African Proverb

This age-old saying emphasises that raising a single child is not a solitary task, but a collective effort of the entire community. In this article, we'll discuss convergence and how collective efforts, through shared goals, can help us achieve Mission Vatsalya. Children and young adults without a stable family support system often lack the emotional and social safety net needed to thrive. Many ministries and departments collaborate to solve problems together rather than in parallel.

## The Convergence Matrix: Translating Policy into Practice

Mission Vatsalya introduced a structured Convergence Matrix to achieve desired outcomes in child welfare and protection. This visual tool maps ministry, department, and program collaboration across governance levels to deliver coordinated results for children and families. The matrix details domains

(as shown in Figure 1) that a child is surrounded by, which are aligned across multiple administrations, from the community to the national level.

- Intra Ministry Convergence - Mission Saksham, Mission Shakti, CARA
- Inter Ministry Convergence - Across different ministries impacting lives of children
- Convergence with States/UTs—State Police, State Finance, Department of Women and Child Development, Social Justice and Empowerment, Civil Society Organizations in this fold, take recommendations from the state governments

The Matrix simplifies complex systems, aiding field practitioners in planning interventions for children and families. It also identifies those requiring support based on cases. From a monitoring standpoint, stakeholders can see if families receive support from multiple services or if gaps exist.

The Mission Vatsalya provides a guiding principle, but practical aspects of the Matrix remain uncertain. Local leadership is crucial for implementation, as it involves coordination, communication, resource sharing, and accountability. Enhancing facilitation support, accountability mechanisms,



Figure 1

and budgetary flexibility could improve the Matrix's effectiveness.

Mission Vatsalya's structure shows convergence as ministries, departments, and local institutions share responsibility. This is evident in the Convergence Meetings in Maharashtra, where each tier of governance plays a distinct yet connected role in securing children's well-being.

### Case Study: Convergence in Action-Strengthening Child Protection in Amravati and Akola districts of Maharashtra

To ensure every child grows up in a safe and nurturing family environment, collaboration across systems is crucial. Vipra Foundation, in partnership with Miracle Foundation India, initiated a practical model of convergence in the Mission Vatsalya districts of Amravati and Akola, Maharashtra. This demonstrates how coordinated action can translate policy intent into measurable impact.

The convergence initiative was created to address the severe vulnerabilities in selected villages in Amravati and Akola districts. These areas had high male suicide rates, addiction-related violence, and economic distress. Many children were raised by single parents or grandparents with little support. In Rajura village, the nomadic Pardhi community faced chronic social exclusion and relied on begging as their primary livelihood. Vulnerability mapping was done in ten villages, focusing on families affected by migration, parental death, and high suicide rates in tribal areas. Of the 149 families identified, 121 children still lived with their birth families, highlighting the need for coordinated preventive action. A baseline identified 149 families (204 children) in need of coordinated support, forming the basis for the convergence model.

The Convergence Group, chaired by the Secretary of the District Legal Services Authority (DLSA), was formed under the guidance of the Hon. District Chief Judge. The Department of Women and Child Development (DWCD) and DLSA jointly initiated and continue to anchor the group, ensuring regular monthly reviews and departmental participation. Unlike the District Child Welfare and Protection Committee (DCWPC), the Convergence Group serves as a reinforcement mechanism. With limited staff and heavy caseloads, the group mobilised other departments and community experts to bridge implementation gaps and coordinated child support actions. At the village level, the initiative used Anganwadi Centres as entry points for community engagement. Village-level Child Protection Committees (VCPCs) were reactivated and linked with newly formed Bal Panchayats to identify and refer cases.

The group met monthly to review cases of children in need of care and protection (CNCP) or those living with vulnerable families. They discussed each case, assigned responsibilities, and shared a division-of-labour note to track follow-up actions. They focussed on ensuring access to entitlements, tracing families, securing documents, and linking children and families with government schemes and social protection services. Cases were escalated from the village to the district level through DCPU, CWC, and NGO partners working directly with communities. Taluka-level Child Protection Committees (TCPCs) participated regularly, while Village-level Child Protection Committees (VCPCs) were involved on a case-by-case basis. While PRI and VCPC representation varied, the taluka-level committees ensured continuity between local cases and district deliberations, maintaining a vertical linkage within the Mission Vatsalya framework.

### Visible Results

- The Amravati-Akola model prioritised a child-led approach, with Bal Panchayats identifying issues, community champions facilitating solutions, and VCPCs providing support. This ensured accountability from the ground up. By mid-2024, the initiative had reached 149 vulnerable families, with 62 successfully linked to government schemes. Convergence was most effective when it functioned as a social movement, uniting government systems, communities, and children.
- In Amravati, five children received direct educational support, while in Akola, seven children benefited from similar interventions, and 25 received educational materials like school fees, stationery, bags, and bicycles for school commute.
- The convergence group facilitated documentation for orphaned children, helping them obtain death certificates of parents, caste, and orphan certificates.
- Notably, 64 children accessed benefits under the Bal Sangopan Yojana (Child Care Scheme) since 2024, ensuring sustained family-based support.
- Over time, the initiative received the attention of the District Magistrate, who expressed intent to join future reviews, signaling growing ownership at the district level. Sustaining this model will require embedding it formally within Mission Vatsalya's district-level coordination framework.

### Overcoming Challenges

The early phase faced hurdles were unclear departmental roles, limited awareness of child protection issues, and irregular participation which were gradually addressed through formal directives and sensitization. Today, around 30 representatives from

government and civil society regularly engage in discussions.

## Key Learnings

The experience from Amravati and Akola shows how convergence can be functional and sustainable:

- Regular district and block-level coordination makes convergence operational.
- Clarity of departmental responsibilities accelerates progress.
- Continuous tracking and communication nurture accountability.
- Joint documentation prevents children from being overlooked.
- Involvement of VCPCs, Panchayats, and frontline workers enhances family participation.
- Partnerships bring together resources, technical know-how, and on-ground insights.
- The DCPU serves as the central coordinating body, ensuring that plans translate into real outcomes.

