



CHILDLINE Calling



Is India Listening



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CHILDLINE in India

An analysis of calls to 1098

2009



Volume-V



CHILDLINE CALLING... IS INDIA LISTENING

Volume – V, 2009

For the period January 2009 to December 2009
CHILDLINE in India - An analysis of calls to 1098

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**Ministry of Women and Child Development
Government of India**

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North	South	East	West
Allahabad	Bangalore	Agartala	Ahmedabad
Alwar	<i>Bangalore - APSA</i>	Berhampur	Ahmednagar
Chandauli	<i>Bangalore - BOSCO</i>	Bhubaneshwar	Aurangabad
Chandigarh	Chennai -	Cuttack	Baroda
Delhi	<i>Chennai - DBAI</i>	Jalpaiguri	Bhopal
<i>Delhi - Butterflies</i>	<i>Chennai - Marialaya</i>	Kolkata	Gwalior
<i>Delhi - DBA</i>	Coimbatore	Kolkata - Cini Asha	Indore
<i>Delhi - DBS</i>	Cuddalore	Kolkata - DBA	Kalyan
<i>Delhi - Prayas</i>	Eluru	Nadia	Nagpur
<i>Delhi - SBT</i>	Gulbarga	Paschim Medinipur	Nashik
Gorakhpur	Hyderabad	Purba Medinipur	Solapur
Gurgaon	Kanchipuram	Puri	Ujjain
Jaipur	Kannur	Rourkela	
<i>Jaipur - I-India</i>	Kanyakumari	Shillong	
<i>Jaipur - JKSMS</i>	Kasargod	South(24) Paragana	
Kanpur	Kozhikode	<i>South(24) Paragana - Cini DH Unit</i>	
Lucknow	Madurai	<i>South(24) Paragana - Sabuj Sangh</i>	
Meerut	Malappuram		
Shimla	Nagapattinam		
Udaipur	Palghat		
Varanasi	Salem		
	Thrissur		
	Tirunelveli		
	Trichy		
	Trivandrum		
	Vijayawada		
	Visakhapatnam		
	Wayanad		

CONTENTS

1. ABOUT CHILDLINE	8
1.1 What is CHILDLINE	
1.2 Target Audience	
1.3 Structure of CHILDLINE at the city level	
1.4 CHILDLINE 1098 - How it works	
2. PREVIEW	10
2.1 Objectives of this publication	
2.2 Features of ChildNET	
2.3 The process of compiling this publication	
2.4 Data source for compiling this publication	
2.5 Call classification	
3. CHILDLINE CONTACT CENTRE (CCC)	12
4. NATIONAL ANALYSIS OF CALLS	14
4.1 National calls to CHILDLINE 1098	
4.2 Intervention Calls to 1098	
4.3 Zonal view of CHILDLINE Interventions	
4.4 Trend Analysis of Cases for the Period April-2003 to December 2009	
5 REASONS FOR CALLING CHILDLINE 1098	21
5.1 Reasons for Calling CHILDLINE 1098	
5.2 Breakup of Reasons for calling CHILDLINE 1098	
6 FROM WHERE DO CHILDREN CALL CHILDLINE 1098?	26
6.1 How children come in contact with CHILDLINE	
6.2 Telecom service accessed	
6.3 Location of calls	
7 PROFILE OF CALLER & CHILDREN	32
7.1 Profile of Caller	
7.2 Gender of Children Calling CHILDLINE	
7.3 Age Group of Children Assisted	
7.4 Education Status of Children	
7.5 Living Arrangement of the Children	
7.6 Family Situation of Children	
8 INTERVENTION AND ASSISTANCE BY CHILDLINE	40
8.1 Nature of Intervention by CHILDLINE	
8.2 Medical Related Assistance Provided by CHILDLINE	
8.3 Assistance for Shelter	
8.4 Restoration	
8.5 Protection from abuse: Protecting Children from Abuse and Neglect	
8.6 Calls requesting CHILDLINE for Sponsorship assistance	
8.7 Calls requesting CHILDLINE for assistance for Child in conflict with law	
8.8 Calls reporting children who are missing	
8.9 Children call up CHILDLINE seeking emotional support & guidance (ES&G)	
9 NORTHERN REGION	74
10 SOUTHERN REGION	79
11 EASTERN REGION	84
12 WESTERN REGION	89

LIST OF FIGURES

- 3.2 Calls answered vs abandoned
- 3.3 Call distribution by day of week
- 4.2 Intervention Calls to 1098: Jan –Dec 2009
 - 4.2.1 Gender wise Distribution of Intervention Cases
- 4.3 Interventions across Zones
 - 4.3.1 Share of zones in CHILDLINE interventions
 - 4.3.2 Share of CHILDLINE cities
 - 4.4.1 CHILDLINE GROWTH (Apr-2003 to Dec-2009)
 - 4.4.2 Trends of Cases (Apr-2003 to Dec-2009)
- 5.1 Reasons for Calling CHILDLINE 1098
 - 5.2.1 Emotional & Mental Health: Sub Reasons
 - 5.2.2 Education Related: Sub Reasons
 - 5.2.3 Physical Health: Sub Reasons
 - 5.2.3.1 Trend Analysis of Malnourished Children (Apr-2003 to Dec-2009)
 - 5.2.4 Family Related Issues: Sub Reasons
 - 5.2.5 Lack of Resources: Sub Reasons
 - 5.2.6 Missing: where child went missing?
 - 5.2.6.1 Missing: Type of Missing
 - 5.2.7 Runaway: Sub Reasons
- 6.1 How children come in contact with CHILDLINE
 - 6.1.1 Access split by intervention type
- 6.2 Call Came Through
 - 6.2.1 Call Came Through & Intervention
 - 6.2.2 Call Came Through & Intervention
- 6.3 Location of Calls to CHILDLINE (Jan-2009 to Dec-2009)
 - 6.3.1 Trend Analysis of the Location of Calls to CHILDLINE (Apr-2003 to Dec-2009)
- 7.1 Caller who Calls to CHILDLINE (Jan-2009 to Dec-2009)
 - 7.1.1 Trend Analysis of the Caller who Calls to CHILDLINE (Apr-2003 to Dec-2009)
 - 7.1.2 Caller Type and Call Came Through (Jan-2009 to Dec-2009)
- 7.2 Gender of Children (Jan-2009 to Dec-2009)
 - 7.2.1 Trend Analysis of the Gender of Children (Apr-2003 to Dec-2009)
- 7.3 Age Group of Children Assisted (Jan-2009 to Dec-2009)
 - 7.3.1 Trend Analysis of the Age Group of Children Assisted (Apr-2003 to Dec-2009)
- 7.4 Education Status of the Children (Jan-2009 to Dec-2009)
 - 7.4.1 Trend Analysis of Education Status of Children (Apr-2003 to Dec-2009)
- 7.5 Living Arrangement of Children (Jan-2009 to Dec-2009)
 - 7.5.1 Trend Analysis of Living Arrangement of Children (Apr-2003 to Dec-2009)
- 7.6 Family Situation of Children (Jan-2009 to Dec-2009)
- 8.2 Medical: Sub Intervention
 - 8.2.1 Ailments treated by First Aid
 - 8.2.2 Ailments treated by OPD
 - 8.2.3 Ailments treated with hospitalization
 - 8.2.4 Source for Medical assistance cases
 - 8.2.5 Age Group and Gender of the Children seeking for Medical Assistance
 - 8.2.6 How Child accessed assistance from CHILDLINE for medical support/intervention
- 8.3 Shelter: Sub Intervention
 - 8.3.1 Source for Shelter assistance cases
 - 8.3.2 Age Group and Gender of the Children provided Shelter
 - 8.3.3 How Child accessed assistance from CHILDLINE for Shelter support/intervention
- 8.4 Restoration: Sub Intervention
 - 8.4.1 Source for Restoration assistance cases
 - 8.4.2 Age Group and Gender of the Children Restored
 - 8.4.3 How Child accessed assistance from CHILDLINE for restoration support/intervention
- 8.5.1 Types of Abuse
 - 8.5.1.1 Type of Abuser
 - 8.5.2 Gender split in various types of abuse cases
 - 8.5.3 Age wise split of abuse cases
 - 8.5.4 Types of sexual abuse
 - 8.5.4.1 Types of sexual abuser
 - 8.5.5 Age wise split of sexual abuse cases
 - 8.5.6 Protection from abuse: Sub Intervention
 - 8.5.7 Source for Protection from abuse assistance cases
 - 8.5.8 Age Group and Gender of the Children Protected from Abuse & Violence
 - 8.5.9 How Child accessed assistance from CHILDLINE for Protection from abuse support/intervention
- 8.6 Sponsorship: Sub Intervention
 - 8.6.1 Source for Sponsorship assistance cases
 - 8.6.2 Age Group and Gender of the Children Provided Sponsorship
 - 8.6.3 How Child accessed assistance from CHILDLINE for Sponsorship support/intervention
- 8.7 Child in conflict with law: Sub Intervention
 - 8.7.1 Source for Child in conflict with law assistance cases
 - 8.7.2 Age Group and Gender of the Children in Conflict with Law
 - 8.7.3 How Child accessed assistance from CHILDLINE for children in conflict with law support/intervention
- 8.8 Missing: Sub Intervention
 - 8.8.1 Source for Missing Child assistance cases
 - 8.8.2 Age Group and Gender of the Missing Children
 - 8.8.3 How Child accessed assistance from CHILDLINE for missing children support/intervention
- 8.9 Emotional support & guidance: Sub Intervention
 - 8.9.1 Source for Emotional Support and Guidance assistance cases
 - 8.9.2 Age Group and Gender of the Children seeking Emotional Support and Guidance
 - 8.9.3 How Child accessed assistance from CHILDLINE for Emotional Support and Guidance support/intervention
- 9.2 Intervention Calls to 1098
- 9.3 Age Group & Gender of Children
- 9.4 Gender of the Children
- 9.5 Age Group of the Children
- 9.6 Source for cases
- 9.7 How Child accessed assistance from CHILDLINE
- 9.8 Location of Calls to CHILDLINE
- 10.2 Intervention Calls to 1098
- 10.3 Age Group & Gender of Children
- 10.4 Gender of Children
- 10.5 Age Group of Children
- 10.6 Source for cases
- 10.7 How Child accessed assistance from CHILDLINE
- 10.8 Location of Calls to CHILDLINE
- 11.2 Intervention Calls to 1098
- 11.3 Age Group & Gender of Children
- 11.4 Gender of Children
- 11.5 Age Group of Children
- 11.6 Source for cases
- 11.7 How Child accessed assistance from CHILDLINE
- 11.8 Location of Calls to CHILDLINE
- 12.2 Intervention Calls to 1098
- 12.3 Age Group & Gender of Children
- 12.4 Gender of Children
- 12.5 Age Group of Children
- 12.6 Source for cases
- 12.7 How Child accessed assistance from CHILDLINE
- 12.8 Location of Calls to CHILDLINE

LIST OF TABLES

- | | | | |
|--------|--|-------|--|
| 3.1 | Overview of CCC in 2009 | 8.5.1 | Types of Abuse and Abuser |
| 4.1 | National Calls to CHILDLINE 1098 | 8.5.2 | Gender split in various types of abuse cases |
| 4.2 | Intervention Calls to 1098: Jan –Dec 2009 | 8.5.3 | Age wise split of abuse cases |
| 4.2.1 | Gender wise Distribution of Intervention Cases | 8.5.4 | Types of sexual abuse and abuser |
| 4.3 | Interventions across Zones | 8.5.5 | Age wise split of sexual abuse cases |
| 4.3.1 | Average numbers of Calls and Cases Per City, Per Year | 8.5.7 | Source for Protection from abuse assistance cases |
| 4.4.2 | Trend of Cases (April-2003 to December-2009) | 8.5.8 | Age Group and Gender of the Children Protected from Abuse & Violence |
| 5.1 | Reasons for Calling CHILDLINE 1098 | 8.5.9 | How Child accessed assistance from CHILDLINE for Protection from abuse support/intervention |
| 5.2.31 | Trend Analysis of Malnourished Children (April-2003 to December-2009) | 8.6.1 | Source for Sponsorship assistance cases |
| 6.1.1 | Access split by intervention type | 8.6.2 | Age Group and Gender of the Children Provided Sponsorship |
| 6.2.1 | Call Came Through & Intervention | 8.6.3 | How Child accessed assistance from CHILDLINE for Sponsorship support/intervention |
| 6.3.1 | Trend Analysis of the Location of Calls to CHILDLINE (April-2003 to December-2009) | 8.7.1 | Source for Child in conflict with law assistance cases |
| 7.1.1 | Trend Analysis of the Caller who Calls to CHILDLINE (April-2003 to December-2009) | 8.7.2 | Age Group and Gender of the Children in Conflict with Law |
| 7.1.2 | Caller Type and Call Came Through (January-2009 to December-2009) | 8.7.3 | How Child accessed assistance from CHILDLINE for children in conflict with law support/intervention |
| 7.2.1 | Trend Analysis of the Gender of Children (April-2003 to December-2009) | 8.8.1 | Source for Missing Child assistance cases |
| 7.3.1 | Trend Analysis of the Age Group of Children Assisted (April-2003 to December-2009) | 8.8.2 | Age Group and Gender of the Missing Children |
| 7.4.1 | Trend Analysis of Education Status of Children (April-2003 to December-2009) | 8.8.3 | How Child accessed assistance from CHILDLINE for missing children support/intervention |
| 7.5.1 | Trend Analysis of Living Arrangement of Children (April-2003 to December-2009) | 8.9.1 | Source for Emotional Support and Guidance assistance cases |
| 8.2.4 | Source for Medical assistance cases | 8.9.2 | Age Group and Gender of the Children seeking Emotional Support and Guidance |
| 8.2.5 | Age Group and Gender of the Children seeking for Medical Assistance | 8.9.3 | How Child accessed assistance from CHILDLINE for Emotional Support and Guidance support/intervention |
| 8.2.6 | How Child accessed assistance from CHILDLINE for medical support/intervention | 9.1 | City - wise Distribution of Calls in Northern Region |
| 8.3.1 | Source for Shelter assistance cases | 9.3 | Age Group & Gender of the Children |
| 8.3.2 | Age Group and Gender of the Children provided Shelter | 10.1 | City - wise Distribution of Calls in Southern Region |
| 8.3.3 | How Child accessed assistance from CHILDLINE for Shelter support/intervention | 10.3 | Age Group & Gender of the Children |
| 8.4.1 | Source for Restoration assistance cases | 11.1 | City - wise Distribution of Calls in Eastern Region |
| 8.4.2 | Age Group and Gender of the Children Restored | 11.3 | Age Group & Gender of the Children |
| 8.4.3 | How Child accessed assistance from CHILDLINE for restoration support/intervention | 12.1 | City - wise Distribution of Calls in Western Region |
| | | 12.3 | Age Group & Gender of the Children |

EXECUTIVE SUMMARY

“**CHILDLINE Calling is India Listening**”, presents an analysis of ChildNET data for the period January 2009 to December 2009. This publication aims to showcase the nature of calls, the nature of intervention, the profile of callers, the status of callers and the status of the CHILDLINE service in India.

The data provides important feedback about the impact of the service, users of the service, the reasons for calling CHILDLINE, experiences of abuse faced by children and the nature of intervention provided by CHILDLINE. It provides the building blocks for more in-depth research and analysis on the status of children in India, particularly in the area of child protection. In this publication we also present a trend report showing trend over the years in various interventions and related matters.

Profile of the child assisted

The data highlights that CHILDLINE reaches out to

- Maximum number of children in the age group of 11-15 years (45.99%)
- Higher number of boys (66%) than girls (34%)

Profile of the caller

As an emergency helpline and outreach service CHILDLINE receives calls from various types of callers. The data highlights that 30% of calls are made by children either for themselves or to refer about a friend, 15% of the calls come from CHILDLINE member, 11% from concerned adults, 15% from family members, 15% allied system, and 9% from NGO personnel.

Calls

During the year CHILDLINE received a total of 22,02,016 calls. Of these a total of 53,949 intervention calls were recorded. Of this the south zone, with 28 cities covered by CHILDLINE, accounted for 39%; the east zone with 22 cities, accounted for 24%.

Source of Calls

Of the intervention cases, a shade over 64% were received as calls on 1098. Another 16% were received by CHILDLINE teams during Outreach activity. Of all calls that came to 1098 on phone for direct intervention, only 6% came from PCOs, 29% through landlines (including landlines of private telecom service providers) and a significant 28% came from mobile phones. Surprisingly 39% of mobile callers are children. Of phone calls, 37% came from residential areas, 13% from Railway stations/property and 11% from streets/pavements.

Reasons for calling

Emotional and Mental health related issues (16%) of overall reasons followed by Education related (13%), Physical health (12%) are the most critical reasons for calling CHILDLINE. Each of these categories are broad classification that covers several sub reasons. The analysis in this publication provides a view of the detailed sub reasons for calls to CHILDLINE.

Intervention Cases

Intervention involves reaching out to children and providing the emergency assistance and linking children to services available for long-term care. Highlights of data presented in this publication are:

- Emotional support & guidance is the largest category of interventions provided (37.15%).
- Medical interventions were provided in 14.49% of cases.
- Shelter and Restoration related interventions accounted for 11.6% each respectively.

CHILDLINE Contact Centre

CCC is a 24 hour voice response facility of CHILDLINE run out of a modern BPO (Business Processes Outsourcing) facility belonging to TCS at Vikhroli in Mumbai. Several cities in West and North Zone were connected to it in the year 2009. While the call statistics generated by CCC are already integrated into ChildNET and reported, this publication presents some interesting highlights of CCC operational data. This includes peak days of the week for calls, number of abandoned or calls which due to various circumstances could not be answered by Childline Contact Officers (CCOs).

ABOUT CHILDLINE

1.1 What is CHILDLINE

CHILDLINE is a 24-hour emergency outreach service for children in need of care and protection in India. Any child/concerned adult can dial 1098 to access this service.

This model of service was initiated as a field action project of the Department of Family and Child Welfare, Tata Institute of Social Sciences Mumbai, in June 1996. This was in response to a situation marked by the lack of an emergency service for children, restricted outreach of existing organisations and the adhoc role of allied systems in child protection.

CHILDLINE India Foundation (CIF) was founded in 1999. CIF is the nodal organisation for CHILDLINE service across the country. The goal of CIF is to reach out to marginalised children in need of care and protection.

As of December 2009, CHILDLINE was operational in 83 cities of India spread across 25 states; CHILDLINE 1098 receives over 2 million calls each year. CHILDLINE 1098 is one of the world's single largest children's helpline service and receives 20% of all children's calls on helplines working worldwide. As of December end, 2009, CHILDLINE has responded to over 19 million calls, and has the long term goal of reaching out to every child in distress in each city/district of India.

The XIth 5-year Plan of the Government of India has mandated that the CHILDLINE service must be available in every one of India's 600+ districts. To meet that mandate, the Ministry of Women and Child Development supports CIF under its Integrated Child Protection Scheme.

Target Audience

CHILDLINE works with marginalised children from various cities/ districts. This includes working with

- Street children and youth living alone on the street
- Emotionally disturbed children
- Child labourers especially in the unorganized sector
- Children who have been abused
- Child victims of the flesh trade
- Differently abled children
- Child addicts, children in conflict with the law
- Children in institutions
- Mentally ill children
- Children affected by HIV/AIDS
- Children affected by conflicts or disasters
- Child political refugees and
- Children whose families are in crisis

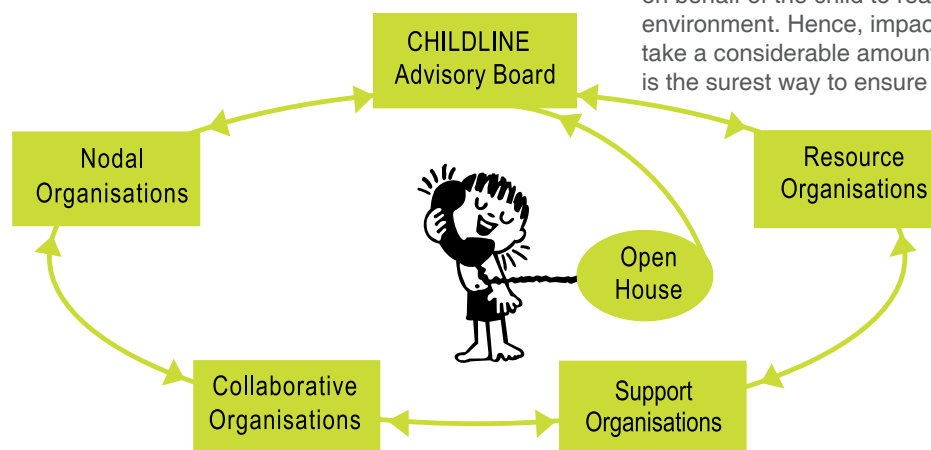
1.2 Structure of CHILDLINE at the city level

Every city, where the CHILDLINE service is running, has a similar structure, as well as a uniform process in which it assesses the needs of the children, develops a resource directory of organisations in the city, ensures the phones are ringing and provides training to the new team. CHILDLINE functions through a network of NGOs, academic institutions, the corporate sector and the allied systems. The key stakeholders in the CHILDLINE model at each city/district are:

- CHILDLINE Advisory Board (CAB) comprises of senior level functionaries from the allied systems, NGOs, concerned individuals, media etc. The CAB reviews information received by local CHILDLINE's from children collated at Open House sessions. The CAB ensures that all Allied systems stakeholder organisations are actively involved in Child Protection in their respective cities.
- The Nodal Organisation is mostly, though not always, an academic institution which ensures coordination, training, research, documentation, awareness and advocacy.
- The Collaborative Organisation, is the 24-hour service for children, which responds to the calls on 1098, provides emergency intervention if required, links the children to the services for ultimate rehabilitation, conducts awareness and outreach programmes and documents every call that comes into CHILDLINE and the intervention or follow up done.
- The Support Organisation, responds to calls referred by the collaborative organisation, conducts awareness and outreach programmes,
- The Resource Organisations act as referral centres for CHILDLINE. They also participate in outreach and awareness programmes for CHILDLINE.
- In the district model, Support partners are replaced by Sub Centre partners, which are a mix of Collab and support partners in terms of their roles.
- The CHILDLINE Contact Centre (CCC) is the centralised call centre initiative of CIF. Currently there is one CCC located in Mumbai; it receives calls to 1098 from several cities in West & North Zones. Intervention calls are forwarded to partners.

CHILDLINE has thus evolved into a partnership between children, the Government, NGOs academic organisations and the community, at the city and national levels, to respond to the concerns of marginalised groups of children.

CHILDLINE's comprehensive strategy to bring about systemic change by creating child friendly systems has yielded astonishing results. CHILDLINE works with the system and its processes on behalf of the child to reach the goal of a safe child friendly environment. Hence, impact and change are processes that take a considerable amount of time and call for perseverance. It is the surest way to ensure a long-term solution.



1.3 CHILDLINE 1098 - How it works

The intervention methodology

A call coming into a CHILDLINE centre, is attended to, by one of the team members who work in shifts. This ensures the calls are attended to 24 hours a day. Depending on the nature of the call, be it by a child or an adult, the team member will respond to it, either by going to meet the child first and then linking him or her to medical help, shelter, restoration, Protection from abuse or providing intensive counseling as required.

If the team member feels that he will not be able to reach the child soon, assistance from a support organisation that is located in the vicinity of the caller is sought. After the emergency is addressed the next step is to link the child with long-term rehabilitation. This involves referral and networking with other organisations providing specialised services. The children's participation is an integral component in this process from response to rehabilitation.

CHILDLINE India plays the role of a link between service providers (government, non-government) and children in need of care and protection. All CHILDLINE interventions aim to bring children out of emergency situations, provide options for long term rehabilitation and then link them to appropriate agencies to ensure the same. The period of CHILDLINE intervention may vary from a few hours to a few days, and in the case of some children may stretch to years.

CHILDLINE shares a vibrant and dynamic relationship with the children it works with. Ingrained in its daily functioning, is grassroot outreach and interaction with children. Monthly Open House, an open forum for children to share feedback about the functioning of the service, as well as share their issues and concerns for themselves, is critical to the functioning of CHILDLINE. City mapping, an extensive exercise to highlight high risk areas where children are prone to abuse, and child protection resources, enables CHILDLINE to priorities and reach out more effectively. Children and youth identify with CHILDLINE and often offer their services as volunteers. They play a critical role in creating awareness about the CHILDLINE service and work as informers who inform CHILDLINE about children in need of assistance. Many of these children and youth grow into the CHILDLINE system and find themselves a space in CHILDLINE centres as paid volunteers or team members.

CHILDLINE works at three levels, functioning as a catalyst to effect systemic change.

At the micro level it responds to children on the 1098 helpline, providing them emergency assistance and then linking them to agencies/family for long term rehabilitation.

At the mezzo level, CHILDLINE works with the local system comprising state governments, municipal corporations, district administrative units, village panchayats, community groups voluntary agencies and academic institutions to create child friendly systems.

At the macro level, CHILDLINE works as a catalyst bringing the government, the corporate sector and voluntary agencies together to bridge gaps in the services, address policy gaps, increase budgetary allocations and explore the adaptation of technology for child protection mechanisms in India. It envisages a cohesive child protection force comprising the state, the corporate sector, voluntary agencies and the community working together to ensure each child his/her right to protection.



Child / Concerned Adult dials 1098



Connected to a CHILDLINE Collaborative agency



CHILDLINE team rushes to child within 60 minutes



Child provided rehabilitation, Constant follow up with child

PREVIEW

CHILDLINE Calling... Is India Listening (Volume - V), is CHILDLINE India Foundation's fifth compilation of data from CHILDLINE partners across 83 cities in India for the period (January 2009- December 2009).

The comprehensive data captured through the ChildNET, as also through manual records of cities reflects the nature of issues in child protection. It is concrete proof of some of the many concerns that children are forced to cope with on a regular basis. These data, therefore, add substance to CHILDLINE's efforts when advocating before policy makers for ensuring child rights.

This publication provides valuable information about: child helplines and the children who contact them, the profile of the caller and/or the concerned child and the reasons why children call. This document demonstrates the effectiveness of CHILDLINE as a strategy towards child protection and demonstrates the various methods used to reach out to children, especially the most marginalised children.

2.1 Objectives of this publication

Compile the data available on the calls to 1098: The primary objective of this publication is to compile the data received by CHILDLINES across the country. At times our CHILDLINE partners have faced problems in documenting calls on the ChildNET software and hence there has been variation in actual calls received and the data entered into the software. This publication aims to present an overview of the status of CHILDLINE in India by examining the nature of calls and the profile of the caller to the service.

Identify trends in calls at the National and Zonal levels: This publication seeks to continue the process of analysing the data by identifying and highlighting trends in the calls to the services. These data would also provide the inputs for helplines and organisations working with the children to advocate for services and for the Governments at the Centre and States to identify the information needs for policy formulation and programme development. ChildNET brings out the regional variations and is able to identify the nature of problems and interventions related to specific cities.

Assist in evaluating the impact of the service: The publication also aims to provide data to assist in assessing the impact of the service and to identify strategies to strengthen the functioning of the service. It must be noted that CHILDLINE is an emergency response helpline and therefore, records of calls from children in distress indicate immediate action taken to link children to other organisations for long term assistance and rehabilitation. Upon such referrals, children move out of the purview of CHILDLINE service. CHILDLINE India Foundation has been publishing the annual, 'CHILDLINE Calling... Is India Listening', to provide comprehensive and more topical data, which can be used by the individual CHILDLINES to look at emerging issues and interventions required. This can provide direction to programme planning for partner organisations.

2.2 Features of ChildNET

ChildNET is a java based software package developed by Tata Consultancy Services (TCS) for CHILDLINE, which classifies records and allows for the follow-up of calls received on 1098. The written documentation is then translated onto the computer software package. The software is installed in the CHILDLINE Call Centre. Known as collaborative organisations, the CHILDLINE teams follow a series of drop-down menus, and pictures to record and track every call received. At regular

intervals, each centre uploads their data via the Internet to the central server based at CIF in Mumbai. The local data are aggregated into national statistics, analysed and feedback given to cities as value added information that could inform local and national policy. ChildNET makes it possible to study the patterns of calls: trends in child protection, hot spots of abuse and exploitation in the country, the quality and timelines of response and action by the various stakeholders of child care and protection.

2.3 The process of compiling this publication

Data for this publication were used from two sources, namely:

- Data sent in the Monthly reports: The monthly report is a coherent account of activities conducted by the cities, and reported by them to CIF. It consists of the action taken, activities conducted, meetings conducted and decisions taken at various forums. It also contains details of children assisted along with the number of calls. It is used as a backup to the ChildNET. The total number of calls is taken from the compiled monthly report. Each city compiles a monthly report of the calls received and emails this to CIF. This data consists of a break up of calls and highlight significant case studies of calls which were responded to by the respective CHILDLINES.
- Data entered into ChildNET software: Calls, which are recorded in the monthly report, are then entered into the ChildNET package by the cities and uploaded at regular intervals by them. However, some cities, where the software is not installed or due to technical problems, they are not able to upload directly through the software, photocopies of the intervention case sheets were sent to CIF, who then appoints and trains data entry operators to enter the data in the package. On the completion of the data entry, reports were sent to the respective cities for their perusal.

2.4 Data source for compiling this publication

The total number of calls received is always much larger than the intervention calls. However, for trend analysis only intervention calls are taken into account.

The intervention calls documented from the monthly reports received by 83 CHILDLINE nationally amounted to 72,007 calls in January 2009 - December 2009, whereas, the total number of calls reported by ChildNET were 53,949 for the same period, representing, approximately 75% of the total intervention calls documented in ChildNET (as compared to monthly report). Variation in figures reported in the Monthly reports and ChildNET is due to a variety of factors: The Team Members expressed difficulty in getting information from the caller especially in cases where counseling was provided. Hence, the basic details were noted in the register whereas, information captured in ChildNET requires complete case file to be filled for each intervention case.

Monthly reports are sent by the middle of the next month, for the previous month. So its compilation begins immediately after a month ends. There may be cases of intervention that are in process but the cases are not closed. Such cases may feature in the monthly report as calls. In the case of ChildNET, the case forms have to be filled, data entered and sent to CIF. In this instance, the cases would be reported to ChildNET only after cases are closed- when the case forms will be filled and data entered. Hence there will always be some variations.

This publication is based on the analysis of calls captured by ChildNET for the period January 2009 - December 2009. It is important to note that this publication analyses only the intervention related calls recorded in ChildNET.

CHILDLINE nationally has received a total of 22,02,016 calls in January 2009 - December 2009, including 3,54,983 information calls, which consists of caller's seeking information about CHILDLINE and services for children such as adoption services, vocational training courses, boarding homes, child guidance clinic's and this information is passed on to callers over the telephone.

CHILDLINE has received 4, 02,310 calls in this period classified as silent calls. These are calls where the caller has chosen not to speak. The CHILDLINE Team Member plays an active role in providing information about the service as well as assuring and encouraging the caller to speak whenever she/he feels comfortable. Similarly in the past few years, the numbers of blank calls have gone up due to the technical connectivity problems. CHILDLINE has received 41,236 calls for follow-up of cases.

2.5 Call Classification

The total number of calls that is received by CHILDLINE is divided into 5 major categories of calls: intervention calls, follow-up calls, did not find calls, information calls and 'others'. The first and last categories viz intervention and others are again further sub-divided into numerous categories.

Intervention Calls

These are the most important calls, as they result in CHILDLINE reaching out to and assisting a number of children in need. Interventions may consist of Emotional support & guidance (ES&G) or specific interventions in the case of children seeking medical assistance, or shelter or seeking to be restored/rehabilitated, or other similar assistance. Some forms ES&G cases may not require physical intervention. In the current practice, cases that receive multiple interventions are recorded and classified as such.

Follow-up Calls

Typically, these are calls that are regarding a case that is already in progress. Often a CHILDLINE worker, assisting a child through a medical emergency, may call up the office before making a decision on how to proceed with the medical treatment. For example, the case may require an expensive medical procedure, additional nutrition or long term, out-patient care. Sometimes in inter-city cases, where a child has either been repatriated to his/her home town in another state, a CHILDLINE worker may call to check on how the restoration process is going. Specially in inter-state trafficking cases, Team Members often call back and forth to keep track of the case. Another type of follow-up call is from the caller - who may be the police, other NGO personnel, or simply a person who has reported a case in the morning, calling to follow-up on the progress of the case.

Did not find Calls

Sometimes when calls come in reporting a child in distress, the Team member will reach the location given but is unable to locate the child. It could either be that the Team member has gone to a wrong address, or that the child has moved for whatever reason. The Team member then typically calls up CHILDLINE to see if there is any new information on the child's whereabouts or simply to report his/her inability to find the child. These types of calls account for a relatively small percentage of the total calls.

Information Calls

This category can be broadly divided into 2 main categories. There are a number of calls where people ask for a range of services from medical to general information. Most often, the calls pertain to matters related to children. Whenever possible, CHILDLINE refers the caller to the place/service most likely to provide the help the caller needs. CHILDLINE also receives a number of calls asking for information on CHILDLINE itself. Some of the calls received are from people who wish to volunteer at CHILDLINE.

Other Calls

There are a number of call categories in this section and together they account for the bulk of total calls. These calls include:

Silent calls are those calls in which the CHILDLINE Team Member can hear background noise that seems to indicate that the caller is listening to the worker but is either unable or unwilling to speak at that time. These calls are very important to CHILDLINE, as past experience has taught that these calls, if handled sensitively, may turn out to be actual calls seeking assistance. Sometimes, children call up but are unsure of what to expect and so hesitate to speak. CHILDLINE workers are taught to pay close attention to silent calls and to be as encouraging as possible. They assure the child that he/she can talk about anything troubling them and that they will get the help they need and that they will not be forced to do anything they do not want to do. Presently no actual data are available on how many silent calls convert to intervention calls.

Blank calls although they sound similar to silent calls, are more a result of problems with connectivity. Often, the team member may be able to hear the caller saying 'Hello', repeatedly but the conversation is unable to go ahead. The numbers are large because telephone connectivity, particularly between landline and mobile phones is often an issue in most parts of the country.

Crank/Fun/Abusive Calls also make up a very large percentage of the calls. CHILDLINE workers are polite but firm in the handling of these calls.

Chat Calls are another very large segment of calls. As CHILDLINE is a toll free number children often call in just to chat with the Team Members. This is most common with children who have been closely involved with CHILDLINE either during the outreach activities or because they have received help from the Team Members in the past. Although Team Members take time to chat with whoever the child, they try not to spend too much time on the call as it may block an incoming call from a child in a crisis situation.

Testing Calls is something that all CHILDLINE workers do every now and again by calling the centre to ascertain if public phones, mobile phones correctly connect to all calls to the CHILDLINE office. This way, CHILDLINE ensures that at least all phone lines are always open to children in need.

CHILDLINE CONTACT CENTRE

The CHILDLINE Contact Centre (CCC) began as a pilot facility in Mumbai in 2007. By September 2008, all of Mumbai was connected to CCC. From April 2009 several other cities were connected to CCC.

CCC is a 24 hour voice response facility of CHILDLINE run out of a modern BPO (Business Processes Outsourcing) facility belonging to TCS at Vikhroli in Mumbai. It uses the contemporary technology of a Call Centre. While the infrastructure of the Call

CHILDLINE CITIES



Centre is outsourced from TCS, the staff manning and running the CCC is on CIF rolls.

The launch of CCC became inevitable following dramatic changes in India's telecom scenario. Owing to the current classification of 1098 in Department of Telecom's (DOT) National Numbering Plan 2003 as a local level service, the connectivity to various cities has been provided by way of installing epabx at local Collab Partners and linking up incoming local 1098 calls to the CCC using a conferencing facility available in the epabx.

Once a call is received at CCC, it is answered by trained Childline Contact Officer (CCO). If the call resolution can be completed on the phone it becomes a CCC operation. However in calls requiring Direct Intervention, the CCO will capture call details and make an outbound call to the Collab Partner in the city where the call has come from. Then the Collab partner takes over, indicates to the CCC an Estimated Time of Intervention and post intervention reports the complete case details to CCC – this enables the CCC to complete the case documentation.

Since direct interventions calls are under 20% of all CHILDLINE Calls, the CCC frees up the time of CHILDLINE Collab Partner teams for a variety of field work including outreach programmes, networking with resource organisations, sensitization of Allied systems organizations, issue based intervention initiatives, etc

As part of a modern Call Centre, several operational facilities are available to us. These include: recording of all inbound and

outbound calls, enforcing quality standards on call response, barging into live calls by Supervisor, tracking of speed of call response for every Childline Contact Officer (CCO), tracking the time of day and day of week for all calls to trace busy time zones and busy days for calls, tracking of calls abandoned (abandoned calls are those that fail to reach a CCO and are terminated- either because the line drops or because of other telecom related issues).

For cities connected to CCC, the case documentation and call stats reporting is done by CCC. For the period under review the call stats have already been reported to ChildNET and the data analysis in this publication includes this.

In this first report on CCC operations we present some interesting data:

Table 3.1 Overview of CCC in 2009:

	2009
Total cities connected to CCC	3 cities at beginning of year, grew to 9 cities by end of year.
Total calls handled	1,99,473
Total calls abandoned	3195 (19%)
Average calls per month	13,428
Average time per call	45 sec.

Figure 3.2 Calls answered v/s abandoned: Data Source: CCC

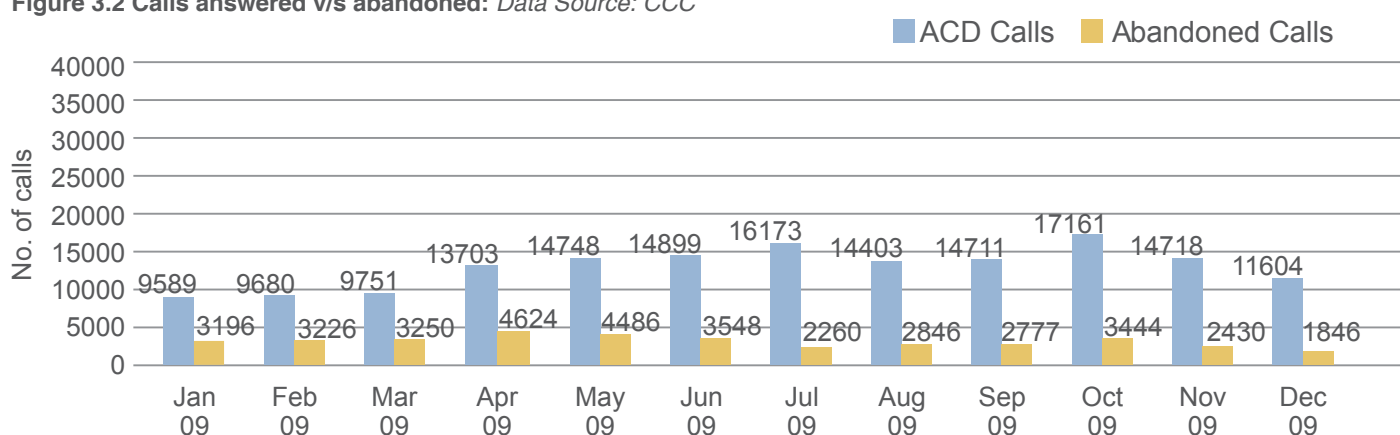
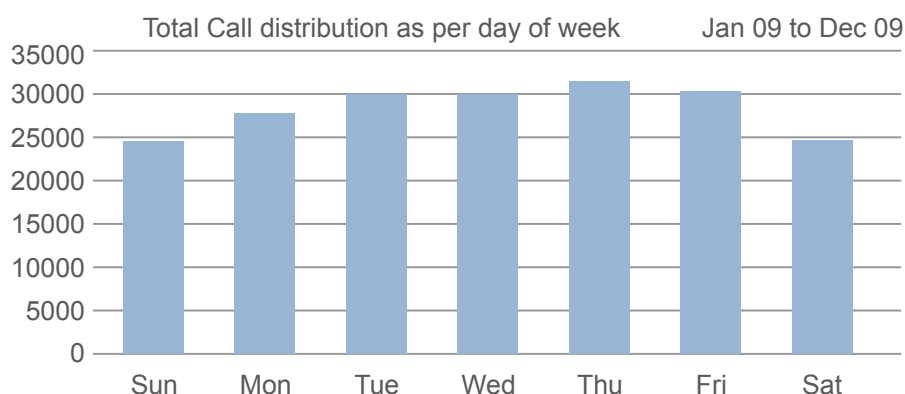


Figure 3.3 Call distribution by day of week: Data Source: CCC



Jan 09 to Dec 09

As evident from the above graph there are relatively higher number of Calls Tuesdays to Thursdays, while comparatively less number of calls on Saturday and Sunday.

NATIONAL ANALYSIS OF CALLS

4.1 National calls to CHILDLINE 1098

Table 4.1 National Calls to CHILDLINE 1098

Zone - wise Distribution of National Calls						
	No. of Cities	28	16	17	22	83
S.No.	Category	South	North	West	East	National
I	Medical	1,006	2070	1211	4848	9,135
II	Shelter	2,989	935	1062	2147	7,133
III	Restoration	3,967	1481	602	1699	7,749
IV	Protection from abuse	1,826	871	1129	789	4,615
V	Death related	29	35	26	45	135
VI	Sponsorship	865	760	2117	3189	6,931
VII	Child lost	817	1250	663	1193	3,923
VIII	Parents asking for help	1,261	1599	584	1269	4,713
IX	Emotional support & guidance	9,973	4412	9671	3617	27,673
X	Total – I - IX	22,733	13413	17065	18796	72,007
XI	Information and other calls	617,904	511484	596485	404136	2,130,009
	Total - X & XI	640,637	524897	613550	422932	2,202,016

There are 8 categories under which calls seeking assistance are classified (categories I to IX above). Categories VII and VIII are both one category of Missing Children. Information and other calls include silent calls, crank calls, fun and also abusive calls. All calls do not translate into direct intervention. Intervention calls are a subset of calls in the eight broad categories.

4.2 Intervention Calls to 1098

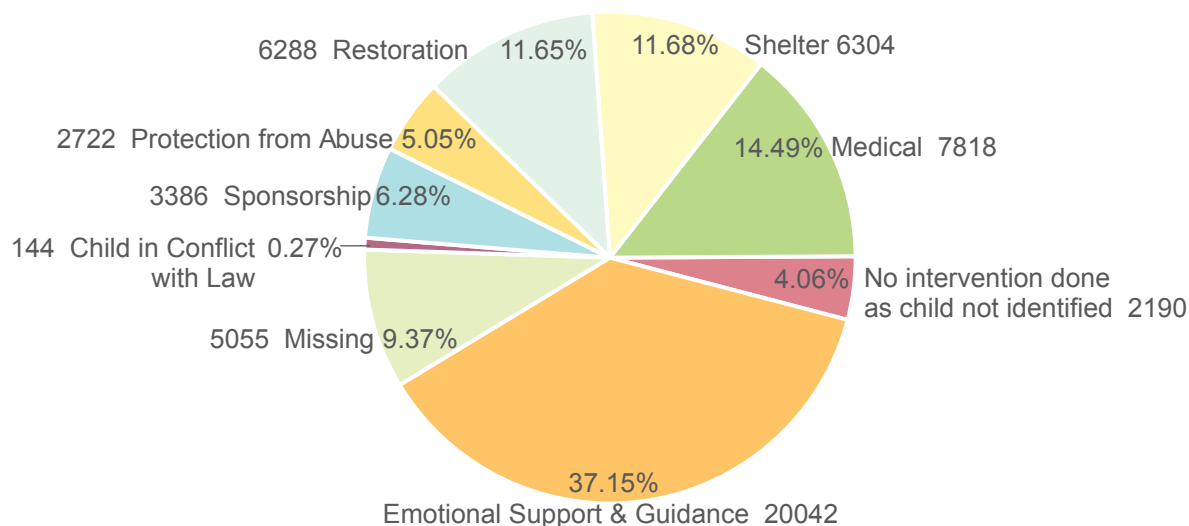
Of the total of 22, 02,016 calls received during the period January –December 2009, a total of 53949 are recorded as Intervention Calls.

Table 4.2 Intervention Calls to 1098: Jan –Dec 2009

Intervention	Total	Percentage
Medical	7,818	14.49
Shelter	6,304	11.68
Restoration	6,288	11.65
Protection from abuse	2,722	5.05
Sponsorship	3,386	6.28
Child in conflict with law	144	0.27
Missing	5,055	9.37
Emotional support & guidance	20,042	37.15
No intervention done as child not identified	2,190	4.06
Total	53,949	100

Figure 4.2: Intervention Calls to 1098: Jan –Dec 2009

n=53949 Data Source: ChildNET



After Emotional support & guidance (ES&G) interventions (37.15%), medical interventions and shelter related interventions accounted for 14.49% and 11.69% respectively.

Intervention Cases

Intervention involves reaching out to children and providing the emergency assistance and linking children to services available for long-term care. CHILDLINE Intervened **53,949** cases during the period January 2009 - December 2009. Some of the key observations regarding the data based on ChildNET for the January 2009 - December 2009 are outlined below.

