

BEFORE, NOT AFTER

*An Evaluation of Aangan Trust's Preventative Approach to Child
Protection in India*

Executive Summary

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All photographs in this report were taken by Elizabeth Donger, with informed consent from identifiable subjects. Cover image shows Konia, Aangan's intervention site in Varanasi, 2018.

Pratichi



EXECUTIVE SUMMARY

This research seeks to develop a deeper understanding of community strategies for preventing serious violations of children's rights before they occur. Most interventions intended to protect children are currently designed to begin after harm has occurred: remove children from places of exploitation, then attempt to support their recovery and social integration. But the prevention of structural, physical, sexual and emotional violence against children is an emerging global policy priority, and advocates are increasingly focused on "systems strengthening" approaches that seek to improve holistic overall functioning of child protection systems.

Little rigorous research exists that unpacks how preventative strategies can be implemented at the local level, or that assesses their impact for service providers, caregivers, and vulnerable children. This study documents and evaluates the harm prevention work carried out by the children's rights nonprofit Aangan Trust since late 2015 in Konia, a peri-urban slum area in Varanasi, a large city in the Indian state of Uttar Pradesh.

Results show that community-level harm prevention work involves considerable challenges, especially in a context where structural factors militate against child wellbeing. This study highlights a crucial need for more efficient and robust investments in education, social protection, economic development and legal enforcement. However, the study also finds compelling evidence of improved service provider performance and of children who, as a result of Aangan's program, had their marriages delayed, avoided being trafficked, or were signed up for school. The fact that Aangan achieved this progress in little over two years, on issues that are structurally and historically entrenched, is remarkable.

This study aims to provide an evidence-based case for accelerated investments in prevention: the program described has a yearly running cost of Rs. 632,204 (\$9,482) for each location such as Konia, yet the resulting long-term benefits are significant. They accumulate for the children enabled to develop their potential in relative health and safety, and for the societies to which they belong. This project also seeks to develop a rigorous methodological approach to "prevention science" that will enable further research in this field.

Despite an increasing focus by child protection actors on systems strengthening, little rigorous research exists that unpacks how preventative strategies can be implemented at the local level.

Methodology

The research first identifies the theory of change for Aangan's prevention program, then evaluates how this matches up to the reality of program implementation and documents the program's results. The research implemented a mixed-methods quasi-experimental study design in Konia and in a nearby comparison site, Deendayalpur, where Aangan's program does not operate. Using pre-determined criteria, the research team chose Deendayalpur as the comparison site because of its similar demographics, child protection challenges and social and political context.

The team carried out its first round of research from February-March 2017 in two of Aangan's intervention sites. Researchers gathered data on the program's theory of change through ten in-depth interviews, five focus groups, observational

research and available administrative information. In the second stage of field research, carried out during January and February 2018, the team administered a quantitative survey with a representative sample of primary caregivers and of children ages 10-17 living in Konia (n=495) as well as in Deendayalpur (n=529). Researchers conducted qualitative interviews with 64 individuals across both sites, including children, primary caregivers and relevant service providers with duties towards children: education professionals, healthcare workers, civil servants, police and political appointees. Surveys were designed to evaluate a wide variety of metrics, each representing a piece of the organizational theory of change. Among others, these metrics included: rates of child labor, child marriage and school dropout, uptake on welfare programs and identity documents, trust in service providers, and children's sense of self-esteem and self-worth.

Theory of Change

Aangan builds its model of prevention on investing in community capacity to address child protection challenges. In areas with acute children's rights problems, staff members train groups of 12 local women as "Child Protection Volunteers" (CPVs). Training covers relevant legal and policy frameworks and resources; methods to identify "high-risk" children; relationship-building and negotiation strategies to use with public officials; and practical methods to connect local residents with government services that promote child safety. CPVs act as intermediaries between children, families and service providers to make the most of an imperfect system: similar to the role

CPVs collect household level information on risks and child wellbeing using a mobile app, information that informs their organizing approach and priorities.

that community paralegals play in facilitating access to justice and that front-line health care workers play in facilitating the right to health. CPVs collect household-level information on risks and child wellbeing using a mobile app, information that informs their organizing approach and priorities. They run separate programs for young girls and boys in their areas with the aim of building resilience, awareness of potential risks and safety strategies and agency among local children.

CPVs work to strengthen relationships between local service providers and community members by regularly showing up at their offices, discussing community issues and helping the officials address identified needs. Bimonthly Community Help Desks also directly bring together parents and service providers, who might not otherwise spend time in these communities, to sign residents up for services or discuss concerns. CPVs also invite families to bimonthly Parent's Circles to discuss government programs, welfare schemes, or local child protection issues. Aangan believes that these activities reduce rates of school dropout, child labor, child marriage and child abuse.