Collaboration between departments, NGOs, and communities in Amravati and Akola shows how working together can make systems more responsive and children's lives more secure. This demonstrates how Mission Vatsalya's vision of grassroots collaborative governance can create collective impact. India is strengthening its child protection and family-based care systems, so there's a need for a strong case to scale these models through coordinated approaches.

## Recommendations: Strengthening Convergence under Mission Vatsalya

These recommendations, based on Amravati and Akola's policy and field experience, highlight that convergence

is a continuous governance practice, not a parallel structure. It should be *institutionalised, participatory, and data-driven*, with local leadership and shared accountability at its heart.

### 1. Institutionalize Convergence Mechanisms at the District and Block Levels

- Formulate *District and Block Convergence Groups* under the Mission Vatsalya framework, chaired by the District Magistrate or District Legal Services Authority, with representation from key departments (DWCD, Education, Health, Police, Labour, Social Welfare) and civil society partners. Regularly review and follow up on discussions and actions to maintain continuity.

### 2. Strengthen Local Coordination Platforms

- Reactivate and empower *Village- and Taluka-level Child Protection Committees* to promote community unity.
- Improve the capacity of frontline functionaries (Anganwadi Workers, ASHAs, Panchayat Secretaries) to identify vulnerable families and connect them to schemes.

### 3. Integrate Convergence into Existing Review Systems

- Incorporate discussions on convergence into the *District Child Welfare & Protection Committee (DCWPC)* agenda, promoting joint ownership rather than parallel discussions. Report on convergence progress in the *Mission Vatsalya Monthly Review Meetings* and *Quarterly State Reports*.

### 4. Promote Civil Society as Convergence Catalysts

- Involve neutral NGOs and community-based organisations to bridge departments, follow up on cases, and provide timely support to families.

### 5. Build the Capacity of Local Leaders and Facilitators

- Train officials, representatives from the PRI, and NGO partners to facilitate convergence, negotiate, and plan inter-sectoral coordination effectively.

### 6. Leverage Data and Technology for Joint Action

- Develop a shared database for child and family vulnerabilities accessible to key Mission Vatsalya departments. Implement digital dashboards or case registers at the DCPU level for real-time tracking of support across schemes and services.

### 7. Foster Child and Community Participation

- Encourage *Bal Panchayats* and *community champions* to participate in convergence forums, ensuring that children's voices inform decisions and actions at every level.

Families, the basic building blocks of society, depend on each other and share responsibilities. Strengthening families is crucial for their harmony and resilience. Similarly, the social sector needs government, communities, and CSOs to work together to achieve a common goal. Family strengthening requires integrated action in health, education, livelihood, social protection, and community engagement, just as a family can't thrive if its members are isolated.

# Convergence in Action: Reflection from the Regional Webinars on Family Strengthening

**By Asoni Grace,**  
Project Coordinator, Advocacy,  
Research, Training Department,  
Udayan Care

When we at Udayan Care and IACN began planning a regional webinar series on Family Strengthening, our intent was clear: while the need to support families is universal, the challenges they face and the ways in which communities respond are deeply shaped by their regional contexts. Economic disparities, access to services, social norms, and institutional capacities vary widely across India, and so do the strategies that work. It felt meaningful to begin this journey in **April 2025, Family Strengthening Month**. Looking back, I see that launching this series in a month dedicated to strengthening families gave it both symbolic and practical weight it reminded me that this is not just about sharing practices, but about reaffirming a collective commitment to ensure that every child grows up in a safe and nurturing family.

When I reflect on the two regional webinars on Family Strengthening that Udayan Care and IACN hosted this year, I find myself returning to the stories behind the presentations. Each example, each voice, carried a reminder that no family's challenges can be addressed by one service alone. Whether it is poverty, migration, violence, or intergenerational trauma these realities are intertwined, and so must be our responses.

## From the North: Trust, Participation, and Community Ownership

In the first webinar which we conducted on 22 April, what struck me most was the way organizations emphasized building trust and placing families at the center.

**CRY's model** of vigilance groups and parenting modules showed how combining emotional literacy with community vigilance can reduce violence and strengthen family bonds. It was not only about preventing abuse but also about equipping parents with the tools to nurture their children.

**Butterflies** reminded us of the importance of participation and power-sharing children and families were active decision-makers, not passive beneficiaries. Their approach of building financial literacy after COVID showed how family resilience is as much about economics as it is about emotional well-being.

**HWVO's** community child protection groups in partnership with UNICEF offered a powerful example of convergence in action: child protection, housing schemes, and community fundraising all working together to keep children out of institutions and within families.

Listening to these examples, I felt both inspired and challenged. Inspired by the creativity and commitment of community actors, and challenged by the reminder that sustainability demands stronger state ownership and systemic support.

## From the West and Central Regions: Healing as a Form of Strengthening

The second webinar conducted on 9 September, deepened this learning by highlighting aspects of healing, empowerment, and systemic accountability.

**Leher's Bal Suraksha Hubs** demonstrated how community hubs can bridge the gap between villages and district child protection structures, ensuring timely detection of risks and

linking families to schemes like *Mission Vatsalya*.

The **Family Service Centre's** decades-long work reminded me that financial support by itself is never enough. Sponsorships, foster care, women's groups, and health programs must come together in holistic packages if families are to truly thrive.

And with **Bhopal's Safe City Program**, presented by one of their partner organizations, Muskaan, I was deeply moved by their work with denotified tribes and marginalized urban families. Their focus on trauma healing, safe spaces, and youth leadership reminded us that empowerment is just as critical as policy reform.

These examples made me reflect on how convergence is not only about aligning schemes and services but also about recognizing the invisible needs of family's dignity, healing, and voice.

## Barriers that Linger

Across both webinars, familiar challenges resurfaced: limited awareness of schemes, documentation hurdles, cultural hesitation around foster care, and funding constraints that make good programs fragile.