The data reveals the type of assistance provided by CHILDLINE Nationally

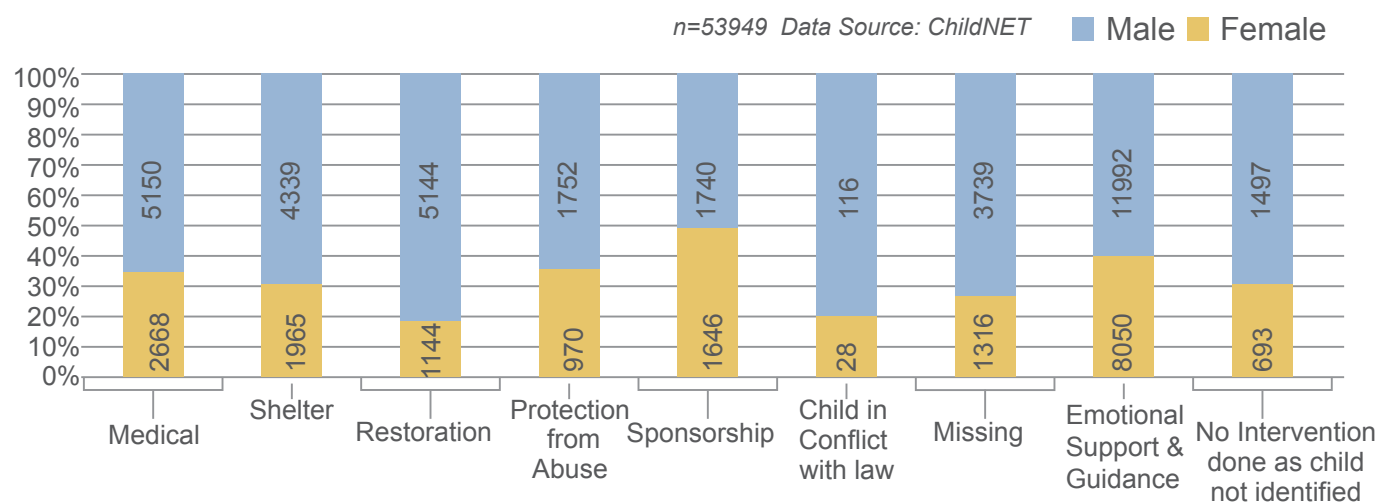
- **Medical 7,818 (14.49%):** Out of the total 7,818 medical calls, the distribution was: first aid 39%, OPD 33%, hospitalisation 12%, private clinic 6%, casualty/accident 3% and 7% other medical assistance.
- **Shelter 6,304 (11.68%):** 42% children were referred to Child Welfare Committee (CWC) for shelter, 39% children were provided shelter for temporary period and 9% for permanently at NGO shelter home, 6% of the children has been provided shelter at Government shelter home out of which 3% for temporary period, 3% for permanent period and 4% of the children were provided shelter at other shelter homes.
- **Restoration 6,288 (11.65%):** Children restored with their family member within the city accounted for 21% and outside the city 22%. Children who have been accompanied by CHILDLINE team member for restoring to their home within city accounted for 19% and outside the city 12%, Children who have been restored with the help of other agencies within and outside the city accounted for 19%.
- **Missing children 5,055 (9.37%):** In order to search either the Missing Children or home of Missing children, CHILDLINE contacted the Missing person Bureau in 20% cases, contacted the Police for finding out the children accounted for 22%, 20% of the children were searched using the CHILDLINE or other NGO network, in 17% cases children information has been flashed in Media or Web site. In 17% cases other tools have been used for searching the Missing Children i.e. Searched the child in shelter homes, Observation home and in the area where child was lost)
- **Protection from abuse 2,722 (5.05%):** Of the total intervention cases for Protection from abuse, 37% of children were provided Support in existing setup, 38% of the children were referred to CWC and 5% were provided Legal support and in 7% cases police were involved for intervention.
- **Sponsorship 3,386 (6.28%):** 77% cases were for sponsorship of education, 11% for sponsorship of medical support, and 1% for Legal support.
- **Emotional support and guidance 20,042 (37.15%):** CHILDLINE received the most number of calls from children asking for counselling of these in maximum number of calls CHILDLINE suggested them different option (49%), Counseling by CHILDLINE (50%) and referred to professional counsellors.
- **Child in conflict with law 144 (0.27%):** These are cases where children have committed some offence. Callers could be children or concerned adults. 43% of the cases were referred to police and in 17% cases rehabilitation of the children is done by the CHILDLINE team. In 13% cases CHILDLINE has provided legal support to the children and 12% cases has been referred to Juvenile justice board.

Note: In the year, we can see a distinct patterns emerging based on gender. Given below is an analysis of Intervention calls split by gender:

Table 4.2.1 Gender wise Distribution of Intervention Cases

Intervention	Male	%	Female	%	Total
Medical	5,150	15	2,668	14	7,818
Shelter	4,339	12	1,965	11	6,304
Restoration	5,144	15	1,144	6	6,288
Protection from abuse	1,752	5	970	5	2,722
Sponsorship	1,740	5	1,646	9	3,386
Child in conflict with law	116	0	28	0	144
Missing	3,739	11	1,316	7	5,055
Emotional support & guidance	11,992	33	8,050	44	20,042
No intervention done as child not identified	1,497	4	693	4	2,190
Total	35,469	100	18,480	100	53,949

Of the 53,949 intervention cases, 34.25% were for female children. In almost all subcategories the number of cases involving male children outnumbers cases involving girl children. However in the subcategory Sponsorship, both are nearly equal

Figure 4.2 .1 Gender wise Distribution of Intervention Cases

4.3 Zonal view of CHILDLINE Interventions

Each of India's four zones are marked by unique characteristics. The South, comprising four states of Kerala, Tamil Nadu, Karnataka and Andhra Pradesh offer a very large mass of urban landscape, the north is marked by rural domination. The East is a complex area including the north east- which has its own unique social and geo-political characteristics. The west is marked by two of India's most industrialized states in Maharashtra and Gujarat.

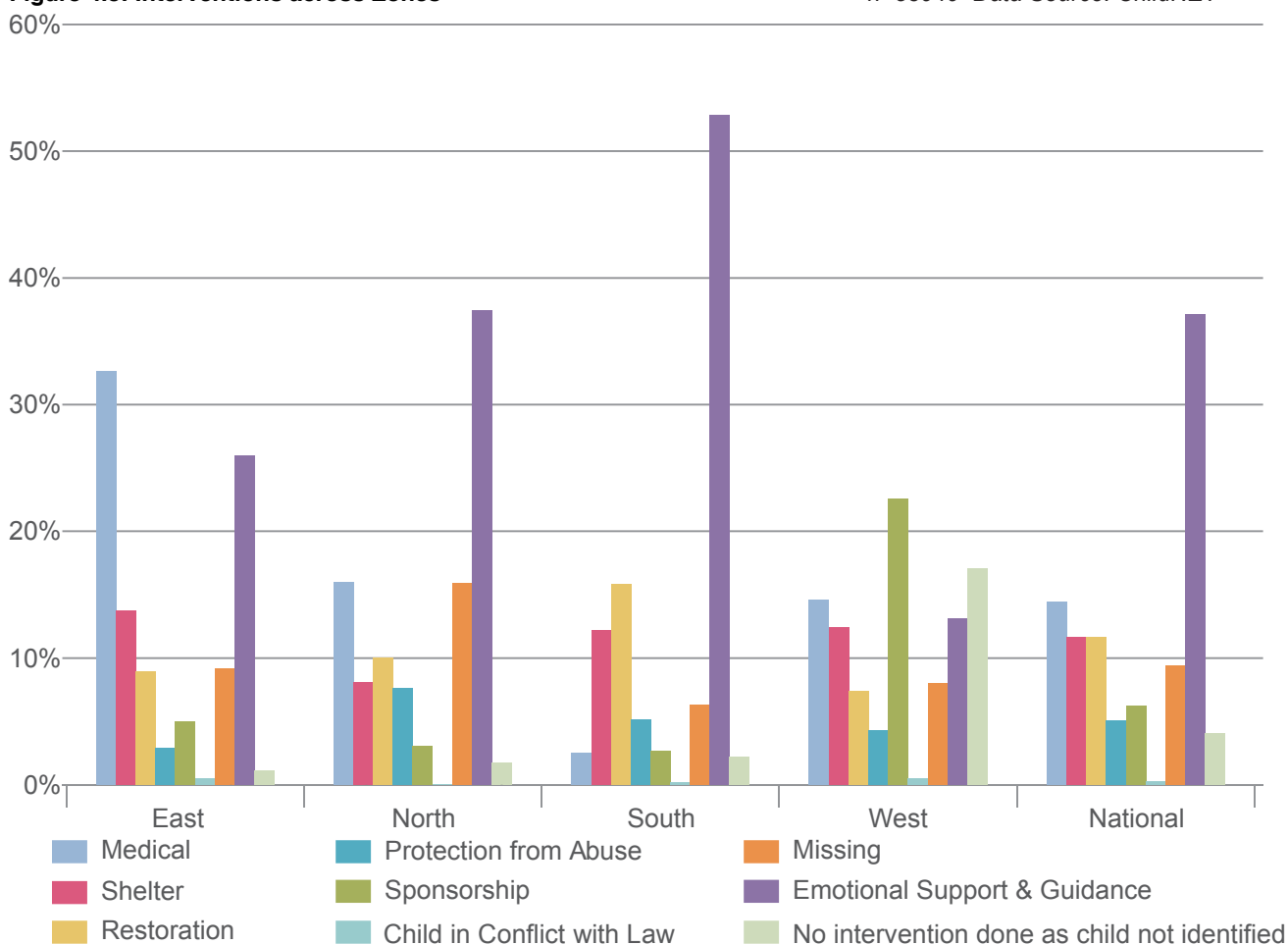
So it is no surprise that intervention case patterns differ across regions.

Table 4.3: Interventions across Zones:

Cities	22		16		28		17		83	
Intervention	East	%	North	%	South	%	West	%	National	%
Medical	4,216	32.66	1,904	15.98	532	2.52	1,166	14.59	7,818	14.49
Shelter	1,773	13.74	964	8.09	2,572	12.17	995	12.45	6,304	11.68
Restoration	1,155	8.94	1,200	10.07	3,344	15.82	589	7.38	6,288	11.65
Protection from abuse	379	2.94	914	7.67	1,087	5.14	342	4.28	2,722	5.05
Sponsorship	645	5.00	362	3.04	573	2.71	1,806	22.60	3,386	6.28
Child in conflict with law	61	0.47	7	0.06	38	0.18	38	0.48	144	0.27
Missing	1,182	9.16	1,895	15.90	1,340	6.34	638	7.98	5,055	9.37
Emotional support & guidance	3,352	25.97	4,462	37.45	11,178	52.89	1,050	13.14	20,042	37.15
No intervention done as child not identified	145	1.12	207	1.74	472	2.23	1,366	17.10	2,190	4.06
Total	12,908	100.00	11,915	100.00	21,136	100.00	7,990	100.00	53,949	100.00

Figure 4.3: Interventions across Zones

n=53949 Data Source: ChildNET



ES&G cases dominate the south zone with nearly 53% of all their cases. The South also has the largest share of restoration cases (15.82%). In the East the single largest block is medical interventions (32.66%) followed by ES&G cases (25.97%). While ES&G is the single largest group in the North as well, significant share of cases are missing (15.90%) and medical (15.98%). In the west, ESG cases are far lower compared to the other three regions- the single largest block being sponsorship cases (22.60%). This is followed by medical (14.59%).

Figure 4.3.1 Share of zones in CHILDLINE interventions

The South has the largest share of intervention cases (39%) – the CHILDLINE service also exists in the most number of cities (28). The East with 22 cities covered by CHILDLINE accounts for 24% of all interventions.

n=53949 Data Source: ChildNET

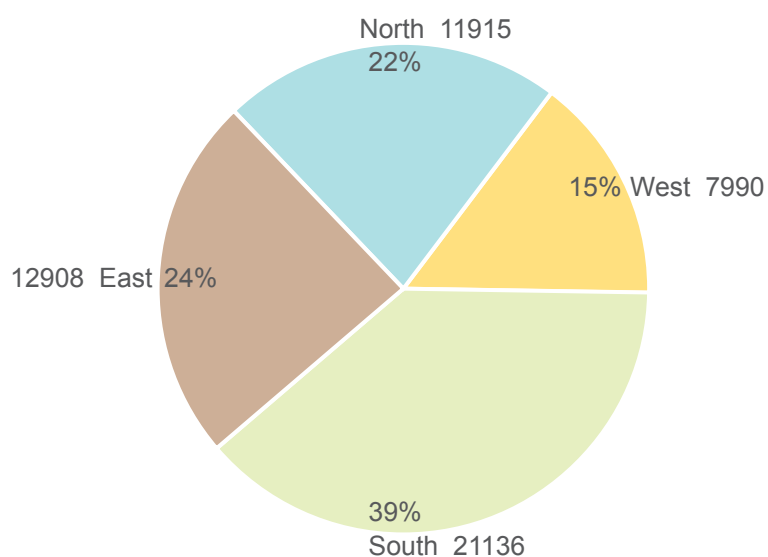


Figure 4.3.2 Share of CHILDLINE cities

n=83 Data Source: ChildNET

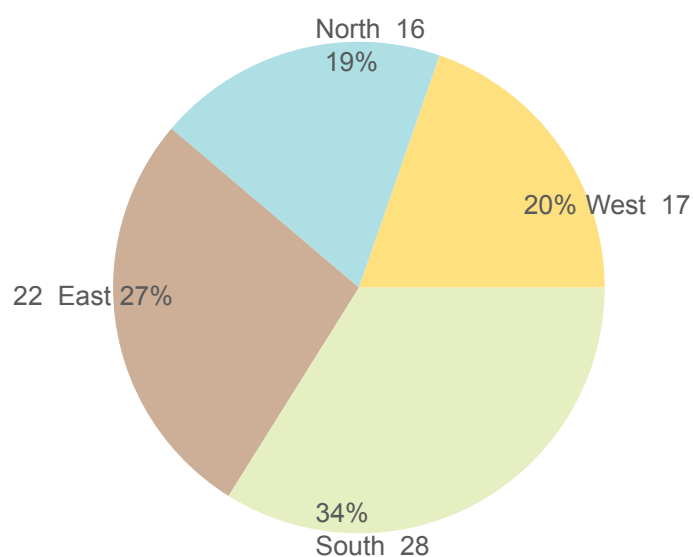


Table 4.3.1: Average number of Calls and Cases Per City, Per Year

Zone	Average number of calls to 1098 per city per year	Average number of Intervention Cases Per City, Per Year
North	32806	745
East	19224	587
South	22880	755
West	36091	470
National	26530	650

Though the South zone has the largest share of calls, by virtue of many more cities, its average for calls is relatively lower. However, the south average for direct intervention cases (per city/per year) is better than the national average.

4.4 Trend Analysis of Cases for the Period April-2003 to December 2009

This section shows the growth of CHILDLINE service in India and the trend of intervention cases serviced by CHILDLINE over the period of last 7 years.

Figure 4.4.1: CHILDLINE GROWTH (April-2003 to December-2009)

CHILDLINE service started from Mumbai in 1996 has grown from 53 Cities in 2003-04 to 83 Cities in 2009.

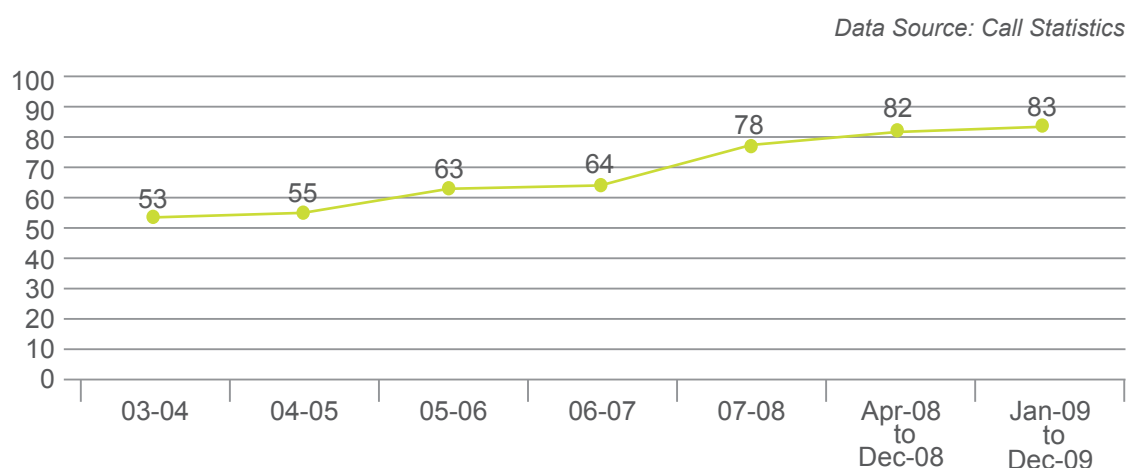


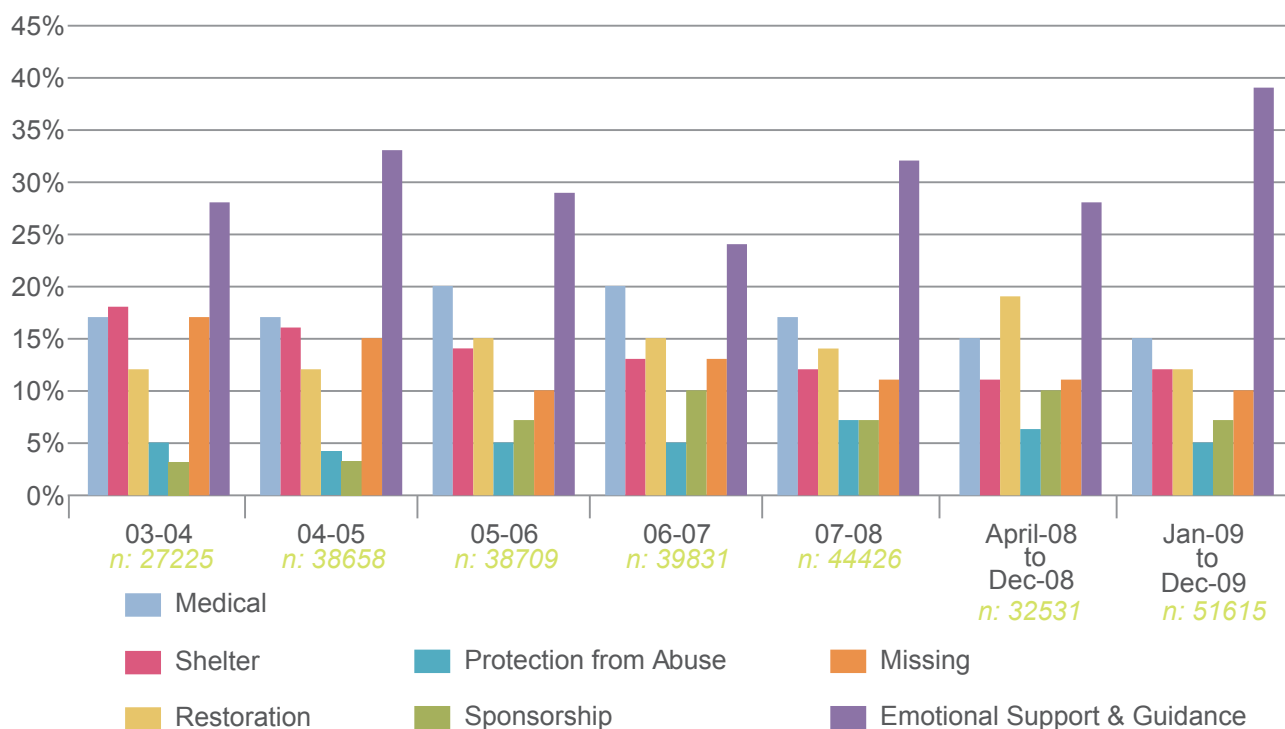
Table 4.4.2: Trend of Cases (April-2003 to December-2009)

Category	03-04		04-05		05-06		06-07		07-08		Apr-08 to Dec-08		Jan-09 to Dec-09		Total
Cities	53	%	55	%	63	%	64	%	78	%	82	%	83	%	
Medical	4558	17	6638	17	7590	20	7968	20	7389	17	4993	15	7,818	15	46,954
Shelter	4787	18	6100	16	5450	14	5025	13	5466	12	3558	11	6,304	12	36,690
Restoration	3259	12	4563	12	5702	15	5900	15	6320	14	6021	19	6,288	12	38,053
Protection from abuse	1377	5	1716	4	2126	5	2121	5	2978	7	2069	6	2,722	5	15,109
Sponsorship	874	3	1030	3	2871	7	3935	10	3054	7	3309	10	3,386	7	18,459
Missing	4704	17	5904	15	3960	10	4998	13	5023	11	3417	11	5,055	10	33,061
Emotional support & guidance	7666	28	12707	33	11010	29	9884	24	14196	32	9164	28	20,042	39	84,669
Total	27225	100	38658	100	38709	100	39831	100	44426	100	32531	100	51615	100	272,995

Note: The totals as indicated in this table, for each year, do not include unique cases i.e. those classifications which are not represented in other years. Hence the figure for Jan-Dec 2009 is indicated as 51615, as it does not include 2334 cases that are unique to 2009 in terms of classification.

Figure 4.4.2 Trends of Cases (April-2003 to December-2009)

Data Source: ChildNET



Note: In Jan 2009, the new classification system for classifying cases based on intervention actually done rather than on basis of the nature of intervention requested was established. It is not clear from the graph above if growth in any one type of intervention directly impacted another type. Since interventions are normally done in all cases requiring intervention, it is reasonably safe to assume that growth in one kind of intervention had no overall impact on other types.

Intervention trends may reflect changes in social situation of children in specific cities. For e.g. following Nithari case a large number of missing children cases were lodged. In order to micro-analyse trends such detailing is necessary. We advise our CHILDLINE Partners studying this trend chart to develop such correlation analysis for their own cities.

REASONS FOR CALLING CHILDLINE 1098

5.1: Reasons for Calling CHILDLINE 1098

This section shows the reasons for contacting the CHILDLINE service either by the Children or adult. It shows that CHILDLINE has been contacted majorly for Emotional and Mental health related issues which is 16% of overall reasons followed by Education related (13%), Physical health (12%), Family related issues (9%), Lack of resources (8%) and so on. Note: this classification is based on what the caller seeks and not on what type of intervention is provided.

Table 5.1: Reasons for Calling CHILDLINE 1098

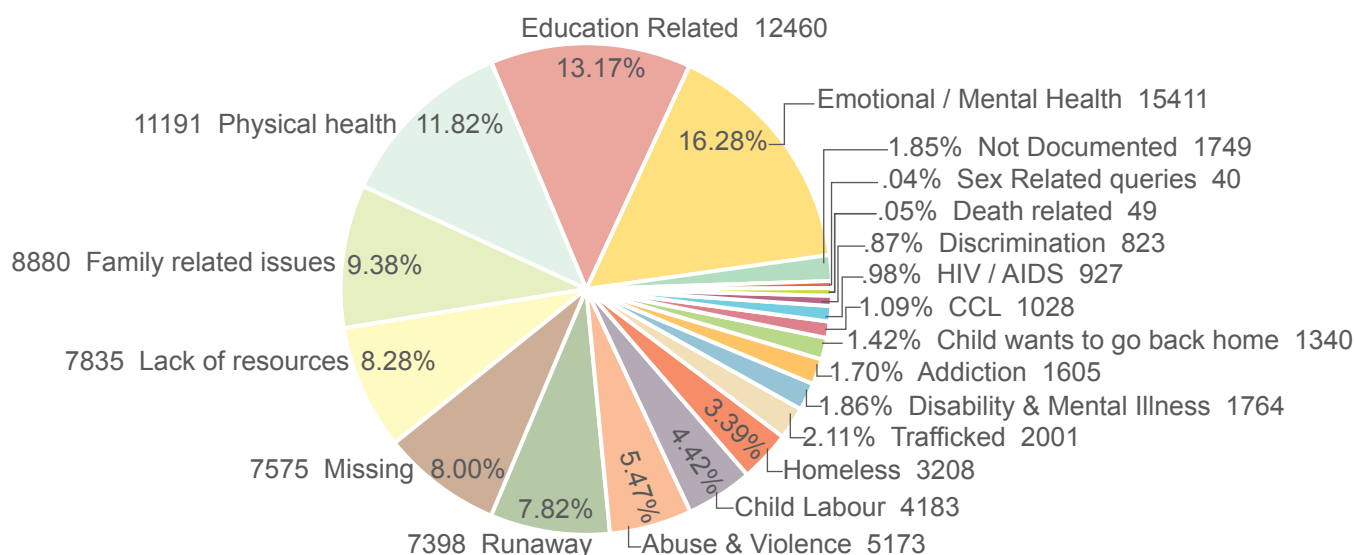
Reasons for Calling	Total	Percentage
Emotional / Mental health	15411	16.28
Education related	12460	13.17
Physical health	11191	11.82
Family related issues	8880	9.38
Lack of resources	7835	8.28
Missing	7575	8.00
Runaway	7398	7.82
Abuse & violence	5173	5.47
Child labour	4183	4.42
Homeless	3208	3.39
Trafficked	2001	2.11
Disability & Mental Illness	1764	1.86
Addiction	1605	1.70
Child wants to go back home;	1,340	1.42
CCHILDLINE	1028	1.09
HIV / AIDS	927	0.98
Discrimination	823	0.87
Death related;	49	0.05
Sex related queries;	40	0.04
Not documented	1749	1.85
Total	94640	100

Note: The list above indicates 94,640 reasons mentioned by people calling CHILDLINE 1098. This includes those who mentioned more than one reasons – hence this does not represent 94640 unique callers. These reasons for calling resulted in 53,949 interventions. This figure represents unique cases. Hence, we can reasonably assume that on an average, in 2009, every unique caller had more than one reason for calling (1.76). Typically a child calling for fever may also report hunger and pain. Which are the most frequently cited combination of reasons for calling CHILDLINE? See figure (5.1) below for the answer:

Asmi, a eleven-year-old child belongs to Orissa. She has been forced to discontinue her education in the third standard and was employed as domestic help in one of their neighbor's relatives house at Vizag. The child was made to work more than ten hours per day. CHILDLINE came to know about the case through police person at a local area. Then CHILDLINE rescued the girl. As per the child's statement and enquiry with the case was framed against the employer under Child Labour Prohibition and Regulation Act 1986, and the Minimum Wages Act. The employer was fined and also paid the amount Rs. 20000/- in favour of child,. Likewise the case was filed under Minimum Wage Act where the owner has pay minimum wage to the child that 2600 as the child was paid only 200. The child was produced before CWC and as per their decision of committee the child was placed in Government Home for Girls. The parents from Behrampur came to CHILDLINE and spoke to the child. Since the child expressed her willingness to stay at the Home and continue her education. The parents also agreed to this arrangement.

Figure 5.1 Reasons for Calling CHILDLINE 1098

n=94640 Data Source: ChildNET

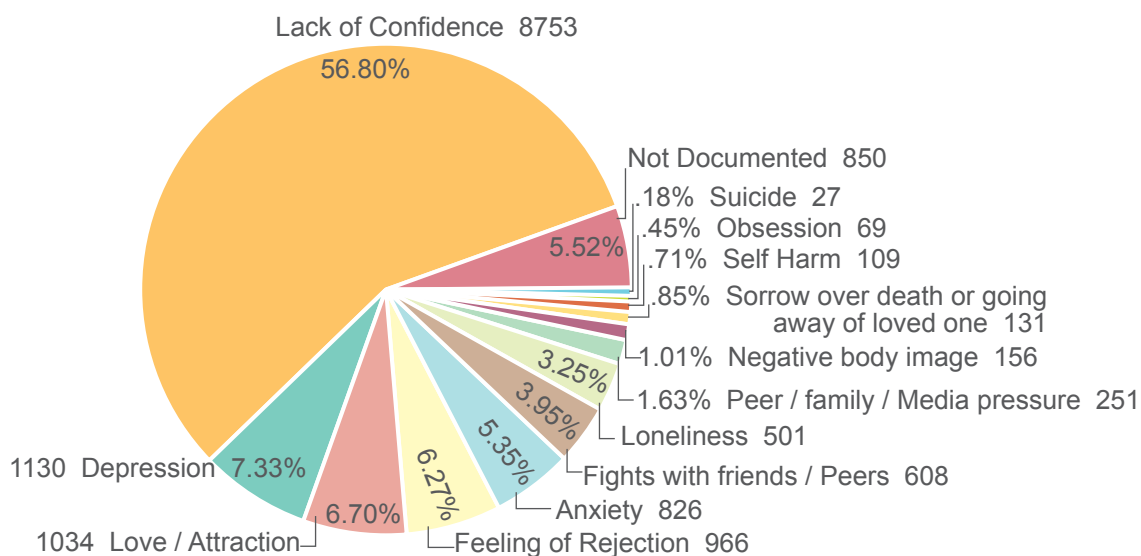


5.2 Breakup of Reasons for calling CHILDLINE 1098

Each reason for calling (category) comprises different needs. Given below is the breakup of some critical reason for calling (emotional & mental health, education, physical health, family related issues and lack of resources):

Figure 5.2.1: Emotional & Mental Health: Sub Reasons

n=15411 Data Source: ChildNET

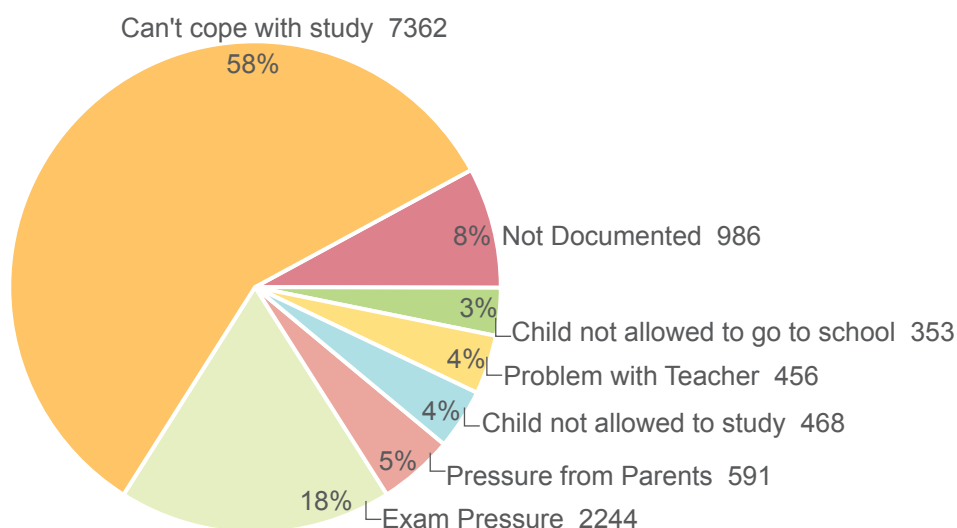


Major category of children who contact CHILDLINE for Emotional and Mental health related issues are school going, abused children, family where both parents are working. This would imply that middle class children are calling CHILDLINE with increasing frequency. This accounts for the rapid growth in these kinds of calls. It is also possible, that such calls are increasingly coming from mobile phones. In 2009, out of 19,830 cases of ESG related interventions, 6338 were calls from mobiles. (Note: calls recd at CCC only show mobile numbers for calls received from Mumbai Delhi, for other cities the CCC records the local CHILDLINE number in each city from where calls are received).

Note: Of the 8753 calls for “lack of confidence” 2259 calls also indicated an additional reason of “depression” for calling.

Figure 5.2.2: Education Related: Sub Reasons

n=12460 Data Source: ChildNET

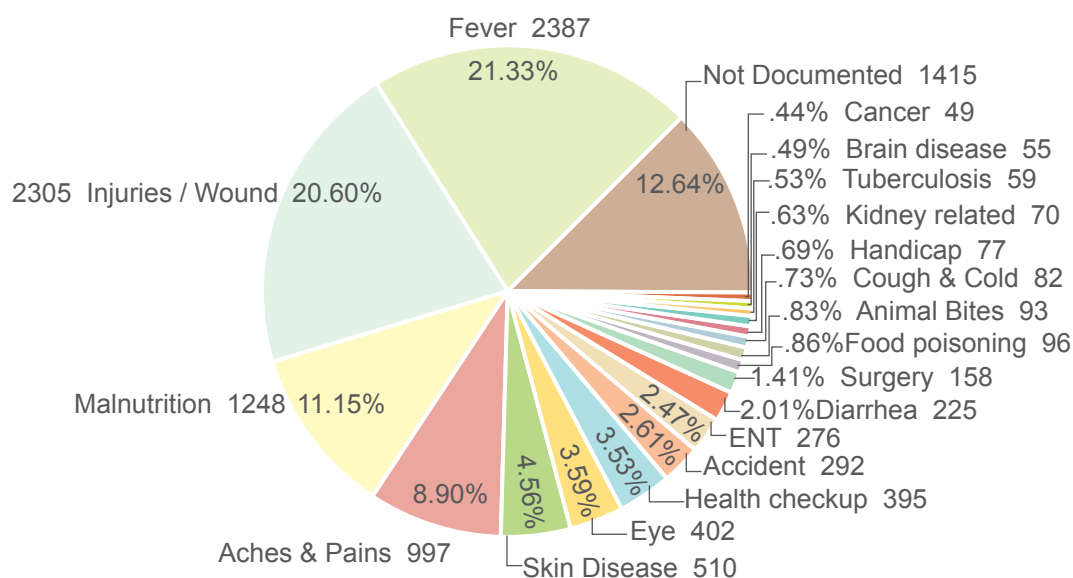


Note: These cases are inevitably also categorized as ESG cases. Once again this reflects the trend of middle class children calling 1098.

On analysis we find that in quite a few instances more than one reason is cited for calling CHILDLINE 1098. Of the two biggest sub-reason segments: “Can’t cope with study” and “Exam pressure” we find that 250 callers cited two reasons: Pressure from Parents and Problems with Teacher as their reasons for calling. We can assume that this indicates that the child has been faced with parental pressures and is also faced with complaints by teachers- both combining to build pressure on the child.

Figure 5.2.3: Physical Health: Sub Reasons

n=11191 Data Source: ChildNET

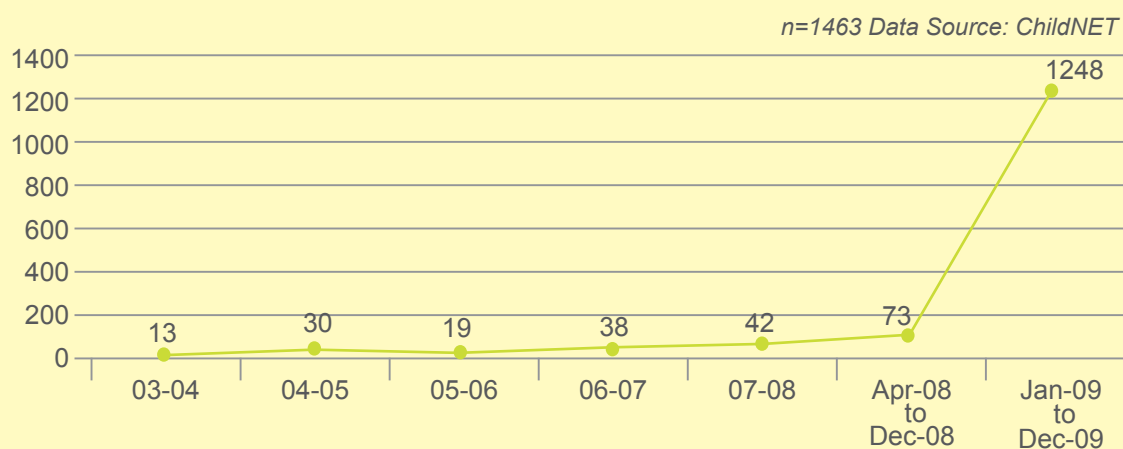


Note: Of the 2305 calls indicating Injuries/wounds as reason for calling CHILDLINE, 236 also stated “accident” as an additional reason. Malnourishment is the third largest reason for calling CHILDLINE 1098. This is a serious issue as it indicates that our most vulnerable children are reporting a basic need; food. The boxed item is a trend analysis of this critical reason over the years.

Table 5.2.3.1 Trend Analysis of Malnourished Children (April-2003 to December-2009)

Year	Malnutrition cases
2003-04	13
2004-05	30
2005-06	19
2006-07	38
2007-08	42
April-08 to Dec-08	73
Jan-09 to Dec-09	1248
Total	1463

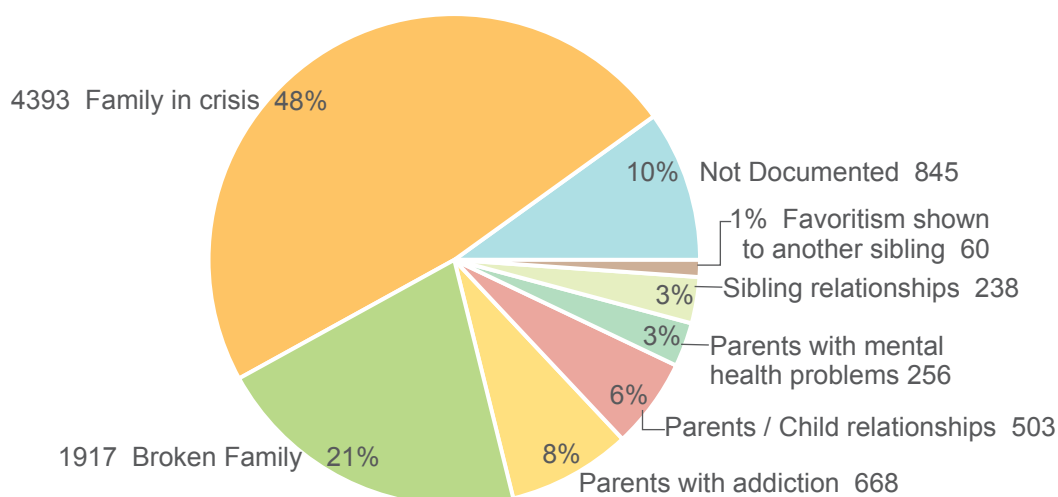
Figure 5.2.3.1 Trend Analysis of Malnourished Children (April-2003 to December-2009)



Note: The huge increase in cases in Jan-Dec 09 is exaggerated, since the figures for earlier years is based on the older form which did not clearly show malnourishment as an independent reason. Nevertheless, it is quite startling that malnourishment is a significant issue in today's hi-growth India.

Figure 5.2.4: Family Related Issues: Sub Reasons

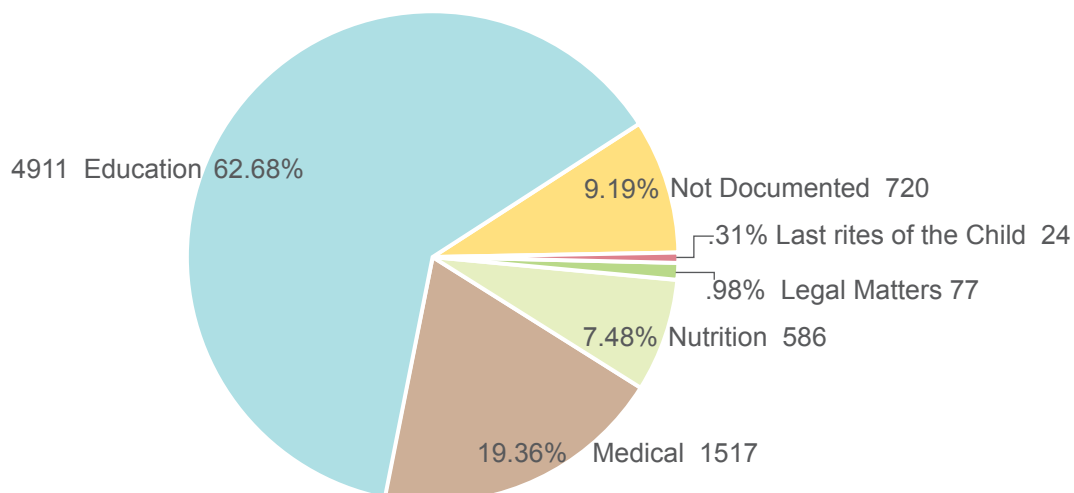
n=8880 Data Source: ChildNET



Note: These cases are also intervened as ESG cases. Typical urban, middle class issues such as broken homes are being reported by children.

Figure 5.2.5: Lack of Resources: Sub Reasons

n=7835 Data Source: ChildNET



Note: These calls represent calls from children marginalized by poverty. Of the 4911 calls seeking resources for education, in 431 calls the callers also stated a need for resources for nutrition and medical issues.

Figure 5.2.6: Missing: where child went missing?

n=7575 Data Source: ChildNET

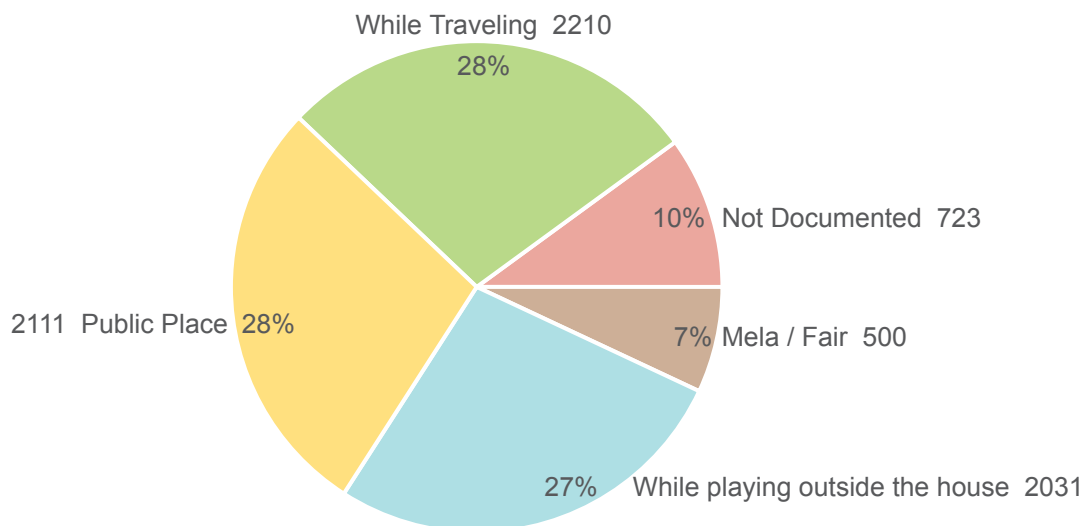


Figure 5.2.6.1: Missing: Type of Missing

n=5055 Data Source: ChildNET

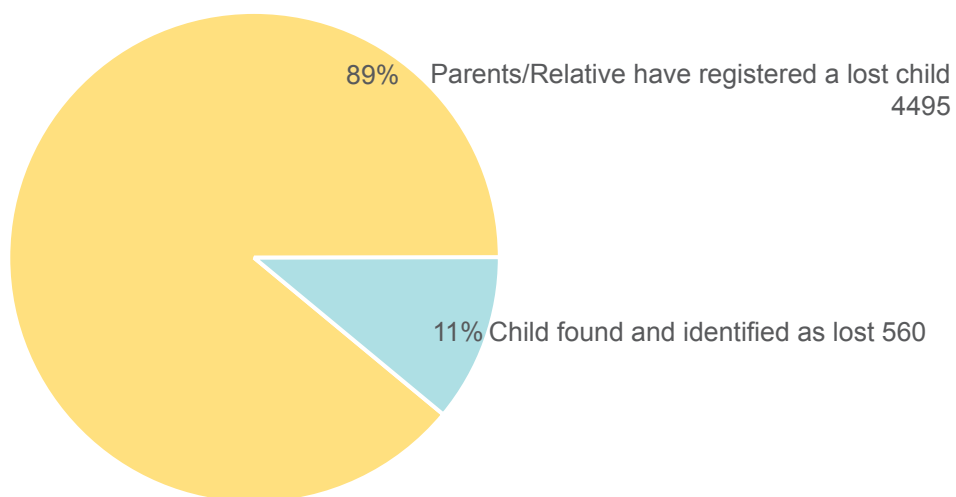
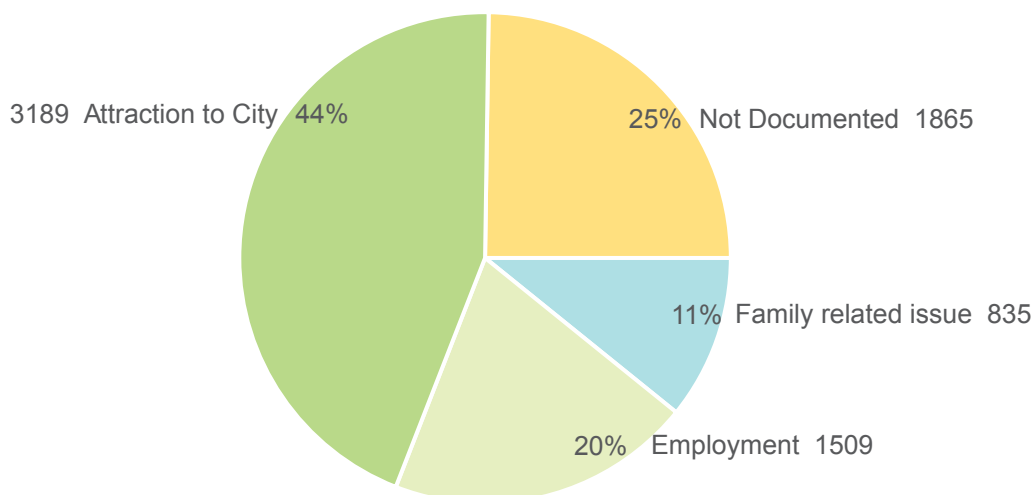


Figure 5.2.7: Runaway: Sub Reasons

n=7398 Data Source: ChildNET



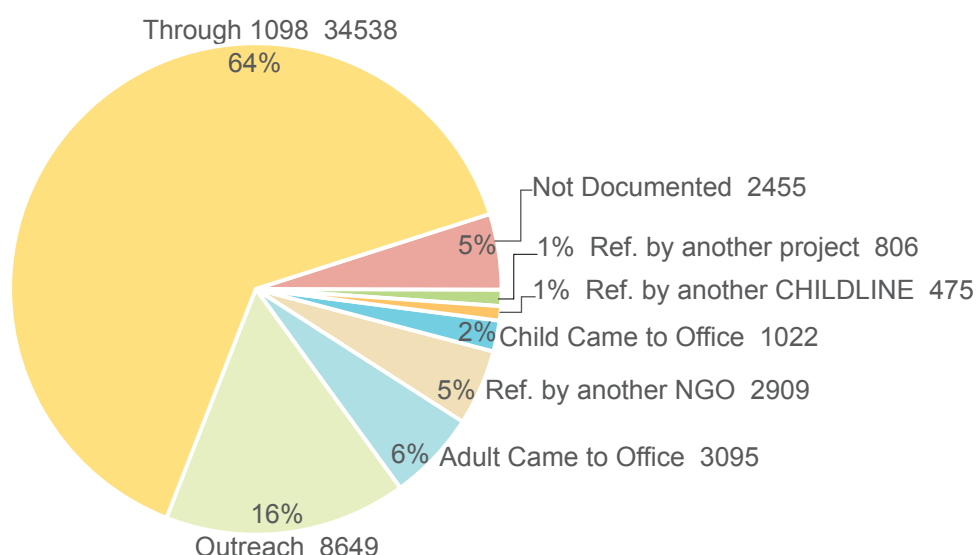
Missing as a result of journey to a city is the single biggest reason for calling CHILDLINE

FROM WHERE DO CHILDREN CALL CHILDLINE 1098?