Results: Process and Outcomes

Service providers in Konia and Deendayalpur reported that they identify high-risk children through direct reporting by residents, calls to the 24/7 emergency phone national hotline, Childline and direct observation of children's body language, health and behavior. Results show that CPVs in Konia have strengthened these risk identification mechanisms by building residents' trust in authority figures and raising local awareness of Childline (21.1 percent versus 8.6 percent in Deendayalpur). CPVs also make themselves visible and available to residents as trusted local resources for child protection issues. However, their efficacy as potential confidants is

limited somewhat because few residents know what a CPV is: these women are largely known by their individual names or, by some, as “Udaan Mahila Sangataa” (translated as “women rising organization,” a name chosen by the CPVs).

Service providers in Konia were found to be more effective and engaged in keeping children safe from harm.

The most effective way CPVs learn about at-risk youth is through the girls (Shakti) and boys (Chauraha) programs. Data showed that these programs provide a safe space where children feel they can share concerns about their lives and as well as the lives of any friends who are being led into early marriage or exploitative work. Qualitative results indicated that these programs also benefited the self-esteem and self-efficacy of children in Konia, qualities Aangan believes are central to risk reduction. This benefit was evident among those among the Shakti girls that go on to become CPVs. The program’s long-term impact would be strengthened by incentives to address low attendance rates and by opportunities for ongoing learning and mentorship.

Some of the most significant positive findings of this study were around the effects of CPVs’ work to improve service provider performance. Service providers in Konia were found to be more effective and engaged in keeping children safe from harm than those in the comparison site. Among other benefits, the CPVs encouraged police to patrol dangerous areas of the community; they helped the ward officer identify families in need of identity documents; and they helped healthcare workers recruit residents for immunization drives and childcare services. In Konia, 62 percent of caregivers reported they had visited the anganwadi childcare center, compared to 34.6 percent in Deendayalpur. This work has been of significant assistance to overburdened local officials in Konia.

It has reduced ignorance of and indifference to child protection issues and reduced some instances of corruption. In Deendayalpur, by contrast, the study data showed significantly higher levels of distrust of service providers among residents than among residents in Konia.

Results showed that Aangan’s approach was particularly successful at helping children and their families obtain identity documents and raising awareness of the role documentation has in keeping children safe. Identity documents in general – birth certificates and Aadhaar cards in particular – act as crucial gatekeepers for protection, granting children access to rights and entitlements from the state that can reduce vulnerability to violence. Barriers to obtaining ID cards included the complexity and inefficiency of enrollment processes, lack of awareness among potential cardholders and corruption. Caregivers and children at both sites reported issues with signing up for and receiving benefits of Aadhaar due to technical difficulties with fingerprint registration: this resulted in an inability to access bank accounts, rations and government benefits.

There is almost no awareness of the legal age limit for child labor and little awareness of the overall educational and health consequences associated with child labor.

Muslim families of Bengali origin in Konia were systematically excluded from identity cards. Individual CPVs, the ward officer and other service providers explained this situation on the grounds that these people are migrants from Bangladesh and are therefore ineligible. Yet the Unique Identity Authority of India (UIDAI) has specified that residence, not nationality, is the criterion of Aadhaar eligibility. CPVs did not discuss offering services to this group, or identify the houses where they live for inclusion in the quantitative survey.

Aangan's model is in large part premised on faith in the protective power of preventative welfare schemes. Data suggested Aangan is a useful resource in Konia that raised general appreciation for the importance of government schemes among community members and streamlined the enrollment process. Yet this did not lead to significant improvement in the knowledge or receipt of individual social protection programs.

Overall rates of uptake were startlingly low: less than three percent of primary caregivers in both sites reported being enrolled in a pension program or skill development scheme, in the National Livelihoods Mission, or in UP's scheme to delay child marriage. Barriers to accessing schemes included corruption among government officials; lack of transparency around eligibility; lack of access to needed documentation; illiteracy; and failure to disperse benefits once enrolled. Even when residents had signed up for benefits, many reported that they did not actually receive them, contributing to broad lack of faith in the value of enrollment. These programs are central to the Indian government's anti-poverty strategy, so this evidence of their limited potential for child protection is significant and troubling.

Impacts: School Drop-Out, Child Labor, Child Marriage and Child Abuse

There were significantly fewer out-of-school children (OOSC) in Aangan's intervention site compared to the comparison site: 12.4 percent versus 17.8 percent at the primary school level and 24.4 percent versus 35.7 percent at secondary level. Overall, children in Konia were 30 percent less likely to be out of school: a crucial initial step to keeping children safe. This is despite the fact that schools in Konia are far less physically accessible than in the comparison site. CPVs have done several enrollment drives, providing schools with a

list of local OOSC, substantially reducing the number of children never enrolled or dropped out. CPVs also monitored school quality and participated in school management committees.

Of those who attended school, a large majority of children in both sites were in private school: 80.4 percent in Konia and 82.6 percent in Deendayalpur. Dramatic deficiencies in the government system lead parents to believe private schooling is the only viable option, the costs of which then drive many children to work, or drop out entirely. Security on the way to school remains a barrier to enrollment in both sites, as is a lack of ID.

