Status of India's Children

Children (0 to 18 years) constitute over 41% of India's population (Census 2011), making it the second largest home to children of the world.

It has the largest population of street children in the world with their highest concentration in Mumbai. According to National AIDS Control Organization, there are close to 8,68,000 female sex workers in India. Half of them have children who live in situations that compounds their vulnerability.

15 million children married before the legal age of 18 for girls and 21 for boys (Census 2011)

NUMBER OF CASES REPORTED UNDER CHILD TRAFFICKING

<table>
<thead>
<tr>
<th>Year</th>
<th>Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>2004</td>
<td>2,599</td>
</tr>
<tr>
<td>2014</td>
<td>17,330</td>
</tr>
</tbody>
</table>

According to National AIDS Control Organization, 7% of the estimated 2.1 million HIV infected individuals are children <15 years of age.

1,47,000 Children living with HIV
8,82,000 Children affected by HIV

UNESCOAP defines Children in Difficult Circumstances (CIDC) as those children who are in situations that compounds their vulnerability.

Why Work with Children

India’s National Policy for Children 2013 states that “Every state in India should ensure special protection measures to secure the rights and entitlements of children in need of special protection, characterized by their specific social, economic and geo-political situations, including their need for rehabilitation and reintegration”.

UN’s Sustainable Development Goals (SDGs) calls for an integrated response to challenges in the society, economy, environment and in governance that directly and disproportionately affect children. 16 of the 17 SDGs are directly linked to CIDC. Current pilots and Govt. run programs have generated larger evidence that suggests the need for more intensive, multi-layered and coordinated efforts that meet the varying needs of CIDC.

Who are CIDC

- Children of sex workers
- Children infected and affected with HIV/AIDS (CABA)
- Children living in family units that are stressed with incapacitating illness
- Street children and children deprived of their basic survival, education, health and protection needs
- Victims of child rights violation (physical, emotional and sexual abuse, trafficked)

Objectives

Empower boys and girls in difficult circumstances to reclaim their childhood.

Create an enabling environment by capacitating parents/caregivers and communities to provide a safety net for all children.

Facilitate a grass root level support system that caters to the child’s needs.

Strengthen a holistic public sector service model by engaging government structures and promoting convergence of various service providing line departments.

Target

Of the wide range of children, our prime focus is the following sub groups of CIDC:

- Children of sex workers
- Children infected and affected with HIV/AIDS (CABA)
- Children living in family units that are stressed with incapacitating illness
- Street children and children deprived of their basic survival, education, health and protection needs
- Victims of child rights violation (physical, emotional and sexual abuse, trafficked)
Interventions
We use a family focused child-centred approach to improve the quality of life of CIDCs at institutions and in the community. Efforts are focussed on reducing their vulnerabilities by working at multiple levels to shape a winning future for them.

CHILD
Enlist, educate, enable and empower children to protect themselves and be resilient to HIV and other risks.

FAMILY
Empower families to care and protect children through healthcare access, parenting skills, economic support and linkages to govt. social protection and welfare schemes.

COMMUNITY
Strengthen community level response to meet the needs of CIDC. This includes developing child friendly spaces, involving grass root structures like VHSNCs (Village health sanitation and nutrition committees) and broader village networks to ensure service delivery, foster care and safe environments.

GOVERNMENT
Strengthen advocacy efforts at state and national levels to mainstream issues of CIDC into the existing government structures and influence them for sustained delivery of quality services for CIDC.

Areas of Support
Based on our current evidence, though only 30% of all CIDC need some form of support, not all get covered through current programs and schemes.

There is a need to bridge the gap in the availability and provision of critical services for all CIDC. We invite partnerships to fulfill the health, education, nutrition and vocational needs of CIDC.

Let's work towards a bright future for India's forgotten children.

Experience and Reach
We are the first organisation in India that developed an evidence based program model for CIDC in the context of HIV/AIDS. We implemented the Social Protection Project in 17 districts of Karnataka, Maharashtra and Andhra Pradesh with the aim to identify, estimate, profile needs and increase access to health, education, social protection services.

Our decade long experience has helped generate evidence on the vulnerabilities of children of sex workers and street children through exploratory studies and initiatives.

Our models involve direct pilots for innovations like the family focused approach, white card updation and single window system that have been scaled up by Governments of Maharashtra and AP; and indirect interventions that facilitates linkages to Government schemes.

We offer technical assistance to the Govt. of Karnataka for implementing the Special Care Program for CABA.

We have built child advocates and leaders who represent the issues of CIDC at various forums.

Our reach is over 63,000 CIDC

How Can You Help?
Contribute to KHPT’s CIDC fund by supporting a child for a year at Rs. 1,500 each month which includes education, shelter, nutrition and other needs.

Contact us:
KHPT
IT Park, 5th Floor, #1-4, Rajajinagar Industrial Area
Behind KSSIDC Admin Office
Rajajinagar, Bengaluru 560 044, Karnataka, India
T. +91 80 4040 0200 F. +91 80 4040 0300
E. khptblr@khpt.org W. www.khpt.org

©KHPT/NP.Jayan