

## The Need



Since the late 1990s, greater openness to foreign investment and trade has created a surge in economic growth in India, significantly expanding its middle class – by some accounts to 400 million people. But in a country of 1.2 billion, that leaves an estimated 700 to 800 million people living in poverty. Many families continually struggle to support and educate their children and nearly half of all children in India are malnourished.

Sustaining the cycle of poverty in India are limited education and employment opportunities, inadequate social and physical infrastructures, and the legacy of a caste system that determines, at birth, one's rank in society. Though banned in 1976, caste discrimination remains a serious obstacle for many people.

Social stigmas against unwed mothers and increasing rates of HIV/AIDs place additional strain on families in India. With few social services and poor access to medical care, many parents feel compelled to abandon or relinquish children they lack the resources to support.

## Holt's History in India

By the late 1970s, Holt had successfully developed child welfare programs throughout S.E. Asia. In 1979, Holt expanded services to children and families in India, first establishing a social services center and residential care facility in partnership with local leaders in Pune, Maharashtra, a state in West India. Here, our new partner agency – Bharatiya Samaj Seva Kendra (BSSK) – began to

provide care for homeless children. In Pune, Holt also forged a partnership with the Society of Friends of the Sassoon Hospitals (SOFOSH), a child care center within the Shreevatsa Hospital.

In 1982, Holt initiated another care facility and outreach program in Navi Mumbai called Children of the World Bombay (CWB), and in 1988, helped establish a second full partner agency in Bangalore – Vathsalya Charitable Trust (VCT), or “Mother's Love.”

In the mid-1970s, as many as 70 percent of children in India's government-run institutions died before the age of two. At VCT and BSSK, Holt adapted the model of attentive, affectionate care Harry Holt developed in Korea, reducing infant mortality to almost zero. Aware that children are most likely to thrive in the nurturing care of a family, Holt went a step further in 1982 – introducing foster care for India's institutionalized children.

Although this family-like care model provided a temporary solution, our partners also sought permanent homes for children in care. In previous country programs, Holt cultivated a philosophy of “permanency planning” that emphasized the importance of keeping a child within his or her birth family and culture. In India, Holt's partners replicated this model – working to reunite children with their birth families or place children with families in India before pursuing international adoption. Although a rare occurrence when Holt began making inroads in the 1980s, domestic adoptions through our partners have exceeded ICA placements almost every year since 1990 – and every year through BSSK.



## Current Projects

Today, Holt continues to serve struggling children and families in the region through family preservation, foster and child care, educational sponsorship, and domestic and international adoption.

With Holt support, both BSSK and VCT work to keep families in crisis together, providing the basic nutritional, educational

and medical support parents need to adequately care for their children. In India, children often drop out of school to help earn the family's income. A central part of Holt's family preservation programs, educational sponsorship enables children to continue attending school, and ultimately provide a more lasting contribution to their family and society as adults. Families of sponsored children also benefit from access to a family health clinic, nutrition program, women's support groups and income-generating projects, including micro loans for small businesses.

Children sponsored by VCT are primarily girls who would otherwise be engaged in domestic work. CWB also provides educational aid – as well as food supplements and medical care – to children in the communities it serves.

With over half the children in Holt care relinquished by single mothers, the stigma of unwed motherhood continues to challenge Holt's efforts to keep families together in India. Denied the support of their families, many women lack the resources to care for themselves and their newborn. To remedy this problem, BSSK's single parents program provides medical care, counseling and vocational training to help mothers become self-sufficient. Additionally, SOFOSH provides counseling, nutritional support and health education for expectant mothers, families and children.

Despite growing success of family preservation, many families in India continue to abandon or relinquish children. All of our partners maintain care centers for homeless children while they wait to transition into foster care, to reunite with their families or to join adoptive families. BSSK maintains four in Maharashtra. Over the years, BSSK services have expanded to include special infant care in a neonatal nursery; regular medical and dental checkups for older children; speech, physical and "play" therapy for children with special needs; and monitoring of developmental progress by a clinical psychologist.

VCT operates three facilities – one in Bangalore and two more in underdeveloped districts of the state. However, the vast majority of children who enter VCT's care live in foster families. Both BSSK and SOFOSH also strive to place as many children as possible with trained foster parents. These temporary families give the children the individual attention they need to develop at a normal, healthy rate, enabling them to thrive when they join permanent families. Since its inception in 1990, VCT's foster care program has become so successful that often, only a handful of children remain at the

care center. Recognized for their exceptional programs, both BSSK and VCT's directors have allied with the government to grow this alternative care model throughout India.

Although both BSSK and VCT have long waitlists of Indian families hoping to adopt, more children entering care have needs and traits that make them difficult to place with Indian families. Often, for older children and children with special needs to have a permanent family, international adoption is the best option.

## Strategic Directions



Over more than four decades in India, Holt has helped thousands of orphaned, abandoned and vulnerable children through enduring partnerships with local child welfare agencies. In the coming years, Holt will work to broaden and strengthen our partners' work while also pursuing

relationships with new partners, enabling expansion of services to many more children throughout India.

Holt projects the number of children in sponsorship to more than double between 2010 and 2011, and increase every following year, reaching 1200 by 2013. As CWB, BSSK and VCT draw more children into educational sponsorship, increased revenue will also bring family preservation services to more children and families.

While Holt anticipates a greater number of children in our programs achieving permanency through domestic adoption and family preservation, international adoption will likely continue on a downward trend in the coming years. Rather, those children now available for ICA tend to be older or have special medical or developmental needs. Holt will continually strive to find families for these children through our Waiting Child program, which promotes home finding for such children, and maintain ICA placements at 35 annually.

As more children with moderate to severe special needs enter care, Holt will seek additional funding for the children's long-term foster care and medical costs. New grants would also enable expansion of family preservation and child care as well as staff development, equipping our partners in India to serve more children, more effectively.