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Children in Varanasi work in sari handlooms, factories stitching bags, domestic work, hotels and shops or making flower garlands to sell to pilgrims along the river, among other areas. The CPVs' approach to child labor prevention is to aim for achievable marginal benefits: get working children to also study, reduce the number of hours they work and connect as many as possible to skill training that may open up less exploitative work. In this endeavor, data suggested they have had success. In Konia, 76.5 percent of working children combined work with studies and spent 16.5 hours at work a week on average, whereas 59.0 percent of working children in Deendayalpur also studied while working 24 hours a week on average.

If assessed by international human rights standards, this approach would be considered an unacceptable compromise on children's right to be free of child labor. However, results indicate that an absolutist approach just does not appear realistic to CPVs or families trying to make financial ends meet. Findings point to a prevalent social norm

among CPVs and residents that child labor is bad only insofar as it restricts schooling, but that it is not inherently bad. There is almost no awareness in both sites of the legal age limit for child labor and little awareness of the overall educational and health consequences associated with child labor.

Results showed significantly higher overall prevalence of child participation in the workforce and rates of child labor in Konia than in Deendayalpur. When assessed by standards set by the International Labor Organization (ILO), 26.3 percent versus 13.2 percent of 10-14 year olds, respectively, were found to be in child labor, as well as 16.0 percent versus 6.1 percent of 15-17 year olds. This discrepancy was also true when assessed by Indian legal standards and disaggregating by gender. Poverty cannot fully explain this finding, as results for a wealth index were similar across the two sites. The cost of school is one relevant factor, as is the relative availability of nearby employment opportunities in Konia, which has a major road and popular market.

CPVs, some of whom were married as children themselves, were found to be particularly effective advocates against child marriage. In Konia, respondents described six cases where impending child marriages were prevented. CPVs have documented 17 such cases over a two-year period. In their work, CPVs used a variety of strategies to address the economic, social and cultural drivers of the problem and to enlist neighbors and state actors to support their efforts.

Surveyed children and caregivers reported zero cases of child marriage. This finding contradicts evidence from qualitative interviews that marriages involving children remain prevalent in various forms: parental arrangements, "love marriages," and in situations of trafficking. Aangan's registers show there have been 33 cases of child marriage in Konia in the years the program has been running.

Results suggest low reporting is a function of shame and taboo: there was widespread social awareness that child marriage is illegal. The same challenges of secrecy and taboo apply to combating the problem.

Results indicate CPVs have expanded knowledge of child marriage prevention resources and strategies in Konia and positively influenced social norms around this issue, particularly among children. There was no discussion of prevention mechanisms in Deendayalpur, and significantly lower levels of awareness among children of available resources. Those in the intervention site also showed much higher awareness about the knock-on effects of child marriage on health and child protection. Four service providers in Konia and none in the comparison site discussed instances of sex trafficking.

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Data indicate that CPVs' efforts have made a significant difference for some children in Konia who have suffered instances of child abuse. Nevertheless, the strength of the taboo on violence against children limits the CPVs' ability to raise awareness about these serious rights violations or prevent them before they happen. There is scope for increased training and oversight by Aangan around these difficult cases. Aangan currently encourages CPVs to proceed with caution when reporting abuse. The new Indian law POCSO creates a mandatory reporting requirement for anyone who learns of child abuse, with criminal punishments for non-compliance. Yet also relevant

are considerations around the sensitivity of police response, likelihood of prosecution and conditions in shelters. Without strong systems, reporting can also pose a risk to the child.

Aangan believes that trained local women are best placed to handle children's rights emergencies in their own neighborhoods, seeking support when necessary. There is strong evidence from this study that supports this assumption. However, it is not always clear that the choices CPVs make are in the child's best interest. In one case, a CPV called the police to ensure that a mother trying to surrender her child to foster care, kept the child. The aforementioned issue of combining work and school offers another example.

The evaluation also raised questions about volunteerism and sustainability of local organizing approaches. There are substantial non-material benefits of participation for CPVs, whose activism and leadership make them role models. Yet poor women have considerable financial and time commitments of their own, so these benefits and the small monthly stipend of Rs. 700 (~\$10) often

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do not outweigh the opportunity costs of this time-intensive and difficult work. In the long run, Aangan aims for CPVs to be hired as government employees. The potential of this powerful idea – that state employees working in underprivileged communities should be drawn from the ranks of engaged residents – is underscored by the fact that the most popular CPVs also hold positions as paid government healthcare workers.

The prevailing focus on reactive response to children's rights violations urgently needs supplementing by creative, bottom up strategies that prioritize early engagement with known risky situations before, not after devastating harm occurs. Aangan's harm prevention work is a powerful example of interventions with potential to yield significant benefits to at risk children.

CPVs stand in front of their regular meeting room in Konia, Varanasi, 2018.