It makes me asked myself: *How many families must have miss out on support not because services don't exist, but because systems don't talk to each other?*

It is sobering to realize that frameworks like the JJ Act and Mission Vatsalya, while progressive, often lose their strength in translation when they reach the ground.

## What I carry forward

The biggest lesson I carry is that family strengthening is multi-

dimensional. It is not a checklist of services, but a weaving together of education, health, counseling, livelihood, and protection grounded in trust and participation.

And just as importantly, children and youth must remain at the center. From Bal Sabhas feeding into Panchayat plans to young leaders speaking for their communities, it is clear that without their voices, convergence will remain incomplete.

### A personal note

For me, these webinars were more than professional learning spaces. They were reminders of why this work matters. Every story of a sibling group staying together, every child continuing education against the odds, every community stepping up to protect its children these are testaments to what convergence makes possible.

I left these discussions with a renewed conviction: the true measure of our

success will not be the number of schemes launched, but the number of families who feel supported, seen, and strengthened. Convergence, in the end, is about making sure no family has to walk alone.

As we continue these conversations in other regions of India, I am very much looking forward to learning more from diverse contexts, and to carrying these lessons into practice.

## Inter-Agency Convergence in Child Protection: Lessons from the Alok and Arth<sup>[1]</sup> Case

**By Vaidehi Subramani,**  
*Independent Consultant & Former  
Chairperson CWC, South Delhi and  
JJB Member.*

### Abstract

This case study highlights the intervention of the Child Welfare Committee (CWC) in Delhi in protecting the rights of two young children, aged three years and one year, who were survivors of an alleged acid attack by their father. The case illustrates the importance of convergence between child protection authorities, courts, hospitals, and legal aid bodies in ensuring medical rehabilitation, custody resolution, and victim compensation. It further demonstrates how the principles of “best interest of the child,” “family responsibility,” and “participation” were applied in practice in accordance with the Juvenile Justice Act, 2015, the UN Convention on the Rights of the Child (UNCRC), and the Delhi Victim Compensation Scheme.

### Introduction

Children who are victims of violence within the family face compounded

trauma—loss of a parent, physical injury, emotional distress, and uncertainty about future care. The **Juvenile Justice (Care and Protection of Children) Act, 2015 (JJ Act)** mandates CWCs to ensure immediate protection, medical care, family-based rehabilitation, and restoration of such children.

This case, involving two siblings who were acid attack survivors, illustrates how proactive intervention and inter-agency convergence can secure justice, rehabilitation, and dignity for vulnerable children.

### Case Background

Two children, aged three and one, were produced before the CWC, Delhi, after their mother was allegedly murdered by their father, a police officer. Both children were hospitalized in critical condition following severe burn injuries caused by an alleged acid-like substance poured on them by their father.

After a month of hospitalization, when the children were ready for discharge, the Investigating Officer (IO) handed them over to the

paternal grandparents. The CWC, while directing the IO to produce the children and grandparents within a week, also received an application from the maternal grandfather and uncle seeking custody.

### Custody Proceedings and Observations

- The **elder child's behavior** was a crucial factor: he ran to the maternal grandfather during production before CWC and resisted going to the paternal grandparents.
- The **Social Investigation Report (SIR)** revealed a history of domestic violence by the father and a strained marital relationship.
- Contradictions in the paternal side's statements, coupled with the IO's bias, raised concerns.
- The children had **never lived with the paternal grandparents**, who resided in Jaipur.

Considering these factors and prioritizing medical care, the CWC placed the children in a **Specialized Adoption Agency (SAA)** for temporary care.

1. Names changed to protect the identity of the children.

## Court Interventions

The maternal grandfather filed a custody petition in the Sessions Court. During supervised visits at the SAA:

- The children were observed to be **comfortable with the maternal grandfather and uncle**, and uneasy with the paternal grandparents.
- CWC's observations, SIR findings, and medical reports were submitted to court.

The Sessions Court ultimately granted custody to the maternal grandfather, while allowing the paternal grandparents visitation during court hearings. However, they failed to appear after a few hearings.

## Medical Rehabilitation

The children required multiple plastic surgeries for acid burns, with expenses running into several lakhs. While the paternal grandparents refused financial responsibility, the maternal grandfather offered to support the treatment. CWC facilitated hospital linkages and medical planning.

## Victim Compensation and Convergence

CWC pursued financial rehabilitation through:

- Application under the **Delhi Victim Compensation Scheme (Incarcerated Parents Category)**, which provides ₹4,000/month for children whose one parent is deceased and the other incarcerated.
- The **District Legal Services Authority (DLSA)** recommended compensation under the **acid attack survivor category**, enabling the children to receive **₹10 lakhs** compensation.

This was achieved through effective convergence with:

- Sessions Court
- Hospitals
- Specialized Adoption Agency (SAA)
- DLSA
- Chief Probation Officer

## Legal Framework and Standards Applied

### Juvenile Justice (Care and Protection of Children) Act, 2015

- **Section 27 & 29** – Empowerment and functions of the CWC to ensure care, protection, and rehabilitation.
- **Section 30** – Duty of CWC to ensure medical support, restoration, and rehabilitation.
- **Section 31** – Production of children in need of care and protection.
- **Section 36** – Inquiry and preparation of Social Investigation Report.
- **Section 39** – Principles of restoration and rehabilitation.
- **Section 53** – Rehabilitation measures, including sponsorship and foster care.
- **Section 74** – Protection from cruelty, abuse, and exploitation.
- **Fundamental Principles (Schedule I)** – Best interest of the child, family responsibility, dignity, and participation.

## United Nations Convention on the Rights of the Child (UNCRC)

- **Article 3** – Best interests of the child as a primary consideration.
- **Article 9** – Right not to be separated from parents unless in the child's best interest.

- **Article 12** – Right of the child to express views freely.
- **Article 19** – Protection from all forms of violence, abuse, and neglect.
- **Article 39** – Right to recovery and reintegration of child victims of neglect, abuse, or violence.