Some of the data in this chapter is being published for the first time, as a result of the New Call classification system which implemented since January 2009. This section provides a perspective on how children come in contact with CHILDLINE.

Figure 6.1 How children come in contact with CHILDLINE

n=53949 Data Source: ChildNET



As CHILDLINE is National toll free phone service it gets major number of intervention cases through 1098. Not only child but the adult also call on 1098 to share the Children's problem and to help them.

The number of calls from CWC, Police, Labour departments and other NGOs indicate the increasing penetration of CHILDLINE service into the social fabric of the country. Continuous networking with allied systems organizations, close interactions with institutions under the JJ system have also meant greater co-operation between institutional stakeholders in the issues of children. The number of cases from Outreach 16% is significant. Outreach includes a variety of activities whose objective is to reach out to children and general public on the streets and in colonies to sensitise them on issues and CHILDLINE 1098 service. During these activities puppet shows, street theatre and one-on-one handing over of leaflets is done. Kiosks are setup at high traffic locations / events (such as Ganpati Mandals) during such Outreach activity, it is normal for cases to be referred directly to team members conducting such outreach.

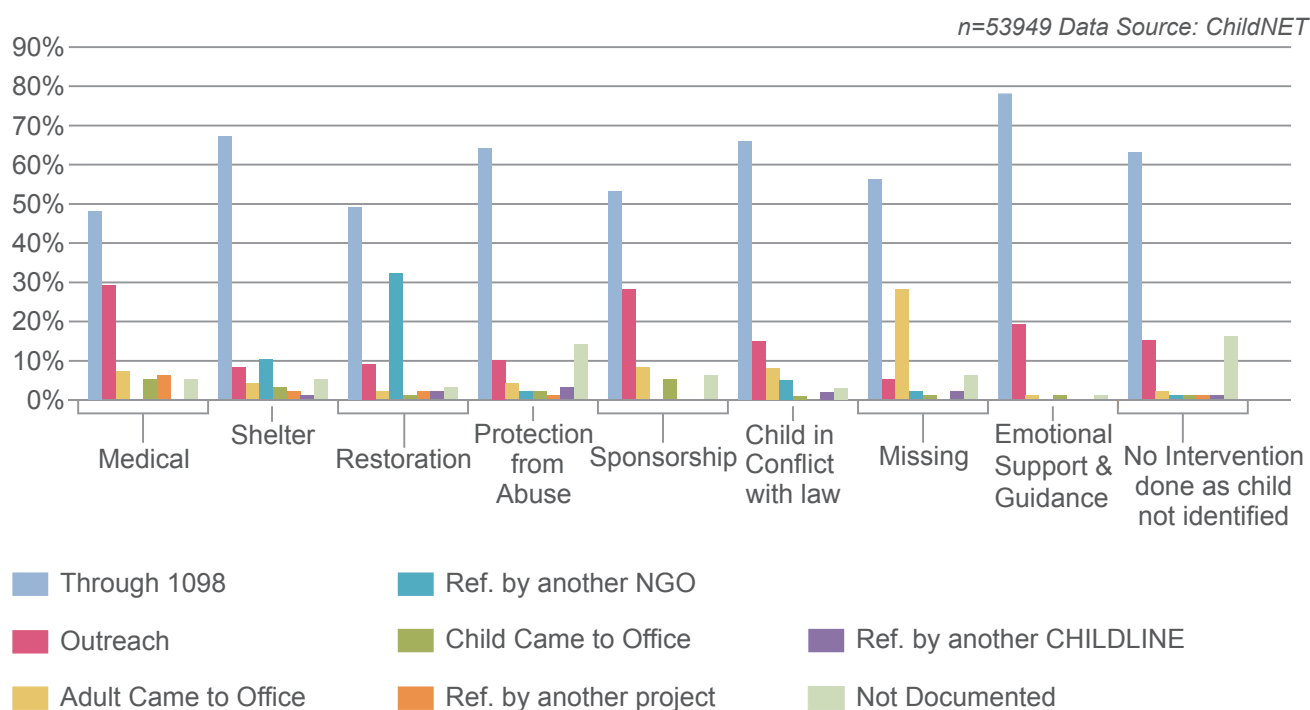
Is there a variation in access for different types of intervention cases?

Table 6.1.1: Access split by intervention type

Access Through	Medical	%	Shelter	%	Restora- tion	%	Protection from abuse	%	Sponsorship
Through 1098	3,764	48	4,240	67	3,085	49	1,745	64	1,785
Outreach	2,164	29	514	8	569	9	280	10	932
Adult Came to Office	569	7	275	4	149	2	97	4	269
Ref. by another NGO	27	0	641	10	1,992	32	60	2	8
Child came to Office	365	5	190	3	56	1	44	2	176
Ref. by another project	489	6	99	2	123	2	16	1	5
Ref. by another CHILDLINE	27	0	59	1	124	2	69	3	5
Not Documented	413	5	286	5	190	3	411	14	206
Total	7,818	100	6,304	100	6,288	100	2,722	100	3,386

Figure 6.1.1 Access split by intervention type

The most notable finding is that of adults coming to CHILDLINE offices to report missing children. During Outreach the most significant cases are those involving Medical and sponsorship assistance. Restoration cases involve other NGO referrals- this is understandable given CHILDLINE's reach across the country.



%	Child in conflict with law	%	Missing	%	Emotional support & guidance	%	No intervention done as child not identified	%	Total
53	96	66	2,845	56	15,596	78	1,382	63	34,538
28	21	15	230	5	3,620	19	319	15	8,649
8	11	8	1,433	28	242	1	50	2	3,095
0	7	5	77	2	73	0	24	1	2,909
5	2	1	46	1	121	1	22	1	1,022
0	0	0	17	0	43	0	14	1	806
0	3	2	80	2	84	0	24	1	475
6	4	3	327	6	263	1	355	16	2,455
100	144	100	5,055	100	20,042	100	2,190	100	53,949

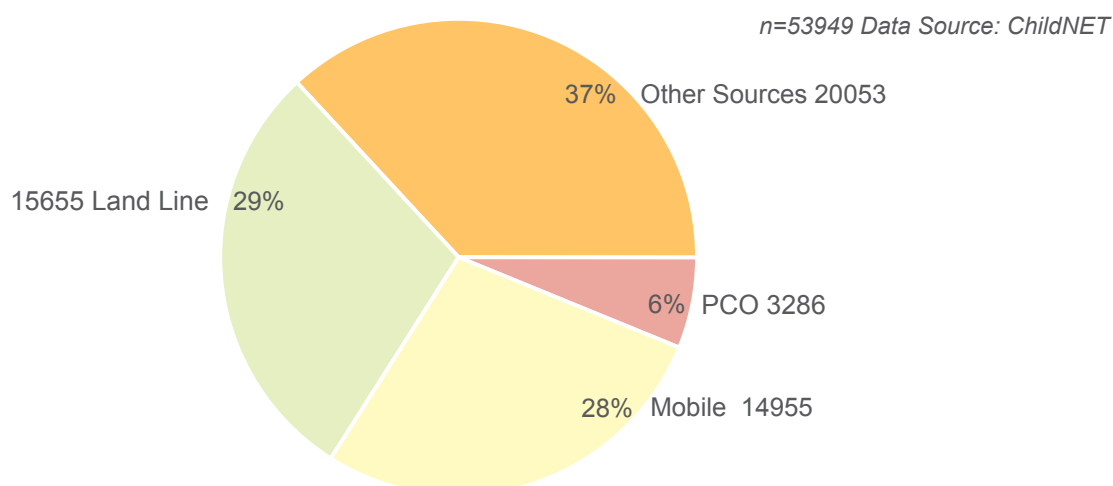
6.2 Telecom service accessed

In the fast changing telecom scenario, PCOs are a dying service. 95% of all telephone subscribers in India are now 'wireless' i.e. unlike the conventional 'wireline' telephony, no cable connects the phone to an exchange. Either the phones are based on GSM (mobile) platform or CDMA (Wireless in Local Loop) and both are wireless. This has changed the way children and adults access 1098.

Figure 6.2 Call Came through

Note: This chart is very significant for us. It shows the sharp decline of PCOs in the country and the rapid growth of mobiles. This leads to the serious question: how will marginalized children access CHILDLINE 1098? It is important to adapt the CHILDLINE model using innovative methods such as booths with hotlinked, non-dialable phones at high-traffic locations in order to provide children easy and close access to help.

Other sources includes the cases received during Outreach, Children/Adult who came directly to CHILDLINE office, call comes directly to CHILDLINE members mobile, cases come through email and cases referred by other NGO or Project.



Are calls from Mobiles for different reasons?

The answer to this question confirms that indeed more middle class children are accessing CHILDLINE via mobiles. Given below is an analysis of call reasons classified by type of call source i.e. either PCO or Mobile or landline.

Table: 6.2.1 Call Came Through & Intervention

Intervention	Land Line	%	Mobile	%	PCO	%	Other sources	%	Total	%
Medical	1,633	21	1,591	20	1,095	14	3,499	45	7,818	100
%	10		11		34		17		14	
Shelter	2,312	37	1,529	24	307	5	2,156	34	6,304	100
%	15		10		9		11		12	
Restoration	1,925	31	1,226	19	303	5	2,834	45	6,288	100
%	13		8		9		14		12	
Protection from abuse	722	27	1,130	41	115	4	755	28	2,722	100
%	5		8		3		4		5	
Sponsorship	1,145	34	480	14	268	8	1,493	44	3,386	100
%	7		3		8		7		6	
Child in conflict with law	32	22	41	29	3	2	68	47	144	100
%	0		0		0		0		0	
Missing	1,123	22	1,840	37	164	3	1,928	38	5,055	100
%	7		12		5		10		9	
Emotional support & guidance	6,106	30	6,355	33	879	4	6,702	33	20,042	100
%	39		43		27		34		38	
No intervention done as child not identified	657	30	763	35	152	7	618	28	2,190	100
%	4		5		5		3		4	
Total	15,655	29	14,955	28	3,286	6	20,053	37	53,949	100
%	100		100		100		100		100	

Figure : 6.2.1 Call Came Through & Intervention

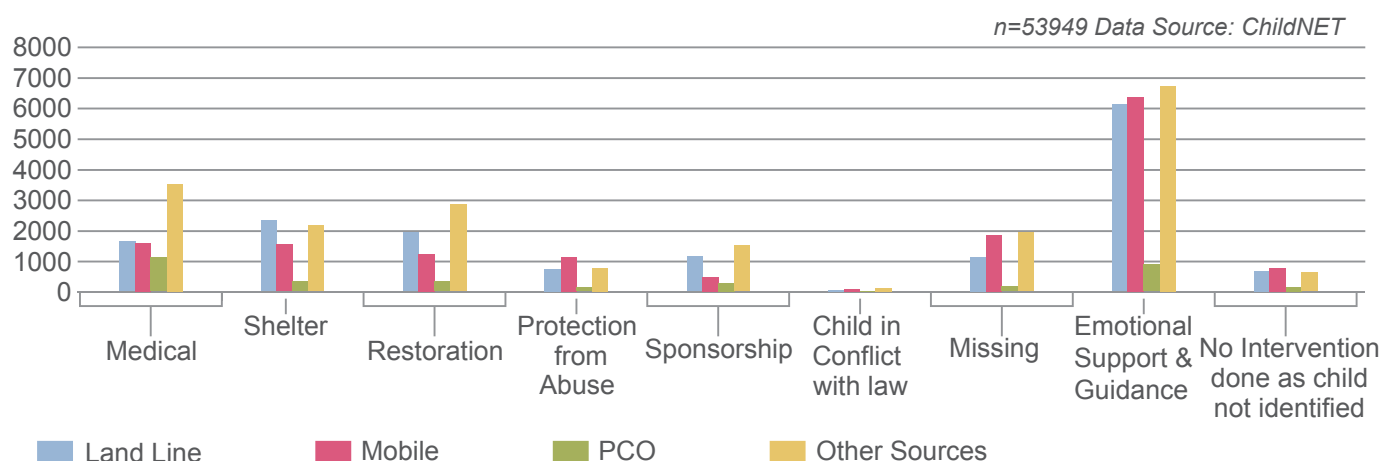
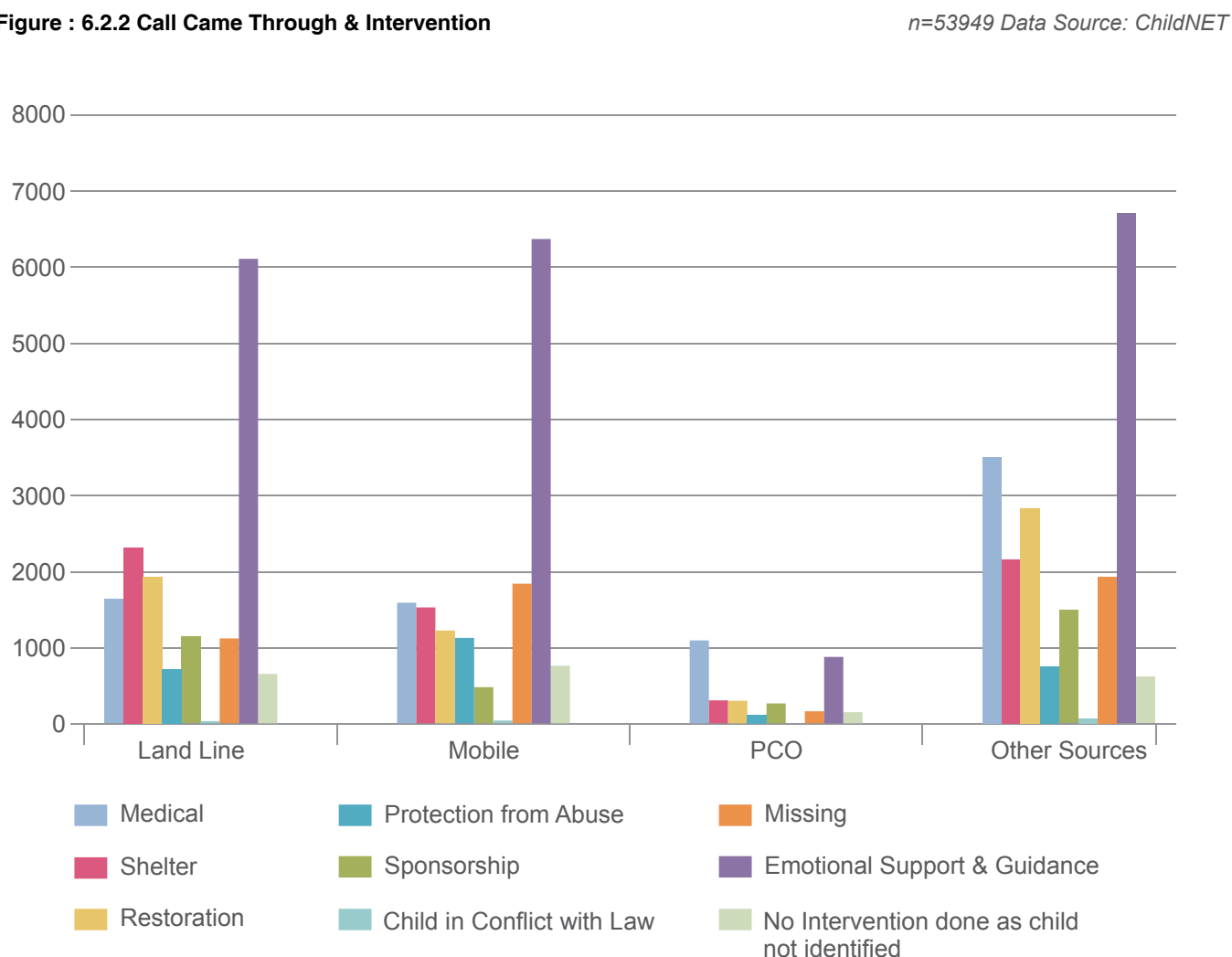


Figure : 6.2.2 Call Came Through & Intervention



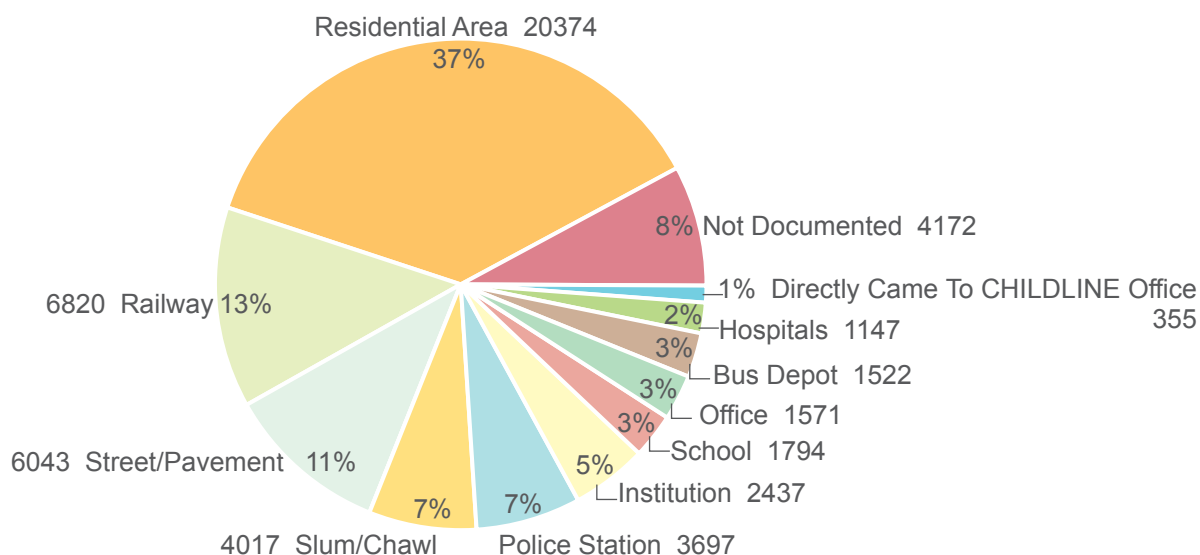
For non-PCO landlines and mobiles the most significant cases are those requiring Emotional support & guidance. Whereas for calls coming from PCOs the most pressing needs appears to be medical intervention- probably reflecting a need of street children. However, in sheer numbers more calls are received on mobiles and non-pco landlines for medical as well. It is also significant to note that more cases of abuse and missing are reported via mobiles. It is clear that the growth of private telecom service providers share in telephony has brought in more middle class children into contact with CHILDLINE. This is a trend that will grow very strongly moving forwards.

6.3 Location of calls

With the shrinking of public sector PCOs at a rate of approximately 8% per annum (source: DOT), the location of the phone from where calls come to CHILDLINE is revealing.

Figure 6.3: Location of Calls to CHILDLINE (January-2009 to December-2009)

n=53949 Data Source: ChildNET



Calls to CHILDLINE come from phones located in a variety of places. Residential areas are the single largest block. This could imply home phones or mobiles. However, that can't be determined from this breakup. But Railways, Street/pavement, Slum/Chawl and Police Stations accounts for 39% of all locations and is crucial as these places are frequented by the most marginalized children.

Has this changed over the years? We present below tables and chart showing how this has been over the years.

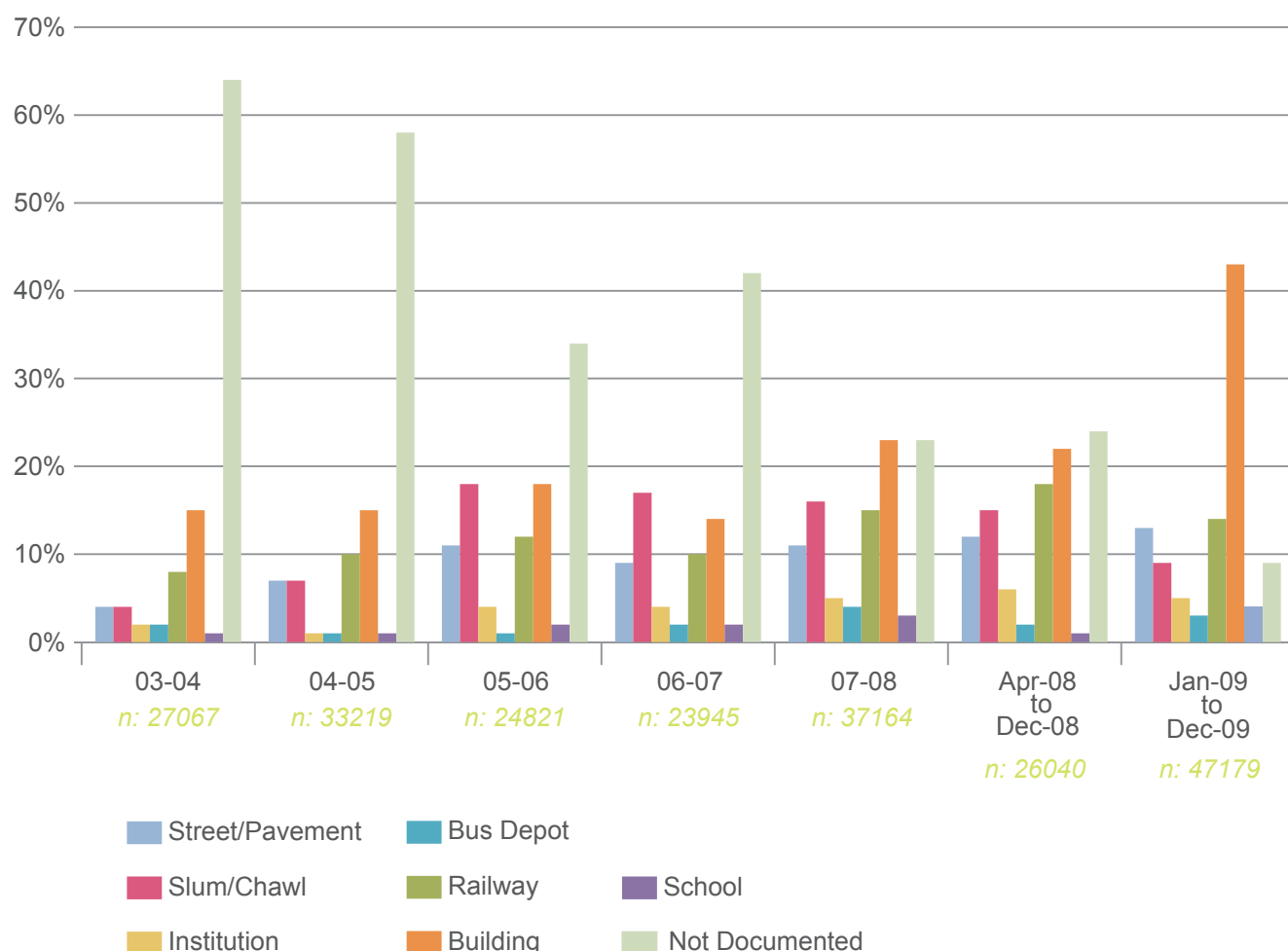
Table 6.3.1: Trend Analysis of the Location of Calls to CHILDLINE (April-2003 to December-2009)

S.No.	Call Location	03-04	%	04-05	%	05-06	%
1	Street/pavement	1140	4	2190	7	2659	11
2	Slum/chawl	1140	4	2190	7	4432	18
3	Institution	570	2	365	1	886	4
4	Bus depot	570	2	365	1	295	1
5	Railway	2279	8	3285	10	2955	12
6	Building	3989	15	5111	15	4432	18
7	School	285	1	365	1	591	2
8	Not documented	17095	64	19347	58	8569	34
	Total	27,067	100	33219	100	24821	100

Figure 6.3.1: Trend Analysis of the Location of Calls to CHILDLINE (April-2003 to December-2009)

The chart also shows the improvement in documentation over the years- not documented number has been steadily declining. The share of calls from 'Building' has sharply increased. This category primarily implies residential buildings. Calls from Slums/Chawl has reduced while from Schools has remained more or less the same- not clear if this means lack of availability of phone access in schools.

n=234490 Data Source: ChildNET



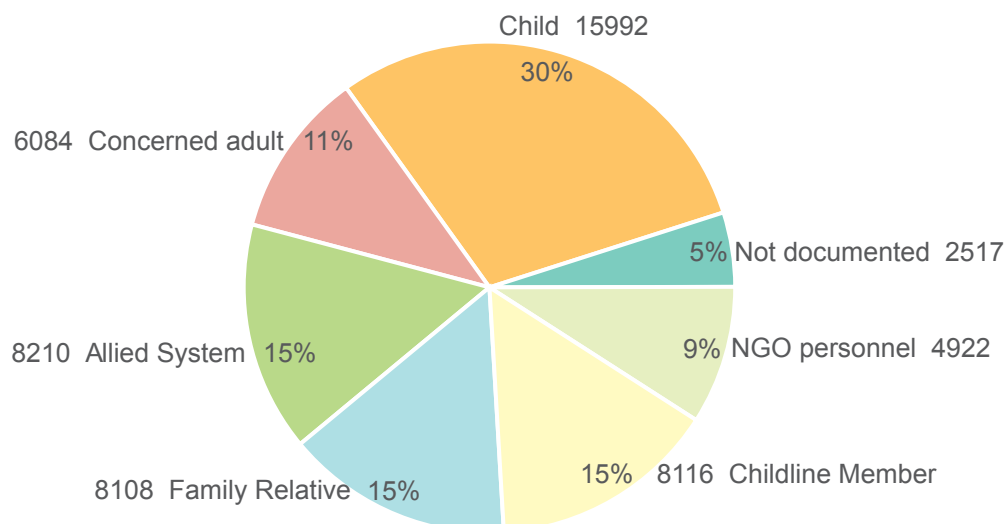
06-07	%	07-08	%	Apr-08 to Dec-08	%	Jan-09 to Dec-09	%	Total
2069	9	4121	11	3,139	12	6,043	13	21362
4139	17	6054	16	3,986	15	4,017	9	25958
887	4	1925	5	1,442	6	2,437	5	8512
591	2	1458	4	561	2	1,522	3	5363
2365	10	5657	15	4,767	18	6,820	14	28129
3252	14	8444	23	5,721	22	20,374	43	51323
591	2	954	3	325	1	1,794	4	4905
10051	42	8551	23	6,099	24	4,172	9	73885
23945	100	37164	100	26,040	100	47,179	100	219435

PROFILE OF CALLER & CHILDREN

7.1 Profile of Caller

Figure 7.1 Caller who Calls to CHILDLINE (January-2009 to December-2009)

n=53949 Data Source: ChildNET



One third of all calls to CHILDLINE are from children themselves. Interestingly the caller type varies depending on whether caller called from a mobile or PCO.

Has this changed over the years? Presented below is a trend analysis of who calls CHILDLINE over the years.

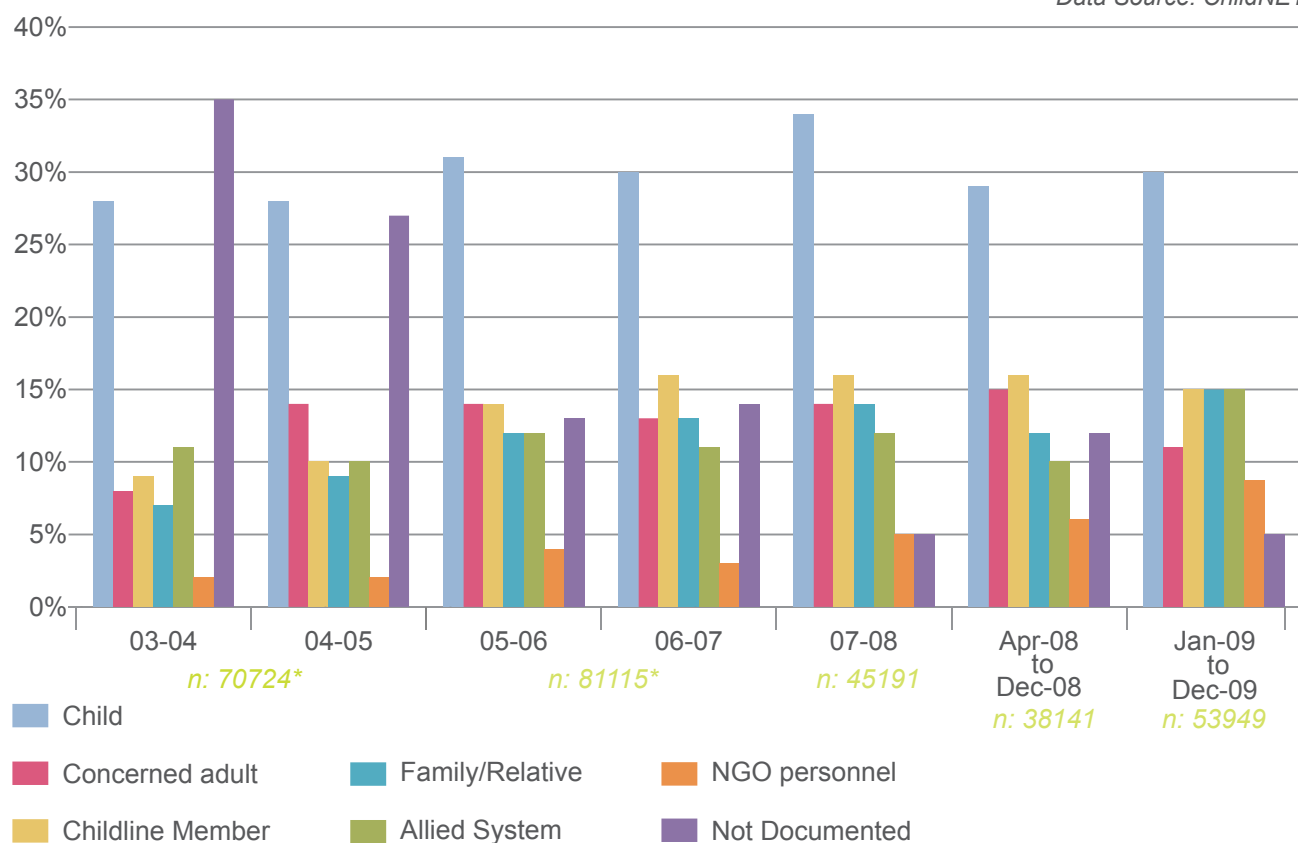
Table 7.1.1: Trend Analysis of the Caller who Calls to CHILDLINE (April-2003 to Dec-2009)

S.No.	Caller Profile	2003-04	2004-05	2005-06	2006-07	2007-08	Apr-08 to Dec-08	Jan-09 to Dec-09
1	Child	28	28	31	30	34	29	30
2	Concerned adult	8	14	14	13	14	15	11
3	Childline member	9	10	14	16	16	16	15
4	Family relative	7	9	12	13	14	12	15
5	Allied system	11	10	12	11	12	10	15
6	NGO personnel	2	2	4	3	5	6	9
7	Not documented	35	27	13	14	5	12	5
	Total	100	100	100	100	100	100	100

Figure 7.1.1: Trend Analysis of the Caller who Calls to CHILDLINE (April-2003 to December-2009)

The share of children calling has more or less remained a third of all our calls.

Data Source: ChildNET



* Figures for both years combined

Choice of telephone for callers to CHILDLINE

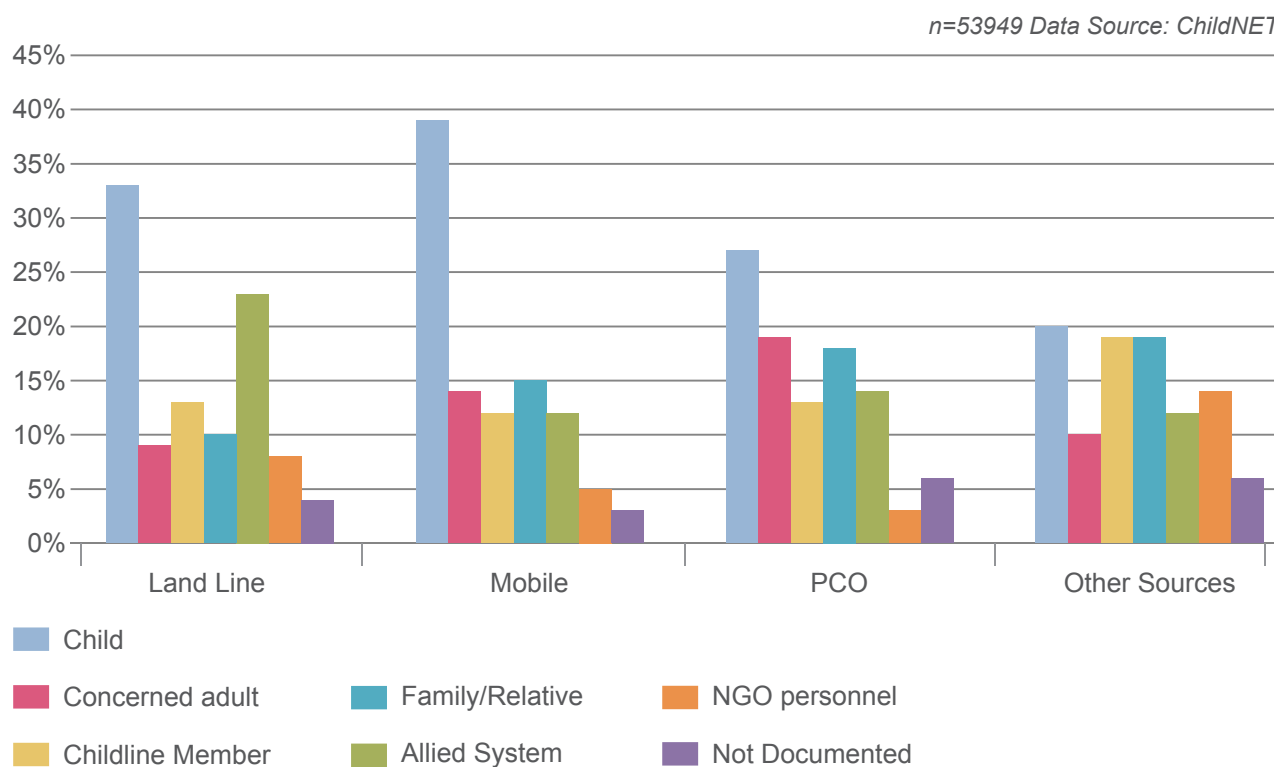
Do different caller groups use different choice of telephony sources to call CHILDLINE?

Table 7.1.2: Caller Type and Call Came Through (January-2009 to December-2009)

Caller Type	Land Line	%	Mobile	%	PCO	%	Other sources	%	Total
Child	5,313	33	5,827	39	903	27	3,949	20	15,992
Concerned adult	1,394	9	2,104	14	637	19	1,949	10	6,084
Childline member	2,047	13	1,740	12	421	13	3,908	19	8,116
Family/relative	1533	10	2246	15	586	18	3743	19	8108
Allied system	3551	23	1734	12	462	14	2463	12	8210
NGO personal	1,188	8	814	5	85	3	2,835	14	4,922
Not documented	629	4	490	3	192	6	1,206	6	2,517
Total	15,655	100	14,955	100	3,286	100	20,053	100	53,949

Figure 7.1.2: Caller Type and Call Came Through (January-2009 to December-2009)

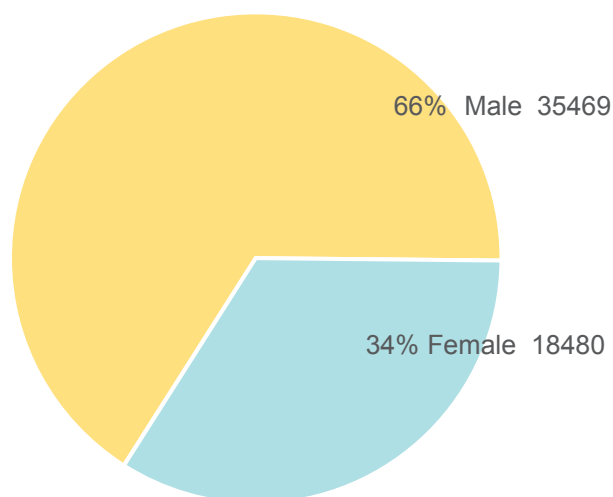
The largest number of children called CHILDLINE via a mobile phone. Those calling from landlines did so mostly from a non-pco phone. The same is true of concerned adults and Family/relatives as well.



7.2 Gender of Children Calling CHILDLINE

n=53949 Data Source: ChildNET

Figure 7.2: Gender of Children (January-2009 to December-2009)

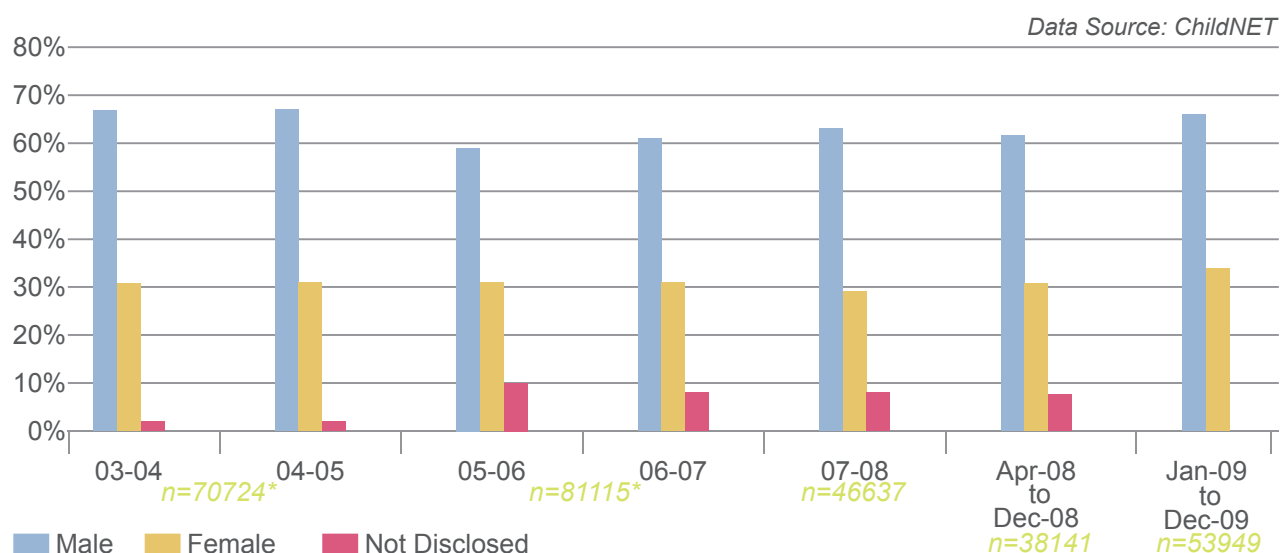


2/3rds of all CHILDLINE cases are for male children.
Has this changed over the years?

Table 7.2.1: Trend Analysis of the Gender of Children (April-2003 to December-2009)

S.No.	Gender	2003-04	2004-05	2005-06	2006-07	2007-08	Apr-08 to Dec-08	Jan-09 to Dec-09
1	Male	67	67	59	61	63	62	66
2	Female	31	31	31	31	29	31	34
3	Not Disclosed	2	2	10	8	8	7	0

Figure 7.2.1: Trend Analysis of the Gender of Children (April-2003 to December-2009)



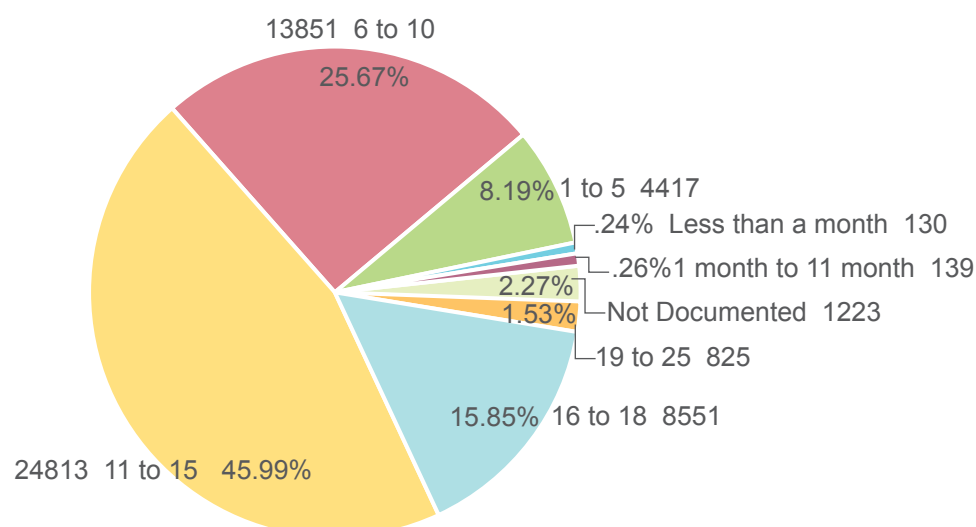
* Figures for both years combined

Over the years the gender pattern among children callers is the same- a third are from girls.

7.3 Age Group of Children Assisted

Figure 7.3: Age Group of Children Assisted (January-2009 to December-2009)

n=53949 Data Source: ChildNET



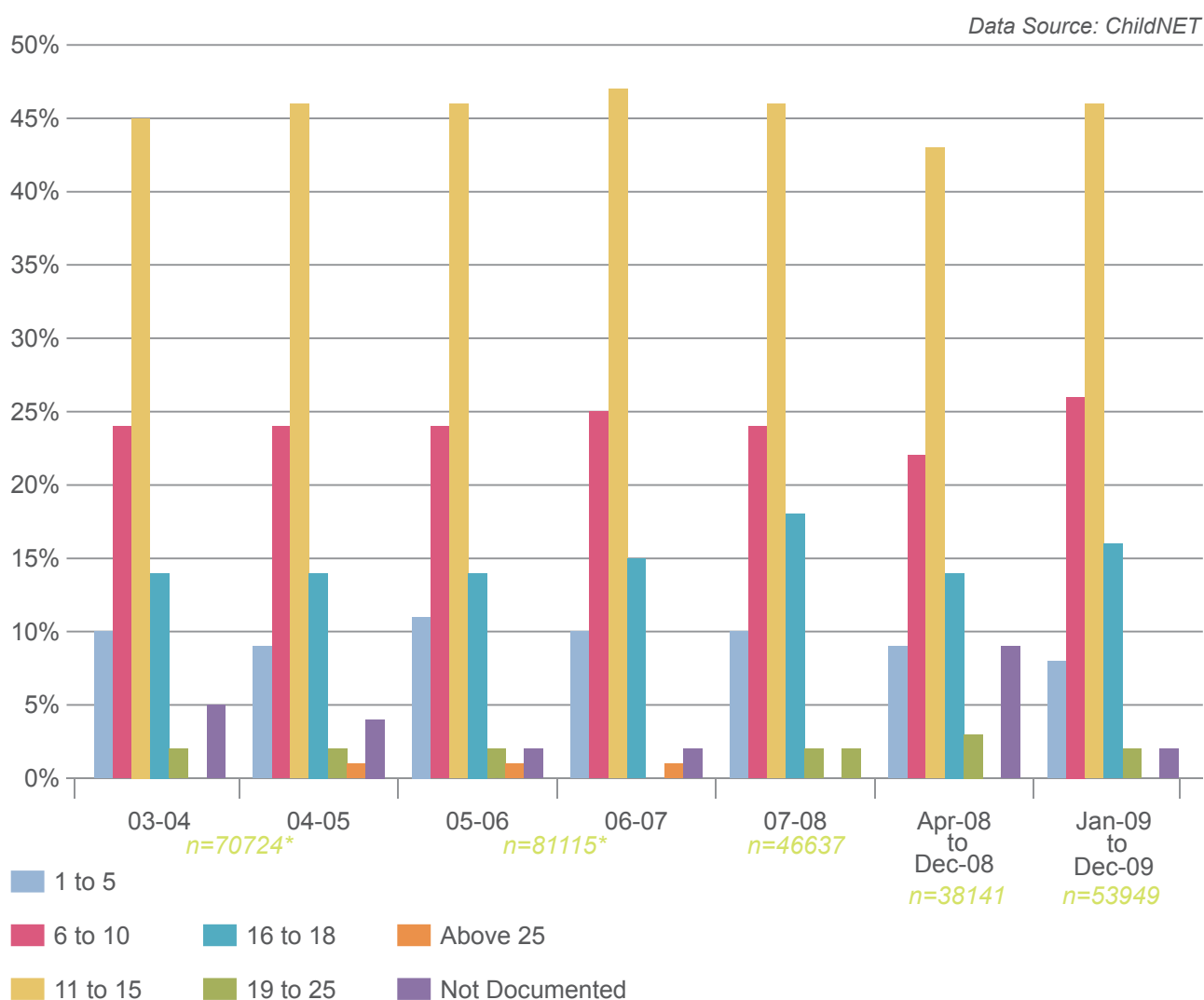
Has this changed over the years?