## Delhi Victim Compensation Scheme (2018, amended 2019)

- Provides financial assistance for children of incarcerated parents (₹4,000/month).
- Enhanced compensation for **acid attack survivors**, covering medical treatment, rehabilitation, and psychosocial support.
- Implemented through DLSA under the **NCT of Delhi's Notification in line with Section 357A of CrPC**.

## Conclusion

This case demonstrates how effective coordination between CWC, the judiciary, legal services, and healthcare institutions can uphold child rights in extreme circumstances. By ensuring medical care, securing family-based custody, and facilitating victim compensation, the system collectively safeguarded the **best interest of the child**.

It reinforces that **legal provisions (JJ Act), international obligations (UNCRC), and state-level victim compensation frameworks** must converge in practice to ensure justice, rehabilitation, and dignity for child survivors of violence.

# Parivar Sahyog Kendra (Family Support Centre), Udaipur, Rajasthan

By Foster Care Society,  
Udaipur, Rajasthan



Parivar Sahyog Kendra (PSK), located within a densely populated slum area of Udaipur, Rajasthan, is a community-based initiative dedicated to preventing family separation and nurturing strong, resilient households. Its core philosophy is rooted in the belief that every child thrives best in a supportive family environment, and that empowering families with knowledge, services, and skills is essential for long-term well-being. By acting as a bridge between vulnerable communities and essential government welfare systems, PSK plays a pivotal role in promoting family unity, social protection, and community development.

## A Community-Centred Approach to Family Strengthening

Established to serve some of Udaipur's most marginalized neighbourhoods, Parivar Sahyog Kendra operates at the grassroots level, engaging directly with children, adolescents, women, and elderly individuals. The centre functions as a safe and accessible hub where families can seek support, information, counselling, and linkages to various welfare schemes. This holistic approach ensures that families receive not only immediate relief, but also long-term guidance, empowerment opportunities, and psychosocial support.

PSK's work is driven by a clear and comprehensive set of objectives that collectively contribute to the larger goal of preventing family breakdown and promoting sustainable well-being.

## Key Objectives and Interventions

### 1. Awareness Generation

One of the centre's primary goals is to enhance awareness among community members about the numerous government schemes and programs available for their benefit. Lack of information is often a significant barrier preventing vulnerable families from accessing health, nutrition, education, and social security entitlements.

Through regular outreach visits, group meetings, door-to-door campaigns, and community events, PSK educates residents about schemes such as health insurance programs, nutritional entitlements, scholarships, disability pensions, and support for single-parent households. This proactive awareness-building enables community members to make informed decisions and avail opportunities that can improve their quality of life.

### 2. Linkage and Support to Welfare Schemes

A major function of the centre is to facilitate linkages to essential government schemes that can provide both financial and developmental support. PSK helps families navigate the documentation process, liaise with officials, and complete application procedures for programs covering health, nutrition, education, pensions, and skill development.

Special focus is placed on vulnerable groups such as children, adolescent girls, elderly individuals, and single

mothers. Initiatives like sponsorship support and Rajasthan's Palanhar Yojana allow eligible children to receive financial assistance for education, nutrition, and other basic needs. PSK also guides adolescents and youth towards vocational training programs, life-skills workshops, and opportunities that enhance future employability.

By ensuring sustained follow-up and monitoring, the centre helps families derive consistent benefits from the schemes they are entitled to.

### 3. Health and Recreational Community Camps

Creating vibrant and healthy communities requires accessible services at the local level. PSK achieves this by organizing periodic health camps that cater to all age groups, especially those with limited mobility or financial constraints. These camps offer medical check-ups, nutritional assessments, immunization drives, and guidance on hygiene and preventive care.

For children, the centre conducts summer and winter camps that blend learning with recreation. Activities such as reading sessions, art and craft, sports, competitions, and life-skills workshops provide children with a constructive environment during school vacations. These camps promote childhood development, social interaction, and confidence-building while also offering parents support in managing childcare during busy periods.

### 4. Adolescent Girls' Empowerment

Recognizing the pivotal role of adolescent girls in shaping community well-being, PSK places strong

emphasis on enhancing their education, health, and self-reliance. Many girls in marginalized communities face challenges such as early marriage, school dropout, poor nutrition, and limited access to skill development.

Through targeted interventions such as menstrual hygiene sessions, nutrition awareness, health check-ups, career guidance, and vocational training referrals, the centre equips girls with knowledge and tools to safeguard their futures. Life-skills sessions further build their communication abilities, decision-making capacity, and self-confidence. By fostering empowered adolescent girls, PSK contributes to creating empowered future women and healthier families.

## 5. Psychosocial Counselling and Emotional Support

Family crises, conflict, poverty, and social pressures often lead to emotional stress within households. PSK addresses this by offering counselling and psychosocial support to individuals and families. Whether dealing with marital disputes, children's behavioural issues, grief, anxiety, or

other challenges, the centre provides a safe space for expression and healing.

Counsellors use empathetic listening, problem-solving techniques, and family-based interventions to help members strengthen relationships and develop resilience. This mental and emotional support is crucial in preventing family breakdown, improving communication, and fostering healthier coping strategies.

## A Bridge Between Community and Welfare Systems

Parivar Sahyog Kendra stands as a model of community-centric service delivery. By connecting residents with government programs, providing continuous follow-up, and combining welfare linkages with psychosocial support, the centre ensures a holistic approach to family well-being.

Its work contributes to:

- **Reducing vulnerability and strengthening family systems**
- **Promoting children's right to family-based care**

- **Improving access to public health, education, and social security schemes**
- **Empowering women and adolescents**
- **Fostering long-term resilience within marginalized communities**

## Conclusion

Parivar Sahyog Kendra, Udaipur, plays a transformative role in ensuring that families remain united, informed, and empowered. By addressing immediate needs while promoting long-term development and psychosocial wellness, the centre exemplifies an effective grassroots model for family strengthening.

Its integrated approach—combining awareness, welfare linkages, health initiatives, adolescent empowerment, and counselling—demonstrates how community-based interventions can create lasting change. In vulnerable urban settlements where families often face multiple challenges, PSK stands as a beacon of support, resilience, and hope.

# Strengthening Families and Preventing Child Vulnerabilities within Urban Governance framework: The Safe City Initiative, Bhopal

By **UNICEF Team, Bhopal, Madhya Pradesh**

## Introduction

The Safe City Initiative in Bhopal showcases how coordinated efforts under an urban governance framework can create meaningful, sustainable change for vulnerable families and children. The following stories of Babita and Vedraj illustrate how timely interventions and inter-departmental convergence can transform lives.

## Case Studies of Support under Safe City Initiative

### Babita's Story: Rebuilding Life After Loss

When Babita (name changed) lost both her parents, her world fell apart overnight. Living with her two younger sisters in one of Bhopal's urban wards, she had already faced hardships early in life. After their mother's death, their father, who worked as an auto-rickshaw driver,

became the family's sole provider. Despite limited means, he worked tirelessly to ensure his daughters' education and well-being. Life was not easy, but it was moving forward — until tragedy struck again.

Babita's father succumbed to some illness, leaving the three sisters orphaned. The girls, all minors, were suddenly without guidance, income, or emotional support. They were shaken — *Who would take care of us? How would we survive?* Their

situation reflected the deep social and economic vulnerabilities that many families faced in the wake of the pandemic, especially those living on the margins of society.

It was at this fragile moment that Reshma, an Anganwadi worker, stepped forward. She was among many frontline workers who were enhanced with skills and capacities on different issues affecting children under Safe City Initiative in Bhopal. She had been working to strengthen children and families through community outreach. When she learned about Babita and her sisters, she immediately took action. Reshma helped them link with the Mukhyamantri Bal Aashirwad Yojana, a state sponsored scheme designed to support children who had lost their parents. Her timely intervention ensured that all the three girls received financial assistance and care under the scheme. Soon after, they began living with a relative, and the scheme's regular support helped them sustain their education and daily needs.

### Vedraj's Story: Overcoming Barriers to Education

Vedraj Pawar (name changed), 16, belonged to a De-notified Tribe (DNT) and was struggling because he did not possess a caste certificate. Without it, he was unable to access school scholarships or other welfare benefits. Over time, his hopes began to fade, and his education suffered. When Vedraj was identified through the Safe City Outreach Program, he was supported by the frontline worker in preparing his case certificate through a scheme camp. With the certificate in hand, the community outreach worker then linked Vedraj to scholarships, social protection schemes, and other entitlements, enabling him to

continue his education with renewed confidence.

The stories of Babita and Vedraj are not isolated cases. They reflect the experiences of hundreds of families in Bhopal whose lives have been transformed through the convergence of government services under the **Safe City Initiative**. What began as a programme for urban safety and inclusion has gradually evolved into a robust model for family strengthening, and prevention—bringing together multiple departments, schemes, and community networks to ensure that no one is left behind.

### Safe City Initiative, Bhopal: Vision and Scope

Implemented across 85 wards of Bhopal, the **Safe City Initiative was designed with an empathetic and inclusive approach to connect vulnerable urban communities with essential government schemes and entitlements**. Children of Bhopal city face different vulnerabilities which include living on the street, begging alone or with family, school dropout, addiction, domestic, caste and gender-based violence, gender-based discrimination, child labour, child marriage, trafficking, poor nutritional intake and others.

This programme is being implemented by Bhopal Municipal Corporation with the **technical support of UNICEF and civil society organizations — Muskaan, Uday Society, Aarambh, and Bachpan** — the initiative placed a strong emphasis on reaching those who were most at risk: children who had lost their parents, families engaged in rag-picking, out of school children, child/migrant laborers, displaced households, and marginalized women and youth, with particular focus on the urban poor, and more especially girls.

### Impact: Expanding Access to Social Protection

Through coordinated outreach, nearly 16,956 individuals (children and adults) — including 10,505 females and 6,451 males — were successfully linked to critical social protection schemes during the period of 2023 to mid 2025. The schemes included the Mukhyamantri Bal Aashirwad Yojana, Sambal Yojana, old-age and disability pensions, Ayushman Bharat health coverage, e-Shram registration, and other welfare benefits. In addition, thousands of community members received vital assistance in securing key documents such as Aadhaar cards, ration cards, residence and income certificates, PAN cards, and disability certificates, as well as support in completing KYC procedures.

### City Action Plan and Community – Based Strengthening

The Bhopal City Action Plan for Child Protection of Bhopal Municipal Corporation focuses on building a safe environment for children. This includes core and allied system strengthening for child protection, effective delivery of services for children and women, preventing family separation, and strengthening families through social protection schemes, education, psychosocial support and skilling, accessible and child-friendly infrastructure, and strengthening community-based structures, including the agency of children and young people. Community-based structures, particularly ward-level Child Protection Committees, are functional and contributing to the protection of children, including reducing the vulnerabilities of families through social protection linkages. The agency of Adolescents and

Young People is strongly developed, supported by a gender-transformative approach through its focus on the most marginalized and creating strong gender champions among adolescents and young persons.

This large-scale success was only possible because of effective inter-departmental convergence. The initiative worked closely with several government departments — including the Department of Women and Child Development, Department of Social Justice, Health Department, Department of Labour, Bhopal Municipal Corporation, Police Department, DLSA, and the National Urban Livelihood Mission (NULM). Each department brought its unique mandate and resources, while the implementing CSOs provided the directly link with communities.

At the heart of this initiative was a strong belief that development becomes sustainable only when it strengthens families — socially, emotionally, and economically. The Safe City Initiative operationalized this through a series of carefully planned and locally adapted actions. Partner NGOs mobilised frontline workers and organized community awareness meetings, documentation camps, and door-to-door outreach to identify those in need. NGOs played a crucial role in mobilizing residents, verifying information, and ensuring that eligible individuals were connected to appropriate schemes.