Table 7.3.1: Trend Analysis of the Age Group of Children Assisted (April-2003 to December-2009)

S.No.	Age Group	2003-04	2004-05	2005-06	2006-07	2007-08	Apr-08 to Dec-08	Jan-09 to Dec-09
1	1 to 5	10	9	11	10	10	9	8
2	6 to 10	24	24	24	25	24	22	26
3	11 to 15	45	46	46	47	46	43	46
4	16 to 18	14	14	14	15	18	14	16
5	19 to 25	2	2	2	0	2	3	2
6	Above 25	0	1	1	1	0	0	0
7	Not documented	5	4	2	2	0	9	2
	Total	100	100	100	100	100	100	100

Figure 7.3.1: Trend Analysis of the Age Group of Children Assisted (April-2003 to December-2009)

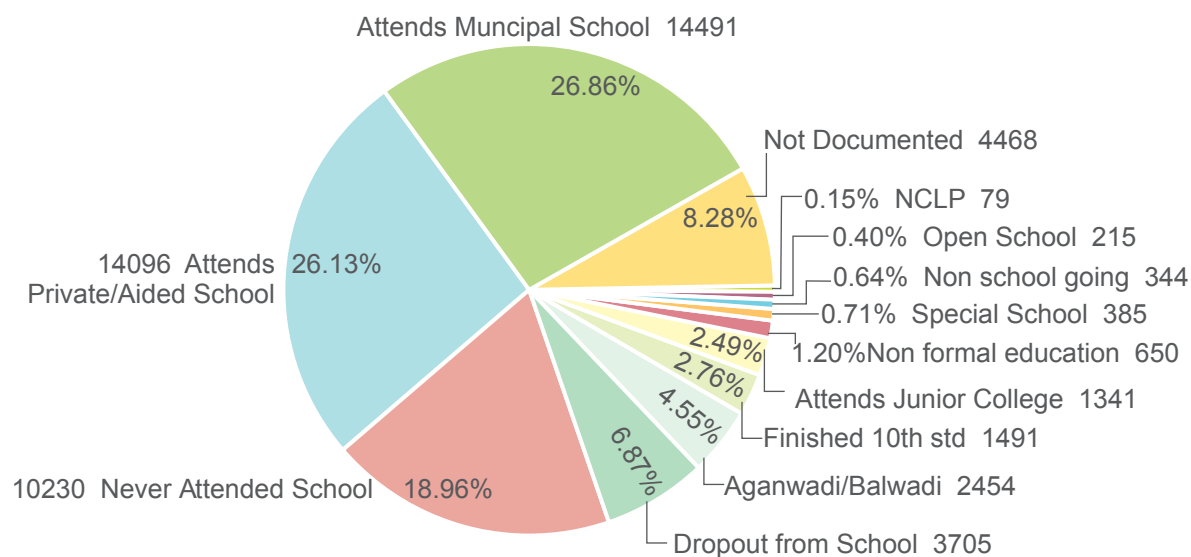
The primary CHILDLINE age group continues to remain 11 to 15 year old children.



7.4 Education Status of Children

Figure 7.4: Education Status of the Children (January-2009 to December-2009)

n=53949 Data Source: ChildNET



Nearly 19% of children intervened by CHILDLINE have never been to school, nearly 7% have dropped out of school, while 4.55% are in anganwadis. Nearly 53% attend school and another 2.76% have finished 10th standard while 2.49% are in college. Has this changed over the years?

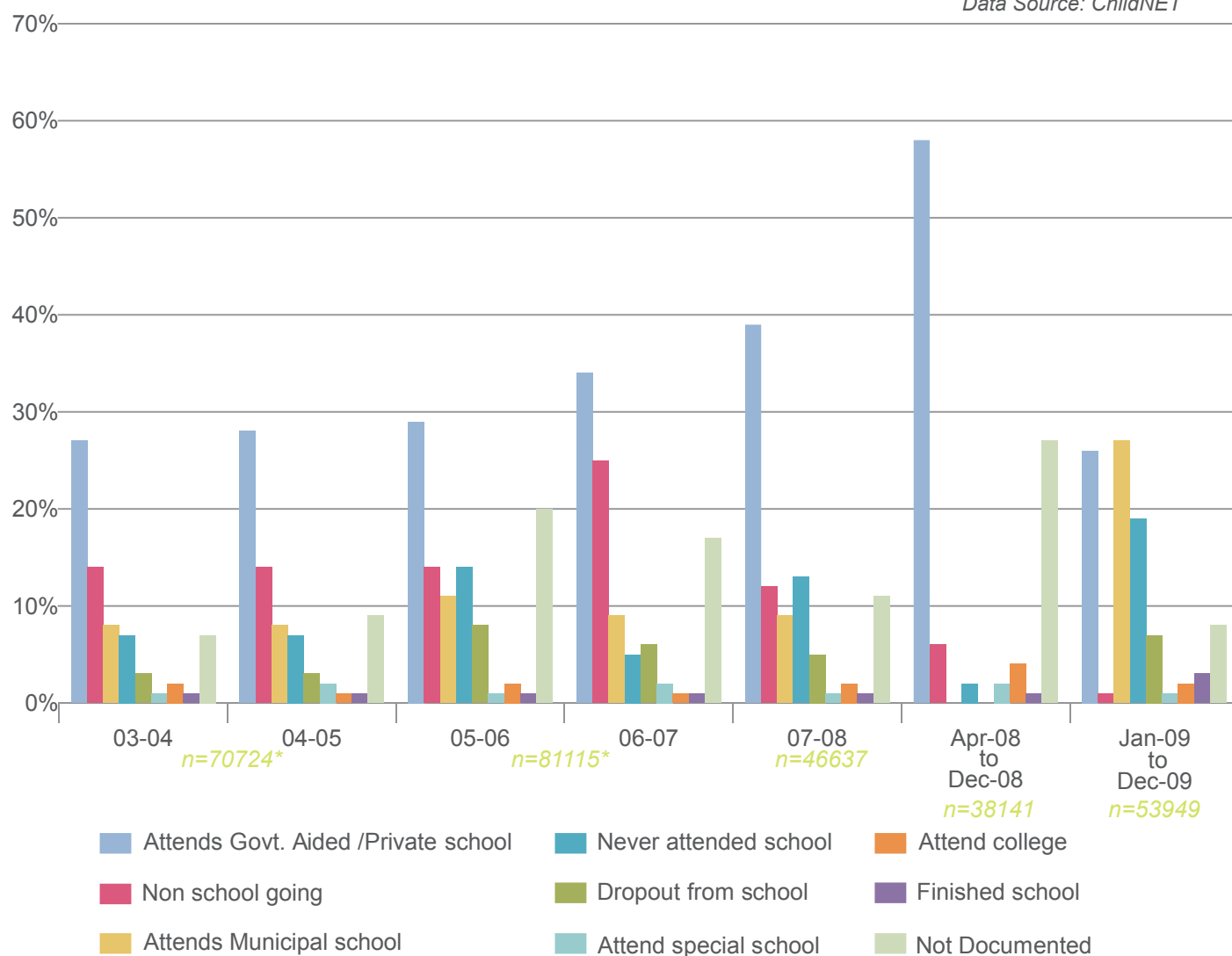
Table 7.4.1: Trend Analysis of Education Status of Children (April-2003 to December-2009)

S.No.	Education status	2003-04	2004-05	2005-06	2006-07	2007-08	Apr-08 to Dec-08	Jan-09 to Dec-09
1	Attends Govt. aided /private school	27	28	29	34	39	58	26
2	Non school going	14	14	14	25	12	6	1
3	Attends municipal school	8	8	11	9	9	0	27
4	Never attended school	7	7	14	5	13	2	19
5	Dropout from school	3	3	8	6	5	0	7
6	Attend special school	1	2	1	2	1	2	1
7	Attend college	2	1	2	1	2	4	2
8	Finished school	1	1	1	1	1	1	3
9	Not documented	7	9	20	17	11	27	8

Figure 7.4.1: Trend Analysis of Education Status of Children (April-2003 to December-2009)

Presumably the decline in non-documented cases has resulted in greater CHILDLINE clarity. It is difficult to conclude any specific trend from this.

Data Source: ChildNET

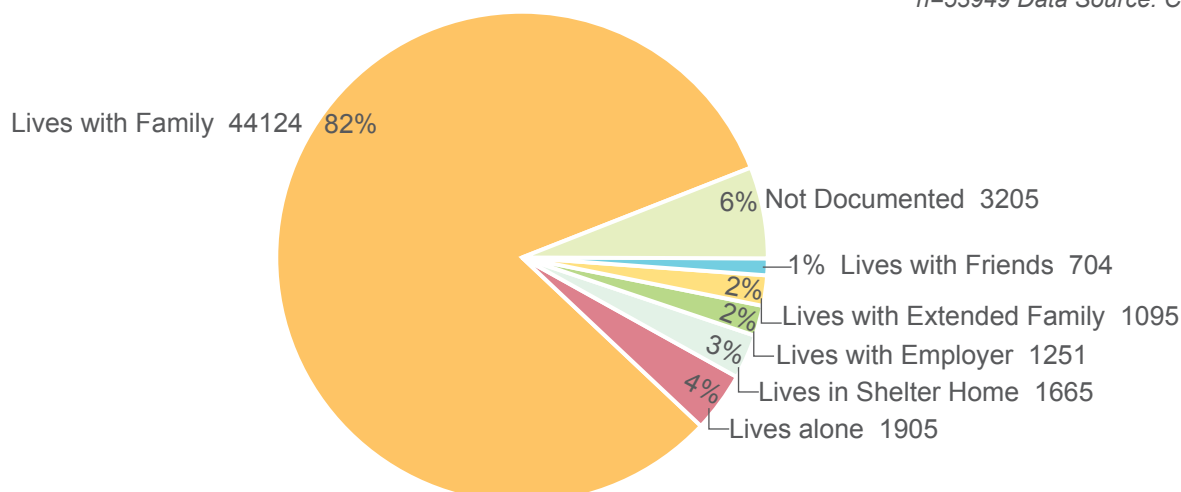


* Figures for both years combined

7.5 Living Arrangement of Children

Figure 7.5: Living Arrangement of Children (January-2009 to December-2009)

n=53949 Data Source: ChildNET



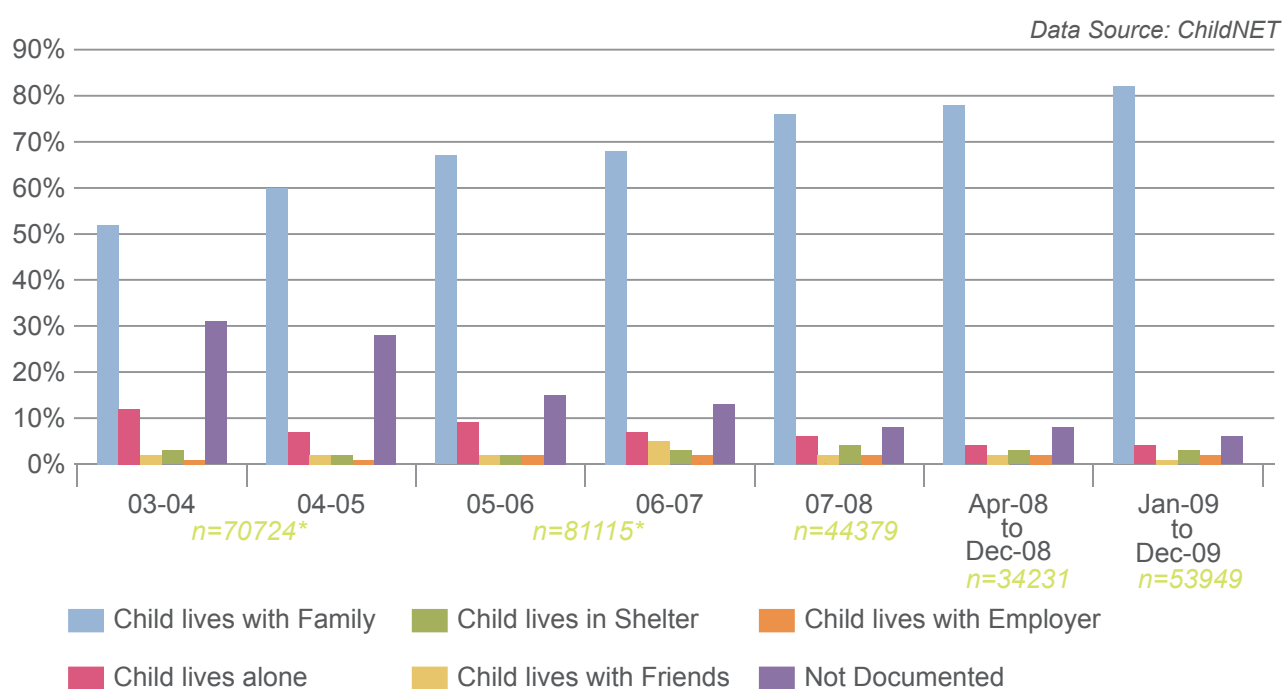
82% of all children intervened live with their family.
Has this changed over the years?

Table 7.5.1: Trend Analysis of Living Arrangement of Children (April-2003 to December-2009)

S.No.	Living Arrangement	2003-04	2004-05	2005-06	2006-07	2007-08	Apr-08 to Dec-08	Jan-09 to Dec-09
1	Child lives with family	52	60	67	68	76	78	82
2	Child lives alone	12	7	9	7	6	4	4
3	Child lives with friends	2	2	2	5	2	2	1
4	Child lives in shelter	3	2	2	3	4	3	3
5	Child lives with employer	1	1	2	2	2	2	2
6	Not documented	31	28	15	13	8	8	6

Figure 7.5.1: Trend Analysis of Living Arrangement of Children (April-2003 to December-2009)

Increasingly children living with families are calling CHILDLINE. That is the trend over the years.



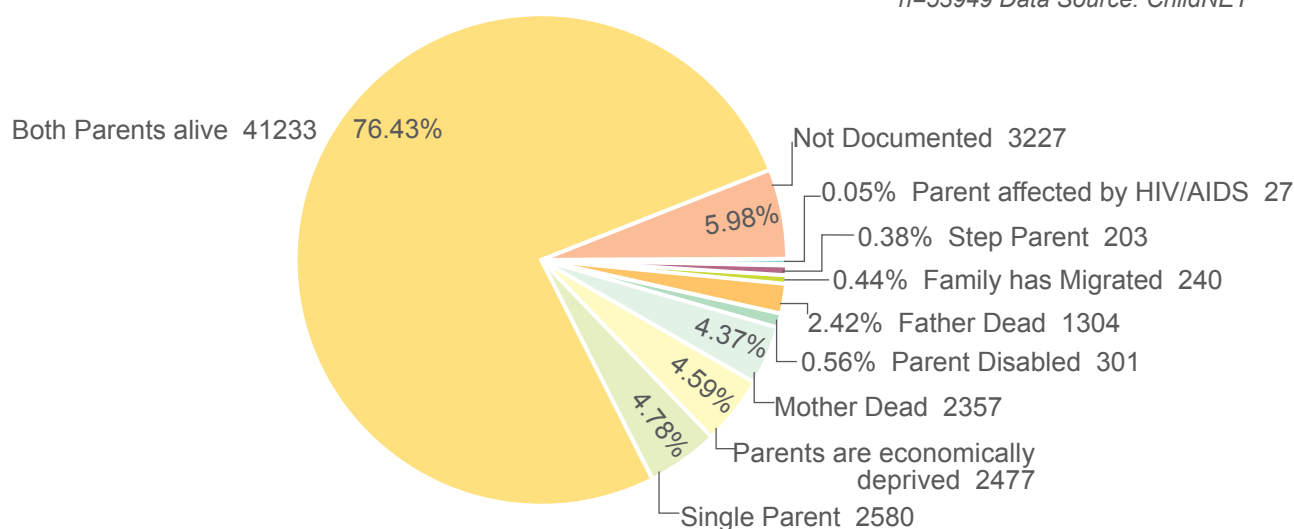
** Figures for both years combined*

7.6 Family Situation of Children

Figure 7.6: Family Situation of Children (January-2009 to December-2009)

76.43% of children intervened had both parents. 4.59% reported impoverished parents. While figures of children reporting either parents dead are 6.79% another 4.78% reported single parents- presumably this refers to separated parents.

n=53949 Data Source: ChildNET



INTERVENTION AND ASSISTANCE BY CHILDLINE

8.1 Nature of Intervention by CHILDLINE

This chapter provides an analysis of Intervention done in cases requiring Intervention. Such intervention could be Emotional Support & Guidance (ES&G) or Direct (physical) Intervention which involves several protocols and processes.

In the current system followed, Intervention done is the basis for classification. It may happen that a child calls complaining of depression and sickness but upon intervening the range of assistance covers not just medical but food, and access to shelter. So in such cases multiple interventions are recorded for the same case.

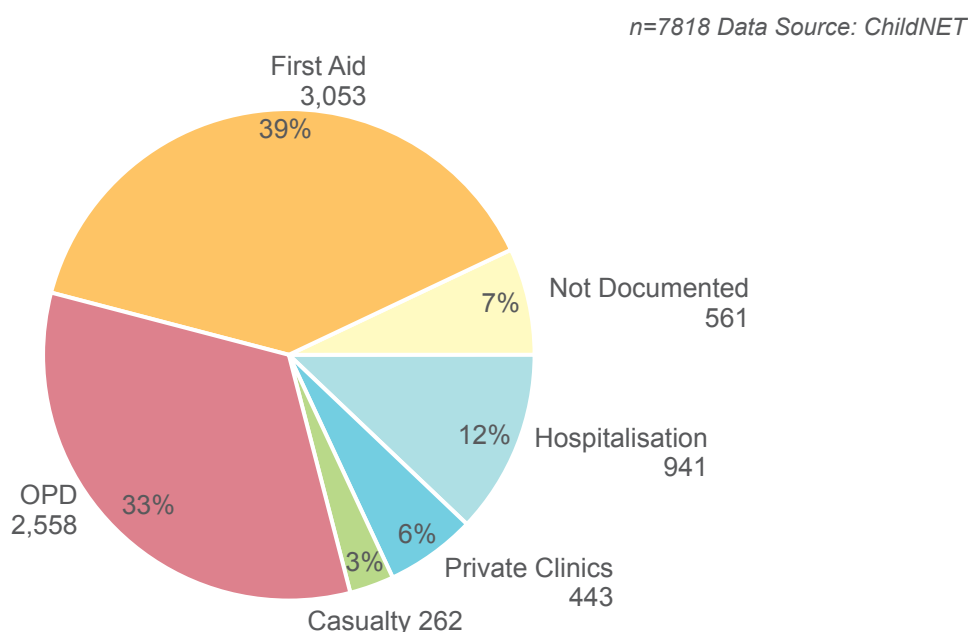
Every kind of Intervention follows a laid down protocol and process. Many require statutory steps to be complied with, such as production of child in front of Child Welfare Committee in order to obtain an order for Shelter stay or Restoration. Children in Conflict with law are required to be produced in front of the local Juvenile Justice Board, as per provisions of the Juvenile Justice Act, 2000. In cases of child labour, a raid requires the local Labour Commissioner to be involved as the post rescue processes involves the Labour department having to recover compensation from the offending employer and use it for rehabilitation of the child labourer. The Labour department also has to determine which sections of various Labour laws are violated- in some cases children under 18 are allowed to work.

During night Outreach, CHILDLINE teams invariably carry a basic medical kit as street children seek treatment of local wounds and often a simple locally applied medication with bandaid/bandage is sufficient. These are also included in medical interventions. In other cases hospitalization may be needed- this requires local CHILDLINE teams to negotiate with Public hospitals for no-cost medical treatment, using basic level expense cover provided as part of grant funds to meet initial expenses incurred in such cases.

8.2 Medical Related Assistance Provided by CHILDLINE

Medical interventions cover a wide variety of interventions. Sometimes a simple Band-aid put there and then by a CHILDLINE Team member is good enough. At other times a severe fever indication may require the child to be taken to a clinic for a checkup and a course of medication. There are times when the team encounters children who are in a serious condition requiring hospitalisation. Similarly there are cases of children involved in accidents.

Figure 8.2: Medical: Sub Intervention

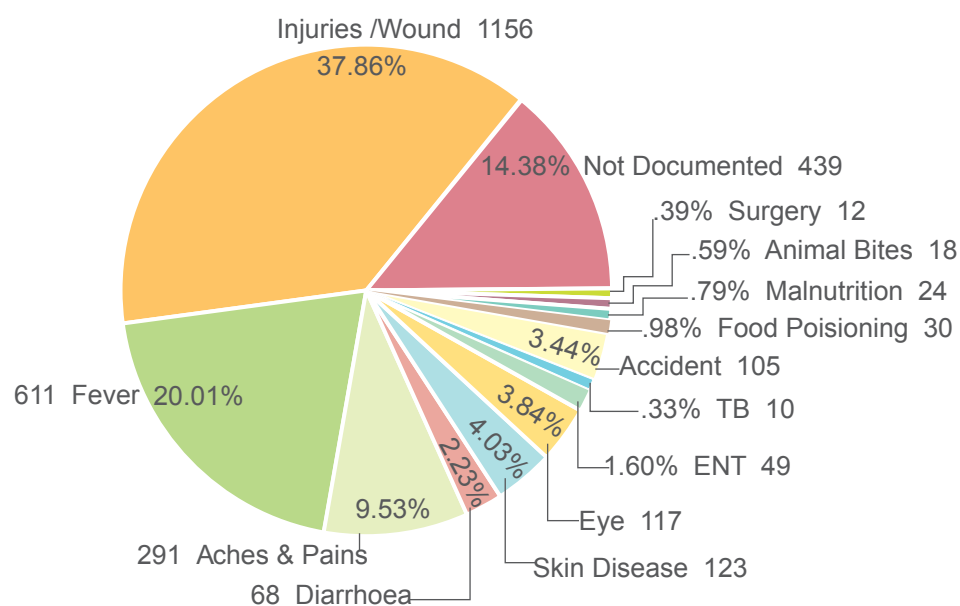


Basic First Aid and treatment at Out Patient Departments (OPD) are the most prominent of medical intervention covering 72% of medical cases.

What are the ailments that require treatment by First Aid, OPD and hospitalization?

Figure 8.2.1 Ailments treated by First Aid

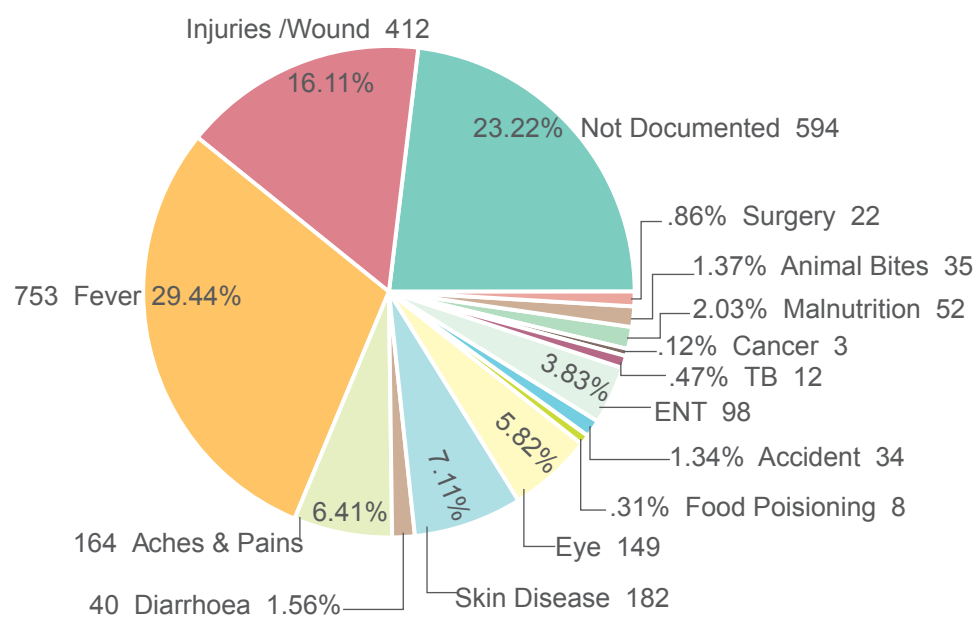
n=3053 Data Source: ChildNET



Injuries/wounds (37.86%) and fever (20.01%) are the most commonly treated ailments with basic First Aid. Cases being reported for First Aid may also be reported for hospitalization or OPD. Hence the figures for these would also be counted in tables for OPD/ Hospitalisation- they do not imply an exclusive intervention as only by First Aid. Hence when we consider cases requiring surgery or TB or Accidents , the role of First Aid may be a limited one- it could imply some immediate assistance as a first step to more long term solution (which would only be possible through hospitalization or treatment at OPD).

Figure 8.2.2 Ailments treated by OPD

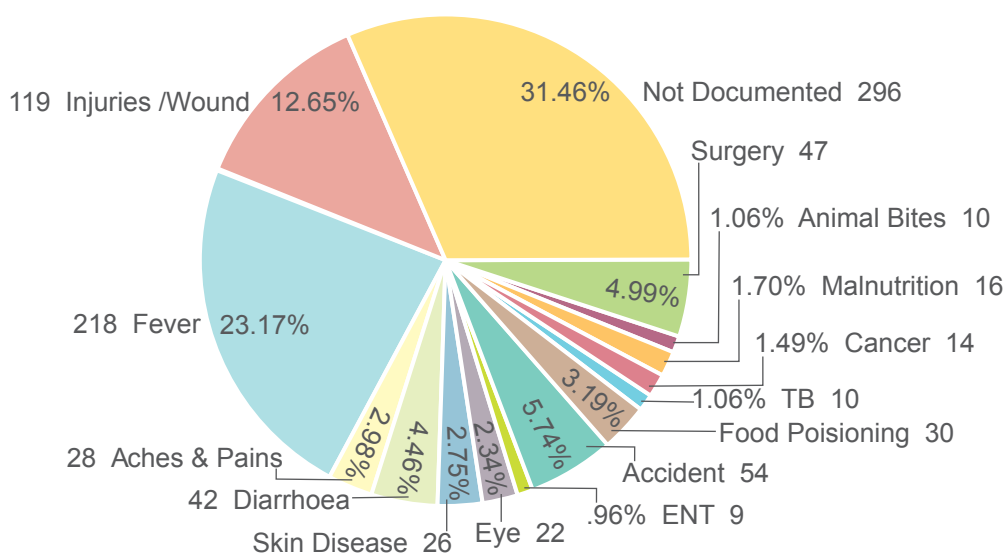
n=2558 Data Source: ChildNET



Fever and wounds at 29.44% and 16.11% are the single largest ailments that are treated at OPDs.

Figure 8.2.3 Ailments treated with hospitalization

n=941 Data Source: ChildNET



While Fever and wounds continue to account for bulk of hospitalization cases (36%) , accidents account for 6%and surgery accounted for 5%.

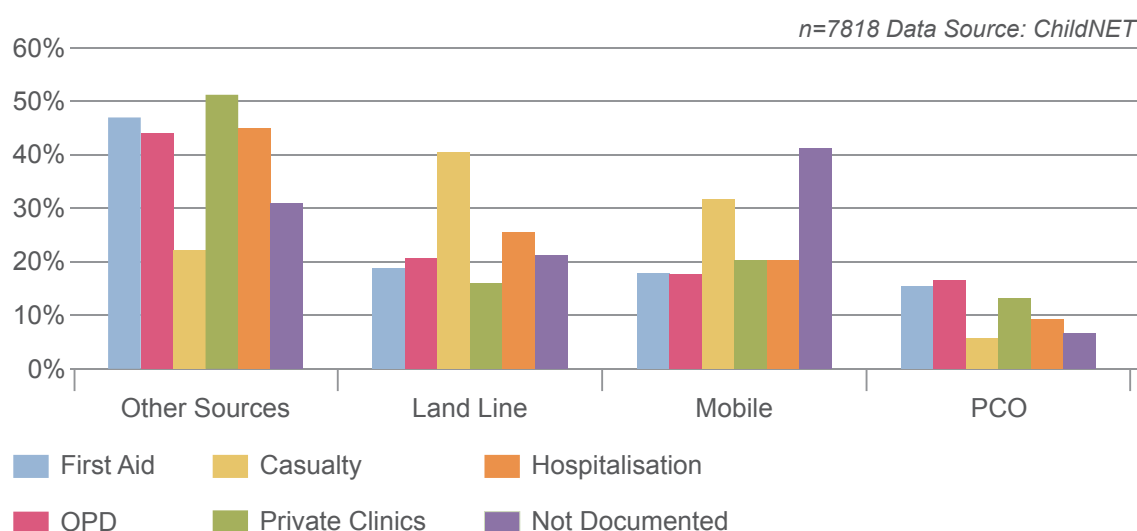
This intervention revolved around Ram Babu Tanty, four year old boy who was diagnosed with blurred vision. Ram Babu belongs to poor family background. His father was a construction worker and mother was a house maid. Ram's family was very worried about his blurred vision and due to their poor economic condition; his family could not afford expenses for treatment. Ram's father was very concerned about him and asked his neighbours for help, who advised him to contact CHILDLINE. CHILDLINE Rourkela was contacted by Ramu's parents requesting for assistance. CHILDLINE team member met the child and contacted a renowned hospital for adequate medical help. The required funds were raised from different sources and the operation was a success. In a few days Ram's condition improved and got his sight back completely. Currently Ram goes to school.

8.2.4 Source for Medical assistance cases:

Table 8.2.4: Source for Medical assistance cases

Medical	Other Sources	%	Land Line	%	Mobile	%	PCO	%	Total	%
First aid	1,461	47	574	19	544	18	474	16	3,053	100
OPD	1,156	44	526	21	452	18	424	17	2,558	100
Casualty	58	22	106	40	83	32	15	6	262	100
Private clinics	227	51	68	16	90	20	58	13	443	100
Hospitalisation	423	45	240	26	191	20	87	9	941	100
Not documented	174	31	119	21	231	41	37	7	561	100
Total	3,499	45	1,633	21	1,591	20	1,095	14	7,818	100

Figure 8.2.4: Source for Medical assistance cases



Other Sources include emails to dial1098@childlineindia.org.in and referrals from other NGOs/Police etc. The chart (Figure 8.2.4) indicates that when first aid or OPD intervention is done the call has most likely come from a PCO. This is also true for Mobile and Landline callers.

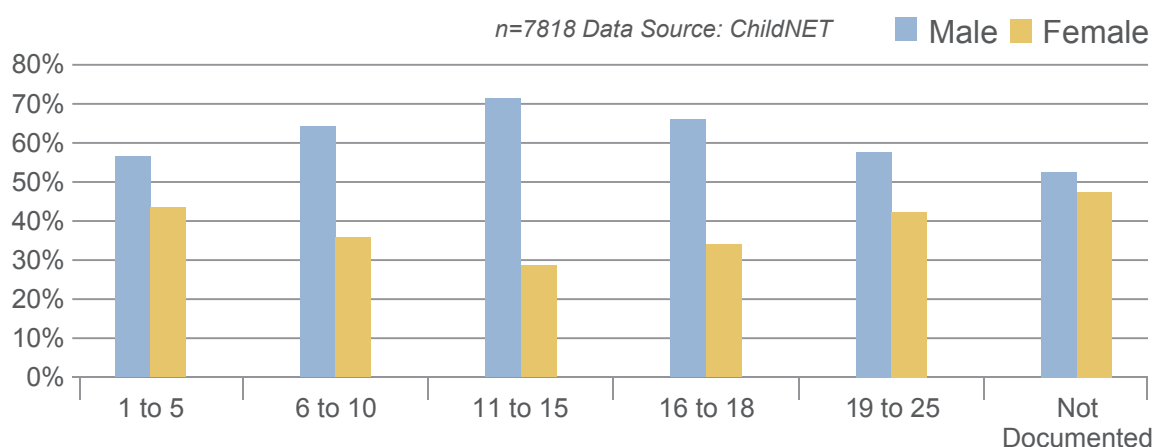
8.2.5 Age Group and Gender of the Children seeking for Medical Assistance

Table 8.2.5: Age Group and Gender of the Children seeking for Medical Assistance

Age Group	Male	%	Female	%	Total	%
1 to 5	547	57	421	43	968	100
6 to 10	1,678	64	936	36	2,614	100
11 to 15	2,323	71	930	29	3,253	100
16 to 18	404	66	208	34	612	100
19 to 25	34	58	25	42	59	100
Not Documented	164	53	148	47	312	100
Total	5,150	66	2,668	34	7,818	100

Figure 8.2.5: Age Group and Gender of the Children seeking for Medical Assistance

In the age group of 11 to 15 the vast majority of medical intervention cases are with boys (71%) while in the case of 1-5 age group children it is nearly equal for both genders.



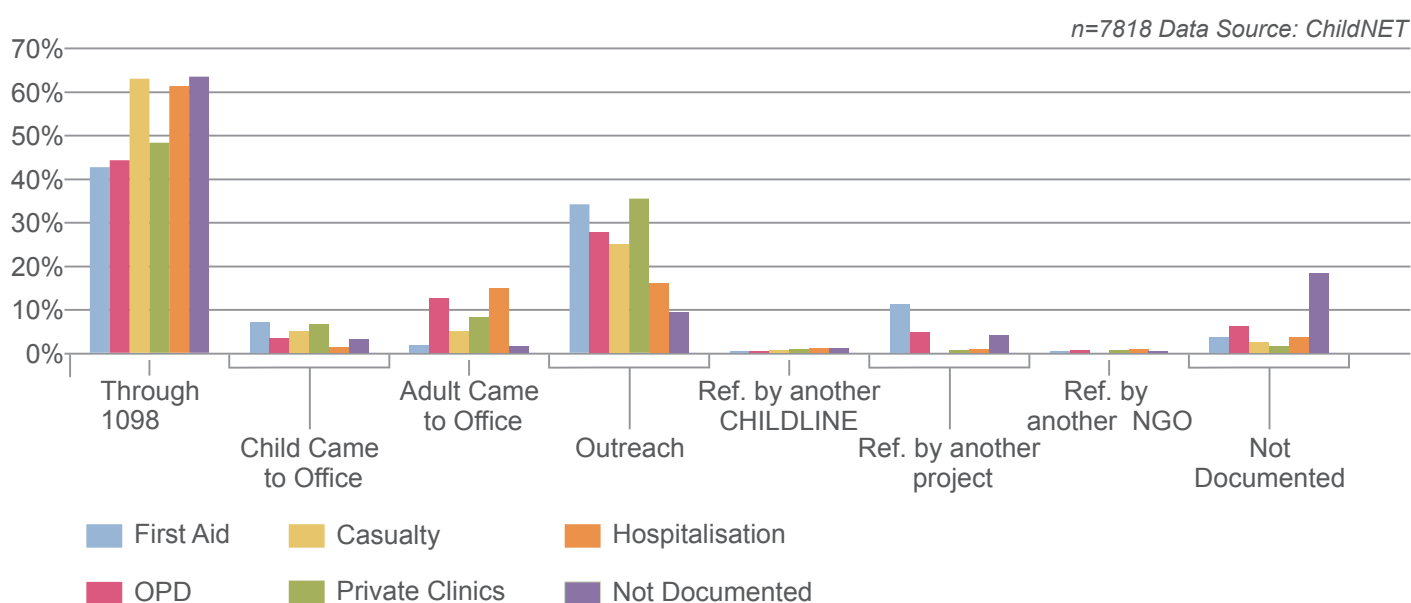
CHILDLINE Gwalior Coordinator noticed that Anant, a six year old boy sitting on the platform and sniffing the ink whitener at the Gwalior station. CHILDLINE coordinator spoke to him and then convinced Anant to accompany him to the CHILDLINE centre. During the counseling session, Anant informed CHILDLINE that he is an orphan. Anant was produced before the CWC who directed to send him to a temporary shelter home. After continuous counselling for a month by CHILDLINE team member, he confessed that his mother is alive and provided the address to CHILDLINE. CHILDLINE team with the help from the Dabra police traced the address and finally Anant was reunited to his mother.

8.2.6: How Child accessed assistance from CHILDLINE for medical support/intervention:

Table 8.2.6: How Child accessed assistance from CHILDLINE for medical support/intervention:

Medical	Through 1098	Child came to Office	Adult came to Office	Outreach	Referred by another CHILDLINE	Referred by another Project	Referred by another NGO	Not Documented	Total
First aid	1,294	210	52	1,035	7	337	6	112	3,053
%	42	7	2	34	0	11	0	4	100
OPD	1,156	84	320	706	7	119	13	153	2,558
%	44	3	13	28	0	5	1	6	100
Casualty	164	13	13	65	1	0	0	6	262
%	63	5	5	25	0	0	0	2	100
Private clinics	209	29	36	156	2	3	2	6	443
%	48	7	8	35	0	1	0	1	100
Hospitalisation	587	12	139	150	6	8	5	34	941
%	61	1	15	16	1	1	1	4	100
Not documented	354	17	9	52	4	22	1	102	561
%	63	3	2	9	1	4	0	18	100
Total	3,764	365	569	2,164	27	489	27	413	7,818
%	49	5	7	28	0	6	0	5	100

Figure 8.2.6: How Child accessed assistance from CHILDLINE for medical support/intervention



It is only to be expected that for most kinds of medical interventions the primary method is to call 1098. In the case of interventions requiring first aid, outreach accounts for 34%. The pattern is similar for OPD cases and cases taken to private clinics.

8.3 Assistance for Shelter

Children need shelter- it is a basic right and a necessity. These cases arise because children call saying they need shelter, police calls 1098 to report that children have been picked up at night and need to be placed into temporary shelter. In cases of children in need of care and protection referred to Child Welfare Committees (CWC), the CWC may pass an shelter order for cases. CHILDLINE follows a defined protocol in such cases.

Children need shelter when they have been abandoned or are lost and unable to find their parents and their way home or when they have been ill and need post hospitalisation care.

When a caller informs CHILDLINE of a child who is lost and needs shelter, a CHILDLINE Team Member will first go and meet the caller and take the child to a CHILDLINE office. After comforting, the child the Team will gently probe to see if the child can give any details about himself/herself. If the child is able to do so, CHILDLINE will contact the parents/relatives and ask them to bring documents that can verify their guardianship of the child. Once the parents reach the CHILDLINE office, the Team will talk to both parties (if the child is old enough to be a part of the discussion) and then the child is handed over to the family.

If the child is unable to give the address then CHILDLINE produces the child before the CWC and the Committee will place the child in a state run shelter if the child needs permanent shelter, or may put the child in a state approved home until such time as the child is returned to the family.

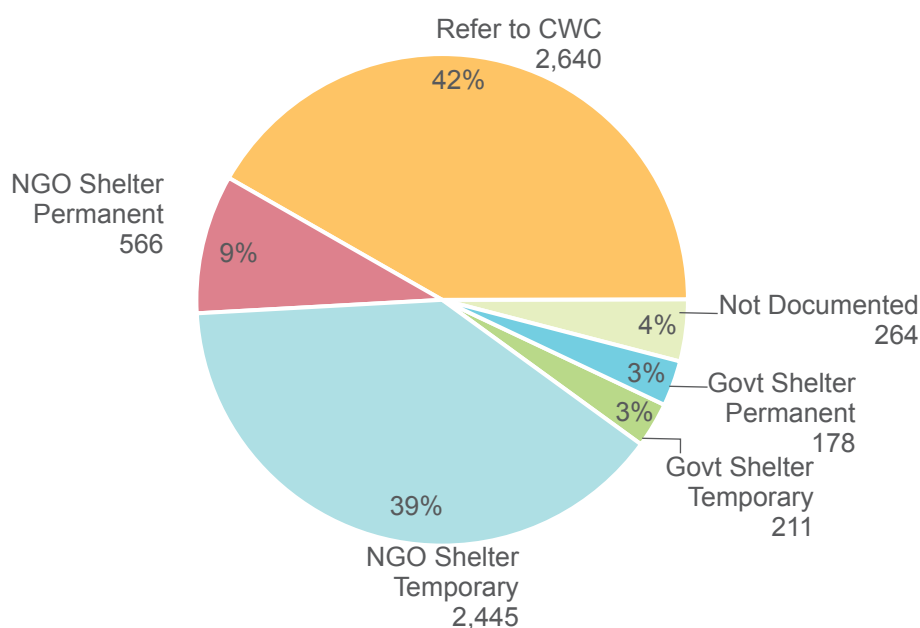
There are two main kinds of shelter provided, temporary and permanent:

Temporary shelter is provided in cases where the child needs shelter only until such time as the child is reunited to the family. In the case of street children, sometimes, when a child has been hospitalised for a serious injury, a fracture or an illness, and the child needs a place of post hospitalisation, where he/she can recover completely before returning to the street. In such instances also CHILDLINE provides temporary shelter.

Permanent shelter is provided for those children who have been abandoned or can give no information at all to help CHILDLINE try and find their parents. In cases, where it is impossible to return the child to his/her own home and family (either because the parents cannot be located or because the home situation is so bad that it is not in the best interest of the child to be returned to his/her home), CHILDLINE will also work to ensure that the child finds a permanent home - most often in one of the children's homes run by the State.

Figure 8.3: Shelter: Sub Intervention

n=6304 Data Source: ChildNET



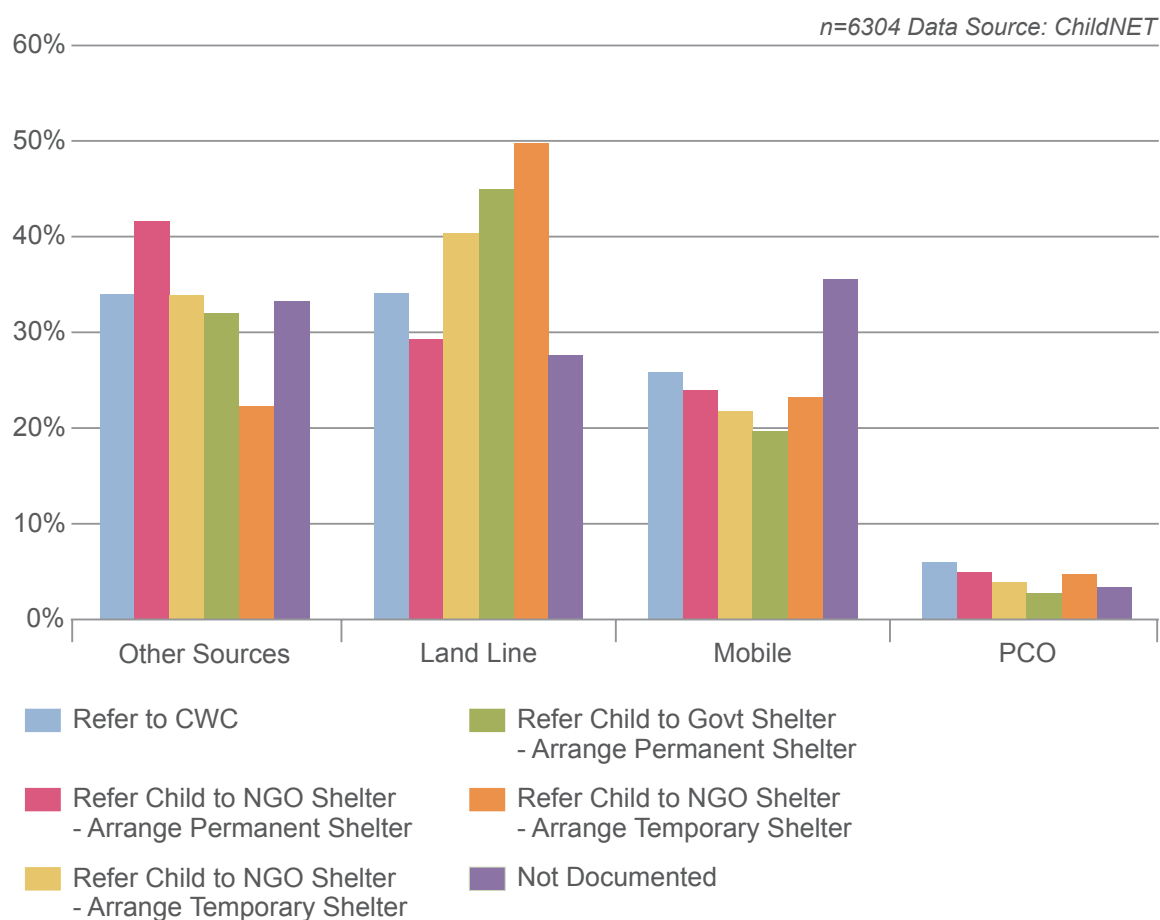
Children seeking shelter have to be produced to the CWC in order to get a shelter order. These constitute 42% of all cases. Another 39% are those involving referring a child to an NGO which runs a shelter in order to provide temporary shelter. This happens when CWC has closed for the day and the child has to be taken care of for the night.