The results were visible in a short span of time. Families that once

struggled for daily survival began to experience a sense of stability. Elderly citizens started receiving pensions regularly; persons with disabilities could manage their daily expenses with dignity; and children who were once at risk of dropping out of school were able to continue their education. Women, in particular, reported a newfound sense of financial security and confidence, as many were now covered under health insurance, social protection schemes, and livelihood opportunities.

In several communities, the convergence of services also improved access to nutrition, healthcare, and education. Regular supply of rations under the Public Distribution System, free healthcare under Ayushman Bharat, and improved documentation for school admissions contributed to an overall enhancement in family well-being. The convergence also led to linkages beyond social protection, such as connecting adolescents and young people to vocational skilling through ITIs, life skills sessions, and sessions around gender and MHPSS.

### Challenges and Adaptive Learnings

However, this journey was not without its challenges. Many children and families lacked awareness about the schemes and services available to them. Others struggled with complex and time-consuming application processes. For those living in informal

settlements, traveling to government offices or documentation centres often meant losing a day's income. Administrative delays also hampered timely access to benefits in some cases.

Despite these hurdles, the dedication of field workers like Reshma, and the collaborative spirit among government departments and civil society partners, kept the momentum alive. Regular coordination meetings, review sessions, and training workshops helped address bottlenecks and streamline processes. The initiative's flexible approach allowed for learning and adaptation, ensuring that local needs guided implementation.

### Conclusion

The story of Babita serves as a powerful reminder that when institutions converge, families strengthen. The Safe City Initiative has proven that with empathy, collaboration, and accountability, even the most marginalized households can be empowered — transforming urban resilience from an abstract goal into a lived reality.

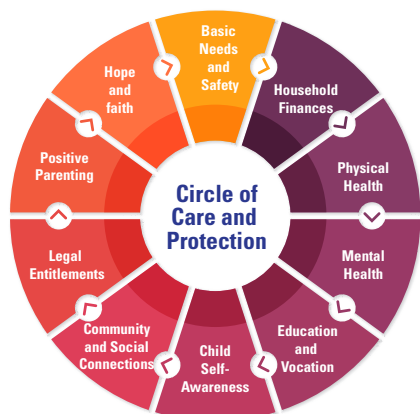
The Safe City Initiative in Bhopal underscores an important lesson: sustainable family strengthening requires convergence of systems, services, and people. When government departments, NGOs, and communities collaborate around a shared vision, they can create sustainable pathways for families to thrive.

# Case Studies and Best Practices highlighting the crucial role of Convergences

By Vinita Rawat,

Assistant Manager, FiT Families Together, Udayan Care

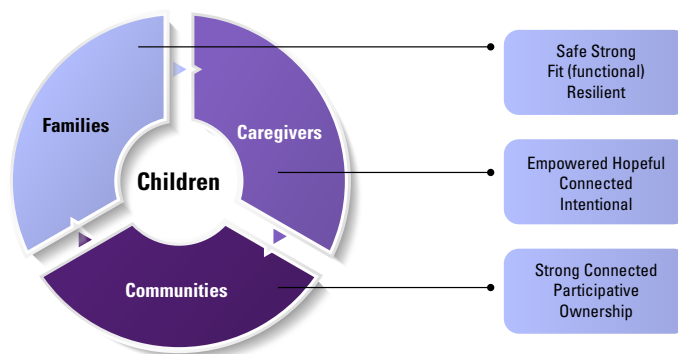
Under Udayan Care's *Families Together (FiT)* project, family strengthening is pursued across ten domains under the **Circle of Care and Protection** framework. This holistic approach ensures that every key aspect of a family's well-being is addressed helping them move from dependence to self-reliance over three years of intensive support. The ultimate goal is to empower families to stand independently, with stable emotional, social, and financial foundations.



The **family** is the child's first and most important unit of care. Institutional placement is a temporary measure, while the long-term goal remains reintegration into family and community life.

Over three years of working in family strengthening, the field has offered invaluable lessons. Every family presents unique circumstances, requiring tailored, multidimensional interventions. The project operates through three main components:

1. **Reintegration** – Restoring children from Child Care Institutions (CCIs) to families.
2. **Prevention** – Supporting vulnerable families to avoid separation.



Happy, Healthy Children in Thriving Communities

3. **Referral cases** – Short-term interventions directed by the Child Welfare Committee (CWC).

So far, **52 children** have been reintegrated into their families and communities, **78** prevented from institutionalization, and **30** referral cases addressed as per CWC's guidance.

## Learning from the Field

Families entering the program often face multiple challenges: poverty, illness, poor documentation, unemployment, and lack of awareness of entitlements. One consistent realization has been that immediate stabilization is essential before long-term planning. Emergency responses—such as food support, rent assistance, or medical aid help families regain balance. Only then can efforts move toward education, livelihood, and psychosocial development.

While financial aid provides immediate relief, it must always be framed as temporary. The focus remains on empowerment rather than dependency, helping families take ownership of their progress.

Family strengthening requires strong collaboration among stakeholders—government agencies, NGOs, skill centers, health institutions, and mental health professionals. Linking families to government schemes is often the most challenging task due to documentation

issues, inactive portals, or bureaucratic delays. Yet, it remains critical for sustainable change.

Indeed, as the saying goes, *"It takes a village to raise a child."* In the same spirit, it takes an ecosystem of converging services to strengthen a family. The following case studies illustrate how convergence between multiple actors leads to meaningful transformation.

## Case -1

### Case Description

Three siblings from Aligarh, Uttar Pradesh, were placed in a Delhi CCI after their mother's death. Their father was unwilling to take responsibility, resulting in ten years of institutional care. During the COVID-19 pandemic, they were restored to their maternal uncle in Delhi under kinship care. At restoration, they were 15, 16, and 17 years old—out of school, unskilled, and directionless.

### Challenges

- Emotional detachment and trust issues after long-term separation.
- Out-of-school children with no employable skills.
- Unstable income and inadequate living arrangements.