A new born baby barely five days old was left abandoned in a forest in Paschim Medinipur. The concerned locals who came across the baby rescued the child from the forest and took her to the Rural Primary Health Centre. CHILDLINE was contacted by the Block Medical Officer of Health of Paschim Medinipur asking for immediate assistance. CHILDLINE team members admitted the child to the Midnapore Medical College and Hospital. The child was found in a critical condition and child's left eye was partially eaten up by ants in the forest. After intensive treatment, the child was recovered and then produced before the Child Welfare Committee. At present, the child has been adopted by a well-to-do couple after being placed in the Licensed Adoption Placement Agency in the district.

Table 8.3.1: Source for Shelter assistance cases:

Shelter	Other Sources	%	Land Line	%	Mobile	%	PCO	%	Total	%
Refer to CWC	899	34	900	34	682	26	159	6	2,640	100
Refer child to NGO shelter - arrange permanent shelter	236	42	166	29	136	24	28	5	566	100
Refer child to NGO shelter - arrange temporary shelter	829	34	987	40	533	22	96	4	2,445	100
Refer child to Govt shelter - arrange permanent shelter	57	32	81	45	35	20	5	3	178	100
Refer child to Govt shelter - arrange temporary shelter	47	22	105	50	49	23	10	5	211	100
Not documented	88	33	73	28	94	36	9	3	264	100
Total	2,156	34	2,312	37	1,529	24	307	5	6,304	100

Figure 8.3.1: Source for Shelter assistance cases

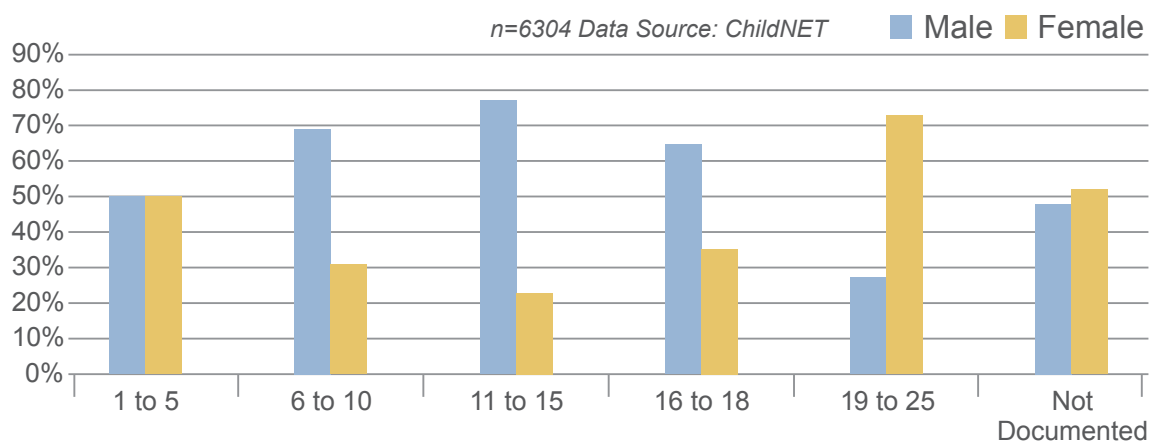


The figure above shows the source of calls for shelter and the action taken.

Table 8.3.2: Age Group and Gender of the Children provided Shelter

Age Group	Male	%	Female	%	Total	%
1 to 5	318	50	317	50	635	100
6 to 10	1,379	69	617	31	1,996	100
11 to 15	2,063	77	614	23	2,677	100
16 to 18	444	65	242	35	686	100
19 to 25	18	27	48	73	66	100
Not Documented	117	48	127	52	244	100
Total	4,339	69	1,965	31	6,304	100

Figure 8.3.2: Age Group and Gender of the Children provided Shelter



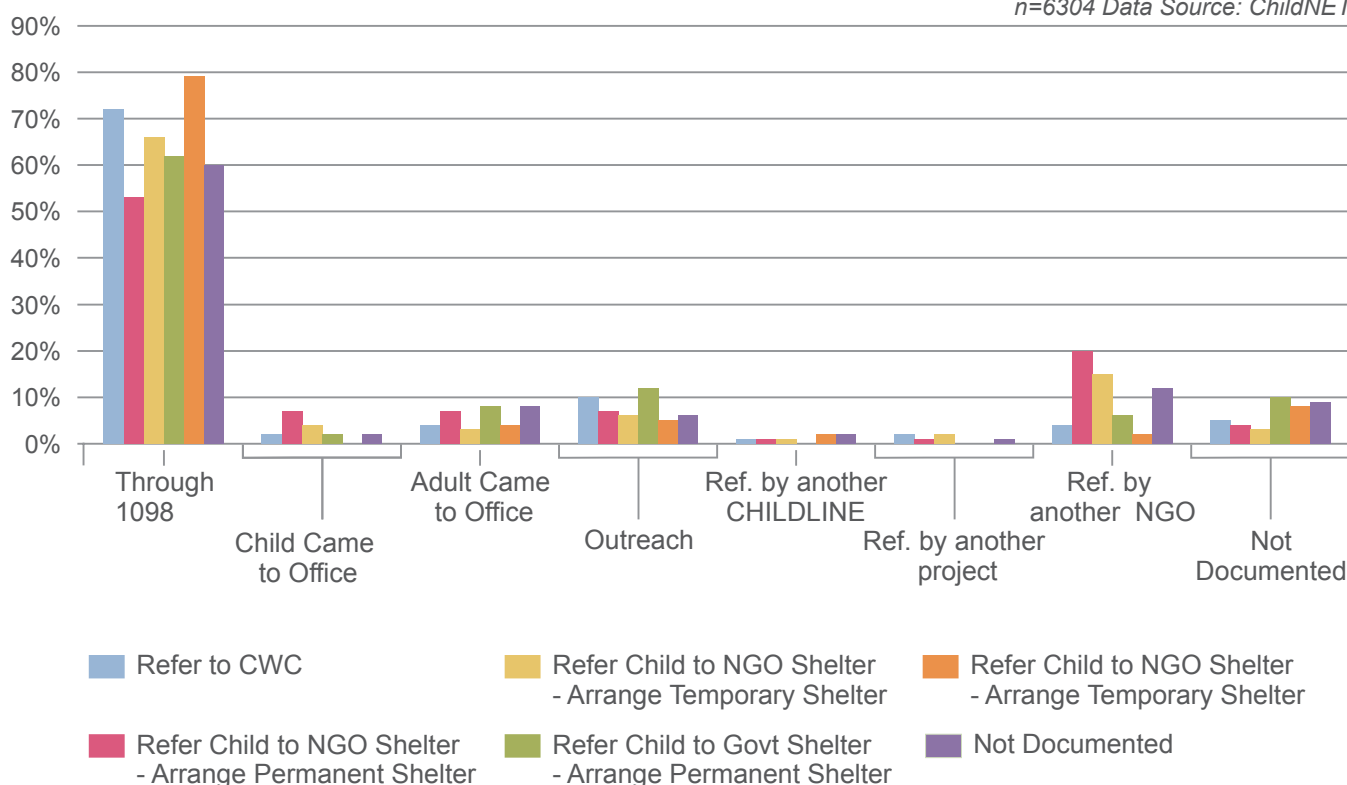
This follows the trend of CHILDLINE: 77% of all shelter related cases in the age group 11 to 15 are of boys. Again, as in medical cases, in the age group of 1-5, the cases are equally split between boys and girls.

Table 8.3.3: How Child accessed assistance from CHILDLINE for Shelter support/intervention

Shelter : Sub Intervention	Through 1098	Child Came to Office	Adult Came to office	Outreach	Ref. To another CHILD-LINE	Ref. to another Project	Ref. to another NGO	Not Documented	Total
Refer to CWC	1,909	47	113	269	25	55	100	122	2,640
%	72	2	4	10	1	2	4	5	100
Refer child to NGO shelter - arrange permanent shelter	296	41	39	41	5	4	116	24	566
%	53	7	7	7	1	1	20	4	100
Refer child to NGO shelter - arrange temporary shelter	1,598	92	81	157	19	38	378	82	2,445
%	66	4	3	6	1	2	15	3	100
Refer child to Govt shelter - arrange permanent shelter	110	4	14	21	0	0	11	18	178
%	62	2	8	12	0	0	6	10	100
Refer child to Govt shelter- arrange temporary shelter	167	1	8	10	4	0	4	17	211
%	79	0	4	5	2	0	2	8	100
Not documented	160	5	20	16	6	2	32	23	264
%	60	2	8	6	2	1	12	9	100
Total	4,240	190	275	514	59	99	641	286	6,304
%	67	3	4	8	1	2	10	5	100

Figure 8.3.3: How Child accessed assistance from CHILDLINE for Shelter support/intervention

n=6304 Data Source: ChildNET



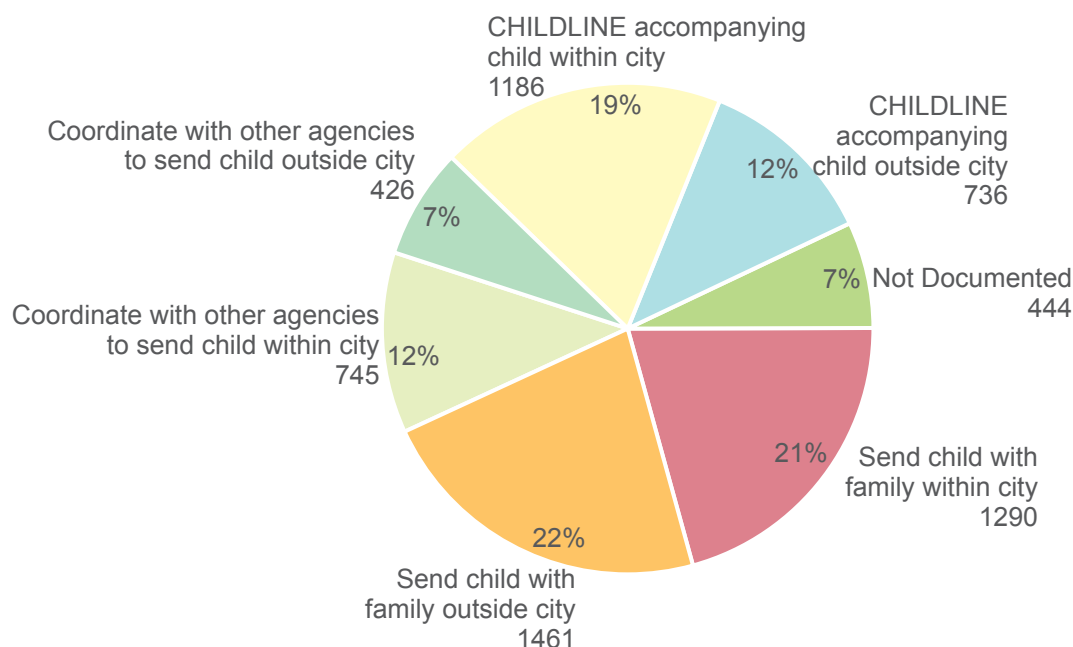
Again as expected bulk of all cases are reported via 1098 phone service for all kinds shelter cases.

8.4 Restoration

This is one service of CHILDLINE that is most called upon by the members of the allied system and other NGOs. Over the years, CHILDLINE has gained credibility and expertise in reuniting children with their families despite having very little information to work with. Restoration is much more than just getting the child's address and physically reuniting the child with his/her family. While, in a lot of cases, the child may have left home to either follow a dream of visiting a big city, or because the child got annoyed with the family and wanted to 'teach them a lesson', in many cases there are very serious issues that have prompted the child to leave home. In such cases the team members have to determine if returning the child to his/her home is really the ideal option or not. The Team Members then make it a point to speak at length to the parents/family and try to resolve the issue before restoring the child back home.

Figure 8.4: Restoration: Sub Intervention

n=6288 Data Source: ChildNET



Restoring children to families in the city and in cities outside the city, accompanied by a family member, account for 43% of all restoration cases. CHILDLINE team member accompanying children for restoration accounts for 19% of cases.

Piyush, a thirteen year old boy ran away from home and came to Allahabad city. The child came to the market with his friend however got separated when he went to bring some food. The child was noticed by a concerned adult who immediately informed the police. Piyush was picked up by the police and handed over to CHILDLINE. CHILDLINE provided necessary support and care to the child. CHILDLINE contacted Piyush's father who informed that he had caught Piyush for smoking and had slapped him. CHILDLINE asked him to visit Allahabad with document proof and take custody of the child. CHILDLINE located the boy's home and he was reunited.

Table 8.4.1: Source for Restoration assistance cases

Restoration : Sub Intervention	Other Sources	%	Land Line	%	Mobile	%	PCO	%	Total	%
CHILDLINE accompanying child outside city	264	36	316	43	104	14	52	7	736	100
CHILDLINE accompanying child within city	590	50	313	27	218	18	65	5	1,186	100
Coordinate with other agencies to send child outside city	217	51	118	28	87	20	4	1	426	100
Coordinate with other agencies to send child within city	606	81	96	13	38	5	5	1	745	100
Send child with family outside city	633	43	439	30	305	21	84	6	1,461	100
Send child with family within city	432	33	422	33	345	27	91	7	1,290	100
Not documented	92	21	221	50	129	29	2	0	444	100
Total	2,834	45	1,925	31	1,226	19	303	5	6,288	100

Figure 8.4.1: Source for Restoration assistance cases

n=6288 Data Source: ChildNET

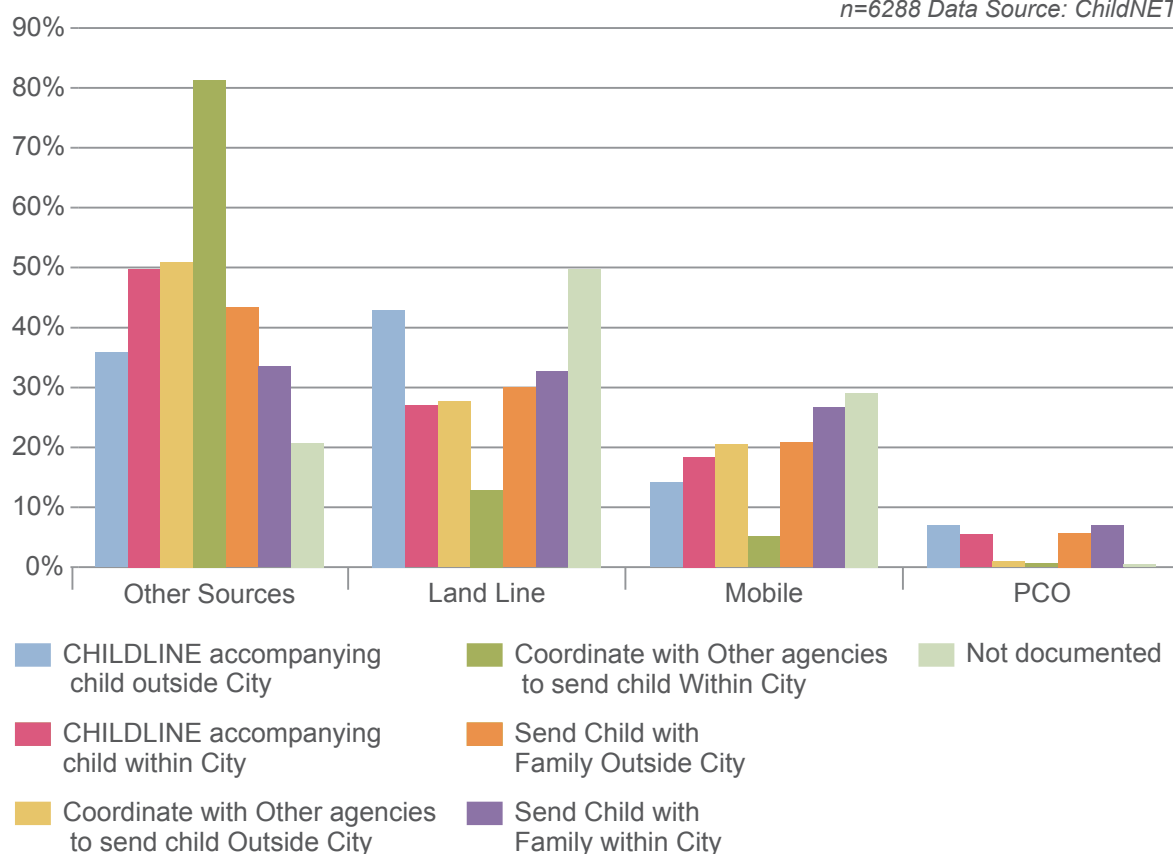
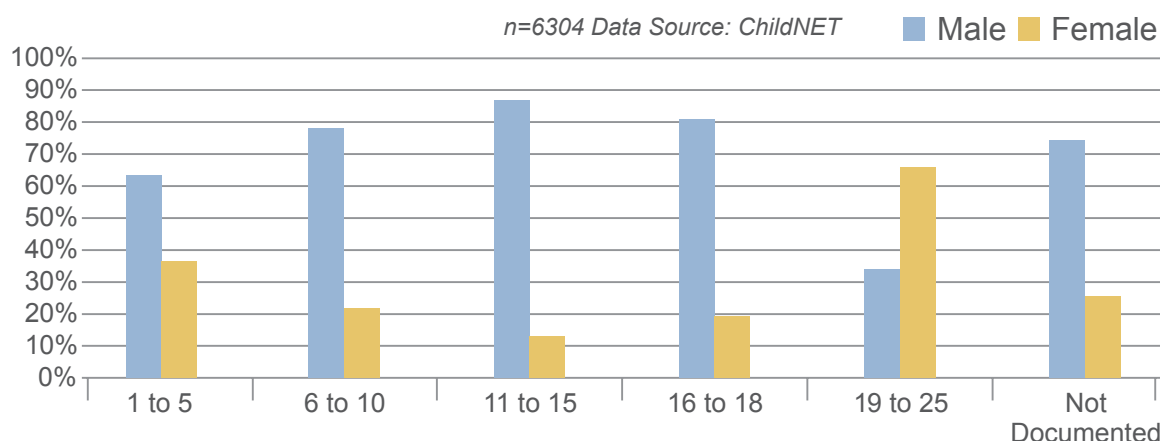


Table 8.4.2: Age Group and Gender of the Children Restored

Age Group	Male	%	Female	%	Total	%
1 to 5	251	63	145	37	396	100
6 to 10	1,184	78	332	22	1,516	100
11 to 15	2,843	87	428	13	3,271	100
16 to 18	792	81	188	19	980	100
19 to 25	16	34	31	66	47	100
Not Documented	58	74	20	26	78	100
Total	5,144	82	1,144	18	6,288	100

Figure 8.4.2: Age Group and Gender of the Children Restored

n=6304 Data Source: ChildNET

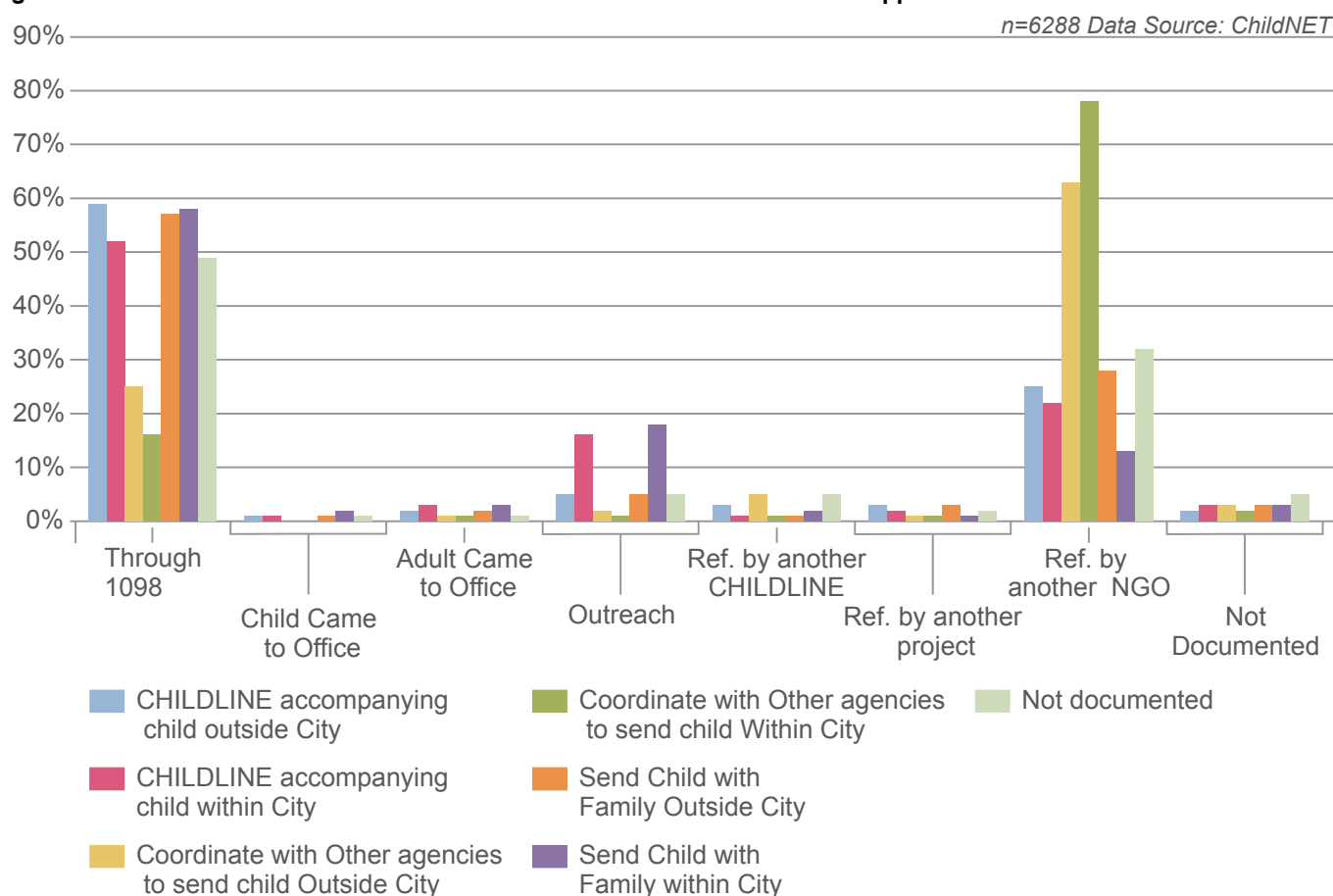


It would appear that adult young woman also need restoration and account for 66% of cases in the age group of 19-25. In all other cases, boys outnumber girls.

Table 8.4.3: How Child accessed assistance from CHILDLINE for restoration support/intervention

Restoration	Through 1098	Child Came to Office	Adult came to office	Out-reach	Ref. by another CHILDLINE	Ref. by another project	Ref. by another NGO	Not Documented	Total
CHILDLINE accompanying child outside City	429	11	17	38	25	21	183	12	736
%	59	1	2	5	3	3	25	2	100
CHILDLINE accompanying child within City	624	6	36	190	13	20	256	41	1,186
%	52	1	3	16	1	2	22	3	100
Coordinate with other agencies to send child outside city	106	1	5	7	22	6	266	13	426
%	25	0	1	2	5	1	63	3	100
Coordinate with other agencies to send child within city	119	1	10	11	6	7	574	17	745
%	16	0	1	1	1	1	78	2	100
Send child with family outside city	840	11	35	67	12	42	410	44	1,461
%	57	1	2	5	1	3	28	3	100
Send child with family within city	751	20	43	232	22	18	163	41	1,290
%	58	2	3	18	2	1	13	3	100
Not documented	216	6	3	24	24	9	140	22	444
%	49	1	1	5	5	2	32	5	100
Total	3,085	56	149	569	124	123	1,992	190	6,288
%	49	1	2	9	2	2	32	3	100

Figure 8.4.3: How Child accessed assistance from CHILDLINE for restoration support/intervention



Mariamamma lived with her family at Nagarjuna Sagar in Nalgonda District. Her father was a daily wage labourer. Mariamma ran away from home as her mother had beaten her. She reached the Mahatma Gandhi Bus Stand in Hyderabad. A police constable noticed her and took her to the police station. The constable also reported to CHILDLINE asking for help. CHILDLINE made arrangement for medical treatment as she was hurt when she jumped out of the moving vehicle. The Child was produced before the CWC and placed in temporary care at a home. With the support from police, CHILDLINE traced her father. The CWC verified all the documents and ordered to handed over the child to the parents.

8.5 Protection from Abuse: Protecting Children from Abuse and Neglect

Abuse is a very broad category. It covers a large range of abuse. Physical abuse refers to violence against children- this also includes serious physical abuse, emotional abuse including harassment, financial abuse including swindling, sexual abuse – including serious rape cases, neglect leading to illness or malnutrition or disability, social abuse such as child marriage, bullying, etc are all serious issues and cause children to seek assistance. However the number of such cases is relatively low indicating that as a nation, our people are used to very high levels of abuse tolerance preferring to ignore rather than report.

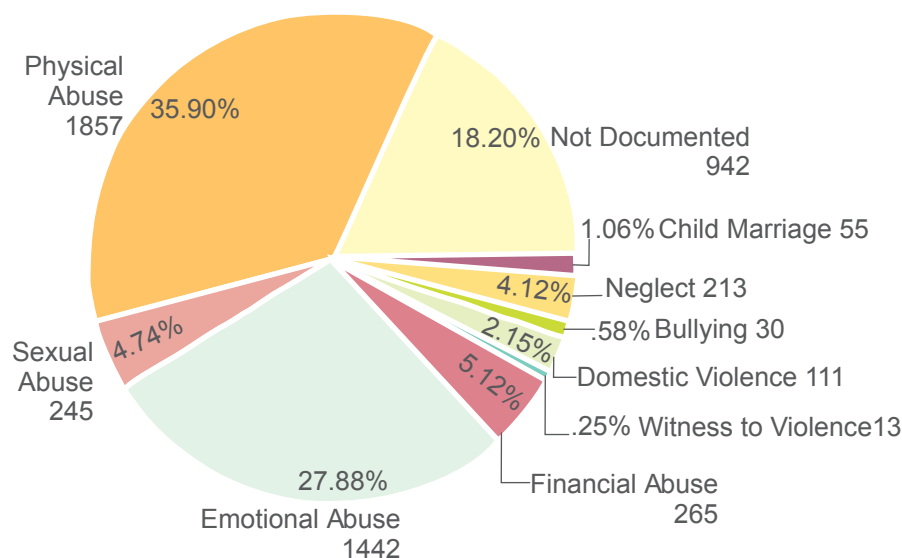
Kallu, a thirteen year old boy comes from a poor socio economic background. Kallu was two year old, when he lost his parents. Kallu, a mentally and physically challenged child was dependent on others to perform daily activities. He was pushed into begging since childhood by a person who claimed to be his father. He was not given care, proper food but his earnings were taken away. After knowing the story of Kallu, a concerned local lodged a complaint with the police, who in turn contacted CHILDLINE for assistance. CHILDLINE team member took the child to the CHILDLINE centre for immediate shelter. The child was taken to the Hospital for a check up as he was weak and unhealthy. Kallu was sent to the rehabilitation center for mentally and physically disabled children in Cochin and currently he is undergoing treatment at the center.

Table 8.5.1 Types of Abuse and Abuser

Types of Abuser	Physical Abuse	Sexual Abuse	Emotional Abuse	Financial Abuse	Bullying	Domestic Violence	Witness to Violence	Child Marriage	Neglect	Not Documented	Total
Family	756	31	716	122	9	62	2	39	145	68	1,950
Employers	472	11	55	79	4	22	2	0	4	24	673
Teachers	122	10	172	11	0	1	0	0	6	3	325
Relatives	121	28	107	19	1	7	1	4	20	11	319
Friends	70	32	167	4	4	2	1	4	7	8	299
Neighbours	47	43	58	5	1	0	0	2	4	8	168
Institution staff	76	5	25	7	0	2	0	0	3	1	119
Strangers	42	37	14	2	6	2	0	0	1	10	114
Caretaker	29	2	16	1	2	0	0	1	3	1	55
Defence personnel	2	3	22	2	0	3	0	0	5	0	37
Police	14	4	10	2	0	0	1	0	0	4	35
Hospital staff	2	3	4	0	0	0	0	0	0	2	11
Not documented	104	36	76	11	3	10	6	5	15	802	1,068
Total	1,857	245	1,442	265	30	111	13	55	213	942	5,173

Figure 8.5.1 Types of Abuse

n=5173 Data Source: ChildNET

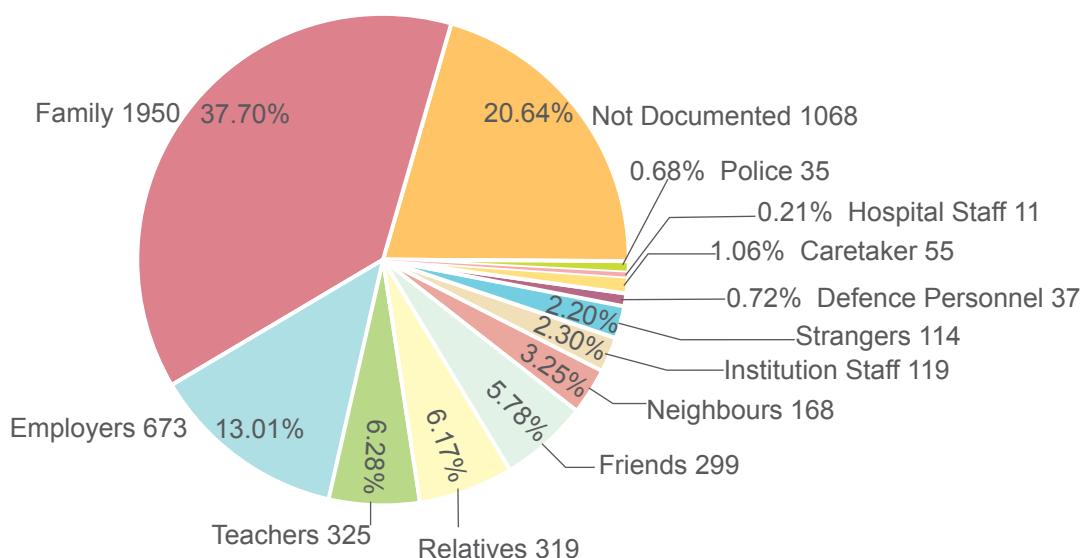


Note: This chart represents calls to CHILDLINE and not interventions done. The figures may include same person calling for multiple abuse and hence the number 5173 does not represent that many individual cases.

By far Physical abuse (35.90%) and Emotional abuse (27.88%) are the largest group of abuse related intervention cases. The figures may include same person calling for multiple abuse and hence the number 5173 does not represent that many individual cases.

Figure 8.5.1.1 Type of Abuser

n=5173 Data Source: ChildNET



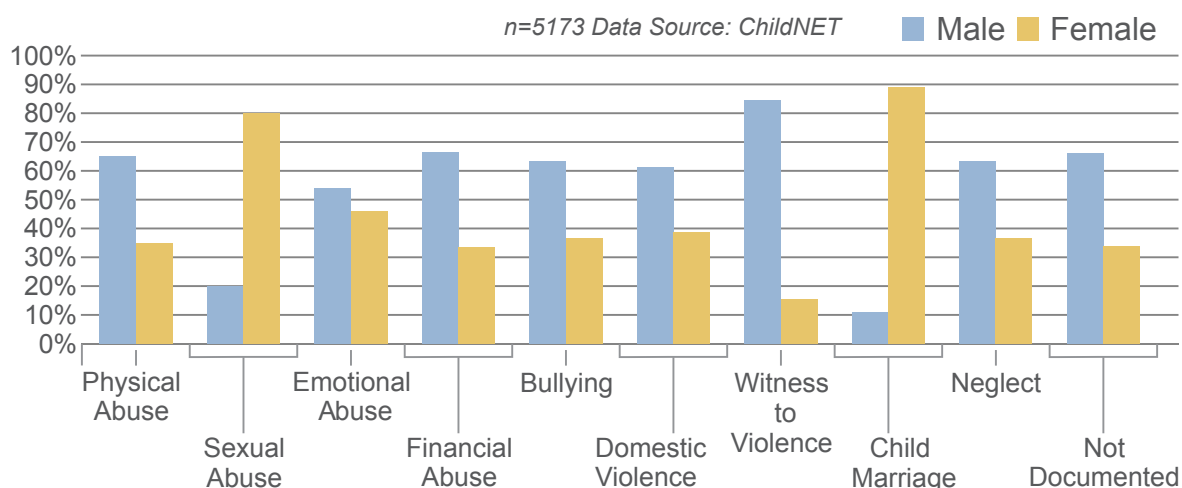
Family members and relatives together account for nearly 44% of all abuse related intervention cases. Significantly employers as abusers show up in 13% of cases.

Manjula, a thirteen year old girl had been working as a maid in a household in Delhi for six months. She was forced to perform domestic work for long hours and treated harshly by her employer. Manjula ran away from the house being unable to bear the torture. The police found Manjula in a horrific condition, wearing torn clothes and afraid to speak to them. CHILDLINE was contacted by the police asking for help. CHILDLINE arranged counseling sessions with Manjula. During the session, the child provided with the employer's and placement agency contact details to CHILDLINE team member. Manjula was then produced before the CWC with her employers and the placement agent. CWC issued an order to send Manjula to a Shelter Home. The FIR was registered against the placement agency and her employer, under section 26 and 23 of the *Juvenile Justice (Care & Protection of Children) Act 2000*.

Table 8.5.2 Gender split in various types of abuse cases

Types of Abuse	Male	Female	Total
Physical abuse	1,210	647	1,857
Sexual abuse	49	196	245
Emotional abuse	780	662	1,442
Financial abuse	176	89	265
Bullying	19	11	30
Domestic violence	68	43	111
Witness to violence	11	2	13
Child marriage	6	49	55
Neglect	135	78	213
Not documented	624	318	942
Total	3,078	2,095	5,173

Figure 8.5.2 Gender split in various types of abuse cases



In cases of sexual abuse and child marriage the cases that are referred to CHILDLINE are mostly for girls. In all other kinds of abuse the majority of cases are boys.

Note: 5173 includes multiple abuse reported by same child, hence it does not represent that many unique cases.

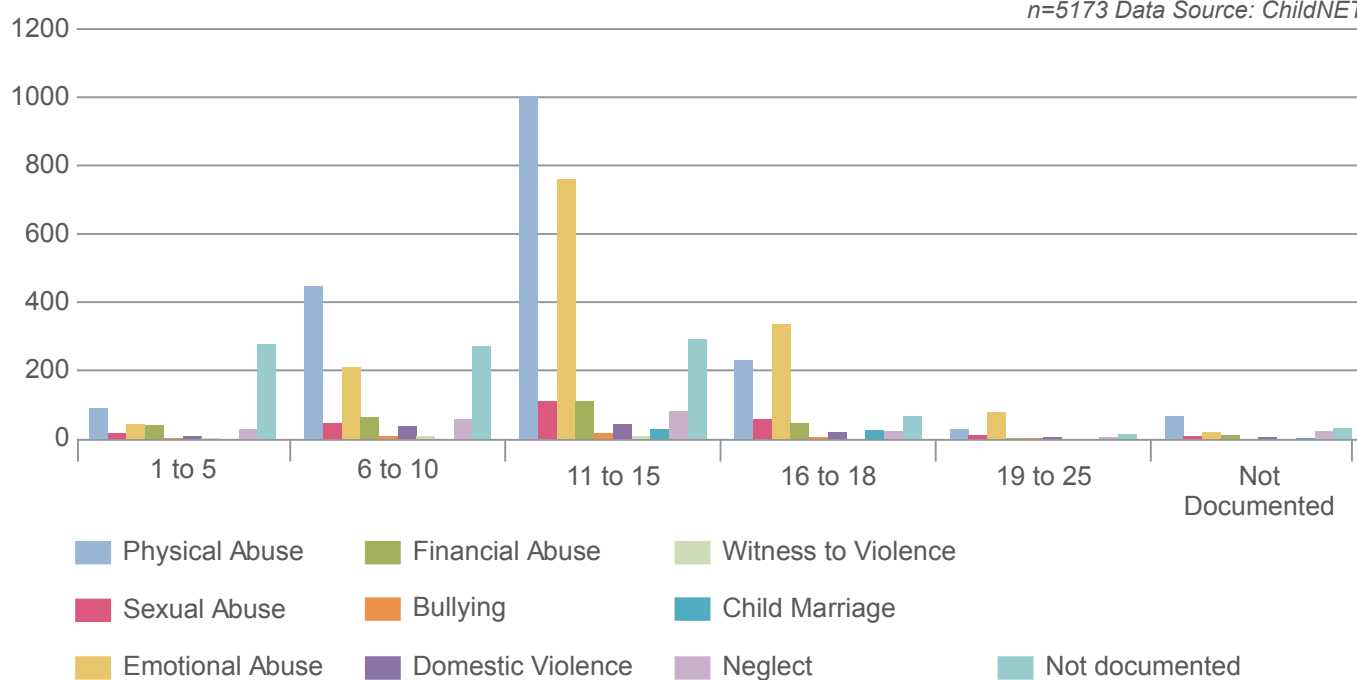
Nina, a sixteen year old girl had lost her father at very young age. She was living with her mother who was paralyzed and could not work. Due to the sickness, Nina's mother forced her for the marriage with Shankar who is physically handicapped. Nina fought with her mother on the marriage subject. Shankar used to torture her by visiting her house. Nina was traumatized and frightened after she was sexually abused by Shankar. On a visit to her ailing mother, Nina attempted to commit suicide by jumping in the lake. CHILDLINE was contacted by a concerned lady for assistance. CHILDLINE team members brought her to the CHILDLINE office and provided necessary support and care. Nina was produced before CWC who directed to admit her to a temporary shelter home. The FIR was registered against Shankar and his family and filed a complaint with the Child protection officer. Currently, Nina is undergoing rehabilitation.

Table 8.5.3 Age wise split of abuse cases

Age Group	Physical Abuse	Sexual Abuse	Emotional Abuse	Financial Abuse	Bullying	Domestic Violence	Witness to Violence	Child Marriage	Neglect	Not Documented	Total
1 to 5	88	16	41	38	2	8	1	0	29	275	498
6 to 10	447	44	209	62	7	37	6	0	57	270	1,139
11 to 15	999	110	761	108	16	42	6	29	81	291	2,443
16 to 18	230	58	335	46	4	17	0	24	20	64	798
19 to 25	28	9	77	1	1	3	0	0	5	12	136
Not documented	65	8	19	10	0	4	0	2	21	30	159
Total	1,857	245	1,442	265	30	111	13	55	213	942	5,173

Figure 8.5.3 Age wise split of abuse cases

n=5173 Data Source: ChildNET



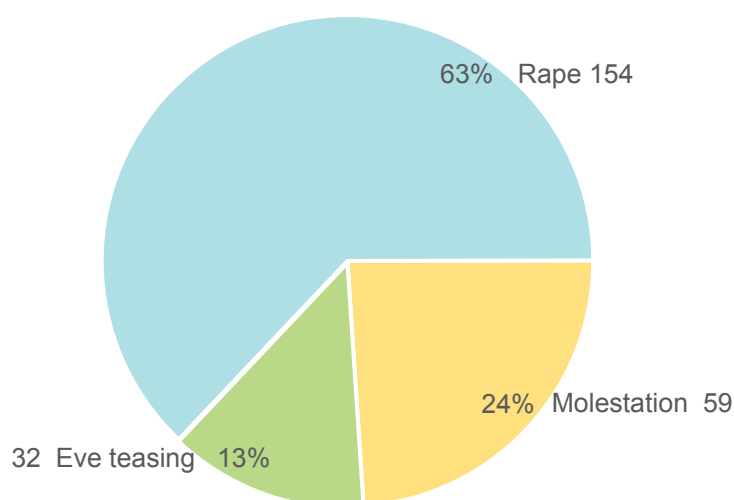
For CHILDLINE the age group 11-15 is the single biggest group in all abuse cases. In the case of child marriage related cases the numbers in the age group 16-18 is significant. Let us look at sexual abuse cases- though the numbers are small for this, fact is that it is very difficult for most victims to report sexual abuse because of stigmatization and other issues.

Table 8.5.4 Types of sexual abuse and abuser

Abuser	Rape	Molestation	Eve-teasing	Total
Neighbours	30	10	3	43
Strangers	16	12	9	37
Friends	21	6	5	32
Family	20	8	3	31
Relatives	19	5	4	28
Employers	6	4	1	11
Teachers	5	4	1	10
Institution staff	4	1	0	5
Police	4	0	0	4
Hospital staff	2	1	0	3
Defence personnel	2	1	0	3
Caretaker	1	1	0	2
Not documented	24	6	6	36
Total	154	59	32	245

Figure 8.5.4 Types of sexual abuse

n=245 Data Source: ChildNET

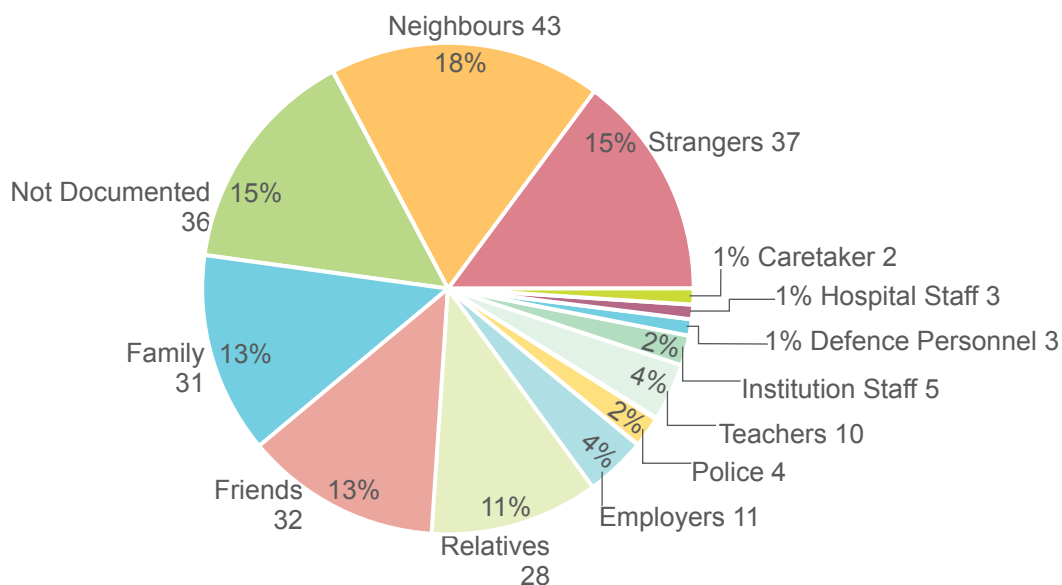


Sexual abuse including rape accounts for 63% of all cases. 24% of cases relate to sexual molestation.

Pallavi, a seventeen year old girl was lured into commercial sexual activities by promising her a job in Bihar. Pallavi was sent to Buxar district where she was sexually exploited and had constant struggle as a dancer in a bar. Pallavi's parents tried to rescue her but were threatened by the bar owners. CHILDLINE India Foundation stepped in to coordinate this case and linked CHILDLINE Purnea and Purba Medinipur. CHILDLINE Purnea referred the matter to CHILDLINE Allahabad, a partner who runs a programme on anti-trafficking in Purnea. The members pretended as clients and visited the bar and identified Pallavi. They also noticed other girls who were subjected to both physical and sexual abuse in the bar. CHILDLINE team members and with the help of local police raided the bar and Pallavi, along with another 14 year old girl was rescued. The girls' statements were recorded under section 164 before the magistrate. CHILDLINE informed the parents to take custody of their child. The FIR was lodged against the owners of the bar. The investigation and trail is underway. CHILDLINE is following up on the case.

Figure 8.5.4.1 Types of sexual abuser

n=245 Data Source: ChildNET



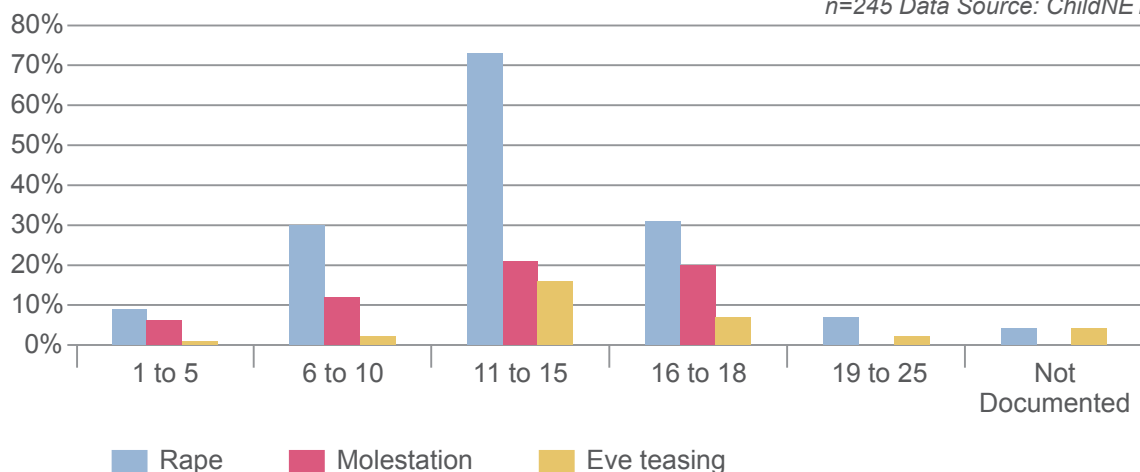
Neighbours are the single largest group of abusers (43.18%) family and friends each are abusers in 13% of cases. Relatives in 11% of cases. Even though the numbers are small it is a matter of grave concern that people in positions of power and trust- teachers, hospital staff, police, employers and even defence personnel feature in list of abusers.

Table 8.5.5 Age wise split of sexual abuse cases

Age Group	Rape	Molestation	Eve teasing	Total
1 to 5	9	6	1	16
6 to 10	30	12	2	44
11 to 15	73	21	16	110
16 to 18	31	20	7	58
19 to 25	7	0	2	9
Not Documented	4	0	4	8
Total	154	59	32	245

Figure 8.5.5 Age wise split of sexual abuse cases

n=245 Data Source: ChildNET



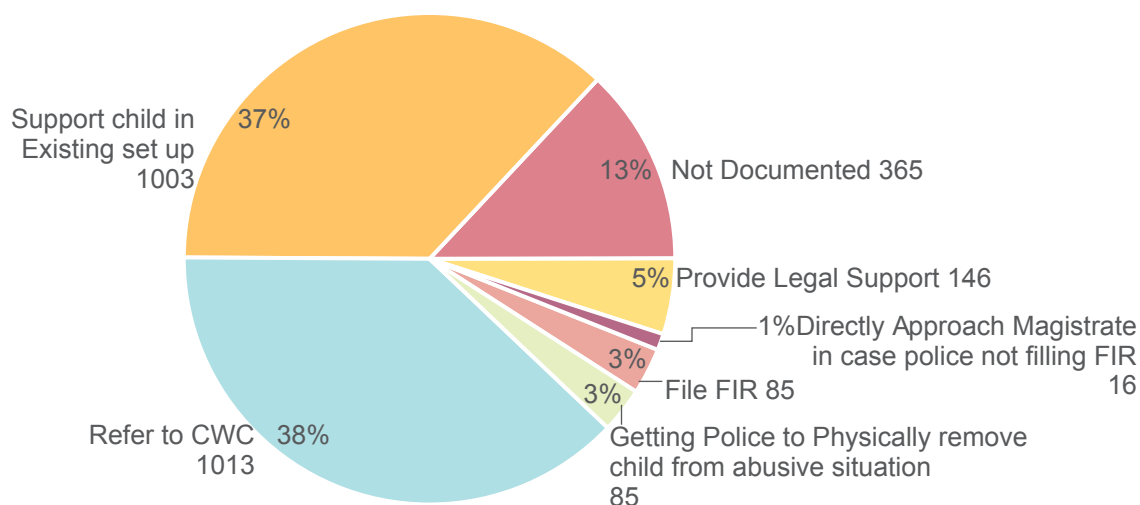
While the age group of 11-15 is still the biggest segment, we cannot ignore the fact that age groups of 1-10 also feature in sexual abuse cases.

How does CHILDLINE deal with cases of abuse?

We now look at interventions done for abuse cases reported to us:

Figure 8.5.6 Protection from Abuse: Sub Intervention

n=2722 Data Source: ChildNET



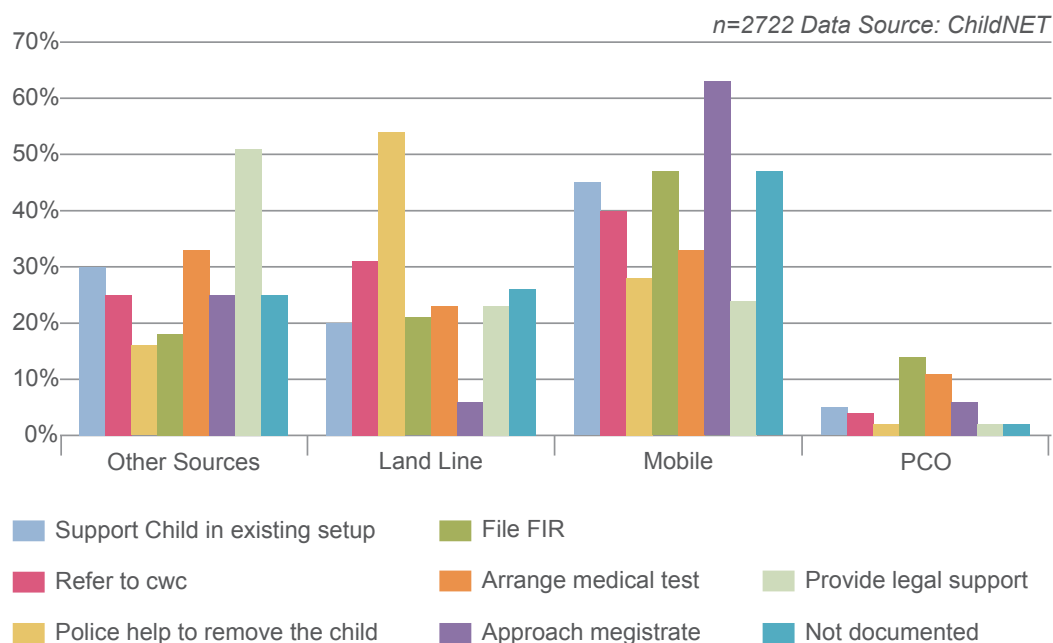
The most important step for CHILDLINE in intervention of abuse cases is to ensure child stays within the family and yet is protected from further abuse- this accounts for 38% of all abuse cases intervened. However, in a nearly equivalent number of cases (37%) cases are referred to CWC.

The Director of the School for the Blind called CHILDLINE. He informed that Meena had come to Salem for a festival and now was being forced to marry. CHILDLINE immediately informed the police and together they went to the Dharmapuri District Administration and stopped the marriage from taking place. The girl's parents were warned of severe action against them if they tried to marry their daughter off before she was eighteen years of age. Meena revealed that she wanted to continue her studies and stay with her parents and was released into her parent's custody.

Table 8.5.7 Source for Protection from Abuse assistance cases

Protection From Abuse : Sub Intervention	Other Sources	%	Land Line	%	Mobile	%	PCO	%	Total	%
Support child in existing setup	299	30	204	20	447	45	53	5	1,003	100
Refer to CWC	254	25	322	31	401	40	36	4	1,013	100
Police help to remove the child	14	16	46	54	23	28	2	2	85	100
File FIR	15	18	18	21	40	47	12	14	85	100
Arrange medical test	3	33	2	23	3	33	1	11	9	100
Approach magistrate	4	25	1	6	10	63	1	6	16	100
Provide legal support	75	51	33	23	35	24	3	2	146	100
Not documented	91	25	96	26	171	47	7	2	365	100
Total	755	28	722	26	1,130	42	115	4	2,722	100

Figure 8.5.7 Source for Protection from Abuse assistance cases



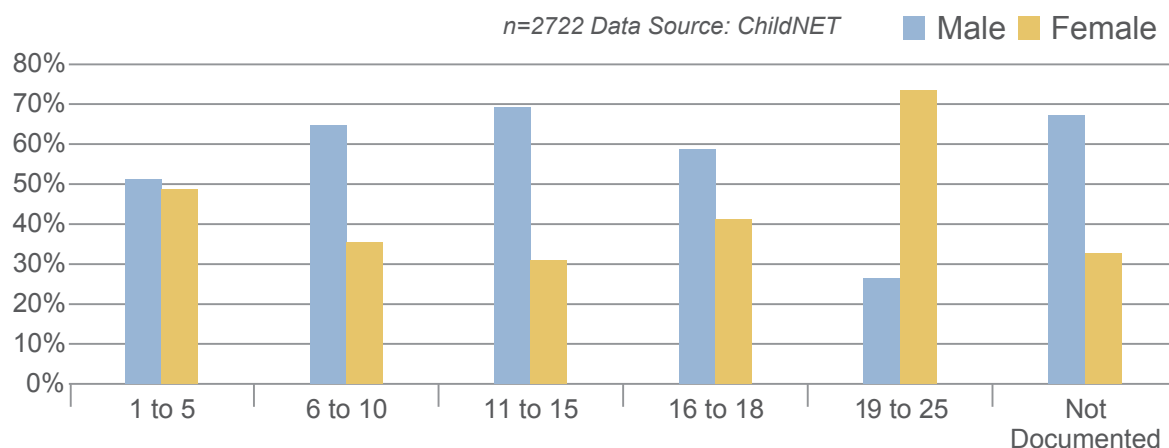
In a majority of cases coming through land lines, police help is sought to ensure child is safe from abuse. Similarly in calls coming from PCOs, a large majority are converted to FIRs at the police station.

Sania, a seventeen year old girl was a native of Malappuram district and belongs to poor family background. Sania's father was a daily wage labourer and she was five years when her mother passed away. Sania ran away from home and went to the police station for help. CHILDLINE Malappuram was contacted by the Sub Inspector of Police, (SIP), Malappuram. CHILDLINE team members brought her to the CHILDLINE office and provided necessary support and care. CHILDLINE arranged counseling sessions with Sania and during the session, it was known that Meena's father used to often drink heavily and tortured her in the night. Being unable to bear the torture, Sania ran away from the house. Sania also provided the employer's and placement agency contact details to CHILDLINE team member. CHILDLINE team took her for medical check-up and then produced before Chief Judicial Magistrate (CJM) who ordered to send her to Shelter Home for girls.

Table 8.5.8: Age Group and Gender of the Children Protected from Abuse & Violence

Age Group	Male	%	Female	%	Total	%
1 to 5	154	51	147	49	301	100
6 to 10	421	65	230	35	651	100
11 to 15	925	69	413	31	1,338	100
16 to 18	173	59	121	41	294	100
19 to 25	9	26	25	74	34	100
Not Documented	70	67	34	33	104	100
Total	1,752	64	970	36	2,722	100

Figure 8.5.8: Age Group and Gender of the Children Protected from Abuse & Violence



As in all other gender/age data, the trend is clear: in the age group 11-15 the majority are boys (69%), whereas in the age group 1-5 the gender is evenly split.

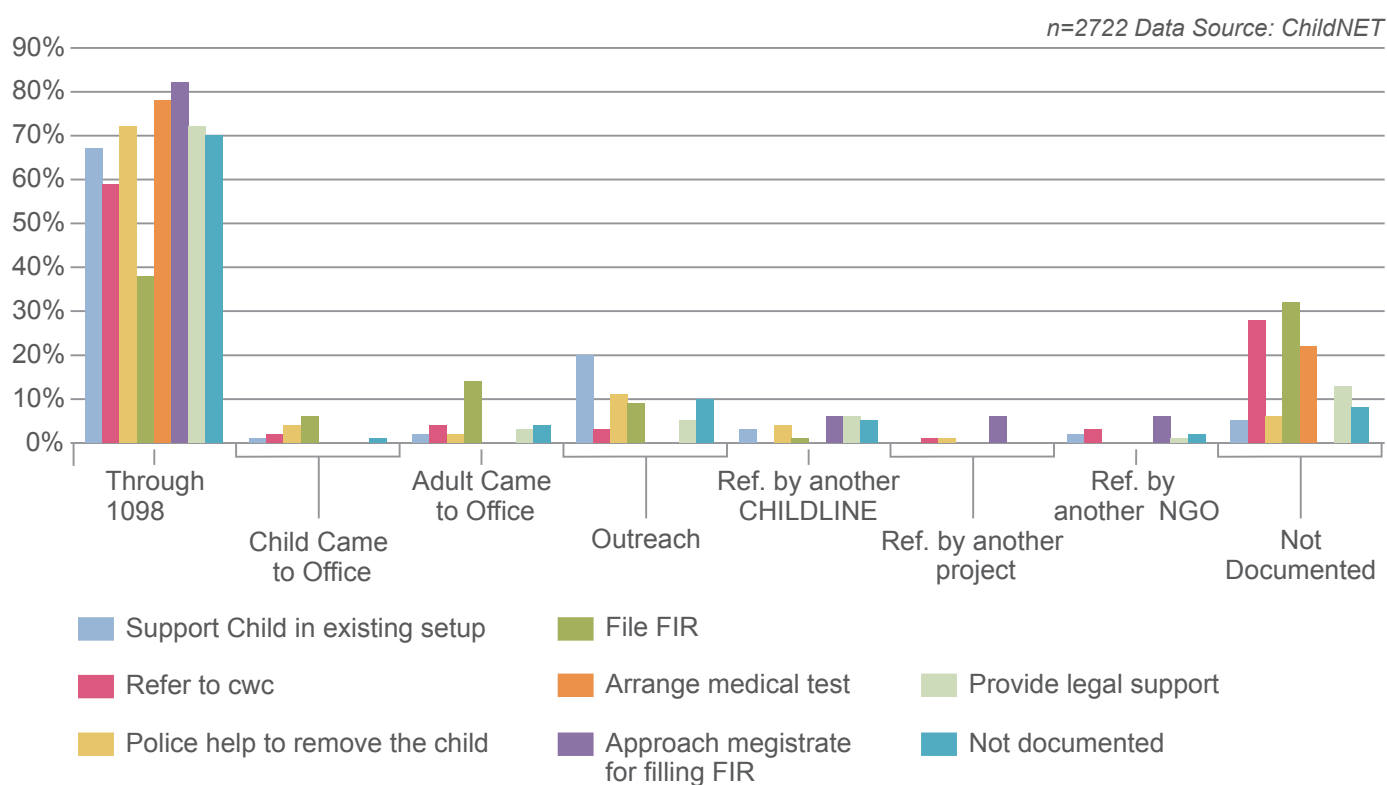
In this intervention, Laxmi, a nine year old girl was rescued from sexual abuse. She was abducted and raped by a 24 year old man. The members of the Mahila Sangam immediately took the child to the Primary Health Centre (PHC). The Child Development Project Officer (CDPO), Chatarpur and the District Headquarters, Ganjam district, contacted CHILDLINE for urgent help. Laxmi was in critical stage when she was taken to the Primary Health Centre. Doctors at the PHC referred her to the Medical Hospital where she was provided with immediate care and medical assistance. Meanwhile, CHILDLINE approached the District Administration who directed Red Cross Society to bear the medical and educational expenses for Laxmi. The District Administration sanctioned Rs.10,000 to cover existing medical bills. FIR was lodged by Laxmi's parents. The accused was arrested and booked under section Indian Penal Code 347 and 372. Currently, Laxmi is receiving long term neurological care.

CHILDLINE Kishanganj received a call from a concerned adult who informed that about six children are found at the Railway station to board a train to Goa. The caller was going to travel in the same train who suspected that the children and by standers didn't have proper documentation for travelling. Just after receiving the call, CHILDLINE team member rushed to the spot and started the search for the children and found six children being accompanied by two adults at the Railway station. During the interrogation, CHILDLINE members found out that the children were going to work as labourers in the Goa Ispat Factory in a hazardous environment. CHILDLINE immediately contacted the Railway Protection Force and requested for help who took the traffickers in custody. The FIR was lodged under relevant Indian Penal Code and Child Labour Prevention Act sections. Children were provided counseling and CHILDLINE team member collected Name, Address and other details from the children as a part of documentation. After the interrogation the children were restored to their parents.

Table 8.5.9: How Child accessed assistance from CHILDLINE for Protection from Abuse support/intervention

Protection From Abuse : Sub Intervention	Through 1098	Child came to office	Adult came to office	Out-reach	Ref. by another CHILD-LINE	Ref. by another project	Ref. by another NGO	Not Documented	Total
Support child in existing set up	676	14	18	187	33	4	23	48	1,003
%	67	1	2	20	3	0	2	5	100
Refer to CWC	597	19	45	32	5	9	27	279	1,013
%	59	2	4	3	0	1	3	28	100
Police to physically remove the child	62	3	2	9	3	1	0	5	85
%	72	4	2	11	4	1	0	6	100
File FIR	32	5	12	8	1	0	0	27	85
%	38	6	14	9	1	0	0	32	100
Arrange medical test	7	0	0	0	0	0	0	2	9
%	78	0	0	0	0	0	0	22	100
Approach magistrate for filling FIR	13	0	0	0	1	1	1	0	16
%	82	0	0	0	6	6	6	0	100
Provide legal support	104	0	5	7	9	0	2	19	146
%	72	0	3	5	6	0	1	13	100
Not documented	254	3	15	37	17	1	7	31	365
%	70	1	4	10	5	0	2	8	100
Total	1,745	44	97	280	69	16	60	411	2,722
%	63	2	4	10	3	1	2	15	100

Figure 8.5.9: How Child accessed assistance from CHILDLINE for Protection from Abuse support/intervention



For every kind of intervention done, in abuse cases, the principal source of cases is via the 1098 service.

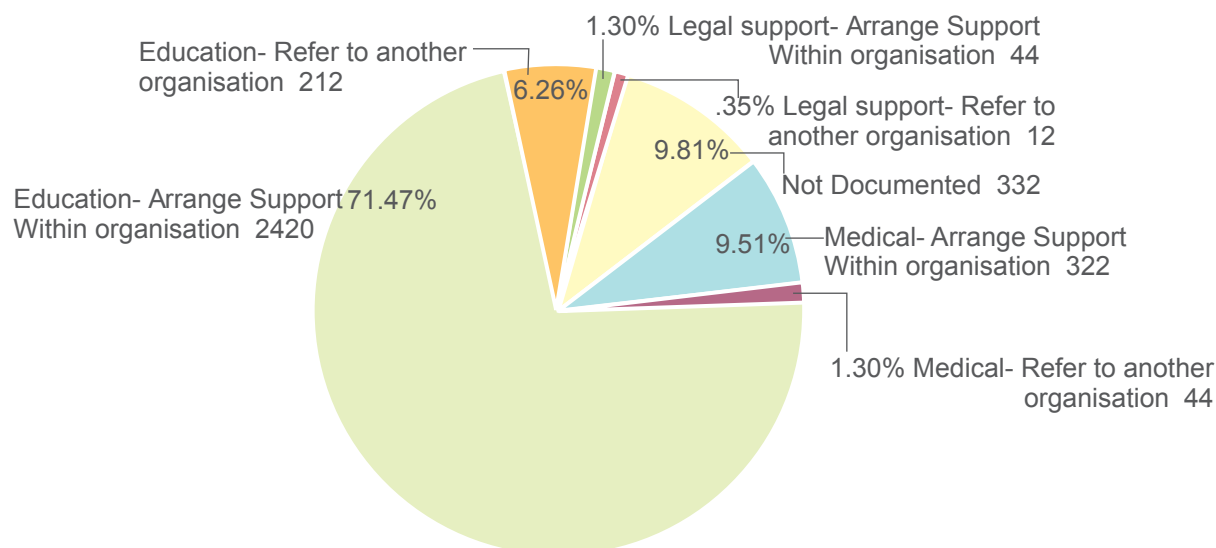
8.6 Calls requesting CHILDLINE for Sponsorship assistance

In a number of cases, CHILDLINE actively assists the child/family in accessing services which includes financial support. Calls regarding sponsorship make up only about nine percent of all calls received during this period. There are three basic kinds of sponsorship, viz., Sponsorship for education expenses, sponsorship for medical expenses, and foster care.

CHILDLINE is primarily a referral agency. Following the call, the initial response is for a CHILDLINE Team Member to go and meet with the child and his family (if he/she has a family). Once the facts of the case have been determined, CHILDLINE then helps the family get in touch with the agencies best able to help the child get what is needed. CHILDLINE as an organisation does not financially support any children.

Figure 8.6: Sponsorship: Sub Intervention

n=3386 Data Source: ChildNET



The most important sponsorship related intervention done is for Education (71.47%).

Table 8.6.1 Source for Sponsorship assistance cases

Sponsorship : Sub Intervention	Other Sources	%	Land Line	%	Mobile	%	PCO	%	Total	%
Medical - arrange support within organisation	206	64	56	17	38	12	22	7	322	100
Medical - refer to another organisation	15	34	11	25	14	32	4	9	44	100
Education- arrange support within organisation	983	41	920	38	291	12	226	9	2,420	100
Education - refer to another organisation	76	36	47	22	80	38	9	4	212	100
Legal support - arrange support within organisation	14	32	16	36	12	27	2	5	44	100
Legal support - refer to another organisation	8	67	3	25	1	8	0	0	12	100
Not documented	199	60	83	25	42	13	8	2	332	100
Total	1,501	44	1,136	34	478	14	271	8	3,386	100

Figure 8.6.1 Source for Sponsorship assistance cases

This data relates to interventions done for sponsorship related cases. Medical intervention done via another external organization, are presented as Medical- Refer to another organization.

n=3386 Data Source: ChildNET

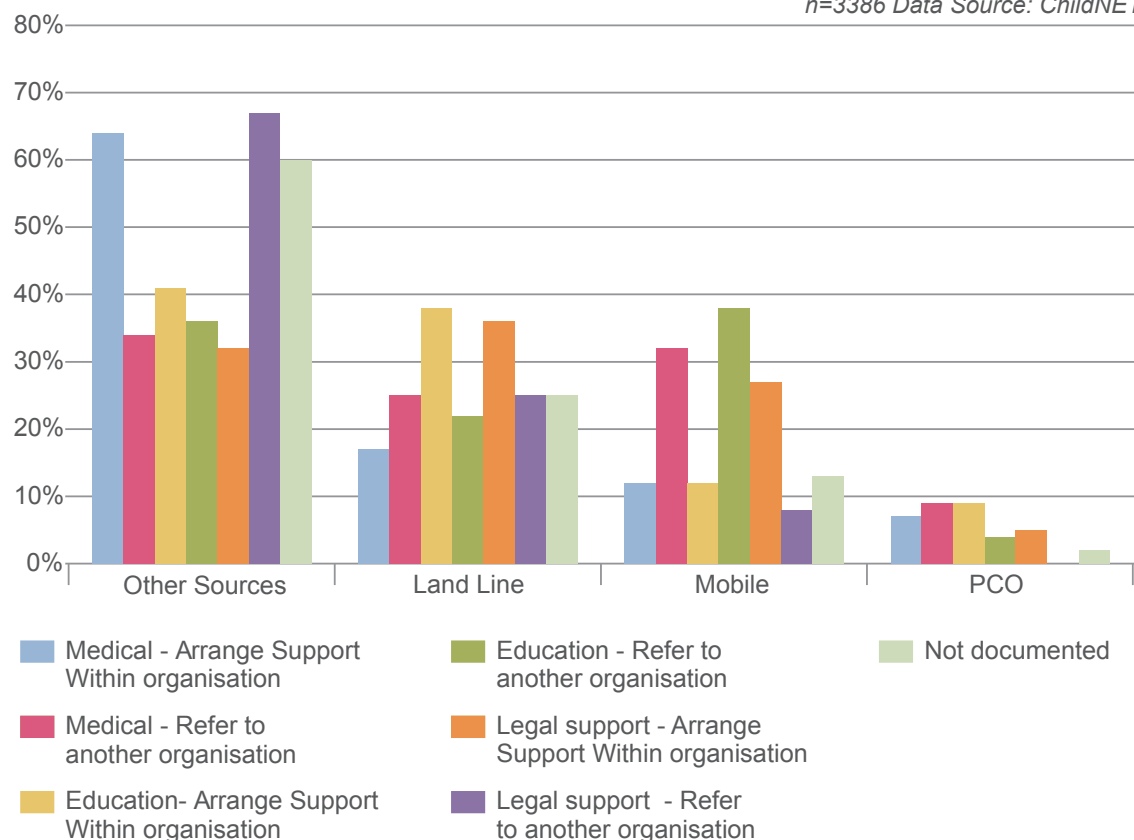


Table 8.6.2: Age Group and Gender of the Children Provided Sponsorship

Age Group	Male	%	Female	%	Total	%
1 to 5	133	53	119	47	252	100
6 to 10	834	52	757	48	1,591	100
11 to 15	624	50	618	50	1,242	100
16 to 18	94	45	117	55	211	100
19 to 25	10	48	11	52	21	100
Not Documented	45	65	24	35	69	100
Total	1,740	51	1,646	49	3,386	100

Figure 8.6.2: Age Group and Gender of the Children Provided Sponsorship

n=3386 Data Source: ChildNET

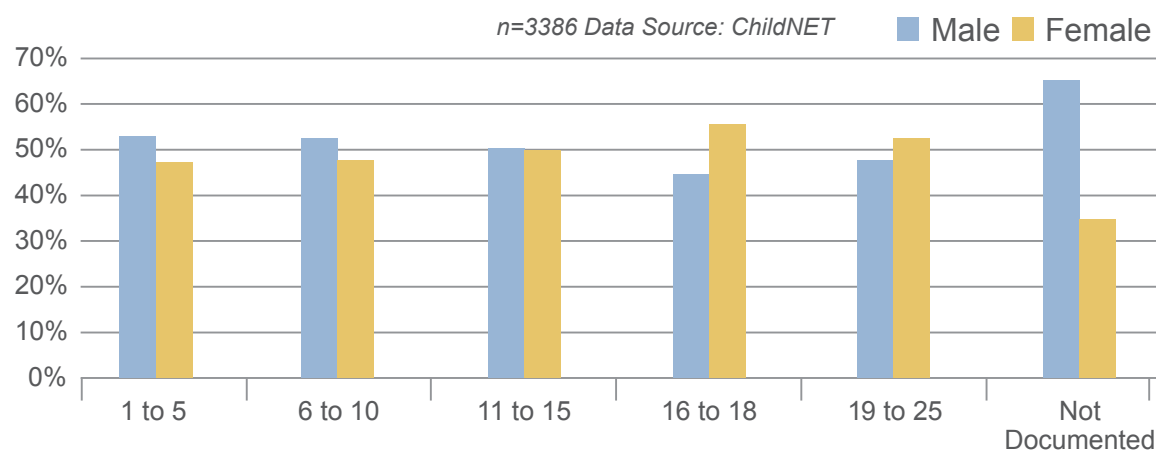
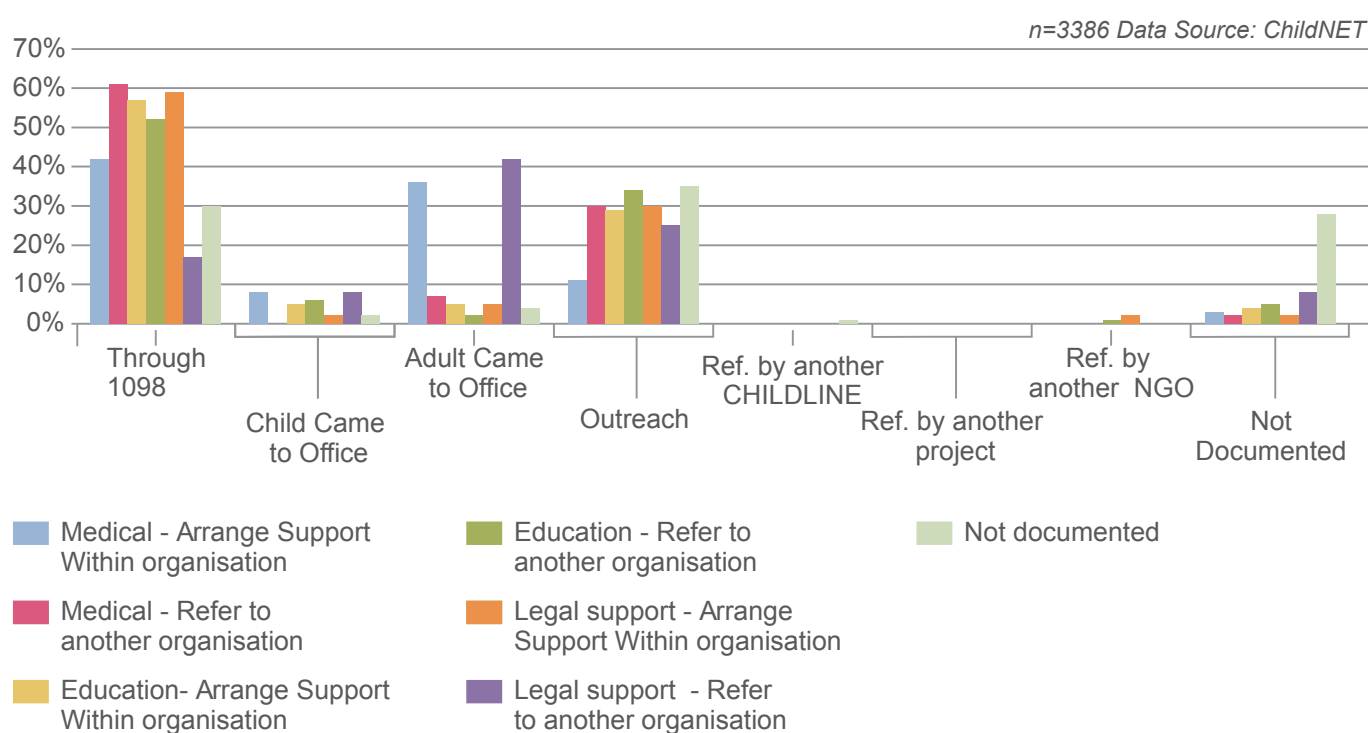


Table 8.6.3: How Child accessed assistance from CHILDLINE for Sponsorship support/intervention

Sponsorship : Sub Intervention	Through 1098	Child Came to Office	Adult Came to Office	Out-reach	Ref. by another CHILD-LINE	Ref. by another project	Ref. by another NGO	Not Documented	Total
Medical - arrange support within organisation	136	25	116	36	0	0	0	9	322
%	42	8	36	11	0	0	0	3	100
Medical - refer to another organisation	27	0	3	13	0	0	0	1	44
%	61	0	7	30	0	0	0	2	100
Education- arrange support within organisation	1,385	132	126	676	3	3	4	91	2,420
%	57	5	5	29	0	0	0	4	100
Education - refer to another organisation	110	12	5	70	0	1	3	11	212
%	52	6	2	34	0	0	1	5	100
Legal support - arrange support within organisation	26	1	2	13	0	0	1	1	44
%	59	2	5	30	0	0	2	2	100
Legal support - refer to another organisation	2	1	5	3	0	0	0	1	12
%	17	8	42	25	0	0	0	8	100
Not documented	99	5	12	121	2	1	0	92	332
%	30	2	4	35	1	0	0	28	100
Total	1,785	176	269	932	5	5	8	206	3,386
%	53	5	8	28	0	0	0	6	100

Figure 8.6.3: How Child accessed assistance from CHILDLINE for Sponsorship support/intervention

For almost all kinds of sponsorship interventions cases, a significant number are received by the CHILDLINE teams during outreach activity.

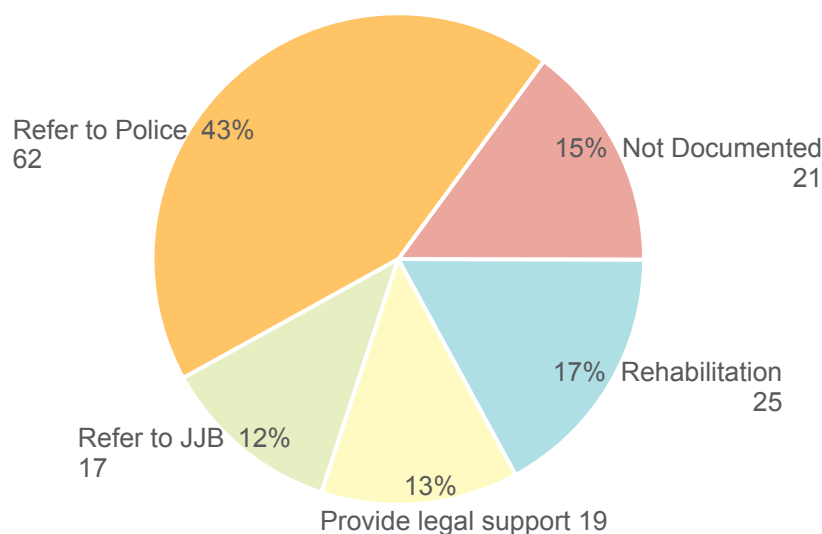


8.7 Calls requesting CHILDLINE for assistance for Child in Conflict with Law

Children who are in conflict with law (Juvenile Offenders) have to be presented at the Juvenile Justice Board in each city. This is a statutory institution setup under the Juvenile Justice Act, 2000. However, in many cases children are reported to the police, who then follow protocols setup for such cases. In some cases children are provided legal support.

Figure 8.7 Child in Conflict with Law: Sub Intervention

n=144 Data Source: ChildNET



In 43% of the cases, the intervention is to refer the child to the Police.

Table 8.7.1 Source for Child in Conflict with Law assistance cases

Child in Conflict with Law : Sub Intervention	Other Sources	%	Land Line	%	Mobile	%	PCO	%	Total	%
Refer to police	32	51	15	24	14	23	1	2	62	100
Refer to JJB	5	29	11	65	1	6	0	0	17	100
Provide legal support	6	32	1	5	10	52	2	11	19	100
Rehabilitation	12	48	2	8	11	44	0	0	25	100
Not documented	13	62	3	14	5	24	0	0	21	100
Total	68	48	32	22	41	28	3	2	144	100

Figure 8.7.1 Source for Child in Conflict with Law assistance cases

n=144 Data Source: ChildNET

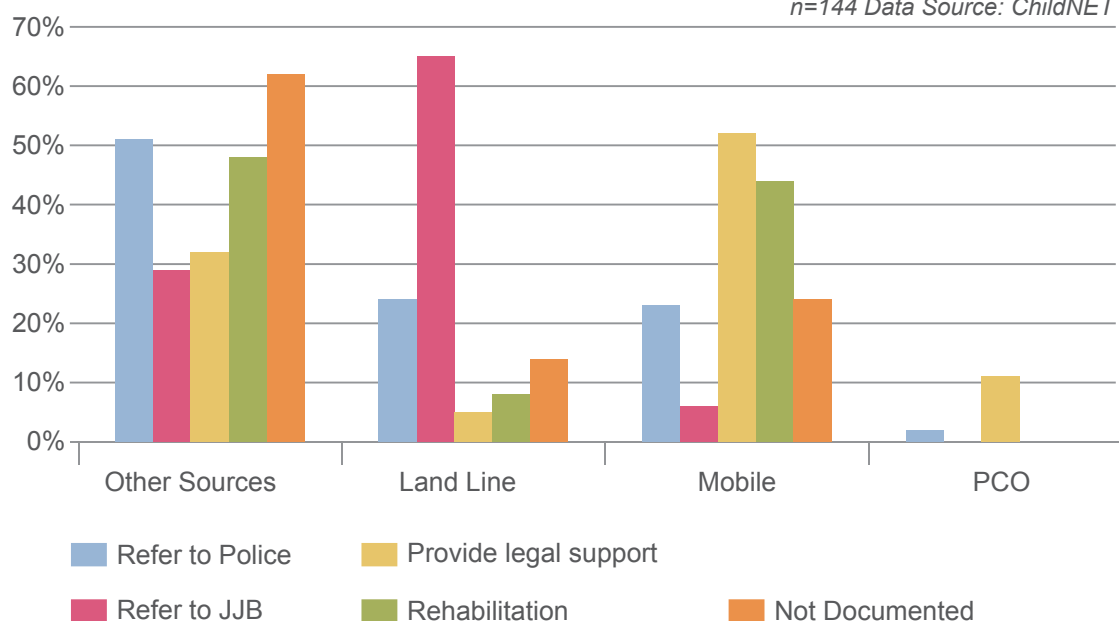
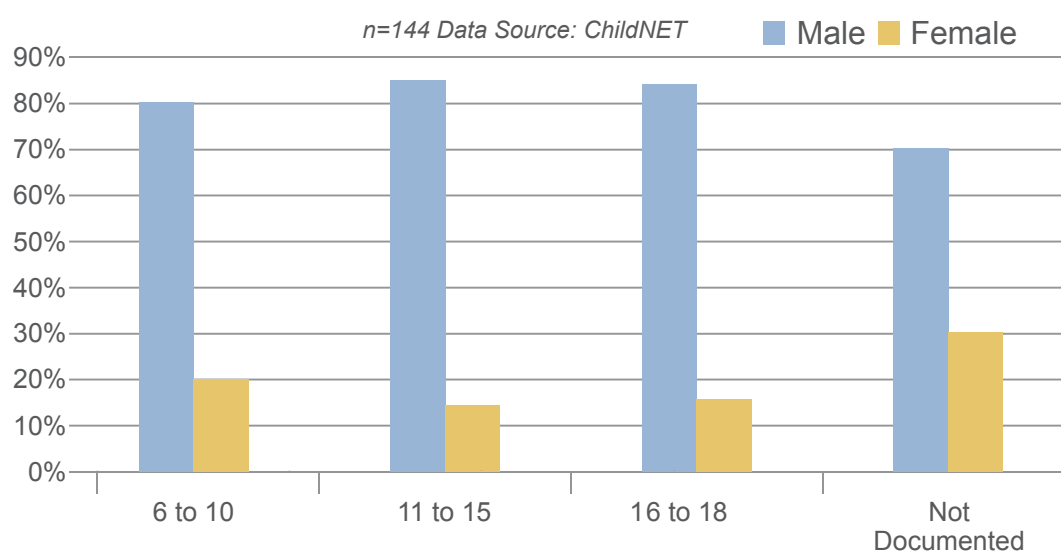


Table 8.7.2: Age Group and Gender of the Children in Conflict with Law

Age Group	Male	%	Female	%	Total	%
6 to 10	24	80	6	20	30	100
11 to 15	53	85	9	15	62	100
16 to 18	16	84	3	16	19	100
Not Documented	23	70	10	30	33	100
Total	116	81	28	19	144	100

Figure 8.7.2: Age Group and Gender of the Children in Conflict with Law

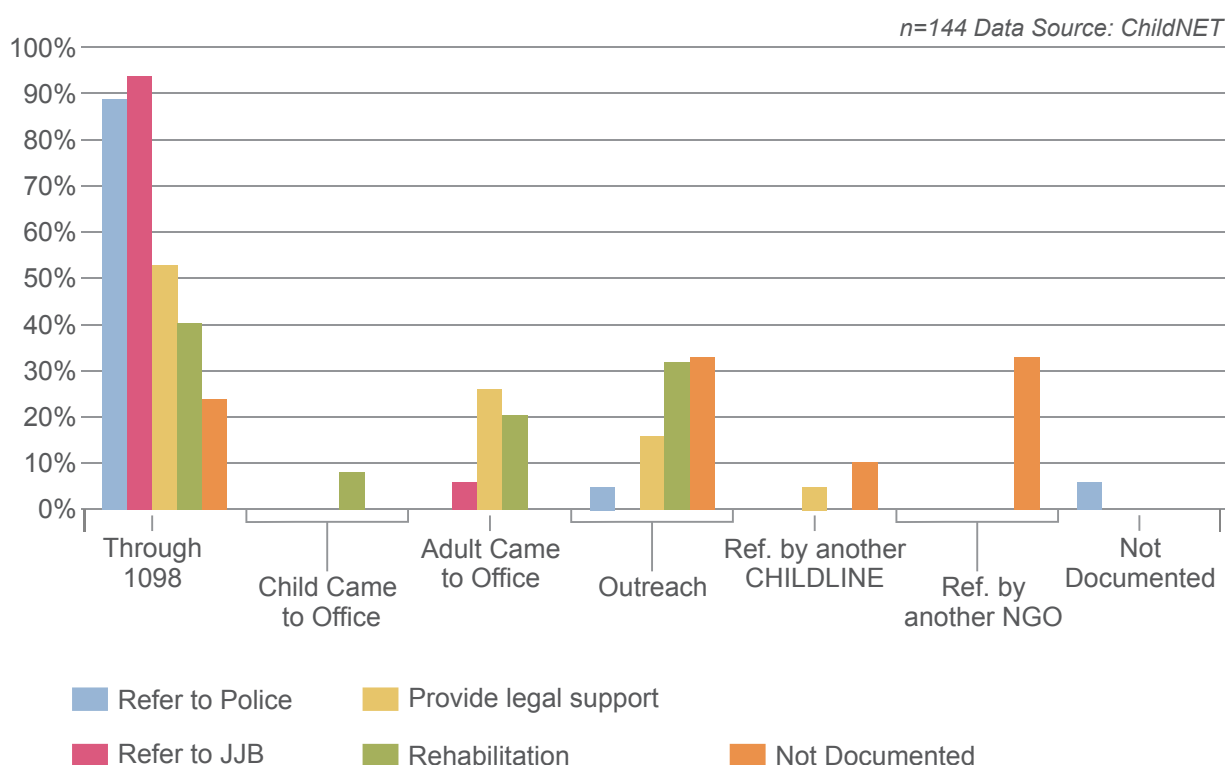


The gender data for such interventions follows the pattern across all kinds of interventions. In India the age of Criminal responsibility is fixed at 7 years in the Indian Penal Code (IPC).

Table 8.7.3: How Child accessed assistance from CHILDLINE for children in conflict with law support/intervention

Child in Conflict with Law : Sub Intervention	Through 1098	Child came to office	Adult came to office	Outreach	Ref. by another CHILDLINE	Ref by another NGO	Not Documented	Total
Refer to police	55	0	0	3	0	0	4	62
%	89	0	0	5	0	0	6	100
Refer to JJB	16	0	1	0	0	0	0	17
%	94	0	6	0	0	0	0	100
Provide legal support	10	0	5	3	1	0	0	19
%	53	0	26	16	5	0	0	100
Rehabilitation	10	2	5	8	0	0	0	25
%	40	8	20	32	0	0	0	100
Not documented	5	0	0	7	2	7	0	21
%	24	0	0	33	10	33	0	100
Total	96	2	11	21	3	7	4	144
%	66	1	8	15	2	5	3	100

Figure 8.7.3: How Child accessed assistance from CHILDLINE for children in conflict with law support/intervention



The overwhelming majority of cases are reported via the 1098 service.

8.8 Calls Reporting Children Who Are Missing

Under this category, there are two main sub-categories:

- (i) Calls about children who have been found wandering about and confirm that they are lost.
- (ii) calls received from parents saying that their child is missing from home.

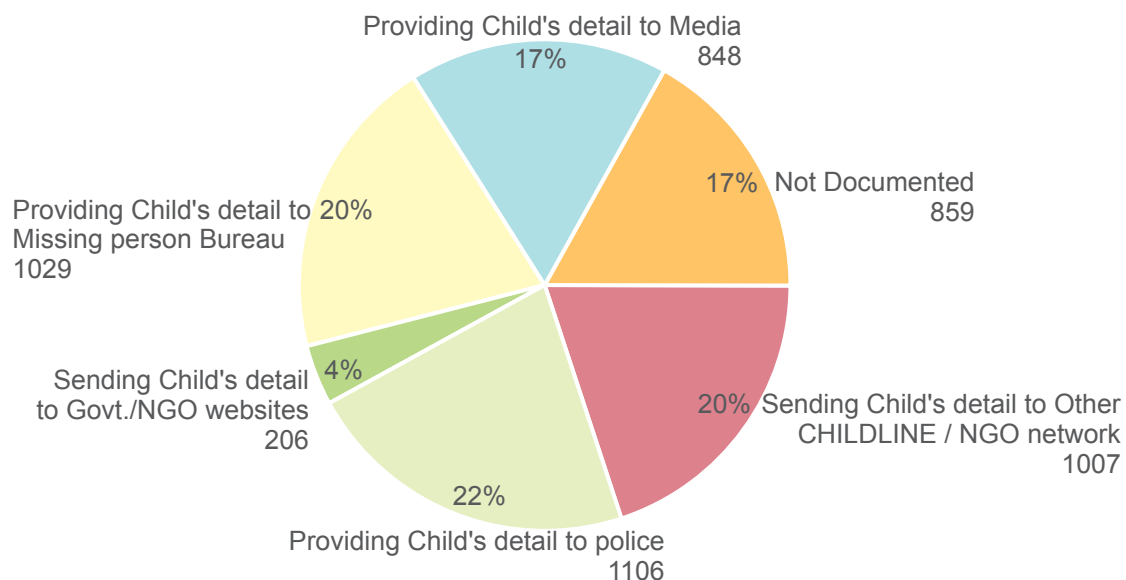
In the case of children who are lost, the calls may come from a concerned person who has found the child or sometimes the child (him/ her) self will call up asking for assistance. These children are also sometimes found by CHILDLINE workers while they are conducting an outreach program at the railway stations etc.