- Low self-confidence and unclear career goals.
- Lack of identity documents, restricting access to entitlements

## Intervention

The siblings were enrolled in Udayan Care's Family Strengthening Program for comprehensive support. Immediate needs were met through assistance with rent, food, and transportation, ensuring a stable environment.

All were re-enrolled in school or open learning programs. The project also updated essential documents such as Aadhaar and educational certificates to facilitate access to welfare schemes.

## Counseling & Life Skills

- Regular sessions built their emotional resilience, decision-making capacity, and confidence. The youngest sibling, initially confused about his goals, identified his interests through counseling and pursued a related vocational course.

## Skill Development & Employment:

- One sister linked with GMR's 3-month computer course and secured a job placement.
- Two brothers were linked with AKZ Nobel Paint Academy for skill-based courses and later GMR's "Guest Service Associate & Housekeeping" course.
- One brother now works at a four-star hotel in Punjab; the other manages customer interactions at an E-rickshaw shop in Delhi.

## Family Empowerment

- Their paternal uncle, an MA in Political Science, moved to Delhi to support them.

- Recognizing his commitment, the project employed him as a **Resource Mobiliser** for 1.5 years, during which he supported other vulnerable families.

## Current Status and Evaluation

The siblings are now self-reliant, supporting their uncle both emotionally and financially. They have returned to Aligarh, maintaining family ties and stability. The eldest sister is preparing for marriage, and both brothers are gainfully employed. Their journey demonstrates how convergence between education, vocational training, and kinship care can successfully reintegrate children once dependent on institutional support.

## Case-2

### Case description

A family of eight, including four children with prior CCI experience, faced severe vulnerabilities. The stepfather was visually impaired, two children had tuberculosis, and parenting capacity was weak. They lacked stable income, proper documentation, and adequate healthcare.

### Challenges

- Financial instability due to the father's visual impairment and limited employment options.
- Poor health conditions, including TB among two children.
- Weak parenting skills and inability to provide consistent care.
- Incomplete legal and identity documents restricting access to welfare schemes.
- Emotional distress following the loss of a family member.
- Limited awareness about entitlements, family planning, and financial management.

- Lack of community support and social connectedness.

## Intervention

The family was onboarded under the Family Strengthening Program for intensive case management.

- Linked with Kilkari Rainbow Home, Al-Ansar Trust, and Railway Children for **rational support**.
- Provided **stationery** to 3 children and facilitated **school transfer** for them and ensured continuity of education.
- Linked with **local donors** for household materials such as a refrigerator and furniture for their shop
- Linked to **DoT Government Centre for TB** for medical treatment.
- Project covered **CT scan costs** for one child
- Linked and facilitated **regular follow-ups** with Kilkari Rainbow Home for medical expenses.
- Linked with **Pradhan Mantri Ujjwala Yojana** for a gas connection.
- Connected with **Family for disabled organization** for a soft loan, enabling the family to expand their shop.
- Updated **Aadhaar cards** and **bank accounts** for all family members.

## Counseling & Mental Health:

- Continuous counseling to cope with trauma and improve family communication.
- Sessions for caregivers on **family planning** and **financial management**.
- **Life skills sessions** for children on recognizing emotions, goal setting, and self-reflection.
- Built a **community-supported network** to foster belonging and practical support.
- Linked with a nearby **mosque** for one-time financial assistance.

- Established connections with donors and organizations for continuous material and financial assistance.

### Current Status and Evaluation

The family's income improved through the expanded business, ensuring food security and better access to healthcare. Children continue their education, and parents demonstrate stronger communication and parenting. Emotional stability and community ties have improved. The family has now "graduated" from intensive support to periodic follow-ups.

This case exemplifies how convergence between health services, government schemes, NGOs, and community institutions creates lasting family stability.

## Case- 3

### Case Description

Aditya, a 20-year-old youth, lived in a CCI for 14 years and was restored to his family in 2021 under CWC's order. Born with HIV, he lost both parents at young age. His grandfather became his sole caregiver and emotional anchor. After his grandfather's death, Aditya faced discrimination from extended family denied shared meals, utensils, and emotional acceptance making reintegration extremely difficult.

### Challenges

- Faced discrimination and stigma by extended family members segregated his clothes, utensils, and food.
- Subjected to constant taunts and emotional humiliation.
- Cognitive distortions and low self-esteem due to persistent stigma.
- Inconsistent nutrition affecting medication efficacy.

- Sense of isolation and helplessness following his grandfather's death.
- Lack of income and dependency on delayed pension support.
- Limited access to nutritious food and essential supplies.

### Intervention

Aditya was onboarded in the **Family Strengthening Program**, through which a series of holistic interventions were implemented

- Regular counseling sessions to address emotional distress and cognitive distortions.
- Psycho-education on living with HIV and coping strategies.
- Linked with organizations on HIV youth care programs to enhance self-esteem and peer connection.
- Enrolled in **NIOS (National Institute of Open Schooling)** and provided with educational materials.
- Linked with educational programs for remedial classes and computer courses
- Linked with **Save the Children NGO**, which facilitated his **job placement**.
- Regular monitoring of **ART therapy** and medication compliance.
- Linked with **Naaz Foundation, SPID Society**, and the **Delhi Network of HIV-positive Children** for nutritional and health services.
- Partnered with a **local food joint** supported through dry ration supplies where Aditya received **one nutritious meal daily**.
- Assisted in **resolving his delayed pension**, which was successfully credited to his account.
- Guided him to invest part of the amount in a **Systematic Investment Plan (SIP)** for future security.
- Established connections with local **NGOs, Gurudwaras**, and

**food providers** to build a support ecosystem.

- Encouraged social engagement and outdoor activities to enhance mental well-being.

### Current Status and Evaluation

Aditya is now employed with a stable income, lives independently, and maintains regular ART therapy. He remains connected to the project team for guidance and emotional support. He has formed a positive social circle and even contributes a portion of his income to his extended family, which has helped improve their attitude toward him.

Aditya's case showcases how coordinated efforts among health agencies, NGOs, and livelihood partners can restore dignity and stability to marginalized individuals.