For the most part, CHILDLINE works only for children. Sometimes though, parents call in to report their 20 year old son or daughter missing from home. In cases like this CHILDLINE may refer the parents to another agency, or in some cases may even intervene at the preliminary stage - providing emotional support etc. CHILDLINE is often also instrumental in reuniting people (irrespective of age) with their families at major public events like Kumbh melas.

The existing laws and police procedures are not very effective in cases of children who are missing but not kidnapped. Post the Nithari case, some states, such as Delhi, adopted a policy of registering an FIR in all reported cases of missing children. However, for most part, across India, police will only file an FIR in cases of children reported as kidnapped. Thus cases of children who are missing get noted in the Police Station diary as a 'Diary entry'. This is not reported as official crime statistics. The Police don't have the facility nor resources to conduct social investigations in such cases. In such cases there is little that CHILDLINE can do other than to notify the CHILDLINE network and keep a lookout. Sometimes children who appear lost are reported by concerned adults and CHILDLINE teams then try and match these children with reports of children missing lodged by parents/family. Reporting missing children to various websites and to media are routine part of such interventions.

Figure 8.8 Missing: Sub Intervention

n=5055 Data Source: ChildNET



Shaan, a five year old boy from Kanpur was missing from home since 2000. CHILDLINE Kanpur received a call from the parents requesting help. CHILDLINE Kanpur and Kochi join hands for the rescue of Shaan. CHILDLINE received the information that Shaan reached Kochi and staying in a children's home. In May 2009, CHILDLINE team member from Kochi called up CHILDLINE Kanpur and informed that a child aged 14 years from Kanpur is residing in a shelter home at Kochi. Following this, with the help of the local police, CHILDLINE Kanpur located the parents of Shann. CHILDLINE located the boy's home and he was reunited with his family.

Table 8.8.1 Source for Missing Child assistance cases

Missing : Sub Intervention	Other Sources	%	Land Line	%	Mobile	%	PCO	%	Total	%
Child detail to media	205	24	249	29	354	42	40	5	848	100
Child detail to missing person bureau	373	37	189	18	447	43	20	2	1,029	100
Child detail to Govt/NGO website	48	23	50	24	84	41	24	12	206	100
Register police case	361	33	248	22	467	42	30	3	1,106	100
Send child details to other CHILDLINE/ NGO network	528	52	213	21	239	24	27	3	1,007	100
Not documented	413	48	174	20	249	29	23	3	859	100
Total	1,928	38	1,123	22	1,840	37	164	3	5,055	100

Figure 8.8.1 Source for Missing Child assistance cases

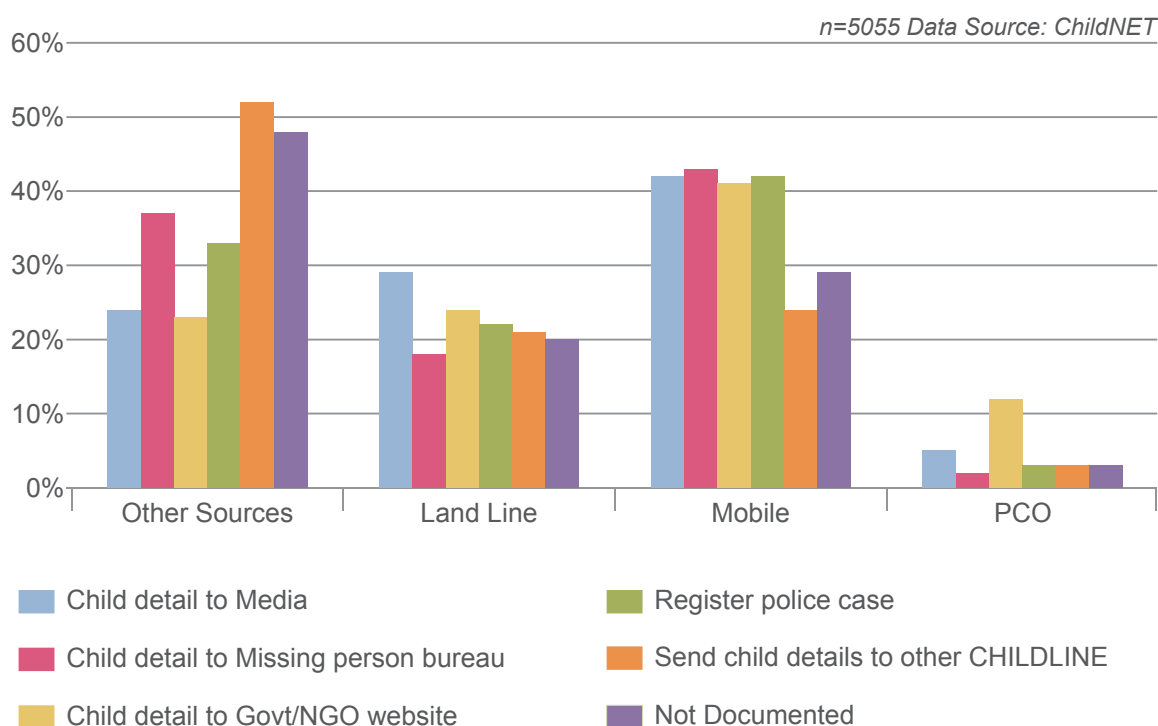
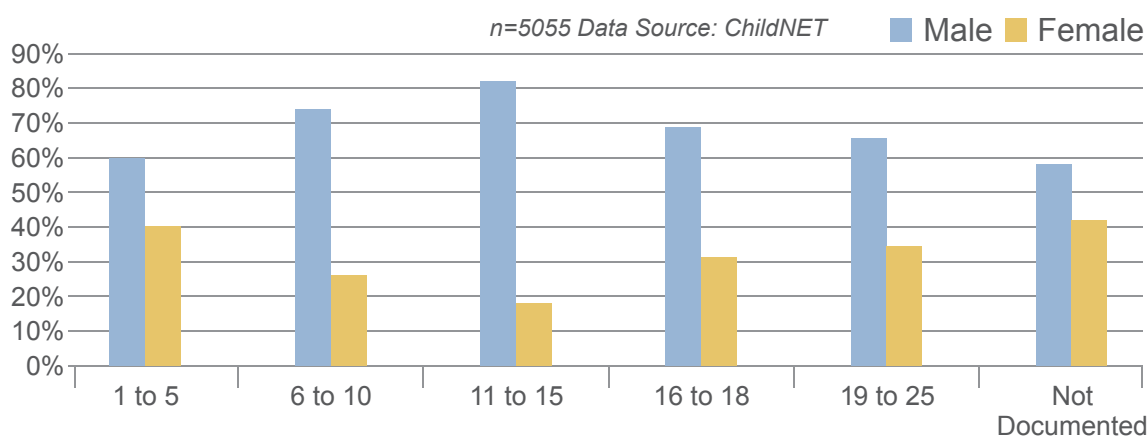


Table 8.8.2: Age Group and Gender of the Missing Children

Age Group	Male	%	Female	%	Total	%
1 to 5	516	60	347	40	863	100
6 to 10	1,111	74	391	26	1,502	100
11 to 15	1,680	82	366	18	2,046	100
16 to 18	340	69	154	31	494	100
19 to 25	42	66	22	34	64	100
Not Documented	50	58	36	42	86	100
Total	3,739	74	1,316	26	5,055	100

Figure 8.8.2: Age Group and Gender of the Missing Children



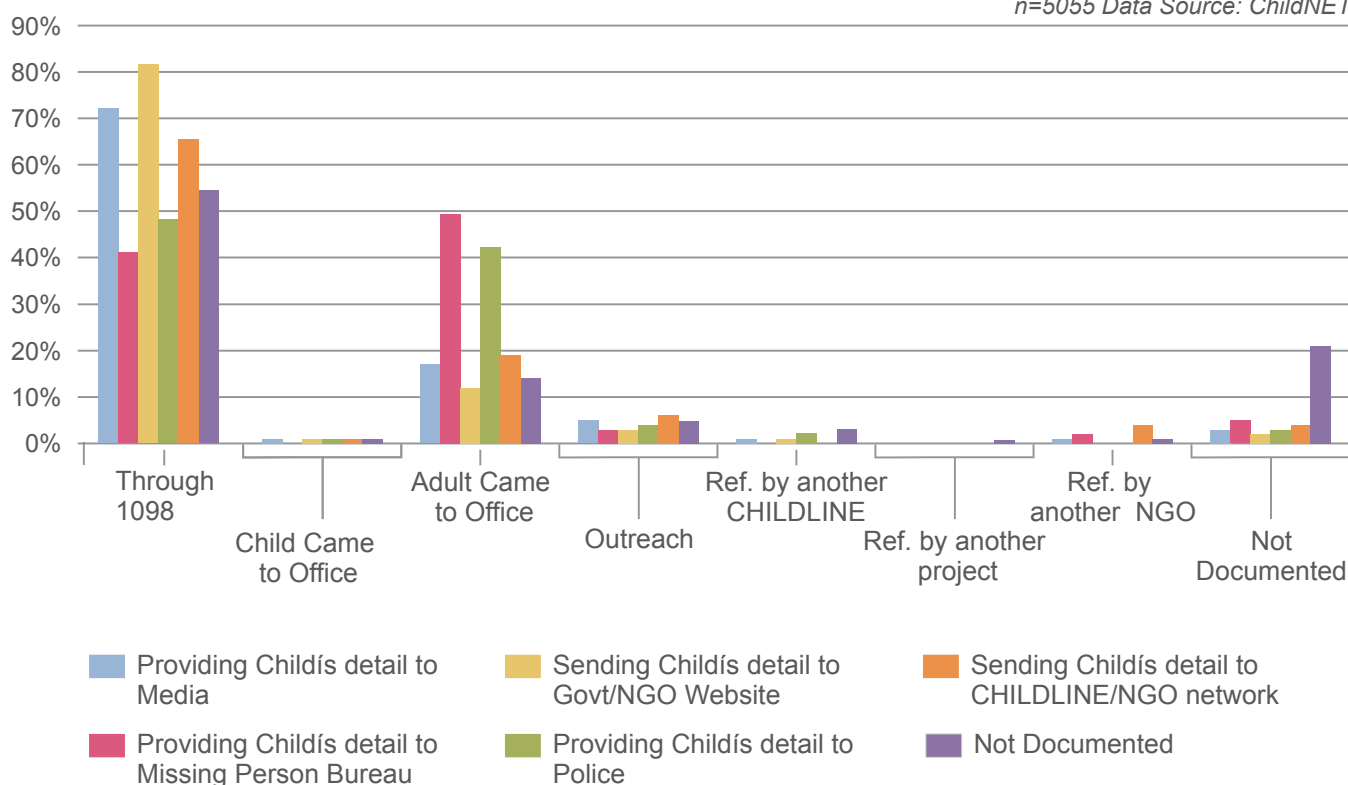
There are clearly more cases related to boys missing as compared to girls.

Table 8.8.3: How Child accessed assistance from CHILDLINE for missing children support/intervention

Missing : Sub Intervention	Through 1098	child came to office	Adult came to office	Outreach	Ref by another CHILD- LINE	Ref by another Project	Ref by another NGO	Not Documented	Total
Providing child's detail to media	610	10	148	41	8	2	5	24	848
%	72	1	17	5	1	0	1	3	100
Providing child's detail to missing person bureau	413	5	498	34	4	2	20	53	1,029
%	41	0	49	3	0	0	2	5	100
Sending child's detail to Govt/ NGO website	167	2	22	7	3	0	1	4	206
%	81	1	12	3	1	0	0	2	100
Providing child's details to police	538	11	460	41	21	3	4	28	1,106
%	48	1	42	4	2	0	0	3	100
Sending child's detail to other CHILDLINE / NGO network	652	7	190	63	14	3	37	41	1,007
%	65	1	19	6	1	0	4	4	100
Not documented	465	11	115	44	30	7	10	177	859
%	54	1	14	5	3	1	1	21	100
Total	2,845	46	1,433	230	80	17	77	327	5,055
%	56	1	28	5	2	0	2	6	100

Figure 8.8.3: How Child accessed assistance from CHILDLINE for missing children support/intervention

n=5055 Data Source: ChildNET



8.9 Children Call up CHILDLINE seeking Emotional Support & Guidance (ES&G)

Calls from children needing emotional support and guidance or just someone to listen to them while they sort out their own problems, make up the single biggest block of total intervention cases serviced during this period. Most of the calls are from children wanting to talk about self related issues and problems, minor stresses and tensions, feelings of being confused and unsure. Children call up to discuss their fears about being unable to cope with the demands of the curriculum.

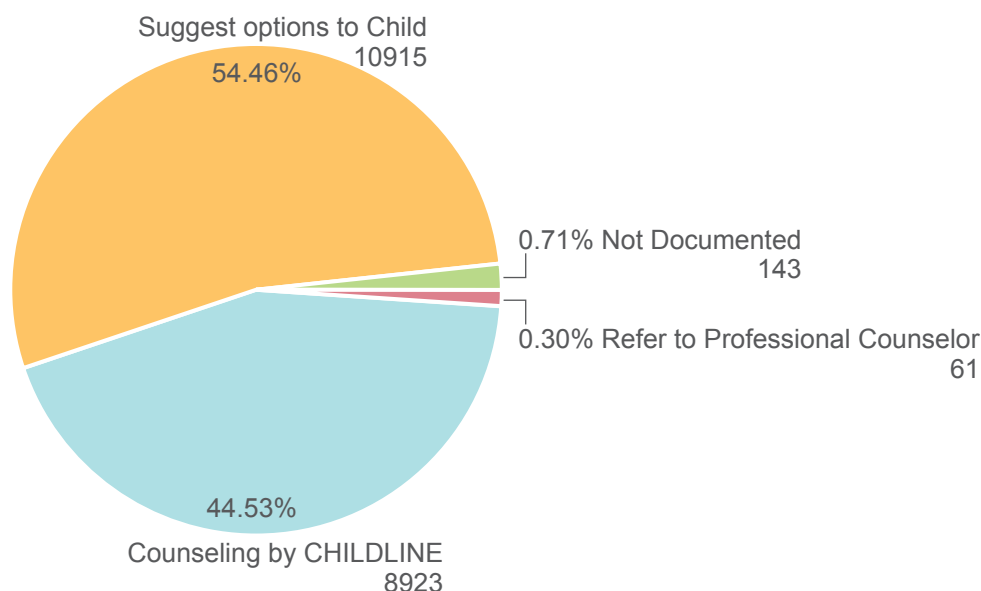
Many of these children reside in buildings (as opposed to slums or chawls), which seems to indicate that these children come from a middle class background. While most of these calls are made by children who are struggling to deal with study and examination pressures, some children call because they are alone at home and are feeling a bit scared, while some call to discuss parental break ups. Increasingly, children are starting to call in between 3.00p.m. - 6.00 p.m., usually the time they get home from school and before their parents come home.

In a few cases, what starts off simply as a child wanting to unburden herself, slowly escalates into a much larger problem. For example, there have been calls from girls in the 15-18 age group, who start out talking about problems in school and then when they feel comfortable with the Team Member start to talk about what is really troubling them and which is that their parents are forcing them to get married against their will. In such cases, with the consent of the girl, the CHILDLINE Team Members will speak to the girl's parents, and explain that marriage till 18 is illegal, and also convince the parents to allow the girl to carry on her education. Fortunately, in all such cases CHILDLINE has been able to convince the parents into changing their plans. Follow-up calls from the girls to chat with the Team Members, give them a chance to know if the child is doing well.

ES&G calls are generally responded on the phone. However there are cases requiring counseling or even meetings.

Figure 8.9 Emotional Support & Guidance: Sub Intervention

n=20042 Data Source: ChildNET



CHILDLINE Purba Medinipur received a call from a concerned adult who informed that a young girl is found in an inebriated condition. CHILDLINE team rushed to the spot and rescued Moli, a fourteen year old girl. CHILDLINE team took the child to the hospital for medical assistance. Moli was in a very critical stage when she was admitted to the hospital. Doctors said that the child has been physical abused and it is necessary to get medical examination. Moli was admitted to the Ramnagar Hospital and medical treatment was provided. With permission from the local police station and Ramnagar Hospital authority, the girl was provided temporary shelter in CHILDLINE Transit Home. In a meanwhile, counseling sessions were held with Moli. CHILDLINE contacted family members of concerned child. Moli was handed over to her parents.

Table 8.9.1 Source for Emotional Support and Guidance assistance cases

Emotional Support & Guidance : Sub Intervention	Other Sources	%	Land Line	%	Mobile	%	PCO	%	Total	%
Suggest options to child	3,362	31	2,717	25	4,533	41	303	3	10,915	100
Counseling by CHILDLINE	3,278	37	3,312	37	1,763	20	570	6	8,923	100
Refer to professional counselor	16	26	18	30	25	41	2	3	61	100
Not documented	46	32	59	41	34	24	4	3	143	100
Total	6,702	33	6,106	31	6,355	32	879	4	20,042	100

Figure 8.9.1 Source for Emotional Support and Guidance assistance cases

n=20042 Data Source: ChildNET

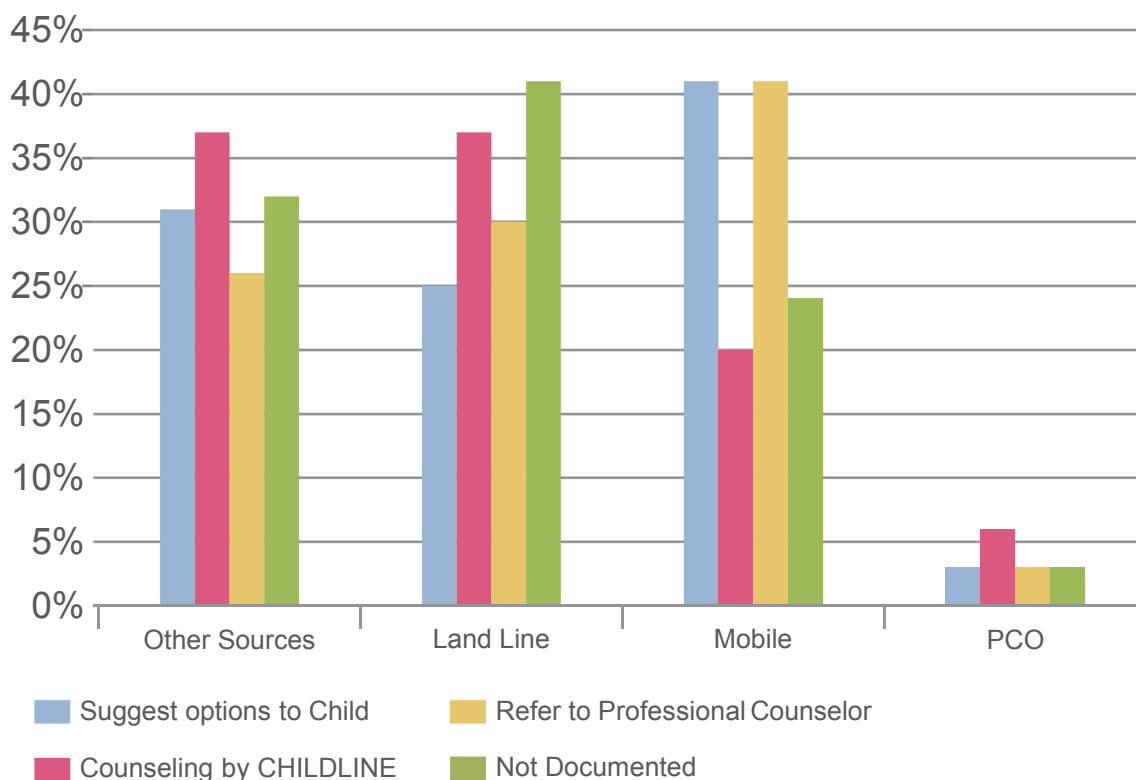


Table 8.9.2: Age Group and Gender of the Children seeking Emotional Support and Guidance

Age Group	Male	%	Female	%	Total	%
1 to 5	430	53	383	47	813	100
6 to 10	2,077	61	1,335	39	3,412	100
11 to 15	6,201	62	3,777	38	9,978	100
16 to 18	2,861	57	2,161	43	5,022	100
19 to 25	227	45	272	55	499	100
Not Documented	196	62	122	38	318	100
Total	11,992	60	8,050	40	20,042	100

Figure 8.9.2: Age Group and Gender of the Children seeking Emotional Support and Guidance

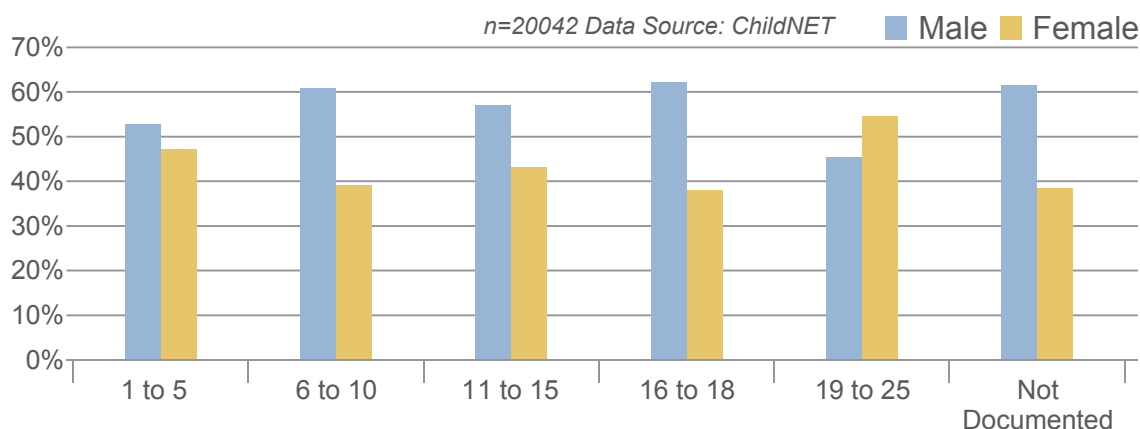
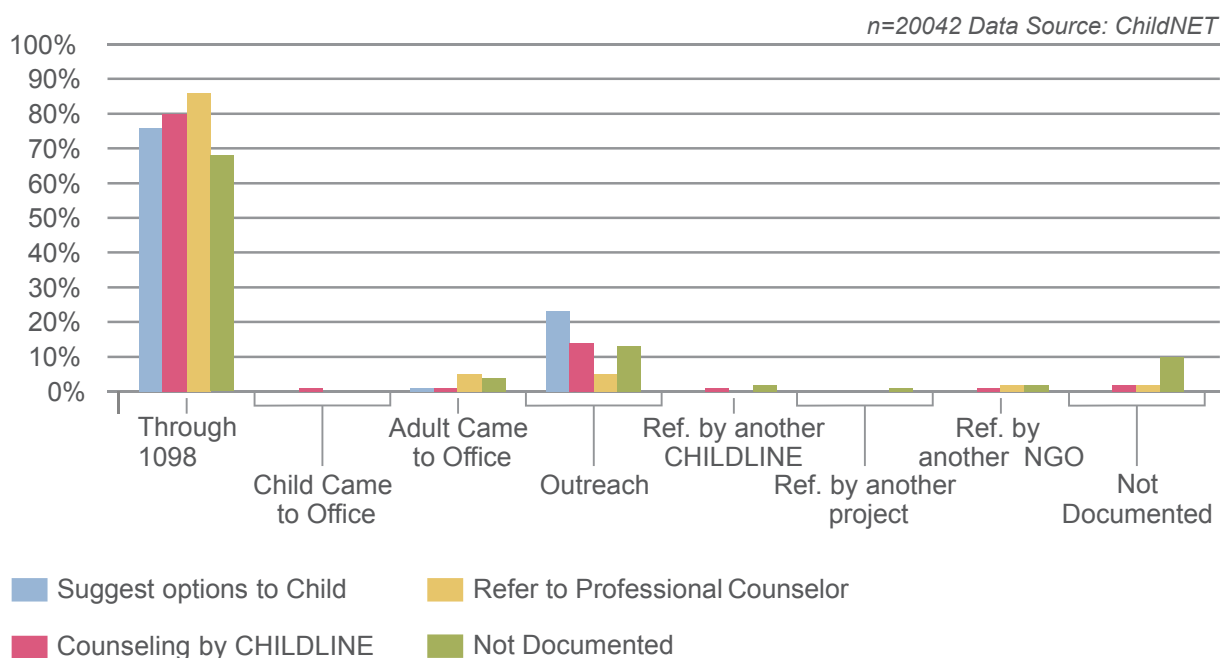


Table 8.9.3: How Child accessed assistance from CHILDLINE for Emotional Support and Guidance support/intervention

Emotional Support & Guidance : Sub Intervention	Through 1098	Child Came to Office	Adult Came to Office	Outreach	Ref. by another CHILDLINE	Ref. by another project	Ref. by another NGO	Not Documented	Total
Suggest options to child	8,294	49	125	2,386	5	7	10	39	10,915
%	76	0	1	23	0	0	0	0	100
Counseling by CHILDLINE	7,152	72	108	1,212	76	35	59	209	8,923
%	80	1	1	14	1	0	1	2	100
Refer to professional counselor	53	0	3	3	0	0	1	1	61
%	86	0	5	5	0	0	2	2	100
Not documented	97	0	6	19	3	1	3	14	143
%	68	0	4	13	2	1	2	10	100
Total	15,596	121	242	3,620	84	43	73	263	20,042
%	78	1	1	19	0	0	0	1	100

Figure 8.9.3: How Child accessed assistance from CHILDLINE for Emotional Support and Guidance support/intervention



The 1098 is the largest source of ES&G cases.

NORTHERN REGION



Legend
Name of City

NORTHERN REGION

North region covers CHILDLINES in 16 cities (managed by 21 collaborative partners) in the states of Delhi, Haryana, Himachal Pradesh, Uttar Pradesh, Rajasthan and Jammu & Kashmir. The total number of direct intervention cases was 7246.

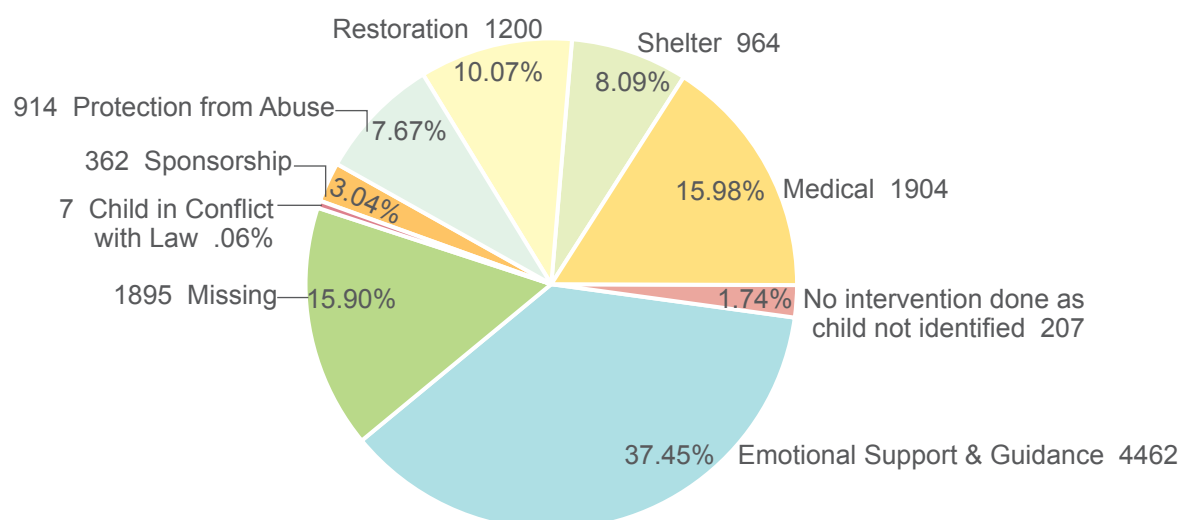
Table 9.1: City - wise Distribution of Calls in Northern Region

							Missing children					
Cities	Medical	Shelter	Restoration	Protection from abuse	Death related	Sponsorship	Child lost	Parents asking for help	Emotional support & guidance	Total - I	Information and other calls - II	Total - I + II
Delhi	42	321	158	368	0	16	471	833	228	2437	126379	128816
Uttar Pradesh												
Allahabad	59	88	226	65	0	131	0	71	57	697	13261	13958
Chandauli	23	10	268	18	0	1	61	40	61	482	22691	23173
Gorakhpur	28	52	113	43	1	3	135	213	14	602	45206	45808
Kanpur	9	75	189	72	2	0	55	87	15	504	56124	56628
Lucknow	34	43	245	65	0	13	135	111	12	658	50707	51365
Meerut	174	12	14	31	0	234	12	36	76	589	17054	17643
Varanasi	24	65	124	35	0	2	91	51	3	395	74326	74721
Rajasthan												
Alwar	11	15	13	5	0	9	66	36	595	750	12394	13144
Jaipur	637	207	77	54	5	1	81	85	418	1565	22202	23767
Kota	5	4	9	2	0	0	6	7	0	33	997	1030
Udaipur	141	10	28	9	0	98	39	21	90	436	30673	31109
Jammu & Kashmir												
Jammu	481	8	1	3	0	6	12	2	5	518	11873	12391
Punjab												
Chandigarh	387	16	9	78	26	240	65	0	2768	3589	2710	6299
Himachal Pradesh												
Shimla	15	5	3	19	0	2	9	1	25	79	3446	3525
Haryana												
Gurgaon	0	4	4	4	1	4	12	5	45	79	21441	21520
TOTAL	2070	935	1481	871	35	760	1250	1599	4412	13413	511484	524897

(Data Source: Monthly Report)

Figure 9.2: Intervention Calls to 1098

n=11915 Data Source: ChildNET



Note: There is difference between the total number of Intervention cases reported in Call statistics and ChildNET data. For explanation refer page no:10 (2.4).

Table 9.3: Age Group & Gender of Children

Age Group	Male	%	Female	%	Total	%
1 to 5	970	56	773	44	1,743	100
6 to 10	2,494	70	1,094	30	3,588	100
11 to 15	3,532	75	1,159	25	4,691	100
16 to 18	723	62	444	38	1,167	100
19 to 25	149	50	150	50	299	100
Not Documented	268	63	159	37	427	100
Total	8,136	68	3,779	32	11,915	100

Figure 9.3: Age Group & Gender of Children

n=11915 Data Source: ChildNET

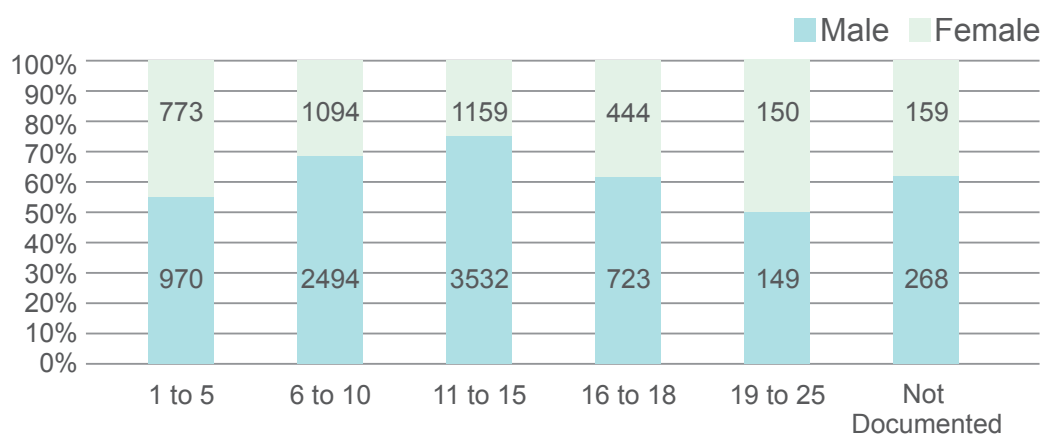


Figure 9.4: Gender of Children

n=11915 Data Source: ChildNET

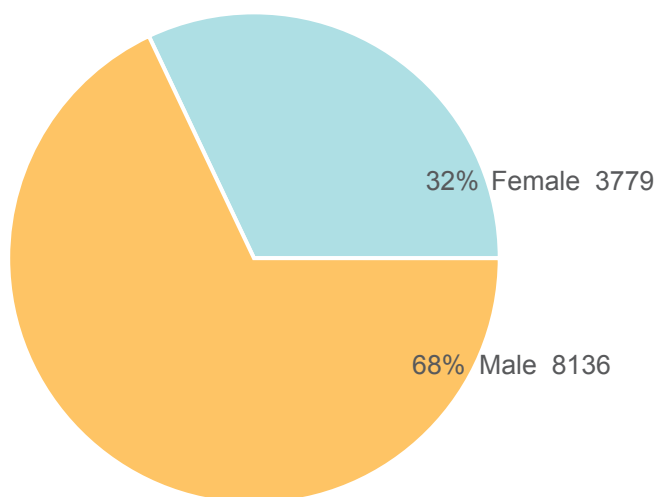


Figure 9.5: Age Group of Children

n=11915 Data Source: ChildNET

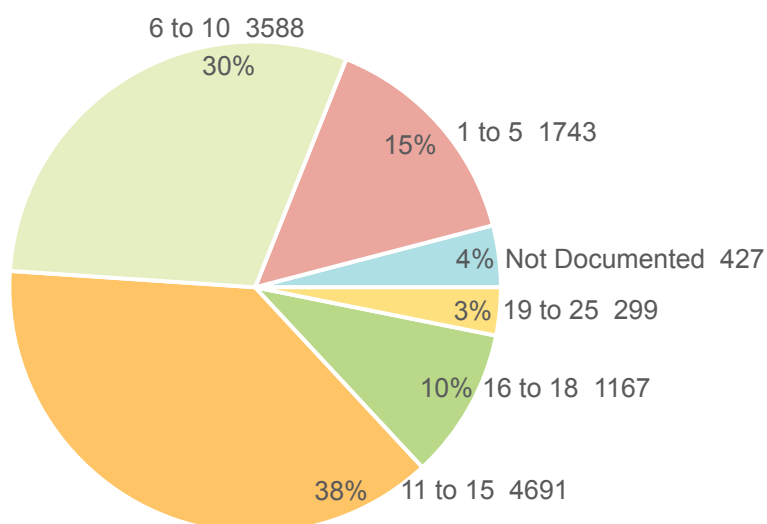


Figure 9.6: Source for cases

n=11915 Data Source: ChildNET

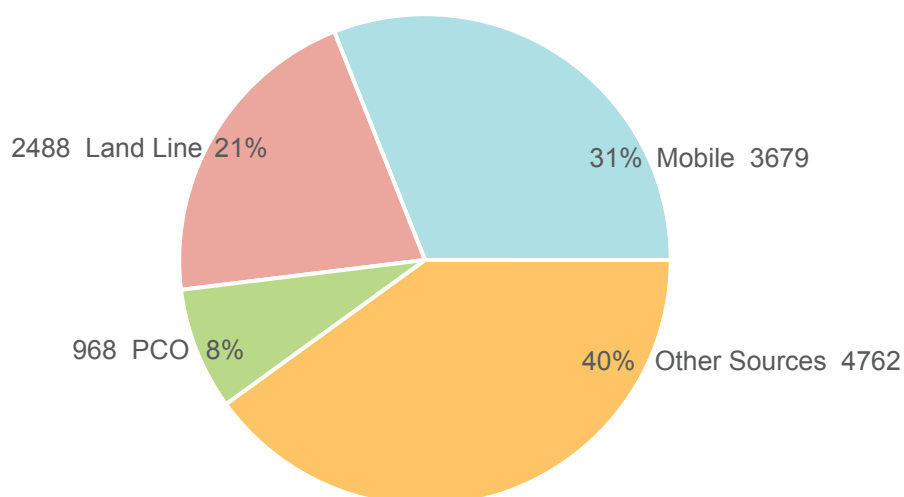


Figure 9.7: How Child accessed assistance from CHILDLINE

n=11915 Data Source: ChildNET

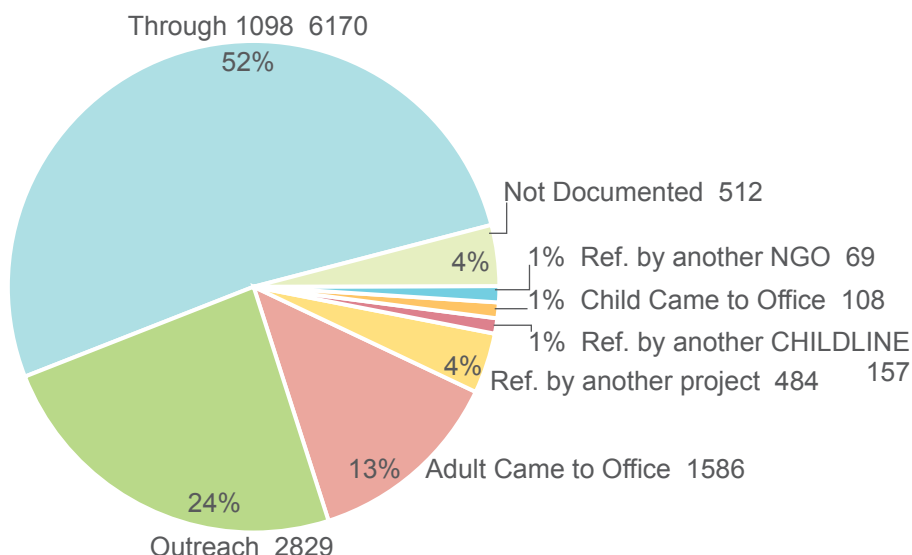
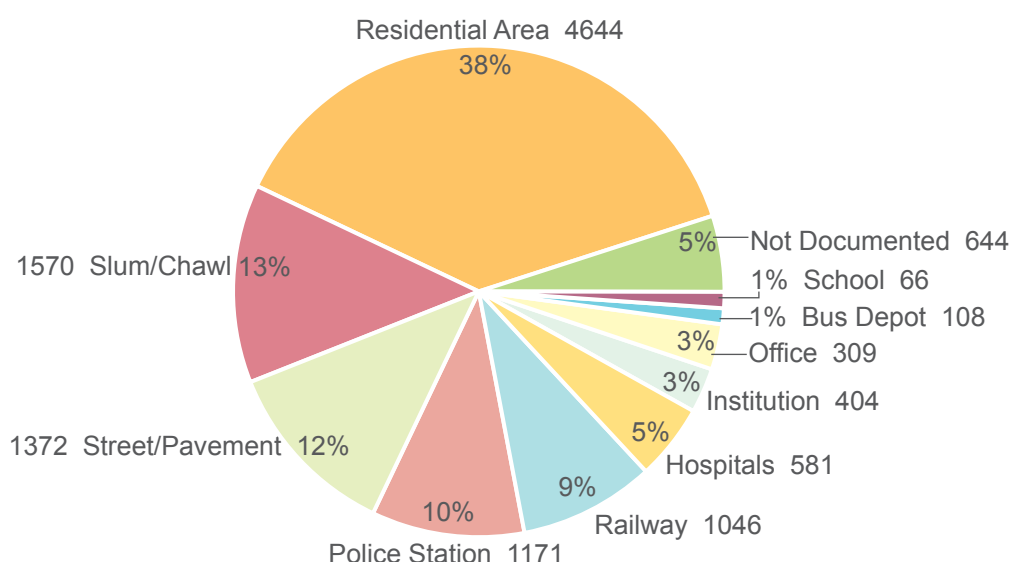


Figure 9.8: Location of Calls to CHILDLINE

n=11915 Data Source: ChildNET



Neha twelve year old child was found wandering in the streets of Varanasi. She was brought to the CHILDLINE centre by a social worker. Neha was working as a maid in a household in Varanasi and ran away from the house being unable to bear the torture. Neha worked from 5a.m till midnight cleaning utensils, mopping floors.

She informed the CHILDLINE team that could go back to her home since her family was very poor and need to support her family financially. CHILDLINE provided her with the necessary first aid and produced her before the CWC on the next day. The CWC who then ordered to lodge an FIR against the nursing home. However the police station neither filed the FIR nor did they start the investigation.

The Director of the CHILDLINE who is also a Juvenile Justice Board (JJB) Member immediately intervened and on his insistence the management of nursing home was called to Police station. He also arranged for members from the Indian Medical Association {IMA} to be present at the police station. The IMA assured that they would make the nursing home compensate the girl and bear the costs of her repatriation.

Eventually after much discussion the nursing home agreed to pay Rs three thousand as compensation for her and also bear the expenditure for CHILDLINE to repatriate the girl home. The Director of the collaborative organization assured supports the girl's family with an additional Rupees five hundred. CHILDLINE Varanasi restored the girl to her native place in Ranchi.

SOUTHERN REGION



Legend
Name of City

SOUTHERN REGION

Southern region covers calls received by 30 CHILDLINEs across 28 cities/districts in the states of Andhra Pradesh, Tamil Nadu, and Kerala & Karnataka. Total number of Intervention done in region was 21136.

Table: 10.1: City - wise Distribution of Calls in Southern Region

							Missing Children					
Cities	Medical	Shelter	Restoration	Protection from abuse	Death related	Sponsorship	Child lost	Parents asking for help	Emotional support & guidance	Total - I	Information and other calls II	Total - I + II
Tamil Nadu												
Chennai	68	532	511	495	4	1	367	199	49	2,226	51,673	53,899
Coimbatore	51	246	102	102	4	34	13	93	51	696	26,810	27,506
Cuddalore	11	7	5	10	0	2	7	6	8	56	2,847	2,903
Kanchipuram	124	37	1	14	2	174	5	8	113	478	5,057	5,535
Kanyakumari	10	44	16	56	1	89	14	35	22	287	6,944	7,231
Madurai	6	95	8	31	0	45	5	24	16	230	10,582	10,812
Nagapattinam	11	33	12	7	11	4	10	7	8	103	16,290	16,393
Salem	2	82	178	36	0	0	7	9	15	329	16,088	16,417
Tirunelveli	26	56	63	68	0	26	30	17	38	324	12,109	12,433
Trichy	2	101	131	47	0	54	0	98	19	452	14,971	15,423
Kerala												
Kannur	11	39	8	52	0	50	31	8	555	754	17,734	18,488
Kasargod	15	24	3	38	0	108	7	9	241	445	8,449	8,894
Kochi	10	87	32	41	0	48	30	27	377	652	65,027	65,679
Kozhikode	3	61	69	47	0	4	2	44	3,307	3,537	47,655	51,192
Malappuram	9	22	19	19	1	0	1	11	930	1,012	9,917	10,929
Palakkad	5	28	0	37	3	1	18	4	441	537	9,128	9,665
Trivandrum	117	58	22	52	0	111	16	32	281	689	12,723	13,412
Thrissur	14	67	17	51	0	2	0	7	1,107	1,265	34,424	35,689
Wayanad	18	30	16	52	1	3	2	2	1,926	2,050	9,033	11,083
Andhra Pradesh												
Eluru	46	67	145	22	0	9	20	26	21	356	12,949	13,305
Hyderabad	2	302	81	48	0	9	70	84	14	610	107,728	108,338
Kakinada	0	3	26	12	0	0	1	19	43	104	1,890	1,994
Vijayawada	3	571	2,118	112	0	0	63	395	4	3,266	23,429	26,695
Vishakhapatnam	64	34	38	7	1	31	33	56	30	294	31,527	31,821
Karnataka												
Bangalore	329	298	310	276	0	31	41	31	309	1,625	42,902	44,527
Gulbarga	7	30	27	0	1	0	8	2	1	76	2,075	2,151
Mangalore	27	28	9	16	0	1	7	7	42	137	14,803	14,940
Andaman & Nicobar												
Port Blair	15	7	0	78	0	28	9	1	5	143	3,140	3,283
TOTAL	1,006	2,989	3,967	1,826	29	865	817	1,261	9,973	22,733	617,904	640,637

(Data Source: Monthly Report)

Figure 10.2: Intervention Calls to 1098

n=21136 Data Source: ChildNET

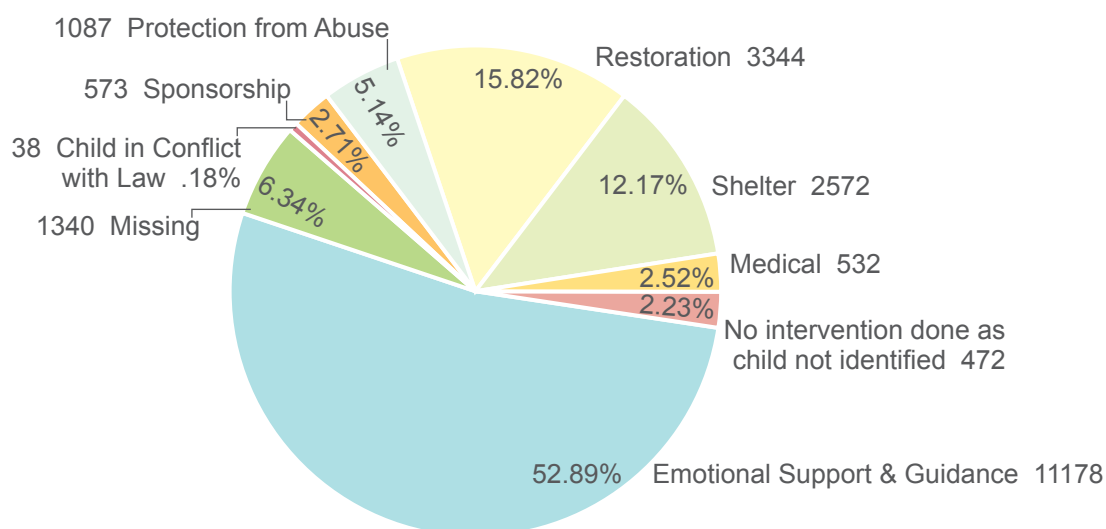


Table 10.3: Age Group & Gender of Children

Age Group	Male	%	Female	%	Total	%
1 to 5	472	57	353	43	825	100
6 to 10	1,823	63	1,048	37	2,871	100
11 to 15	8,182	71	3,411	29	11,593	100
16 to 18	3,466	65	1,827	35	5,293	100
19 to 25	95	45	116	55	211	100
Not Documented	197	57	146	43	343	100
Total	14,235	67	6,901	33	21,136	100

Figure 10.3: Age Group & Gender of Children

n=21136 Data Source: ChildNET

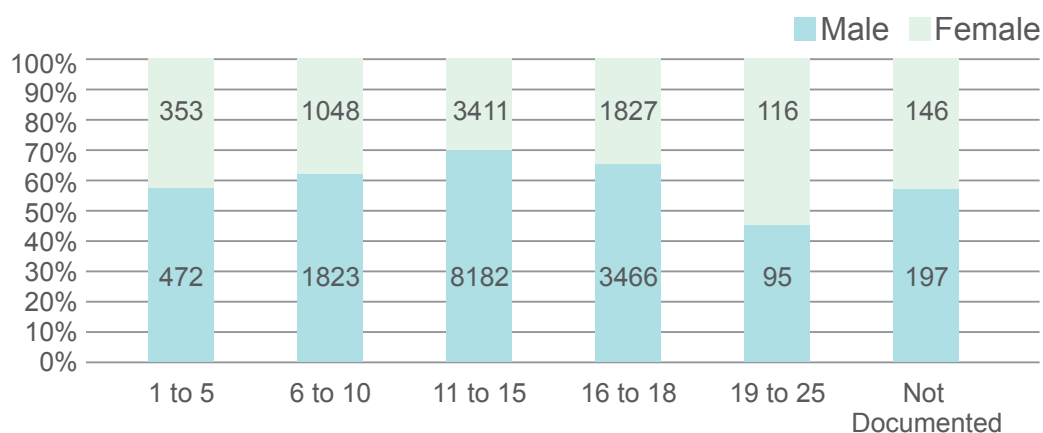


Figure 10.4: Gender of Children

n=21136 Data Source: ChildNET

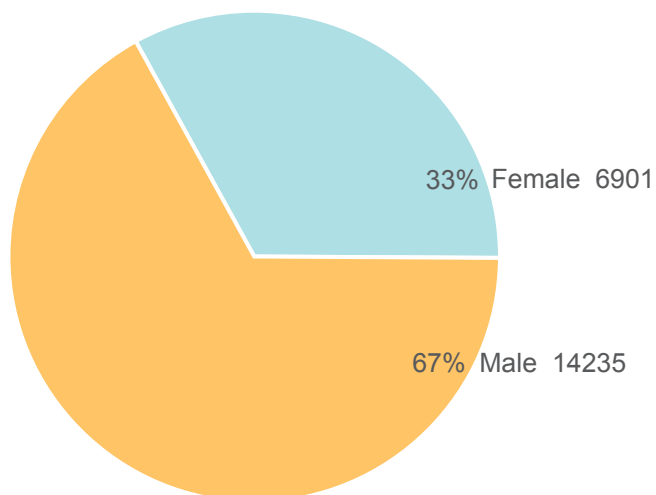


Figure 10.5: Age Group of Children

n=21136 Data Source: ChildNET

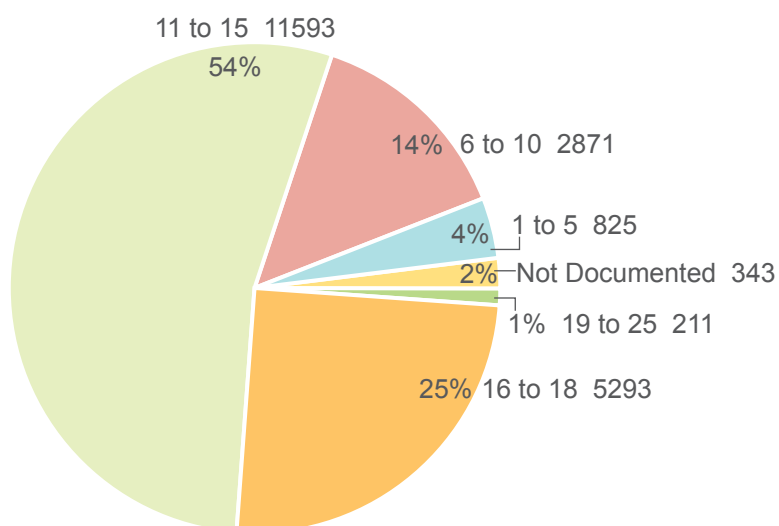


Figure 10.6: Source for cases

n=21136 Data Source: ChildNET

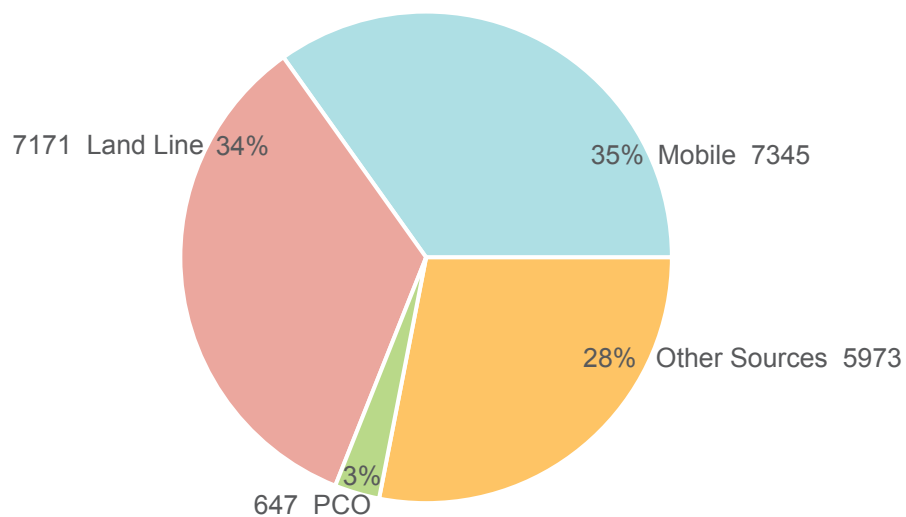


Figure 10.7: How Child accessed assistance from CHILDLINE

n=21136 Data Source: ChildNET

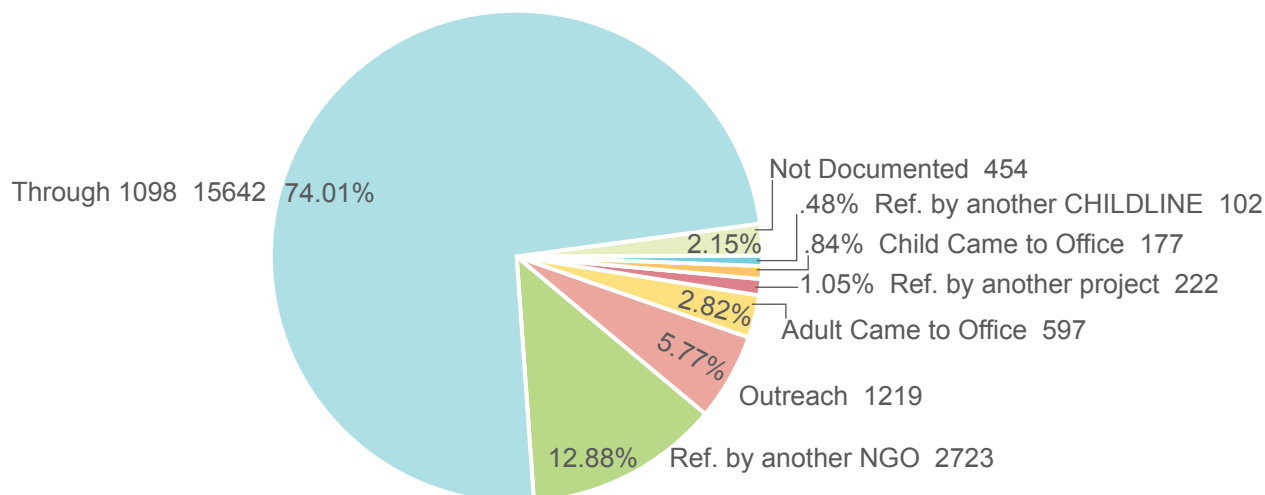
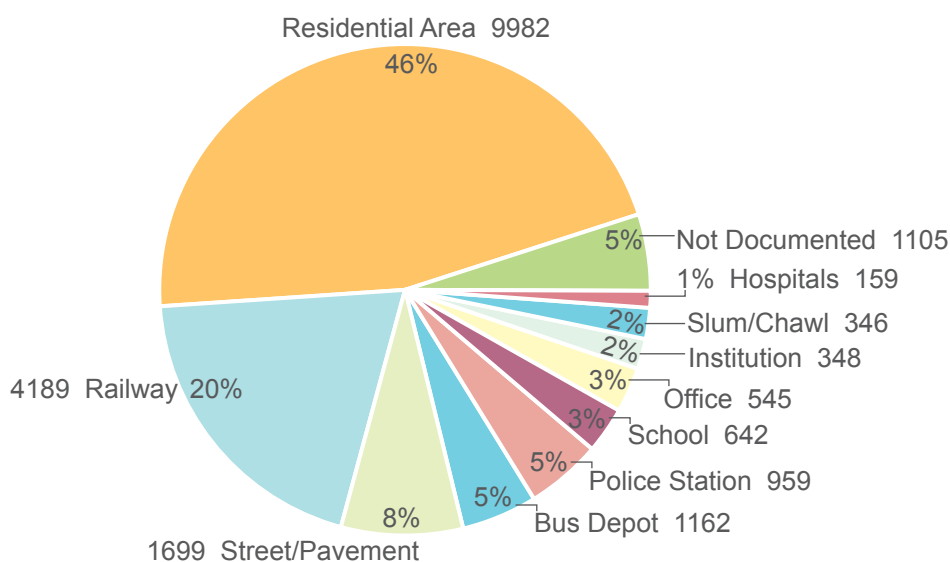


Figure 10.8: Location of Calls to CHILDLINE

n=21136 Data Source: ChildNET



Asha was orphaned since at the age of nine. She was admitted to an orphanage in Chennai by her uncle. Asha was forced to cook for the residents of the home. She had to wash all the vessels including the huge vessels that were used to cook for over forty people. An infant child was also placed in her care. Added to this the persons in charge of the home were verbally and physically and sexually abusive of Asha.

A volunteer at the home called CHILDLINE stating that a girl needed help. He informed that they could fetch the girl when she returned from school in the evening. CHILDLINE staff went to the school and met Asha and brought her to the office that evening.

From the volunteer team learned that Asha was one of the older girls and with no external support, was burdened with the task of home maintenance and looking after the younger ones.

CHILDLINE immediately filed an FIR against the Director of that home under sec 377 of IPC and Sec 4 of the Tamil Nadu Women's Physical Harassment Act 1998. Asha was medically examined and then produced before the Child Welfare Committee for further rehabilitation. The Government had closed down the home and transferred the inmates to alternate accommodation. At present Asha is placed in an NGO in Chennai.

EASTERN REGION



Legend
Name of City

EASTERN REGION

The eastern region in CHILDLINE network covers 22 cities managed by 25 collaborative organisations. The Eastern region covers CHILDLINES in the states of West Bengal, Orissa, Bihar, Jharkhand, Assam, Manipur, Tripura, and Meghalaya. The total number of children assisted in the region in this period was 12908.

Table 11.1: City - wise Distribution of Calls in Eastern Region

							Missing children					
Cities	Medical	Shelter	Restoration	Protection from abuse	Death related	Sponsorship	Child lost	Parents asking for help	Emotional support & guidance	Total - I	Information and other calls - II	Total - I + II
West Bengal												
Kolkata	498	825	540	4	2	18	173	321	519	2900	122637	125537
Jalpaiguri	457	18	100	10	4	164	1	24	22	800	5838	6638
Murshidabad	48	17	22	27	1	25	20	49	79	288	21235	21523
Nadia	88	24	20	4	1	14	3	40	25	219	33684	33903
Paschim Medinipur	318	43	41	33	1	13	9	30	124	612	25581	26193
Purba Medinipur	97	72	19	57	1	61	34	34	171	546	10235	10781
South (24) Paragana	45	19	62	1	0	2	26	94	415	664	40685	41349
Orissa												
Berhampur	111	13	50	21	2	2267	11	14	90	2579	8028	10607
Bhubaneshwar	88	258	113	35	3	6	5	34	166	708	8624	9332
Cuttach	240	140	36	8	7	204	43	40	434	1152	12826	13978
Puri	185	30	113	46	0	177	155	105	20	831	10903	11734
Rourkela	521	48	56	106	1	107	175	37	350	1401	3805	5206
Bihar												
Darbhanga	597	49	65	87	5	18	157	73	423	1474	10080	11554
Kishanganj	50	5	49	26	5	0	36	27	69	267	13505	13772
Patna	576	108	110	27	0	1	7	112	259	1200	24734	25934
Purnea	86	4	23	47	0	0	73	33	60	326	4382	4708
Sitamarhi	390	79	62	47	5	2	77	60	123	845	7953	8798
Tripura												
Agartala	272	219	24	31	2	0	2	10	76	636	10674	11310
Assam												
Guwahati	2	83	71	107	0	12	76	27	8	386	11697	12083
Manipur												
Imphal	69	41	41	34	1	62	79	71	133	531	4340	4871
Meghalaya												
Shillong	17	39	51	17	2	3	17	21	45	212	8463	8675
Jharkhand												
Ranchi	93	13	31	14	2	33	14	13	6	219	4227	4446
TOTAL	4848	2147	1699	789	45	3189	1193	1269	3617	18796	404136	422932

(Data Source: Monthly Report)

Figure 11.2: Intervention Calls to 1098

n=12908 Data Source: ChildNET

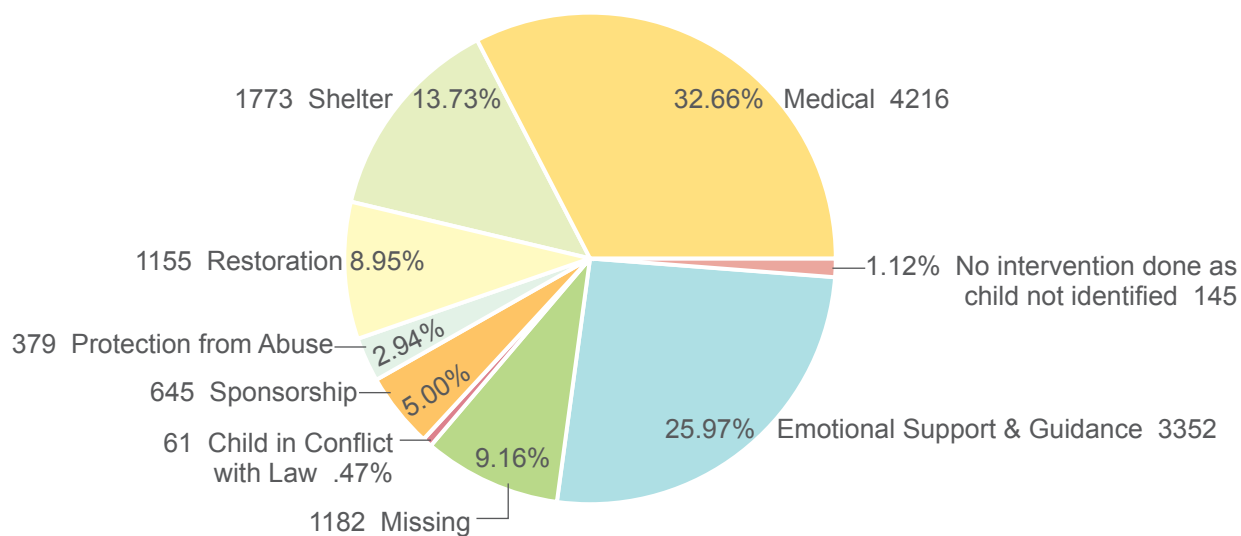


Table 11.3: Age Group & Gender of Children

Age Group	Male	%	Female	%	Total	%
1 to 5	608	55	507	45	1,115	100
6 to 10	2,961	66	1,527	34	4,488	100
11 to 15	3,597	65	1,940	35	5,537	100
16 to 18	606	48	651	52	1,257	100
19 to 25	75	38	120	62	195	100
Not Documented	174	55	142	45	316	100
Total	8,021	62	4,887	38	12,908	100

Figure 11.3: Age Group & Gender of Children

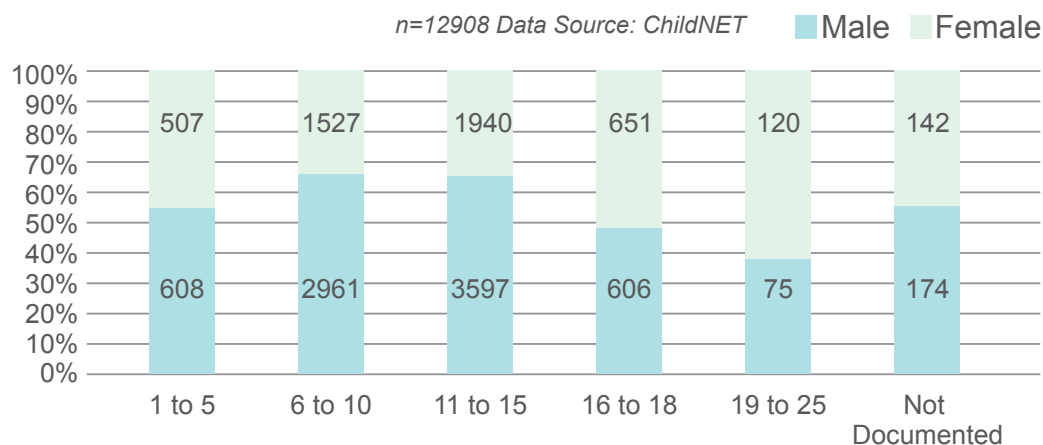


Figure 11.4: Gender of Children

n=12908 Data Source: ChildNET

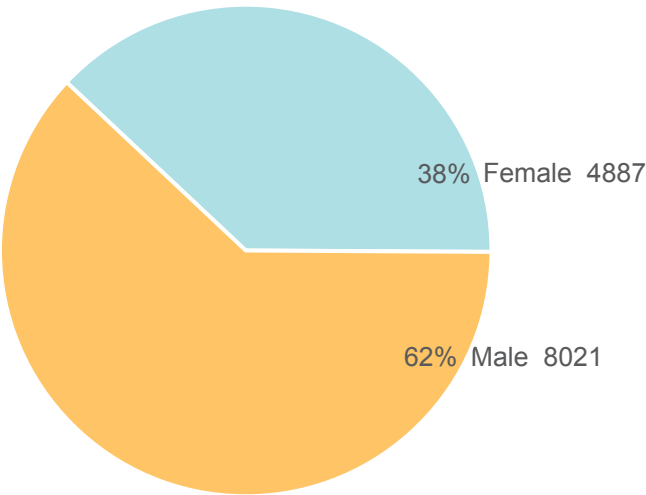


Figure 11.5: Age Group of Children

n=12908 Data Source: ChildNET

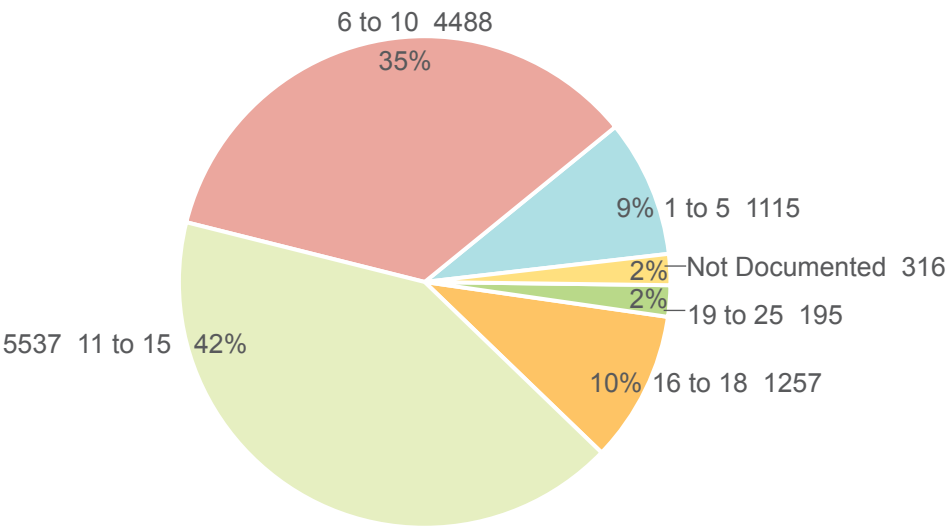


Figure 11.6: Source for cases

n=12908 Data Source: ChildNET

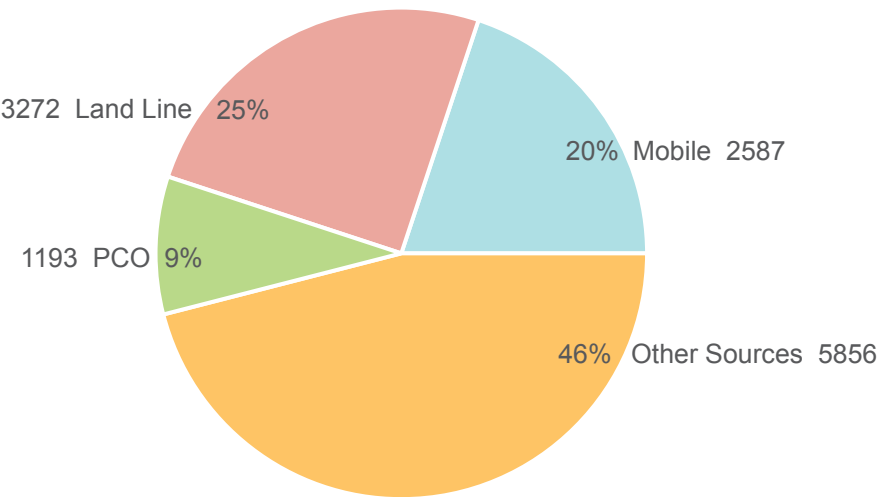


Figure 11.7: How Child accessed assistance from CHILDLINE

n=12908 Data Source: ChildNET

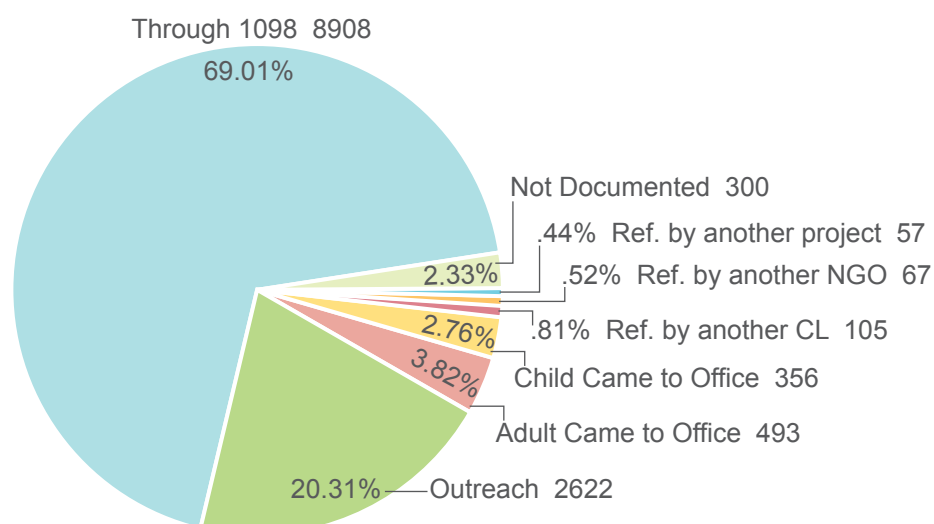
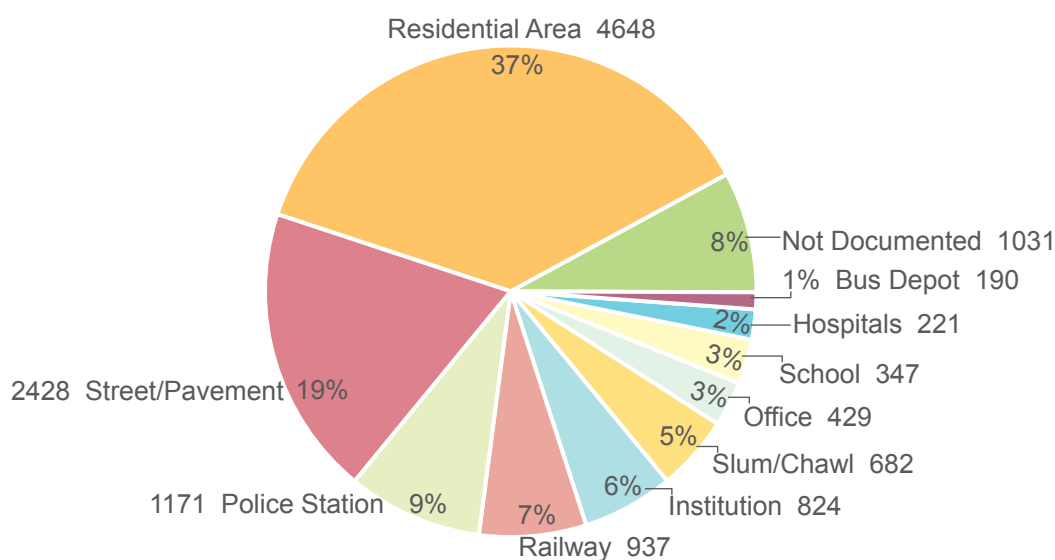


Figure 11.8: Location of Calls to CHILDLINE

n=12908 Data Source: ChildNET



A caller called CHILDLINE and informed about Raju, a fourteen-year-old destitute child living on the platform of Kharagpur railway station. Raju left home when he was just seven and does not remember any details of his family other than that he is from Bihar. Raju earns his living by begging and sweeping trains. When CHILDLINE met him, he was in a very bad condition. Raju initially suffered from malnutrition, then while constantly inhaling dendrite he suffered from acute breathing problems and was detected with tuberculosis. He was then referred to a hospital. However the Superintendent refused to give the child free treatment. With the help of CHILDLINE and other authorities Raju was treated for free. Raju was later taken to a different hospital for more specialized treatment. Raju is now well and is again living and working on platform. CHILDLINE has linked him with a school for platform children where his case will also be followed up in the long term.

WESTERN REGION



Legend
Name of City

WESTERN REGION

Western region in CHILDLINE network consist of 17 cities managed by 21 collaborative organisations. These cities are in the states of Maharashtra, Madhya Pradesh, Gujarat and Goa. Total number of Children assisted in the region was 7990.

Table 12.1:City - wise Distribution of Calls in Western Region

							Missing children					
Cities	Medical	Shelter	Restoration	Protection from abuse	Death related	Sponsorship	Child lost	Parents asking for help	Emotional support & guidance	Total -I	Information and other calls II	Total - I + II
Maharashtra												
Mumbai	225	242	51	310	20	46	43	100	124	1161	135349	136510
Ahmednagar	191	178	19	27	2	5	8	10	43	483	20973	21456
Amaravati	29	30	11	0	0	54	6	3	3	136	4653	4789
Aurangabad	20	28	0	9	0	24	38	3	10	132	7554	7686
Kalyan	73	102	9	29	0	43	17	0	101	374	31470	31844
Nagpur	32	79	17	7	0	1049	149	6	75	1414	12274	13688
Nashik	16	64	41	8	0	13	2	143	521	808	30482	31290
Pune	16	40	42	377	0	42	192	125	8420	9254	198445	207699
Solapur	101	15	17	10	0	46	7	16	11	223	7393	7616
Thane	96	38	5	67	0	11	8	8	3	236	2550	2786
Madhya Pradesh												
Bhopal	6	61	62	2	2	4	35	51	35	258	9499	9757
Gwalior	270	20	62	43	0	123	8	37	103	666	24647	25313
Indore	5	13	122	0	0	0	24	42	26	232	26194	26426
Ujjain	0	23	14	0	0	0	7	0	2	46	13033	13079
Gujarat												
Ahmedabad	5	92	87	59	1	4	1	18	15	282	23670	23952
Baroda	11	6	6	29	0	10	111	10	21	204	46671	46875
Goa												
Goa	115	31	37	152	1	643	7	12	158	1156	1628	2784
TOTAL	1211	1062	602	1129	26	2117	663	584	9671	17065	596485	613550

(Data Source: Monthly Report)

Figure 12.2: Intervention Calls to 1098

n=7990 Data Source: ChildNET

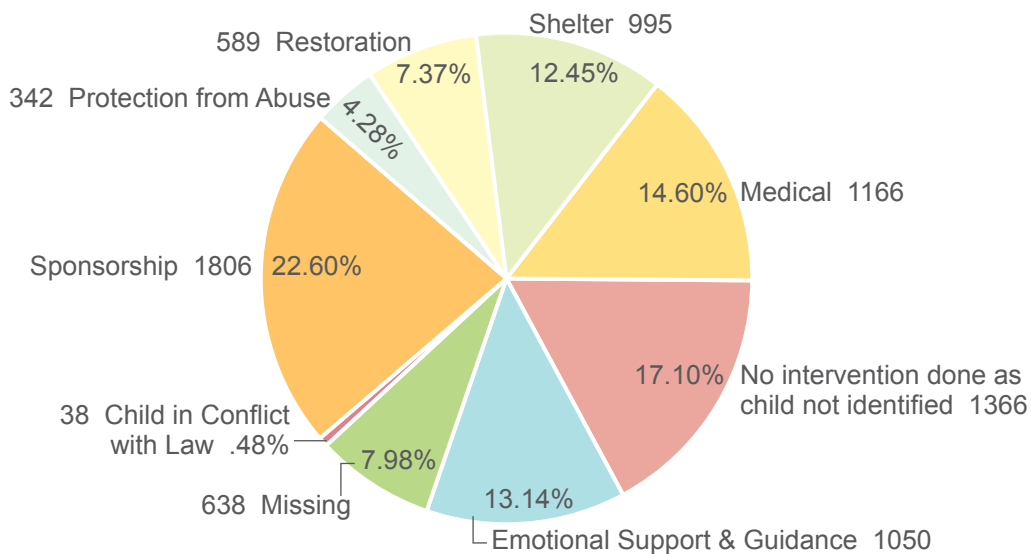


Table 12.3: Age Group & Gender of Children

Age Group	Male	%	Female	%	Total	%
1 to 5	405	55	329	45	734	100
6 to 10	1,814	62	1,090	38	2,904	100
11 to 15	2,069	69	936	31	3,005	100
16 to 18	470	56	364	44	834	100
19 to 25	50	42	70	58	120	100
Not Documented	269	68	124	32	393	100
Total	5,077	64	2,913	36	7,990	100

Figure 12.3: Age Group & Gender of Children

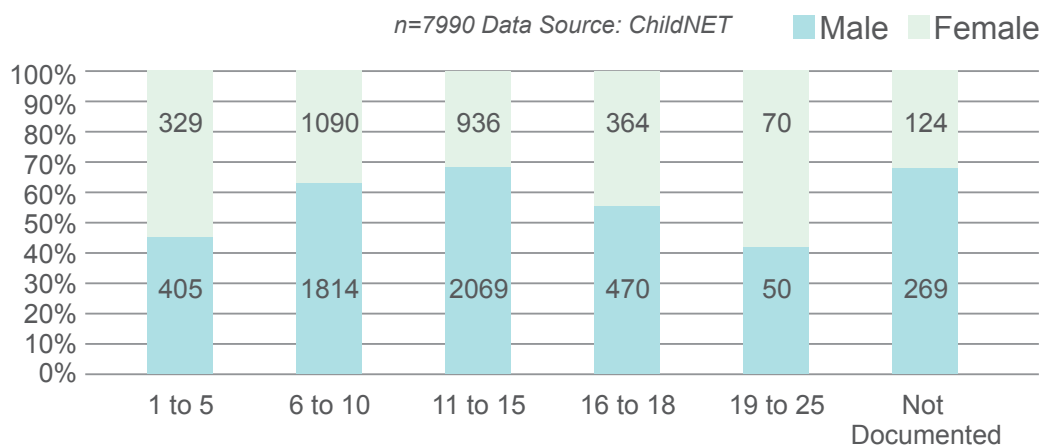


Figure 12.4: Gender of Children

n=7990 Data Source: ChildNET

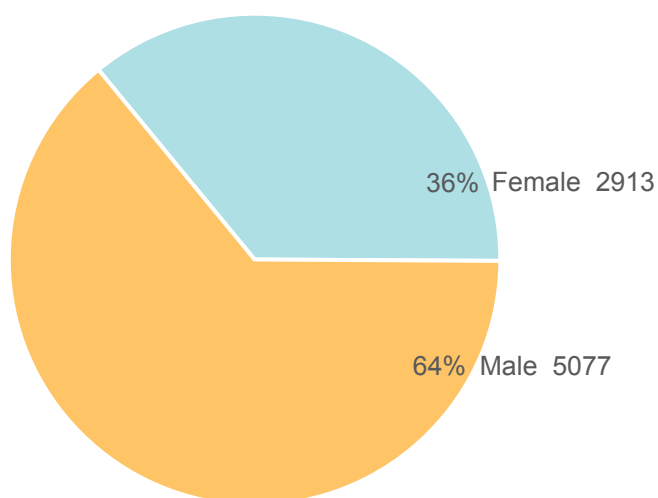


Figure 12.5: Age Group of Children

n=7990 Data Source: ChildNET

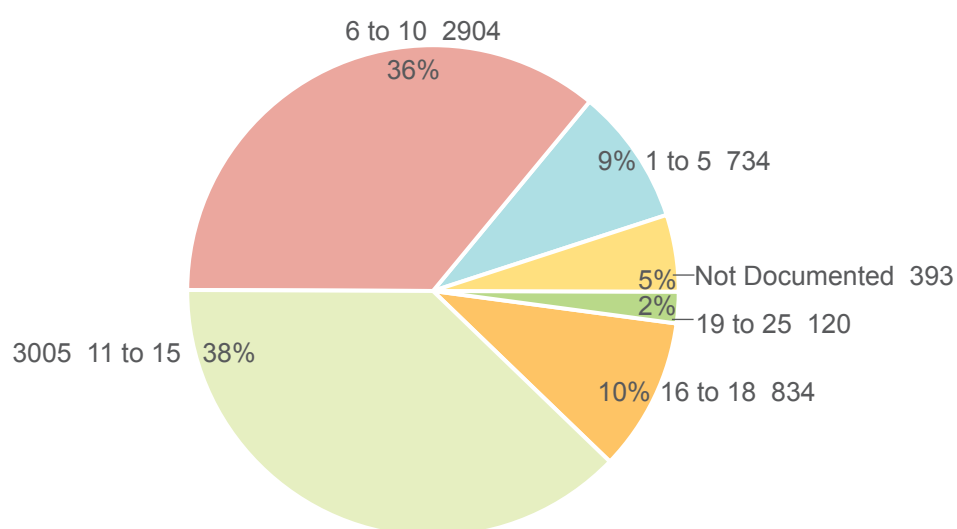


Figure 12.6: Source for cases

n=7990 Data Source: ChildNET

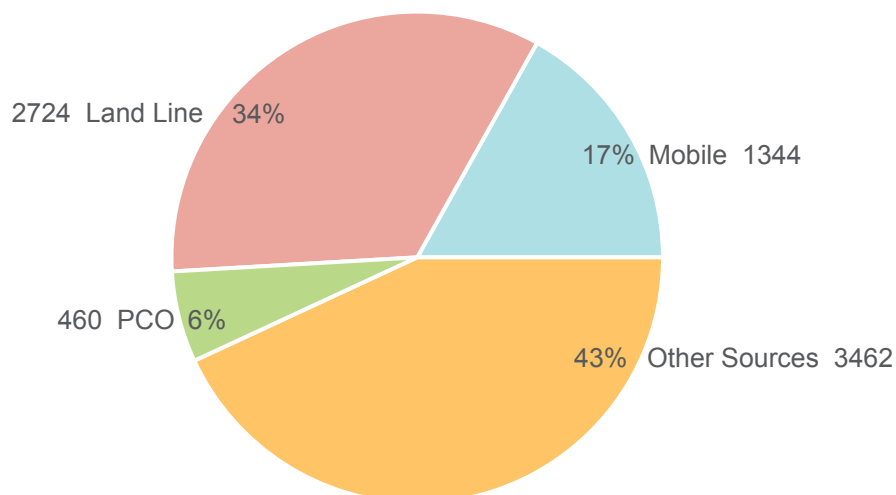


Figure 12.7: How Child accessed assistance from CHILDLINE

n=7990 Data Source: ChildNET

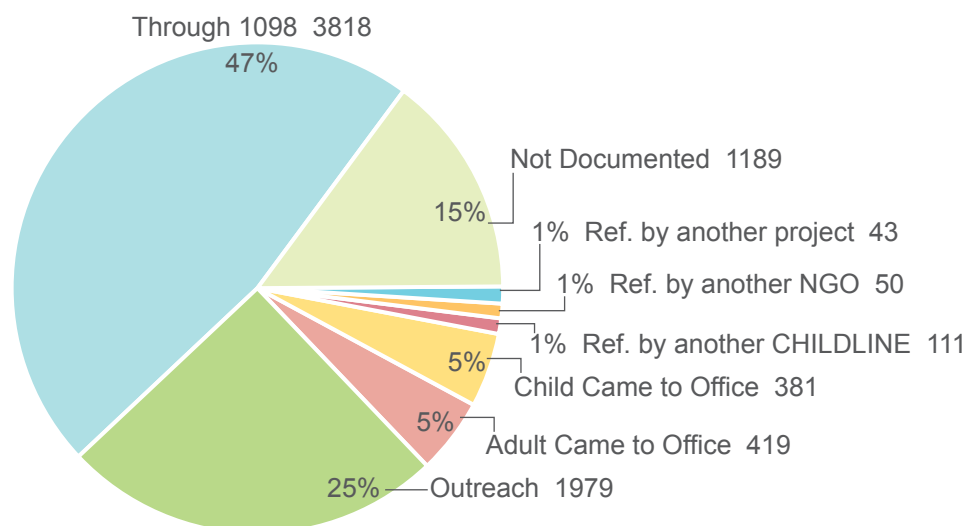
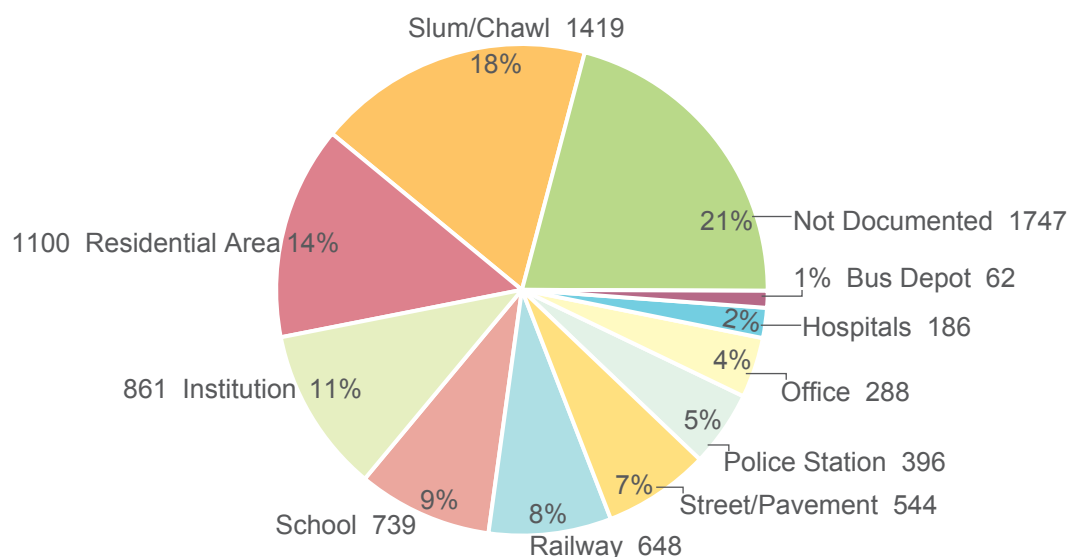


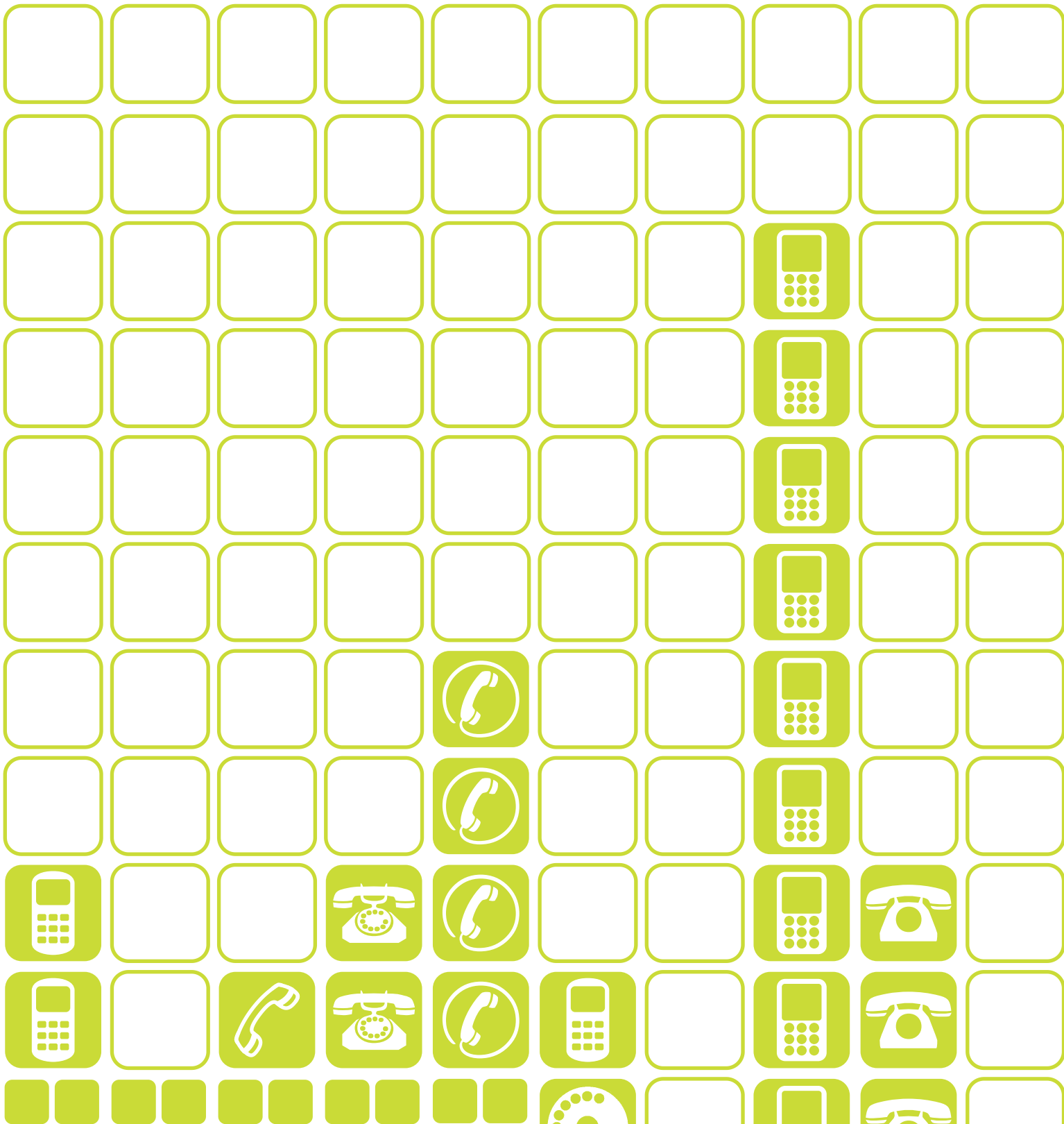
Figure 12.8: Location of Calls to CHILDLINE

n=7990 Data Source: ChildNET



CHILDLINE Mumbai first heard of Anandhi through a daily newspaper. Anandhi a seven year old girl had been sexually abused by the watchman of the building, where she was residing. The CHILDLINE team visited the local hospital where the child was admitted but the police did not allow the team to meet the child.

Following this the team members went to the local police station to discuss the possibility of presenting the case before the CWC. CHILDLINE spoke to the CWC and it was agreed that the case be presented through CHILDLINE before the CWC. On the 12th February the case was produced before the CWC. On 13th February CHILDLINE discussed the CWC order with the police. On 18th February a home visit was conducted and the matter was discussed with the child's mother. She revealed that the inappropriate behaviour had persisted for nearly six months. Anandhi's neighbour, who knew about the incident, encouraged her mother to file a complaint at the local police station. The FIR was registered under CrPc sections 376,304 and 506 and the accused was arrested immediately.



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