### Role of Convergence

These case studies collectively illustrate the **power of convergence** when government bodies, NGOs, and community institutions collaborate around a shared goal. Whether through medical linkages, educational access, or emotional rehabilitation, each partnership plays a unique role in a family's journey toward resilience.

Convergence ensures that families are not supported in isolation but through an ecosystem that nurtures every aspect of well-being economic, emotional, educational, and social. This integrated approach under Udayan Care's *FiT Families Together Project* stands as a best-practice model for **family-based care, reintegration, and prevention of child institutionalization**.

Through convergence, families once on the brink of separation have regained strength, dignity, and hope proving that when systems work together, even the most vulnerable can truly find their wings to fly.



# Events

## Family Resource Center

**By India Alternative Care Network (IACN)**

On 20<sup>th</sup> August 2025, IACN organized an online webinar on “Exploring the Global Family Resource Center Concept and its relevance for the Indian Context”. The online webinar brought together practitioners, NGOs, and international experts to explore how the Global Family Resource Center (FRC) model can strengthen family support systems in India. Mr. Andrew Russo, co-founder of the International Association of Family Support Networks, introduced the global FRC concept, emphasizing

its family-centered and community-based approach to building protective factors and preventing child maltreatment. He shared successful examples from around the world and encouraged participants to identify similar initiatives emerging in the Indian context.

Insights from Singapore were presented by Ms. Bhavani Pillai, who outlined the role of Family Service Centers in providing inclusive support across diverse communities. She also shared a compelling success story from the “Kaziang” community food

program, which showcased strong volunteerism and social cohesion during the COVID-19 pandemic.

Participants engaged in a rich discussion on adapting the FRC model for India, addressing cultural diversity, staffing, government collaboration, and support for vulnerable groups. The session concluded by reinforcing a shared commitment to building strong, community-based family support systems across the country.

Watch the full recording here - <https://youtu.be/ePoTeITDE0Q>

## Leadership Dialogues – 6<sup>th</sup> and 7<sup>th</sup>

**By Miracle Foundation India and India Alternative Care Network (IACN)**

For the 2025–2026 Leadership Dialogue Series, Miracle Foundation India partnered with the Indian Alternative Care Network (IACN) to explore innovative approaches to strengthening systems of family support across India.

The series is anchored around the theme:

**“Beyond Services: Strengthening Ecosystems of Family Support”**

The conversations focus on building collaborative, resilient, and family-

centered ecosystems that ensure every child grows up in a safe and supportive environment.

**The Sixth Edition of the Leadership Dialogue titled Family Strengthening at the Last Mile was held on July 31, 2025. It emphasized the urgent need for collaboration across government bodies, civil society**

organizations, and local self-governance structures.

Particular focus was placed on:

- Empowering **Gram Panchayats**
- Strengthening **community-based support systems**
- Ensuring families receive **timely and accessible services**

The session underscored that lasting family strengthening requires systems that work together seamlessly to ensure services reach the most vulnerable households.

Watch the full recordings here. <https://miraclefoundationindia.in/sixth-leadership-dialogue/>

The Seventh Edition of the Leadership Dialogue titled **Mental Health and Psychosocial Support (MHPSS) for Families and Children** was held on **September 25, 2025**. The seventh edition convened government leaders,



civil society organizations, and subject-matter experts to spotlight:

- **Mental Health and Psychosocial Support (MHPSS)**
- Policies and innovations that improve access to MHPSS
- Community-centered approaches to strengthening family resilience

- Actionable solutions for integrating MHPSS into existing child and family services

The session reinforced that supporting mental health is fundamental to enabling families to thrive and preventing crises that may lead to separation.

Watch the full recordings here. <https://miraclefoundationindia.in/sixth-leadership-dialogue-2/>

## Conclusion

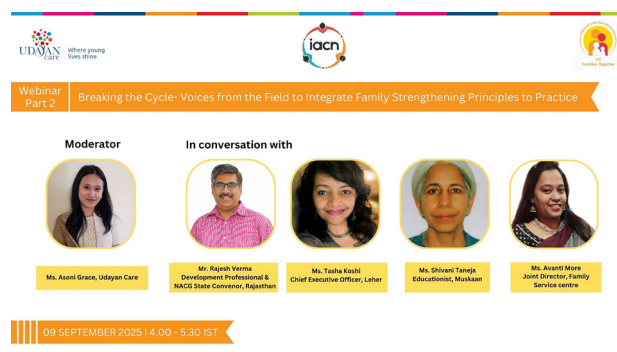
Through this collaborative series, Miracle Foundation India and IACN continue to build a shared understanding of how ecosystems—when aligned and strengthened—can enhance family well-being, prevent separation, and ensure children grow up safe, supported, and included.

## Breaking the Cycle Series – II

By India Alternative Care Network (IACN) and Udayan Care

Udayan Care, in collaboration with the India Alternative Care Network (IACN), hosted the second regional webinar of the Family Strengthening Series on 9 September 2025. The session brought together over 45 child protection practitioners from across Western and Central India to share field insights, community practices, and emerging learning on preventing unnecessary child–family separation.

Speakers from Leher, Family Service Centre (FSC), and Muskaan highlighted diverse models strengthening families and community systems. Leher showcased the Bal Suraksha Hub, which integrates VCPCs, Panchayats, and children's groups to identify risks early, link families with schemes, and prevent school dropouts and child labour.



FSC shared its long-standing work on foster care, sponsorship, and holistic family interventions, emphasizing that counselling, empowerment, and community engagement are as crucial as financial support. Muskaan presented its Safe City Program, underscoring the importance of trauma healing, safe spaces, parental support, and youth leadership, especially among marginalized communities and denotified tribes.

The discussion reinforced that family strengthening requires systemic coordination, community-driven mechanisms, and child participation. The session concluded with a call for continued collaboration to ensure every child grows up in a safe, stable, and nurturing family environment.

watch the full recording here - <https://youtu.be/icV00sJhxWk>